Gifts from the deceased sibling to siblings born after loss

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ABSTRACT
OBJECTIVE. The purpose of this article is to present a different perspective on children born into a family who have experienced loss and trauma. Rather than from the viewpoint of pathology this article presents the gifts a child born after loss can receive because of the deceased sibling's existence.

METHOD. The data come from two descriptive phenomenological studies of adults born to families that experienced the loss of a child and parents raising children born after a perinatal loss. This method was selected because adult subsequent children and parental perceptions of the personalities of children born after loss have been studied very little.

RESULTS. Two common themes were shared by the adults and parents’ descriptions of their children; Sensitivity/Empathy for Others and Comfort with Death. Whether children born after loss have an awareness of their deceased sibling or not, both the adult subsequent children and the children who knew the story appeared to be sensitive to others’ emotional pain and to understand grief and loss at a very early age. They were all comfortable with grief and the knowledge that death was not something to fear.

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CONCLUSION. The findings support the need to help bereaved parents pregnant after loss begin communication with the unborn baby during pregnancy, as well as the importance of establishing a continued bond with the deceased child to help prevent disenfranchised grief within the family.

INTRODUCTION

The loss of a child and the grief that follows can overwhelm parents, even when they knew before birth that the baby would not live (Kuebelbeck and Davis, 2011). Often parents may not perceive the effects on the siblings of the deceased baby (Ostler, 2010; Roose and Blanford, 2011) or the child born after loss (O'Leary and Thorwick, 2008). Previous research on children born into a family who have experienced loss and trauma is drawn predominantly from the viewpoint of pathology, such as case studies of people seeking therapy and survivors of the Holocaust (Anisfeld and Richards, 2000; Cain and Cain, 1964; Leon, 1986; Olmsted and Poznanski, 1972; Sabbadini, 1988). The purpose of this article is to present a different perspective, that of the gifts a child born after loss can receive because of the deceased sibling's existence.

LITERATURE REVIEW

The idea that the mother's emotions of grief might be felt in the uterus and can be a gift to the child that follows is a new concept to many, yet well understood in the field of Prenatal and Perinatal Psychology, Medicine, and Health. Anxiety-conditioning starts in prenatal life and pre- and perinatal traumatization can remain life long as a result of early imprints in implicit memory (Jakel, 2008). Frank Lake (cited in Emerson, 1998) found, in regression work with his adult patients, that the most influential events were "maternal experiences that passed biochemically through the umbilical cord by means of a group of chemicals called catecholamines, but it is also true that prenates incorporate psychic prenatal feelings and experiences, especially those of the mother" (p. 8). Current research in the field of maternal-child medicine provides evidence that the unborn child absorbs the mother's emotions during pregnancy (e.g., DiPietro, 2010a, 2010b; O'Leary et al, 2006; Thomson, 2007). By definition, this would include absorbing the grief of the mother, described by some adult subsequent children who experienced regression therapy into the womb (O'Leary and Gaziano, 2011b; O'Leary et al 2006). Additional research suggests bereaved parents carry embodied grief, similar to a body in illness (Gudmundsdottir, 2009). Harper et al (2011) found that the loss of a baby at birth or in the first year of life is linked to increased mortality in bereaved parents with complicated grief, compared with parents with no history of loss.

Avoidance of attachment in the pregnancy that follows loss has been described as a normal response, especially without supportive intervention (O'Leary, 2004, 2009; O'Leary and Thorwick, 2008, 2011; Powell, 1995; Reid, 2007). Studies have found that families fare better if the belief that parenting new life means the family is acknowledged (Warland et al, 2011b). Parents focuses on coming to be seen and heard as individuals and for their unique personal experiences (O'Leary et al, 2011b). The focus of understanding the experience of the children born after loss is to help the bereaved parents understand their own psychosocial context.

