THE MYTH OF THE REPLACEMENT CHILD: PARENTS’ STORIES AND PRACTICES AFTER PERINATAL DEATH

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Parents bereaved by perinatal death adapt to their losses in different ways. When bereaved parents give birth to a child or children subsequent to a perinatal death, their constructions of the family necessarily change. The subsequent child is thought to be at risk of psychopathology (the replacement child syndrome) if parents have not sufficiently grieved their losses. This qualitative interview study examines the family stories told by bereaved parents, with particular attention to how parents represent the dead child and subsequent children in the current family structure. We categorized parents’ stories as those which suggested that parents replaced the loss by an emphasis on parenting subsequent children, or maintained a connection to the dead child through storytelling and ritual behavior. The two ways in which parents maintained the connection were to preserve the space in the family that the dead child would have inhabited, or to create an ongoing relationship with the dead child for themselves and their subsequent children. There seem to be multiple paths to parenting through bereavement. The place of rituals and memorial behavior is also examined.

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The death of a child is always difficult. The death of a longed-for baby, either before or after birth, has unique meanings that sets it apart from other forms of loss. When a family loses a baby to death during the perinatal period, the family story is disrupted. When there are surviving children, or when the family chooses to try again to have a healthy baby, there may be concerns that the parents’ grieving may negatively affect the other children in the family. Parents’ thinking about the dead baby and about the new baby may result in problematic parent-child relationships by creating an environment in which the new baby functions to replace the dead child (Leon, 1986). This phenomenon is known in the clinical arena as the “replacement child,” and may be one way in which parents represent their families in the long term after a loss (Cain & Cain, 1964; Poznanski, 1972; Sabbadini, 1988). However, our experiences with parents who had more children after bereavement suggest that there may be many alternative paths through grief.

People seem to experience multiple realities, constructed in their interactions with others (Berger & Luckman, 1966). The processes of social interaction help individuals to construct realities and to share them. In telling others about their experiences, grieving individuals reconstruct their realities after bereavement (Attig, 1996).

This paper examines the stories told by parents bereaved by perinatal death. Parents’ stories provide a point of entry to the parents’ representation of their children and the events of family life (Fiese, 1997). Parents’ stories help us to understand the nature of parents’ experiences of their dead babies several years after death, the nature of parents’ experiences with children born after bereavement, and the complexity of relationships between parents, living children, and infants who died near birth. Examination of parents’ stories about their families after a perinatal loss allows us to see how parents make meaning of their experiences for themselves and for their surviving children and how they construe and relate to children born subsequent to the loss. Parents’ internal representations of the family determine family practices and, through these practices, child development. Family stories give meaning to the past and direction to the future, shaping subsequent development (Gergen & Gergen, 1986).

Parental representations of the family include a matrix of
relationships, extended among current members, but also extended into the past to include members who have died. These representations and practices may be explicit (for example, telling a child, “Remember how you and Grandpa played ball when you were little?”), or implicit and often unacknowledged by parents. The latter might include such matters as the influence of the family of origin on a parent’s behavior. The family matrix also extends into the future, including family members not yet born or who will marry into the matrix. For parents-to-be, contemporary representational structures may be built primarily upon their expectations and hopes.

Life often does not meet our expectations. This truth is seen nowhere as strongly as in the case of perinatal death, when a baby dies in the last months of pregnancy or the first weeks after birth. Parents, particularly mothers, spend the pregnancy preparing for the new baby. This psychological preparation includes constructing a representation of the new family member, based on prior experiences with babies, experiences from the family of origin, and indirect experiences with the baby-to-be (Sandelowski & Black, 1994; Zeanah, Zeanah, & Stewart, 1990). It also may include daydreaming through the expectations for the new baby, imagining oneself in a new social role (especially if the baby is a firstborn), and using stories with siblings to help them to create a representation of the anticipated baby. One early adjustment to a new baby includes restructuring the pregnancy representation with the real experiences of the baby. Parents collaboratively construct a new reality, altering the family story and creating new family practices (Fiese, 1997; Reiss, 1981). When a baby dies before or soon after birth, this process is abruptly halted. Parents have fewer mental representations of their dead baby with which to do the work of grief.

