

Born after Loss: The Invisible Child in Adulthood

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ABSTRACT: Early childhood literature suggests children born after the loss of an infant sibling are at risk for attachment disorders, yet there continues to be a lack of intervention available to support the parents of these children during their pregnancies. The stories of these adult subsequent children give meaning to why attachment disorders can result and provide a strong case for intervention around infant loss and the subsequent pregnancy. Contrary to other studies on this topic, these participants summarize healing and hope.

KEY WORDS: Infant loss, subsequent pregnancy, replacement child, sibling loss, invisible.

"A loss fully recognized and grieved liberates us."

J. M. Schneider, 1994

INTRODUCTION

The purpose of this article is to present the recurring theme of "feeling invisible" identified by adults who were the child in their family born after the death of a sibling. The significance of this study comes from the literature suggesting children born after the loss of a sibling are at risk for attachment disorders. The voices of these participants provide insight into what it was like for them to be this child.

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LITERATURE REVIEW

The scant literature on children born after a loss is drawn predominantly from the view point of pathology, addressing case studies of people seeking therapy and survivors of the Holocaust (Anisfeld & Richards, 2000; Cain & Cain, 1964; Leon, 1986; Pozanski, 1972; Sabbadini, 1988). The aforementioned studies introduced the term "replacement child" or "vulnerable child syndrome," meaning parents perceive the new infant as needing special care in order to protect them from harm. In many of these studies, the adults' inability to communicate the loss and process their grief resulted in the child's intrapsychic cognitive distortion of the sibling loss (Leon, 1986).

Grief has been described as the reconstruction of a new sense of "normal" that must be put in place so that those left behind may have a predictable and orderly world in which to function (Attig, 1991). Historically a search for meaning around infant loss has not necessarily taken place. Perinatal death was considered neither a significant loss nor a sad part of a family's history (Leon, 2001). It becomes a silent loss that others are not comfortable talking about (Bennett, Litz, Sarnoff, & Maguen, 2005). Societal pressure was to move on: "Take heart. You can have another," minimizing the significance of the child's life and death to the parents (Powell, 1995). There was, and still is, a taboo against discussing the sensitive subject of death. Certainly it was not appropriate for parents to share any details of the loss with siblings or children born thereafter. When death occurred during pregnancy it was doubly unmentionable. The cultural denial of pregnancy-loss as a significant issue is believed to continue in one form or another today, partly because of the absence of cultural scripts for how to behave in such circumstances (Layne, 2003). A recent study further complicates how parents should be supported at the time of their loss by suggesting the practice of mothers holding their stillborn babies may have a negative influence on the development of depression and anxiety in the subsequent pregnancy (Hughes, Turton, Hopper & Evans, 2002). When denial happens or society does not support embracing a baby who has died, a disenfranchised grief can occur; a grief either not acknowledged or acknowledged but with discussion forbidden within the family (Doka, 2002). This ultimately can cause the child who has died to become the "ghost" in the family (O'Leary, Parker, & Thorwick, 1998).

Rando (1983) questions the common sense notion that the passage of time "heals" grief, believing that the child's life and death need to be acknowledged and carried into the future. Three tasks for families who have experienced a perinatal loss are to 1) recognize the loss (O'Leary, Parker, & Thorwick, 1998), 2) acknowledge the unique grief experienced by each family member (Jordan, 1990; Walsh & McGoldrick, 1991), and 3) make meaning of the loss for survivors (Lehman, Wortman, & Williams, 1987; Parkes, 2002; Rando, 1986; Rubin, 1993). Several theorists have suggested that finding meaning after a loss appears to be critical for successful adjustment (Gilbert, 1997; Grout & Romanoff, 1999; Moss & Schaefer, 1986). Two major components of the search for meaning are the search for *cognitive mastery* (emphasis ours) and the search for *renewed purpose to reinvest in life* (Neimeyer, 1998; Wheeler, 2001). Sibling relationships are embedded within the context of relationships with other family members (Davis, 1999) and a child's reaction to sibling death is interwoven inextricably with family dynamics, structure and communication (Cain & Cain, 1964; Cain et al. 1964a, 1964b). The meaning a family constructs about the deceased is important not only for parents to gain a sense of themselves as parents to the child who has died, but also to help their other children to understand their relationship to this sibling (Nickman, Silverman, & Normand, 1998; Silverman & Nickman, 1996).

