

Entering the Water: The Role of Religious Ritual In Approaching Pregnancy After Loss

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For my family:

My family of origin,
Joan, Lewis, and Brian Katz,
Who first modeled love.

My family by choice,
Andrew Ira Braun,
With whom I share this sacred journey every day.

And for the family God has blessed us with,
Emily Rena
and
Noah Aidan,
May each day of your lives be a blessing.

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In Approaching Pregnancy After Loss**

Chapter I: Statement of Issue

The purpose of this project is to explore the power of peer counseling (as opposed to group therapy or individual therapy) as a therapeutic model for confronting pregnancy after loss, as well as to examine the role of religious ritual and spiritual supports in the healing process.

This project will use the model of Pregnancy After Loss Counseling established by The National Council of Jewish Women's Pregnancy Loss Support Program (referred to here as PLSP) and add a critical element to the peer counseling process: the use of religious ritual to facilitate healing. Specifically, the project will focus on the intersection of the psychological and spiritual needs of the client in the nine-month process from conception to birth, following a pregnancy loss.

Background Information

The Pregnancy Loss Support Program is a non-sectarian counseling program sponsored by the National Council of Jewish Women, New York Chapter. The program is overseen by a licensed social worker with an extensive background in pregnancy loss. Counselors go through an intensive training process and are supervised by the lead social worker. What makes this program unique is that all counselors have had first hand experience in pregnancy loss and initially entered the program as participants themselves.

The key element in the success of this program is the unique nature of peer counseling. All counselors are people who have experienced the trauma of pregnancy loss, have participated in the PLSP to facilitate their own healing, have engaged in an intensive counselor training process, and ultimately have become counselors themselves.

The peer counseling experience is distinct from other forms of counseling in that the client has access to the counselor's personal story. The PLSP trains its peer counselors to reveal their story only

on an as-needed basis, and only as initiated by the client. However, even with these guidelines in place, this unique form of counseling brings with it specific questions of transference and counter-transference. It is particularly important for the counselor to remember that although this is 'peer' counseling, it is still not an entirely mutual process: the counselor is there to serve the needs of her client.

Because the counselor is likely to share her own story, the implications for the counseling process are complex: How does the counselor share her story yet keep the focus on the needs of the client? How does the counselor share her story in a way that allows her to retain enough emotional distance from her own story? How does she share her story without derailing the client's telling of her story? All these dilemmas are intrinsic to the peer counseling process.

Pastoral Needs of Pregnancy Loss Clients

Peer counselors function in three ways:

1. Individual Phone Counseling (3 sessions of phone counseling for women or men who have recently experienced a loss)
2. In-person Group Counseling (6 sessions of in-person counseling for individuals or couples who have completed phone counseling). Group Counselors work as a team of two co-counselors, typically a woman and a man, when possible
3. Pregnancy after Loss counseling (monthly phone counseling for women who become pregnant after a loss)

Two of these three counseling programs take place over the phone, offering some benefits (such as anonymity and pre-determined boundaries) and some limitations (such as lack of eye contact, inability to judge body language). The three sessions of phone counseling are designed to lead up to the in-person group, which offers the only in-person opportunity for healing.

Each session of the group has a specific topic designed to address one aspect of the healing process. The group process concludes with a meaningful secular ritual: each participant brings a flower to contribute to a collective memorial vase. As each participant adds to the memorial, he or she speaks personally about his or her loss. This concluding ritual—though a-religious—provides an important sense of closure to the sessions.

As a counselor, I came to realize that as powerful as this program is in the healing process, it has intrinsic limitations as a non-sectarian program. The concluding ritual is necessarily a-religious and inclusive, so that all group members can participate.

But what if a client wants to take a closer look at the religious dimensions of healing? What if they want to engage in a ritual specific to their own religious tradition? Our groups have plenty of room to explore the stages of grief, but do they have room to explore clients' changed religious views? Clients' need to embrace religious ritual or spiritual understanding from a new perspective?

This limitation is true of the in-person group, but in individual phone counseling (whether for loss or pregnancy after loss), clients have freedom to discuss any issues that they'd like to address.

However, I as a counselor am not free to explore these issues unless a client specifically presents them. After all, I am assigned to them as peer counselor, not as rabbi with an interest in integrating psychological and spiritual healing.

The opportunity for this integration organically arose when I was working with a client in pregnancy after loss counseling. This project emerged out of the need of an individual client to merge religious ritual with emotional healing in pregnancy after loss counseling.

Pastoral Needs of the Individual Client

Specifically, this client expressed the need to participate in a religious ritual as she entered her ninth month of pregnancy. In her words:

“I need to DO something in order to let go of the baby I lost and make room in my heart for a new baby.”

It was this need to DO something that let us to create a religious ritual to aid in her healing. In this way, this project evolved through the specific needs of a client, rather than a project I set out to create or initiate. Part of the sacred aspect of this work is that we created it together spontaneously, at the time of need, based on a demonstrated need.

Ironically, my role in this client’s life was originally not of rabbi, but that of peer counselor. (I don’t believe I even revealed the fact that I was a rabbi until we were already actively engaged in the counseling process.) It was her personal rabbi who suggested she go to the mikveh (Jewish ritual bath), and she came to me asking if I would go with her. Once she extended this invitation, I was free to integrate my clinical role (assigned peer counselor) with my religious

role (rabbi with a belief in integrating psychological and spiritual healing).

Finally, this project fulfilled a need not only for the client herself, but also for the other women who participated in the ritual of healing. This unexpected outcome is a significant part of this project and I hope will provide an opening for future exploration and learning in the field of pregnancy loss and healing.

Relevance to Ministry

This work is relevant to ministry in a larger context as it provides a framework for rabbis, ministers, priests, nuns, and anyone working with clients in a religious context to access ritual in new ways. The process of creating new rituals (or adapting old ones for contemporary needs) can be daunting. This work provides a new model for exploring ancient religious ritual in a way that promotes healing and renewal in powerful ways—with a level of healing that neither religion nor psychology could accomplish alone.

Chapter II: Principles that Guide and Inform

Religious principles

This project is predicated on the idea that religious ritual can guide, support, and strengthen the healing process when used as an integrated part of the larger counseling process.

Through the lens of one particular client, we will evaluate the role of religious ritual as a culminating part of the pregnancy after loss peer counseling process. In this particular case, the mikveh (Jewish ritual bath) will provide the context for a culminating religious ritual upon entering the ninth month of pregnancy after a full term loss.

Although the counseling process itself was a one on one experience, our concluding ritual was a deeply communal one—immersing in the mikveh together with a group of women whose lives have all been touched by pregnancy loss. Through this unique ritual, we will look at the significance of community in religious ritual and the role community can play in the healing process.

We will also look at religious literature that focuses on the power of prayer and community to transform, particularly the work of Abraham Joshua Heschel. We will explore two ancient Jewish rituals of healing and transformation—mikveh (the Jewish ritual bath) and shiva (the seven day acute period of mourning) and consider how these ancient healing customs can be adapted to meet modern needs.

We will address the significance of sacred song and its ability to create space for transformational time. Finally, we will identify some contemporary efforts to create healing rituals for women. Particularly, we will look through the lens of such writers and liturgists as Rabbi Debra Orenstein and Rabbi Naomi Levy, and through such creative efforts as [ritual well.org](http://ritualwell.org) and mayyimhayyim.org.

Clinical Principles

While many clinical principles are highly relevant to mourning and pregnancy loss, it is interesting to note that these principles have not often been applied in the clinical setting until recently. Ingrid Kohn and Perry-Lynn Moffitt choose an apt title for their book about pregnancy loss: *A Silent Sorrow*.

