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# Bereaved Parents' Perception of the Grandparents' Reactions to Perinatal Loss and the Pregnancy That Follows

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## Abstract

This article presents bereaved parents' perceptions of their parents' (the grandparents) reactions at the time of loss and in the pregnancy that follows. Data originated from two phenomenological studies conducted to understand bereaved parents' experiences during their loss and subsequent pregnancy. However, this article reports a secondary thematic analysis focused on bereaved parents' perceptions of the grandparents' support (or lack of) at the time of loss and during the pregnancy following loss. Our findings illustrate some families found the means to share their grief at the time of loss in a constructive manner, while in others the intergenerational relationship was

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strained. Most important to parents was intergenerational acknowledgment of the ongoing relationship to the deceased child as an important, though absent family member, especially during the pregnancy that followed. Those supporting bereaved families can play an important role in helping intergenerational communication around perinatal loss and the subsequent pregnancy.

### **Keywords**

infant loss, pregnancy after loss, bereaved parent's perception, grandparents, intergenerational grief, secondary analysis

More than one in four families experience the death of a baby during pregnancy, birth, or infancy (Price, 2006), a loss that is considered one of the most traumatic of human events. The grief that follows is not limited to parents but has an effect across generations and communities (Detmer & Lamberti, 1991; Roose & Blanford, 2011). This type of loss causes all affected to enter uncharted territory (Bennett & Chichester, 2008; White, Walker, & Richards, 2008), as it is usually sudden and traumatic. A pregnancy that follows loss elicits reminders of this loss (Chez, 1995). Rather than resolving grief for the deceased baby in anticipation of new baby, the pregnancy becomes a complex developmental journey, which can further complicate relationships (Côté-Arsenault & Donato, 2007; O'Leary, 2004; O'Leary & Thorwick, 2006a, 2006b).

How pregnancy loss affects individual, family, and intergenerational relationships is an area that needs more attention (Nehari, Grebler, & Toren, 2007; White et al., 2008; Youngblut, Brooten, Blais, Hannan, & Niyonsenga, 2010), yet intergenerational involvement in processing such a loss is rare (Roose & Blanford, 2011). This article addresses bereaved parents' perceptions of *their* parents' (the grandparents) reactions to the loss of a baby. It also addresses the parents' perceptions of the grandparents' understanding of the continuing bond to the deceased baby during the pregnancy that follows. We do not include the grandparents' experience around these issues but only the bereaved parents' perceptions.

### **Literature Review**

Grief has previously been defined as the breaking of an attachment (Klass, 2001), but there is growing consensus that adaptation to loss requires the capacity of the bereaved individuals to integrate the loss through a narrative

story, an autobiographical memory that needs to be validated by, and shared with, others (Neimeyer & Steward, 1996). Grief can be more complex when there is a perinatal loss as the deceased baby's presence is resurrected throughout the parents' lives. If the baby never drew breath outside the womb, the death may be unacknowledged socially (Worden, 2002), which may rob parents of needed support (Abboud & Liamputtong, 2003; Armstrong, 2002; Côté-Arsenault & Mahlangu, 1999; Côté-Arsenault & Marshall, 2000; Leon, 1990; Wortman, Battle, & Lemjau, 1997). A loss *before* 20 weeks gestation can further complicate mourning due to the lack of a visible body and the absence of memories and shared experiences for family members to celebrate (Statham & Green, 1994; Wegner-Hay, 1999; Werner-Lin & Moro, 2004). Furthermore, lack of understanding that attachment begins during pregnancy (Côté-Arsenault & Dombeck, 2001; O'Leary, Gaziano, & Thorwick, 2006; O'Leary & Thorwick, 2006a; O'Leary & Thorwick, 2008) can negate the relationship that parents had with a deceased baby, causing maternal (and paternal) role identity to be withdrawn (Côté-Arsenault & Freije, 2004).

In the pregnancy that follows a loss, higher levels of psychological distress have been found in both mothers and fathers, including increased fear and anxiety that the pregnancy may not end with a live birth (Armstrong, 2002; Côté-Arsenault & Donato, 2011; Côté-Arsenault, Donato, & Earl, 2006; Hughes, Turton, & Evans, 1999; Janssen, Cuisinier, Hoogduin, & de Graauw, 1996; O'Leary & Thorwick 2006a, 2006b; O'Leary, & Thorwick, 2008). One major task for parents pregnant after loss is to continue the bond with their deceased baby as they struggle to embrace a new baby (Côté-Arsenault & Freije, 2004; O'Leary & Thorwick, 2006a, 2006b). A wider family's lack of validation and/or a shared view regarding the ongoing continued bond parents have with their deceased baby can contribute to complicated grief (Neimeyer, 2006). Varying styles of grieving, coping, or support among family members may cause added stress (Hayslip & White, 2008; Lehman & Hemphill, 1990). For example, not understanding that intuitive grievers experience grief with their feelings, whereas instrumental grievers display more physical, cognitive, or behavioral patterns and are reluctant to talk about feelings (Doka & Martin, 2010), can cause miscommunication, resulting in disenfranchised grief, a grief unrecognized by others (Doka, 2002).

