

A
Frail
Silvery
Thread
Connecting
You to Me

❖ THOUGHTS OF PREGNANCY AND PREGNANCY LOSS ❖

By Rabbi Hanna Gracia Yerushalmi

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Full disclosure—

In January of 2006, after three successful pregnancies, I faced, what I called at the time, “the worst thing” that ever happened to me: a miscarriage. In the hours and days that followed, I struggled to find comfort. My doctor was professional and explained what was happening medically, assuring me that I could conceive again. My family members, who didn’t even know I was pregnant, were dealing with two pieces of raw news to digest. My husband and children provided as much solace as they could, but the road I was on felt desperately lonely and dark.

I did what I usually do in times of angst: I searched my library of books for a text to provide me with an anchor, or a poem to distract me from my feelings. My eyes fell upon *Tears of Sorrow, Seeds of Hope* by Rabbi Nina Beth Cardin, a book about pregnancy loss. The dedication alone moved me to sobs and tears—in love and faith, I dedicate it to all the children who never were, to the ones who stayed all too briefly, and to the families who will never forget them. As I read through the book, meditating on liturgies and reflecting on stories, I felt awash with deep emotion. Finally, I sensed the beginning of catharsis.

The pregnancy that followed was healthy, but in quiet moments, sometimes in the middle of the night, I would reflect back to the miscarriage. Usually my thoughts started with counting, first, how many months to go, then, how many months between pregnancy number four and five, and finally, how far apart the due dates were. As that growing baby moved purposefully against my ribs, I realized there were two entities that I hadn’t met yet: one, still living

on, as an idea in my mind and one, beckoning on the future, forming still in my belly. It's amazing to me how the body remembers.

There are also—what I call now—memory triggers. An August due date. An unexplained wave of sadness. The starkness of a medical intake form: how many pregnancies have you had? How many miscarriages? I could not forget that short-lived pregnancy, anymore than I can forget....

The journey continues today—through this work, as I seek, not closure, but graceful and mindful integration.

THINGS THAT ARE NOT TO BE

In this world of endless possibilities,
Some things are not to be
A voiceless answer to my prayers,
An echo of the sounds of creation
A tree uprooted then replanted
The sun tracing a path backward
Across the vast hollow horizon.

Some things are not to be,
The baby that grew tentatively within
Gone now, leaving whispers and flutters
A trail of tears, a mountain-top loneliness
Born from wind and salt and clay.

The body remembers with neural connections
Woven together to embrace me, remind me
You were once here
A frail silvery thread connected
You ever so tentatively to me.

It frayed as the twilight unfolded
The world of endless possibilities
Offered one more thing, not to be:
This loss I wanted to refuse,
The silver thread needs mending
Frail yes, but you were once here.

Not in full form, not in full color
Not full of spirit nor body
And yet something of you lingers.
You belong to the twilight,
You dwell in the whispers,
You echo in my holy tears.

Chapter I

*To contain the whole of death so gently even before life has begun,
And not be angry—this is beyond description.*

❖ RAINER MARIA RILKE

A Jewish woman has a miscarriage. She takes care of her medical issues, using the resources available to her. She calls her OB. She takes medicine for cramping. She waits for the bleeding to stop. Her physical needs are met. Yet emotions persist. She feels scared (*will she be able to get pregnant again?*), angry (*why is this happening?*), lonely (*she is isolated in her grief*), guilty (*did she do something to cause the miscarriage?*), and sad (*her baby is gone*).

What can she do with these feelings? She doesn't know. She feels lost and forgotten. She wonders: does anyone care? Should she pray? Is there some religious ritual she could fulfill—a candle to light, a prayer to recite? She feels alone in her pain. How do other women cope? What inner resources can she tap into? How does she move forward? A women's miscarriage is dealt with on a physical level, but currently there are precious few opportunities for a religious or psychological response.

Perhaps some women can benefit from being able to talk to their religious leaders, to their religious community, and to each other about the topic of miscarriage. Rabbi Goldie Milgram offers this advice to women who have miscarried "often miscarriage is very hard to bear. Rather than hiding the hole in your soul, the lost hopes and expectations, seeking support is very important" (p. 45).

A woman might seem to have simply moved on from her trauma, but it is likely that she still has religious and psychological needs that are not being met. For a woman who has endured a miscarriage, talking about her experience individually with her clergy, having an opportunity to participate in a prayer or ritual of loss, or discussing it communally can be enormously helpful in receiving comfort and support.

Often, when a miscarriage occurs to a woman, the exact opposite unfolds. She: (1) rarely seeks out individual therapeutic or pastoral counseling with a rabbi or therapist in any way concerning this legitimate life cycle event, (2) rarely has the opportunity to participate in a prayer or ritual of loss, or (3) rarely participates with others in a pregnancy loss support group, if such groups are available.

To explore this issue further, a few questions will focus the discussion as it relates primarily to Jewish women and their partners. First, why don't these women open up about this issue in general? Many consider this aspect of their lives as very private. The miscarriage may have occurred even before the woman was ready to reveal the news of the pregnancy. Not wanting to share both pieces of information, the pregnancy and now the miscarriage, and deal with the emotional responses from others—a woman may opt to keep quiet for reasons of discretion and privacy.

As Rabbi Nina Beth Cardin explains, “many of us choose to bear this sorrow alone. Perhaps because we do not trust our neighbors and community with our most tender feelings. Perhaps because we fear political misuse of mourning over a child that is not yet a child. Perhaps because we fear what will

happen if we dare open the gates of our bulging reservoir of pain" (Cardin, p. 15). The result is bottled up feelings that don't find release.

Withholding information about one's well-being may start feeling like keeping a secret. As Kathryn Mathewson explains, "following the miscarriage of our first grandchild, I realized how many women carry the 'great secret' ...too often, miscarriage is a secret buried deeply with each passing year, festering silently and perversely filling the void left by a lost child" (Mathewson, 2006). This "secret" tends to become more buried as time separates the woman from the trauma. It becomes even more challenging for her to reveal her inner wounds, in particular after her physical well-being is restored.

One woman found comfort in connecting to others with a similar experience: "Some friends and I used to call ourselves 'the Dead Babies Club.' We would meet for brunch and talk about our losses—miscarriages, stillbirths, terminations after amnios revealed acute abnormalities. We may have been a grief-stricken lot, but we weren't going to be a silent one. We wanted to be seen, to be acknowledged, to mark these events that didn't exactly make us mothers, but made us...something. And so, we were willfully conspicuous, overly loud. Because we knew: no one wants to hear about your dead baby." (Orenstein, 2008). It is precisely this perspective that keeps most women from sharing their loss and forces them to push away deep pain.

Sometimes, explaining to loved ones and friends that a woman has had a miscarriage is akin to notifying friends and family that the couple has decided to start a family. The first thing her older sister said to her after Amy shared the news of her miscarriage was: "I didn't know you were trying." The pregnancy

loss, and all the feelings associated with it, is often deflected by conversations about procreation and family planning. Friends and family may start asking, as time goes by after the miscarriage, when will she get pregnant again. This, too, distracts everyone from doing the grief work a pregnancy loss requires.

One of the challenges of coping with miscarriage is encouraging the mother to speak her pain. Unfortunately, the typical responses of well-meaning people do not engender an atmosphere of sharing. Well intentioned platitudes such as "God only lays this burden on those who can handle it"; "it is better this way"; "you'll have more children"; "it wasn't meant to be," etc., are actually neither comforting nor reassuring. Comments like these could discourage the mother from speaking her pain and turn her grief inward.

Along with having to endure the pain of hearing such platitudes, many expect women to "get over" the miscarriage, in particularly after she has become pregnant again. But with pregnancy loss, there is also an echo of the grief, or renewed grief. This echo may come when the lost baby's due date approaches or at times of celebration, holidays, or anniversaries. As one woman explains, "what is most surprising about miscarriage is how long the grieving continues. The night before my last birthday, I had a terrible time getting to sleep. I finally recalled that my birthday was also when my due date would have been. At the start of my pregnancy, I had been delighted that the two would coincide and had retained that connection in my mind. I spent a fair amount of my birthday with that sad sense of longing" (Moffit, p. 113). Women may feel reluctant to bring up their grief so long past the actual event. There is a sense that they should be over it or that they are dwelling on

the loss.

And what of the dynamic between husband and wife? Men and women typically deal with miscarriage in different ways. For the woman, the immediacy of physical changes both with the pregnancy and the miscarriage may intensify and focus her response. During the pregnancy, she may have already begun to gain weight, feel her breasts swell, experience fetal movement, nausea, etc. With the miscarriage, she will experience cramping, bleeding, lactation in some cases, and hormonal shifts as her body returns to its rhythms. The immediacy of the physical symptoms compound the spiritual and psychological loss.

A man's response may be more centered on the woman's pain, while still grieving the loss, as one woman explained, "he was more upset for me than for himself" (Friedman and Gradstein, p. 178). Some men respond in an active way. One wife explains, "my husband's response was quite different. Whereas I turned inward to find strength and renewed faith by studying texts, he used activity to overcome the loss and became a Jewish Big Brother" (Umansky and Ashton, p. 249). Finding outlets for pain, whether through caring for a spouse or reaching for an activity to channel emotional loss, are all pathways to solace.

The difference between how a woman and a man grieve is termed "incongruent grief" by Perry-Lynn Moffit. She explains, "usually the partner is not as focused on the pregnancy...it's more like a piece of news. There isn't a kick in the belly or the extreme exhaustion, symptoms whose disappearance serve to emphasize the enormity of the loss" (p. 34). At times, the

incongruence can be too much to bear, as emotional distance builds and the marital bond may become strained, unable to withstand the pain of the loss.