The subsequent Child's Prenatal Environment

Bowlby (1980) first suggested that different types of affectional bonds, when severed, give rise to different experiences in attachment. The affectional bond between a subsequent baby and parents following a perinatal loss is changed, at minimum, and in some cases, can be frozen to prevent any feelings of attachment at all (O'Leary, Parker, & Thorwick, 1998). Studies have verified that heightened anxiety and fear during a pregnancy that follows a loss can cause mothers and fathers to have difficulty in forming an attachment to the new baby (Armstrong & Hutti, 1998; Cote-Arsenault & Marshall, 2000; Cote-Arsenault, Bidlack, & Humm, 2001; Davis, Stewart, & Harmon, 1989; O'Leary, 2004; Peterson, 1994; Wallerstedt, Lilley, & Baldwin, 2003). Current studies suggest that it is unresolved grief in the parents (Fonagy, 2000; Cuisinier, Janssen, de Graauw, Bakker, & Hoogduin,

1996; Zeanah, 1989; Hughes, Turton, Hopper, McGauley, & Fonagy, 2001; Hughes, Turton, Hopper, & Evans, 2002) that can result in the subsequent children's being more likely to develop disorganized attachment relationships with their mothers one-year postpartum (Heller & Zeanah, 1999; Hughes, Turton, Evans, 1999; Zeanah & Harmon, 1995).

It has been said that "Blueprints for character are created where each individual's beliefs and meanings are laid down" (Davis, 1999, p. 14). Although it is uncertain when the mind first exists *in utero*, Hepper and Shahidullah (1994) suggest that the stimulation received and the parental influences exerted prenatally are important factors in an infant's development. From conception to birth, events are believed to register at deep unconscious levels (Costa Segui, 1995). The embryo shows evidence of responding to and retaining the impact or imprint of sensory experiences in a biochemical language.... "and these pre-birth memory imprints may in turn be evoked as informational sources during later life" (Fedor-Freybergh, 1992, p. 9). Chamberlain (1997) suggests that patterns of intimate relationship and mental expectations about life, including one's own sense of self, develop prenatally. Patterns of trauma can have a lifelong impact if not resolved, and thereafter may be followed by reinforcing conditions that simulate the trauma again (Emerson, 1998). Pre and perinatal traumas are encoded, not as learned knowledge, but as ingrained personality traits that are difficult to uncover and resistant to change (Findeisen, 1992).

Carrying prenatal memory of grief as a subsequent child is described in Salvador Dali's "Unspeakable Confessions" (1973). Dali tells of his conception and the role the loss of his brother played in his early development. *"I lived through my death before living my life. At the age of seven my brother died of meningitis, three years before I was born. This shook my mother to the very depths of her being...My parents' despair was assuaged only by my own birth, but their misfortune still penetrated every cell of their bodies. And within my mother's womb, I could already feel their angst. My fetus swam in an infernal placenta. Their anxiety never left me. I deeply experienced the persistence of [my brother's] presence as both a trauma kind of alienation and a sense of being outdone"* (p. 12).

This article presents case studies of five women who share the experience of feeling invisible in their family of origin. Children, born after the death of a sibling, at a time when parents were encouraged

to suppress their feelings of grief, tell their stories. Now adults, the impact on their lives is clear.

METHOD

Descriptive phenomenology was the research method utilized. This method does not look for theories to explain meaning nor to compare one type of experience with another but to provide a deeper understanding of what certain kinds of experiences are like for individual participants (Polkinghorne, 1989). It is an attempt to find truth in everyday lived experience in a systematic and methodical way (Giorgi, 1997) and to help make sense in psychological and human terms of some of the findings of traditional research (Polkinghorne, 1989). Dahlberg, Drew and Nystrom (2001) believe that "as humans, we live as subjects in and through our bodies. All understanding, our memory, perception, emotional and cognitive relations to the world, is embodied" (p. 54) and, although each experience becomes part of one's whole, it is not necessarily on a conscious level. Phenomenology is a process of discovery between the researcher and the participant to gain insight into the lives of people and groups one wants to help (Halling, 2002).

Recruitment of Participants

Ethics and human subjects' approval was obtained from the first author's university. The five case studies are part of a larger study of adults who were born after the death of a sibling and who volunteered to participate. Hearing of the first author's work with pregnancy after loss, they identified themselves as subsequent children and requested their voices be heard, their stories be told, the unseen to be seen. The women ranged in age from 41 to 54; the deaths in their families had been babies who were stillborn or died at birth or within the first 24 hours. One exception was a family whose six-year-old girl died, after which she, the surviving daughter, was conceived. Interviews of approximately 1 to 2 hours were audio-taped and transcribed. To protect privacy, all participants have been given pseudonyms.

