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Sibling Grief After Perinatal Loss

Joann M. O'Leary and Cecilie Gaziano

Abstract: Research which studies family grief in response to perinatal loss (the loss of a child before birth, during birth, or immediately after birth) generally has focused on parental grief and rarely included sibling grief. The emotional burdens from unresolved grief that surviving siblings experience can be carried into adulthood and are insufficiently understood. Siblings in families bereaved as a result of perinatal loss suffer in two ways: they mourn the loss of their expected sibling and they mourn the loss of the parents as they knew them prior to the loss. Parents can be so overwhelmed with their own grief that they are blind to their children's grief. Professionals can help parents learn how to communicate with their surviving children in appropriate ways so that their children will be able to express, integrate, and release their grief. Perinatal losses affect the whole family system, and the impact can be felt even in later generations.

Key Words: Infant loss, sibling loss, disenfranchised grief, survivor guilt, replacement child

Introduction

This article presents eight case studies that look at different ways in which siblings were affected by perinatal loss and how their parents handle that loss. Parents are never prepared for the intense grief that follows the loss of a baby at birth, even when they knew prenatally that the baby would not survive (Kuebelbeck & Davis, 2011). When birth goes wrong, it can damage not only the mother's and father's sense of self but also their sense of self in relation to others (Shainess, 1963; O'Leary & Thorwick, 2008). Parents struggle

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to cope with their own anguish, and they often, unintentionally, neglect their surviving children. Parents who withdraw in their own pain may fail to give children information they need to understand death (Ostler, 2010) as well as the changed dynamics in the home (Roose & Blanford, 2011). The grief of a sibling may be as significant as that of a bereaved parent (Kempson & Murdock, 2010).

Siblings in bereaved families suffer two losses: the sibling they were expecting and their parents as they knew them before the loss. The surviving children may differ in how they grieve, and may perceive substantial, even permanent, changes in the family's equilibrium as grieving parents become emotionally unavailable. They live with parents whose behaviors are altered by intense grief, often at an age when they are too young to understand what is happening. The family frequently lacks a sense of direction and this state can continue for a long time. The pain never goes completely away; it can only attenuate (Schwab, 2009). Callister (2006) found that siblings in grief after a perinatal loss experience disappointment and sadness that might entail a feeling of helplessness over a long period of time.

This article presents first-hand accounts from eight participating adults who either directly experienced a sibling loss when they were young children or who were born into a family after that family had experienced the loss of a child. The effect that these losses had on these individuals and their developmental processes is the focus of this paper and is explored within the context of current research. Two of the mothers of these individuals were also interviewed. The parents of the participants, for the most part, had little understanding of the children's needs or guidance in knowing how to support their surviving children because they often had no support themselves. Some of the stories underscore Doka's concept of disenfranchised, or unrecognized, grief (cited in Corr, 2002).

Method

Descriptive phenomenology is the method used to conduct this study. The advantage of descriptive phenomenology is that it approaches scientific study from the viewpoints of individuals in order to understand conscious experience as expressed in their own terms (Sokolowski, 1999; Van Manen, 1990). The goals of this philosophy, developed by Husserl and others, are to explore carefully and to gain insights about subjective experience as the valid perceptions of individuals (Kockelmans, 1994). Care is taken to avoid making prior suppositions regarding behavior and awareness or imposing external

meanings on those individuals.

In-depth interviews were conducted in order to learn as much as possible from the participants regarding their lived experience and to uncover new knowledge and potentials for healing (Rosenblatt, 1995, 2001). This method is pertinent to the therapeutic setting because of therapists' and participants' shared process and goals of growth, insight, and healing (Halling, 2002).

The first author received permission from her university (The University of Minnesota) to conduct research with human subjects. Specifically, to interview adults who were born into a family after perinatal loss, as well as some of their siblings. The eight case studies presented here are part of an ongoing larger study (some findings are in O'Leary, Gaziano, & Thorwick, 2006). Audio-taped interviews lasted for about one to two hours. Pseudonyms are used to protect the participants' identities. The interviews were coded line by line and analyzed.

Findings

Case 1: Barbara

Barbara was three when her sister Morgan was stillborn. At the time of the interview she was twenty-one-years old, about to start her junior year in college. She was very open to being interviewed but also revealed this was the first time she had ever talked with anyone about her sister's death. Consequently, she was very emotional and wept throughout as she shared how the loss of Morgan affected her, as well as her sister, Dot, the child that followed fourteen months later.

