

Coping with the Death of an Infant



WinterSpring

We're not afraid to be with loss

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Embrace Your Loss

Your baby has died. You are now faced with the difficult, but important, need to mourn. Mourning is the open expression of your thoughts and feelings regarding the death of your baby. It is an essential part of healing. You are beginning a journey that is often frightening, painful, overwhelming, and sometimes lonely. This article provides practical suggestions to help you move toward healing after the death of your baby.

Allow yourself to mourn

Whatever the circumstances of your baby's death, you will need to share your grief outside of yourself. Whether you were pregnant for a brief time, many months, delivered a stillborn baby, or your baby lived for a longer time, you have every right to grieve.

The death of your baby may have come suddenly, without any warning. You have been given little, if any, preparation for this experience. You will grieve in your own special way. Try not to adopt assumptions about how long your grief should last. Consider taking a "moment-to-moment" or "one day at a time" approach that allows you to grieve at your own pace.

Expect to feel a multitude of emotions

Experiencing the death of your baby affects your head, heart and spirit. So you may experience a variety of emotions as part of your grief work. Confusion, disorganization, fear, guilt, relief, or explosive emotions are just a few of the emotions you may feel.

Sometimes these emotions will follow each other within a short period of time. Or they may occur simultaneously.

As strange as some of these emotions may seem, they are normal and healthy. Allow yourself to learn from these feelings. And don't be surprised if out of nowhere you suddenly experience surges of grief, even at the most unexpected times.

These grief attacks can be frightening and leave you feeling overwhelmed. They are however, a natural response to the death of your baby. Find someone who understands your feelings and will allow you to talk about them.

Allow for numbness

Feeling dazed or numb when your baby dies is often part of your early grief experience. This numbness serves a valuable purpose: it gives your emotions time to catch up with what your mind has told you. You may feel as if the world has suddenly come to a halt. Your plans and dreams for the future have been assaulted.

You may feel you are in a dreamlike state. As one mother expressed. "It's like running headfirst into a solid wall. I was stunned and didn't want to believe the words I was hearing I wanted someone to wake me up and tell me this wasn't happening."

Feeling of numbness and disbelief help create insulation from the reality of the death until you are more able to tolerate what you don't want to believe.



Slow down important decisions

Some people may try to hurry you into decisions to protect you from beginning to feel sadness and loss. They often mean well, but they are also potentially complicating your healing. You should not make any major decisions until the initial pangs of shock and numbness begin to lessen.

If possible, attempt to make decisions with your spouse or a compassionate friend. Realize that you will probably have differences of opinion. That's all right – your grief is unique. If you do disagree, respect each other's right to do what feels right individually. For example, one of you may want to see and hold the baby, while the other does not feel a need to.

If you need time alone to begin to make some decisions, let people around you know this. While some people may be offended at your need for privacy, this is your baby and you have every right to do what is right for you.

Seeing and holding your baby

Only you can decide what your needs are related to seeing and holding your baby. But, one reality is certain – you should be given the option. Many parents value this opportunity to say hello before they say goodbye. There is nothing wrong with wanting to see, hold and touch your baby.

Don't make a quick decision about this. Take your time and think it over. If you have fears about what your baby might look like, ask the doctor or nurse to describe your baby's appearance. Should you decide to see and hold your baby, spend as much time as you need. This short time you have will go a long way toward helping to heal.

Give your baby a name

Your baby deserves to have a name. If you had already decided on a name, keep it. The name truly belongs to this unique child. Having a name for your baby allows you to talk about your loss in a personal way. You are openly acknowledging that you have loved a child and will always remember him or her. You will find it easier to embrace your memories if you can refer to your baby by name.

Gather important keepsakes

Memories are one of the best legacies that exist after a baby dies. You may want to collect some important keepsakes that help you treasure your memories. While some hospitals automatically offer to provide you with ways of remembering your baby, not all do. So, be certain to request any items that you want to be able to keep.

Examples of keepsakes you might want include the following: a picture of your baby (even if you don't want it now, it can be taken and viewed later), a birth certificate, a set of footprints, plastic arm bracelet, the blanket your baby first came in contact with, or a lock of hair.

You may want to create a memory box to keep these special keepsakes in. Then, when you are missing your baby, you can open up your memory box and embrace these special memories. The reality that your baby has died does not diminish your need to have these objects. They are a tangible, lasting part of the special relationship you had with your child.



Make use of ritual

The funeral ritual does more than acknowledge the death of your baby. It helps provide you with the support of caring people. The funeral is a way for you to express your grief outside yourself.

You might have some people tell you, "It will be easier or better not to have a funeral." Deciding not to have a funeral is a frequent regret that many parents express. You and your baby have a right to have a funeral. The funeral is one thing you can do for your child at a time when you feel you can do so little.

Funerals do not have to be done right away. Take your time and decide what will best meet your needs. Whatever you do, don't have a funeral that excludes the mother. Wait until she is out of the hospital and can be included in the service that remembers the baby.

Be tolerant of your physical and emotional limits

Your feelings of loss and sadness will probably leave you fatigued. And your low energy level may naturally slow you down. Respect what your body and mind are telling you. Nurture yourself. Get daily rest. Eat balanced meals. Lighten your schedule as much as possible. Caring for yourself doesn't mean feeling sorry for yourself, it means you are using survival skills.

Talk about your grief

Express your grief openly. By sharing your grief outside yourself, healing occurs. Ignoring your grief won't make it go away; talking about it often makes you feel better. Allow yourself to speak from your heart, not just from your head. Doing so doesn't mean you are losing control or going "crazy". It is a normal part of your grief journey.

Find caring friends and relatives who will listen without judging. Seek out those persons who will "walk with" not "in front of" or "behind" you in your journey through grief. Avoid persons who are critical or who try to steal your grief from you. They may tell you, "You're wrong", "You can have another baby", or "You never got to know your baby". While these comments may be well intentioned, you do not have to accept them. You have every right to express your grief. No one has the right to take it away.

Develop a support system

Reaching out to others and accepting support is often difficult, particularly when you hurt so much. But the most compassionate thing you can do at this difficult time is to find a support system of caring friends and relatives who will provide the understanding you need. Find the people who encourage you to be yourself and acknowledge your feelings – whatever they might be.