Why don't women talk to rabbis specifically about pregnancy loss? For the most part, women view pregnancy and pregnancy loss as a private matter. It falls under the realm of sexuality: an uncomfortable topic to broach with clergy. Traditionally, Jewish women are taught and exhorted to be modest, from the veil they don during the wedding ceremony to the private cycles of visiting the ritual baths. The concept of *tsniyut*, or modesty, might stop women from speaking to their male rabbis, in particular, about their experiences of pregnancy loss. Most women, too, do not have an intimate relationship with their rabbi. They don't have a practice of going to their rabbi for spiritual support. So when a miscarriage happened to Gilly, she resumed her regular routine, even attending services that Friday night. When the rabbi asked her how she was, she replied, "fine," never for a moment considering a more revealing response.

What recommendations can be made to help create a more supportive and nurturing environment for those who suffer from pregnancy loss? First, miscarriage ought to be treated like a legitimate life-cycle event. Prayers and rituals ought to be included in the rabbinic manual, taught in seminaries, and discussed at rabbinic conferences. Rabbis or clergy should periodically broach the issue of miscarriage with congregants to show an awareness of the trauma and grief that women in their congregation might experience. Just as occasionally a rabbi might give a sermon about domestic abuse or suicide, s/he ought to give a sermon about miscarriage. Just as there might be brief

mentions in the synagogue bulletin about AA meetings or support groups for single parents, there ought to be references to miscarriage support groups, as well. Just as there are books in the temple library or in the rabbi's study about trends in liturgical innovations or how to reach the unaffiliated, there ought to be several books on pregnancy loss. Congregants should be able to learn, by looking at the temple bulletin or perusing the synagogue calendar, that fellow congregants suffer from pregnancy loss and that the congregation's rabbi cares about the pain associated with this legitimate life-cycle event. Through these steps, a family that experiences a miscarriage will know that their rabbi is approachable, is open to hearing about their loss, will be responsive in a nurturing way, and will provide much needed support.

Rabbi Cardin opens her book on pregnancy loss with these words, "a woman who lost her child came to her teacher for comfort. She poured out her grief as he listened patiently. Then he said to her, 'my child, I cannot wipe away your tears. But I can teach you how to make them holy.'" Surely there can be no greater comfort than a listening ear, patience, acknowledgment of pain. and sense of holiness. Following some of the previously mentioned recommendations could help clergy have more tools to make a woman's tears more holy.

Historically, women experienced miscarriage as a reality of daily life, but the pain certainly never became routine. In more modern times, as women are having fewer pregnancies and delaying starting a family, a miscarriage can deal a heavy blow to the psychological and spiritual health of a woman. When she experiences a miscarriage, she, more often than not,

relies on the support of her medical community and her social circle. For the most part her medical community is ill-equipped to respond to her on anything more than a physical level. Her social circle, which may include parents and in-laws, a spouse and close friends, are often struggling with their own feelings and are limited in what kind of support they are able to provide.

Religious support, too, is sparse. Jewish tradition teaches that a baby isn't considered a separate individual until the greater part of him/her has emerged. And what of miscarriage? Traditional Jewish practice does not provide us with the resources we need to reflect upon and integrate this kind of loss.

Some Jewish women who experience pregnancy loss may seek religious comfort. They must surely wonder: did not our foremothers, who experienced infertility and prayed to God for children, also experience the fleeting joy of a pregnancy followed by the grievous loss of a miscarriage. Throughout the middle ages and the diaspora, the expulsions, the Holocaust, and the establishment of the State of Israel, miscarriage has been there, ever-present, as couples have struggled to grow their families and communities. But our rabbis have been uncharacteristically quiet about what to do.

In more modern times, more people need more from their rabbis; they seek a religious context to understand life events, as Jewish law continues to expand and unfold. Rabbi David Wolpe explains "change in Jewish law to include women, from *bat mitzvah* rituals to rituals for miscarriage...are elements in a covenantal understanding of the tradition. This is a tradition not rigid but responsive and alive, not repetitious but committed to dialogue with

the past, each other, and God” (Levinson, 2008). This perspective allows for new rituals that are not part of the traditional rubric that can offer congregants greater comfort, release, and catharsis—all in a Jewish context.

For all these reasons and dynamics, ministering to Jewish women who have suffered pregnancy loss presents unique challenges. As part of this Doctor of Ministry project, I hope to learn more about how clergy can better serve this group of mourners whose pain is solitary and often silent. The first challenge is simply identifying these women. Once I am able to identify and connect with between 5-10 Jewish women who have experienced miscarriages, I will invite them to: (1) speak individually with the rabbi (me) about the experience [1 session], (2) participate in a prayer/ritual of loss [1 session], and (3) speak communally in a group, like a pregnancy loss support group [1 session]. Through these opportunities, these women will have a chance to speak about their loss, grieve, and experience a sense of integration all within a religious context.

How relevant this project is to Judaism may be in direct correlation to the continued unfolding of Jewish tradition. This unfolding is leading to a myriad of innovative rituals that serve to comfort, uplift, and spiritually connect a woman to her heritage. The area of miscarriage is still only beginning to be explored and discussed.

New rituals, poetry, and approaches are continually being created and established. The beneficiaries range from the religious to the non-observant. While it seems that most women turn inward for solace, some women—maybe a majority—would benefit from community support, religious rubrics,

traditional language, and rites that are reinterpreted to provide comfort.

In search of healing, some women choose to take on more traditional experiences, like visiting the ritual bath, or *mikvah*. For example, Michele Rosenthal, self-defined as not “particularly religious,” decided to go to Boston’s *Mayyim Hayyim mikvah* after suffering a miscarriage. In her words, “she was looking for a place to reflect on what happened to her and her lost child ... ‘I was able to release some feelings and some anger and I think some of the guilt I was feeling and didn’t know where to put it. I was able to leave some of that in the waters,’ Ms. Rosenthal said (Zezima, 2004). Bearing the pain alone was not sufficient for Ms. Rosenthal. She searched for a repository for her feelings within the context of her heritage.

For a more traditional couple that are regular *mikvah*-goers, the immersion takes on greater importance. “After a miscarriage, a wife immersed and her husband was actually her witness,” explains Anita Diamant. “It was their loss and they needed a way to ritually mark the ending of something and the beginning of something new” (Epstein, 2008). Together, husband and wife grieved and were able to use a venerated tradition with a twist of innovation that helped them to support each other, again in the context of their tradition.

Why have a ritual at all? According to Rabbi Debra Orenstein, “traditional religious ritual was designed, and continues, to meet a variety of needs that relate to life passages: the need for the individual to be acknowledged by the community, the need for the community / tribe to read itself into the passages of each member, the need for bonding, which serves

both the individual and community, the need to (re-) enact dramatically the great stories and messages of the tradition for the sake of individuals and of the tradition. Through rituals, we create structures that provide an element of predictability and, therefore, safety, around times of insecurity, transition, and/or loss" (Orenstein, p. xx).

Customarily, we turn to our religious heritage to offer a rubric for our behavior. We trust in rituals such as *shiva* because they are time-honored, time-tested, and authority-endorsed as methods to grieve. When no ritual exists for a significant life event, some know intuitively to search for a way to mark their experience. Others often flounder, as they wonder why they are still so grieved and why their religion has so little to offer them. Like a funeral, "miscarriage is a sad and significant event that demands its own rituals and liturgies" (Frymer, p. 68). New rituals based on Jewish tradition offer recipients more opportunities for meaning.

What are the criteria that make a ritual for miscarriage "Jewish"? Creative ritual must be grounded within Jewish tradition: Jewish vocabulary, ritual objects, prayers, etc. Therefore, a helpful starting point could be found in existing rituals that could be expanded or altered to relate to a woman's life-cycle. When these creative rituals and liturgies are applied to a situation where nothing existed before, religious observance unfolds and new traditions are born: with great effort, there is meaning, comfort, and connection where there was none.

The Book of Exodus teaches that as the Israelites approached the land of Israel, the land of milk and honey, God made a myriad of promises to them.

Among these, God promised: “no one will miscarry or be barren in your land (Ex. 23:26). While the idea promised by God constitutes a lofty ideal, the reality is harsh and cold: miscarriages happen, no matter what we do. So, in the tradition of the rabbis, we ask, is there more here for us to learn? Perhaps, in the practice of expanding the text through *midrash*, we could imagine a “b” part of the verse that might read like this: “no one will miscarry in your land **without a concerned community, caring spiritual leaders, an empathic circle of friends, and meaningful rituals to support you as you grieve your loss.**” In this way, God’s promise is not just a lofty ideal, but it will bespeak the creation of a giving and nurturing community that would truly symbolize a promised land.

Chapter II

"Ten years ago, I stood in a temple in the Kamakura district of Tokyo, staring at hundreds upon hundreds of gray Buddha statues. Ranging in size from around 4 to 12 inches, they lined walkways, went up steps, and edged paths. Some were adorned with beads and flowers or wore little hand-knit caps; others had bibs with cartoons and white, ruffled baby hats. They stood silently amid the rock arrangements and soft bamboo trees. Their sheer numbers were breathtaking. Later I learned that this temple was a place specifically for women who had had pregnancy losses—some early, some late..."