Until recently, pregnancy loss is something women struggled through as individuals, privately with their families. In their chapter “The Grief of Pregnancy Loss,” Kohn and Moffitt write:

Pregnancy loss and infant death have been with us since the birth of humankind. However, it has been only in recent years that we have devoted much medical scrutiny and emotional honesty to this frequent and sorrowful event. In this book, the term “pregnancy loss” encompasses the entire spectrum of misfortune during pregnancy, including miscarriage, ectopic pregnancy, losses following medical crises, stillbirth, newborn death and ending a pregnancy when the baby’s or mother’s life or health is compromised. The term embraces all losses that occur whenever a wanted pregnancy has ended. (*A Silent Sorrow*, Kohn and Moffit, p. 1)

Slowly, our society is becoming more comfortable discussing these kinds of losses. Elisabeth Kubler-Ross did a tremendous service to our society by helping us find a language for discussing death, the stages of dying, and the process of mourning. In fact, the

clinical training that pregnancy loss counselors engage in is modeled after Elisabeth Kubler-Ross's stages of loss: denial, anger, bargaining, depression, and acceptance.

Ironically, in reviewing Kubler-Ross' source material, I was surprised to find that she specifically contrasts the experience of dealing with death with the experience of an expectant mother.

She writes:

It might be helpful if more people would talk about death and dying as an intrinsic part of life just as they do not hesitate to mention when someone is expecting a new baby. If this were done more often, we would not have to ask ourselves if we ought to bring this topic up with a patient, or if we should wait for the last admission. (On Death and Dying, Elisabeth Kubler-Ross, p. 150).

Kubler-Ross describes our society's avoidance of the discussion of death at all costs. What is interesting is that in order to make her point, she specifically refers to our society's comfort with pregnant women. How much more so is our society UN-comfortable with the notion of a pregnant woman facing the death of her fetus!

To be fair, Kubler-Ross is writing in 1969, when our society was not ready to speak publicly about this type of death. And how interesting that—in spite of her referring to pregnancy as a life passage we address with ease-- Kubler-Ross's own principles of

mourning are now actively being used to help women mourning the loss of their babies.

In the Pregnancy Loss Support Program, Elizabeth Kubler-Ross's stages of grief are modified to address the loss of a loved one who has not yet taken his or her first breath. The stages are modified to include: Initial Response, Acute Stage, Grief Work, Integration/Incorporation, and Shadow Grief. The PLSP program emphasizes that these stages are not linear, and that clients need to be open-minded about how the healing process evolves for each individual.

Finally, Irving Yalom's extensive work on groups and group process will help us to understand and evaluate the nature of the healing group we organically created. Although not a group that met in an ongoing way, this group had all the hallmarks of a meaningful group process: established norms, group cohesiveness, and in particular a mutual recognition of the experience of the other. All these factors led to a profound experience of healing for the participants and will be examined in great detail in chapter five.

Chapter III: Method of Carrying out the Project

The original outline for this project included the following steps:

~To engage in the nine-month long pregnancy after loss peer counseling process, as prescribed by the PLSP, with the additional focus of spiritual guidance and religious ritual.

~To approach the peer counseling process through BOTH the therapeutic lens and the religious/spiritual lens. To better understand how the addition of the religious lens creates a more complete opportunity for healing.

~To evaluate the role of religious ritual in the healing process of both client and peer counselor, exploring the unique benefits to both parties.

What actually emerged was something unexpected: an organic religious ritual and group experience that created transformational healing. It is this ritual that will become the focus of the project.

It is important to note that this project did not develop in the “typical” way. It did not begin with a clear intent to create a particular type of experience or group process. Instead, this project revealed itself organically, through the difficult but sacred process of

pregnancy after loss counseling. It was only in retrospect—after the “project” was complete—that it’s meaning became apparent.

In other words, the methodology here is backward: I did not set out to create a particular experience, so I cannot outline in advance “the approach and procedure I will take in executing the project.” Nor can I accurately describe “the methods I will use for assessing outcomes.” Because of the unique nature of this organic experience, in the pages ahead I will describe the approach and procedure as it occurred in the moment, and I will attempt to assess the outcomes as they evolved both during and after the group experience.

Because I am aware of this backward methodology, I would like to do my best to outline the process of my journey to this project. I gave the following address at a conference sponsored by the National Center for Jewish Healing (a program of the Jewish Board of Family and Children’s Services). In some ways it describes step by step the methodology of my project, and outlines my journey from rabbi to client to counselor. Below is an outline of the stages of this journey, followed by the speech itself, and then the beginning of a spiritual memoir chronicling my personal journey.

The Journey Toward Entering the Water

My Own Journey:

1. Rabbi, writer, and mother with an interest in spiritual guidance. Teacher of course for DMin students: "The Intersection of the Spiritual Life and The Creative Life"
2. Woman who experiences multiple pregnancy losses
3. Client seeking support. Summoning the words "I need help."
4. Participant in three sessions of phone counseling immediately following loss, through the Pregnancy Loss Support Program
5. Pregnant woman and participant in nine months of Pregnancy After Loss Counseling (also through the PLSP)
6. Mother of a second healthy child
7. Transition from DMin teacher to DMin student
8. Participant in training program to become pregnancy loss counselor

Evolution of the Project:

1. Assigned to be a pregnancy after loss counselor for a woman who has one healthy child, then had a full term loss, and is now pregnant again
2. Engage in nine months of phone counseling
3. Culminating ritual: entering the mikveh in the ninth month to say goodbye to the baby she lose and to make room for the baby to be.
4. Unexpected outcome: This religious ritual became an organic group process with profound implications for healing. It is this unexpected outcome that becomes the basis for this project.

A Loss Worthy of Grief:
Jewish Approaches to Bringing Comfort after Miscarriage,
Stillbirth, and Neonatal Death

Conference sponsored by The National Center for Jewish Healing of the Jewish Board of Family and Children's Services on Thursday, April 23rd, 2009 at UJA-Federation of New York. Best Practices Panel Moderated by Rabbi Simkha Y. Weintraub, LCSW, Rabbinic Director, Jewish Board of Family and Children's Services.

Speech on Best Practices in Peer/Mutual Support:
Rabbi Laurie Katz Braun, writer and peer counselor, Pregnancy Loss Support Program, National Council of Jewish Women-New York Section

The following was delivered extemporaneously to describe my experience with the Pregnancy Loss Support Program.

I came to this work...really by chance. I was a rabbi with a JCC [Jewish Community Center] catalogue next to my desk that had a page of support programs—that I felt I should be familiar with if any of my congregants ever needed support. And—all of a sudden I had multiple pregnancy losses myself—and consulted my support list and lo and behold on that list was the National Council of Jewish Women's Pregnancy Loss Support Program.

After two very difficult losses, I called the number and I said I'm calling for help. And they gave me--they took some information; they asked me a lot of questions; and within a wk I got a phone call from a woman who I truly believe saved my life, in many ways. Not that I

was at a point where I felt that taking my life was an option, but I really felt that my life at that moment was not worth living. I was in too much pain. The experience of multiple losses in a row put me in a place where I didn't know how to help myself.

This woman could not have been more different from myself—the woman they assigned me to be my peer counselor. She called me a week later; she introduced herself by first name only--because we have a confidentiality agreement. And over the course of three weeks I spoke with her for an hour at a time for a total of three hours. She couldn't have been more different racially, socio-economically, in terms of family structure, in terms of the nature of her loss. Everything about her was different from me, and yet I felt this connection w her that I had never felt w anyone else.

She was there for me at a moment when no one else in my life seemed quite able to understand where I was. And the power of it was that I really could see that if she could survive this, so could I. And there was something about that connection of women helping each other and pulling each other through pain and difficulty that really truly inspired me.

I went on to become a peer counselor myself. Before I did that, I--thank God--became pregnant and went through all the complicated thoughts and feelings of being a pregnant woman who has experienced loss before. And as many of you in this room know, it's a different experience than a typical pregnancy where you don't have that experience—previous experience—of loss and that whole layer of fear.