Data Analysis

The interviews were coded line-by-line and analyzed within and between interviews in order to find common descriptions of what it

was like to be the child in their family, born after the death of a sibling. As they described their stories, common themes emerged within the data. *Feeling invisible* was one of the themes that will be the focus of this paper.

Case #1 Janet

In the 1950s before her birth, Janet's parents experienced the loss of her brother, Danny, when her mother was in the twenty-seventh week of pregnancy. The trauma of his death was exacerbated in that Janet's older brother Wallace, who was five, and their three-year-old sister found their mother on the living room floor hemorrhaging. No 911 emergency system was available so Wallace ran to a neighbor's home for help. Together the two children watched the ambulance take their mother away and she was gone for four days. No explanation was given to the children of what had happened, nor of the death of their baby brother. Thus, imagination about Danny, rather than fact and shared experience of him prevailed.

[My mother] gave birth to a little boy who was born alive. In those days they said anything less than seven months gestation was not going to be a baby. They didn't even say it was a miscarriage or a stillbirth. It couldn't live outside the womb. Danny, however, lived twelve hours. So she was very surprised to hear that he was born crying. She was kept on the maternity ward. She never got to hold Danny, never got to see him. He was immediately whisked off, cleaned and out of the room. I don't believe my father ever even held him. He went straight into a little isolette in the infant care room. And Mom slept through the night, kind of in and out. She was given a tranquilizer, there was no need for an epidural or an episiotomy; it came too fast and he was too little. The next morning she woke up and into the room came the pastor, my father and her doctor. A medical person, plus. She knew it couldn't be good news seeing the three of them coming in. They had to deal with it and she had to go home.

Janet continued:

I know nothing [of] Danny that was concrete. In those days if the baby didn't live there was no certificate given. Because he lived twelve hours, I remember being told he had a birth certificate and he had a death certificate [but I've never seen either].

Because the parents weren't given time or space to acknowledge their loss, the children were also not able to understand their sibling relationship with the baby they named Danny. The stage is set for Danny to become a powerful, but unseen entity in their family.

Janet was the first subsequent child in this family. Her birth story follows.

I knew I was not planned. I knew it was an ill advised pregnancy. In those days they wanted you to wait six months to a year. The only method that was approved was abstinence; obviously they didn't abstain. I know nothing about the pregnancy. I know that there was a time in my childhood [when] I did that imaginative [thinking], maybe I was adopted because somehow in my mind it didn't seem like enough time between Danny's and my birth, but there was. I'm the biological child and I was born the next year. I know that there was no nursery prepared, that nothing was done until I came home. Mom allowed no baby showers [or] baby gifts prior to [my] birth. She was never going to have that hardship again. I had no baby book. No memory of birth, no baby gifts, nothing in my room that indicated that this was a special event. [I felt] that lack of preparation, not believing the baby is going to be there until it's there, and the sense that I wasn't welcomed into the home.

Consequently Janet did not feel she had her own place in the family. At some level Janet felt she grew up in the shadow of Danny, including getting his name.

Daniel's middle name was dad's name, Daniel John; and I became the female version. I don't think I thought that one through till later. Yet somehow I also always knew my name meant Gracious Gift from God. I grew up loved. I knew I was loved. I also knew I wasn't a boy. So I had some real conflicting messages because I don't think that my parents meant to communicate that I was a booby prize but that certainly was what I got from my big brother. He wanted a brother. But I do remember thinking I was a replacement child. I didn't read that word in the literature until I was in my late thirties. And if I was a replacement child, I thought I was the booby prize. There was always this ghost of Danny but somehow what was communicated to me was it's not okay for you to be the center of attention.

In sharp contrast to her arrival into the family, Janet recalls the elaborate preparations made for her sister's approaching birth four years later.

My dad built furniture for my little sister. I had whatever was left over from my siblings. She had a solid walnut toy box, hand crafted, with upholstery patterned top that matched the desk and chair that my dad made out of walnut for my mother. I remember very vividly being at a [prenatal] baby shower for my little sister and a bright blue plush bunny that actually appears in our Easter pictures that year. Sitting on the fire box, I couldn't touch it because it was for Ginger.

Janet's trauma of feeling invisible and the need to be recognized is reinforced as an adult. Janet's mother and Janet's childhood friend, Nancy, have strikingly similar stories, though a generation apart. Nancy suffered the death of her first baby at six and one-half months

gestation, then gave birth to a healthy girl fourteen months later. Janet listens as her mother and Nancy share with each other the painful experience of losing a child in pregnancy and what it was like to then go through a subsequent pregnancy. It is the first time Janet hears the details of her brother's birth and death, information that would have been helpful to her as a child.