❖ WENDY PONTE

There is no such temple or site in Western religions, no place for mourning, no traditional prayer to utter, no age-old ritual for grieving. Specifically, Judaism has little to say about miscarriage. In a sea of information about *Shabbat* observance, laws of *kashrut*, and all manners of behavior, the rabbis of years past are curiously silent about pregnancy loss.

And yet, the medical community identifies that about one out of three pregnancies results in a miscarriage. With no resources for support, no instructions for behavior, Jewish women (and their partners) endure the

physical side of a miscarriage and have no insight into the religious aspect of this life-cycle event.

What does Judaism say about a miscarriage? According to Jewish law, a child is only defined as an individual when its head has emerged from the birth canal. Until that point, the pregnancy is considered part of the woman's body. Accordingly, a miscarried fetus should be treated like any other limb or amputated part of the mother, and buried.

A closer examination provides some hints at a deeper understanding of the status of the fetus. Among volumes of legal discourses, I want to highlight three legal discussions that allow for some conclusions not explicitly stated in the texts. The first discussion defines the status of the subsequent pregnancy after a miscarriage—namely whether it is to be considered “first-born” or not. The second defines the punitive damages resulting from an assault on a pregnant woman who miscarries. And the third discussion explains the differing requirements for immersion in the ritual bath for a woman who miscarries, based on the general rules of immersion after the birth of a boy or a girl.

First, according to Jewish law, if a woman miscarries within forty or so days of conception, a subsequent pregnancy would be considered a first-born. So for legal purposes, Jewish tradition treats a miscarriage that occurred during this prescribed time period as if it did not occur. The miscarried embryo is regarded merely as water (Gold, p. 134). If, however, the miscarriage happens after forty days or so, a subsequent pregnancy would not be considered first born. In this case, the fetus is considered more than mere water and the fetus does indeed have halachic or legal status.

It is possible to extrapolate from this explanation, that while the greater part of a fetus must emerge before traditional Jewish law considers the baby a full person, after forty days, the fetus *in utero* is something more than mere physical matter. What are the implications for mourning rites and practices? As one might assume, since the fetus is not a full person, traditional mourning rites and practices do not apply. However, having learned that the miscarried fetus is more than merely water after forty days, it is reasonable to conclude that the loss assumes a wholly different dimension. Although traditional Judaism does not sanction or invoke a mourning ritual, traditional law clearly manifests a recognition that the potency of the loss increases together with the pregnancy's duration. If one approaches this concept liberally, one can say that at some point after the pregnancy begins, the fetus within becomes to the mother (and father) something much more valuable than mere water. Traditional Jewish law defines that period specifically, but it is also fair to assert that the spirit of the tradition embraces the idea that the growing fetus does have some significance *in utero*. This being the case, it is proper and fitting that some sort of mourning ought to be sanctioned and legislated to acknowledge this significance.

In the second legal discussion, the question is what consequences, if any, should be applied, when a miscarriage is caused by the action of another human being? Exodus provides the case: "when men fight, and one of them pushes a pregnant woman and a miscarriage results, but no other damage ensues, the one responsible shall be fined according as the woman's husband may exact from him, the payment to be based on reckoning" (21:22). The rabbis subsequently explain that although a man must pay a fine to the husband for causing the

miscarriage, he is not charged with murder. Again, consistent with the argument presented earlier, since the fetus is not a full person, the rules and consequences of murder do not apply. However, having agreed that the miscarried fetus has more worth and significance—it is more than merely water—a payment of retribution is established.

Third, Jewish law also recognizes the status of a baby who is miscarried in the context of legislation pertaining to the use of the *mikvah* or ritual bath. If the miscarriage occurs before the fortieth day, the woman attends the ritual bath, applying the same restrictions as a menstruating woman. If, however, she miscarries after forty-one or so days, she applies the same rules as a woman who had a full-term birth.

The *Torah* explains that in order for a woman to know when to go to the *mikvah* after her baby is born, she counts seven days after the birth of a son and fourteen days after the birth of a daughter (Leviticus 12:1-5). She then counts seven clean days and thereafter immerses herself in the ritual bath. A woman who miscarries after forty-one days must adhere to the same observance. The *Mishnah*, a collection of legal commentaries, explains, “if a woman miscarries on the fortieth day, we do not worry that it is a child. However, on the forty-first day, she sits the count for a male and a female” (Niddah 3:7). Here too, there is consistency with the argument: since the fetus is not a full person, in the case of a miscarriage, the terms of the ritual bath apply as if the woman were menstruating. However, having agreed that the miscarried fetus is more than merely water and based on the differing rules of attending the ritual bath, it is

clear that traditional Jewish law regards a miscarriage as a meaningful loss and therefore merits some level of mourning ritual and life-cycle observance.

There is another law that recognizes the reality of miscarriage. The *Mishnah* teaches that if a couple live together for ten years without a child, they cannot put off fulfilling the *mitzvah* of procreation any longer. The original principle (not practiced, but instructive nevertheless) is that after ten years, the man must find a new wife. But the *Mishnah* states that “if she miscarries, they count from the time of the miscarriage.” In other words, when a miscarriage occurs, the count starts over (Gold, p. 140). Once again, we find, in the spirit of this traditional practice, the idea that the state of pregnancy is one of special consequence.

In all these cases, Judaism gives us much insight. According to Rabbi Michael Gold, while there is no formal mourning, Jewish law does recognize a miscarriage as a real event with ramifications. Pregnancy is a transformative reality, and the premature termination of that reality—a miscarriage—cannot be ignored (p. 140).

One of the challenges of applying legal ramifications to a miscarriage is precisely how the miscarriage itself is defined. The rabbis, too, struggled with this demarcation and concluded that, if it could be determined, forty days after conception seemed like a coherent spot to place a marker. So, different rules of definition and consequence applied depending on how far the pregnancy had progressed. Of course, the difficulty here is in the actual counting of the first day and so how one arrives at the number forty days becomes naturally blurred.

Some in the medical community define a miscarriage as happening from conception up to fetal age of 20 weeks. But rather than itemizing a series of seemingly arbitrary demarcations that have been proffered by doctors, theologians, or lawyers, it is arguably possible that the most authoritative definition comes from the couple, who have experienced the miscarriage. Therefore, the term “miscarriage” should be understood as having happened when the couple itself elects to use this term (Blank, p. 358). When a couple experiences a pregnancy loss, the tenor of their feelings can be compared to what a mourner feels. Yet when a husband and wife reach out to their religious community for support, in the form of mourning rituals with which they are familiar, they oftentimes discover that in addition to returning home with an empty womb, their religious tradition sends them off empty-handed as well.

Just as prayer/ritual experiences help us to mark times of joy (wedding service), sorrow (funeral service), and passages of time (festival services, for example), a miscarriage, too, is a loss to be honored through similar prayer/ritual experiences.

Contemporary Jewish women have introduced “new” rituals to address the particular needs of women not historically addressed by Jewish tradition, including prayers and rituals for pregnancy loss. These “new” rituals are mostly based on some twist of tradition. For example, a woman might observe a *yartzheit* not to remember a funeral, but to remember what might have been her due date. Some women find it meaningful to engage in private supplication during the High Holy Day *Haftarah* reading during which the story of Hannah, who

suffered from infertility, is read. Others might find it meaningful to plant a tree, recite a prayer in front of the Ark, or even bake *challah* as an act of remembrance.

One of the challenges of creating rituals is to ensure a Jewish framework for the ritual. This is particularly difficult for the more observant Jew who engages in a fairly strict definition of “mourning” and a “mourner.” If the early pregnancy loss did not result in an actual human being, then the laws of mourning do not apply. This may seem harsh but some explain that the intention was to keep would-be parents from unnecessary mourning rites. So if the miscarriage is not a “death,” what is it and how can it be classified in such a way that the parents **can** receive the support and care they need—all within a Jewish religious framework?

In Rabbi Debra Blank’s “Response to Miscarriage,” she discusses how to categorize, within the framework of Jewish law, or *halacha*, the appropriate responses to miscarriage. Having rejected the categories of “death” and “mourning,” Rabbi Blank proposes that the category of *choleh*, or a sick person be applied to the couple recovering from a miscarriage and all the obligations of *bikkur cholim*, or visiting the sick, should apply.

Blank correctly argues that the woman and man are dealing with an “illness” that depletes their strength; the woman suffers from mental distress and needs both physical and emotional healing; the man, too, suffers not as acutely on a physical level, but most certainly on a mental level.

The *mitzvah*, or commandment, of *bikkur cholim* is required in such cases, and others are encouraged to attend to the couple’s needs. However, there is a difficulty in this classification. In order for the *mitzvah* of *bikkur cholim* to apply,

the community must know there is a *choleh*, people must be notified that their friends need support. This is a challenge because if the woman opts to keep her pregnancy private until after the first trimester and then suffers a pregnancy loss, she is in a bind about what to make public and how.

Here is where the rabbi can play a critical role in gently encouraging the woman/couple to share the news of their loss with their community. The rabbi can utter certain appropriate prayers on behalf of the woman and the man, asking for healing of the body as well as healing of the spirit. This can be done discretely, because the prayers are vague enough and serve as hints of a physically and emotionally traumatic event. This kind of personal response from the community's spiritual leader will be helpful and supportive for the couple, while still maintaining their privacy.

Having established that the miscarriage is a legitimate life cycle event within Jewish legal definitions and that the couple can be supported appropriately by their religious community, within the context of Judaism, what innovations can provide comfort for those suffering from pregnancy loss?