I was then assigned (by my beloved National Council of Jewish Women Pregnancy Loss Support Program) to a pregnancy after loss counselor. My counselor I think is somewhere in this room. And again I was cradled and cared for by another woman who had been through a similar moment in her life. And every month for nine months this peer counselor called me and asked me, "How are you doing?"

And although I had beloved friends and a beloved husband who wanted to share this with me and wanted to hear from me, there was nothing like my monthly phone call from my counselor, where I could really share the fear and I could really say the things that you're not supposed to say. And to this day I am very very grateful to her as well.

I then went on to become a counselor myself. I went through a wonderful training program with Val Rubin, who is here in this room, one of the founders of this program, also in itself a very cathartic and helpful experience. And I guess I should also share with you some of the details about the program so you know the nuts and bolts.

Our clients come to us from everywhere—all over the country. There's a pamphlet in everyone's packet that says Pregnancy Loss Support Program with all this information. So because we offer phone counseling, you can live in Iowa and call us and get this support. The phone counseling—the three sessions of phone counseling—are required in order to join an in-person support group, which Perry-Lynn is going to tell you about in just a moment-- And I just want to conclude my piece by telling you about an amazing experience I recently had as a peer counselor.

I had been caring for a woman for 9 months thru her pregnancy. About a year ago she had a stillborn baby and I am so happy to report today that I will be attending a bris [ritual circumcision on the eighth day of life] for her newborn baby this weekend. And I really developed quite a close connection with her over that nine months.

In about her eighth month she- in one of our conversations-she told me that HER rabbi really felt that she should go to the mikveh. And have a moment for honoring the memory of the baby she lost and making space for the baby about to be. She was really having a great deal of pain and guilt over the idea of even allowing herself to be excited for a new life. So he, her rabbi, made this suggestion and she invited myself and two other women friends who had experienced their own losses to accompany her to the mikveh.

And I have to say, this is one of the most profound experiences I've ever had as a rabbi, as a person, and as a counselor. I accompanied her to the mikveh about two weeks ago. We had a beautiful moment where we read some prayers; we read some poetry written by both parents...but then when it was time to go to the mikveh, the male rabbi of course stayed behind, and I went with this group of four women—all of us having had experienced losses. She said to us, if we're feeling modest we can wear our bathing suits, but we're welcome to join her in the mikveh, if we would like.

She had a moment by herself of dunking in the mikveh, of having her moment of honoring her baby, and then we all joined her in the mikveh, four women...and we created our own ritual on the

spot. We had no idea what we were doing. I—you know, who have some training in ritual--didn't have any experience in this, and we all dunked in memory of our friend's baby, we all dunked in honor of the baby to be—making space for that baby. We all dunked once for ALL of our babies that we had lost. And then we all dunked a fourth time for all of our babies who are alive and who are yet to be.

And we left this ritual—all of us—so much lighter, and filled with so much joy and so much hope that it surprised every one of us in that mikveh. And I thank the plsp for making that space for us—to be able to do that. And im very grateful to be able to give back to women what was given to me at a moment when I didn't have the strength to be able to help myself. Thank you.

From Rabbi to Client:
Exploring my own Journey
in the Shadow of Pregnancy Loss

Prior to experiencing two back-to-back pregnancy losses, I was used to being in a position of leadership, of helping others. This was the very first time I truly needed to turn to my own community for help. It was very hard to summon the words, “I need help.” Yet I knew I had no choice.

It was odd to go from being the helper to being the helped—an uncomfortable shift for me. Yet despite my discomfort, I felt no real shame, no ambivalence, just awareness that this was what I needed to do—and gratitude that I knew where to turn. And, despite my pain, I felt a sense of understanding that in God’s world this is how it is: sometimes we are the helpers and sometimes we are the helped.

Instead of creating community, this time I was seeking a community, a place to make meaning out of loss, a place to find ritual in chaos. I was looking for a spiritual home where I could find peace, meaning, and healing.

I opened the catalogue of my local Jewish Community Center. I turned to the “Community Support page,” a page I had often turned to when referring others for care. Only this time I referred myself. I picked up the phone and called the Pregnancy Loss Support Program, sponsored by the National Council of Jewish Women.

I spoke to the intake coordinator. I told my first terrible story. I told my second terrible story. I asked how long it would take to find someone who could help me. She said she would find someone as soon as possible, someone who had stood exactly where I was standing now.

I waited, taking comfort in the fact that there existed in the world someone like this—someone who once stood exactly where I was standing now. I waited for her call. When she called, I cried. I was hungry to hear her story. To hear how she survived. To hear about her daughter, her healthy, happy daughter. To hear about the book she wrote for her daughter. The book about the angel (the full term baby she lost) who watches over her daughter every day. This angel is always accompanied by two stars—two glimmers in the eye: These are the two miscarriages she suffered.

Suddenly I was overwhelmed with guilt. This woman—my “peer” counselor—was not my peer. She had suffered two miscarriages and a full term loss. Who was I to even ask for counseling?’

But this woman was kind to me. My losses matter, she said. Every loss is a complete loss. We can’t count months or levels of broken heart. Our hearts are just broken. And we need help to heal them.

Just listening I felt permission to mourn. She unleashed the full capacity of my grief. Over the course of our conversations, I cried until I felt I had no liquid left in me. I felt the full weight of my sadness, of my loss, of the lives that would never be. And I felt unquestionably lighter.

Listening to this stranger over the phone, I felt alive again. I felt I could breathe. More than anything, I felt that if she could do this—stand in the valley of the shadow of death—and somehow make it to the other side...not only make it, but to feel joy again, then I knew that someday I could do it too.

This was Buber: I and Thou. Recognizing the self in the other. The experience of holiness through a journey with a fellow human being. I knew there was something sacred in our time together. I knew it helped me reconnect with the “Eternal Thou,” helped me remember that God was still in the world, even in the face of my pain, even when I couldn’t get out of bed in the morning.

And who was this “Thou” anyway? This Buberian other who helped me back into the world, who helped me remember God’s presence? I don’t really know. I knew so much about her, yet I didn’t know her last name. I knew enough to know we were different ages, races, religions. I knew we lived in different boroughs, had different socio-economic backgrounds, even different family structures.

But all those things that usually define us were amazingly irrelevant. We were women who had loved the babies growing inside us, and we had lost those babies. That made us sisters in our grief. And I have a depth of gratitude toward this woman that will live in my heart forever.

After our sessions of phone counseling, I was in a different place. In just three hour-long sessions, I had moved from a place of despair to a place of hope. Cautious, careful, still broken-hearted

hope. But my legs were lighter and my heart had allowed itself to open enough to this woman—this stranger, this fellow traveler on a horrendous journey, to plant a single seed of hope in my heart.

I awaited the next step of the counseling process: a six-session in person support group. I wanted desperately for it to begin. But there was no session scheduled in the summertime. Even my losses had losses, I thought. They had timed themselves badly. They had lost out on the opportunity for communal support. I awaited the fall so I could have a place to go, a place of communal understanding.

In the meantime, my husband and I focused on getting pregnant again. A positive pregnancy test would mean I would be pregnant for the third time in a single year. Then in the same week I got two pieces of good news: a new pregnancy loss group was finally forming. Hooray! And I was pregnant.

I didn't know there was such an emotion as 'joyandfear.' I could hardly allow myself to acknowledge I was pregnant. I was so afraid that the acknowledgement itself would lead to more heartbreak. I was thrilled to be pregnant again, but I didn't want to acknowledge my joy. It seemed profane, sacreligious. Unacceptable since I was still nursing the wounds of my broken heart.

I called back the pregnancy loss program:

"I really want to do the group. I've been waiting and waiting and I really need it."

"Great, we'll sign you up."

"And I just found out I'm pregnant again."

"Oh, congratulations! But I can't sign you up for the group. If you had already started the group and became pregnant it would be a different story. But we can't let you start the group when you already know you're pregnant."

"Wait--that's not fair! I've been waiting and waiting but you didn't have any groups over the summer! (pause) I shouldn't have told you!"