"It's hard to talk about, a hard topic to get your hands on. I don't remember anything happening [at the time of Morgan's stillbirth]. I just remember all the after. My mom has told me that when she was born she had dark hair and looked exactly like me. But during the pregnancy she acted just like my sister, very active, kicking all the time."

Not until Barbara was older did she understand that the family's yearly visit to the State Fair was her parents' way to celebrate Morgan's life. Barbara interpreted this ritual, however, as her mother's way to avoid thinking about the loss.

During an educational psychology class in her freshman year in college, Barbara saw a video of mothers telling about their experiences

after their babies died, whether through miscarriage or stillbirth. Emotions overwhelmed her, and she had to leave the room. "That [watching the video] was hard on me, and I couldn't watch it anymore. I was just thinking about my mom's experience with the baby was exactly the same, and how many other families that have gone through this." In spite of this, Barbara never told her professor or other class members that this was her family story, too.

Barbara stated her belief that the loss of Morgan greatly affected her younger sister, Dot, the subsequent child. She described Dot's temperament as very spirited and loud, compared to her own, much quieter disposition. Growing up, their sister relationship was not close because their personalities were so different.

"She would have temper tantrums, but that's just her personality. I think it may have come out more so in that she knew that she might not have been around had Morgan not died. Even though she doesn't say it sometimes, I think that is in the back of her mind." Dot was not interviewed in person but gave her thoughts in a short e-mail to the first author, saying, "Sometimes it's as if I'm living in the shadow of someone who doesn't exist anymore, but did once upon a time and left a lasting imprint on my mom and dad."

As Barbara and Dot have matured, Barbara has tried to be more understanding of Dot. "I'm trying to be more of a sensitive older sister, just to listen. I get so upset with her for being so angry all the time, to have so many outbursts. I'm like, 'Can you just please not do that? Calm down.' But I realize that she just can't help it. I miss her now when she's not around."

Kauffman (1989) describes incipient grief as grief that is not recognized or is covered over by the grieving person, much the same as in socially disenfranchised grief, in which the inhibiting source is external. Although Barbara says she remembers little of what occurred at the time of the loss, she does say she remembers the aftermath, but gave no further information. What we do hear in her story is the years of suppressing her grief and a willingness to share her feelings when someone finally asks. There can be many reasons for this suppression, but two come to mind, one being her reluctance to acknowledge her grief for fear of emotional flooding (Crenshaw, 2002). Indeed, she did cry deeply at different times throughout the interview.

The second might be Barbara's sense that her parents weren't ready and able to hear her pain. If children perceive their parents'

grief as too overwhelming, they may forgo their own expressions of grief, or even fail to acknowledge those feelings within themselves, in order not to add to the pain in the family (Crenshaw, 2002).

Case 2: Mary

The oldest of ten children, Mary was four-and-a-half-years-old when her mother found her nine-month-old brother, Freddie, had died in his crib. Freddie was born severely disabled, unable to sit up or feed himself but had been well integrated into the household. Mary described her mother placing him in a basket cushioned for him to sit in on top of the dining table so he could be part of the family. The night he died her mother had been reading bedtime books to Mary and her three-and-a-half-year-old sister. They had begged her to read one more story and, when she went in to feed Freddie, he was near death in his crib. Her father was not home, they did not have a telephone and her mother went to a neighbor for help. They lived in a rural area, and the ambulance and police wouldn't come out past the city line. Her mother had no help until Mary's father came home, and by then Freddie had died. This caused a lot of strife in the couple relationship. "My dad never talked about it, but he somehow blamed my mom for it happening. My mom felt stranded and blamed my dad for not being there. So I think it was the start of the end of their marriage."

Her memories of events after Freddie's death are of her mother being in bed, her father, aunts, and the minister coming to their home, but no one helping Mary and her sister understand what was happening. Someone did ask Mary how she was and, because her mother was crying, she broke down and cried, too. "I couldn't talk to them. I don't remember who asked me the question. I just remembered my mom was crying, something bad had happened, and that's all I could give as a response. I don't think I really understood it." Because no one explained what was going on, Mary and her sister felt Freddie's death was their fault because they had asked their mother to read one more story. "I don't remember how many years later I told my mom, and she said, 'Oh you shouldn't have felt that way.' Well, no, we shouldn't have, but that's how little kids interpret it."

Mary and her sister were allowed to go to the funeral because, as a child, Mary's mother felt things were hidden from her. This made it important that her children be involved. "So I can still remember him in the casket, the smell of the flowers. It was spring time. I can remember my mom and dad both going up with us to the casket, talking about him being dead, he's in heaven. He's not really sleeping."