Essential elements of grief resolution include acceptance of people's attitude toward the grievers, recognition of loss, and acknowledgment of the unique grief expressed by each family member in its social context and developmental passage (Gudmundsdottir & Chesla, 2006; Jordan, 1990; Laakso & Paunonen-Ilmonen, 2002; Walsh & McGoldrick, 2004). Perinatal loss support groups tend to focus heavily on family members' reactions to

their loss (Gerner, 1990), a topic also voiced in groups for the pregnancy that follows (Côté-Arsenault & Freige, 2004; O'Leary & Thorwick 2006a, 2006b). Disenfranchised grief is rooted in societal attitudes and values (Doka, 2002). How each generation copes with the loss of a family member, physically absent but psychologically present (Boss, 2006), can be different in each bereaved parent's family of origin (de Montigny, Beaudet, & Dumas, 1999).

Emotional and social support given by close family members are the most positive factors in coping with grief (Bath, 2009; Dyregrov, Nordanger, & Dyregrov, 2003; Laakso & Paunonen-Ilmonen, 2002; McKissock & McKissock, 1991). Grandparents' grief can be twofold: grieving for their grandbaby and for their adult child who has suffered the loss (Roose & Blanford, 2011). Grandparents can be a primary source of emotional support and understanding to their adult children after the loss of an infant (Laakso & Paunonen-Ilmonen, 2002). They can provide a sense of security in times of family crisis (Kornhaber & Woodward, 1985) and, as advisors, share knowledge from their own years of experience (Bowman & Weissbourd, 2010). For example, Gerber-Epstein, Leichtentritt, and Benyamini (2009) found that women experiencing a miscarriage in their first pregnancy reported that their mothers were an important source of support, describing a sense of protection they experienced only with them. White and colleagues (2008) also found support even from one grandparent was perceived as helpful by parents.

A mixed methods study by DeFrain, Jakuls, and Mendoza (1991-1992), conducted with 80 grandparents of children who had been lost to sudden infant death syndrome (SIDS), found that 40% identified the bereaved mother as a source of support for them, with only 2.5% turning to professional counselors. These findings support Klass' (2001) description of sharing the pain through just being there, in a way that acknowledged the reality of the child's death and that the pain was not the parents' alone.

Grandparents can, however, be a source of tension to bereaved parents if they are unable to express their grief openly to the parents (Reed, 2003). This may be due to their own grief over the loss of a grandchild and helpless feelings witnessing the intense grief of their adult child, fearing saying something that may make things worse, and further burdening the parents (Bennett & Chichester, 2008; Galinsky, 2003; Oikonen & Brownlee, 2002; Ponzetti, 1992; Ponzetti & Johnson 1991; Rando, 1986; White, 2002; White et al., 2008). To see a beloved adult child suffer can be incredibly painful for the grandparent (Ranney, 2009). At the same time, the adult child may not share their grief, wanting to protect their parent from further pain (Easthorpe, 2003). Côté-Arsenault and Donato (2011) also found mothers holding back emotions in the pregnancy following loss to protect either themselves or others from hurt and disappointment.

The authors' clinical practice has found that family members can sometimes be supportive of each other, but at other times burden and encumber each other's grief work.

Ponzetti's (1992) study of intergenerational family support following infant loss reported that kin relationships changed for more than half the participants. However, whether this change was for the better or worse was not identified. Conflicting intergenerational needs may become a source of strain which, if not resolved, may ultimately lead to the breakdown or loss of relationships. An asynchronous grief can occur between generations (Rando, 1986), meaning that family members are coping with the peaks and troughs of grief at different times from each other. Obstacles to mutual understanding may include familial customs, for example, *how* and *for how long* grief may be expressed, and attitudes toward the displaying of photographs (Reed, 2003). Family members may also be influenced by traditional models that suggest recovery from grief involves the absence of feelings of grief and severing of bonds (Moules, Simonson, Prins, Angus, & Bell, 2004). The misconception that grief and mourning should be concluded at some predefined point can also lead to disenfranchised grief (Lundberg, Thornton, & Robertson, 1987). Many bereaved people report that their grief and mourning never completely end (Corr, 2002).

These issues may represent potential difficulties in family relationships, affecting on a bond with a deceased baby and in turn interfering with parental attachment to a subsequent baby (O'Leary & Thorwick, 2008). Clinical practice with families pregnant after loss has shown that parents may be fearful of attaching to the new baby out of loyalty to the deceased baby (O'Leary, 2009). Yet, keeping a connection to the deceased makes way for emotional energy to develop new relationships (Romanoff & Terenzio, 1998), crucial for parents when entering a new pregnancy (O'Leary & Thorwick, 2006a, 2006b). Therefore, information as to what parents might need from the grandparents with regard to their continuing bond with a deceased baby, both at the time of loss and as they prepare for a new baby in the pregnancy that follows, is helpful for professionals working with grieving families.