"I know it seems unfair, but it disrupts the healing process for others."

I became defensive:

"But what about MY healing process?"

And then desperate:

"I need this so badly! What if I don't tell anyone—what if I hadn't told you? Nobody needs to know!"

It was awful. I felt like I was being forbidden to heal. Like somehow the fact of my positive test made my pain go away. That was not the case at all. If anything, it made my experience even more complicated. How could they not understand that?

"What we do have is pregnancy after loss counseling. That's the right place for you."

My heart breathed a sigh of relief. The intake coordinator explained that was a nine-month process of counseling with someone who herself had been pregnant after a loss. Okay, it wasn't in person. And it wasn't the group journey I expected. But maybe it was just what I needed. Someone to hold my hand as I spent the next nine months in a state of hope, fear, denial, pain, and expectation.

More than anything, I was grateful to have a place to GO, a place of understanding and compassion, as I faced the months ahead. In fact, this place became so important to me that I later went on to become a counselor myself, and—as you now know—to develop a doctoral project in this very area: Hope and Healing After Pregnancy Loss.

Chapter IV: Results

From Client to Counselor

My own process as a client—both for pregnancy loss and pregnancy after loss--was so powerful and profoundly healing, that I ultimately decided to become a counselor myself. After an intensive counselor training program, I worked with many clients doing phone counseling after a loss. Eventually, I was called on to care for a client who was pregnant after a full term loss. She had a healthy son, then a full term loss, and now was pregnant again. At first I resisted—Our stories were so different. After all, I didn't have a full term loss. How could I understand her story?

The social worker reminded me that my own counselor and I had different kinds of losses. That did not affect her ability to help me. Of course that was true. And so, nervous but willing, I called.

I spoke to Jamie (not her real name) every month. Our conversations centered around fear, hope, loss—and the fear of hoping, the fear of losing. When Jamie entered her 28th week the tone of our conversations began to change. She said things like:

I feel physically fine. But knowing the baby is now viable makes me nervous, makes me crazy. It's so much scarier now.

I feel responsible to tell if something is wrong---like I keep asking myself, "Did I feel enough kicks today?"

I'm afraid it's going to happen twice, and I'll never get over that identity. Once, and people make you feel validated. They tell you you're so brave. Twice and you can never shed that identity.

She also spoke about moments of joy. She started taking a pottery class. That first day of class she was so happy, she was sure the baby could tell.

"What made you take it?" I asked. The answer? She wanted to find a class that would take her to thirty-eight weeks, that would be social, that would get her out into the world of people. This class was a gift to herself, to help her move to a place of readiness.

As she entered her eighth month, she mentioned that she had been speaking to her rabbi. Her rabbi suggested she go to the mikveh—the Jewish ritual bath—before her baby was born. She asked me what I thought of this. I thought it was a beautiful idea. Then she asked me if I would go with her.

Breaking the Rules

Oy. One of the rules of phone counseling is that it is anonymous. You never meet your client. You never share your last name. You dial *67 before you call so that they cannot see your phone number.

I didn't even reveal to her that I was a rabbi until it came up naturally in the course of our conversations. So—would I go with her to the mikveh? It was a complex question.

I wanted to. I thought it would be a meaningful part of the healing process. I liked that the idea came from her and her rabbi—I didn't impose it on her or even guide her to it; she brought it to me.

I explained to her that this was atypical, that generally clients and counselors only meet on the phone. She explained why it was important to her.

I decided to take the leap of faith. The potential for meaningful healing seemed so much greater than the importance of adhering to an arbitrary rule.

She told me she was also inviting several friends who had also experienced losses. She sent us all an email (our first non-phone correspondence) with the details. Address, time, what to bring. She would enter the mikveh without clothes. We—the women who supported her in this journey--would enter the water with her. We were welcome to disrobe or to wear bathing suits.

Oy. This went way beyond breaking anonymity. I was now part of something very different than what my pregnancy loss counselor training prepared me for. My role was changing completely. What was my role, exactly? Was I becoming her rabbi? Not really. She had a rabbi, and he would be meeting us there. Was I her phone counselor? Not any more.

There was no clarity of roles here, there were no clear boundaries any more. I could not dial *67 to make sure she could not contact me. I was going to enter the water with her, and her closest friends, as she disrobed and immersed in the waters of healing. There was no script for this. Nothing outlined in the counseling book they gave us.

I was going to have to call on my faith. I would need call on the resources of both my counseling training and my rabbinic training to create something entirely new.

In the Waiting Room

Waiting for her at the mikveh was a strange experience. I didn't know who to look for. We had never seen each other's faces, yet I knew everything about her.

I held my bag closely—containing a carefully selected bathing suit—modest, appropriate. I waited in a small room that looked like an actor's dressing room.

Then Jamie and her friends entered. Everyone wore coats, so I couldn't see who was pregnant, didn't know who was Jamie. It was so disorienting. She looked at me with lack of recognition, too.

“Are you Laurie?” “Yes. Jamie?”

It was strange, like being in a dream where you don't recognize your own sister. We acknowledged how strange it was that we had never seen each other's faces. She introduced me to her husband. He thanked me for helping his wife so much.

The rabbi—a colleague of mine—entered and helped create a structure. How strange it was for me not to be the rabbi. How grateful I was to have someone creating order out of what seemed to be chaos.

He had us squeeze into a circle in the little dressing area. He had everyone introduce themselves and say how they had come to be part of Jamie's life. He shared a few words about why we were here, and then he invited Jamie's husband Ray (also not his real name) to speak.

Ray spoke with great emotion about a poem he wrote early in his relationship with Jamie. It was beautiful and poignant and spoke of love and loss. He didn't really know what it meant when he wrote it. But now it made perfect sense. It described exactly where we all were. It was eerie, almost prescient. But it was also comforting and grounding. We were here, together, joined by the sadness of Jamie and Ray's loss—together with our own losses—and filled with hope for the life that is yet to be. It was bittersweet in the most profound sense. And it needed to be spoken out loud.

I was so grateful for those moments in the waiting room. Moments when I could be a participant, be confused, be okay in the neither here nor there of my role. It felt very much like the precursor to a liminal moment—before the wedding, before the burial. Everyone knows that something is about to change. Everyone is nervous. The nerves will not subside until the couple walks away

from the chupah, until the loved one is securely in the ground and we can enter the house of mourning.

And I guess that was what was so confusing about this day: Where WERE we exactly? Were we entering a house of mourning? Were we celebrating a new union? And where were we going? I suppose we were doing something none of us had ever done before—in a single moment we were exiting the house of mourning and we were entering a celebration of life.

No wonder it felt like there were pins and needles in the air: there was no script for this. Nothing in the rabbis' manual. We were making it up as we went along. All we knew was that we were in the right place with the right people. And maybe that was enough.

Entering the Water

The mikveh lady entered and said it was time to go in. I felt my stomach tighten. We said goodbye to the rabbi and to Ray. The mikveh lady sent each of the four of us into our own preparation rooms and showed us how to reach the ritual bath when we were finished bathing and putting on our robes.

The mikveh is usually a private event. One woman, typically seven days after her period is complete, enters the preparation room. She removes anything that is not a natural part of her body: nail polish, make-up. She showers or bathes. She cleans carefully under every fingernail, cleans her ears, blows her, nose, makes sure every orifice of her body is as clean as it can be. Only then—when she is perfectly clean—can she enter the waters of the ritual bath.

So you see, the ritual bath is not a bath at all, but a place of ritual immersion. A place to change from one state of being to another. For Orthodox women, this means transitioning from being ritually impure (during menstruation) to ritually pure (immersing after seven blood-free days). For brides-to-be, it means from being single to being prepared to partner. And for Jamie, it meant going from a place of mourning to a place of embracing new life.

