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ABSTRACT

This paper discusses the replacement child syndrome following a stillbirth experience in relation to the more contemporary view on bereavement: "Continuing Bonds", in which a changed and reintegrated relationship with the deceased loved one is constructed. Recent qualitative studies which examined closely women's stories suggest an ongoing relationship with their deceased infant in a non-pathological way. The compiling evidence suggests that this adapted new relationship may also be contributing to mothers' enriched parenting experiences. However, this emerging area of research requires further investment in order to understand the factors that may be affecting a mother's relationship with the subsequent infant, with the inclusion of parenting experiences. This paper proposes a critical reconsideration of the replacement child syndrome in the context of a stillbirth experience, with emerging qualitative data.

KEY-WORDS: REPLACEMENT CHILD SYNDROME, STILL BIRTH, CONTINUING BONDS

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RÉSUMÉ

Cet article réexamine le syndrome de l'« enfant de remplacement » suivant la naissance d'un enfant mort-né, en considérant une perspective plus contemporaine sur le deuil, notamment la notion de « continuité du lien », qui suppose la construction d'une relation modifiée avec le bébé défunt. De récentes études qualitatives ont examiné attentivement des histoires de mères et suggèrent la présence d'une relation continue avec leur bébé décédé, d'une manière non-pathologique. Ces études suggèrent que cette nouvelle relation peut contribuer à un enrichissement de l'expérience parentale de ces mères. Cependant, ce domaine émergent de la recherche nécessite des investigations supplémentaires afin de comprendre les facteurs susceptibles d'affecter la relation de la mère avec l'enfant né après.

MOTS-CLÉS : SYNDROME DE L'ENFANT DE REMPLACEMENT, ENFANT MORT-NÉ, CONTINUITÉ DU LIEN

Prologue

The subsequent child, born following the loss of a sibling is thought to be at a risk of psychopathology namely, the "replacement child syndrome". This phenomenon was first described by Cain and Cain (1964) in order to explain the parent's complicated and confused identifications with the deceased and with the living sibling, born subsequently. Replacement child syndrome is regarded as replacing a deceased infant with another pregnancy and subsequent child by parents (Robertson & Kavanaugh, 1998). In such an experience, there are consequences both for parents and subsequent infants. This may suggest an unresolved grief for the parents as they appear not to be able to let go their deceased infant, and for the child the possibility of having complex relationships with emotionally unavailable parents, and a risk for pathology later in life. For the subsequent infant there is a risk of "not being oneself", as discussed by Sabbadini (1988) and developmental disturbances due to the consequences of growing with mourning parents, therefore forming "a self-identity in the shadow of another identity" (Legg, 1976). Thus, it has been argued that it is important to examine the psychological well-being of children born subsequently to a loss of an infant/child (Turton *et al.* 2001). However, this perspective has been questioned, namely if this is characterizing all parents' and subsequent infants' experiences. For example Groud and Romonoff (2000) discussed the replacement child syndrome as a clinical myth and suggested that it may not necessarily lead to pathology. In terms of theoretical conceptualisation, the replacement child syndrome phenomenon may be supported by "stage like" grieving theories, in which there are defined phases, the earliest describing a sense of disbelief and shock, eventually ending with the acknowledgement of a loss (Kübler-Ross, 1969; Parkes & Weiss, 1983). However, more contemporary theories discuss grieving as a reconstruction, during which the sense of the world is shattered or changed irretrievably. Constructivist theories of grief suggest the existence of processes, whereas "stage like" theories suggest normative patterns and paths (Neimeyer, 2010).

This debate is important regarding particularly perinatal losses. The majority of parents experiencing in stillbirth, defined as the death of a fetus at any time after the twentieth week of pregnancy, are left with the risk of lack of mourning for their loss. Such an experience is considered as an ambiguous loss, due to the complicated nature of the grieving of an unknown child. Following such a stillbirth experience, parents are also left with the dilemma of replacing or not their deceased child and becoming parents.