She (Nancy) wanted Mom to see her little girl so we went to the house. And there we are, forty-two years after Danny's death and I listen to my mom and Nancy talk about the loss of a child. And I hear the story that she never told us other than just those segments about what it felt like to see the doctor, her pastor, and her husband walking through the door; what it felt like to be kept on the maternity ward for that night because there was no bed anywhere else. And how her obstetrician sat with her and held her hand through the night because every time she heard the carts being rolled down the hallway she knew that somebody was being brought a baby and hers was dead. (*At this point Janet becomes teary*).

As Nancy focuses on *her* precious baby, Janet hears nothing from her mother about being treasured as a subsequent child and is once more reinforced in her feelings of invisibility.

I listened to her talk with her broken heart all these years later to a child I grew up with. These two [mothers] could relate, and they could talk and they could say things. But I never heard Mom talk about the joy of the live birth a year later, while that *was* Nancy's focus. She's holding this beautiful baby girl. And I just thought that was interesting. I didn't think about it until later; you know, there was joking and references of growing up together. And Nancy saying she was afraid to take the baby home for fear she would do something wrong, and her fear that that subsequent child would develop something. And I watched that from a different spot, *having been* that baby. While I watched Nancy make this baby the center of her world, I didn't ever feel like I was the center of the world. I grew up loved, I grew up protected, but it was love with gloves on. It was never, 'Let me hold you when you cry.'

Janet moved into a new layer of invisibility when she married into a dysfunctional family. She knew her husband loved her, but he was an introvert who did not defend her against his family's attacks. Instead, he would leave the room and she would have no one to stand up for her. She eventually gave up trying to be part of his family; once again she feels unseen.

My feeling of being a replacement and a booby prize was intensified when I married my husband because I married into an alcoholic, abusive family system. I came to use their last name as a verb. So if their last name was Smith, I'd been Smithed. What they communicated is that family is only family if it was blood family. Okay. Picture a closed system, very entwined. So when we would have family gatherings my mother-in-law would say, "Would you please tell your

husband to be there tomorrow. We're doing family pictures." We went to Christmas dinners where the table wasn't set for the two of us. And I wrestled with that feeling of not being *of* the family. One of the Native American tribes, their name means "The People;" my husband's family, they were "The People" and I wasn't. My mother-in-law would say, "It's time for dinner. Janet, go tell them it's time for dinner." I would go up and say "It's time." They would say, "Is Janet still there?" "Yes, I am." "Then we're not eating dinner." My theory was that because they couldn't get a reaction out of my spouse they went after me. Well, when push comes to shove, this lady shoves back. And I fought back for the first couple years of my marriage. And I would just get brutalized. So I just shut down.

I knew it was anger. I knew I was angry about not being good enough, about being a replacement child, about not being the brother my brother wanted, not being the other son, having that place where they didn't prepare a place for me, and knowing I'd been born into a grieving family. And that will always be a struggle for me, trusting my closest systems not to hurt me. I *expected* the system to treat me unfairly. I *expect* to not be seen.

It was Janet's sister-in-law who finally helped Janet find her place in the family. When Janet was thirty-one years old, she watched her sister-in-law making a baby book for their first child and said; "You're making this fabulous baby book for Dillon. Remember to do it for the next ones because I'm the fourth child and all I have is a manila envelope." So her sister-in-law asked Janet's parents to go back and write their first memories of her. They retrieved the manila envelope containing the bulletin from her baptism, and her sister-in-law made Janet a baby book. "And that was very healing, at thirty (years of age), very healing."

Although everyone knew about Danny, the family experienced a "disenfranchised grief" in that the events surrounding Danny's life and death were never integrated into what his presence or absence meant to the siblings. "Danny was there as that ghost in the nursery, the ghost of my childhood, Danny would have been ten today, Danny would have been eighteen today. I wonder if he would have gone to college." Janet saw herself as the "booby prize" to her older brother Wallace. She felt unseen in her family of origin and this was reinforced when she married into another family who denied her place in their family.

Case # 2 Martha

Martha's parents had a healthy first daughter and expected another normal birth. When they arrived at the hospital in labor, the resident diagnosed an Intrauterine Fetal Demise. Her mother was promptly

anesthetized and when she woke up was told her baby had died. She was not given the opportunity to see her baby and remained in the hospital while her husband attended the funeral without her. People expected the parents to move forward as if nothing had happened. Martha's parents carried this loss in silence the rest of their lives.

