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A Grief Unobserved: Caring for Families Following Early Pregnancy Loss

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I. ONE WOMAN'S EXPERIENCE

IN THE SPRING OF A RECENT YEAR, I FELT LIKE THE MOTHER OF AN ALMOST PERFECT family. My husband and I were busy parenting four children, two girls and two boys. The children were healthy. Both Paul and I were gainfully employed doing work that we enjoyed. We lived on a quiet street in a pleasant community. We felt surrounded by family, friends, and a supportive parish. As the summer began I discovered that I was pregnant. After the initial shock wore off, Paul and I quietly began to imagine life with another child. While we decided to hold off sharing the news, hopes and dreams surfaced in our conversations. Names swirled through our heads and plans formulated for reshuffling the children's bedrooms.

After twelve short weeks, the pregnancy ended. The serenity of our life broke into many pieces. Suddenly, we faced the loss of a child we had never held except in our hearts. The doctor was philosophical and declared the miscarriage to be nature's way of insuring healthy babies. Other voices noted the four wonderful children already living in our household or expressed relief that the loss occurred so early. Not one of these sentiments came close to addressing the overwhelming grief, guilt, and emptiness we felt. We imagined that we might be the only people on earth who felt sadness over a miscarriage.

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Paul coped by picking up the tasks of everyday life. He watched the children, cleaned house, and returned to work. He tried not to think about the miscarriage in any personal way. My tears were endless. I felt as if I could not bear to be awake or asleep. Thoughts and dreams of a small, helpless baby filled my mind. Paul did his best to comfort me. Looking for support, he left word of our loss for the pastor, one of the few individuals who knew of the pregnancy. A sympathetic note arrived the next day dashed off as the pastor prepared to leave on vacation.

The following days seemed endless. Questions about myself and my faith gripped me. What had I done to bring about the miscarriage? How had my body failed to provide a safe place for the child to grow? Was God punishing me? What had become of this small person?

Over the next few weeks the daily routines of life provided distraction from my sorrow. The children's hugs and kisses smoothed over but failed to fill the gaping hole in my heart. The pastor returned, but did not ask how we were doing. The silence seemed to suggest either discomfort with the subject of miscarriage or possibly a belief that the loss was not very important. Paul encouraged me to put the loss behind me.

A lovely autumn Sunday morning proved the extent to which my grief was neither resolved nor forgotten. Early in the worship service that morning the pastor asked the congregation to turn to the font. Sitting with my family, I was caught off guard. I had not noticed the announcement of the baptism in the bulletin nor the family gathering near the font. My chest tightened and sadness engulfed me. In the following seconds all was very clear: the small child we had lost would never be baptized. Perhaps even God would not remember this little one's short life. I fled the sanctuary knowing that I could not stay.

II. Physical Aspects of Early Pregnancy Loss

Each year thousands of women experience the early end of a pregnancy. Miscarriage, the loss of a fetus before it develops enough to survive outside the uterus, occurs in about one out of six confirmed pregnancies. An additional 1.5 million women undergo therapeutic or elective abortions in the first weeks of pregnancy. For all women, pregnancy presents a time of major hormonal and physical changes. With both miscarriage and abortion women experience a variety of bodily changes such as spotting, bleeding, contractions, reduction of breast engorgement, and rapid swings of emotion.

Women may be unaware that the end of pregnancy must include the delivery of the fetus and placenta. In some miscarriages, the fetus is expelled from the uterus through spontaneous delivery. While parents expect bleeding, they may be shocked by the intensity and length of time over which contractions occur before the miscarriage is complete. With other miscarriages and abortions, delivery is brought about by the dilation and curettage or evacuation of the inner lining of the womb. Women may receive local or general anesthesia. Often such procedures are carried out within the sights and sounds of the maternity wing or amid the hectic routines of the emergency room. In other instances women learn that the fetus they

have been carrying died some time ago. These women may need to wait out the days until labor begins. In each of these losses, women experience physical stresses on their bodies, and pain.

III. Emotional Aspects of Early Pregnancy Loss

While the physical aspects of early pregnancy loss are far from minimal, the emotional responses may be greater in number, more demanding, and longer lasting. Premature death, however early in pregnancy, has a significant impact on parents because such loss destroys real hopes and dreams for the future. Mothers and fathers must grieve not only for the baby who died, but also for the life they had planned and imagined with the child. Parental reactions to pregnancy loss are complex. Miscarriages contain a strong element of surprise. Few women are given information in early pregnancy to prepare them for the likelihood of miscarriage or the signs that such a loss may occur. Parents may suffer symptoms of shock and disbelief that the pregnancy is over. Other emotional responses include fears for future pregnancies, desires for explanations about the fetus, guilt for actions taken or not taken during the pregnancy, remorse for any ambivalence experienced at the news of the pregnancy, and a need to avoid contact with pregnant women or babies.