## Method

Findings described in this article are from two larger descriptive phenomenological studies carried out by the first author, both with parents during their pregnancy following loss, and parents raising children after a perinatal loss. Phenomenological research interviews are "a specific form of human interaction in which knowledge evolves through a dialogue" (Kvale, 1996; p. 125), attempting to find truth in everyday lived experience in a systematic and

methodical way (Giorgi, 1997). Giorgi emphasizes “the only claim that the researcher will make is that the concrete experience is an indication of what the subject was present to, and not necessarily that the description is an objective account of what really took place” (p. 244). During these interviews, some participants discussed the reactions of their own parents (grandparents) to the loss of their baby and to the pregnancy that followed. Because the primary goal of both studies was to understand how loss changed them as parents, information on grandparents was set aside for future recoding and analysis, which is the focus of this article.

### *Procedure*

Ethical and human subjects' approvals were obtained for both studies from the university and hospital institution with which the first author was affiliated. Participants were recruited through their health care provider or from an advertisement in a bereavement newsletter. The parents in the first study (18 mothers and 15 fathers) had suffered a loss during pregnancy or in the first 8 weeks of life (perinatal period), all within the preceding year, and were now in a subsequent pregnancy. Five of the families had no living children, and only one couple and three fathers did not address grandparent issues, in two cases because their parents were deceased. The focus of the study was how perinatal loss changes the experience of being a parent to a new baby during the pregnancy that followed a loss. The interview question asked was, “Can you tell me what it has been like being a parent to this baby during your pregnancy after the loss of a previous baby?” This opened the dialogue for free flowing conversation.

Parents in the second study (25 mothers and 10 fathers) were rearing children and were at least 10 years postperinatal loss. They were recruited by snowball sampling from other bereaved parents who knew about the study. The focus of that study and research question asked was, “How has the loss of a baby impacted parenting your other children?” This question opened the dialogue to report their lived experience of the phenomenon. Data from four of the mothers included pertinent information regarding their perception of their grandparents' reactions; therefore their comments were included with the participants from the first study. The families were all Caucasian, married, and low- to middle-income earners. Five pregnant participants were living in Australia, the remainder living in a Midwestern part of the United States.

All of the parents willingly shared their experiences, grateful that someone wanted to know the story of their losses and their experiences of parenting a subsequent child. In both studies, the fathers were interviewed separately

from the mothers. This was because of the lack of existing information on the fathers' experiences around perinatal loss and the pregnancy that follows, and to prevent them from merely agreeing with their partner. Interestingly, the majority of the fathers commented that the interview was the first time anyone had asked them about their experience of being a bereaved father.

It is important to stress that at no time in either study were specific questions asked about the participants' perceptions of the grandparents' reactions to the loss, rather the parents were speaking of their experience of loss as people dwelling in a world of relationships, concerns, and meanings. Combining the two studies, a total of 21 mothers and 11 fathers spoke about the grandparents' reactions.

### *Data Collection and Analysis*

Audiotaped individual interviews, lasting from approximately 1 hr to 90 min, were conducted and transcribed verbatim by the first author. The primary focus of both studies was on how the loss of an infant changed the meaning of being a parent. The primary analysis was conducted by coding line by line and analyzing within and between interviews to find common descriptions. The secondary thematic analysis of text related only to the parents' perceptions of the grandparents' reactions. During this secondary analysis, data pulled from the initial studies were read, reread, and coded line by line by the first author and sent to the other authors to verify themes. All three authors agreed that there were four themes, namely; present in the moment, recognition and remembrance, changed relationships, and protection of each other's feelings. These themes are discussed in this article. All names used are pseudonyms. It should be noted again that no data were collected directly from the grandparents.

## **Findings**

### *Present in the Moment*

Whether or not the grandparents were present for their children both at the time of the loss and later during the pregnancy after the loss was a recurring theme for all participants.

*Support at the time of the loss.* Bereaved parents found comfort and healing in grandparents' simple behaviors such as seeing and holding the deceased baby, attending the funeral, understanding the significance of the baby's loss to the parents, and keeping in close contact after the funeral.

She was here for us. She cried with us, she held us. [Dad]

My mom was calling all the time. I get a lot of support and strength from her. I think that helped in the healing process a lot more. [Mom]

One Mother felt comfort in her mother's presence, and her honest acknowledgment of not knowing how her daughter was feeling. "As much as I love my mom dearly, she would say, 'I wish I knew how you felt but I don't.'"

Three families had grandparents who had also experienced the loss of a child, two offering good support, resulting in the parents feeling that they were understood. One father, previously not close to his mother, was touched when she came and helped personalize his twin sons' coffins. "My mom's a quilter and she brought all these ribbons." Another father stated, "My parents' support was amazing because they went through it. They totally understand." Thirty-one years after his brother's loss he asked his father, 'Does it get easier?' He said 'No, it gets harder every time.' Every birthday [of his sibling] comes up, my dad just cries and he's 55 years old." Although this father acknowledged that ongoing pain was not something he wanted to hear about, he also took comfort in understanding that his deceased daughter would not be a forgotten member of the family.