We met, the four of us, in the small ritual bath area, each in our white robe and white slippers. None of us knew what to do. I wore my bathing suit beneath my robe—my one sense of safety in a moment of complete uncertainty.

I had been to the mikveh as a rabbi only once for a baby's conversion. I had been to the mikveh only twice to mark my own life cycle events: entering the rabbinate and entering marriage, both in a four-week period.

To mark my entry into the rabbinate I came to this very same mikveh—also in a group of four women, also without a ritual in hand to guide our immersion. In that group of four I had felt similar uncertainty. We all liked the idea of coming. But none of us knew exactly what to DO. We had the same initial moment of awkwardness.

I remember in that previous group of four women wondering about our nakedness. Was everyone naked under our robes? Was anyone wearing a bathing suit? Would we go in one at a time or all together? What was the precedent for four women rabbis-to-be-entering a mikveh together? None. So we made it up.

Four women with four different journeys to the rabbinate—none of us especially close before this moment. All of us connected through this sacred ritual after it. I remember one classmate saying: this feels like a hot tub. Let's do something to make it feel like a mikveh. And we began to sing.

Here I stood again, in these same white robes. Last time we rabbis-to-be entered the water together in our nakedness, embracing the ancient ritual of immersion in honor of our entry into our new lives as religious leaders.

This time I clung to the safety of my bathing suit. I was the counselor here. I only met these women 15 minutes ago. I had crossed every other boundary the program created—sharing a last name, a face, an in-person embrace. The bathing suit symbolized that the focus was Jamie; we were simply there to support her.

One by one they took off their robes and entered the water. First Jamie went in by herself. I helped her with the blessing and she immersed three times. One friend entered, then the other. I averted my eyes. Jamie was naked, but her friends I was sure would all be in bathing suits. I took off my robe. I was the only clothed one in the room.

I gasped inaudibly. My bathing suit felt wildly inappropriate. Like I had worn a sequined red dress to a funeral. It was dishonoring the religious nature of the occasion. I had a split second to make a decision. These were literally uncharted waters.

Did I honor what felt like a religious imperative or did I adhere to my own need for modesty and clear boundaries? In a single moment I realized, I am not here to be the rabbi. The rabbi is out there. I am here as a peer—someone who has walked this same path—to engage in a sacred ritual of healing. In a single courageous gesture, without anyone noticing at all, I removed my bathing suit and quietly slipped into the water.

It was the right thing to do. The moment I entered the water I knew exactly what to do. I explained what the ritual bath is, how it is used, why women need to be fully naked so that every part of their physical being can make contact with the water. I spoke about Jamie. I thanked her for being here. I spoke about how this water—and our presence in it—had the power to heal.

And I began to sing.

The Ritual

I cannot explain how I knew what to do. I read the moment and began. If I had scripted it, it would not have been right. We simply did what we needed to do in that time, at that place, together. Four women—some who knew each other forever, some who had just met. We honored our losses and celebrated the lives to come. It transformed us all.

Afterward, as we all sat back in the little dressing room and tried to explain to the men what we did, I scribbled some notes so I could remember, try to recreate. But words failed us. Nothing could describe what it meant to be in that holy place, together, speaking of things we never speak about, praying words of hope we rarely have the courage to pray.

Here is what I scribbled on my notepad that sacred day:

Jamie entered the water herself, said blessing, dunked 3 times.

Three friends entered water.

Blessing of separation

All four dunked

Shehechianu

All dunked

Kaddish

Walked in circle and sang oseh shalom [prayer for peace, last line of kaddish]

Told name and explained significance (Name begins with 'th' for third)

Dunked for baby-to-be

Held hands—for all our babies, their memories, their lives and babies to come

Final dunk

Amen.

Chapter V: Discussion

Implications: Pregnancy Loss as Loss of Innocence

Once a woman has experienced a pregnancy loss—at any stage of pregnancy--, the experience of pregnancy is forever changed. She can never again look at a pregnant woman and think, “I wonder when she’s due?” Or “I wonder if she’s having a boy or a girl?” Instead she thinks, “I wonder if this baby is going to survive the pregnancy?” Or “I wonder if this woman knows that this baby is not a sure thing?”

For example, I received a baby announcement the other day from a young woman who buried a premature baby just last year. I did not know she was pregnant again, and the announcement brought tears to my eyes. I showed it to a friend—someone who I thought was familiar with the story. Without reading the names of the parents, she said, “What a beautiful announcement. I love the card stock.” That’s the thing. Once you have experienced pregnancy loss you never again notice the print or the card stock or the color of the ink. You notice only that the baby is alive.

For me, this is the core of pregnancy after loss counseling: Honoring that my client has lost her innocence. There is none of the “expectant joy” that our society coos about. There is no choosing colors for the nursery or reading “What to Expect When You’re Expecting.” Because for this woman the unexpected—the unthinkable, in fact—has happened. The book she needs to read is “What to Expect When You’re Expecting...And then your baby dies.” But there is no book like this for her.

There are only stupid comments from strangers, from friends, even from family. In *A Silent Sorrow—Pregnancy Loss: Guidance and Support for You and Your Family*, Perry-Lynn Moffitt outlines some of the worst comments grieving parents hear:

“It happened for the best.”

“Don’t worry; you can have another baby.”

“You didn’t really know the baby, so it’s not like losing a child who has lived with you a while.”

“What are you going to do now?”

And the worst possible response: Nothing.

Moffitt also lists comments that can be helpful:

“I’m so sorry. I know how much you wanted to have that baby.”

“It’s okay to cry.”

“Would you like to talk about it?”

But I would argue that these comments are more benign-ineffective really-than healing. The only healing I know when it comes to unthinkable losses—the loss of a potential or new life—is the comfort that comes from being with others who have been there.

Friends can console, counselors can counsel, but only survivors can MODEL what it means to live through this particular form of grief. To have walked through the valley of the shadow of death, and to emerge on the side of life, wounded, scarred, perhaps forever changed, but alive—and even embracing of life.

The Power of Peer and Presence

What is it exactly that makes the combination of peer and presence so very powerful, as we experienced first hand in the mikveh? Irving Yalom recognizes the therapeutic power of peer groups to transform:

The self-help group makes extensive use of almost all the therapeutic factors—especially altruism, cohesiveness, universality, imitative behavior, instillation of hope, and catharsis. (Yalom, *The Theory and Practice of Group Psychotherapy*, p. 519).

That's quite an impressive array of therapeutic factors! Our language is different: what he calls a self-help group, we are calling a peer support group; though I believe our different language refers to the identical concept. And how is it that group like ours—a group that was not a therapy group but a peer group, a group that met only a single time—how could this entity have such power to transform?

Yalom distinguishes between a peer group and a therapy group, saying

In general, self-help groups differ from therapy groups in that they have far fewer personality interpretations, less confrontation, and far more positive, supportive statements (*Ibid*, p. 519).

In other words, peer support groups focus more on what the group has in common (in this case, pregnancy loss) than on conflicts that

arise or on differences between members. This was certainly true in the case of our group.

Yalom also identifies two factors that bring peer groups like ours together: the absence of full recognition by the health care system and the need to normalize a difficult experience. In his words:

Ailments that are not recognized or addressed by the professional health care system are very likely to generate self-help groups. Because these groups effectively help members accept and normalize their malady, they are particularly helpful to victims of stigmatizing ailments (Ibid, p. 520).

Both these factors applied to our group. We had varying experiences with the health care system—from compassionate to negative to neutral. The common link was that there was no universal recognition of the mental health needs related to pregnancy loss. And it was certainly true that our group experience helped us to accept our losses and to normalize our experiences in a world that doesn't like to publicly acknowledge pregnancy loss.

In a world that fears this kind of loss, The Pregnancy Loss Support Program works very hard to normalize the experience from a clinical and communal perspective. What our ritual was able to do was to create a religious context for normalizing pregnancy loss and creating hope for a meaningful future.