It is commonly said that when parents lose a child, they lose their future. This is particularly poignant for parents whose children die at or near birth. Leon (1990) identifies the unique nature of perinatal loss as characterized by resurgence of narcissistic and developmental needs. Additionally, parents’ experience with their baby is very limited. They have few memories to mourn and instead must mourn the wishes and expectations that they held for the child. This fuels contemporary caregiving practice of encour-
aging contact, naming, and memorializing the dead baby. It is suggested that parents who have these experiences are better able to grieve their loss than those for whom their baby remains an abstraction even after death. They may be better able to separate the real baby from the fantasy image they hold, and thus may be better able to parent a subsequent child (Leon, 1992; Lewis, 1979; Oglethorpe, 1989).

Traditionally, clinical literature has described bereaved families who have added a child since the loss in terms of the dynamic of “replacement child.” That is, the subsequent baby is seen as a replacement for the child who died, with potentially disastrous consequences. This subsequent baby is thought to be at risk for psychopathology because of a compromised identity (Cain & Cain, 1964; Cain, Fast, & Erickson, 1964; Poznanski, 1972; Leon, 1986, 1990). In cases where a new baby is born to parents who have not fully grieved their previous loss, the parents may idealize the dead child and imbue the subsequent child with the qualities and characteristics of the dead sibling. In such cases, the ability of the subsequent child to develop her own identity is limited by the parents’ representation of her as “replacing” the dead child. Support for the replacement child syndrome comes primarily from compelling case studies (see Cain & Cain, 1964; Legg & Sherick, 1976; Poznanski, 1972; Sabbadini, 1988) in which the subject replaced a sibling who died during childhood. Parents’ representations of their families, including the representation of the child who died, are seen as strongly influential in creating (pathological) child outcomes. For these reasons, medical personnel have often counseled parents who have experienced perinatal loss to wait before attempting subsequent pregnancies in order to grieve fully the dead child (Bowlby, 1980; Leon, 1992; Lewis, 1979; see Zeanah, 1989 for a review).

Other studies, however, suggest that becoming pregnant again following the death of a child may have a salutary effect, helping families grow through loss. Johnson (1984) found that recently-bereaved parents experienced their loss as a void or hole in the family. For some parents, the decision to have another child provided a reason to begin living again. Parents in her sample indicated that they could not “replace” the dead child, but many wanted another child of the same sex as soon as possible and often
gave the subsequent child a name that resembled the dead child’s name. Johnson suggests that bereaved parents may experience a normal need to bear and rear another child. Davis, Stewart, and Harmon (1989) found that most mothers in their study of perinatal loss reported “replacement feelings” about the subsequent baby, characterized as “a benign curiosity about the baby they never really got to know” (p. 484). Other studies, too, report that the birth of a subsequent child facilitated parental recovery from grief (Dyregrov & Matthiesen, 1987; Videka-Sherman, 1982; Theut et al., 1989).

As we have seen, case studies report the pathology of the replacement child, while methods that solicit parents’ opinions suggest that giving birth after a perinatal loss may be helpful for the parents. Some of the literature written specifically for bereaved parents takes a middle ground, noting that having another baby after a loss can be both healing and difficult (Kohner & Henley, 1995; Lothrop, 1997). One author goes so far as to warn parents about the danger of creating a replacement child (Rosoff, 1994).

Parents identify themselves as ineluctably changed as parents and as people after perinatal bereavement (Oglethorpe, 1989). Bereaved parents have crossed a threshold across which they can never return. They experience themselves in relationships with their children and with each other as different than they were, adapting to changing family contexts in a variety of ways. While the death of a child is arguably the most severe interpersonal loss an adult might ever face (Sanders, 1988), its occurrence does not necessarily presage disordered parenting in the years to come. Much depends on how parents construe their loss, their living and dead children, and their families. It may be that the variety of ways in which parents represent their families subsequent to a loss is more complex and individual than previous theory has suggested.