Embrace your spirituality

If faith is part of your life, express it in ways that seem appropriate to you. Allow yourself to be around people who understand and support your religious beliefs. If you are angry at God because of the death of your baby, realize this feeling as a normal part of your grief work. Find someone to talk with who won't be critical of whatever thoughts and feelings you need to explore.

You may hear someone say, "With faith, you don't need to grieve." Don't believe it. Having your personal faith does not insulate you from needing to talk out and explore your thoughts and feelings. To deny your grief is to invite problems that build up inside you. Express your faith, but your grief as well.



Allow a search for meaning

You may find yourself asking, “Why did this baby die?” “Why this way?” “Why now?” This search for meaning is another normal part of the healing process. Some questions have answers. Some do not. Actually, the healing occurs in the opportunity to pose the questions, not necessarily in answering them. Find a supportive friend who will listen responsively as you search for meaning.

Move toward your grief and heal

The capacity to love requires the necessity to grieve when your baby dies. You can’t heal unless you openly express your grief. Denying your grief will only make it become more confusing and overwhelming. Embrace your grief and heal.

Reconciling your grief will not happen quickly. Remember grief is process, not an event. Be patient and tolerant with yourself. Never forget that the death of your baby changes your life forever. It’s not that you won’t be happy again; it’s simply that you will never be exactly the same as you were before the baby died.

The experience of grief is powerful. So, too, is your ability to help yourself heal. In doing the work of grieving, you are moving toward a renewed sense of meaning and purpose in your life.



Man & grief and couples & grief

Male / Female Relationships

- Most relationships are intrinsically challenging due to our inherent differences.

He:

Big Picture
Thinks
Logical
Copes Internally
Sighs

She:

Details
Feels
Intuitive
Copes Externally
Cries

- Most fathers can acknowledge this is a reality 3 to 6 months after the death
- Most mothers need 9 to 24 months to acknowledge this is a reality and to move into mourning practices.
- Most men feel their spouse needs professional help after 3 to 6 months

Potential differences in our grieving

1. **SHE** needs to talk about what has occurred. She goes over the story in an effort to gather every possible detail to explain why and how.
HE feels uncomfortable dealing on such a feeling level and finds excuses avoiding such confrontations
2. **SHE** takes comfort in her faith
HE is angry with God, feeling that the event invalidates his faith
3. **SHE** often wants to visit the grave.
HE feels an aversion to visiting the cemetery
4. **SHE** withdraws, reads books on grief, and writes as a means of expressing her pain
HE throws himself into his work, hobby, or other activities to keep busy and avoid the pain.
5. **SHE** expects him to grieve and behave the same as she does and thinks he doesn't care when he doesn't.
HE needs space to grieve in his own way and resents her for imposing her feelings on him



6. **SHE** seeks Support Groups as an outlet for her expression
HE wants to avoid showing his pain in front of other people; particularly strangers!
7. **SHE** has no interest in Sex and resents his desire for it at this time.
HE wants to make love for the comfort and reassurance that comes through intimacy
8. **SHE** knows that her life is irrevocably changed and will never be the same again.
HE wants her and their life back the way it was before the event.
9. **THEY** can sometimes compete with each other to see who is grieving the hardest
10. **THEY** seek to escape the event by taking a vacation, moving, changing jobs, etc.
11. **THEY** seek to numb their pain through Alcohol, Drugs, Shopping, Extramarital affairs, or other child
12. **THEY** are angry with the Doctor or other authority figures involved with the event and have, more than once, discussed legal action.
13. **THEY** feel betrayed by their family and friends through their perceived lack of understanding and caring
14. **THEY** both feel the other person is, in some way, to blame for the event.
15. **THEY** are both so caught up in their own grief that there is no recognition or understanding of the grief experienced by their children or extended family members.

What can be done?

- Be informed about grieving needs and expectations of each other and the importance of recognizing and allowing each other the natural process of grief
- Encourage and help HER come to a bereaved parents support group at 'WinterSpring' or 'Compassionate Friends' where she can find others who will share her experience with her
- Encourage HIM to go to a couple of meetings with her only as an observer. Group is for support and it is not required to actively participate. Most men will inevitably participate if they can just get there!
- Discourage the making of any decisions that will impact any important area of your lives for one year!



- If there are other children, encourage them to express and discuss their grief openly and honestly, give concern to how the child is coping with the experience, and recognize that the child is grieving too. (Children's Program information – 541-552-0620)
- Towards an awareness and acceptance of each other's grief using the following 3 step guide:
 1. List and discuss those elements of grief unique to HER
 2. List and discuss those elements of grief unique to HIM
 3. List and discuss those elements of grief common to BOTH
- Establish periods during each week where you can express and share common feelings
- Establish periods during each week where you can express and share intimacy and closeness were the loss is not the focus
- Establish periods during the week or month for family activities which include the children, if any.



Guidelines for grieving couples

1. Realize the death of your child will hurt more than you imagined. It will rearrange your life and worldview. Your relationship with your partner will be stretched. There are some things you can do to reduce strain on your relationship.
2. You and your partner will grieve differently. Let go of the assumption that you "ought" to do it alike. Respectfully make room for each other's style.
3. Increase the amount of time you spend in each other's company. Listen to each other as much as you can. Do special little things for each other.
4. Realize you cannot meet all of your partner's needs. You have limits. You are both over-extended. Do seek appropriate outside support when you need it.
5. Focus on what *YOU* need. Let go of trying to get your partner to do something different about his or her own grief.
6. Grief takes its time and is not very predictable. Let go of trying to conform to anybody else's idea of how you ought to be doing.
7. Women, if you don't see "Dad" grieving in ways you recognize, stay clear of the trap of deciding this means he doesn't care about the baby (or you) very much. Ask him what he does with his sadness and sense of helplessness. Remember you both hurt. You will both feel it and show it in different ways.
8. Men, if your partner needs to talk about the baby and her grief more than you can absorb, encourage her to find additional places to talk. Show her you care in other ways. Let go of trying to get her "through it" easier or faster.
9. Remember other parents have survived this much pain.
10. Keep remembering life will become meaningful again.



Stillbirth, Miscarriage and Infant Death

The following information is for parents who have experienced a stillbirth, miscarriage or the death of an infant. These guidelines have been gathered from the experiences of other bereaved parents, and from the studies and writings of professionals in grief counseling.

Normal grieving, with many ups and downs, last far longer than society in general recognizes. Be patient with yourself.