They were told that he was in a better place, which they took literally.

After Freddie's loss Mary's mother became hypervigilant about the safety of her other children, especially at night. "We all slept in cribs until we were much older. She would come in to make sure everyone was okay. I would sometimes get awakened just to make sure I was still alive. I don't know how much I remember or her talking about how she had to wake us up. I'm sure it changed things for her more than I can remember over the next years."

At the time of Freddie's death Mary's mother was pregnant and continued the pregnancy on bed rest. After the birth Mary described further overprotective parenting, especially of this sister. "When we were younger, we always felt that when Jeannie was born, because my mom was so worried about her, she got spoiled and pampered, way more attention, and we felt we got shunned on attention." Mary's way of getting attention for herself was to pretend that she couldn't read so her mother would still read to her. "I'm sure my mom being depressed part of the time, had some impact [on us]. But I never really felt abandoned. I never really related it to Freddie. I think I related more to playing dumb, so she'd have to help me with my homework, and because I was the oldest, I wasn't getting my fair share anymore."

The next boy to come into the family, Rick, was essentially given the same name as Freddie, and this son had a turbulent relationship with his father. "The first boy was Fredrick (Freddie), after my dad. Then Rick was also Freddie. . . Freddie was Fredrick Lenard and Rick was Fredrick Gary. That's kind of interesting. He and my dad have always had problems." Mary never knew why they didn't get along but speculated it was because he was like her mother and grandfather, more liberal in their thinking, and their father was very conservative. One might also speculate that Rick felt he was a replacement child, and this may be one of the reasons the father-son relationship was difficult.

Freddie's death was the beginning of the end of a happy marriage for Mary's parents, and they divorced when the youngest child went to college. "They stayed married, but it wasn't really a good marriage anymore, a lot of arguing and fighting; they didn't sleep in the same room anymore. It didn't draw them together; it drew them apart more."

Case 3: Beth

Beth's older brother, Leslie, was ten when his seven-year-old sister, Christine, died in 1963, just four days before his birthday. Leslie had been very close to Christine, and his whole world changed after that.

Like Janet's brother (discussed in Case 8), no one understood Leslie's need to grieve, nor helped him process his feelings. Worden (1996) found in his research with children who lost a parent that they do best when they experience the fewest changes and disruptions. This may also be true in the loss of siblings. Yet, Leslie's life was further complicated by his mother's sending him to live with his grandparents because she was inconsolable and blamed herself for Christine's death. Beth reported, "I believe his grief was very much overlooked. He spent a great deal of his time living with my grandparents after Christine died. I think he was more maternally bonded with my grandmother. When Gran died in 1990 I think that represented the end of his main attachment figure; his secure base was finished, all over."

Leslie survived by becoming a trouble-maker. He was difficult and got lots of attention for always being in trouble. "When he got married at seventeen [his wife] was brought into the house. The next thing, he's not married. It just went from one crisis, one catastrophe to another." His relationship with his mother was strained and almost non-existent. Beth explains, "He's quite cruel to her and indifferent, really quite cold toward her. He sees her a few times a year and blatantly refuses to help her in the home, despite at one stage having his own landscape gardening business. He would not even call at my mother's home and mow her lawn."

Beth provided a theory of why he is the adult he has become. Leslie is also a child born after loss. "When I was about ten, my mother told me about the death of my brother, James, my mum and dad's first baby. He had spina bifida and hydrocephalus, was born premature and died." This leads one to wonder if there were attachment issues with his mother from the beginning of his life. Note that Beth reports hearing about this sibling when she was ten, the same age Leslie was when their sister died.

"My brother seldom, if ever, talked about my sister, but I feel that was something to do with his own grief. I believe much of his grief is still deeply affecting his present life and ability to form connections and attachments. He has only one friend and isolates himself in a similar way to my mother. He has never spoken of the death of James, my mother's first baby. Interestingly, I didn't say our brother, and I don't know why I define James in that way. His death was not talked about; indeed, I learned of it when I was ten. We only visited his unmarked grave once. My Grandma very much thought the death had been a passive euthanasia performed by the hospital because of the extent of his spina bifida."

Beth's story of Leslie and his behavior is complex. As an adult Leslie continues to distance himself from others, has been married twice, has no contact with his four children, and sees Beth only a couple times a year. He lives alone, works mostly in solitary jobs, and has one friend. "It is difficult sometimes for me to work out his motivations. He's like the eternal Peter Pan. He still does bizarre things, even though he's fifty-four. He doesn't look fifty-four, he looks really young, [and] he behaves really young. He could be my teenage brother, my off-the-wall teenage, bizarre brother."