If synagogues and rabbis begin to acknowledge that mourning the pregnancy loss is more than merely a medical matter, if they begin to conceive of this occurrence as an ecclesiastical concern as well, then miscarriage can be viewed as a legitimate loss in the spiritual, religious, and emotional sphere. As discussed in Chapter One, actions of substance must be initiated to create a community of caring for those who have suffered from a miscarriage. Possible ideas include: (1) a communal service to acknowledge suffering. Some congregations choose to include a Healing Shabbat on their liturgical calendar.

Often attendees include those suffering from chronic illnesses. Yet, one organization has taken the Healing Shabbat to a new level. The Beth Israel Medical Center in Manhattan has set aside one event to mourn miscarriages, abortion, or stillbirth. By creating an established way to mark these pregnancies that ended in sorrow, organizers—chaplains, nurses, social workers and doctors—sought to elevate pregnancy loss and the impact it has on the survivors, in an effort to acknowledge the loss communally.

“When there is a lack of ritual, there are not a lot of people who accept that your loss is real,” explains Kim Sheridan (Fein, 1998), who observes that when there is a funeral, there is a wealth of support, but when parents lose a preterm baby, they go home from the hospital without the baby that was the source of hope and expectation, but parents also return home without the support that is pivotally important to the process of emotional healing for those in grief.

Another potential innovation is to fill in the gaps in our texts with stories in order to better reflect the full spectrum of a woman’s reproductive experience. While we know that our foremothers struggled and prayed about their infertility, surely many of them also experienced pregnancy loss. Anita Diamant’s *Red Tent* struck a cord among Jewish women because it gave voice to our matriarchs, based primarily on women’s connections to their menstrual cycles. Women could benefit from more *midrashim*, or amplification of the texts, to include biblical women’s experiences, laments, and prayers about pregnancy loss. Later on in this work, specifically in Chapter Five, more ideas will be presented about

how rabbis and congregations can do more specific initiatives to address the silent grieving mother and her equally silent partner.



“The more counsel, the more understanding.” *Pirke Avot* 2:8

Snapshot: Rachel is a six-year-old, playing with her friends. They are each pushing a stroller, while their “babies” are sleeping. With pretend diapers bags slung over their shoulders, they hum lullabies and quietly discuss what they are going to make for a pretend dinner for their family. Rachel stops the stroller and announces to her friends that she needs to nurse her baby. One of the other girls decides it is time to change diapers, while the other claims her baby is teething.

Young girls (and boys) begin, early on, the process of attachment, unique ties between parent and child. Even during pretend play with dolls and toy strollers, six-year-old Rachel is bonding with the idea of her future child. Through play, she idealizes motherhood even as she practices the behaviors she has internalized from watching her own parents. Rachel treats the baby doll in the same coherent, loving way she has seen her parents treat her and her siblings. Identification with her own mother inspires Rachel’s behavior. One would not be surprised if Rachel, while “nursing” her baby, all of a sudden cried out in pain and scolded the baby for biting her!

Perhaps for most, “pregnancy begins psychologically long before it begins physically” (Hammer, p. 231). In fact, the psychological groundwork is

set from the time children are little boys and girls and imagine themselves as fathers and mothers. Courting and marriage are based in part on what qualities one wants in their spouse for the father or mother of their children. Young couples will plan job opportunities and buy a home around the time they intend to start a family. So attachment begins years before conception. A psychological relationship exists long before a physical one is in place.

Once pregnancy is achieved, bonding and attachment intensify. According to one woman, "the connection I felt was unanticipated, electric, as if a frail, silvery thread ran between us. That link was the first thing I checked for when I woke up, the last thing I focused on when drifting to sleep" (Orenstein, 2002). New technologies have advanced this process: sometimes, it is the blood test that comes before the first missed period, or the sonogram providing an early image of the fetus, or genetic testing where the sex of the baby can be discovered before the mother is even showing. This kind of intimate information about the pregnancy creates an intensified psychological connection with the fetus that parents naturally elevate to the relationship they hope to have when the child is born.

Snapshot: Rachel is now twenty-nine. She is overjoyed to be seven weeks pregnant. She is expecting her baby to be born in August. Even though it is only January, she is already imaging how big her stomach will be and how uncomfortable she will be in the late summer heat. She strokes her still-flat belly and sighs with content, as she connects with her baby, who, in her mind, is as present and real as her husband who is sitting across from her. Attachment and bonding are in full force.

Psycho-dynamically, Rachel's pregnancy is a developmental achievement, as she unconsciously identifies (or in some cases over-identifies) with her own mother. She has already begun projecting onto her baby all sorts of characteristics and traits. Will the baby be a boy or a girl? Will she have brown hair like hers or green eyes like her husband's? She feels gratified to have been able to choose the time to become pregnant, expressing autonomy. There is some anxiety as well, fear of physically moving through the pregnancy, nervousness about the health of the baby, feeling helpless in the face of what is happening to her body. There may be some turning away from her husband to focus more internally and more on the pregnancy.

Psychoanalytically, pregnancy is a time when defenses are loosened and unconscious material may be revealed. Early conflicts are revived and repeated. A pregnant woman's identification with her own mother has a great impact on the pregnancy and pregnancy outcome. Pregnancy is also an intensely narcissistic condition, whereby a man and a woman are recreating themselves. The relationship with the growing baby is built by dreams, fantasies, and images that are reflective of their own psychological issues. The pregnancy becomes a source of narcissistic pride, or when problems occur, of narcissistic injury.

Snapshot: Rachel is bleeding and cramping and calls the doctor who confirms a possible miscarriage at eight weeks. The doctor tells her this is natural and that she should be able to try again in three months. Rachel wonders why she is being singled out to suffer in this tragic way and asks the doctor if there was something she did that caused the miscarriage. She cries through her appointment and resents the big-bellied

women in the doctor's waiting room. As she drives herself home, Rachel feels alone, abandoned, and angry.

Rachel's somatic symptoms, bleeding, cramping, and hormonal changes, are intertwined with her psychological responses. In the weeks, months, and years to come, Rachel will experience some or all of the following: She may dream about the would-be baby or pregnancy loss. She might feel abandoned by God as her trust or mistrust in the world is brought to the forefront of her thinking. She may feel guilty, like the woman "who had hung curtains a couple of days before her miscarriage and she felt terribly guilty about it. Even her mother-in-law said, 'well, if you hadn't hung the curtains...'" (Moffitt, 2000). She may feel betrayed by her body, fearing and doubting if she will be able to have a healthy pregnancy. She might feel her focus going back toward her husband, or she might feel it moving away from her primary relationship, as the trauma builds emotional distance for her. She struggles to separate and individuate from the pregnancy, from the idea of motherhood, from the idea of giving her spouse a child and her parents and in-laws a grandchild. She might even have an oral need to hold the baby.

Unconscious thoughts about her childhood and her own parents may emerge. "Feelings of separation and loss can quickly follow. Like many other major events in life—the death of a loved one for example—a miscarriage can be the trigger that brings other unresolved issues to the surface...issues that may have built over a lifetime. One example might be a woman's relationship with her own mother. If it's been troubled, a miscarriage might impact her even more significantly than usual by magnifying and reigniting all the

unresolved feelings of failure that revolve around this topic of mother and child relationships" (Hammer, p. 299). She may regress into needy behavior, deny the impact of the loss, and experience the narcissistic injury so deeply that she is unable to move past it. In more severe cases, post-traumatic stress disorder may affect her ability to resume her life-style.

A pregnancy loss brings on grief that is an acknowledgment of the loss and a gradual letting go of ties to the loved one. Sometimes grief can take the form of shock, numbness, anger, guilt, sadness, and anxiety. These feelings can take the shape of a roller coaster ride, unpredictable and repetitive. After a time of grief, the person may be engaged in the mourning process, a more complex response in which emotions are disorganized and then reorganized. This process may vary depending on the following factors: previous loss, previous childbirth experiences, length of gestation, quality of marital relationship, maternal age, mental health, and the likelihood of a subsequent successful pregnancy. No matter how pregnancy loss is defined, what the parents experience is manifested as grief (Hammer, p. 232).

The following principles are helpful in framing grief counseling. These "steps" explained more fully in *Grief Counseling and Grief Therapy* are summarized here: (1) Help the survivor actualize the loss, through telling the story; (2) Help the survivor identify and express feelings, through naming it: anger, guilt, helplessness, anxiety, sadness, etc.; (3) Assist living without the deceased; (4) Facilitate emotional relocation of the deceased, so that the survivor can move forward; (5) Provide time to grieve, at times it can take an entire year of holidays and birthdays; (6) Interpret normal behavior, reassure client she is

not going crazy; (7) Allow for individual differences, because there is a wide range of behavioral responses to grief; (8) Provide continuing support, through offering hope and a long range perspective; (9) Examine defenses and coping style, usually heightened after a loss; (10) Identify pathology and refer, in cases where the client presents with conflicts beyond the scope of pastoral care.

Parents may also experience other typical symptoms, such as sadness, loss of appetite, sleep difficulties, irritability, pre-occupation with thoughts of the baby, guilt, shame, and anger. Sometimes pathological grief may occur, in which a parent experiences intense grieving beyond the first year or an absence of grief. Dr. Jonathan Scher even coined a term called postmiscarriage depression, explaining that the "depression is likely to be worse, as you suffered real loss and thwarted hopes and desires" (Scher, p. 238).

What can you expect your partner to be feeling? Fathers who have experienced miscarriage may tend to be more reluctant to openly express their grief. It is common for the man to feel he has to keep control of himself, to be the strong one, so he can support and help his partner through her grief.