We approached this study from different frames of reference. One of us (LAG) is an applied developmental psychologist and a bereaved sibling with interests in the development of parents’ beliefs about parenting and their children. The other (BDR) is a clinical psychologist, bereavement counselor, and bereaved parent who has been struck, personally and professionally, by the myths and meanings assigned tobereaved families by professionals and the public alike.
Method

Our interest lies in the lived experiences of parents who have been bereaved in the perinatal period and have gone on to bear and rear another child. We can know parents’ lived experience only indirectly; that is, parents can tell their stories, and we can listen. As we listen, we bring our own experiences as parents and psychologists, as researchers who have studied the work of others, and as participants who have listened to other stories. Our hearing and reading of parents’ stories is influenced by our ongoing analysis, so that data collection and analysis is a recursive process.

Participants

Leaders of local support groups for perinatal loss were asked to assist in locating participants for the study. Recruited were mothers and fathers who had experienced a stillbirth, late-term miscarriage, or early infant death and who had a subsequent child between three and five years of age. Ten parents of seven families (three couples, one father, and three mothers) participated.

Years since the most recent loss ranged from two to ten, with three families having experienced multiple losses. While we had hoped for a group representing ethnic and economic diversity, all the parents that responded to the request for participation were from intact marriages, white and middle class. Four of the families had older surviving children. As a condition of participation, all had preschool-aged children born subsequent to the loss.

Data Collection

Participants were interviewed individually in a private setting, most often their homes, by the second author. Participants knew of the interviewer’s insider status as a bereaved parent, a condition that may have affected participation. The interview format was open-ended, and designed to elicit the parents’ descriptions of their losses and their families, including the child who died, and surviving and subsequent children. Interviews lasted from 1½–4 hours. Parents varied in how articulate and descriptive they were, particularly with highly charged affective material; however, all seemed eager to tell their stories.
Data Analysis

Interviews were audio taped and transcribed verbatim. Analysis was begun using a grounded theory approach (Strauss, 1987; Strauss & Corbin, 1990). Grounded theory is a method that uses multiple sources of data about a phenomenon to generate a theory about the way the phenomenon works or is experienced. We analyzed the interviews by coding each utterance for content and process, then used the method of constant comparisons to collapse the content codes into core categories. During this process, we began to see stories about the children embedded within the interviews. We then pulled out parents’ commentaries on their children, living and dead, and compared these stories across participants. From this detailed analysis, three patterns of family reconstruction emerged. (The complete grounded theory study is in preparation.)

Results

Reconstruction is a process that implies the passage of time. Because of this, we first look at stories of early bereavement, then at the patterns of reconstruction, and finally examine the rituals and memorial practices that grow from parents’ representations of the family.

Early Bereavement

Stories of loss dominated the early parts of our interviews. With very little prompting, each participant offered a narrative of personal experience, a story that links birth and death in a way unique to this type of loss (Romanoff, in press). Of course, each story is singular, but we noted similarities across the stories told. One common theme is the idea of emptiness as a central metaphor for the time of early bereavement. Many of the parents talked about the empty space in the family during the time of early bereavement. For most, violated expectations were a major focus. Barbara, twice bereaved, describes her feelings.

People’s life goes on, but mine wasn’t. I knew it would eventually, but at that point, it just wasn’t going on. Mother’s Day was horrible. My birthday. Because my expectations weren’t fulfilled. You know, as a child [and] as a teenager you think, by the time I’m 30 my goal is to [do] this, this, and this. Have my children done. And here I was 30, no children. My
children had died. In fact my gifts that year, I got a lot of jewelry, were all L’s birthstone. A ring with her birthstone. I needed to do that, everything was centered around her. My life I couldn’t go on without her being my center.

Another mother felt the hole as existing in the center of her being. “I was just empty I guess.”

**Long Term Adaptation**

Parents’ stories of the present time reflected distinct patterns of family representation either maintaining a connection to the baby that died, or replacing the loss created by that death. We found two different ways that parents maintained the connection and a single pattern of replacing the loss. We named these three patterns after the themes that predominated in parents’ stories. Maintaining the connection was accomplished by either “preserving the space,” or by “continuing the relationship.” The pattern we call “replacing the loss” emphasizes parents’ here and now reality. We discuss each of the three patterns below.