It is important to note that this religious context was not in a standard place of prayer, but rather in a place of ritual purification. Our prayers were not static or spoken in pews. Rather, we prayed through participation in a communal ritual. In the words of the woman who brought us together: “I need to DO something.”

We didn’t just pray: we enacted our prayers through the compelling drama of ritual. By immersing ourselves in the waters of life, we embraced life itself, and emerged with a new faith in God and a new hope for our futures. We moved forward renewed in the deepest sense, four individuals who were profoundly changed by our participation in a sacred communal ritual. In the coming pages we will examine both the religious and the clinical principles at play in this uniquely transformative experience.

Religious Principles

What is the inherent power of religious ritual to transform?
What made this particular ritual so meaningful to all four women who participated?

Part of it is the power of the liminal moment, the moment of change. The realization that something is about to happen, something is about to be different. In many religious rituals we know what that change will be: The couple will be married; the baby will be circumcised or named; the loved one will be buried. But in this case, the ritual was new. It was an unfamiliar use of an ancient ritual space. No one was sure exactly what would happen. All we knew was that something would be different in the moment before and the moment after.

The Moment Before

I knew that I needed to do something to facilitate this ritual. But there was no precedent for this, nothing in my rabbis' manual to tell me what to do. So I took a deep breath and I began to sing. This song created space, an opening, for something to occur.

In the words of Abraham Joshua Heschel:

The wave of a song carries the soul to heights which utterable meanings can never reach. Such abandonment is no escape...For the world of unutterable meanings is the nursery of the soul, the cradle of all our ideas. It is not an escape but a return to one's origins. (I asked for Wonder: A Spiritual Anthology, Abraham Joshua Heschel, "Song" p. 33).

This was exactly our experience in the mikveh. We had no words. We had used them all up in the hours of counseling, tears, expressions of fear and sorrow and uncertainty. Now was not a time for words, but for song. So we began with a niggun, a wordless song and our ritual evolved from this place.

From that song evolved a ritual...of immersing ourselves in God's presence, of a return to a place of wholeness, of renewing our trust in the goodness of the world. There is no question that something holy happened in that small water-filled room. Like any

moment of transformation, It is difficult to articulate to those who were not present. Something almost magical occurred, but what exactly? And why? Again, the words of Abraham Joshua Heschel help explain the unexplainable:

We do not feel that we possess a magic power of speaking to the Infinite; we merely witness the wonder of prayer, the wonder of man [human beings] addressing himself [themselves] to the Eternal. Contact with Him [God] is not our achievement. It is a gift, coming down to us from on high like a meteor, rather than rising up like a rocket. Before the words of prayer come to the lips, the mind must believe in God's willingness to draw near to us, and in our ability to clear the path for God's approach. Such belief is the idea that leads us toward prayer. (I Asked for Wonder, "Witness the Wonder," p. 26)

In this passage, Heschel points to several prerequisites for engaging in transformational prayer. It is not magic, he says.

Instead, the power of prayer to transform lies in:

1. Human beings addressing themselves to the Eternal, open to receiving a gift
2. A belief in God's willingness to draw near to us
3. A belief in our ability to clear the path for God's approach

In other words,

1. We must show up and be open to something meaningful to happen.
2. We must believe that God is there for us.
3. We must get out of our own way; we must create space for something meaningful to occur.

In the context of Heschel's understanding of transformative prayer, our mikveh ritual makes profound sense. First, we showed up—to a sacred place. But just showing up is not enough. We could have gone to the mikveh and our initial feeling of discomfort could have stayed with us throughout this ancient ritual: filled with human nakedness and unfamiliarity. Instead, (second) we showed up with a belief in God's goodness. A belief that we were not alone in our losses.

Finally, (third) instead of being afraid—that we didn't know what we were doing, that we had no script—we got out of our own way. We made space for this meaningful ritual to happen, unscripted and unknown. We walked into this unfamiliar place together, we believed in something greater than ourselves, and we made space for something meaningful to happen.

The Moment of Transformation

I would only add to Heschel's words that in this case, we needed to show up not alone, but together. A community of women who had all experienced losses:

1. The person who brought us together: the mother who lost a full term baby a year before and who was now on the verge of giving birth to a new life. She is also the mother of a healthy six-year-old child.
2. A friend whose sister experienced a recent full-term loss—and who didn't feel she was ready to join us.) This friend attended in honor of her sister's loss, but also carries her own form of loss: one of her two children has autism. This friend is living with the loss of a dream, a hope, an expectation of who her child would be.
3. A friend who survived the loss of her baby from Sudden Infant Death Syndrome, a loss that occurred when her baby was several months old.

4. Myself, in the role of pregnancy loss counselor, who suffered two back-to-back pregnancy losses several years earlier and was thankful to God for my two healthy children.

In this community of people, some who knew each other intimately, some as acquaintances, and some who had just met, we showed up together, to this sacred space, with a hope that something greater than ourselves would guide us, with a willingness to make room for something sacred to occur.

Not knowing how to begin, we began with song, and the ritual unrolled before us. We immersed in the water four times:

1. Once for our friend's loss.
2. Once for the life she was about to birth.
3. Once for the losses we all have endured.
4. Once for the lives we have all given birth to and the lives that were yet to be.

We did not immerse according to a particular plan, but on reflection there was a beautiful symmetry to our ritual:

~Two immersions for the friend who brought us here: one for loss, one for life.

~Two immersions for all of us as a community: one for our losses, one for the lives we have brought and will bring into the world.

At one moment in the course of the ritual, I suddenly remembered a meaningful Jewish tradition:

At the end of shiva, the seven days of acute mourning, the mourner rises up and walks around the block, a symbol that she has re-entered the world of the living. I shared this tradition and asked us all to take hands, to walk in a circle in the mikveh, to symbolize our friend's exit from acute mourning and entry into life. We made space for her, gave her permission to let go of her loss and make room for the new life within her. It was an adaptation of a religious ritual designed for a particular time and space, and adapted for a different time and space. There was something powerful in this adaptation of tradition. A holding on to something firm, an allowing it to grow. Our brief holding of hands, of touching one another, of walking from one space to another was transformative.

So in the course of this ritual—however improvisational and unscripted---we honored the individual and the community, our pain and our hope, what we have lost and what we have gained/will gain. We gave a nod toward tradition, and at the same time we honored to the ‘newness’ of this experience. In sum, we mourned, we hoped, we prayed, we celebrated. In a sense, we enacted the entire course of the human life cycle in that short ritual. No wonder we all emerged transformed, feeling lighter, feeling filled with God’s presence.

The Moment After

We didn't even know how badly we all needed this ritual until we engaged in it. Afterward, the friend who brought us together said, I think fifty percent of the power of this was that we didn't know what we were doing; we didn't know what would happen. We just allowed it to happen.

It is true that we entered in complete uncertainty, and we exited the mikveh in awe. We didn't have words to describe to the men in the waiting room what we had experienced. Heschel puts to words the experience of not having words in the face of the divine:

To become aware of the ineffable is to part company with words...The tangent to the curve of human experience lies beyond the limits of language....Sometimes we wish our own heart would speak of that which made it heavy with wonder. (I asked for Wonder, "Heavy with Wonder," p. 2).

Amen.

An Ancient Ritual Adapted for a New Age

Heschel's words are timeless, though he himself died in 1972. He was writing at a time when neither women nor men spoke openly about pregnancy loss, and yet his words accurately describe our experience in the mikveh.

By 1994, Rabbis like Debra Orenstein were breaking boundaries and discussing the use of Jewish rituals, adapted to the needs of women in contemporary times. Orenstein's Book *Lifecycles: Jewish Women on Life Passages and Personal Milestones* was groundbreaking, and includes a chapter called "Infertility and Early Losses." She bravely includes prayers and rituals for infertility, miscarriage, and stillbirth.