Although some quantitative findings suggest pathological issues, including attachment problems (Hughes, 2001) and replacement child syndrome (Turton *et al.*, 2009) for the subsequent infant born following a stillbirth, recent qualitative studies suggest an alternative perspective for the ongoing relationship of the mother with the deceased infant and with the subsequent infant. These studies examine the meaning of such losses and suggest that an ongoing relationship

with the deceased infant may be a part of healthy grieving (Klass, Silvermen, & Nickman, 1996; Rosenblannt, 1996).

Differently from a psychopathological perspective, qualitative research is particularly important to understand the meaning of such experiences. As discussed by Silverman and Klass (1996), qualitative methodology is especially appropriate when one consider grief as a construction or a reconstruction of experiences. However, research examining the relationship, or the parenting experience of mothers with a subsequent infant following stillbirth remain scarce. In this paper, emerging qualitative data will be considered.

THE STATE OF THE LITERATURE

According to Olmstead & Poznanski (1972), "the replacement child syndrome refers to a child who is used by the parents as a substitute for a sibling who has died. Sometimes a child is specially conceived for this purpose; at other times another sibling, most frequently a younger member of the family is assigned this role" (p. 1190). Rosen (1982) extended this notion to such experiences as replacing a child with a handicap, or given away for adoption. A distinction between open and hidden replacement was proposed by Etchegoyen (1997); her case studies also underlined the negative effects of inhibition of mourning. Furthermore, a variation of the replacement child syndrome has been conceptualised as the "vulnerable child syndrome", which refers to parents becoming overprotective with the subsequent child (Davis *et al.*, 1989).

Lewis (1972) highlighted the incompatibility of the parent's mourning, having thoughts and feelings about the deceased baby, while being deeply involved with the living baby. This dilemma may lead to inhibition or incompletion of the grief process.

An earlier study by Davis Steward and Harmon (1989) interviewed 24 mothers who experienced perinatal loss and parenting an infant, born subsequently. Mothers were dissatisfied with the doctors' advice on postponing the subsequent pregnancy, due to possible issues with an incomplete and inhibited grief. The timing of the subsequent pregnancy appears as a personal decision and various factors affected this decision. Most mothers reported being overprotective with their subsequent infant and expressed "replacement feelings" for that infant.

Manifestations of maladaptive grieving process is discussed by Lamb (2002). The author reviewed the literature regarding grief, perinatal loss and subsequent pregnancy, and concluded to the presence of four recurring themes: coping mechanisms during the subsequent pregnancy; replacement and vulnerable child syndromes; and parenting concerns regarding the subsequent infant, born following a perinatal loss. The author then urged for further research examining such symptoms, in the perspective to confirm the presence of a "replacement child syndrome" in the context of a perinatal loss and subsequent parenting experiences.

Turton *et al.* (2009) discussed the "replacement child" and "vulnerable child" syndromes in an attempt to examine the consequences of perinatal loss on other children born after a stillbirth. They followed up children born after a stillbirth, considering their psychological vulnerability; they found no significant evidence suggesting that subsequent infants following a stillbirth are at clinical risk. However, they reported differences in observed mother-child interactions and in maternal perception of the subsequent child. Mothers reported more problems with their living child and they exhibited more controlling behaviour towards him/her. The authors interpreted these findings as evidence of the presence of replacement and vulnerable child syndromes.

Lamb (2002) also examined the issue of ineffective parenting experiences of mothers with perinatal loss due to replacement child syndrome, unresolved grief, symptoms of perinatal psychopathology and asked for further research about long term effects of alternative parenting styles on family relationships. The author also noted that the replacement and vulnerable child syndrome were derived from case reports with a population of parents mourning an older child.

In a qualitative study, Grout & Romandoff (2000) questioned the notion of replacement child syndrome following perinatal death. They examined family stories reported by bereaved parents; in contrast with Cain & Cain (1964) and Olmsead & Poznanski (1972), they highlighted the fact that there are multiple paths of parenting through bereavement. Similarly Wilson (2001), in another qualitative study, suggested that parents need to "keep the baby alive in family memory", both for themselves and for the living infant. In fact parents replaced the loss by an emphasis on parenting subsequent children, or maintained a connection to the dead child through storytelling and ritual behaviours. These differing paths reflected a need to stay in touch and to be connected with the deceased infant and also to preserve the place of the dead child in the family. Similarly, Neimeyer and Klass (1997) concluded that rituals and mementos allowing the parents to a continuing relationship with the deceased infant help the family to complete and reconstruct meanings in the new situation.