Crying is an acceptable and healthy expression of grief for both mothers and fathers which releases built-up tension; cry freely as you feel the need.

Consider whatever you do to be normal for you; don't be afraid of bizarre delusions (such as phantom crying and aching arms) –this is part of normal grief.

Whenever possible, put off major decisions (changing residence, changing job, etc.) for at least a year.

When considering another pregnancy, give yourself sufficient time to mourn and to recover your physical and emotional strength.

When you do have another pregnancy, choose new names; each child is unique and does not deserve to be a surrogate.

Because the “bonding” between mother and child begins long before birth, a father should expect the mother to have more intense feelings for a longer time; mourn with her and be supportive.

Learn to let others know how you feel and how you are working out your grief so that they may be supportive to you.

Within three months, try to become involved with a group of parents having similar experiences.

The anniversaries of a baby's birth and death can be a most stressful time for parents be good to yourself and allow yourself some emotional space and special time for grieving.

BEREAVED PARENTS AND THEIR FAMILIES CAN FIND HEALING AND HOPE FOR THE FUTURE.



The death of a baby – Help for the tough days

The death of a baby awakens so much pain. Not only do we lose our child, we lose our own future, and the dreams we had of a loved filled life together. It is a time of great introspection and questions about meaning of our life and why we must endure such sorrow.

During this time, simply taking it one breath at a time, being with the pain, and seeing to the simplest of tasks may be all you are capable of. Don't force a return to normal, or let others rush you through your grief. Eventually, the pain will lessen, and a return of energy will come. Don't depend on medications or alcohol to numb your feelings. Grieving is normal, and shouldn't be suppressed.

Accept your feelings. Rage, confusion, deep despair are to be expected. Let your feelings and memories come. Grieving helps us on our way to healing. Stifling actually may prolong the process.

Take good care of yourself. Allow yourself the luxury of time to heal. Take time off from everything you can. Expect to feel the effects of this world shattering event in a physical way, as well as mentally. Try short doses of exercise just to get out of the house, such as a walk in the yard, or around the block. Try to eat well, and get enough rest. Say no without apology. Spend time in nature, enjoying the quiet and solitude.

Look for support. Try to be with people you can share both laughter and tears. Avoid judgmental people. Join a parent's grief group such as those offered by WinterSpring and Compassionate Friend. Connecting with others with similar losses brings a feeling of normalcy to our grief.

Don't let yourself feel rushed to have another child. When other's say, "You can try again." this suggests that one child can replace another. Go at your own pace and time.

Find comfort through faith. Whatever you believe, grief has its spiritual side. Grief tries to reconcile spiritual side. Grief tries to reconcile spiritually and emotionally what has happened physically. Those who are deeply religious and those who have never thought much about God are confronted with new questions and challenges to their faith. Many have found comfort and support in their play of worship.

You may have questions of faith which are best discussed with a spiritual counselor of your choice. Make a trip to the library or bookstore for a variety of reading materials on the subject of spirituality.

Keep memories alive. Talk about your child with those who will listen. Write your stories now while you remember them. Put photos in an album or in in frame, and display the in a place of honor on your home.

Consider planting a tree in memory, or making a donation to the Memorial Grove. Allow other children and family members to be a part of the planning of special events such as anniversaries or birthdays.



Tear Soup Cooking Tips

Reprinted from
TearSoup, a recipe for healing after loss

If **you** are the cook:

- This is your grief- no one else's. Your friends can't feel your loss in the same way. It will not affect their life the way it affects yours. And you may resent them for that.
 - At first you may think dying would be preferable to having to go through this pain. Just try to stay alive. Sudden mood swings are normal. You may suddenly be unreasonable not short.
 - Try your best to educate your friends about what you need and how they can help. Be as honest as you can be about how you are feeling.
 - Don't give up on your friends if they let you down. But if they continue to be insensitive to your grief you may need to distance yourself for a while until you get stronger.
 - At first you will probably want to talk to as many people as possible, but after a month or so, find one or two people whom you can count on for the long haul to just be there and listen when you need to talk.
 - Write your thoughts in a journal. It will help you to press and also to remember the new insights you are learning.
 - Consider attending a support group. Go at least three times before deciding if it is helpful to you.
 - Be open to counseling.
 - Exercise, sleep, drink plenty of fluids, and eat a well-balanced diet.
 - Pamper yourself. Take bubble baths. Get a massage.
 - Try not to compare your grief with another's. You don't earn points for having a more painful experience than someone else has. And you won't feel less grief if someone else's loss is worse
 - You deserve to feel happy again. Being happy doesn't mean you forget. Learn to be grateful for the good days.
 - Don't be too hard on yourself.
 - Long after everyone else has forgotten your loss, you will continue to remember.
 - Learn to be content with your private memories.
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The Subsequent child

Somewhere in the time following the death of a child, particularly if that death was sudden and unexpected, parents are faced with the question: Should we have another baby? More importantly, they wonder how they will feel about this next child, and they wonder how other parents have reacted to these feelings.

This information is intended for parents who are thinking about having another baby or those who have already made the decision to have another baby. This article may also serve as a source of information for persons who may be in contact with such families.

It must be recognized that this is simply a guide to parental feelings. As such, it covers only some of the more frequent situations, reactions, and questions. Not all parents will ask the same questions, and each will most likely have some individual circumstances that are not touched upon here. Just as parental reactions to the death of a child are similar but uniquely different, so too are the reactions to a "subsequent child."

Is it necessary to have another Child to get over the death of an infant?

When an infant dies, well-intentioned people generally try to persuade parents that having another baby as soon as possible is the only answer to accepting that death. Rather strong attempts may sometimes be made to convince you that healing can only be accomplished this way. But "healing" is actually nothing more than incorporating an event into your life in a way that enables you to live with it in an appropriate fashion. Doing that takes time. You cannot necessarily speed up the process of healing by having or not having another baby.

If you decide not to have another baby and that decision is based upon your own reasons, be secure with the fact that this decision is right for you. If you decide not to have another baby but you think this decision is based more on fear than on practical considerations, do not hesitate to seek some counseling. You will not be the first or the last person to experience this feeling.

The possibility also exists that the choice to have a subsequent child is not possible because of infertility or sterilization. This article will not cover those issues. You may wish to seek professional advice.