Bereaved siblings in life and greater comfort in death (Hogan, 2008; Packman, 2010). Particularly drawn to grief recognition suffering more than the need of understanding the emotions of the child born after loss (O'Leary et al, 2011b). Bereaved siblings are particularly drawn to grief recognition suffering more than the need of understanding the emotions of the child born after loss (O'Leary et al, 2011b). Bereaved siblings are particularly drawn to grief recognition suffering more than the need of understanding the emotions of the child born after loss (O'Leary et al, 2011b).

MATERIAL AND METHODS

The data presented in this article are from a qualitative study of (1) adults born after the death of a sibling, (2) parents raising children born after the death of a sibling, and (3) professional who work with bereaved parents. The participants were drawn from in-depth interviews of (1) adults born after the death of a sibling, (2) parents raising children born after the death of a sibling, and (3) professional who work with bereaved parents. The participants were drawn from in-depth interviews of (1) adults born after the death of a sibling, (2) parents raising children born after the death of a sibling, and (3) professional who work with bereaved parents. The participants were drawn from in-depth interviews of (1) adults born after the death of a sibling, (2) parents raising children born after the death of a sibling, and (3) professional who work with bereaved parents.
found that families fare better when provided with intervention that focuses on the belief that parenting never ends, even in death, and the deceased child's place in the family is acknowledged (O'Leary and Gaziano, 2011b; O'Leary and Warland, 2011; Warland et al 2011). Schroth (2010) believes that when intervention with the parents focuses on communicating with unborn babies the babies feel themselves to be seen and heard at a deep level. These children feel respected for who they are and for their unique personality, developing a profound self-esteem. Others have found children born after loss in families who have had intervention tend to have positive experiences because they are aware of a missing sibling in their family and understand their own place in the family as a separate individual (O'Leary and Warland, 2011; Warland et al 2011a). These findings are in contrast to findings for siblings alive at the time of loss years ago (O'Leary and Gaziano, 2011a, 2011b) and the children who followed, now adults, who were not given information about the deceased missing sibling (O'Leary et al 2006).

Bereaved siblings in adulthood sometimes have a greater appreciation of life and greater comfort with death and often feel able to help others in distress (Hogan, 2008; Packman et al 2006; Robinson and Mahon, 1997). Some are particularly drawn to grief work for reasons they cannot always explain. They recognize suffering more than their peers and are able to describe striking examples of understanding the emotions of grief. In spite of attachment issues faced by the child born after loss (O'Leary and Gaziano, 2011a) being conceived by grieving parents and understanding the feelings of grief, beginning during pregnancy, can be seen as a gift, the focus of this article.

**MATERIAL AND METHODS**

The data presented in this article are from two descriptive phenomenological studies of (1) adults born after their parents experienced the loss of a baby and (2) parents raising children born after a perinatal loss. The goal of phenomenology is to allow the participants to express their feelings and describe their lived experience through in-depth interviews (Dahlberg et al 2001). Developed as a philosophy by Husserl and others, phenomenology aims to explore and gain insights about subjective experiences and viewpoints scientifically without imposing the observers' meanings (Kockelmans, 1994; Sokolowski, 1999; Van Manen, 1990). This type of qualitative research allows awarenesses, thoughts, and feelings to emerge, as recommended by Rosenblatt (1995, 2001). This method was selected because adult subsequent children have been studied very little, and it is an approach relevant to the therapeutic setting because of therapists' and participants' shared process and goals of growth, insight and healing (Halling, 2002). Neimeyer (2006) observes that identity and sense of self are established through stories that we tell about ourselves. He states: "The recounting of traumatic life narratives to others solidifies validation of one's experience and provision of social support, both of which
can facilitate healing and growth” (p. 70). In fact, all of the participants appreciated the opportunity to tell their stories.

Participants
The first author, JMO, received ethics and human subjects’ approval from her university for both studies. In the first study adult subsequent children (16 women, 5 men) self-selected after hearing her speak at conferences or reading or hearing about her work. In their family of origin their parents had experienced a stillbirth or death of an infant or child before the participants were born. When their infant sibling died their parents had not been allowed to see or hold their baby, and none of the mothers were allowed to attend the infant’s funeral. The second study involved parents rearing children aged 5 to 14 after a loss (26 mothers and 14 fathers) and who had some type of intervention, either attending an infant loss or a pregnancy after loss support group, some attending both.