The grief which accompanies early pregnancy loss is similar to the grief which follows the death of any loved one. Studies suggest that the intensity of attachment to the fetus and the grief experienced following a pregnancy loss cannot be measured by the degree of development or the length of the relationship. Women who experience losses from even the first month of pregnancy are likely to face denial, numbness, and depression. Parents may have flashbacks of incidents involving the pregnancy. Endless crying, sleeplessness, and an inability to eat are common responses. One to two years later, many individuals continue to show some degree of depression and anxiety.

Whatever personal views individuals have about abortion, parents who chose to end a pregnancy may find themselves overwhelmed by fear and guilt amid their grief. They worry that others will be critical and judgmental whether or not they know the circumstances of the abortion. Women who have been pregnant for even a few weeks may experience feelings of immense aloneness and panic for even contemplating an abortion. Parents who have received information about the fetal deformities may feel responsible for causing such problems and for collaborating in the decision to terminate the pregnancy.

Fathers or other individuals who provide support for a woman who miscarries or aborts a fetus often exhibit additional emotional responses. Psychologists suggest that men, in particular, tend to cope with early pregnancy loss in different ways than women. Males may feel more anger than guilt, try to keep busier, and express less emotion over the loss. While readily accepting responsibility for meeting the needs of a woman, other children, and the necessary details, caregivers can be overwhelmed by their lack of ability to lessen the grief the mother experiences.

All of these responses are intensified and confounded if normally supportive

families, friends, and professionals fail to recognize the extent of the parents' grief for the child they have lost. Many individuals do not consider miscarriage or abortion to be a true death since there is no viable human being. Parents are likely to receive messages that downplay what has happened. They are encouraged to feel relief, to get on with life, and to forget. These suggestions increase the loneliness and isolation already experienced. Resolution of a pregnancy loss may be difficult or impossible unless the parents are able to talk about the sadness, fears, anger, and disappointment they feel.

IV. Spiritual Responses to Early Pregnancy Loss

Pregnancy is regarded as a life passage event resolved by the delivery of a healthy baby. When a live birth does not occur, the miscarriage or abortion may precipitate a faith crisis. Mothers and fathers may feel confused about God's role in a world that contains disappointment, seemingly senseless loss, or the need for heart-wrenching decisions. They may seek to understand what purpose the loss serves or why God chose to punish them. Traumatic stresses raise questions about one's own relationship to God. These events upset the confidence individuals have in a predictable world. In order to remain faithful, men and women may need to change their beliefs or understandings about God. Many people require direction to wrestle with such issues and to recall that God sent his Son to know and share in our sufferings.

The majority of miscarried and aborted fetuses are buried or cremated by the hospital. When death occurs before birth, it is unlikely that there will be a baptism, funeral, or other ceremony. Theologically, there may be little need for such rites for the nonliving child. However, the lack of religious practice removes the psychological and spiritual support that parents receive when they publicly acknowledge the child's relationship to the family and receive the comfort and support of the faith community. Parents may interpret this approach to mean that the fetus had no standing with God. They may come to feel that the church does not care about such losses and, therefore, that their grief must be inappropriate.

V. Pastoral Responses to Early Pregnancy Loss

Many people have little appropriate support in times of loss. There is often no one who is able to talk with family members and help them find healthy ways to grieve. While pastors cannot shield families from the pain of early pregnancy loss, they are able to console parents at a time of a real and significant death. This type of care is particularly important because miscarriages and abortions have constituted silent losses. Traditionally, mothers and fathers have been encouraged to get on with life and forget what happened amid their strong feelings of grief. Because the pastor may be one of the few individuals whom parents inform that a pregnancy has ended, members of the clergy have the unique opportunity to care for families in their loss, speak the gospel, suggest ways of remembering the child's brief existence, and point out additional support services.

It is common practice to encourage members of the congregation to notify the office when illness, hospitalization, death, or other transitional events occur. Whenever the news of an expected child is shared, pastors may find it helpful to let women know that they are interested and available should special problems arise. Such gentle reminders may make it easier for parents to request support should difficulties with the pregnancy occur.

Whenever the news of a pregnancy loss comes, pastors might take the initiative and seek out a time to visit with the family. Knowing that mothers and fathers need to acknowledge this loss in their lives, pastors are able to offer their skills in listening, helping shape questions about the death, and recognizing the appropriateness of the grief felt. In some situations a miscarriage or abortion may be the first personal encounter with death that the parents have had. Pastors are able to speak to the painful nature of all types of grief and guide the family to an understanding of the slow steps necessary to mourn and resolve such a loss. The pastor's ability to affirm the importance of the parents' hopes for the child and the impact of the fetal death may determine the long-term effects of the miscarriage or abortion.