Often, the decision is to have another child. Parents who have made this choice will tell you that another child was a great help in adjusting to many of their past feelings. However, it must be clearly understood that another baby is neither a "cure-all" nor the only choice open to you. A new baby cannot take the place of the baby that died. Children are not interchangeable. Each child is an individual with its own personality and special features.



How soon after the loss of a child should you have another baby

There are many answers to this question, and they are all correct. Some women are already pregnant when their baby dies and there is no "decision-making" time. If the pregnancy is going to follow the last one by less than a year, it is a good idea to consult your physician on this decision. The length of time to wait, for the most part, is a decision that belongs to you and to no one else.

Some Problems you might encounter

It is a rather common occurrence for some women to experience difficulty in becoming pregnant once they have decided to have another baby. Should this happen to you, don't feel guilty about the momentary inability to conceive. Be assured that you are not alone. The solution is patience. If you feel that "being patient" results in your having to wait too long, consult your physician. The emotional impact of the loss of a child, the desire for another pregnancy, or any number of reasons can cause this temporary situation, Such a reaction is quite normal.

It is not too uncommon for the next pregnancy to result in a miscarriage. Mothers who have recently lost infants have a strong tendency to feel responsible or guilty when a miscarriage occurs. You have a right to feel unhappy, but don't feel responsible.

Adoptive parents may also be faced with frustration, for it is increasingly difficult to find babies available for adoption. Don't jump into alternative procedures, such as a foster child unless you are quite secure with your feelings. Such alternatives may well be the solution for you; just be certain that the choice is not made in haste.

You're expecting a baby

The decision-making time is over, and the baby is on the way. You will probably be a little nervous and excited. There may even be a little fear hidden away in that nervous, excited feeling.

This is especially true of parents who were inadequately counseled at the time of their child's death, who had to accept improper diagnoses on death certificates or who were unable to obtain autopsies, etc. Even under the best of these circumstances, you may still have some doubts, or new ones may come to the surface. If you are troubled by such doubts, this is the time to get answers, no matter how insignificant your questions may seem. The only ridiculous questions are the ones you don't ask; little doubts have a way of becoming big ones when you keep them locked up inside. Your doctor is an excellent source for help. You can also contact a voluntary organization; they have resource people available to help you with any questions. Parents who need to talk to someone who has shared a similar experience can be put in contact with another parent of a "subsequent child."

It is important to remember that this baby will be entering a world that will include grandparents, relatives, friends, and possibly brothers and sisters, whose feelings are important too. "Waiting for



baby" is a good time to encourage some open discussion for them also, as it will do much to clear the air for everyone.

In a more practical vein, this must be said: Regardless of what happened at the time of the death of your child, you must realize that human beings are just that--human. What you, or someone else, did or did not do is no longer relevant. Each person lives his life as best he can within the framework of the circumstances he has available. It becomes pointless to spend the rest of your life blaming yourself or someone else for things that cannot be changed.

You must also find security in your ability to make decisions. If you can find that security at least 75 percent of the time you will truly enjoy the parenthood of this next child.

"Waiting for baby," then, is the time to seek counsel if needed and to be honest with yourself and others, to prepare for a rather remarkable experience--the birth of a "subsequent child."

You and your Doctor

It is important that you select a doctor who is comfortable with your feelings and with whom you feel free in discussing your concerns. Most women return to the physician who delivered the preceding child. You do have a freedom of choice, however. If for any reason you decide to select a different doctor, don't feel guilty about it. Physicians prefer patients who are comfortable with them, too. The same freedom of choice applies to selecting a doctor who will care for the child.

Periodically, parents ask about changing doctors because they feel that their particular physician was not adequately informed about SIDS when their child died. If you are one of these parents, take time for some careful thinking before making changes. Were you happy with the general care before the death occurred? Have you attempted to discuss your feelings with the physician since the death? It is entirely possible that this was your physician's first encounter with SIDS. Even among doctors, knowledge about SIDS may be woefully inadequate. The doctor's helplessness and frustration may have come across to you as callousness. Your physician might welcome the chance to talk to you now but has waited for you to create the opportunity. If you don't take the attitude of "I know more about this than you do," this could be one of your most important "clearing-the-air" discussions.

Obstetricians, pediatricians, and family physicians are human beings. Some will be over solicitous, some under solicitous and many somewhere in between. The main point is to find a doctor with whom you will be comfortable.

Baby Arrives

The birth of a subsequent child can be an overwhelming emotional experience. When you see and hold your new baby for the first time, you may find that old memories come flooding back and intertwine themselves with the beauty of this new being. The moment can be a mixture of great joy and great pain.



One mother described it as a powerful desire to hold both children, while knowing that it was not possible. I mention this particular feeling because most mothers experience it to some degree, and a few are unable to understand it. Fathers feel it too, although they are less inclined to talk about it. I mention this emotion also because nearly every parent acknowledges a strong desire to cry--to cry while feeling happy and sad at the same time.

Baby joins the family

The first week in any household with a new baby is one of awe and delight, as the entire family centers around the new arrival. Little else gets done in the first few days except watching and caring for the baby, and no one seems to mind. All too soon a routine has to be established, and while it is still a happy time, other tasks and responsibilities begin to share importance with the baby. This is the time when baby truly joins the family.

Articles about SIDS frequently mention that parents should not become overprotective of the subsequent child. Such articles also tell you that hovering and being too concerned are unhealthy for you and the child. This sounds good on paper, but it is somewhat more difficult to put into practice.

Will you spend twenty-four hours a day by the crib? The answer is no. Even if you try, eventually you will get tired. That is when you learn to trust--in living, in yourself and your values. Learning to relax and trust is not always easy, but it will happen. You will have uneasy moments now and then, but you were ready for that, and you understand why they occur.

You will probably check on your sleeping baby more frequently than you did your other children. Parents of subsequent children are the first to admit that in the past they used to check their babies to see if they were covered, whereas now they check respiration. Many babies are quiet breathers; a gentle hand on the back or the tummy can reassure you. Babies do pause in their breathing periodically and sometimes pant for a breath or two. If you remember this, you will save yourself some moments of uneasiness. Since parents of subsequent children are concerned about anything to do with breathing, it is important to remember that new babies do a fair amount of snorting and sneezing at first. New blankets and diapers can cause this, along with the baby's general adjustment to his new environment.

A discussion for mothers

You cannot tie yourself to a twenty-four hour schedule dedicated entirely to the baby. You may want to do everything for the baby yourself and, without realizing it, thereby exclude other members of the family from being as much a part of the care of the baby as they would like to be.