Her stillborn sister's birth provides a context for understanding the dynamics of what happened at Martha's birth one year later. Her mother made the doctor promise, no matter what, alive or dead, she wouldn't be put to sleep. But the nurse misunderstood and her mother was anesthetized. "So when she woke up she was screaming because she thought I was dead. Apparently they came rushing in with me, but she wouldn't believe that it was her baby."

Martha spent her growing up years feeling invisible to her mother. Her parents had made no preparation for a baby girl, choosing only a boy's name. It was her aunt, whom they had picked up on the way to the hospital, that pointed out they might need a girl's name. She suggested they call her Martha. "So not only was I born and she thought I wasn't born, I wasn't the right baby. I was supposed to be a male."

But the baby *was* present with all the emotions of that moment imprinted in her cellular memory. As an adult, Martha went to a healer who helped her regress into the womb where she found "a sense of being all alone and unaccepted." Her comfort came when the healer asked if she could explain what that infant being carried into her screaming mother was feeling.

I don't have words. I can see myself as a baby being given to my mother and she is screaming and she won't hold me. And it's like a vibrating tuning fork; I'm just quivering with *fear*. She couldn't accept me so I was dead to her. Yet at some level that infant is responding because I wasn't dead. There are no words, only sensations that are devastating, like you'd been hit with a tuning fork. And the internalization of it is, I'm a disappointment. I'm not accepted. There's something wrong with me. That played out in my own life as feeling like I was a disappointment, that I was invisible.

Another time she was caught in a blizzard. She had to walk a mile home by a large lake next to the sidewalk.

I remember feeling my way along the bank and knowing that if I went to the right I would fall into the lake and die. I couldn't see anything. I don't know how long it took me. I am seven years old and thinking "Boy I have really done something here." I was terrified. I was cold. I walked this whole way by myself. I get home and my mother's response to me was "Go put your feet on the radiator." She never hugged me. She never said "Oh I'm so glad to see you." She never said anything.

And that was all I remembered. It was devastating. I thought, "I'm nothing. I'm really not worth troubling over." So it reinforced that I'm not important, and I don't matter.

Years later, Martha asked her mother about this episode and learned that her mother had called the school, concerned for her safety, asking all the nuns to pray for her. When Martha arrived home safely, her mother was so overcome she went into the bedroom and cried secretly. Sadly, Martha never knew this until an adult when she asked her mother about the episode. Instead she accepted it as another example of her insignificance in the family. "What do you gotta do in this family to get noticed? I mean, forget it. I'm invisible!"

Martha's sense of feeling unseen to her mother was reinforced when she asked about her childhood. Her mother's reply was, "I really don't remember much about your childhood." "That really was painful. I would expect that's not an answer that surprises me, because I don't think she was involved with me. I think she never trusted that I was still going to be around."

When Martha was a little over two years old, her brother was born. She recalls being very aware of how much he was held by her mother. "I was just very conscious that she held him a lot, that he was precious. If I had been asked back then, "What do you think about your brother?" I would have said, "He's precious. He's a pretty priceless thing." This didn't disturb her because she said, "By that time I was used to it. I was invisible."

Like Janet, Martha knew there had been no preparation for her birth, but she was very aware that her new sibling was getting attention she had not received. Although one might suppose their births would have restored their parents' trust in the world and their ability to reinvest in life again, neither Janet nor Martha understood this message from their parents; consequently, they perceived themselves as the wrong baby and felt unnoticed in their families.

Case # 3 Millie

Millie was the third daughter in her family, following an older sister and then Joanie, who died six hours after birth. "My mother's explanation was that there was something wrong with her heart. She didn't see her, didn't get to hold her. That's the way it was done. Her mother [my grandmother] said, 'Buck up, stiff upper lip, get on.'"

Millie is unclear how many months after this she was born.

That's been a real struggle for me, just feeling invisible, like I wasn't there. That's interesting in the perspective of how they saw my pregnancy. If she didn't get to grieve the other baby was I that other baby? Was she so tentative about this pregnancy and having a girl or having the other baby over again? I mean that was so common. "Well you can have another one. Just have another one."

Two years after Millie's birth another daughter was born. One year after that their father died suddenly of a brain tumor. Millie was then three years old. "I remember telling someone when I was in high school that I felt like an orphan. I felt like my father had abandoned me, for sure, and my mother was so unavailable it was as if she had abandoned me too."

When Millie was six her mother remarried and had three more daughters, one who died in the sixth or seventh month of pregnancy. Even before her mother's remarriage, though, Millie had had a sense of feeling ignored in her family.