Interestingly, the one section on mikveh, "Meditation for the Mikveh" by Jane Litman, comes under the chapter heading "Choosing Judaism." It offers beautiful prayers for entering the mikveh on the occasion of conversion. But the book offers no discussion on the use of mikveh to honor a pregnancy loss.

More recently (2002), Rabbi Naomi Levy began to write about the need for more prayers around pregnancy and pregnancy loss. In her book *Talking to God: Personal Prayers for Times of Joy,*

Sadness, Struggle, and Celebration, she writes candidly about this need:

Pregnant women tell me this all the time: “If men were the ones having the babies, there would be plenty of prayers about pregnancy and childbirth.” I think they’re right. For centuries, most religious traditions excluded women from full participation in ceremonial life and leadership. It’s no wonder, then, that so few prayers are written from a woman’s perspective. An entire realm of wisdom, courage, and faith is absent from our liturgy. (Talking to God, Levy, p. 70).

She continues by writing about the complexities of the child-bearing experience:

Is there a greater miracle than childbirth? Throughout history women suffered, labored, and lost their lives for the sake of bringing forth a new life. They chose life in the face of despair, they looked to the future when an uncertain present offered few signs of hope. I can think of no human experience that is more worthy of our blessings, prayers, and praise. (Ibid, p. 70).

Rabbi Levy states that it was her own desire to reach out to God during her pregnancy that lead her to write this book of prayers. In her introduction to the section “Sorrows Associated with Pregnancy,” she writes:

Turing to God in these difficult times can be a source of enormous strength, comfort, and healing. We don’t have to pretend to be all right in front of God. We can expose ourselves, express our grief. God is not scared of our pain. God shares our pain and God can heal our pain. When we pray to God for stamina, we may receive the strength to fight on. (Ibid, p. 83).

Although Rabbi Levy does not specifically refer to mikveh as a source of ritual healing, her words very much reflect our group experience in the mikveh. We spoke out loud our pain, we experienced God as present and listening, we asked God to give us hope and healing, and to point us in the direction of new life. We immersed in the waters of healing, and emerged with a new sense of hope.

Today, women are beginning to use the mikveh for all kinds of purposes beyond its original intent to provide a space for monthly ritual purification. For example, the website www.ritualwell.org offers sampling of contemporary rituals for the women in the mikveh. Although I found rituals for many purposes including infertility, I found none that specifically refer to pregnancy loss.

Outside Boston, Author Anita Diamont (The Red Tent and many others) is the founder of Mayyim Hayyim, a new community mikveh project. Their website www.mayyimhayyim.org states, “Mayyim Hayyim is a threshold into Jewish life—a place where the spiritually diverse needs of 21st century Jews are met by reclaiming the ancient tradition of immersing in the mikveh.”

I had the opportunity to speak with Anita Diamont (for whose book *The Red Tent* I wrote the Reform Movement's study guide!) at a recent retreat weekend. I learned that her community mikveh has been used for many purposes, including pregnancy loss. I also learned that her center has a team of people—including a rabbi, social worker, etc.—who specialize in creating new rituals for any possible need! This is a true innovation in combining ancient ritual with modern need.

Clinical Principles

In her work *On Death and Dying*, Kubler-Ross goes on to discuss the healing power of addressing death head-on:

We have seen several patients who were depressed and morbidly uncommunicative until we spoke with them about the terminal stage of their illness. Their spirits were lightened, they began to eat again, and a few of them were discharged once more, much to the surprise of their families and the medical staff. I am convinced that we do more harm by avoiding the issue than by using time and timing to sit, listen, and share” (*On Death and Dying*, Kubler-Ross, p. 151).

Interestingly, Kubler-Ross’s thoughts here accurately mirror the experience of our mikveh ritual. The word the participants all used to describe our experience was one of ‘feeling lighter.’ This lightness was the direct result of acknowledging our losses—in this case, both through saying it aloud (“We now immerse in memory of the babies we have lost”) and in action (The ritual experience of immersing in water and emerging with a sense of hope and change.)

In this way, Kubler-Ross and Heschel are really speaking of the idea, but through different lenses and with different language.

Kubler-Ross speaks of the transformational power of sitting, listening, and sharing. Heschel speaks of the power of singing, praying, and engaging in openness toward God.

When the religious and clinical spheres work in tandem, they each strengthen the other's potential to heal. When we are open to both an honest acknowledgement of pain, and a readiness to adapt religious rituals to heal, then we are adapting best of the clinical world and the religious world to meet human needs.

The Spontaneous Creation of a Peer Support Group

What is particularly interesting about our group mikveh ritual is that it began as a supportive ritual for an individual; yet somewhere in the process it transformed into a shared group experience. This seemed to happen organically, but it was able to happen because both the clinical and religious supports were in place—although not by intentional design. It seems that a confluence of some important elements allowed for this sacred group experience to occur:

~A group was formed by invitation.

~The time and location were determined.

~The group norms were established (Enter your private preparation room. Take a shower. Choose to wear a bathing suit or not. Put on a white robe and slippers, and enter the ritual bath area.)

Initially, we all believed we were showing up to support a friend (or in my case, a client) in her time of need. What actually occurred was something quiet different: We became a peer support group, all present in our shared need, all gaining from what the group had to offer.

In *The Theory and Practice of Group Psychotherapy*, Irvin D. Yalom devotes an entire chapter to Specialized Therapy Groups. In this section, he discusses the rising importance of self-help groups.

Yalom writes:

[Self-help groups] emphasize internal rather than external expertise—in other words, the resources available in the group rather than those available from external experts. The members' shared experience make them both peers and credible experts. Constructive comparisons, even inspiration, can be drawn from one's peers in a way that does not happen with external experts. (*The Theory and Practice of Group Psychotherapy*, Yalom, p. 519)

This was certainly true in our case. We were members of this group not by choice, but by virtue of our shared experience of loss, and our shared sense that no one can understand the nature of our loss better than our peers can.

Yalom continues:

Members are simultaneously providers and consumers of support, and they profit from both roles—their self-worth is raised through altruism and hope is instilled by their contact with others who have surmounted problems similar to theirs. (*Ibid*, p. 519)

In this passage, Yalom accurately describes my own experience as participant-leader in this process. I entered the process as a counselor and emerged as a participant. At first I was troubled by the lack of clarity in terms of role and boundaries, (as when I was unsure if I should meet the client in person, or enter the water as a full

participant). But in time it became clear that it was my willingness to be a PEER counselor that facilitated the healing process. To my great surprise, I was able to function in both roles simultaneously—to participate as a fully present peer, and to actively guide the ritual of healing.

Finally, Yalom concludes his thought by acknowledging that in self-help groups

Pathology is deemphasized and dependency reduced. It is well known that passive and avoidant coping diminish functional outcomes. Active strategies, such as those seen in self-help groups, enhance functional outcomes. (Ibid, p. 519)

Although our 'self-help' group only met a single time, the “functional outcome” was that we all participated actively in our own healing process, not only for Jamie, but also for ourselves. Each one of us emerged feeling 'lighter,' ready to face the world ahead. Each one of us left the mikveh feeling like we had started in one place and emerged in entirely another.

Therapeutic Factors in the Group Healing Process

In his novel *The Schopenhauer Cure*, Yalom attempts to describe the power of a group to provide healing. His protagonist Julius (the group leader) has difficulty finding words to describe the process of transformational healing in the clinical setting—much like Heschel in his search for language to describe the transformational religious experience.

Yalom writes:

Julius had written professional articles about the various ways that therapy groups helped patients, but he always had difficulty in finding the language to describe the truly crucial ingredient: the group's healing ambiance [my emphasis]. In one article he likened it to dermatological treatments of severe skin lesions in which the patient was immersed into soothing oatmeal baths. (*The Schopenhauer Cure*, Yalom, p. 95)

What Yalom describes as “the group's healing ambiance” is exactly what we were somehow able to create in the mikveh. In fact, in the subsequent paragraph, Yalom--consciously or unconsciously--makes an obscure reference to the mikveh. (In my first reading—prior to engaging in this project—I even wrote the word “mikveh” boldly in the margin!)