Procedures
Individual interviews of 1 to 3 hours were conducted by JMO and audiotaped with the participants’ consent. The research question for the adult subsequent child was: “What was it like for you to be the child in your family born after the loss of your sibling?” For the parents raising children the question was: “How has the loss of a baby influenced parenting of your other children?” These open-ended questions led the discussion, and further questions were asked based on the information they shared, such as: “Can you tell me more about how that felt?” “Can you give me an example of this?” The dialogue continued with questions to ask for more information, examples, and clarifications in order to obtain as complete an understanding as possible of the phenomena. Because there is scant information on parental perceptions of the personalities of children born after loss the adult subsequent children were asked to describe their personality and the parents were asked the same question about their children. The first author transcribed all the tapes and coded interviews line by line to find both common and unique themes. The second author contributed to literature search, theoretical analysis, and writing. The third author contributed to the writing. Pseudonyms have been used for reasons of confidentiality.

Analysis
The results of both studies were analyzed independently by JMO, who read and reread each interview to find dominate themes. Emerging themes were strikingly common in both sets of data. The adult subsequent children had little, if any, information about the deceased child in their growing up years; whereas, the parents interviewed had been very open to their subsequent children about the story of loss in their families. In this article the themes of Sensitivity/Empathy for Others and Comfort with Death will be discussed because they are seen by the participants as “gifts” from their siblings.

RESULTS
Sensitivity

The Adults
Sensitivity and sharing the story were prominent. There were stories of parents sharing the story and the parents must have been very open to their subsequent children about the story of loss in their families. In this article the themes of Sensitivity/Empathy for Others and Comfort with Death will be discussed because they are seen by the participants as “gifts” from their siblings.

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RESULTS
Sensitivity/Empathy for Others

The Adults
Sensitivity and a willingness to stay with and support someone in emotional pain were prominent in all the interviews. Every participant began the interview by first sharing the story of their parents' loss. With this came deep sensitivity to what it must have been like for their parents to lose a child. For example, Beth, observing intense sorrow in her mother when Beth was growing up, felt this gave her, in her words, the gift of empathy, a real ability to feel the pain of others and to want to connect. It has given me an intense but special relationship with my mum, and I believe gave me the opportunity to bring about some healing in her life.

For some participants their ability to stay with someone in pain or passion for working with bereaved parents began early. Doris was 16 and a volunteer in a hospital when asked by her physician father to be with a woman birthing a stillborn child. This began her career of helping others, first as a nurse and then as a social worker working on a unit with babies who had biliary atresia, babies who rarely lived beyond a year and a half. It sounded so morbid [but] I was struck by the fascination of dealing with grieving parents.

Adam understood that expressing rather than avoiding emotion was helpful to those in pain. He gathered images of difficult situations, such as the troubles in Northern Ireland, and developed a film. As the images faded in and out he played background music from a Phil Collins song, "Turn It Off," about how people selectively tune out things they do not want to see. I actually used it for my English class, and I showed it to the class. And I looked over at this girl, and she'sweeping over this slide show. And I'm just like, that's what I want to do. I want to be able to create that kind of emotion. I want to do film.

All the participants voiced the ability to be comfortable with someone in pain. For example, Doris and Biz, who had not experienced a perinatal loss themselves, provided social and emotional support to women after the loss of a baby when their peers were unable to do so. They were often the only people in their social group who reached out to a bereaved mother. One of the mothers expressed her thankfulness, sharing that she didn't know what she would have done without the support. Surprised, Doris replied, I did nothing. I felt helpless. I didn't know what to say. She said, 'You listened to me. You let me talk as much as I wanted.' So that was kind of my awakening to this. Today Doris is the founder and director of a non-profit organization for bereaved parents, often coming in contact with others who donate their time and services because of a personal experience.