*Maintaining the connection by preserving the space: “It’s just there.”* The first pattern, preserving the space, maintains the absence felt at the center of the parent’s construction of his or her family. These parents focused on the space that the child would have filled, should he or she have survived. Instead of continuing to be the center of parents’ lives over time, the void shifts in importance but is still experienced as an emptiness, always a loss. Parents tell their stories about someone who is missing. This pattern was clear for two of our participants.

Melanie still identifies a space in her family where her dead son Anthony should be.

Everybody went back to their normal life but mine stopped. . . . I remember them telling us this in the support group, that it will get better, and it does. . . . [but] it’s always there; there’s not a day that goes by that I don’t think of that baby. Every day. Every single day. It’s just there.

Melanie is referring to her loss as she says, “It’s just there.” Melanie’s husband Ed has not mentioned the child who died for years, but she and her three living children place a memorial ornament on their family Christmas tree, and even the youngest points out the brother that he never met as they drive past the cemetery.
Melanie conceptualizes Anthony as someone who is missing. The loss of her son is ongoing for Melanie: “You know he was here, know he was part [of the family] for a short time. . . . I would love to see what he looks like now.”

*Maintaining the connection by continuing the relationship:* “Finding a place for them.” Other parents have developed a continuing relationship with the dead child. They created and maintained this relationship through memorials, ritual behaviors, and storytelling, particularly to their younger children. Rather than focus on emptiness, the stories emphasize one of the children who inhabits a different space, but is still an important family member. Three of our participants had a continuing relationship with their babies.

Jane’s dead child continues to be an active part of her family. Robert died at one month of age of SIDS, seven years prior to our interview. He continues to exert an influence on his mother’s thinking and behavior in a conscious way. The memory of her baby sustains her as a mother and in her work as an advocate for children. She talks about how Robert’s death has influenced her.

Since losing the baby, rather than being a people’s person, I’m more of an advocate for kids. Without even wanting to, I can’t let a kid get hurt and let it go. Or I can’t let a kid suffer and not try and help. . . . When there’s a situation that requires a lot of decision or thought or wonder if it’s right for me to step in or not, I pretty much go into the cemetery and talk to my little kid there, and it works out.

This mother has very clearly chosen to keep alive not only the memory of her dead infant but also her expectations that he would have been a positive influence in her life. Although Robert has been dead for years, she continues a daily relationship with her representation of him and finds comfort, courage, and direction for her own life in that.

I’ve been around in my own little environment to talk about Robert, so to me he’s the part that was the good and the pure, and he’s a big influence in my life, and I judge my actions by would it be acceptable [to him]. . . . My concern is kids. . . . I think long and hard before I do things. When I feel it’s right, and I weigh the reasons, then I act on them.
In addition to the influence that her dead infant has on her own behavior, Jane sees his life as having influenced many others, even outside of her immediate family.

[My boss] had never held a baby that anybody has ever seen—he’s in his seventies. . . . We brought the baby over to sit on his lap . . . handed him to him . . . the expression on this man’s face looking down at my son was unbelievable. It changed him a lot. . . . Robert was the only baby he ever held. . . . At the same time, [the loss] taught us all a lot, the values of life. It taught me that having another kid was worth it. I would never have the daughter that I have now, had Robert survived. . . . Losing that baby opened up wounds from losing my sister 10 years before. The truth came out . . ., so there’s a lot of healing done. . . . I know he taught me how to be happy. I was happiest, it was the happiest Keith and I really were.

The child’s physical life was brief, but his mother remembers it as the happiest time of her life, including the pregnancy. She tells a story that allows her to draw strength from that memory and from the child’s continuing presence, through influences she sees in others and from her continued use of him as a touchstone for her decision making. In Jane’s narrative, Robert has a continuing place in her life and in the life of her family. Perhaps, because the child who died is still with this mother, she does not experience her loss as a perpetually empty space. Jane’s continuing relationship with Robert suggests that she has no need of a replacement child; there is no empty space in her representation of the family.

Tracy, whose second son, Aaron, died several hours after birth, points out that she and her husband, Mark, had a few hours with him in the nursery before his death and relates how important those hours were to her. Tracy is explicit about the place he currently holds in the family, 10 years after his death.