At fifty-four Leslie married for the third time, a woman twenty years older than he and older than his mother. Beth believes he is unconsciously recreating his only attachment figure, his grandmother. "But my brother's really happy. I don't think this woman's particularly wealthy so it's not [for money]. I'm not being cynical, but it did cross my mind. He spent a lot of time with my grandmother after Christine died. So maybe he's trying to recreate his grandmother who did everything for him. He didn't have to do anything at all except be alive."

One can speculate Leslie's inability to attach is due to a disenfranchised grief, in that no one appeared to acknowledge he was grieving. As a result, it seems that his grief was unresolved. In addition, he may have been angry with his mother for abandoning him to his grandparents when his sister died. His inability to form attachments may be rooted in the lack of attachment with his mother. Leslie was the second child, born after a sibling who died at birth, which seems to have resulted in a lack of attachment and bonding with his mother. Sroufe (2005) described children with resistant attachment histories as being uniquely challenged by situations that call for a degree of interpersonal closeness. Their teachers tend to view them as isolated, asocial, and emotionally insulated. In many ways, this describes Beth's brother.

Case 4: Cathy

Cathy is the youngest of 3 sisters born after their parents lost their first child at birth. Cathy's sister, Mattie, was born thirteen months after the stillbirth of Colleen, the parents' first child. Another sister, Connie, was born thirteen months after Mattie. Cathy arrived ten years later. She described how the loss of Coleen resulted in a polarized maternal bonding relationship with her two older sisters.

“The loss of my mother’s first baby affected my oldest sister very strongly, very, very, strongly. My sister [Mattie] has always talked to me about how much she wanted Mother’s love and never had it and how sad she always was that Mother could never nurture her, couldn’t hold her, didn’t listen to her when she talked. Mattie just didn’t feel loved and cared about. I said to Connie, ‘Did you feel this way?’ And she said, ‘Oh no. I always felt that Mother was there for me.’ Connie said, and I agreed with her, Mother was a person who was never incredibly physical with her nurturing and attention, but Connie never had any of the feelings that Mattie did; that she was missing out or wanted what she didn’t have.”

Cathy heard a very telling example of the difference in the relationship each sister had with their mother when they gathered as sisters before Cathy’s interview. Cathy asked if they would share their memories and the following story unfolded, which neither Mattie nor Connie had disclosed to each other before. “When Mattie was in first grade she wet her pants in school and was sent home to have her clothes changed. She had to go home and face mother and tell her what happened. Our mother’s reaction was to get upset with her, to say, go in there and change your clothes, this will teach you. She was just very angry and aloof, turned around and made Mattie walk back to school and face her classmates on her own. Connie then said, ‘The same thing happened to me. I wet my pants when I was in school when I was a little girl. The main thing I remember [and Connie reached over and patted Mattie’s knee], was that you walked me all the way home with your arm around me. When I got home Mother picked me up in her lap, wet pants and all, and rocked me in the rocking chair, just held me and told me it was all right, not to be sad. It was a day and night difference.”

Although Mattie became a nurse, because she did not feel nurtured by her mother, she has had difficulties accepting warmth from others. “It took her a long time to be able to accept hugs. I’m a big hugger, and so is my other sister. We’re very comfortable hugging and holding. Mattie has always been kind of stiff, it is just hard for her to allow herself to be hugged. Even now when you try to give her a hug, she’s a little ramrod, gives a few pats. She doesn’t have that because it’s what she never got. I think it’s interesting. I find it to be very powerful, that difference.”

Case 5: Linda and her mother, Madeline

In some families it is not the subsequent child but the child born after a healthy birth who carries more of the trauma and unresolved issues of loss. Linda was born a year and two days after her sister, Pamela, who died shortly after birth. Linda and her mother, Madeline, were interviewed separately about their relationships, including their relationship with Jane, the youngest sister. Madeline reported that Linda looked exactly like Pamela, in contrast to Jane, who was born four years after Linda. While Linda reported a close, loving, sometimes enmeshed relationship with her mother, both she and her mother described a distant, controlling relationship with Jane, who looked totally different from Pamela and Linda. The father's alcoholism was another complication in the family. The parents did not divorce until Linda was eighteen and Jane fourteen, at which point Madeline went to work full time.

Linda described Jane as hanging on to her mother so much that she did not recall her having a relationship with anyone else. "It was just like she was a little monkey that was clinging on to my mom, just really neurotic, fear of going to school, all this sort of thing."