McClowry *et al.* (1987) and colleagues used "grounded theory" procedures on the accounts of parents who lost a child due to cancer. Although they did not focus on perinatal loss, they described that parents experience an empty space due to the loss and present different patterns for grieving such as: "getting over it", "filling the emptiness", and "keeping the connection".

These findings echoes those reported by Grout and Romanoff (2000) in the case of perinatal loss. These authors described different ways of maintaining the connection: preserving the space, continuing the relationship and replacing the loss. Actually, some parents were observed to replace the loss with other children—similar to the "getting over it" pattern. Although parents reported grief at the time of loss, they were mostly concerned with the living infant and their parental roles. On the other hand, parents maintained a connection with their deceased infant by preserving the child's space. For example, by remembering the child at anniversaries, or keeping the child into the larger

family by informing wider family members. This allowed parents to focus on the individual characteristics of the deceased baby rather than to the loss itself.

In sum, it appears that the way the grief is conceptualised and which research design and measures are chosen leads to capturing different aspects of the reality and then differing interpretations follow. Thus, when exploring the association between grief and pathology, it is important to understand all factors and issues interacting, using suitable methodologies.

Grief and Psychopathology

It is important to underline that grief is a natural reaction to loss and that a perinatal loss is expected to trigger a grief response and depression-like symptoms. However, prolonged feelings of sadness following a perinatal loss may contribute to worsening mental health problems, such as complicated or pathological grief. According to the literature on resilience, most individuals cope with their loss (Bonanno & Kaltman, 2001), and eventually adjust to the changed situation. Some people however continue to suffer and cannot adjust to the changed world (Parker, 1995; Boanno *et al.*, 2002). Neimeyer and Klass (1997); Neimeyer *et al.* (2010) described prolonged grief as an unability to process meanings in the context of grieving. Grief has been described as complicated responses (Bonanno & Kaltman, 2001), namely a "fragmentation of self-narrative that no longer makes sense in present" (Neimeyer, 2000).

Feelings of sadness and depression constitute an integral part of grief (DSM IV, 2000). The newly released DSM V (2013) further emphasises the notion that the death of a loved one is a common cause of depressive symptoms, and that grief and major depression may coexist. If a majority of individuals will adjust to their loss, some may suffer from pathological grief such as grieving for an extended period of time with symptoms of mental and physical impairment (Bonanno, 2004; Newson, Boelen, Hek, Hofman, & Tiemeier, 2011). Horrowitz, Bonnano and Holen (1993) suggest that grief responses may comprise PTSD symptoms (e.g. denial, intrusion). Intense and prolonged experiences may become symptomatic, and these authors proposed to consider the importance of psychopathology triggered by loss. They also suggested, reciprocally, that PTSD stressor criteria should include bereavement.

Differing patterns of adapting to loss and their consequences

Bonanno and Kaltman (2001) discussed an integrative perspective on bereavement, grief and pathological grief, including cognitive stress theory, attachment theory, continuing bonds, social-functional account of emotion, and trauma theory. From that perspective, they identified several important components of the grieving process: context, meaning, representations of the lost relationship, coping, and emotion-regulation processes.

It is also important to note that in the current literature on bereavement; there are contradictory findings in terms of the adaptive effects of "continuing psychological and emotional bonds" with the deceased loved ones. Klass and

Walter (2001); Field (2008), and more recently Field and Filanosky (2009) identified Continuing Bonds (CB) as either "internal" or "external". Their analysis revealed that "external" CBs (illusions and hallucinations) were positively correlated with a feeling of responsibility for the death, whereas "internal" CBs (use of the deceased as an "autonomy fostering secure base") were associated with personal growth, and negatively associated with psychological risk factors. Some mothers who experienced stillbirth reported personal growth (Thomodaki, 2012). Self-growth has also been associated in some mothers with modified and more authentic parenting (Üstündağ-Budak *et al.*, in press; Campell-Jackson, Bezance, & Horsch, 2014).