While you were pregnant, you may have made many resolutions about how you would feel and how you would act. Now that the baby is here, it is good time to re-examine some old feelings.



When a child dies, a mother may feel that the event threatens her image of herself as a "good" mother. Although that death cast no reflection on her ability to mother, the feelings that are left have much to do with the emotions involved in caring for the subsequent child. Most mothers have also been subjected, at some point in the past, to real or imagined comments on general care from somebody. Because of this, many mothers have expressed a need to turn into some kind of a "super mother" with the next child. Along with this need to be a "super mother," they also experience a fear of "loving" too much; the thought of possible separation from this new baby would be easier if they reserved some of their love.

These are very normal and human thoughts, and if you have them, you are not alone. The need to wear a sign that says, "See what a marvelous mother I am," and yet privately hold back your feelings to spare yourself, can be a very deep need that stems from the past threat to your image of yourself.

Every mother also remembers moments with the child who died, and remembering can cause much pain. Mothers remember letting the baby cry a few extra minutes, overfeeding the baby, or being irritated and tired and unable to comfort the baby during a fussy period. When mothers remember these things, they also remember making a silent vow that there would never be anything they would not tolerate in another child.

And now, with the subsequent child, people are telling you to not spend all your time with your new baby and not to cater to his every whim. Somehow your needs and your feelings seem not to fit the advice.

Let's be realistic. There is no such thing as a "super mother" nor is there a way you can withhold love. The wonderful thing about parents is their ability to handle so many different emotions. You will get tired, frustrated, and resentful of the lack of privacy that comes with children. You will also find endless abilities to love and accept. Babies cry, and letting them cry for a few extra minutes will not hurt them. Overfeeding happens as a baby decides just how much food he needs on an ever-changing schedule. Babies get cross and tired, and so do mothers. In short, there is no such thing as a perfect parent or a perfect baby.

You will have to find your own method of handling the situation and learning to relax. Understanding your feelings will also help you in not becoming a slave to every whim of this new baby. One very small human being can quickly turn into a tyrant with just a little encouragement. This does not mean that you cannot indulge your need to be overprotective once in a while, nor does it mean that you should not rock, cuddle, or spend more time with the baby than others think necessary. Being overprotective is not the same thing as enjoying your baby.

Set your own terms and live with them. Doing what pleases others is the biggest trap of all. Enjoy each day with the new baby to the fullest.



A discussion for fathers

Fathers generally feel a greater concern about this baby, than they did about their other children. This does not mean that they discuss it or show it as much, but they do feel it.

Just as with mothers, the death of a child is threatening to a father's image of himself--not only as a father, but as the provider and protector of the well-being of his family. It is interesting to observe here that while mothers are concerned about what they might have done wrong during pregnancy or in caring for the child, fathers are concerned about being the carriers of genetic problems or about not providing the best possible home for their family. None of these things have any bearing on the death of the infant, but the fact that they were cause for concern at one time is going to make these thoughts surface again with the "subsequent child."

You will find yourself subject to many of the feelings and reactions of the mother, even if you are not spending as much time in the household. Hearing the baby cry can be just as emotionally upsetting to the father as to the mother. Fathers may be frustrated because they are uncertain how to console the child. While their absence from the household can sometimes give them a more objective attitude when they return home, that same absence can also give them moments of uneasiness because they feel they have less control of the situation.

Mothers and fathers often express their concerns differently. With the subsequent child it is more important than ever that you recognize each other's differences and talk about them, finding a comfortable solution. The uneasy moments will be less uneasy when you act together.

A discussion about other children in the family

If you have other children, you will have to work doubly hard to make them feel that the baby is part of the family and that each child is important. Depending on the age of each child, you can develop ways that allow him to feel important, to have time with his parents without the baby, and to share in the care of the new baby.

A lot more is known about parents' feelings and reactions to the death of a baby than is known about how children feel and react. Even the youngest child reacts in some way to the death of the previous child, whether that reaction is visible, or not. This new baby could make an older child feel that "replacing" him is possible, too. Or he may feel that he must suppress the normal resentments children have toward a new brother or sister. A child can have enormous guilt feelings about just catching a cold and exposing the new infant to it.

Every family is different, but most families with a subsequent child agree that it takes extra effort to adjust and still put the least possible amount of stress on each family member. They also agree that extra consideration for each other created a new family bond that made the period of infancy a far happier time than they had anticipated. The uneasy moments are not eliminated, but sharing them helped to take the edge off.



A discussion about visitors

Your relatives and friends will all want to share in your happiness with the new baby. While you may be uninterested in having much company and somewhat alarmed about the prospect of many people handling the baby, you will have to find a way to make your relatives and friends a part of this happy occasion.

Brief visits are best for any new baby, and you can be firm but gentle about this. If you arrange visits while the baby is sleeping, you can eliminate the opportunity to handle the baby. Exercise precaution, but don't overdo it.

Relatives can offer a very special love to your new child that cannot be found elsewhere. These very same relatives have some strong feelings about the events in the past, and their need to see and be with this child may be part of their reaction. As they struggle to handle their own feelings, you will have to help them. If they give extra advice, don't react to it as a threat to your abilities. Sometimes this takes a lot of patience, but you must understand some of their frustrations too.

Children love babies, and when a neighbor or friend has a new one, they want to visit. Small children, if supervised, will be some of your most delightful visitors. They usually stay just long enough to satisfy their curiosity. They do not give you unwanted advice. Best of all, they have their own way of making you, and the baby, feel very special.

When the baby joins the family, the rules are up to you. Try not to be over concerned to the point of being inconsiderate. It is not always easy, but try.

A discussion about panic

In any discussion of your new baby, it would be unfair to avoid mentioning panic; as it happens to almost everybody. The only good thing about panic is that it does not last very long, even though it leaves you feeling like a limp cloth.

What is panic? Panic is freezing at the door of the baby's room and not being able to enter for a minute because you are positive that something is wrong. Panic is waking up in the middle of the night and having someone else check the baby while you break out in a cold sweat. Panic is convincing yourself that the baby is not breathing, shaking him and having a two-month-old look at you sleepily, wondering who has so rudely interrupted his dreams. Panic is having your five-month-old fall asleep in a jumpseat when you had your back turned for a minute. Panic can come for a variety of reasons, and sometimes there seems to be no reason at all. Now that it is out in the open, what do you do with it?