Jane was a colicky baby, allergic to Similac, so she was given goat's milk, and was constantly crying for the first eighteen months of life. Linda felt displaced even though she felt she still had her mother's attention. "It definitely wasn't the same. Jane was always crying. . . She's a control freak...She is totally self-centered and totally controlling." This narcissistic behavior has been described as an adaptive measure taken by children who are trying to restore status and order as a child in the family (Trout, 2009).

Madeline was 72 at the time of her interview. The contrast in her descriptions of her relationship with the two living daughters is glaring. Madeline lives with Linda and is estranged from Jane. She portrayed Jane as a very bright, talented artist, but only a B and C student, not a high achiever. Madeline speculated that this was because she didn't care and felt she couldn't compete with Linda. Jane married an alcoholic who facilitated physical and emotional isolation from the family and drove a wedge between Jane and her mother. Madeline feels she uses a lot of restraint and self discipline in her interactions with Jane, who seems to feel that her mother smothers her. "She says if she gives me an inch I take a mile. So, if she cracks the door open, she thinks I want to rush in." Madeline hasn't seen Jane's two daughters in nine years, although they live forty-five minutes away by car. The last time she saw Jane, Jane shared a

recurring nightmare of being in a grocery store and her mother running away with the children as they were leaving. "Of course, we both had tears in our eyes. I told her, 'I would never, ever separate you from your children as much as I love you. You know that I would never do a thing like that. If I would never, ever see them again, I would give up seeing them in order to take that worry away from you.' I can't fathom why she would think I would take her children away."

Jane also told Madeline that she didn't feel respected by her, that she felt emotionally abandoned as a child when her mother went to work full time, and now she didn't need a mother. "What she needed was a friend, and if I wanted to be a friend, that was one thing, but she did not want me as a mother. She was an adult, she was married, she was a mother herself, she had her own home, and she didn't need anything from me."

Madeline believes one of the reasons her daughters don't have a relationship is partly because she and Linda are so close. In addition, while they were growing up, their father pitted them against each other. "If they were together in Linda's room, Jane would yell or scream so that he would yell at Linda, always blame the older one for what was done to the little one. So naturally the older one didn't want to have the little one around, and the little one yearned to be with the older one, felt left out. It was just a sad, sad, situation." Madeline blames herself for how the sibling relationship ended, feeling she should have left her husband sooner. She grieved the losses of emotionally close connections with Jane and her grandchildren.

Case 6: Ed

Ed's brother, Carl, died when he was two months old in the car as his parents were driving to his maternal grandparents' home for Thanksgiving holiday. His parents knew he had a cold but thought he had gotten over it, but it had gone further into his lungs and become pneumonia. His five-year-old brother, Hal, was assigned to watch Carl in the back seat. At one point his mother asked how the baby was doing, and Hal told her he was asleep. But he was stiff when they arrived at the grandparents. His father drove to a fire station where they made an attempt to revive him, but it was too late. "I don't know what they did with the baby's body. They turned it over to somebody, and they just drove home without it." Ed was the child born after the loss of Carl.

Ed describes Hal as the responsible one in the family. It raises an interesting question as to whether this particular experience made

him feel more responsible. Hal may have felt guilty for a long time for having said that Carl was asleep when he was actually dying or dead. "I think this cleared up when he had kids and he realized how young five years old is. But it had bothered him into college." Hal discussed his feelings with his parents when he was in college and they tried to be supportive but also were bewildered that he felt that way, another example of parents not understanding that children need support as to what happened at the time of loss.

Ed's brother, Sam, was in the car when Carl died. Sam went into regressive therapy later in his life and remembered their mother trying to make him into the baby after Carl died. "For a while afterwards my mom was kind of confusing him with the baby." His mother did not deny this to Ed when asked about it once, saying she couldn't help it.

Ed summarized his interview by expressing what he believes is important for bereaved parents to know. "I would just really recommend that they grieve the loss and get some sense of completion, get to a place where they can completely give the new child a clean slate."

Case 7: Katie and her mother, May

Katie was three, and her brother, Harry, eighteen months, when their brother, Kevin, was born. Kevin died twenty-six hours after birth of a hypoplastic left heart chamber. It was such a shock and so unexpected that the parents did not bring the children to the hospital to see him and say their goodbyes, something Katie's parents have regretted. Katie's mother, May, shares her memory of the children's reactions at the time, appropriate for the ages they were.