You know when somebody dies, you kind of say, well you have to find a place for them, but it’s not like this ever-changing thing. You’re dead, you have to find a place for them in your family because they’re dead, and you’re not going to watch them grow up. And they’re not going to change with you.

This reference to finding a place for someone describes exactly what she has done in her construction of the family, she has found a place for Aaron. He is a part of the family, although one that is very different from the other children. He is different in that he
doesn’t change and grow; he is a fixed point in an otherwise dynamic system. He was, and is, important in this family; he continues in relationship to his mother, his older brother, and to the younger sisters born after his death.

The girls talk about Aaron a lot. It’s kind of interesting, when Robin was in third grade, they had done a unit on families before open house, and I went in, and Robin’s a very good artist, and usually I can pick her pictures right off the wall immediately, and she sort of has a different style too; her stuff just looks different. I went in, and I’m looking and looking and looking and couldn’t find [Robin’s picture of the family]. She had drawn six people. She had Aaron in there, a little shorter than [her older brother] and than her. [The younger children] kind of talk about him and make sure he’s included. . . . They kind of deal with him matter-of-factly; what would he be like; they’re always asking me how old he is. . . . They keep asking questions, and they talk about their family in terms of two brothers.

Tracy reports changes in her grieving over time. She describes how the experience of loss and grieving led to a change in her interpersonal skills and even in her career.

It’s still a part of who I am very much. . . . It changed me an awful lot. It changed the course of my career [to neonatal nursing], and also that I spent a lot of time doing something I probably wouldn’t have fallen into otherwise . . . careerwise, and that’s a big part of who I am.

This stands in contrast to Jane, previously described, who sees her personal changes as a result of the influence of the baby himself. Despite these differences, both mothers have developed continuing relationships with their dead children.

Replacing the loss: “I never really got to know her.” Other parents reconstructed their families through carefully maintaining the pattern of the family matrix as they replaced their loss. These parents were likely to identify that their loss and grief were historically important, but that their living children were their current focus. The children born subsequent to the loss are the family that these parents experience; they have filled the empty space and have met the parents’ needs for a family. Four parents had replaced their loss. Interestingly, three of the four fathers who participated used this pattern of reconstruction.

For Susan and Tom, whose firstborn daughter, Franny, died several hours after her premature birth, the yearning for a baby
provided an organizing structure. After Franny’s death, the parents moved to a new house near both the hospital and the office of their perinatologist. The mother, Susan, describes her need for a baby before her subsequent daughter Sarah was born.

And during all those years the focus was—a baby, a baby; it’s funny how I forget now, but [in] talking it comes back, this is all I was thinking about was having a baby. I love my work, I love Tom, I loved all kinds of other things, but everything was tainted with that back thought: I want my baby, I have to prepare this. . . . One day I needed to buy this waffle maker, this was before Sarah was born, because one day I was going to have babies and I needed to make them waffles; which is very strange now, how I made Tom get in the car, because I really needed that waffle maker, because I was going to have a baby. We chose houses to move [to] because we were going to have a baby and there needed to be enough room for two, three; everything was like that.

While yearning for a baby, this mother is not yearning for her baby that died. In fact, she refers to Franny in quite general, impersonal terms, and the events of the loss are not as utterly clear in her memory as with many other parents in our sample. “I think she died in our arms,” she reports, and when asked to describe her daughter replies that “of course, she was lovely,” but has no further details. A clue to understanding this comes from her description of a friend’s baby that was born near the time of her loss, and from the difficulty Susan had in dealing with these friends.

I think I stopped having those feelings [of anger toward her friend] when her baby was not a baby anymore. When he started to be a little person, he wasn’t as abstract, he was himself. He didn’t have much in common with my baby who died.

For Susan, babies seem to be somewhat generic; the fact of their “babyness” overrides their individuality. Her loss was not the loss of an individual but the loss of an emblem. No less painful, no less meaningful than other parents’ losses, this loss could be replaced because it was a loss of possibility, of parenthood, of potential relationship rather than existing relationship. Both parents share this perspective. Perhaps Tom puts it best.