Unfortunately for the couple, this type of attitude can be interpreted by the mother as cold and unfeeling. Some women might wonder if the father didn't really want the baby. Many men say, "I've got be strong for her," when what they really mean is they don't want to give way to their emotions or be seen as weak.

Some men, in an effort to be helpful, will upset their partner even more by making comments such as, "this wasn't really a baby; it's not a great loss; we'll have another one." By talking in this way, husbands are reinforcing what others

may also be saying. The gap between the couple's grief responses can drive a wedge between them, especially if there are other domestic issues already brewing.

For any couple that has suffered a miscarriage, a confluence of dashed hopes may erode a vision of the "perfect" family, the longed-for happy threesome or foursome; the shared dreams of walks in the park, trips to the baseball game, birthdays, Thanksgiving and holidays together as a "real family."

Fathers also tend to be left to deal with the practical issues and decisions. If there is a burial, the planning may fall on his shoulders. If there are siblings at home, he will need to support them through the crisis, while running the household and arranging trips to the hospital. At the same time, he will have to face his own grief. One of the most painful ironies that both the father and the mother may have to confront is receiving the hospital bills for the birth that has not brought them the much-wanted baby (Marr, p. 239-240).

Authors, Julie Vargo and Maureen Regan, explain in their book, *A Few Good Eggs*, that a woman may feel this way: "If it's not my fault, why do I feel so guilty? Along with disbelief and sorrow, guilt forms the triple crown of miscarriage emotions. Why do we feel guilty over something we probably had no control over? A psychologist could probably answer that better than us, but here's what we know—almost every woman suffers undeserved guilt pangs after a miscarriage. With the betrayal of your body, you feel helpless. It is something that you should be able to rely on, and you can't. Your own body has hurt your unborn child, and there is a sense of anger toward your own physical self. It is a conflict of your spirit and physical being."

Vargo identifies a helpful tool that strengthened her abilities to cope. "Journaling is cathartic for me, so I did it with each of my miscarriages. I jotted my pain into my journals, taped sonogram pictures there, tucked in the cards, and then locked them away. Once I poured my soul onto paper, I felt better. By writing my miscarriages out, I honored my lost children. If the stories were on paper, they were off my mind. I didn't realize how important this exercise was until I couldn't find one of my notepads. I panicked and tore around the house, upending things in search of it. My husband, who processes his grief differently, didn't understand. 'What's the big deal?' he asked as I rooted through the bedside table, shaking and almost in tears. The big deal, I realized, was fear. I was afraid that if I didn't find that notebook, I would lose it all—the memories, the feelings, the fact that I had been pregnant at all. I needed to know where the only vestiges of my lost children were. Fortunately, I found the notebook, and all was well with the world again" (Vargo and Regan, p. 194).

Regan's response was more spiritual. "When I lost my babies, I went to Grace Cathedral in San Francisco, where I lived at the time and where my son went to school. I lit a candle for each miscarriage, setting their spirits free in this beautiful cathedral...when I think of them I feel sure they are indeed safe and happy inside Grace Cathedral, which makes it more bearable" (Vargo and Regan, p. 195).

To help in the mourning process, the authors suggest some ideas that benefited other women through the grieving process: "I planted a rosebush in memory of my baby; I held a funeral for her; I wrote a letter to him; I named him. Right after I miscarried, I knew I wanted the name Benjamin. I promised myself

I would never forget my first baby. Because from the moment of conception, they are unique—there's no replacing that; the due date and the like are very difficult, but I always pray for him in heaven" (Vargo and Regan, p. 196).

And they offer these Ten Tips for surviving a miscarriage: (1) Allow time to grieve; (2) Keep a journal; (3) Honor your lost child in some way, plant a flowering bush or tree; (4) Write your lost child a letter, pour out your feelings, then tuck the letter away; (5) Don't go it alone. Talk about the miscarriage with your partner, your parent, or your friend; (6) Give yourself a break. It is not your fault. You are not a bad person. Let go of the guilt; (7) Yell, curse, pound your fist on the table, go for a run, curl up in your bed and sleep...and then start living again; (8) You are not the only person to whom this has happened. Find others who can understand; (9) Take care of yourself—go to a spa, get a manicure, or a facial, buy yourself something special; (10) Realize that these feelings will pass, but will never be forgotten—and that it's ok (Vargo and Regan, p. 197).

Snapshot: It's been three years since Rachel's miscarriage. She was able to get pregnant again and has an eighteen-month-old little girl. She received training as a peer counselor for the National Council of Jewish Women and offers phone support for women who call in asking for help after their miscarriages. Relying on her experience, she guides these women with a sympathetic ear and a nurturing voice. As she feels echoes of her own grief, she acknowledges their pain and sorrow. Without offering them platitudes, she provides support and care. The thread that had snapped and separated her from her pregnancy years ago now weaves holiness into the tears of her callers. The hole in her heart became a patch, which in turn, became a badge of her life's journey.

Chapter III

*“Ten miracles occurred at the Temple in Jerusalem
when the Jewish people gathered to celebrate:
the first one was — no woman ever miscarried
from the smell of the sacrifices...”*

❖ PIRKE AVOT

In order to learn more about Jewish responses to early pregnancy loss, I will first identify Jewish women who have suffered a miscarriage. The challenges here include a small population sample (the identified Jewish community in Annapolis, Maryland comprises about 400-500 families) and some of the privacy issues discussed in Chapter One. I will email the four local rabbis informing them of my project and soliciting referrals of anyone who has suffered a pregnancy loss to contact me for counseling and support via a confidential email. I will simultaneously discuss my project with several nursery school parents at one of the synagogues where my children go to school and asked them to spread the word. A reasonable goal would be to identify 8-12 women who are possible clients to approach.

Having identified these Jewish women, I will meet with them several times, for one-on-one sessions. I will acknowledge their pain and loss, through active listening and creating an alliance; be emotionally present as a counselor and walk with the clients in their suffering; and sit with the truth presented by the clients.

Ideally, I will schedule three meetings with my clients. During meeting one, I will begin by sharing a bit about my own miscarriage and how I am striving to use the education I am receiving through the Doctor of Ministry project to benefit others who, like me, were compelled to face this traumatic experience. Use of self, transference and counter-transference will be addressed through self-disclosure. As the therapist/rabbi, I hope sharing my experience will also create a strong alliance.

After this part, I will invite the client to tell me her story. As I listen, I will be assessing what was offered by the religious and medical community and ascertain where she is on the integration spectrum. As discussed in Chapter Two, a person suffering pregnancy loss will frequently experience denial, post-traumatic stress disorder, anxiety, anger, depression, guilt, emotional blankness, loss of affect, and more. Availing oneself of one-on-one counseling with the rabbi, participating in a prayer/ritual, or participating in a group can be supportive, healing, and transformative.

These meetings may take place anywhere, in the client's home, at a coffee shop or at the synagogue. In the first session of one-on-one counseling, I expect that the clients will feel unburdened, share their pain, suffering, and loneliness, and have a cathartic response. After the first session, I will discuss with them the option of participating in a prayer/ritual.

During the second meeting, I will invite my client to join me in the Sanctuary and in front of the open Ark, I will stand with her and take her through a prayer/ritual. Prior to entering the Sanctuary, I will stop in front of the *yarzheit* or Memorial Wall in the transition room between the social hall and

the Sanctuary. This is the location of many names of deceased members of the congregation. The Memorial Wall is designed in such a way that a mourner may lean down and pick up a stone and place it next to the name of their loved one in remembrance. This is a tradition done when visiting a cemetery, as Jews do not bring flowers, but place small stones on tombstones as witness to the visit.

After a brief explanation of the Memorial Wall and the stones, I will invite my client to take a stone with her into the sanctuary. As we stand in front of the Ark, I will speak of the sanctity of the space, the uniqueness of the Ark, the eternity of the *Torahs*. I will ask her to take the stone and place it inside the Ark as a representation of holding her loss. We will speak some prayers and read through a short service together, including a brief moment of silence and an opportunity for personal reflections. When we conclude, I will invite her to take the stone out of the Ark and we will walk out together and return the stone to its place, as a way of releasing some of the pain and angst of the loss.

In the prayer/ritual session, clients may feel a connection to Jewish women of the past (biblical and historical) that have experienced pregnancy loss and have an outlet to either praise/express anger to God. During the second session, I will invite each client to a pregnancy loss support group session.

At the third meeting, the group session, I will begin by reintroducing myself, retelling my story and reiterating the Doctor of Ministry project. Then I will invite the clients to introduce themselves and share their stories. We will participate in a short, communal prayer service and then I will invite everyone to share thoughts with the group. They may find comfort through hearing each other's experiences, draw strength from the stories they hear and tell, and bring

up memories and reflections about their pregnancy, husbands, future family planning, and other issues.

Depending on the composition of the group and the mood of the group, several options are possible. I may proceed with more sharing. I will ask about the lowest point, the best support, what still lingers, what strengths have been realized. I may proceed with a group action. I will pass out sheets of paper with these two questions written on it: how many pregnancies have you had? How many live births? We will discuss feelings behind these questions and answers.

After contact with each client, I will solicit reflections on the process by checking in, summing up each session, asking for feedback, and a verbal evaluation of the sum of the meetings. There is the possibility that some women may attend only one session, a few, or attend all; this will be addressed in one of the chapters.

PRAYER/RITUAL SECTION

This section contains prayers, poems, and liturgies to be used in the second and third meeting. After the first meeting with each client, based on her story, I hope to personalize which prayers, poems, and liturgies I will use at the second meeting. The third meeting or group meeting will have a broader-based liturgy presented.