By way of contrast, in another family both parents separately described lack of support from the paternal grandmother after they received the news that their unborn baby had Trisomy 18, a syndrome incompatible with life. In spite of enduring two full-term losses in the 1960s, her response as a practicing Catholic was, "You'd better not have an abortion. You better let God handle this naturally." The mother felt she was insensitive to her pain and did not call either parent for further support. This couple continued the pregnancy, which ended spontaneously at 27 weeks gestation. Not understanding the grief this couple was experiencing or the support they needed, the grandmother told them that she went home and cleaned her house after her second loss. Both parents perceived this as a message they needed to get over the loss and just move on. These parents responded by not inviting his parents to attend the service even though they buried their baby boy at the cemetery with the father's infant siblings. Further into the father's interview, he revealed that he was the child born between his mother's two losses and that he remembered the death of the last baby. He and his wife acknowledged they had not told their now 4-year-old son about his brother's death, the father saying, "He doesn't need that burden." This suggests that the father carried a burden of grief from his own loss of a sibling when he was a child, which he may not have resolved or perhaps even communicated to his mother.

Participants were aware that grandparents generally tried to make them feel better, but that some seemed unable to understand the enduring nature of grief.

The only thing that can make you feel better is that child being alive. Sometimes you wish they would just realize “Hey, nothing you say is ever going to erase the pain. It’s a healing process you have to go through.” [Dad]

Another father felt that his parents wanted his wife to “get back to normal” since they were pregnant again.

When you start saying something about the grief or all of a sudden they find out that Sally’s crying at Mass they’ll come to me and say “We’re concerned about Sally. It’s been a year and we think that she’s suffering from depression.” A priest was supportive saying, “crying cleanses the soul.”

Four mothers expressed extreme frustration and hurt that grandparents were not able to provide emotional support. One felt that her grief was dismissed by her own mother. “If I’m having a bad day, really sad for Sasha, or missing her a lot [my mom will say] ‘Tomorrow’s a new day.’ Well I’m not here tomorrow. It’s today and this really hurts. It sucks. I need some help.” Another felt supported by her mother but not by her husband’s mother. “It hurt us for my mother-in-law not to acknowledge the loss, whereas my mom did.”

The support one mother needed from her family was to just listen. “That’s all I want. I want someone to listen to me.” Two months after her loss, because of pressure from her family, she briefly tried antidepressants but found they were not useful. “I said, Screw this! I’m not going to be on drugs to make me feel better. I need to get through this on my own.”

Another mother described her mother-in-law as “clueless” about her and her husband’s three miscarriages. Complicating their situation was the sister-in-law giving birth to her third baby within 1 day of her miscarried third baby’s due date. She recalled her husband’s conversation with his mother who expressed the hope that his sister had an easy baby.

When he got off the phone he [told me what she said] and I said “Well you know we’d just like a BABY, easy or whatever.” About three weeks after Madeline had this baby she was saying—“Oh you’re lucky you haven’t got a THIRD baby.” I don’t think she means them but comments like that have really hurt me along the way, if not my husband.

Her father-in-law would ask how she was doing but never how his son was coping. But after experiencing their second loss he reached out. He wrote "a couple of really nice letters about our losses that did show some understanding about the fact that we were grieving and upset about things."

One mother asked her father, skilled at woodworking, to make a bowl for the flowers dried after the baby's funeral. Six months later he still hadn't done it, saying he wasn't inspired.

I had to digest that. I said, "What do you mean you're not inspired? That just didn't make sense to me. How could you not be inspired, your granddaughter died! Your daughter's heart has been ripped apart. Why would you not want to do something?" I didn't say those words but that's what I was saying in my head.

In spite of this, she knew that her father grieved for his granddaughter. "If I showed you a picture of my father holding Sasha, he was devastated." She was also aware he barely speaks of his mother who had passed. "Then I think, well maybe it just kills him to see his daughter so sad. I don't know. I'd like to think that he's got emotion in there somewhere."

*Support in the pregnancy that followed.* Announcing the new pregnancy brought mixed responses. Most parents reported that grandparents are happy; however, for some, joy seemed to be subsumed by overriding concern for their adult child. "She's excited and wants to know every day how I'm feeling. Of course she wanted the baby to be fine but her greatest concern was me." Three mothers described their mothers as being very supportive, two of the grandmothers coming any time they called. "I had spotting and cramps and my husband was a couple hours away. I called my mom and said, 'Mom I need you.' She was here in 25 minutes." Another, living a long distance away, regularly used phone calls to provide support.

For some parents, love and support from grandparents needed no language:

He got a great big smile on his face when we told them. He's a man of a few words but we know he's happy. [Dad]

The due date is his birthday. He still can't talk about Andrew [the deceased baby] so this next pregnancy is just so emotional for him. As soon as we told him the due date he had to leave [the room] and he went and cried. We just accept that's part of him. [Mom]

For one couple, news of the pregnancy was painfully ignored by the grandmother, who was the only family member who had attended the funeral but then gave no further acknowledgment of the loss of this grandchild.