I have always felt like the invisible one, [not like my siblings] who had their roles. I have lots of what I consider concrete reasons for feeling [invisible]. [I wonder if it] has anything to do with that pregnancy and my place in the family or what I know concretely that came after that. I do know that my sisters rather scoffed at the idea that I wasn't in on something. And there have been things that I have not, [honestly], been in on. And they were wrong and I knew it at the time. But nobody affirmed that; nobody understood that. Nobody! There wasn't anybody who would talk about it.

Continuing to feel disregarded, she recalls a dream after her mother's remarriage. "I had a dream, somewhere in that first year [after their marriage], that I was drowning, and my whole family was sitting around the pool and they were kind of half way aware of it, and nobody would do anything!" A second incident occurred when her mother demanded that she change her last name to her step-father's, causing Millie to lose her real name and her connection to her dead father.

[My mother] felt having two last names in the family was divisive, or perhaps embarrassing. So when we moved to Maine five years later, we all used his last name (Jones) even though he did not adopt us (financial reasons, we were told). That was my own private embarrassment or shame, because I knew inside I was a Smith, not a Jones. When I was 12 or 13, my mother ordered me to stop at the courthouse on my way home to have my name legally changed to Jones. I seethed inside, but didn't dare cross her. It occurs to me now, but didn't then, what if I just hadn't gone? Maybe Millie Smith became invisible that day!

Case # 4 Linda

Feeling invisible can also be associated with feeling you are not a separate person. This happened for Linda, born exactly two years and one day after the death of a sister who died of multiple birth anomalies incompatible with life. Although this baby lived for an hour her mother was not allowed to see her and was told by her mother-in-law not to grieve this loss. Linda always knew about her sister but wasn't aware of how much it had affected her relationship with her mother. Unlike the three previous case studies, Linda has a loving relationship with her mother but also struggles with an adult enmeshed relationship.

I know that a lot of my life I've felt very enmeshed with [my mother]. [When] I went to first grade I felt like she was there with me in the class room all the time. I didn't really need to tell her what happened at school because she was there and she knew. I felt like she was there with me always. I know that's symbiosis and enmeshment and all that sort of thing. I remember when I was either in third grade or fifth grade because I was either in a Brownie uniform or a Girl Scout uniform, and I stood in front of the mirror and realized I was a separate entity from my mother. And I think that's a pretty late age. I think it's more like seven and I was [between] eight or eleven. At times I still don't feel separate from her. There's still a lot of work that needs to be done on that.

Q. When you went home from school did she ask you what had happened?

I'm sure she did. I don't really recall and I would have told her, it's not like I was holding back. But in my mind she knew, and so I didn't. I think there were a lot of times where I didn't communicate my needs to her or my feelings to her because I figured she knew because we were one.

Q. Can you go back to that feeling of standing before the mirror? What was that?

It was like all of a sudden I realized I was a separate entity; that I wasn't at one with her. I wasn't a part of her. I realized I was a separate human being.

As an adult, Linda continues to struggle with her identity as separate from her mother's. Recently seeing herself on a video tape, she said, "When I saw myself it was just a very weird sensation, just the realization that I was a person."

Case # 5 Sally

Sally's sister died six years before Sally was born. In her mother's grief she reconnected with her estranged husband and conceived Sally "accidentally." Sally carries not only the baggage of being a

subsequent child but the additional burden of being told by her mother that she was a mistake. "She's said since [that] it was a blessing and she cannot imagine what life would be like without me. But to be told [that], had abortion been legal, I would have been aborted!" When Sally was four months old her parents divorced. Her mother then remarried when Sally was four years old. Sally's history is complicated by the fact that she was ten years old before she was told that her mother's first child died of severe abnormalities shortly after birth; her mother never saw the baby. Sally's invisibility seems to express itself as a need to be the center of attention. Her mother was depressed most of her life; Sally's actions, she believes, were to get her mother's attention and were often dangerous.

My memories of myself as a child were [that of] being quite difficult, being naughty and hiding. I must have been about three when I did this. And I didn't just hide for ten minutes, I hid for hours. I can remember hiding behind the cupboards beneath the stairs and being really pleased that no one could see me. I didn't do it with any evil intent. It was not, 'Let's worry my mum. Let's worry my stepfather.' It was just, I hid. There was no notion for why I did it. Then I remember running in front of a bus. How I managed to get out I don't know because I was watched, I was closely protected. I was guarded. I remember running into this double-decker bus and knew it could hit me, just running right in front of it. And that was met with hysteria. Then I locked my mum and stepfather out [of the house]. And I had to be coaxed [by them] through the letter box to let them in. Then I hid again in this old fashion co-op, this old fashion store. I just remember these doors opening and my mum sort of seeing me and getting really angry.