It’s always hard for us, for me to deal with it because on the one hand she was a living being, she was our daughter. I certainly bonded with her, the
minute I saw her and held her. But on the other hand . . . she never lived really. She only lived to die. She lived while she was in Susan’s belly . . . , so I have these mixed feelings, and one of them is that she’s just part of our imagination, our hopes, which is I guess what kids are anyway in a lot of ways. . . . It’s a strange grief to deal with . . . , so that the grief, in effect, is grieving a little bit more for ourselves and for what we had lost than for the actual person.

Tom is describing the multiple losses experienced by parents whose firstborn child dies; they have lost their baby, the future they expected to have with the child, and their anticipated social role as parents. He also is very clear about the meaning that Franny had for him: her death was the death of possibility.

Parents do seem to differ in how much individuality they ascribe to their infants prenatally and in early infancy. Degree of connection can vary with experience, with external monitoring by sonogram or amniocentesis (Lydon & Dunkel-Schetter, 1994), and with expectations about outcome. Fear that a pregnancy might fail, either because of history or early pregnancy bleeding, both of which played a role in the family discussed here, can influence the development of attachment prenatally. Whether their grief was focused on the loss of an individual (Franny) or more generally on the loss of their future as parents, the couple’s need for a child was different after their loss than before it. In addition to the death of Franny, they experienced two early pregnancy losses before giving birth to Sarah. The father describes their focus:

We were pretty determined. . . . We were hell bent on—obsessed [with] having a baby. We were obsessed. . . . I think we needed to have a child in our arms. . . . We got a glimpse of it when we had Franny; [parenthood] makes you more than a couple. It adds a dimension to it, then that was snatched away. I think that’s what we felt then; we needed to attain that again.

Interestingly, Tom and Susan, although interviewed separately, share a perspective on their family, unlike the two other couples in the study. Their construction of the family includes their dead child in somewhat abstract terms, and it incorporates their subsequent child, Sarah, as the personification of all of their parenting hopes and wishes. These parents do not plan to have more children. Because they did not experience their first child as an individual, it is less likely that their expectations for their subsequent child
derive from the earlier child, as is the case in many of the reports of replacement child syndrome. However, the years of intense focus ("obsession") on needing a baby may predispose these parents to behave differently with Sarah than they might have had they not experienced losses (Oglethorpe, 1989). At present, their history of loss is just that, history. The focus now is on Sarah, who has not been told anything about Franny. Neither parent seems inclined to discuss with her the sister who died, in contrast to some of the families described above. Franny’s life is over, the years of yearning for a baby are over, and Sarah is the embodiment of the dreams of both the mother and the father. There is no preserved space; there is no continuing relationship. There is no need; Sarah replaces the loss.

Zack, whose wife Karen has preserved the space left by firstborn Lisa’s death, has constructed his representation of the family by keeping the loss of his two-day-old firstborn in its historical time. He reports, “I never really got attached that much. I mean I spent a long time with her but never really had a chance to get close with her. . . . It was hard, because she never really had a personality.” He goes on to describe his living daughter, Bethann. “Now, she’s my first, she’s my little girl, [it’s] she and I [in our] daughter-daddy relationship.” This distinction is clear between the daughter he didn’t get to know and the living daughter who is very special to him. The first daughter was born and died and is gone; he did not have a relationship with her during her life and does not have one now. He clearly indicates that she was not known as an individual to him. He also does not see his family as missing a part, or as having a space where the first child should be. Instead, his living child is his very special one, his first, his daughter. Zack has found that his special little girl has replaced the earlier loss, filled up any empty space and maintained the pattern of family that he expected and wanted.

The Role of Ritual and Memorial Behavior

During the period of early bereavement, a number of parents took comfort in engaging in individual or family rituals. One parent planted a rose bush; another a tree. Susan kept a journal in which she would daily communicate with her dead daughter. Karen visited the cemetery regularly.
I went to the cemetery everyday, I became engrossed in that, fixing it up, lawn seed, flowers... I was a memorial to her, and that was what I did every day... I’d bring my hose, I had a little lawnmower, I was certainly engrossed in that... I went every day. I’d sit there for an hour or so, when good weather came, I’d go in the morning and go at night, water, talk to her.