When he announced it to her [his mother] she changed the subject right away and starting watching a TV program. Ah, Excuse us! I was so upset I went into the bathroom and stayed in there. I came out and heard their voices rising. "Don't you even want to know when the baby's due?" She's like, "Well I don't want to say the wrong thing." She told us that she was happy for us and hopes everything works out okay, but I just wanted more of a positive response. "Oh great," "We're so happy for you," that kind of thing. It felt like we had to beg it out of them. [Mom]

A common concern was parents reporting that grandparents did not appear to know how to respond to the announcement of the new pregnancy, or what to ask or how to ask.

I sense with my family that they're excited. However, I still sense that they've been walking on egg shells to some degree. They really don't say much other than, "How's it going, How's the pregnancy?" [Dad]

My mother's been upset but I haven't wanted to share some of my feelings too much. We've talked a bit more about when the baby comes. She didn't want to talk about it because she knew that I didn't particularly want to. [Mom]

When we do talk to them they're concerned. They don't really ask a lot of details. They're supportive, excited, happy, and everything but I think they just let us be and figure we'll tell them anything that they need to know. I talk to them on the phone but they won't bring it up unless I bring it up and I just haven't. It's just too hard. [Dad]

Some parents also felt the grandparents lacked awareness of how difficult the subsequent pregnancy was for them. "It gets really tiring trying to explain [all the medical issues] and they say, 'Well good luck.' They just think everything's going to be okay and we know at any minute it may not be." [Dad]

Parents acknowledged that offering support throughout the roller-coaster journey with grief can be confusing for grandparents.

I question myself "Well what do I really want from these people?" One day I'm flipping out because they're not saying enough about this child [the new baby], this grief and the next day I'm, "okay this is enough." [Mom]

### *Recognition and Remembrance*

Lack of recognition and continued remembrance of a child psychologically present but not physically present as part of the family was painful. It is important for parents to have their child acknowledged through, for example, photographs in the grandparents' home. "There is no picture of the baby [in the in-laws house] while my parents have pictures of Sasha [deceased baby] and our other daughters in their room next to pictures of my [deceased] brother." We have also found in clinical practice that it is common for people to think that when parents enter a new pregnancy, grief and discussion of the deceased baby would dissipate. Contrary to this, all parents wanted the grandparents to understand the importance of remembering they were still parents to the deceased baby as they prepared for the birth of a new baby.

They've all been very excited about this baby . . . but they don't know how to react. They don't know what's going to upset me and they're so afraid of upsetting me by bringing Derik up. But what's upsetting is when he's not acknowledged. They think it's easier now, that we will push [away] the grief, our memories of Derik and just move on, which is obviously not the case. So that's really difficult. His anniversary is coming up and last year we did a formal memorial. This year we haven't planned anything and nobody's inquired either.

[In his interview, her partner also talked about this lack of acknowledgment and added] It's not clear to them if they can ask any questions about Derik or if they can ask any questions about this baby because we might take it that they've already forgotten about Derik and they only care about this pregnancy.

Another couple, Sharon and Steve, whose first baby was stillborn, openly shared the story of his life and death with his two subsequent sisters. One set of grandparents continued to acknowledge their grandchild as part of the family while the other appeared to dismiss his existence.

My family [has] his picture up with all the grandchildren's pictures. Steve's mom's house it's the same way. But Steve's dad and stepmom, when it was over it was over for them. They think it's just awful that the girls even know about it. They don't call on Davis's birthday and even say hello. They're just really strange. It can't ever be talked about over there. Of course the girls do but they just ignore it. I think they mentioned to Steve once that we should take the pictures down and he said "No, its fine. It's not that it didn't happen." They've never really said why they can't deal with it. If I ever bring it up they just stiffen.

Other grandparents were sensitive to the parents' ongoing bond by remembering anniversary times. A simple card or letter was appreciated by a dad. "He's not a big talker but he likes to write. Last year on Father's Day, after the girls died in March, he sent me a letter to say I'd still be their father forever and no one can take that away from me." One mother recalled with gratitude how her father-in-law, when asked at a family gathering how many grandchildren he had, replied that his first grandchild, Robert John, had died.

### *Changed Relationship*

Loss changed the intergenerational relationships in some families. This was especially the case for parents in a new pregnancy following loss. Some grandparents were perceived as being more engaged, wanting updates on doctor's visits and how both the mother and father were coping. "I never felt like he wasn't involved before but it's a much more intense involvement. It's just different" [Mom]. One grandfather no longer just gave the phone to the grandmother to get news. "When I call and tell him, 'Hey, we had our first transfusion and everything's fine,' he asks questions. 'How did it go? How are you doing?' In the past it was 'Here, talk to your mom.' He's taking a more active interest in how things are going . . . the progress." [Dad] Another father no longer asked superficial questions about how his daughter was. "Until this point in my life, I don't think he's ever let me answer that question [How are you?] because he didn't want to have to deal with whatever the answer might be."