Q. But why this hiding?

I don't know really. I think maybe I hid to be visible. It was something about drawing attention rather than hiding to actually be invisible. But maybe that's just rationalization of the behavior. I can't imagine why because I was almost overly visible for her. She focused a lot on me. So I can't imagine why I wanted to be more visible. My stepfather ignored me so maybe I tried to get his attention. I can't think why because we just never bonded. But as a child maybe I was trying to get his attention.

In graduate school she repeats this pattern, choosing an advisor who gave her no support or recognition for her work, while insisting his name be on all her published papers.

I wanted him to like me and give me visibility. But it hasn't worked. And finally I've stepped back and just seen it. It's been quite pathetic and strange. What's that about? If he actually liked me what does it matter? This isn't about him. This is about some other stuff that I'm carrying.

Using their Invisibility to Heal and Help Others

For some of the participants, their memory of feeling unnoticed played out in their choice of careers. All are very bright women, two with PhDs, and all have chosen some form of helping profession for their life's work.

Two women are ministers. Janet has no children and works as a minister and counsellor. "At thirty-five I went back to school, did an accelerated degree, six weeks later went to seminary, and finished my first masters and six weeks later was ordained as a minister." She began a healing group for the women in her congregation, helping others who need to be seen in this world.

Martha is an Episcopal priest and spiritual guide for others. Her rebirthing experience as an adult gave her a sense of relief and freedom from the feeling that she and her mother had never connected. Although there were five other siblings, it was Martha who became her mother's primary caretaker after her father died and the child who held her mother in her arms when she died.

Millie and her husband had five biological children and for twenty years were foster parents for children with disabilities and babies being placed for adoption. She has been a family educator working with new parents and babies, and she and her husband now have a foster home for adults with disabilities. She wants to prevent others from experiencing the pain of feeling invisible.

My career in mothering newborns was not lost on me. I really affirmed those babies because I believed that some of them were denied [their existence] during pregnancy. I didn't know then what I know now about those kinds of things but I did recognize that that would not be a good thing, to have the pregnancy denied and then [be the baby who] shows up. These were [foster] babies that had adoption plans.

I was very aware of their little environment and what they were taking in, and the affirmations. I would just say, 'You are so beautiful.' I remember going to bed one night and just sobbing my head off because I don't think anybody ever said that to me. And I thought, you know, I was a baby too. I mothered a lot of babies before I said, 'Okay, I think I got that part.' We had fifty-five newborns, one at a time. I just felt like whatever we can give them [we will]. I just told them, 'You are special. You are worthwhile. You are wonderful to have on earth.' I just did that. I felt like even if they left in six weeks, somewhere in their heart, regardless of how they were treated, was that message and it may get snowed over for a while but eventually they would find it again.

Like Janet, Sally and Linda are childless by choice. Linda devotes her life to young families, teaching music therapy classes for parents

and babies. Sally is an animal psychologist: "I train and manage a team of teachers who work with children to develop caring attitudes towards animals." She and her husband have no children because of the message she heard growing up from both her mother and grandmother, that pregnancy meant dead babies. "I decided I would not have children at a very early age. It was a part of me like some people have blue eyes and brown hair."

DISCUSSION

Parental communication has been identified as a major factor in helping children when there is a loss in the family (Leon, 1986; Pettle & Britten, 1995). The participants describe being born and growing up in families where tragedy had struck. It was not a secret that a baby had died before their birth but societal mores of the time helped to create a "disenfranchised grief" in their families. The impact upon the lives of the subsequent children is amply illustrated in their narratives. The parents' inability to process the loss with siblings and provide the deceased baby with his or her own place in the family complicated the preparation for births and roles in the family. Their stories illustrate the importance of integrating a baby who has died into a family in order to promote healthy adaptation for a sibling who follows. Consistent with previous research (Archer, 1999; Nolen-Hoekseman & Larson, 1999; O'Leary, 2004; Powell, 1995), before this can be done parents need support in understanding what they have lost and who they have lost in order to find a "new normal" and reinvest in the world. The participants' stories challenge Hughes and colleagues (2002) finding that it may be harmful for parents to hold their deceased child after birth. Rather, our clinical experience suggests that the ritual of holding a baby who has died, naming the mother and father as parents to this baby, and involving other siblings in the grieving process can be the beginning of integrating and making meaning of the deceased baby's rightful place in the family (O'Leary & Thorwick, 1997; O'Leary, Parker, & Thorwick, 1998).