More than other support persons, pastors are able to provide assurances of God's presence and care in all stages of life. Mothers and fathers long to hear that in an imperfect, incomplete world, God is there. They need to know that God created us to enter loving relationships and that God understands the sadness that accompanies the end of the time spent with loved ones. In cases of abortion words of forgiveness can help parents begin to cope with feelings of guilt they may experience for their part in the end of the pregnancy. Men and women need to come face to face with their efforts to act responsibly in a world where medical technology and practice permit choices that are difficult, yet ambiguous. Parents who experience early pregnancy losses are likely to have questions and concerns about the personhood of the fetus. Reminders that God who was with the fetus during pregnancy will continue to be there when development ends can offer comfort and hope to the parents.

Because miscarriages and abortions have been regarded as lesser events than the death of a living person, families have not received the comfort of traditional mourning rituals. Some forms of remembering may be helpful. Pastors can suggest ways of recalling the child's existence depending on the circumstances and needs of those who grieve. Parents may or may not feel that the fetus was a real person. Because the child existed so briefly and was known to so few people, some families may choose to remember the fetus in general terms. Other families may find it helpful to select a name. Naming acknowledges the importance of the child and makes it easier to talk about the loss in concrete ways.

In recent years Lutherans have considered and developed a number of rites in response to miscarriages[1] and stillbirths.[2] These particular liturgies or a simple

[1]E.g., Janet S. Peterman, "Remembrance and Commendation: A Rite to Speak to Losses in Pregnancy," *Lutheran Partners* 4/4 (1988) 21-24.

[2]E.g., Elette Gamble and Wilbur L. Holz, "A Rite for the Stillborn," *Word & World* 15/3 (1995) 349-353.

service consisting of scripture reading, words of comfort, and a prayer can encourage the family to look to God for comfort and support and commend the child to God's eternal care. Such rites could occur at the hospital, at home, or in public worship. Gathering even the immediate family can help make the death more a reality and offer a spiritual context to the loss.

People grieve in very individual ways. Men and women find coping techniques that reflect their past experiences with life's challenges. Some parents find meaning in gathering mementos from the fetus's too brief life. Pastors can encourage families to keep diary or calendar notes about the pregnancy, medical records, ultrasound pictures, clothing or toys purchased for the child. Cards or notes sent by friends and families can be placed in a keepsake box or albums. Other families may find it meaningful to plant a tree or make a contribution to a favorite charity. Volunteering in a hospital nursery, working with a preschool Sunday school class, or caring for a friend's baby can provide other ways to work through such losses.

For most parents who experience an early pregnancy loss, the combination of finding ways to mourn and the passage of time allows them to move into a new chapter of their lives. Pastors might remind families that this process may take at least a year. In other instances, resolution of the miscarriage or abortion does not come. Pastors have skill in identifying unresolved grief. Signs of the need for help with coming to terms with a loss include not being able to resume the tasks of daily life, preoccupation with feelings of guilt or anger, extensive use of alcohol or drugs, panic attacks, minor events triggering major grief reactions, self-destructive behavior, or radical changes in lifestyle.[3]

When family members seem unable to cope with the loss, pastors are able to offer counseling time or referral to mental health professionals. Therapy permits individuals to air the painful and sad memories about the loss and discover links to past experiences that may interfere with the resolution of the particular loss. Relationships with other family members may be strengthened as more effective communication and problem solving skills are learned.

Pastors who make a point of learning about support services available for families who suffer an early pregnancy loss can offer parents a tool for connecting with other people. The silent nature of these events pushes families to face their grief alone. Other men and women who have experienced a similar grief can provide valuable understanding and practical advice for learning to live with the loss.

Pastors' sensitivity for the pain triggered by births, baptisms, and other religious services involving young children can lessen the stress that families who have suffered a pregnancy loss may already experience in worship. Prayers might be included in the service for baptism for all the children who have been loved by members of the parish. Anniversaries of the loss or All Saints' Day services could include references to all those who mourn on this day.

[3]Barbara D. Rosof, *The Worst Loss: How Families Heal from the Death of a Child* (New York: Henry Holt, 1994).

Pastors are able to provide comfort and care by their ability to be present with the family. At a time when parents may find that others may be at a loss for words or avoid them, members of the clergy are able to enter the life of the family and share in their very private grief. Writer Henri Nouwen summarizes this type of care.

> Still, when we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand.
> The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is the friend who cares.[4]

VI. One Woman's Experience Continued

I was fortunate. My grief led me to read and learn much about miscarriage and abortion. I discovered that my experiences were common responses to pregnancy losses. As I began to talk to other women, I found a wealth of support from those who had silently grieved for their own losses.

Our pastor welcomed conversation about the loss, listened patiently as I shared my grief and frustration, and helped me discover ways to internalize the memory of the child who was here so briefly. The pastor's encouragement to keep a journal about the miscarriage opened the door to a mourning process that enabled me to write about the experience without great sadness.

Two years later Paul and I became the parents of a delightful baby boy. While Andrew did not replace the child I had carried briefly, he certainly helps to remind me of the goodness of a creation that continually unfolds new opportunities and relationships. ⊕

[4]Henri Nouwen, *Out of Solitude* (Notre Dame, IN: Ave Maria, 1974) 34.