Three women said that their mothers attended ultrasound examinations with them, one mother acknowledging this as important because, "there is no point in pregnancy at which parents feel safe, so if something would happen they would understand how attached I am." However, another grandmother

refused. She had been present for the ultrasound of her first grandchild, who was subsequently stillborn and, although supporting her daughter as best she could, did not want to be included this time. "I invited her along and she said, 'No I don't want to know.'"

Other grandparents became overly involved in the new pregnancy, behavior that was not perceived as helpful.

My dad was actually more outspoken, "Now is everything going to be okay?" You're not going to go too early, Right?" They drive me insane. [Dad]

My mother's been like a worry wart for me, overly protective. My doctor said to cut down the activities and her response was "You better cut everything off your social schedule until this baby is born." Okay mom. I'm glad you don't live in the same town because you'd come over here and make sure I stayed under house arrest.[Mom]

Behavior perceived as being more helpful was grandparents who kept their worries to themselves.

If she reads something in the paper she doesn't call you and say "Oh look at this. What if this happens?" She's got a positive attitude towards everything. She understands how hard this pregnancy is for us but reassures us that everything will be fine. [Dad]

### *Protection of Each Other's Feelings*

Parents reported carrying a double burden of grieving for their baby and feeling responsible for having made the grandparents sad. In many this meant a need to protect each other's feelings.

You're sad because your child died but you're sad for your parents too because they lost a grandchild. [Mom] You feel like you're trying to protect them yet they're the ones that are trying to protect you [Dad].

Watching grandparents' reactions was difficult, three men seeing their fathers cry for the first time as they held the deceased grandchild or at the funeral. "It's not just Sally and I that lost a child. They lost a grandson. I know that it pains them that we were suffering, grieving so long." [Dad]

The loss of the notion that pregnancy results in “bringing a baby home” caused some parents in their subsequent pregnancy to protect the grandparents. One mother asked the grandmother not to buy anything for the coming baby. “This time around, you set up walls and barriers to prepare yourself earlier on. I’m not saying it’s going to happen. I’m not saying I have a pessimistic view in life. You still have a protective [barrier], but you don’t want to voice that to a lot of family members either.” [Dad]

Parents also protected the grandparents by using discretion about how much information they shared about the new pregnancy.

Sometimes we don’t tell them the whole truth, like we don’t worry enough and then to have our parents constantly worry, just adds to our worry. Not that we lie or hide anything. Sometimes I think it would be nice to move to another continent and have this baby, come home and say “Here’s your grandchild.” But that doesn’t happen. I don’t know what I would do without their support. So it’s silly to say something like that. You know what you’re up against. You remind yourself of it enough and then to have your parents remind you again. We’d love to share everything but know it would be better for both of you if you don’t give them quite the whole story.

One mother attended a pregnancy after loss support group to spare her family from knowing how difficult the new pregnancy was for her.

I was able to share feelings [in the group] that would have been hurtful towards my parents if they knew how much pain I was in. Family takes on your pain because they love you so much. Strangers in the group can take it on, understand it and know it’s normal.

Protecting a grandparent, and at the same time sharing the news, was complicated for another mother who learned about her three losses between 16 and 18 weeks of gestation during routine doctor visits, during which her mother cared for her other children. She would rush back, leaving her mother with this traumatic news, and the children while she went to the hospital for a D and C. “I don’t know if it was harder for her because each time that it happened she was the one babysitting.” This mother was especially concerned about when to announce the new pregnancy, knowing that her mother was upset about losing three grandchildren and for her daughter’s grief. “I was hoping to keep it quiet until I was a bit further on past the 18-week

mark past the previous losses.” Consequently, she was not comfortable leaving the children with her mother because she felt her mother was feeling some of the same anxiety she had. “I told her I was pregnant but I didn’t want her to know when I was going to see my obstetrician. A lot of it is watching me being upset.”

## Discussion

The participants comments in this study provide insight for those working with bereaved families’ into parents’ perception of grandparents’ reactions both when a baby dies and during the pregnancy that follows. Although participants interviewed were either pregnant with a subsequent baby, or raising subsequent children, how the memory of the events surrounding the loss of the deceased baby were perceived by the grandparents remained an issue for these parents. As reported by others (Bath, 2009; Dyregrov et al., 2003; Laakso & Paunonen-Illmonen, 2002; McKissock & McKissock, 1991), emotional and social support regarding the deceased baby’s personhood as a member of the family, both at the time of loss and in the pregnancy that followed, had consequences for all participants. Parents perceived this support as honoring their parenting role and as a help in healing. A grandparent unable to openly convey compassion was perceived to be a hindrance to healing for parents. This phenomenon seemed stronger when it was the maternal grandmother, behavior very different than what was described by Gerber-Epstein and colleagues (2009) who found that turning to one’s mother was important in healing.