It has been argued that unexpected sudden losses are considered to be more anxiety provoking than anticipated losses, and consequently leading to more severe grief reactions (e.g. Parkes, 1975; Turton 2009b). It is plausible that following an unexpected event like stillbirth, mothers may struggle with complicated/pathological grief and may have difficulty in their relationship with their subsequent living infants, such as difficulties in bonding, insecure attachment and controlling parenting.

For example, in an earlier pilot study, Heller and Zeanah (1999) considered the attachment organisation of infants who were born subsequently to a perinatal loss. They found a significantly higher proportion of disorganised attachment among these infants. They reported that if mothers sought help for their emotional well-being in response to the grief, the proportion of insecure/disorganised attachment decreased. The authors discussed their findings in terms of role reversal with the subsequent infant; in other terms, the fact that the mother takes comfort from the child in order to alleviate her grief, feelings of anger and inadequacy. Role reversal, that is giving a parental role to the child for reassurance at times of stressful situations, puts the child at risks for pathology later in life (Macfie *et al.*, 2008).

In their clinical case study focusing on developmental problems of children whose parents suffered complicated grief like symptoms, Janusz and Drozdzowicz (2013) described what they named "unreconciled grief". The caregivers' coping with grief appeared to be crucial, since children failing attempts to relate with emotionally unavailable parents may result in a sense of failure.

Barr (2006), in a longitudinal study, examined the link between parental grief following stillbirth or neonatal death, and subsequent pregnancy. Active grief following a perinatal loss appeared to drop significantly when women were pregnant again. Active grief, oppositely, was reported to persist if mothers were trying to conceive. As a consequence, subsequent pregnancy was not associated with difficult coping, despair, or pathological grief, although it was associated with active grief symptoms. Barr suggested that for some women subsequent pregnancy may provide a false comfort for the recovery from bereavement, while chronic grief for the deceased infant may remain unchanged. The author suggest to draw attention to the personality characteristics of women and to demographic variables.

Methodological Issues

Several studies, mostly conducted with a quantitative design, described the presence of pathological grief, child replacement syndrome and vulnerable child syndrome. Some studies warned parents about the dangers of developing a replacement child syndrome if they conceived immediately after the loss (Turton *et al.*, 2001; Hughes *et al.*, 2007). On the other hand giving birth after a perinatal loss has been also described as healing (Johnson 1984; Kohner & Henley 1995), and facilitating the recovery from grief (Rosoff 1994).

As proposed by Grout and Romandoff (2000), qualitative methodology focusing on stories of women who experienced stillbirth may allow to understand the relationship between the mother and the subsequent infant, in which the mother establishes continuing bonds with her deceased infant through the living child. It is therefore important to consider the relevant qualitative studies in terms of the meaning of perinatal loss and its influence on subsequent parenting. A recent systematic review revealed that qualitative studies supported the quantitative findings, regarding the prolonged effects of stillbirth on women. Following a stillbirth experience, guilt and self-blame described in qualitative studies appear as important as anxiety, depression and grief, which are mostly reported by the quantitative studies (Campell-Jackson & Horsch, 2014). For instance, these last authors highlighted in a qualitative study the continuing grief process and the feelings of heightened anxiety and guilt during the subsequent pregnancy and after child birth. Parents expressed their need to be able to stay in touch with their deceased infant, while acknowledging their current relationship with their living infant, as well as growth in the relationship with their partner. All parents in the study indicated a change in their perspective and they valued and prioritised their living infant even more.

Another recent qualitative study (Warland *et al.*, 2011), using a thematic analysis, examined parenting experiences after an infant loss and reported a "paradoxical parenting"; this involves contradictions between keeping emotional closeness with the subsequent infant and at the same time being detached from the infant. This inconsistent parenting style was discussed in terms of possible complications for the child's emotional development, including attachment and emotion regulation problems, namely internalizing behaviour problems.