- **Short service with Rabbi and Mourner (to be used in meeting #2)**

Rabbi: *(the Ark is open, the mourner puts the stone near the Torahs, we stand together*

facing the Ark.>) We take a deep breath together, this is a holy moment. We have come here in the deepest grief. Death has touched us, causing us pain. We feel lost. We feel despair. O God, help us to find peace and comfort in this moment, here in Your presence. We pray for strength to endure this loss.

Rabbi: HaYotser¹

To the One Who shapes,
And formed us out of earth's clay
Hold me now
Shelter me
My dreams of life were gifted
My dreams of life were removed.

To the One Who shapes,
Shape me a place where I can weep,
And mourn the loss
And let the blackness inside
Cry.

Help me say good-bye to the
Dreams I bore
To the love I nurtured

¹ Adapted from *HaYotser* by Vicki Hollander

Stand by me and
Watch my tears fall and touch the earth.

To the One Who shapes,
Heal my body and my soul
Mend my spirit,
Thread new life among my bones.

Silent prayer

Rabbi: We have come here today to face the mystery of death. We cannot understand, we cannot accept this loss. We feel anger, sadness, and confusion. How do we cope with the turmoil of our emotions? It is hard to believe that time will heal our wounds, but we pray that it will allow our acceptance to grow.

Mourner: *I have lost a dream...a hope...a bridge across which I could have gazed into the future. Something of me has died...and it's all the more painful, for I never had a chance to know what I've lost. All the love and joy and fullness that should have been in this moment...simply aren't.*

Rabbi: O God, Source of Strength, help us through this time of despair.
Guide us to that peace of mind for which we so deeply yearn. May we always know that You are with us, even in our doubt and in our pain.

May we come to believe “in the sun even when it is not shining...” and in
You even when You seem silent.

(Responsively)

Rabbi: God heals the broken-hearted
And binds up their wounds.

Mourner: *God reckons the number of stars
Giving each one its name.*

Rabbi: God is full of compassion and full of might
Overflowing with wisdom and love.

Mourner: *God, You give healing to the sick
And bring hope to those bereft.*

Rabbi: So may God always be with us.

Mourner: *So may God always be with us.*

Rabbi: *Adonai natan, Adonai lakach, yehi shem Adonai mevorach.*

God has given, God has taken away. Blessed be the name of God.

—(Job 1:21)

Rabbi: We repeat these ancient words of comfort:

Hamakom yenachem etchem,

May God grant you comfort.

*Personal reflections can be shared here. Then the stone is removed, the Ark is closed and
we walk away from the Sanctuary together to return the stone to the Memorial Wall.*

• **Group Liturgy with Rabbi and Mourners (to be used in meeting #3)**

Leader:²

For a time of unending tears, pain, and struggle;
Times of not being understood by family, friends,
Times of longing and emptiness,
Times of not being in control,
Times of searching within and without.

Group: *We pray... God hear us,
 Be with us, God, hear us
 God, grant us healing and strength.*

Leader:

For all the memories of our baby;
For any brief moment of being with our baby,
For those who walked the journey of mourning with us,
For each time of remembering.

Group: *We pray... God hear us,
 Be with us, God, hear us
 God, grant us healing and strength.*

Leader:

For the times of letting go,
For the times of reaching out,
For each new day and each ray of hope
For the gifts our baby left us:

² by Sister Jane Marie Lamb

Group: *In giving us new eyes with which to see,
New ears to help us hear others
A new heart to love more deeply,
And for new values in our lives.
We pray... God, hear us,
Be with us, God, hear us
God, grant us healing and strength.*

To be read silently by group participants³

*I am crushed, God. Just yesterday I felt so blessed, and now I feel hollow, empty.
Why, God? Why did this pregnancy have to end? I know this miscarriage was not
my fault, but I still feel as if I failed somehow. I want to be filled with hope once
more, God. I want to be filled with life once more. Help me, God. Heal me. Let me
begin again. Let life take root inside of me once more. Remind me that tomorrow is
a new day once more. Remind me that tomorrow is a new day full of promise and
possibility. Lead me, God, on the path back to life, back to hope, back to joy. Amen.*

Rabbi: ⁴ *"Seeing our days are determined, the number of our months are with You, You
set limits we cannot pass."* —after Job 14:5

God, we are weary and grieved. We were anticipating the birth of a child, but
the promise of life has ended too soon. Our arms yearned to cradle new life, our

³ By Rabbi Naomi Levy

⁴ By Rabbi Sandy Eisenberg Sasso.

mouths to sing soft lullabies. Our hearts ache from emptiness and the silence. We are saddened and we are angry. We weep and we mourn. Weep with us, God, Creator of Life, for the life that could not be.

Source of healing, help us find healing among those who care for us and for those whom we care. Shelter us under the wings of love and help us stand up again to live even as we mourn our loss.

Baruch ata Adonai, zocher yetsurav le-chayim be-rachamim.

Blessed are You, Eternal our God, whose compassion renews us onto life.

Other Prayers To Be Used With Discretion

1. Prayer after a Miscarriage⁵

Min-hametzar karati ya, anani bamerchav ya.

Out of the depths I call to You, O God; hear me fully when I call

—after Psalm 118:5

May God who blessed our ancestors, Abraham, Isaac, and Jacob, Sarah, Rebecca, Rachel and Leah, grant this family *refu-at hanefesh urefu-at haguf*, a full healing of body and spirit, abundant blessing from loved ones, and an awareness of God's presence with them in their pain. As for the baby that was not to be, shelter this spirit, O God, in the shadow of Your wings, for You, God of parents, God of children, God of us all, guard and shelter us. You are a gracious and loving God.

⁵ By Rabbi Amy Eilberg

Guard our coming and our going, grant us life and peace, now and always, for You are the Source of life and peace. May we as a holy community support and love our friends in times of pain as well as times of joy. And as we have wept together, so may we soon gather to rejoice. *Amen.*

2. A Prayer of Comfort Following a Miscarriage⁶

O Heavenly Mother, Comforter of Your people, the One who shares sorrow with Your creation, be with us now as we experience the loss of potential life. We are sad as we think of the hopes for our unborn child, as in our minds we imagine what might have been.

Life is a fabric of different emotions and experiences. Now, while we experience life's bitterness and pain, be with us and sustain us. Give us peace and consolation. Help us to gather strength from within ourselves, from each other, and from our family and friends during this time of pain.

We pray that the soul of our unborn child, taken from us before its first breath, be restored to You. May it know Your Presence, feel and sense Your love for all eternity. May it once again be a spark in the radiance of Your existence.

Blessed are You, O Lord, God of compassion, who comforts the bereaved and shares sorrow with Your creation. *Amen.*

⁶ By Rabbi Arnold Stiebel

3. Prayer after a Miscarriage⁷

"May the Holy One who blessed our mothers

Sarah, Rebekkah, Rachel, and Leah,

bless and protect {Name}.

May the wounds she has suffered,

both physical and emotional,

soon be healed.

May she find comfort in knowing

that You, O God, weep with her.

May the Source of Life,

the Creator of all flesh,

restore her body to its rhythms

and her soul to its songs of joy.

As she and {Name} stand before You

help them to move forward

to feel the pain,

acknowledge the loss

and move forward.

May all of us here be committed to living

always aware that we are created in Your image,

by caring, supporting, and loving one another

in times of pain as well as in times of joy.

As we have wept together,

⁷ By Rabbi Diane Cohen

so may we soon gather to rejoice together

And let us all say

Amen."

4. Words of Mourning⁸

A cry is heard in Ramah, lamentation and bitter weeping. Rachel cries for her children. She refuses to be comforted for her children, for they are not. (Jeremiah 31:15)

The joy of our hearts has ceased; our dance is turned into mourning.

(Lamentations 5:15)

Scarcely are they planted;

Scarcely are they sown;

Scarcely has their stock taken root in the earth.

God merely blows upon them and they wither;

And the storm wind takes them away as stubble. (Isaiah 40:24)

Our losses press hard upon us, God.

Woman: Be gracious to me, O God, for I am sorely wounded. My eyes, my soul,
and my womb are consumed with grief. I am a broken vessel (Psalm

⁸ By Lois Dubin

31:10, 13). Our cry, too, is heard in Ramah, with those who suffered before us and who suffer beside us. The cries of Sarah, Rebecca, Rachel and Leah, and Hannah are echoed in mine, and in our lamentation and weeping.

The Couple: Alas, how does she sit lonely,
Jerusalem,
Once great with people,
Once full of life.
Bitterly she weeps in the night.
Her cheek wet with tears.
There is none to comfort her. (Adapted from Lamentations 1:1-2)

O Zion, let tears run down like a river day and night,
Pour out your heart like water before God,
Lift up your hands toward God for the life of your young
children. (Lamentations 2:18-19)

5. Words of Consolation

God, filled with compassion, dwelling on high,
Grant perfect rest under the wings of the *Shechinah*,
Among the holy and pure ones who shine brilliantly as the heavens,
To the soul of the little one, our little one,
The tiniest of beginnings—

A slight and small beginning,
A tiny and tender root—
Lacking form and beauty and countenance
But still desired and loved.