"Harry didn't really have a voice [to express feelings], where his sister was a little bit older. She [Katie] was very sad, but I think she was also really sad because we were sad. They were just very receptive of how we were. One thing that I greatly regret is that neither one had the opportunity to see their brother, dead or alive. They both feel the need and desire to have seen him. I think they will always be somewhat resentful of that. It's a separate loss, the fact that they were never allowed to see him and hold him. At the time, the effect on Katie and Harry was not my primary concern. At the risk of sounding cold and bitter, I can honestly say I could do this baby death thing so much better today."

May became pregnant again very quickly after Kevin's death. The family was very excited and very optimistic. May joined a pregnancy after loss support group, but that baby died during the fourteenth week of pregnancy. She remembers how hard it was to have to tell the children this baby had died, too. It was made more difficult because two of the other moms in the neighborhood were pregnant and due about the same time. "Harry was really angry and said, 'You said this baby would live.' That was really hard, really difficult, and I can understand why he was mad. They really grieved the loss of that baby. I remember when his friend's mom went to the hospital. Harry came home and said, 'Do you think that baby will live? Do you think that baby will come home?' And that's when I realized that these guys had lost their innocence with pregnancies. Not everybody knows that. I didn't know that. When I had them I couldn't have imagined that babies died. So I knew at that point that they had a different type of reality as far as expectations went."

Katie describes what she remembers about both of these losses and her feelings when Tony, the subsequent baby lived to come home. "I don't remember a lot when it [Kevin's death] happened, just what they told me and how we reacted. We were confused and wanted to know why it happened. When the second baby died, too, we didn't believe that a baby's actually going to live when they were born. I do remember when Tony was born I was very excited that he lived. I think it's made us a lot closer as siblings. We've never fought. We were really grateful that he lived."

Kevin's life and death has always been an open topic in the family. They have pictures of him in the upstairs hallway, ornaments that go on the Christmas tree with his name and birth date, and his baby things: a little hat, his footprints, and some of his hair. "It's always been in my parents' closet. When I was younger once in a while I used to like to look at it more. I don't really look anymore, but I always like to look at the pictures." She continues to think of him in terms of how old he would be. "I think about, 'Oh, he'd be a junior in high school, and he'd be driving,' things like that."

Part of what helped these siblings was the openness of the parents in allowing the children to see the memory items they kept for Kevin. The creation of meaningful memories has been found to be important in helping siblings in the grief process (Bartellas & Van Aerde, 2003). May also reports that it was after the birth of Tony that Katie and Harry, as they watched their new baby brother's developmental milestones, began to realize everything that was denied to their brother, Kevin.

“They were forever saying, ‘Just think, Mom. This is what Kevin never got to do, isn’t it?’ I did not think of it like that, and it brought my grief back in a new way. I had to watch them grieve now. I always knew that I would not see Kevin crawl. I could never hold him in my arms and watch him sleep, I would not see him smile, and I would never make him laugh. But they had to actually see this through their brother before they could realize what was missing. They truly missed Kevin then, and they cried for him and for themselves. That’s when the few pictures we have become very important. That’s when I began to realize how important it was that they should have seen him and held him.”

The ability for May and her husband to recognize their children’s grief and help them process their grief, an important part of supporting siblings (Wilson, 2001), was instrumental in helping their new brother not be a replacement baby in their family. “They told Tony about his older brother. They would hold Kevin’s picture in front of Tony’s face before he was old enough to sit up. Tony’s life was so real to them. They knew what it meant to not have a brother living. They were truly thankful for Tony. I had more of a sense of relief and finality, a closure.”

Katie describes a very close relationship with both her brothers, especially the brother born after Kevin. “I’m real protective of Tony. I’m like a second mom to him. I always want him to be really happy, which he is. He’s one of the happiest people I know.”

Her feeling of safeguarding and doing things for Tony began at his birth. “I really look out for him. When he was little I was always watching him and wanting to do stuff with him. I taught him how to ride a bike without training wheels, things like that. I worry about him when I see him get hurt. I don’t think I worry anymore than anyone else does. I don’t like him to be upset, but I don’t like Harry [other brother] to be upset either.”

In this family grief over the loss of the babies created a sibling bond their friends envied. Katie reported her friends saying, “You guys never pick on each other or get each other into trouble.” “No. We’re just close, we like to be with each other, and we still hang out all the time, the three of us.” Katie believes that part of this may be due to knowing babies can die. They are grateful for each other. “We just like each other. I think part of that is we were just so happy when Tony was born that we just really care for each other.” Hogan (2006) also found bereaved adolescents felt they had grown up faster than their peers, were more tolerant of themselves and others and viewed themselves as

caring more deeply for others.