Üstündağ-Budak's *et al.*. (in press) findings also echoed such paradoxical parenting experiences in terms of bizarre experiences of simultaneous oppositional feelings, such as joy and grief, during the pregnancy with the subsequent infant; altered mothers' parenting was also observed and associated by mothers with either increased anxiety or increased authenticity.

The psychological experience of subsequent children, born next to an infant loss, was also examined in another qualitative study (Shoebrige & Gowers, 2000). The authors found that these children believed that they were not disadvantaged with the previous infant loss, and in fact they felt loved and being special due to the previous loss. A high concerned and protective parenting was reported by children of mothers who previously experienced a perinatal loss. On the other

hand, O'Leary (2006) reported that subsequent children found themselves as "invisible" and they reported their parents as being emotionally reserved.

Vollmann (2014) in a recent qualitatively designed study examined the subsequent children born following the loss of a child. This particular study did not include neonatal death or stillbirth. The author reported the presence of a replacement dynamics with the living infant, using the terms of "inadequate replacement" and of "gift child". The author also highlighted the notion of "changed parenting", and concluded that the sibling may become a "gift child" if the deceased infant had not yet a full identity. Grout and Romanoff (2000) seemingly evoked parents' consideration of the infant loss as either the loss of a "possibility" or the loss of an individual.

Lee, McKenzie and Horsch (2013) examined in a qualitative study women's decision making and experiences during a pregnancy subsequent to a stillbirth. The authors expressed how mothers struggle with mothering a live child, while keeping a connection with the deceased infant, and at the same time not replacing that infant with the living one. In contrast to expectations, mothers seemed to be conscious of the possibility of replacing their deceased infant with a living infant. On the other hand, they were concerned about losing connection with their deceased infant if they terminated their grief with a subsequent infant.

In a recent qualitative study (Üstündağ-Budak *et al.*, in press), we suggested the importance of the co-existence of the living and of the deceased infants; this is essential for the mother in order to stay in touch with their stillborn baby and his/her memories. This is important to underline, since such an experience may be oversimplified in the literature, as it is in the terms of child replacement. This also highlights the need to give a particular attention to the stillbirth experience as a broken sequence of life events, and not exclusively as loss and bereavement: in some way, the death of the deceased child comes before the birth of the deceased child.

Discussion

The literature suggests changed parenting experiences with a child born after a stillbirth, as well as in other perinatal loss. There is an altered role for the subsequent infant, and also an altered parenting of this infant. Mothers reported either increased anxiety or controlling behaviour towards their subsequent infant (Turton 2001; Turton 2009a), or post growth like reports including authenticity and valuing the existence of life and of their living infant (Campell-Jackson, Bezance, & Horsch 2014; Thomodaki, 2012). Factors that lead to one of these conclusions requires further research.

Grout and Romandoff (2000) drew attention to the altered family story following a death of a baby, which complicates the relationship between the parents and the subsequent infant. They argued that grieving process involves a reconstruction of new meanings. To understand stillbirth and its consequences, an examination of the literature reveals the relevance of an "integrative

framework" (e.g. continuing bonds and appraisal theory), as suggested by Bonanno and Kaltman (1999).

Parents who replaced their deceased infant with the subsequent living infant were observed to be dealing with unresolved pathological grief issues (Davis *et al.*, 1989). It is plausible that the grief process becomes complicated, particularly with a stillbirth experience, as death in some way occurs before life, with hardly any shared memories; it is as if the deceased infant never existed. Therefore, being able to acknowledge this loss becomes complicated, as mothers need to accept their infants' existence while knowing they are not living. This dilemma may represent one of the reasons for the worsening mental health problems in these mothers, such as continuing depression and PTSD (Turton, Hughes, Evans, & Fainman, 2001; Turton, Evans, & Hughes, 2009).