(adapted from the classic mourner's prayer *El Malei Rachamim* and based on
Isaiah 53:2)

6. A Prayer for Mothers⁹

O God of love, Source of life
Hear our prayers for (*name of mother*)
Her baby died before it ever came to birth.
The blessing of Your love was torn from her body,
Leaving her empty and devastated.
Comfort her in her sorrow.
Restore her hope for a new child to come.
Give her courage and new delight in the days ahead.
In good time, grant her a new life that her soul may rejoice
and her body give birth. *Amen.*

7. The Temple¹⁰

Twice even the Temple was destroyed—
the Temple, address of God,

⁹ by Vienna Cobb Anderson

¹⁰ by Tikva Frymer-Kensky

focus of prayer,
seat of God's name,
God's presence,
God's power.

We loved the Temple.
We came rejoicing
And in sorrow.
We came in feasting
And in penitence,
On festivals
And Sabbaths and feast days
And no special days at all.
We brought our sacrifices
And our songs,
The fruits of our labors.

We loved the Temple
And the God whose Presence filled the Temple
And yet, the Temple was destroyed.

Was there something terribly wrong with the Temple?
Something that could not have been fixed short of destruction?

There were worlds that God created and destroyed
Before our world came to be.
What was wrong with them?
Was God practicing the art of creation
Or whimsically testing the power to end?

Some are not meant to be.
Some disappear before they even arrive
What was wrong now?
Is this a destruction of mercy?

Or it is You, God—
Has Your right arm withered?
Have You lost Your power?
Is all Your great and glorious might
Lost in the battles of the past?

Or is it only in battle that we find Your presence?
In the hearts of men,
And not the wombs of women?

Yet I will recall the might deeds of God.
I will keep them before my eyes.
I recite them by day and by night.

8. THINGS THAT ARE NOT TO BE¹¹

In this world of endless possibilities,
Some things are not to be
A voiceless answer to my prayers,
An echo of the sounds of creation
A tree uprooted then replanted
The sun tracing a path backward
Across the vast hollow horizon.

Some things are not to be,
The baby that grew tentatively within
Gone now, leaving whispers and flutters
A trail of tears, a mountain-top loneliness
Born from wind and salt and clay.

The body remembers with neural connections
Woven together to embrace me, remind me
You were once here
A frail silvery thread connected
You ever so tentatively to me.

It frayed as the twilight unfolded
The world of endless possibilities
Offered one more thing, not to be:
This loss I wanted to refuse,
The silver thread needs mending
Frail yes, but you were once here.

Not in full form, not in full color
Not full of spirit nor body
And yet something of you lingers.
You belong to the twilight,
You dwell in the whispers,
You echo in my holy tears.

¹¹ by Rabbi Hanna Yerushalmi

Chapter IV

*We have no redeeming angel,
just two of us together, each of us alone.*

❖ YEHUDA AMICHAH

The project began, first, with identifying Jewish women who have suffered a miscarriage. The challenges here included a small population sample (the identified Jewish community in Annapolis, Maryland comprises about 400 - 500 families) and some of the privacy issues discussed in Chapter One. I emailed the four local rabbis informing them of my project and soliciting referrals of anyone who has suffered a pregnancy loss to contact me for counseling and support via a confidential email. Unfortunately, while this could have been a worthy resource, this resulted in zero referrals.

I simultaneously discussed my project with several nursery school parents at one of the synagogues where my children go to school and asked them to spread the word. This resulted in identifying 14 women who were possible clients to approach. Of the 14 women I identified and were willing to speak to me, only 12 actually became cases in this project. Case 12, after initially agreeing, declined because she was pregnant and decided her previous miscarriage wasn't something she wanted to focus on. So, in the end, only 11 women participated in this project.

Session One

The goal of session one was for the client to experience one-on-one counseling with a rabbi and share her pregnancy loss story. I began by sharing my story and the goals of the Doctor of Ministry project. Then I asked the client to share her story. Through active listening, I acknowledged her pain, loss, and emotional suffering. I also asked an amalgam of some of these questions: (1) did you blame anyone or anything; (2) did you feel guilty; (3) what resources offered you support; (4) were you angry; (5) how did this experience fit into your world view; (6) did you have a spiritual response; (7) what was the best and worst thing someone said to you; (8) how does it feel to be talking about this now.

The stories spilled forth. Each woman had similar themes and yet the details were as unique as the women themselves. For example, most expressed joy for being pregnant, grateful for the miracle they were engaged in, and gratified to be growing their family. Most expressed shock, sadness, and grief during and after the miscarriage. Most felt lost and empty after the miscarriage and became focused on getting pregnant again. Most identified some detail of the pregnancy and miscarriage, a conception date or a due date, to anchor the timeline of their reproductive history. Most felt like their grieving was over once they were pregnant again; yet, when probed about this, realized they still carried the loss with them.

The following vignettes from the individual meetings illustrate some of these points.

Kathy—

We weren't even trying and I was pregnant three weeks after our wedding. I was thrilled. All my life I wanted children and I was excited that we were starting our family right away. There had always been this nagging feeling in the back of my mind that I wouldn't be able to have kids, so the pregnancy was a huge relief.

When I finally went to the doctor's office for my ten week appointment, I saw a nurse practitioner who checked my weight, blood pressure, urine and sent me on my way for my next appointment in four weeks. I looked at her dumbly and said, that's it, are you sure I'm really pregnant? I don't know what I was expecting, maybe an ultrasound or a blood test. So when I started bleeding a few weeks later, I wanted to kick myself for not getting more precise information or seeing an actual doctor. What if there had been something that could have been done? I had to go into the hospital for a D&C. They put me on the maternity floor. As I was waiting, I heard a blood-curdling cry. I asked the nurse about it and she said, oh, that's a woman giving birth. I stared at her amazed at her insensitivity. Here I was about to get my baby sucked out of me and she nonchalantly explains the birthing noises on the maternity floor. The day of my miscarriage was the worst day of my life, but the best day of my marriage. Mark was there for me 100%. He was by my side during the whole thing. I felt him nearby as I slept and when I woke up, he was sitting close. Even though we had already been married for a few months, it was the first time I felt like we were family.

Stephanie—

We weren't planning this first pregnancy and when we got pregnant, I was happy, but my husband's concerns about money and where this fit into the "plan" kept me from being completely euphoric. I think his non-support kept me from really thinking too much about the pregnancy those first few weeks. But of course I told everyone, and felt like their joy and enthusiasm were mirroring the ones I couldn't express to myself or to my husband. So there I was at about week five or six bleeding; I couldn't believe it, a miscarriage. I had so many feelings: relief that we no longer had another "mouth" to feed; guilt that maybe if I had been more loving to the fetus, he (I was convinced it was a "he," partially because I thought a first born son would please my husband) wouldn't have left me; embarrassment to have to now un-tell everyone; and fear, was there something wrong with my body? My husband, who seemed a bit distant, became loving and attentive. I think I was mad at him for stepping up during the miscarriage but not feeling more enthusiastic during the pregnancy. I made it through a weekend of bleeding, put the miscarriage behind me, and moved forward with the plan that my husband and I had discussed.

Helen—

The miscarriage came between my second and third. We were actively trying to get pregnant and it wasn't happening as easily as the first two. So when the pregnancy test came back positive, we were thrilled and relieved. It was like the order was now restored in the world. We chose not to tell a soul, just like with the other two. I settled into the first few weeks of pregnancy, feeling the tiredness and

nausea come, watching the scale creep up, day-dreaming about names and traits. When the bleeding started, I was desperately scared and called my doctor. She told to lie down and take some Motrin. I called her again a few hours later and insisted that I wanted to be seen. At her office, she confirmed that I was probably miscarrying. I stared at her and asked, couldn't she do something. I had the image of her scooping up the pieces of the fetus, like scooping up slush after a snowstorm, and shaping it back into me. I desperately hoped for a medicine I could take or a procedure that would stop the powerful force of nature. Feeling the baby drip away was awful. I spent days bleeding and weeping; I didn't want consolation from my husband, nor did holding my children bring me comfort. I was fundamentally alone in my anguish. Since we hadn't told anyone about the pregnancy, I felt trapped and couldn't tell anyone about the miscarriage. Several times, the words rushed to my mouth when speaking to my mother, but I fought them down. Maybe there was a part of me that didn't feel like I deserved to be consoled, my body couldn't even hold on to a pregnancy. I should suffer alone.

Gilly—

I was surprised that I was miscarrying but, in a way, I was relieved. I knew I didn't want a special needs child. We're very achievement oriented in my family. Weaknesses are to be overcome. Even though I felt the miscarriage was a weakness on my part as a reproductive being, I was also grateful to my body for flushing away what wasn't whole. I thought that was pretty efficient. I didn't want to find out later, at six months or seven months into the pregnancy, that the baby had a missing arm or an incomplete brain or something.

Session Two

Of the eleven women I met with individually, only eight were able to participate in the second session. In one case, there was inordinate difficulty with scheduling; in the other two cases, the women explicitly shared their discomfort in participating in a ritual.

For those who did participate, the response was overwhelmingly positive, with one exception. I invited each woman into the Sanctuary, having prepared a short service handout for each one (see Chapter Three: Short Service with Rabbi and Mourner). For the most part, initially, each woman seemed very nervous and anxious. We entered through the sanctuary doors together, into the transition space, facing the *yarzheit*, or Memorial Wall. I discussed the concept of the stones and the traditional Jewish explanation of leaving stones as markers of visits to headstones in a cemetery.

We walked to the Ark and placed the stone in the open Ark. After a few words about the sanctity of the space, I led the woman through the service. The nervousness and anxiety gave way to deep sighs, faraway looks, tears, and in some cases, sobs. Retrieving the stone from the Ark and returning it was done somberly and with a certain heaviness. Leaving the Sanctuary was usually in silence. After we exited the Sanctuary, I prepared two chairs for us to sit and process the experience for a few minutes.