When Katie was asked if she felt more sensitive than some of her peers, she replied she was very aware early in her life that not everybody lives, and this changed her view on what family means. "When you're little and you have more siblings, it's just like, people get pregnant, and the babies live. We experienced that people get pregnant, and babies don't always live."

In accounting for this kind of closeness, Gilbert and Smart (1992) suggest that the simple but difficult act of family members engaging in listening to each other when there is a loss is a crucial element in the communication process that cannot be overlooked. They suggest supportive communication facilitates the discussion of thoughts and emotions, making it easier for members to disclose their beliefs about the loss and its meaning for them. Children as young as two years of age can resolve mourning if they are helped to do so (Lieberman, Compton, Van Horn, & Ghosh Ippen, 2003). They can deal with the truth if they are prepared and know what to expect (Crenshaw, 2002).

In this family the loss of Kevin was not hidden; the children knew the story. After the second loss Katie's parents realized the children had also lost their naivety. May was very realistic when she became pregnant with Tony, the subsequent child that lived. "They asked, 'Will this baby live?' And I told them, 'I don't know. I absolutely don't know. I hope so, but I really can't say, I can't tell you absolutely that this baby will live.' Being honest with them and acknowledging that to myself was huge and really hard."

The parents' candor is most likely a major factor in why the bond in this family is so strong. Painful as it was, the parents were open to Katie and her younger brother's expressing their grief as well as their anger after the second loss, all important in learning about mourning (Ostler, 2010). The children trusted that their parents would be honest and knew they would be cared for, no matter what happened in the family. Their friends also see the unity of the family and want to be part of it. "Our house was where our friends would hang out. I don't know why." When asked to describe how her family is different from her friends' families, Katie explained, "We never hide things. We're very open with each other and talk a lot as a family, which is a difference. I know my friends aren't quite as open in their families...We just put it all out there. We don't feel judged. We all really trust each other. It's hard to explain. We just are. We share everything with each other. We don't keep secrets."

Her explanation supports Crenshaw's (2002) belief that, if "the family can handle the painful material and the firm expectation that

the death will be discussed, it imbues the family with confidence that they can face even their most painful issues” (p. 304). It is also important to note that, as May watched her children’s heartache surface after Tony’s birth, she also acknowledged that she and her husband relived the experience and grief of Kevin’s loss.

Case 8: Janet

While loss brought Katie’s family and sibling relationships closer, this was not the story for Janet’s brother, Wallace, who was five, and their sister, Alice, two, when their baby brother, Danny, died. Their parents had transitioned Alice into a bed with a mattress on the floor, repainted the nursery and put everything together in preparation for a baby to come home. In the seventh month of pregnancy, with both children watching, their mother stood up and began to hemorrhage on the floor. Wallace ran to the neighbors for help, saw his mother leave in an ambulance and return five days later without the baby brother he had anticipated. It was 1959, and children didn’t go to the hospital to see their parents, nor did they get to see a new baby brother. The family just went on, giving the children no explanation of what had happened. “The nursery had been ready for Danny to come home, and Danny didn’t. As Mom recovered from the hemorrhaging, the blood loss, and had to do the iron treatments, which were not very pleasant in 1959, she also had to dismantle the nursery and deal with a five-year-old who wanted to know where his brother was.”

In the misguided belief that parents can spare their young children the pain of the death by not discussing it with them (Crenshaw, 2002), Wallace was given no explanation as to why his brother did not come home. His grief was disenfranchised, not acknowledged, thus he had no means to process it, which Kauffman (2002) writes can damage the safety and security of attachment bonds. DeVita-Raeburn (2004) writes that “the less validation, the more ambiguous the loss, the more frozen the grief” (p. 31). In Wallace’s case he made the decision not to risk attaching to his younger siblings, completely detaching by junior high. “I had friends who never even knew I had a brother. He had nothing to do with us, either of my sisters, older or younger. My mother would always say, ‘Oh, your brother loves you. He’ll do anything for you.’ And we would say things like, Ya, except speak to us in public, he wouldn’t cross the street to see us.” Wallace coached the girls’ swim team when Janet was in high school. All her friends thought Wallace was wonderful; yet, he wouldn’t speak to Janet if she passed him in the hall way. “I think what he did was to just detach. ‘If I don’t love you I

don't have to be hurt.' And we watched that."