Moreover, as discussed by Mc Clowry *et al.* (1987) and Grout and Romanoff (2000), "getting over with it", which suggests a replacing child, may lead to such prolonged and pathological grief, as opposed to the notion of parents' connection with the deceased infant. Further research is needed to explore this point. In order to precise our understanding in "continuing bonds" adaptive function in stillbirth experience, there is a need to examine different types of "continuing bonds", as argued by Field and Flonosky (2010). It is plausible that "externalised continuing bonds" between mothers and their deceased infant could be associated with pathological outcomes as presented with the quantitative studies of stillbirth (Üstündağ-Budak *et al.*, in press). Examining the "internalised continuing bonds" function, allowing mothers to connect with their deceased infant, may extend our understanding of the adaptive quality of continuing bonds in stillbirth experiences. This will be important to understand mothers' experiences who suffer from prolonged grief, as being unable to find meanings in the process of grieving, as suggested by Neimeyer *et al.* (2010).

Lee, McKenzie and Horsch's (2013) findings suggest a model of decision making regarding the subsequent child. The authors suggested to consider different groups of women, with differing needs, including: women immediately desiring to conceive; who are struggling to conceive as an obsessional focus; who conceived quickly. Psychological support should be centred on helping women dealing with guilt and resolution of grief. Acknowledging the adaptive qualities of continuing bonds should be integrated into the support, including psychological intervention, counselling and psychotherapy. Especially in stillbirth, continuing bonds through the living infant appears to be a common experience by mothers (Üstündağ-Budak *et al.*, in press; Bonanno & Kaltman, 1999; Campell-Jackson, Bezance, & Horsch, 2014).

The literature suggests that the caregivers' emotional availability is crucial in terms of healthy functioning and growth of a child (Janusz & Drozdzowicz, 2013). Thus it is conceivable that such an experience may negatively influence the child's "internal working models", that is the view of self and others (Bowlby, 1988).

There is also a need to inform practitioners and provide evidence based therapies and interventions for the psychological support of women. Betz and

Thorngren (2006) discussed the use of narrative therapy technique regarding the experiences of ambiguous losses, including abortion, miscarriage, or Alzheimer. The authors stated that family members may need to revisit their ambiguous loss many times along the years and continue to grieve. Bosticco (2005) also suggested the use of narratives and storytelling in order to facilitate the bereavement process. Therapeutic interventions should consider the need of the mother's continuing relationship with the deceased infant.

It is also important to note that, regarding stillbirth experience, the order of natural events is altered. There is death first and then birth to a deceased infant, and this is doubled with the dilemma of not knowing as a person the infant that the mother gave birth to. This broken sequence may require a particular way of psychological restructuration, and failure or delay in this process may complicate grieving. Thus it is important to examine stillbirth experience for itself, different of other perinatal losses, as suggested in a recent systematic review (Campell-Jackson, 2014).

The findings of quantitative studies inevitably led to conclude to the "vulnerable" and "replacement child" syndromes. This may be due to the particular design and measures of such studies, not suitable to evaluate individual variations, which are very important in processes like grieving, bereavement, resilience and adjustment to loss, when the personal meaning of such experiences is considered.

Conclusion

The focus of this paper was to draw attention to the debate on the "replacement child syndrome" versus the adaptive aspect of "continuing bonds" with the deceased infant, in the situation of parenting a child born after a stillbirth experience. Contemporary theories of grieving and "stage like" grieving theories are compared and both quantitative and qualitative recent research findings have been provided. Stillbirth experience is identified as a particular loss, different than other perinatal losses, due to a broken sequence of life and death. This difference has implications regarding adaptation to the situation, such as the need of continuing bonds with the deceased infant. Such a continued relationship with the deceased infant may need to be achieved through the subsequent infant for some parents. When parents, at the opposite, try to forget, not remember the deceased infant, and replace him/her by a subsequent infant, this may contribute to a prolonged grief, or to pathological grief symptoms. This puts the subsequent infant at risk to have emotionally unavailable parents, with difficulties to provide emotional care, which is needed for the child to grow as a healthy individual. This is supported by both qualitative and quantitative research. In order to facilitate the grief process, narrative therapy techniques can be suggested. Further qualitative and quantitative research, grounded on notions such as those presented in this paper, should be conducted in order to understand the adaptive and maladaptive adjustments following a stillbirth experience, in the perspective of healthy subsequent parenting.

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