First of all, remember that panic is nothing to be ashamed of. Honest parents admit that they experience panic even if there has been nothing in the past to have given them any cause.



If you have moments of being afraid that this new child will become a victim of SIDS, you know why you are afraid. You are afraid because no one can tell you that IT will not happen again. This may seem heartless, but at the same time, nobody can assure you that any number of other calamities will not occur either.

Panic can be caused by too much time alone, too much time to think, and perhaps the terrible burden of believing that your presence alone is keeping the baby alive, that you are a round-the-clock human respirator.

Panic teaches one very valuable lesson. Your greatest fear is not for the baby, but for yourself. And your concern is how you would survive emotionally if you lost this child, too. Bringing panic out in the open and looking at it can be most helpful. Then you can begin to find ways to deal with it.

If you are one of those people who was convinced that she would spend the first six months of the baby's life at home, begin to reshape your thinking. Don't wait for a crisis to leave the baby with someone else. Start as soon as possible to wean yourself. Doing it gradually will make it easier. If you have grandparents, relatives, or good friends nearby who can help, let them. If not, rely on your husband at the beginning. Take brief outings and then work your way into a few hours. Being in control is often dependent upon removing yourself from the household for a while. Getting away also helps you remember that you are a separate person with a need for privacy.

Finding someone to stay with baby, however, is not always possible, nor is it the total answer. It is possible to stimulate and occupy your mind within your own household, by reading, painting, or taking a correspondence course. You can be resourceful enough to find something within reason and within your economic means. "Getting away" does not always mean leaving the house.

The telephone can be a lifeline to contact with other people. Moments of apprehension can often be eased by talking to another adult. Line up one or two good friends who will be aware that you may need to call once in a while just to collect yourself. If you live near a voluntary organization you can obtain the names of several parents who have had a subsequent child and who are available by telephone when you need them. Sometimes just knowing that there are people whom you can contact when you are apprehensive can remove your need to do so.

The most uncomfortable period will be the point when your subsequent child reaches the age of the child who died. It is one of those milestones that has to be reached and passed. Once it is, most parents report that their moments of uneasiness start to decrease.

Most of all, be assured that you are not the only person to experience uneasiness or panic. Nearly everyone does. You can only do your best in finding ways to handle it. If you are uneasy most of the time, then consult your doctor for some additional help.



Surviving the Loss of a Child

Nobody knows what they can handle until they have to. If someone had told me that my child was going to die, and I was going to survive it, I would have said, "You're absolutely crazy. I could never handle that."
Mother of a stillborn daughter

The death of a child is perhaps the ultimate shock, one which seems too horrendous to fathom. As you try to cope with what has happened, one of the most disturbing issues to deal with is the *wrongness* of your child's death. Because, the natural order is for you to precede your child in death, you must, when your child dies, readjust to a new and seemingly illogical reality. This reality says that even though you are older, have been the caretaker, and have a shorter future, you have survived while your child, who had the *right* to survive, has not.

This unique individual you loved so deeply has been taken away from you. Nothing nor no one can remedy your loss. Having other children or being able to have another baby does not diminish your grief over your child's death. Researchers have found, for example, that mothers who lose one baby in a set of twins grieve just as much as mothers who lose a single newborn baby.

Losing what your child represents

In addition to coping with the loss of a particular and unique individual, you are also being seriously affected by the absence of what your child represented to you.

He or she represented several, or even all, of the following:

- Part of your self; part of your physical body.
- Your own connection to the future.
- Your love source.
- Some of your treasured qualities and talents.
- Your missed expectations.
- A loss of your own power.

It helps to examine each of these briefly, in order to fully understand its impact.

Part of your self; part of your physical body. As you mourn, you reminisce as far back as your child's very beginnings, to his or her conception. You consider the physical characteristics of your child and focus particularly on those which bear resemblance to you or your spouse.

Your own connection to the future. Your personal continuity was embodied in your child. The two of you were bound together and moving forward into the upcoming years.

Why am I bothering with life? How can I go on with my life when my son is dead? A child is so much a part of your future that when person (Mother of a teenaged son who was killed in an accident)

Your love source. You have other love sources, but none is the same as your child's love for you. This love was based on need, dependence, admiration, and appreciation. You were the model for your child, and your child's love was expressed by emulating your behavior. Also, depending upon your child's



personality, you were loved with naiveté, tenderness, reluctance, stubborn determination, joy, or even humor.

Some of your own treasured qualities and talents. You saw in your child some of the qualities and talents you most value in yourself. These attributes may have seemed to be magnified and more highly developed in your child. For example, you may always have thought that, given some encouragement or training, you would have been a successful soccer player, ballet dancer, or jazz musician. As your child developed, you saw those same talents emerging effortlessly or to a greater degree in your son or daughter. Similarly, you may always have valued your own capacity, however meager, for exhibiting empathy, courage, or wit. You saw those qualities reflected strongly in your child. As you watched your child grow, each positive attribute became a deeper source of pride.

Missed expectations. The experiences that you had anticipated sharing with your child never happened. The promised years of your child's daily life and activities are thrown away. It was as if these years had been allotted to you and your child, and then they were suddenly retrieved. The younger your child was at the time of death, the more you anticipated and the more expectations you had about his or her behavior, goals, accomplishments and pleasures. In this respect, the longer your child's life expectancy was, the greater your loss.

A loss of your own power. To some degree, you may see your child's death as a failure on your part. You feel anger and frustration at not being able to have exerted some control over your child's fate. You live with the idea that society expects you to protect your child, but you didn't protect him from pain; you didn't protect her from death. You feel impotent. For a long time after the death, there may be no "fight" left in you, no strength for the most ordinary of tasks, and no mental capacity for, nor interest in, complex thinking.



Miscarriages, Stillbirths and Neonatal Death

Some common issues are raised as a result of miscarriages, stillbirths, and neonatal death. All of these deaths involve babies who have not yet been recognized by others and who have not yet been designated a “place” in society. Generally, unless the child had a personality and a presence that was *observed* by other people, the survivor’s grief is considered to be less important than it would be with the loss of an older child, a spouse, parent, or friend. In fact, death due to miscarriage or the death of a newborn infant may be virtually ignored.