Born after her sister died of Sudden Infant Death Syndrome (SIDS), Biz knew she was more sensitive to others in comparison to her peers. Her friend lost a child to SIDS, a child who would have been the same age as one of Biz's own children. What was most interesting to Biz was watching this bereaved woman lose a lot of her friends who didn't know what to say, avoiding her in public, too scared or...
thinking it was too painful to address. In contrast, Biz felt a kindred connection to her.

It really affected me, just an interesting reaction. I just felt so pulled to her. I knew it was painful for her to see me, and I would try not to bring my child over. My feeling was, I've got to be with her, I've got to call her, I know a lot of other people who just were scared or [felt it was] too painful to address the loss, didn't know what to say, avoiding her at the grocery store. I just remember for months not being able to sleep, just thinking about my friend and what she was going through.

Biz's choice of careers also reflects her ability to be with people in pain: volunteering at an orphanage in Mexico, studying economic development in Latin America, and working with underprivileged people. I think I've always been very sensitive to other people's pain. I just know I'm very aware of the suffering of the world; everything from starvation to tsunami to refugees, and I'm very drawn to those stories in the newspaper, listen to them on the news. And they stay with me longer than it seems like [they should]. Whether that has anything to do with my story or not, I would say on a scale of humans I would be on the more sensitive side.

There can be a price to pay in having such sensitivity to others' pain. Some participants were aware of this and consciously worked on finding a balance, seen in this example by Biz. Living with pain, I think it's something I bear a lot. Compared to maybe friends and family, I feel like those issues of suffering, people that have going through hard times. I think about that a lot. I feel pain more physically. That's always been a challenge to figure out how much to engage with people that are going through painful times because I know it affects me so much physically. I worry about that because I get sick to my stomach when someone [is] being sad. It makes me so sad.

Sam described himself as sensitive, honest and very trustworthy. Right from childhood, I was very sensitive about issues and to what others would want, how can I make them happy type of things. If I knew some secret, and I wanted to keep it very secret, I would keep it very secret. I would describe myself as always thinking about others first, what they would think, what they would want, and then I'd think about myself. But he also acknowledged his younger siblings are the same way, suggesting family of origin also plays a part in developing a strong sense of compassion.

Sam became a doctor in internal medicine, subspecializing in oncology and hematology. Cancer is the second leading cause of death after heart disease. It's responsible for about one-third of the deaths, very close to heart disease. There's no good cure for it yet, so that's why I chose the profession. He is extremely involved in patient care. All his patients have his cell phone number and e-mail address so they can contact him at any time they might need him. I lose track of time when I'm with someone who is suffering. I go to any extent [to help]. His ability to care so deeply for others is noted by his patients' family members who come back to see him a year or longer after their relative has died to thank him for his care. When asked what draws him to this he simply replied, I just like helping people. I was very

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The Children
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sensitive about issues. I would describe myself as always thinking about others first, what they would think, what they would want; then I'd think about myself.

Universally, the adult subsequent children spoke about their perception of what children needed emotionally from adults. As one participant said, I was very aware of their little environment and what they were taking in, and [need for] the affirmations. This echoed similar comments from other participants. In my twenties I changed careers and went into early childhood [education]. Later on I did my own work and realized that part of the reason I'd become an early childhood educator was to give those children what I didn't have, which was that individual attention.

Except for one man, whose parents were both alcoholic, all chose work that focused on helping others: a professor of early childhood education, a foster mother to preschool children, a stay-at-home dad, among others. Three women became pastors, all expressing a wish to create a safe place for people to share their stories. As I was doing the bereavement work for this hospice, I [realized] that children were being neglected or forgotten all over the place. So I pulled what I knew about working with children with AIDS [Acquired Immune Deficiency Syndrome] and my master's in early childhood and all my years in working with children into what I now knew about grief, death and dying and started working with grieving children.