Swanson, Chen, Graham, Wojnar, and Petras (2009) found that what helps couples around pregnancy loss is validation of the meaningfulness of their experience. Grandparents who are emotionally present during their adult child’s crisis, sharing their pain and acknowledging the ongoing parenting relationship to the deceased baby on anniversary dates and through written notes and the display of photographs, were very important to their families. This is verified by other research (Bowman & Weissbourd, 2010; Kornhaber & Woodward, 1985; White et al., 2008). These behaviors by grandparents reflected both intuitive and instrumental grieving patterns, as described by Doka and Martin (2010). For some families there seemed to be a mismatch between parents’ and grandparents’ grieving patterns, which may have contributed to intergenerational angst. Health care providers who can help both generations to build an autobiographical memory are an important beginning step in healing (Klass, 2001; Neimeyer & Steward, 1996; Reed, 2003). Those who seemed less angry had a perceived shared view of what had been lost.

Our findings regarding reactions at the time of loss are not surprising and support previously discussed research around pregnancy loss and intergenerational communication. Some parents received support that facilitated healing while others did not because of grandparents not knowing how to respond. Lack of perceived helpful responses implied to the parents the grandparents did not understand the significance of the loss. These grandparents may also have been grieving the loss of a grandchild and watching their adult child's pain or instrumental grievers, unable to express their feelings in words. At the same time, some grandparents who were probably instrumental grievers did use written words.

Less has been written regarding intergenerational support in the pregnancy that follows. Announcement of the new pregnancy brought mixed reactions from grandparents, some overwhelmed with joy; some silent. Parents were grateful when grandparents continued to understand the deceased baby's psychological presence in the family during their subsequent pregnancy, a finding made by others (Connidis & McMullin, 2002; O'Leary, 2004; Warland & Warland, 1996). Grandparents who kept and displayed mementos of the deceased baby and used the baby's name in conversation (Gerner, 1990; Jordan, 1990; White et al., 2008) were perceived by parents as understanding their continued bond (Neimeyer, 2006). This was especially important in the pregnancy that followed as parents struggled with loyalty to the deceased baby while they began to attach to the new baby, a sibling to the deceased baby (O'Leary et al., 2006; O'Leary & Thorwick, 2008).

The grandparents who wanted photographs put away, or had no photographs of the deceased grandchild in their homes, caused particular pain to the parents. This suggests a lack of understanding of a continuing bond causing a disenfranchised grief (Doka, 2002), meaning that the grandparents were not able to acknowledge that the child existed as an important member of the family. This is a common intergenerational issue voiced often in the pregnancy after loss support group facilitated by O'Leary & Parker. These grandparents may have come from families that believed that people should "just move on" (Moules et al., 2004), substantiating others who found that levels of support can be rooted in past relationships and family history (Gudmundsdottir & Chesla, 2006; White et al., 2008).

Another explanation found for lack of support is grandparents who believe the baby was not real to them because he or she was not a child they had ever held or loved (O'Leary & Thorwick, 2006a). These grandparents may have been raised in a generation when medical advice was to never mention the deceased baby again, and have been unable to break free of this common world view (Warland, 2000). The authors speculate that these grandparents

may also have been reflecting their inability to share their own grief as they witnessed their adult child in a situation that they could not fix, described by others (Oikonen & Brownlee, 2002; Ponzetti, 1992; Rando, 1986; Reed 2003; White, 2002; White et al., 2008). Possibly, the grandfather whose daughter felt he was not inspired to make a requested bowl was suffering in his own way and unable to express this adequately in terms his daughter understood. This makes it difficult for the grandparents who are grieving themselves to successfully walk the fine line between being helpful or not to their grieving child. Interestingly, this study uncovered the same phenomenon for the bereaved parents as they described difficulty watching the grandparents grieve for their grandchild and the impact on their adult child, something they were also unable to fix.

For more than half of the participants, the loss of a grandchild apparently changed intergenerational relationships and behaviors, providing parents with a richer relationship. This was also found by others (White et al., 2008). Grandfathers' behaviors were noted to have changed the most in wanting to hear details about the new pregnancy. They were now willing to seek and wait for answers to hard questions for themselves rather than through the grandmother. Contrary to the findings of Ponzetti (1992), three fathers remembering their own dads as stoic found their relationships positively changed, feeling they were communicating on a deeper level. Grandparents who had experienced losses themselves had adult children who felt a new bond, in that both they and their children were now bereaved parents. Parents appreciated these grandparents sharing knowledge from their own experiences (Bowman & Weissbourd, 2010) and a consequent understanding of life's fragility. This supportive behavior was in stark contrast to that of the grandparents who were viewed as unsympathetic, and lacking an understanding of the significance of the loss, hence further distancing relationships.

Increased fear and anxiety that the new pregnancy might end in another loss, has been described extensively by others (Armstrong, 2002; Côté-Arsenault et al., 2006; Hughes et al., 1999; Janssen et al., 1996; O'Leary & Thorwick, 2006a, 2006b; O'Leary & Thorwick, 2008; Statham & Green, 1994). This caused some parents to make a conscious decision to withhold information to protect grandparents, an issue noted by others (Côté-Arsenault & Donato, 2011; DeFraim et al., 1991-1992). On the other hand, some parents felt that grandparents withheld discussion, not knowing what to say or ask, and fearing that they would cause more stress. Other grandparents were described as more engaged, wanting updates on doctor's appointments and sought more information on the health of the baby and mother. Others (Laakso & Paunonen-Ilmonen, 2002; Ponzetti, 1992) have also reported that grief can involve a positive change in relationships.