In this type of loss [infant death] it is particularly difficult because most people don’t even realize that a loss has occurred. Most of our babies are classified as nonpersons. Are we crazy because we’re grieving for somebody who *wasn’t*? (Workshop facilitator for women who have survived the death of an infant)

This lack of acknowledgement and sympathy from others deprives the parents of much-needed support, understanding and affection.

Unless people are directly involved, they are not likely to talk about a death which occurs during early infancy. These silent friends and relatives simply do not know what to say, or if they *should* say anything. They do not express the appropriate sympathy because they do not understand how deeply felt the loss is. They may even view the baby’s death as an accident, a misfortunate circumstance that can be “righted” by the birth of another child.

People are also confused about what to *do*. They do not know if they should send flowers or a donation. The gift they had already given the expectant parents may cause them embarrassment and distress.

Further, they may be struck by the realization that if this type of death can claim the life of their friend’s or relative’s infant, it is also possible for it to claim their baby’s life.

I remember being real aware of the fact that even my closest friends were out there going, “Whew, I still have my kids.” (Mother of a stillborn baby)

People who do try to comfort a grieving parent often make awkward statements that add to the parent’s despair. “You’re better off,” they say, “because something would have been wrong with the baby, anyway. Think how hard that would have been.” Or they assert, “If it had to happen to anybody, it’s okay that it happened to you because you’re really strong and you’re the kind of person who can handle it. *I* could never handle it.”

If you have lost a baby during pregnancy, or in the first months of life, regardless of how well you seem to be handling it, you will experience some deep and consuming feelings which may continue for more than a year. These could include anger, anxiety, sadness, despair, confusion, guilt, and low self-esteem. Many of these negative feelings arise from a lack of understanding regarding your baby’s death.

The search for a cause

As you seek to identify the cause of your child’s death, you may realize you are angry at the medical community. The doctor may be perceived as having been rushed, indifferent, uncaring, unskilled, or



temperamental. Sometimes parents who seek answers about their baby's death are told by the doctor that "this case is a rare one" and that there are, as yet, no identifiable causes for the death. Parents referred for genetic counseling may feel they are answering many provocative questions posed to them by professionals, but they are not receiving any pertinent or meaningful information from them in return.

It was at my wit's end wanting to have all the studies done and have all the tests and take all the medicine so I could do it right another time. My doctor told me that even though I had lost two pregnancies, I hadn't lost enough to be statistically significant.

(Woman who had one miscarriage and one stillbirth)

Fortunately, many doctors are sensitive to a patient's feeling of vulnerability following the unexplained death of a baby. The medical community, however, often fails to acknowledge the almost obsessive need you have to understand the *reason* for what has happened.

You wonder how much control you have, Dope addicts have healthy babies. Alcoholics have healthy babies. There is so much emphasis now on taking care of yourself, not drinking coffee and getting exercise. If you do all of those things and your pregnancy fails, it is extremely challenging to your beliefs about doing the right thing. (Women who had experienced a stillbirth)

What makes it harder is the medical profession is never sure why. They will give you some information and then say, "Well, this is just a theory. (Young mother whose son died at five weeks of age)

A young woman who lost an infant son spoke for many women when she expressed her frustration:

All of us are dealing with the issue of the next pregnancy. What happened in my body that didn't go right? I go back, detail by detail, to see what I could have done differently. I want to be able to predict the future.

In addition to examining natural causes, there may be a question in your mind regarding to possibility of medical error. This question can be made even more anxiety-producing by your doctor's reaction to the baby's death. If your doctor's response to the loss is perceived by you as being one of acknowledgment failure or obvious guilt, then you are almost certainly going to blame the doctor. (This will lessen any feelings you may have of personal failure, whether or not the failure is warranted.)

Even when you have been given a feasible medical explanation for the cause of your baby's death, you will still need to ask questions and have them answered. In a study conducted with parents who had suffered the death of a baby, this need for inquiry was underscored. Thirty-five families were interviewed and seventy-four percent of them understood the causes of death, as well as the degree to which the same condition could be expected to occur in the next baby, but the families still needed to question. They wanted to have statements reiterated and they wanted to analyze, in particular, the cause of death as it was identified on the autopsy reports.



Feeling Guilty

I spent months, even years, thinking it was the hot fudge sundae the night before. I had a hard time bringing it up with my doctor for fear it would be really true. (Mother of a stillborn daughter)

My mother-in-law suggested it was the diet I went on before I got pregnant. (Woman who miscarried in her fourth month of pregnancy)

The need to repeatedly review the circumstances is an inevitable outcome of you tragedy. As the mother of a deceased infant, you may *openly* ask questions like these, or you may find yourself *silently*, yet obsessively, reviewing them again and again.

Reviewing the pregnancy:

- What happened during my pregnancy that didn't happen to people with healthy babies? What did I do wrong?
- How many hours did I sleep each night? Did I sleep too much or too little? Should I have taken a nap in the afternoon?
- How many cigarettes did I have a day?
- How many cocktails did I have during my pregnancy?
- Did I run down the stairs or did I merely walk fast?
- Should I have abstained from sexual intercourse?
- Did I *think* something that made the baby die?

Reviewing the birth:

- Did I select the wrong doctor?
- Did I go to the hospital too late in labor?
- Should I have refused an anesthetic?
- Should I not have attempted a natural childbirth?
- Didn't I try hard enough?

The question are varied and many, depending on your individual circumstances. As you continue to review the pregnancy and birth, you define the boundaries of what you perceive as having been your personal responsibility. You release some of the guilt and begin the long, slow process of fully acknowledging your loss. As long as guilt is the major issue, the baby cannot be relinquished. The baby is held onto with "*If only's.*" If only I hadn't run... or stayed up the night before... or eaten too much... or cried too much... or taken a diuretic...and on and on.

Along with the guilt you inflict on yourself, is the guilt you either assume or imagine coming from other people. For example, some husbands intentionally or inadvertently insinuate the child's life was in the wife's domain, thereby implying she should have prevented the death. Even the idle remarks of relatives or friends can reinforce existing guilt or produce new guilt. The father who says, "I told you



to quit smoking!"; the sister who self-righteously proclaims, "My doctor told *me* not to drink at all during pregnancy, and I didn't"; the neighbor who asks, "weren't you still going to work in your eighth month?" adds to your self-blame.

Guilt is even stronger if you had, at some point in your pregnancy, not genuinely wanted the baby, or if you had previously experienced an abortion. In these cases, you may view death as a personal punishment.