He writes, “Julius gave up trying to be precise and for the past few years accepted the folksy explanation of simply dipping into the healing waters of the group” [my emphasis] (Ibid, p. 95).

So what factors lead to creating this healing ambiance? How did we create healing waters within our group as we immersed in the healing waters surrounding us? In our case, group cohesion was an essential factor. In his chapter on Group Cohesiveness, Yalom explains that “Members of a cohesive group feel warmth and comfort in the group and a sense of belongingness; they value the group and feel in turn that they are valued, accepted and supported by other members.” (Yalom, p. 55)

Including group cohesion, Yalom identifies twelve therapeutic factors that may result from the group process. These factors are: altruism, group cohesiveness, universality, interpersonal learning—Input, Interpersonal Learning—Output, Guidance, Catharsis, Identification, Family Reenactment, Self-Understanding, Instillation of Hope, and Existential Factors. (Within each of these categories, he identifies five sub-categories, but for the purpose of this project we will focus on the twelve major categories.) (Yalom, p. 82-86).

Yalom looks at the self-reported therapeutic factors recorded by members of several homogeneous groups. The two that most resemble our group (women whose lives have been touched by pregnancy loss) are:

~Members of self-help groups (women's consciousness raising, bereaved parents, widows, heart surgery patients, and mothers) commonly chose factors of universality, followed by guidance, altruism, and cohesiveness.

~Adolescents in learning disability groups cited the effectiveness of "mutual recognition"—of seeing oneself in others and feeling valued and less isolated (Yalom 110)

Although I did not conduct a post-mikveh "study," when we returned to the waiting area, we worked hard to explain to the men what our experience was. We were all refreshed and energized, literally glowing. "What happened in there?" the men wanted to know. We all had difficulty putting it into words:

"I just feel lighter."

"I feel completely different than when I went in."

"I didn't know how badly I needed this."

“Half of the power of it was that it wasn’t planned—we figured it out as we went along.”

“This was the full power of the human experience—to be present for each other.”

The first four comments reflect what Julius (of the Schopenauer Cure) calls “the group’s healing ambiance”, and what Yalom would call group cohesiveness. The final comment about “the power of being present for each other” refers to universality or mutual recognition. Finally, there is no question that all four participants felt a profound instillation of hope following the ritual.

If I had asked the participants in our mikveh ritual to rank Yalom’s twelve therapeutic factors, I am certain that universality (“mutual recognition”), group cohesiveness, and instillation of hope would be at the top of the list. There is no question that in addition to immersing in the healing waters of the mikveh, we also immersed (in Yalom’s words) “in the healing waters of the group.”

Contributions to Ministry

I hope this work will give others the courage to approach new rituals without fear. The anxiety of not having a script or a clearly defined precedent can be daunting in the ritual setting. However, as I learned in the course of this project, the power of taking the leap of faith into this unknown territory is limitless in its potential to heal.

For those who seek a text to accompany them in these waters, I would like to contribute a written outline that can be adapted in any way. What follows is an adaptable text for this new ritual:

Entering the Water:

A Healing Ritual for Entering the Ninth Month of Pregnancy

In the Shadow of a Previous Pregnancy Loss

In the writing of this ritual I discovered it both lost and gained something from the original experience. It lost its spontaneity, the magic of responding to the need of the moment within the moment. But it gained clarity, structure, and permanence.

Implications for My Own Rabbinate

Finally, in my personal rabbinate I have learned a great deal about the power of expectation. Pregnancy loss is really about the horror that your greatest dream and expectation is not to be realized as you envisioned it. Ministering to this particular loss addresses a profound human need.

As many women who survive pregnancy loss know, there is often, thankfully, another chapter ahead: Parenting After Loss. This is a largely unexplored field, but I believe deeply that pregnancy loss affects future children and how they are parented.

In this project I have looked at the experience of pregnancy loss as the loss of a dream, a hope, a particular vision of the future. In my current rabbinate I have come to work with parents who experience the loss of a vision in a different form: these are the parents of special needs children.

I am currently leading a group at my synagogue called, “Parenting as an Act of Faith: Loving our Children for Who They Are (Even When We Secretly Wish They Were Different).” Participants are parents of special needs children as well as typically developing children—all working hard to accept their children for who they are, not to impose a particular vision or ideal or expectation upon them. It is a complex and ever-evolving journey—one that I believe is made stronger through the lens of peer support.

Entering the Water:
A Healing Ritual for
Entering the Ninth Month of Pregnancy
In the Shadow of a Previous Pregnancy Loss

Entry

The pregnant woman and the women accompanying her each enter the ritual bath from their separate preparation rooms.

Opening Song

Niggun (a song without words). if a niggun is not a familiar concept, sing any comforting melody, but with the sounds “Yai lai” or simply “la la” in place of the lyrics.

Welcome

Welcome to this place of healing. We are here to acknowledge the depth of _____’s loss. To tend to her broken heart, and to say goodbye to the baby she loved and lost. We are also here to acknowledge the extraordinary new life growing within her and to make space for this beautiful new person to come to life and to be. First she will enter the water, then she will say the traditional blessing for immersion, and she will immerse three times, as we who care for her witness this act of healing.

Part I:
The Pregnant Woman Enters the Water

The pregnant woman enters the water by herself. She is surrounded (out of the water) by friends who have also experienced losses or who have nurtured her through her loss.

Blessing

She says the blessing for Tevila (Immersion)
Baruch Atah Adonai Elohaynu Melech Ha'Olam...Al Ha'Tevilah
Blessed are you Adonai our God Ruler of the Universe
Who has sanctified us with your commandments and commands us
concerning ritual immersion.

Ritual Immersion

She immerses three times, making sure her body is fully surrounded by water. With each dunk, she does not come in contact with the walls or floor of the mikveh

Shehechianu

All sing shehechianu, thanking God for bringing us to this moment.

Part II: The Community Enters the Water

What follows are four separate opportunities to immerse in the water. Each immersion is preceded by a blessing, and each one honors a different need.

Prayer for Peace

Oseh shalom, or another prayer for peace, is sung as the friends enter the water

Immersion One

Friend:

We now immerse together in memory of the baby who died. (say name if name is known). We say the blessing for immersion together: Baruch Atah Adonai Elohaynu Melech Ha'Olam....

Immersion Two

Friend:

We now immerse together to make space for the new life inside growing inside _____, this new person who is about to enter the world. We adapt the traditional blessing of separation, said at the end of Shabbat, but instead of separating from the holiness of Shabbat to the rest of the week, we are marking the separation of one holy moment from another holy moment:

Baruch Atah Adonai Elohaynu Melech Ha'Olam, HaMavdil Bein Kodesh L'Kodesh

Immersion Three

Friend:

We have all come here for _____ but also we bring with us our own losses. We immerse together now in memory of all the babies we have lost. We say the first line [or more, if desired] of kaddish together:

Yitgadal v'yitkadash s'mei raba...

Immersion Four

And now, with the memories of those babies we carried, we loved, and we lost always in our hearts, we take the next step toward life.

At the end of seven days of mourning, it is a tradition to get from mourning and walk around the block to symbolize the reentry into life. And so now we take hands, and together we walk in a circle in these healing waters, to symbolize our getting up from mourning, and making space for new life.

(at the end of circling)

We immerse now in honor of all our living children and in honor of all the babies who are yet to be in our lives.

B'rucha ha'ba'ah b'shem Adonai.

Welcome in the name of God.

Closing Song: L'chi Lach

L'chi Lach: to a land that I will show you.

Lech L'cha: to a place you do not know.

L'chi Lach: on your journey I will bless you.

And you shall be a blessing.

And you shall be a blessing.

And you shall be a blessing, L'chi Lach.

Exit the Water

All exit the water, return to preparation rooms, and reunite with those in the waiting area.

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