The rituals served as a way of transforming the inner representation of the dead child and of keeping a connection to the child. Many of our parents continue to tell the family story through ritual. Over time, memorial rituals have been woven into the routines of their lives. Karen now visits the cemetery only occasionally.

Every year Christmas and their birthdays, and on their anniversaries we have a Mass. We go to Mass. On their birthdays I usually go to the cemetery with some balloons, but I go by myself. This was the first year [my daughter] came with me. All the holidays, we decorate [the tree in the cemetery]... Easter eggs, Christmas. Take it down, put it up. I think that’s the only time [my husband] goes.

Melanie too brings her living children.

I go with the little kids with our flowers and our balloons to the cemetery, for every birthday, anniversary date, Christmas, Easter, bring a little whatever. The kids all know him. [My youngest son] will tell you, and he never met Anthony. I mean there’s pictures all around of him, but he’ll tell people [about Anthony].

Other parents mentioned lighting memorial candles, thumbing through photo albums, bringing out mementos to commemorate important dates. Several parents took pleasure in sharing these photo albums with the interviewer.

For these parents, the rituals serve as an enactment of the family story (Fiese, 1997), a construction of the family that includes the dead child. Through the private enactment of rituals, they keep the memory of their child close. In the public display and sharing of mementos, parents proclaim the importance of the child in the ongoing life of the family or mark the space in the family matrix where the dead child should be.

Interestingly, none of our parents who have “replaced the loss” in their lives mentioned that engaging in any ongoing type of ritual practice was important in enacting their stories. Even when their
spouses were so engaged, they felt no need to maintain an ongoing connection.

Usually she would go to the cemetery. . . . She makes me go there. . . . Usually what I do is stay there for a little bit. . . . I kind of do it not so much out of an obligation to him. It’s depressing, but I kind of do it out of respect for him.

**Discussion**

Long before becoming parents, people have a set of expectations and beliefs about what family life should be or will be like. During pregnancy, both mothers and fathers construct representations of the baby and the family although there are certainly individual differences in the nature and complexity of these representations (Sandelowski & Black, 1994). The death of the expected child is a shock. The work of grief is complicated by the recovery from birth and the very real problem that other people in the family had very little or no direct experience with the baby. In both their social and intrapsychic worlds, parents’ representations of their child and their family are ruptured and disconfirmed (Klass, 1997).

The grieving process can be understood as a process of reconstructing meaning (Braun and Berg, 1994; Neimeyer, in press). Internal representations of the deceased and the family are transformed to accommodate a changed reality (Klass, 1997). New meanings and new family stories are created that enable families to go on in a world that is forever changed (Nadeau, 1998). Rituals enact this transformation process, and for many parents and families, rituals and mementos allow a continuing relationship with the dead child (Klass, Silverman, & Nickman, 1996; Riches & Dawson, 1998; Romanoff & Terenzio, 1998).

Parents in this study told stories of family adaptation and reconstruction that are similar to the patterns observed by McClowry and her colleagues (McClowry, Davies, May, Kulenkamp, & Martinson, 1987) in a study of families seven to nine years after the death of a child to cancer. These authors found three patterns of family adaptation. Some people described themselves as “getting over it” by consciously relegating the dead child to family history.
They have moved on in their lives and do not think that the experience of bereavement changed them. Other parents continue to experience the empty space characteristic of early bereavement and attempt to “fill the space” in a variety of ways, including projects, work, and other family members. McClovery et al. characterized the third pattern as “keeping the connection,” in which family members maintain a relationship with their construction of the child. They continue to experience pain but describe it as a “comfortable pain filled with memories which they did not want to forget” (p. 371). Most also reported that the experience of bereavement changed them, made them different people than before.

We found similar patterns among our families. Some parents replaced the loss in their families with other children; they never really got to know their child that died. This pattern is similar to the pattern observed by McClovery et al. of “getting over it.” These parents are the ones whose stories reflected their loss as important family history but who are currently focused on their here and now parenting duties. People in this group, one mother and three of the four fathers, reported that they had experienced deep grief and pain at the time of their loss, but at present clearly preferred to attend to their roles as parents to living children.