The participants' description of parents who were unable to make preparations for their births and arrival home is congruent with studies suggesting fear of another loss can hinder attachment in the pregnancy that follows loss (Armstrong & Hutti, 1998; Cote-Arsenault, & Marshall, 2000; Cote-Arsenault, Bidlack, & Humm, 2001; Davis, Stewart, & Harmon, 1989; O'Leary, 2004; O'Leary,

Parker, & Thorwick, 1998; Peterson, 1994; Wallerstedt, Lilley, & Baldwin, 2003).

Some participants believed they were not welcomed, a feeling reinforced as they watched the sibling born after them embraced by the family. Martha reporting, "I think she [*my mother*] never trusted that I was still going to be around." Janet's parents had material for her baby book that was left in an envelope. One could speculate that this is an example of the frozen emotions parents can carry from the trauma of losing a child and the inability to allow oneself to embrace the next child for fear it, too, will die.

Even when Janet's, Martha's, and Millie's mothers had opportunities to express feelings that their subsequent child was special, the women felt they didn't matter to their mothers, another reinforcement of feeling unnoticed in the family. Their stories, along with Linda's sense of feeling as if she were not a separate person from her mother, concur with the findings of others (Pozanski, 1972; Cain & Cain, 1964); that a parent's ability to have open communication about a deceased sibling, who had an enormous impact on family functioning, can influence the perception of subsequent children in the family.

Sally was the sole participant who described herself as "difficult and naughty, hiding to be visible," even as she described feeling "overly visible" to her depressed mother. This phenomenon is addressed in Leon's (1986) writing of a "child who is portrayed by parents as demanding and self-centered...as responding to inadequate parenting and attempting to draw a parent out of depression" (p. 212). Learning her mother suffered two losses before her birth, Sally may have been attempting to move her mother out of depression by reminding her that she, Sally, *was* alive.

While skeptics might challenge the fact that these women could have had any personal knowledge or memory of the previous tragedy, the impact of the short life and death of the deceased sibling is powerfully apparent in their current lives and has complicated their lives, even to the present. The belief that prenatal events are registered at an unconscious level and can influence one's sense of self (Chamberlain, 1997; Costa Segui, 1995; Findeisen, 1992) was articulated by Martha in therapy when she regressed into the womb, finding herself "alone and unaccepted." Her story, hauntingly similar to Salvador Dali's, is different and hopeful because she was able to heal her memory through therapy. The notion of patterns of trauma, reinforced in the lived experience and difficult to change (Emerson,

1998; Findeisen, 1992), are supported in Janet's description of feeling unnoticed, first in the family of origin, then in her husband's family. Also Martha's feeling invisible to her mother when she arrived home safely from the snow storm, Millie's reluctance to lose her father's name, and Sally's choice of an advisor who ignored her all illustrate very early patterns that persisted painfully into adulthood. What is hopeful and different from previous research on the subsequent child is the strength of these participants in using their histories to ultimately heal themselves and give the gift of visibility to others in their choices of careers.

Most hospitals today have protocols and resources for families who experience perinatal loss, but cultural aversion to discussion of death may be an impediment to taking the next step, that of integrating fully and freely, the deceased baby into the family. The participants' voices herald the necessity of developing protocols for families in pregnancies *that follow a loss* in order to address the difficulty parents have in attaching to a new baby, a behavior that is understandable and normal, given their obstetrical histories. Parents want to believe a new baby will fill the void, the empty spot in their heart. It is not until after the birth that they realize the void cannot be filled and grief remains (O'Leary, 2004). The deceased baby cannot be replaced and will always hold his/her own place in the family. This honors the ongoing parenting role for *all* the children, living and *dead* and may help the subsequent child to have his/her own *visible* space in the family as a separate child, not a replacement child.

CONCLUSION

Listening to the first author's lectures on the difficulty parents can have in attaching to the subsequent baby led these participants to exclaim, "I am that child. I want to tell my story." Although the number of participants is small with no attempt to generalize, their stories reflect hope and healing, not haunting pathology. The clinical practice of two of the authors buttresses the notion of the subsequent child being vulnerable in the eyes of parents but this child's place in the family does not have to be viewed as negative. It is their story and cannot be changed. When parents can acknowledge to the subsequent child that their fears during pregnancy (that can continue many months after birth) are because they fear another loss, the child is given the words for feelings he/she may be sensing. Without

supportive intervention, beginning during pregnancy, the "ghost" of a sibling can hover over the family and the subsequent child's life. Healing old wounds is always a possibility.

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