The Children

What was surprising to the first author was moving from interviewing adult subsequent children to interviewing parents who had support at the time of their loss and in the pregnancy that followed was that these parents also reported sensitivity in their subsequent children, who often were caretaking to other children that needed support. When asked if others saw this behavior in their children, most parents could relate a story from a teacher. I get a lot of comments from school about how emotionally sensitive the boys are.

Anna felt her daughter's sensitivity began during her pregnancy. She was a pretty empathic baby in the womb. Any time I felt nervous that she wasn't doing okay she would kick. As a 9 year old, she just has a heart for other people when they're sad, just what she can do to make them feel better. When asked if others saw this behavior in their children, most parents could relate a story from a teacher. I get a lot of comments from school about how emotionally sensitive the boys are.

Wendy, mother of four subsequent children, reported her children's teachers have said all four are very empathic. When the kids were little that was one of the things the teachers said in first and second grade about all four of them at different times, how nice they are to the other kids. Or this child was really sad, and Alice went
right over to her, took her under her wing, tried to get her interested in something else. Alice and Gary particularly are that way, really try to engage the kids that don't belong. If there's a new kid in the class Alice is always the first one to introduce herself, talk to them, try to make them feel welcome, even if later they're off with a different group, and they're not her friend anymore. So they all definitely are empathic.

She went on to describe one of Gary's best friends, a boy who has Aspersers syndrome. They met in fifth grade. That boy had a really hard time fitting in and Gary kind of sat by him, took him under his wing, playing with him. The therapy woman used to have Gary come to some of his sessions, or if he got his work done then he could have Gary come in. They stayed pretty good friends. They don't see each other as much as they used to, but Gary would always stand up for him when other kids would give him a hard time. He was very loyal. Even in middle school. He's pretty big now but he was little and scrawny. He had to be pretty brave in fifth grade to stand up to some of those kids and say, you're not going to treat my friend this way.

Her other son has a friend who has Attention Deficient Disorder. Michael is very tolerant because this kid at 7:15 in the morning calls to be the first one to ask him to hang out for the day because he doesn't want somebody else to call first so he doesn't get to hang out with Michael. He's way more tolerant of that than I would be.

**Comfort with Death**

**The Adults**

While the topic of death is often avoided by the majority of society, the participants all seemed to be comfortable with it. The film writer continues to have scripts and stories of loss, something he doesn't fully understand but continues to explore. A good deal of the stories that I write deal with missing people, miscarriage, things like that. I'll continue to poke into that, maybe get glimpses into that in some way. Sam's choice of career as an oncologist is to try to stop death but on a daily basis is dealing with death, dying, and bereavement, demonstrating his comfort with death.

Understanding grief and loss gave Beth compassion and pragmatism in planning her own funeral and acceptance that she was mortal. I always think I knew that everybody dies. I always knew age didn't determine who died. There were no rules in death.

After attending a three-day seminar on pregnancy following a loss Millie became a volunteer for the group, commenting, I have long wondered about my draw to the pregnancy after loss support groups. I did not have a pre- or perinatal loss, but maybe in a sense I have lived it. I also have scanned obituaries for years, looking for infant deaths, and offering a prayer for their families.

Growing up in a family where everyone was supposed to be “okay,” Janet had nowhere to go to cry. Books were her outlet. I couldn't cry at my own story. I had to give myself permission to cry by going somewhere else. As a little child I read Little Women, Where the Red Fern Grows, Eight Cousins, and all the Louisa May Alcott books that had death in them. And over and over again, those stories of someone
Gifts from the Deceased Sibling

that had a death or had a loss, become blind or become disabled. Somehow always to figure out how you could do it and go on with the grieving. 'Love Story' came out when I was in junior high, and 'Brian's Song' and 'Something for Joey,' these stories of love and loss. I could cry there.