Of the patterns of reconstruction we observed, replacing the loss might seem to pose the most psychological risk to a subsequent child of the replacement child syndrome. The new child is seen as having replaced the loss of the earlier baby. However, there is a distinction between replacing a loss and replacing a person. In addition, there is an important difference between our families and those described in the clinical literature. In the case studies described by Poznanski (1972) and Cain and Cain (1964), the replacement child followed the death of a sibling during childhood. The parents’ representations of the dead child were likely much more clear and well-developed than those of parents with a perinatal loss, simply due to vastly greater experience with the child. We agree with the caution of Hagemeister and Rosenblatt (1997), who noted the need for a closer analysis of the meaning of “replacement” to bereaved parents (p. 251).

The patterns we have characterized as continuing relationship and preserving the space are very much like “keeping the connection” described by McClovery and her colleagues. Parents in both
groups are proximal and personal in their memorial behavior, including the baby who died in displays of family photographs and practicing anniversary and holiday rituals at graveside. Despite limited experience with the baby, these parents have created representations that honor the baby’s individuality. For some, the focus is on ensuring that other people outside of the family know about all of their children, not just the surviving ones. For others, behaviors that help younger children to “know” their dead older sibling are very important. Such behaviors include talking about the dead child. In this way, parents and younger children coconstruct, as part of the family, a sibling that the children never met. For all of the parents who adopted these patterns, the dead child is still and always included in the family matrix. This emphasis on the dead child as part of the family, either represented as a missing part or a continuing part, may be an important way for some parents to integrate the child into their lives (Klass, 1997).

The three patterns we observed may be far more fluid than the design of this study allows us to see. For example, parents’ representations may have changed over time and may continue to change. Longitudinal study would help to illuminate such dynamics. In addition, although we conceptualized three patterns of adaptation, two of these patterns (continuing the relationship and preserving the space) have such similar features that we consider both to be ways of maintaining a connection to the dead child. In analysis of the data, we struggled to preserve the unique features of each pattern while recognizing the similarity of experience.

There are undoubtedly other patterns of long-term adaptation to perinatal loss that do not appear in our sample. As a condition of participation, families had subsequent children of preschool age. This requirement meant that couples whose marriages failed soon after the loss were unlikely to be included. Another group not represented in our investigation is bereaved parents who have maintained the marriage but have not gone on to have a subsequent child. These parents may also have different patterns of reconstruction, and, of course, all possible patterns are surely not represented by our small group. However, the consistency between our findings and those of McClowry et al. (1987) suggests that some of these patterns may be typical.
The exploratory nature of the present study provides some insights into parents’ thinking about their families after a perinatal loss. It seems already clear, however, that clinical axioms like “replacement child” do not do justice to the complexity of parental representations of the child and the family constellation. Without understanding the constructed meanings of the dead child and subsequent children, without listening closely to the stories parents tell, clinicians are in danger of assuming risk when there may be none.

Constructivist theories of grief suggest that the grieving process is more variable and individual than previous stage theories would predict. Personal and shared systems of meaning are negotiated in a social context, and new stories are created (Neimeyer, in press). Within families, social interaction around death fosters the creation of meanings (Nadeau, 1998) which ultimately influences the individuals’ grieving process. How bereaved mothers and fathers actually behave, and whether they experience themselves as different kinds of parents after bereavement has not yet been addressed, and is a critical question for further research. The concept of “replacement child” derives from the notion that there is a prescribed path through grief; any deviation from that path presages danger. It is a story told by clinicians and imposed upon families. Those in a position to make recommendations to families, particularly medical and nursing staff and counselors, would benefit from information about the variety of patterns of representation that do not necessarily lead to pathology. They might be better advised to support parents in the construction of new unique meanings, rather than to assume normative patterns and paths.

Further exploration of the impact of perinatal loss on parenting behavior in a non-clinical sample is warranted. We need also to hear the stories of siblings. The present study is only a beginning point in examining bereaved parents’ ways of making meaning through family stories.

References


The Replacement Child Myth