The Mother's longing for the baby

When your pregnancy was first in evidence, your body changed rapidly. Your breasts enlarged, your body structure changed, you felt movement and psychological responses began to occur. There was a feeling of duality, of living for two, and sharing. You fantasized about your role as parent in your child's life. (In research done with parents who received photographs of the infants in utero – the result of using sonograms for diagnosis – it was found that parental bonding was reinforced by an image.)

The physical longing for your baby is strong and instinctive. If you had been allowed to hold your baby prior to the death, or even at the death, you will have a sense of your son or daughter having been born and lived, regardless of how short the child's time on earth was. The baby's existence was made real. He or she was held, loved, and separated from you as a physical being. You are able to say, "This is how he or she looked. This is who my baby resembled." The baby is not now imagined as some damaged being, because the child was seen as a real person.

As explained by the mother of a baby who died at three weeks of age, never having left the intensive care unit, "I held the baby and touched her. I named the baby and helped to determine the kind of service we would have for her. I will remember holding her for as long as I live. I had her in my arms, if even for a few moments."

Sometimes holding is prohibited due to the circumstances of the death. If you were prevented from having any physical contact with your baby, you may, to some degree, emotionally withdraw from the baby. You will experience some remorse about not having been able to hug, hold, and love the baby, if even for a few minutes. Further, your complete realization of the death will be more gradual, perhaps even delayed.

Facing the Empty Nursery and your other Children

If your baby was never released from the hospital, there will be several disturbing factors and procedures with which you will be forced to cope upon returning home.

If you have other young children at home, you may have to repeatedly answer their innocent remarks and questions. "I thought we were going to get a baby." "Will I have a brother some day?" "Did our baby die like Sally's baby died?"

Your milk-filled breasts are not only painful, they are an ever-present reminder that the natural order of things calls for you to be mothering.

Other aspects of your baby's absence will require your attention. You may need to pack the infant's clothes, blankets, and your shower gifts.



For years, your feelings of emptiness and sadness may surface without warning long after the physical reminders in your immediate environment have been carefully removed. Seeing other pregnant woman and babies can be experienced as a personal assault on your emotions. Gradually, however, the severity of your reactions will lessen.



Remembering Philip

There is a time to be born, a time to die – and sometimes, no time at all between.

At 39, I couldn't believe I was really going to be a mother for the first time – even when I saw the baby cavorting around on the scan and heard the heartbeat. But all the tests had gone fine, I felt strong and healthy, and I began to think about nannies and nursery schools.

November 19, 1987, I was 27 weeks pregnant, nicely rounded, and feeling good after a week's vacation. Bad traffic made it harder than usual to get to my prenatal appointment that day, and my husband Greg, had to drop me off and search for a parking space.

"I'm slightly concerned because I haven't felt any kicking yet," I said to my doctor, "but I suppose that's not unusual."

He immediately looked more attentive and checked me over. All seemed fine until he listened for the heartbeat and couldn't find it. He tried again, this time with the old-fashioned stethoscope.

Gentle and un-alarming as he was, I sensed that something was very wrong. Why was he suddenly uninterested in my weight? Why was I to go for another scan at once? Where, oh, where was Greg?

On one level, I continued as though everything was all right and I was just having a test to confirm that; on another level, I knew, but couldn't acknowledge, that something terrible was happening. When Greg arrived, I tore into him and the cut out emotionally altogether when we went in for the scan.

Nothing in either of our lives had prepared us for that silent, motionless screen. The radiologist turned it slightly away from me, and Greg gripped my hand. My doctor had come in by now. I looked at his face, and I knew.

"I'm sorry," he said quite simply. "The baby's dead."

"No... no!" In sheer primitive pain Greg collapsed over me.

"Are you sure?" I asked.

Yes, they were sure. We clung together like two lost children.

My obstetrician was wonderful. He helped me by explaining how important it was to see the baby after the birth. For that was the next thing. Though I couldn't believe it, he was talking about a normal delivery the next day. Most people probably have no idea that you still have to go through the whole, but greatly increased, trauma of birth even if the baby's dead. Or that your milk will come in (unless prevented by drugs), your breasts ache to nurse, and your hormones continue to behave as if you were a proud, happy mother.

When I came back from the operating room after the delivery, Greg was waiting for me. He'd gone out to buy flowers for the baby. I was still tethered to drips and drains, conscious but feeling heavily drugged. Two nurses appeared with a cot containing our little son – for son he was – wrapped in a pale blue blanket with two yellow roses on his pillow. They told us he was big for his age and would have been tall – words of recognition and kindness which meant so much.



I regret now that they didn't give me my child to hold, but laid him beside me on the edge of the bed, where Greg's arm supported him. I needed to hold him. But at the time it didn't seem possible, what with all the wires, my drugged feeling, and the awesome fragility of his skin.

Instead, we gave him his name, Philip, and I stroked the dark rivulets of downy hair on his tiny head and felt the anguish of my love for him. Birth is momentous enough in itself; to experience birth and death together is really beyond words. *I was a mother – this was my son* – but all my feelings were too late. Beside me Greg was wrenched with sobs. My tears wouldn't come till later. After a few more minutes, Greg carefully picked Philip up, put him back on his cot, and kissed him good-bye. The nurses bore him away.

Now we had to face the pain of going on. All our hopes, our expectations for the future, our new sense of life's meaning had died with Philip. (One of the hardest things is how little other people understand all of this. Nor do they realize how long – a year, two, perhaps more – the process of mourning takes.)

Thankfully, I had the operation to recover from and the funeral to organize. I knew instinctively that we must have one, just as I knew – I don't know how – that the nurses must take photos, that we must give the baby the name we'd thought of and not "save" it for another child, and that we must create as many memories as possible.

That was one reason why the funeral was so important to us. It marked Philip's life not only for us but for our family; it created memories and forged bonds. There were only four of us at the service, but we clung together, swept up by the music, something primal flowing among us like an electric current. The tiny white coffin lay at our feet, Philip's name engraved upon it. We scattered flowers and then left, feeling everything was as right as it could be in such very wrong circumstances.

The postmortem came to no definite conclusion, though an infection was suspected as the cause of death. But even if you have logical answers, they don't address the real whys: Why me? Why now? Why this innocent baby?

I think the search for answers to those questions – the search for the very meaning of life – is a lifetime's work. We hope to have more children and we believe we will –but nothing and nobody can ever replace Philip.