The Children

It is interesting to note that a mother of one young girl also reported, like Janet, that her daughter had awareness in books about people dying or disappearing. She was really into that missing child book series, asked a lot of questions about how kids go missing, how do they find them, what would you do. She's a very deep thinker and a very sensitive kid, so her feelings get hurt easily.

Being raised by bereaved parents would impact the children both positively and negatively, of course. Diane understands the sadness in her child born after the loss of their first baby. She says, now at age 11, he deeply wishes he had the older brother. He's real out going and friendly but there's just such a sadness to him. Mona said that her children knew the value of life and that a child was missing in their family when her older children greeted a healthy new sibling. There's a difference in being happy that you have a little brother or in being happy that your little brother is alive. They had the sense that he was living, that he was alive, because they knew what the other side was.

Annie's two subsequent daughters talk about their deceased stillborn brother all the time.

They celebrate when someone they know dies because they say that person gets to see their brother, described in this example. Steven's uncle died three weeks ago, and Natalie said, Oh I bet you he's made friends with Davis already, and said that to his aunt. And his aunt [said], 'I bet you're right' and was sweet... So she talks about it, always trying to figure it out how you die, where your body is, what he's doing, when she'll get to see him.

It was common for parents who had the benefit of intervention and support around their loss and in the pregnancy that followed to describe a comfort level about death in the children. For example, Mary said her two subsequent girls talk about death, process it, and they understand that people are gone. They ask questions, but they're not anxious or worried. They don't go into the fear-based stuff around death. 'Are you going to die and what will happen to us?' They go more into what happens spiritually to people when they die.

Another mother of three also felt the loss of her first son made her children more perceptive when they hear that their friends have lost someone, and she saw this as a gift. They understand; they've always had an appreciation of life. Tony (the subsequent baby) was born with it, and they were given that at a very young age.

All of the parents felt the death of a child in their family provided their children gifts of caring and sensitivity rather than on-going grief and sadness, articulated well by Mary. I've always believed that my children have special souls that are a compilation of all the souls that never made it into this world. They're such special emo-
tional beings that really care, even at times in their lives when you wouldn't expect them to care about things.

DISCUSSION
WITH IMPLICATIONS FOR PRACTICE

The experiences described by these adults and the children's parents speak to the gift of having compassion for others as noted by Hogan (2008), Packman et al (2006), and Robinson and Mahon (1997). Whether children born after loss have an awareness of their deceased sibling or not, both the adult subsequent children and the children who knew the story appeared to understand grief and loss at a very early age. They were all comfortable with grief and the knowledge that death was not something to fear. As found by Warland et al (2011a) children who know the story are aware the deceased sibling is still an important part of their family.

The expression of empathy in the lifework of the participants may be part of their work to create a bond with the sibling they never knew. Packman et al (2006) report that views toward grief and its resolution more recently have focused on the idea of continuing bonds with the deceased, rather than toward disengagement from the grief process and healing the loss by “forgetting.” They also point toward the uniqueness of sibling relationships because they are long-lasting and play an important role in the development of identity and shared history. These roles and processes are unavailable to children born after an infant or child who has died, however. Subsequent children may want or need to create substitutes for these roles and processes. They have, in some ways, a larger task than children who knew their deceased siblings to fashion substitute bonds. Children who knew their deceased siblings may have unfinished business such as never having the opportunity to say goodbye (Packman et al 2006), but subsequent children never got to say hello. The grief of these children, whether or not they knew their deceased siblings, is often unacknowledged because the sorrow of the parents seems to loom larger (O'Leary and Gaziano, 2011b; O'Leary and Thorwick, 2008; Ostler, 2010, Roose and Blanford, 2011). Subsequent children carry grief of never knowing their sibling who died before they were born, as one mother said of her son.