When children do not know the truth, they are left to cope with the situation alone and tend to resort to their own notions and fantasies (Crenshaw, 2002), which Wallace did. As an adult he became a prolific science fiction writer, and Janet, now a therapist, sees the unanswered questions and unresolved loss of Danny in his writings that focus on survival guilt. "I can think of half a dozen stories where there's survivor guilt, a story of a boy on a mountain hiking trip, and he comes home and his younger brother doesn't. And it's always a younger brother who doesn't survive and he does." While growing up they did not talk about Danny's death, and only in recent years has Janet asked him what he remembers about it. His reply is, 'I lost my brother and it was awful.' "I've never heard that trauma described from my brother's five-year-old perspective."

When grief cannot be talked about in the years that ensue, children will suppress their grief, not ask questions, and hide their feelings (Bowlby, 1980; Miller, 1997; Ostler, 2010). Wallace's lack of information about Danny's death continued to haunt him into adulthood. This has been intensified in recent years because their mother was diagnosed with a terminal illness. Though their mother is now in remission, Janet observes that, even at 51, Wallace continues his hypervigilance with regard to his mother's whereabouts. The first question when Wallace comes home to visit is, 'Where's Mom?' "My brother and sister always had to know where Mom was immediately when they came into the house. And that cry of 'Where's Mom' has really echoed because in some sense we've lost part of Mom, but we're still looking for all of her." Wallace's behavior appears to exemplify Callister's (2006) description of feelings of helplessness extending over a long period of time.

Wallace's situation illustrates three ways grief can be disenfranchised, according to Doka (cited in Corr, 2002): (a) the relationship is not recognized, (b), the loss is not recognized, or (c) the griever is not recognized. In addition, he was only a five-year-old, most likely severely traumatized by witnessing his mother's bleeding and leaving the home in an ambulance. Thus, not only was his grief not addressed, but also he did not get help with his feelings, possibly even fearing that his mother had died. One symptom he carries into adulthood that would suggest unresolved trauma issues is his hypervigilance about his mother's whereabouts as soon as he goes home. His inability to know the full story surrounding Danny's birth and death inhibited recognition of the loss of his sibling relationship and his terror of losing his mother. He lacked the resources necessary to cope with his feelings, most likely resulting in his detaching

emotionally from the two subsequent sisters. He also had no support in finding a way to put Danny's story into his life except through writing about survival guilt. Wallace needed both grief and trauma intervention in order to adapt in a healthy way (Lieberman et al., 2003).

Discussion and Summary

These case studies illustrate the importance of guiding parents who experience the loss of an infant or child in recognizing that siblings will also grieve, and encourages awareness of what can happen when the siblings' needs go unrecognized. The lack of support and messages the parents heard to move on may have contributed to many of the parents' simply not knowing how to process the loss themselves, let alone reach out to their surviving children. The message that children are too young to understand, still common today, causes their grief to be ignored and influences both the emotional development of the children alive at the time of the loss and the children that follow.

Clinical practice confirms that many parents still believe children are too young to understand, too young to grieve, and have no need to share the grief the parents are experiencing. Nevertheless, recognition of a child's grief has been assessed as the most important part of supporting siblings. It is also important to include acknowledgement of the lost sibling in family events and religious rituals (Erlandsson, Avelin, Saflund, Wredling, & Radestad, 2010; Wilson, 2001). It is important that professionals help parents by providing developmentally appropriate information for children who are exposed to loss in their families (O'Leary, 2007). Parental communication is a major factor in helping children (Leon, 1986; Pettle & Britten, 1995). Davies (2006) writes that "helping children understand is not just providing information about facts and events; it also is giving information about feelings, about what to expect and about what not to expect" (p. 4).

What we learn from these stories is the importance of helping parents with their children, not just around perinatal loss, but death and dying, in general. For example, Erlandsson and colleagues (2010) interviewed thirteen families about how they supported siblings after perinatal loss, and they found that taking time to talk to the siblings about the deceased baby, reading books about death, and allowing them to see their parents grieve was helpful. This facilitates a continuing bond with the deceased baby as a coping strategy (Klass,

Silverman, & Nickman, 1996; Packman, Horsely, Davies, & Kramer, 2006). Some of the siblings described in our interviews lacked information on what had happened and help with understanding their feelings, causing some to withdraw emotionally from the family. Crenshaw (2002) writes “when families join together to face a crisis, and the adults are willing to answer their children’s questions, the crisis becomes more manageable” (p. 302).

These case studies demonstrate the long-term consequences of not supporting bereaved parents. The parents, in turn, cannot give adequate support to their remaining children. This can be devastating for siblings alive at the time, as well as for the children that follow. Losses affect the whole family system, and the impact can be felt even in later generations (Long, 1992).

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