The lack of understanding by some grandparents regarding when grief should be over was painfully reported by some parents. How long parents are “allowed” to grieve was an issue in some families, substantiated by others (Côté-Arsenault & Freije 2004; Gerner, 1990; O’Leary & Thorwick, 2006a). It was not helpful when parents felt the grandparents had them on a time line, or suggested taking medication for depression, implying maladjustment. Concern for prolonged grief should only be reported when the bereaved person shows signs of complicated grief such as isolating themselves from others and feeling hopeless (Dyregrov et al., 2003). None of these symptoms were reported by participants. It is important to note that an unresolved loss and state of mind are normative following the death of a significant other for at least 1 year (Main, Goldwyn, & Hesse, 2002; as cited in Field, 2006). Neimeyer’s (2002) conclusion that the core of bereavement therapy is for parents to express their pain and tell their story was confirmed by the parents in this study. We speculate that the need to have parents get back to normal and move on is more about others’ discomfort around grief, and a lack of understanding that parents are struggling to find a new normal.

### *Implications for Practice*

This study is based on a small sample of bereaved parents and does not include the voices of the grandparents, yet it provides insight into the complexity of intergenerational family dynamics that affect all members around pregnancy loss and the continued parenting bond that follows into the next pregnancy as parents work to embrace a new baby.

Nurses and professionals caring for families who experience a perinatal loss can play an important role in exploring family of origin messages as well as describing intuitive and instrumental grief characteristics that may be interfering with support from grandparents. Parents and grandparents may have difficulty in knowing how to assist each other when both are grieving. The people closest to the loss have their emotional reserves depleted and hence may be unable to provide support for each other. This suggests a need for outside resources that are not tightly woven into the family system. Offering supportive services to grandparents may help them heal their own grief and enable them to better support their adult child (Roose & Blanford 2011).

What has not been reported previously is the complexity of parents’ needs in the pregnancy that follows a loss. Clinical practice by the authors has shown that parents themselves often do not understand the emotional roller coaster of the next pregnancy. However, the parents in this study provided guidance as to what they feel is important. They wanted people to realize their pain could not be fixed and that grief for their deceased baby did not

**Table 1.** Suggested Web Sites

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The following web sites have a range of resources available on grandparent grief

A Place to Remember [www.aplacetoremember.com](http://www.aplacetoremember.com)

SHARE [www.nationalshare.org](http://www.nationalshare.org)

RTS [www.bereavementservices.org](http://www.bereavementservices.org)

MISS Foundation <http://grandbrigade.org/>

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dissipate when they entered a new pregnancy. They wanted time to grieve, to be heard without being judged, and to talk about their continued relationship with the deceased baby as they prepared for a new baby. They wanted photographs of their deceased baby displayed in the grandparents' homes; they perceived this as an acknowledgment of the baby as an important member of the family (O'Leary & Thorwick, 2004).

These needs are important not only for grandparents to understand but also for society in general. Helping both parents and grandparents to build memories of a deceased baby in the family is important not only for intergenerational communication in ensuring that the child who follows is not seen as a replacement baby but also in preventing a disenfranchised grief in families. Grief for a deceased baby coexists with attachment to the coming baby. A new pregnancy does not negate the pain of miscarriages or babies who died before or shortly after birth.

Pointing the bereaved to support groups is often helpful as participants are placed together with others who have been through a similar experience (Moore, Parrish, & Black, 2011). In such settings people who feel disenfranchised can safely share their grief and also the conflicting messages that can bombard their lives. Such groups can also provide a helpful healing strategy in giving participants the opportunity of learning from others how to respond to hurtful comments, problem-solve, and honor the parenting role with the deceased baby while attaching to a new baby during the pregnancy that follows.

Support groups are, however, not always available, or are not the first choice for parents, especially men. In addition, there are few such groups catering specifically to grandparents. Roose and Blanford's (2011) suggest a need to train perinatal health care professionals in this area, which will benefit the entire family in healing. At a minimum, written materials can be useful (see Table 1) in providing strategies for working through intergenerational communication patterns.

## Conclusion

The role of the grandparent around perinatal loss and the pregnancy that follows is challenging. Although all participants in this study were Caucasian and married, the first author's experience in support groups settings has observed the same intergenerational issues in other ethnic groups of Hmong, African American, and Hispanic. The true feelings of grandparents need to be addressed in future research, especially with regard to issues in the pregnancy that follows loss. We can only speculate what the grandparents who were perceived as unhelpful were actually feeling. Such research will provide a deeper understanding of others' perspective, guide professionals in facilitating intergenerational communication, and help in healing those who struggle with intergenerational family relationships.

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## Bios

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