Neimeyer (2002) concludes that the core of bereavement therapy is for parents to express their pain and tell their story. Not discussed in this article, but found in data yet to be published on the adult subsequent children, was that more than half of their parents, now elderly, suffered from alcoholism and depression, with two of the mothers having an autoimmune disease. This suggests they may have had complicated grief that led to illness, as found by Harper et al (2011). In clinical practice JMO heard one mother question how many bereaved parents die of heart attacks because their hearts were broken. Society's message years ago to “move on,” and their inability to have an ongoing bond with their deceased baby may have contributed to complicated grief (Neimeyer, 2006). In spite of these parents not being able to share their loss with each other or the child that followed, these adult

Conclusion

Although many subsequent children interviewed by JMO were born after their deceased sibling was known - whether or not they knew the deceased baby - not all of them experienced the same outcome. Subsequent children can have a sense of grief that is not fully acknowledged by the parents or society, and they may need their own grief work to process their experience of loss. The experience of empathy in the lifework of the participants may be part of their work to create a bond with the sibling they never knew. Packman et al (2006) report that views toward grief and its resolution more recently have focused on the idea of continuing bonds with the deceased, rather than toward disengagement from the grief process and healing the loss by “forgetting.” They also point toward the uniqueness of sibling relationships because they are long-lasting and play an important role in the development of identity and shared history. These roles and processes are unavailable to children born after an infant or child who has died, however. Subsequent children may want or need to create substitutes for these roles and processes. They have, in some ways, a larger task than children who knew their deceased siblings to fashion substitute bonds. Children who knew their deceased siblings may have unfinished business such as never having the opportunity to say goodbye (Packman et al 2006), but subsequent children never got to say hello. The grief of these children, whether or not they knew their deceased siblings, is often unacknowledged because the sorrow of the parents seems to loom larger (O'Leary and Gaziano, 2011b; O'Leary and Thorwick, 2008; Ostler, 2010, Roose and Blanford, 2011). Subsequent children carry grief of never knowing their sibling who died before they were born, as one mother said of her son.

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subsequent children still learned how to express empathy just like the children who knew the story.

Understanding how being conceived while parents are still grieving can be viewed as a gift to the unborn child in the pregnancy that follows is a challenging concept/message to bereaved parents, but we believe it can and should be communicated. Gudmundsdottir’s (2009) study of embodied grief with bereaved parents and Harper and colleagues’ (2011) research on parents with complicated grief show the importance of doing this work. Often in clinical practice, JMO heard parents express such sadness that they couldn’t be happy during the pregnancy that followed a loss. When encouraged to journal to the unborn baby about their deceased baby they would say it was too hard because “they didn’t want the new baby to know what they were thinking.” It was helpful to tell parents, “The baby hears your voice and feels your emotions. The baby already knows you are scared. Give the baby the words for the feelings” (O’Leary and Thorwick, 2011). This process supports Gerhard Schroth’s (2010) prenatal bonding work, helping the unborn baby understand he/she is a separate individual. The parents’ stories of their children’s understanding of death demonstrate their knowledge of the child before them and the wish to keep the memory alive.

The parents’ belief that their subsequent children gained gifts because of their deceased sibling were similar to findings discussed in O’Leary and Warland (2011) where parents were able to find some good in the loss of an important member of their family. We believe that helping parents understand they are still parents to their deceased baby while attaching to a baby in the pregnancy that follows (O’Leary and Gaziano, 2011a) helps parents who may be struggling with complicated grief. This also may help children born after a loss know their individual place in the family.

**Conclusion**

Although many of the adult participants expressed painful stories within their interviews of not feeling wanted or valued in their family of origin, all felt the interviews to be a therapeutic opportunity to process their story (see, e.g., Kempson and Murdock, 2010). This was true for the parents raising children after loss too. One adult subsequent child provided the most profound observation about being born after a loss as a gift rather than a burden: In short, if I had to summarize some essences of my lived experience of being a subsequent child I would say that a lot of good came from the chaos of other people’s loss and pain because I grew up knowing that all of this is transient and in a moment could be gone. Because of this I truly live each moment with gratitude and an effort to be me, to connect, to really make a difference in my connections with other beings – people, animals. It does all really matter to me.
Acknowledgments
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