The women, with one exception, responded warmly and positively. They reacted well to the concreteness of putting the stone in the Ark. Susan felt *“as though the stone represented my pregnancy, and was lying there right next to the Torah,*

it made my experience feel holy to me. I felt like the stone added my story to all the stories the Torahs tell us every year. I wanted to leave it there, in the Ark."

Prior to this experience, not one woman had said anything even close to a prayer for their miscarriage. Universally, they were surprised that these prayers existed. According to Kathy, *"I didn't even conceive that these prayers were out there. As I was listening to the words, I was amazed that someone had found a way to put to words my exact feelings."*

The prayers stirred up many emotions, as Stephanie shares, *"I thought I was done with this experience, but the prayers brought it all back. I resisted the feelings but when I gave in, the tears came and I knew I was still grieving."*

Gilly, the exception, found the experience in the Sanctuary indulgent. *"What is the point of saying prayers after it's over. If there were a way to pray before so that I wouldn't miscarry, that would make sense to me, if I were that kind of believer. At least I'd feel like there was a purpose to the prayer. But now, after it is all over, there's little good that can come from this. Don't get me wrong, the prayers are beautiful and I could see how they would help someone else, but not me."*

Speaking the pain in a holy space was particularly moving to Rachel. She pointed to the part that she had to read as the "mourner" as very powerful. According to Rachel, *"I didn't think of myself as a mourner until I realized that you (the rabbi) were waiting for me to read that part. I felt the lump in my throat as I spoke those words."* Rachel also shared that she felt her deceased father's presence or pride in her participating in this ritual, *"listening to prayers in the Sanctuary made me feel my dad there with me, holding my hand like he did my whole life. He was very religious and would have wanted me to say prayers for the baby, I think."*

Session Three

This session proved to be the greatest challenge. Overall, the women seemed reluctant to participate in a group meeting or a group ritual. They expressed several different views: some felt like what they had gone through was private; some didn't want to hear other's "sob stories"; some felt they might go if it were in a hospital or a more clinical setting, but at the temple, it felt too close. They'd rather not know the women in the group or bump into them later; some felt silly going all together, that they should be "over" it by now. Others pointed out that the individual ritual session was so meaningful, that they had little need for another ritual—albeit group—experience.

I tried to schedule this session twice and had a various people opt out. Finally I decided to just do the group for whoever could come. Only three people came. I started by reintroducing myself, retelling my story and reiterating the Doctor of Ministry project. I invited all to introduce themselves and share their stories. We participated in a brief prayer service and then everyone shared their thoughts with the group. I proceeded with more sharing. I asked about the lowest point, the best support, what still lingers, what strengths have been realized. We moved on to group action, I passed out sheets of paper with these two questions written on it: how many pregnancies have you had? How many live births? I gave each woman a chance to do a little bit of writing, concretizing the speaking we were doing. We discussed feelings behind these questions and answers, acknowledging that the experience was part of our collective medical history and we would encounter these questions every time we interfaced with the medical community.

For the women who came, the group experience seemed connective; yet I felt as if they had come to do me a favor and not out of their own need. I lamented the low number of participants and wondered if I had made a mistake by continuing with such a small group. During the introductions, the women were ill at ease and quick to tell their stories. I rushed through my story too, feeling self-conscious. I noticed one woman looking at her watch, which made me further question my decision to push forward with the group experience.

When it was time to proceed with the liturgical component (See Chapter Three: Group Liturgy with Rabbi and Mourners), I could almost feel the group coming together. As soon as the responsive readings began, the women's voices grew stronger as the pages turned. The silent part brought on sighs and some wiping of the eyes.

After the short service was done, I asked everyone to put the prayer sheets under their chairs. Then I invited the women to share their thoughts. The discussion moved very quickly away from the prayers to a general sharing about their pregnancy loss experience. Each one seemed genuinely interested in hearing from the other person. At times, they even asked me questions that took me out of the group leader role and into the participant position. The subjects ranged from how in-laws reacted to special ways to remember the loss, as the following vignettes illustrate:

Kathy—

I couldn't believe how supportive my husband was. He made me feel like all that mattered were my feelings and my pain. My mom and dad were just ok with it

all, my dad wondered why I didn't send him a birthday card for his birthday that was a few days after the miscarriage. I couldn't believe it. My father-in-law, on the other hand, said the meanest thing I could imagine. When we were visiting a few weeks after, he said that there had been no miscarriages on his side of the family. I couldn't believe how insensitive it was and how hurt I felt, as if it were my fault. I felt pretty responsible anyway, but to hear it from someone else was really bad.

Sally—

My husband was great too, but my mom was awful. Well, that would mean she'd actually have to have an emotion. Even though she had a miscarriage too, she was very Vulcan about it when it was happening to me. There I was bleeding and cramping my way through an out of town visit with cousins and she couldn't even muster up an "I'm sorry" or give me a hug.

Rachel—

I know exactly the date when I conceived, I know the exact date of the miscarriage, and I know the exact date of my due date. Those dates are stuck in my mind and, this may sound a little morbid, but some of those dates are some of my passwords for my internet stuff. My husband thinks I'm crazy, but I tell him if it helps me what difference does it make.

I actually had to cut off some of the sharing to continue with the next part (a more directed discussion where we went around and answered the following

questions: what was the lowest point; the best support; what still lingers; what strengths have been realized). The responses came with eagerness to share and hear from others. For the most part, the lowest point was the shock of the miscarriage itself. Support came in different forms, spouses, good friends, and journaling to name a few. What was surprising to each one was, first, how common miscarriages were and second, how, as soon as each woman began sharing her experience with her circle of friends and family, stories of pregnancy loss emerged all around. It seemed that there was an unspoken sisterhood of pregnancy loss survivors. Most agreed that it felt comforting to know that this experience was shared by others.

As far as what lingers, all three women remarked that the loss was a part of them, not to be forgotten. They felt stronger looking back on the experience but at the time, each one commented about feeling vulnerable, broken, incomplete as a woman, and hopeless. Universally, what made them feel the best or the strongest was getting pregnant and delivering healthy children.

Kathy—

When the miscarriage happened, I wondered about if this was going to become my thing, you know, like it would define me. I felt like everyone was whispering, there's the one that miscarried. Of course, that's silly but that's how I felt.

Sally—

Right afterwards and until I got pregnant, I kept looking for closure. I would write in my journal, light candles and think about being mother. My husband

and I started obsessing about getting pregnant, well, maybe I did. Every month that my period came, I kept thinking about the miscarriage, all the blood and stuff. Finally, the pregnancy test was positive. I walked around on a cloud for a few days. This is what closure feels like, I thought. And then I started spotting and I freaked out. I waited and waited and it stopped and things kept moving along. But I was so scared. At night, I couldn't sleep I was so nervous. Finally the 7th week came. That's when I miscarried the first time. I felt like I was holding my breath, but we made it past that. I hated the miscarriage for how nervous it made me as a pregnant person.

Rachel—

My husband did his best, but I knew I was on my own. He couldn't understand why I would agree to speak to the rabbi and do a service. He's an on/off guy. Either he's totally into something or it's over. I kind of knew this before the miscarriage but when it happened, it made me understand him better. Even though I don't like it, I get it now, that when it comes to life, that's the way he works. I'm just on my own a lot.

The next part involved thinking about integrating the experience into each woman's reproductive history and anticipating a type of recurrent grief that might occur each time she went to her medical practitioner. I addressed this by asking each woman to write down the answers to the two questions (how many pregnancies have you had? how many life births?) and what it felt to answer these questions.

The three women wrote quickly, eager, it seemed to get back to the discussion. We went around and shared thoughts. They seemed less interested in these questions and answers and more interested in talking about subsequent pregnancies, support from people who came forward with their own miscarriage stories, and feelings of motherhood. Each woman ended the experience by articulating two similar thoughts: first, she felt like she had to go through the miscarriage to get the child she now had that was alive and a vibrant part of the family and second, the experience of participating in the Doctor of Ministry project brought back feelings of loss, grief, and sadness that have now found a better outlet.

There are several developments that were not anticipated in the original Proposal: (1) it was very difficult to get a large sample of women to participate in the project; (2) it was challenging to engage the women to complete all three aspects of the project. The group meeting was particularly unappealing to the clients, as the final numbers reflect; (3) universally, not one woman sought any kind of counseling for their loss. Moreover, not one even considered support from a rabbi or support from their congregational extended family; (4) for the most part, God, or God talk did not figure into the conversations unless I initiated it. It is difficult to understand if this is a true measure or a reflection that for many, God is found implicitly.

Chapter V

A Hole.

A Patch.

A Badge.

There are several insights or results gleaned from this project that, when integrated into the work clergy does to support congregants, could provide greater effectiveness in the work of pastoral counseling to those suffering from pregnancy loss. These insights include:

1. Women who suffer pregnancy loss do not seek support or counseling from their clergy.

When I first began conceiving this project, my initial concern was identifying women who would become cases in this work. How would I reach this group of “silent” mourners? Calling on colleagues seemed like a simple solution and yet, this proved not to be a viable resource at all. They simply didn’t know of any women who had suffered a pregnancy loss. How was this possible? Did they not know of anyone or, actually, were they not approached for support?

Simple word of mouth proved to be the best way to find clients for this work. At my children’s school, I casually began speaking to a group of mothers who were lingering after dropping their children off for preschool. I shared a few details about the Doctor of Ministry project, gently inquiring if anyone had a miscarriage or knew someone who had had a miscarriage. By the time I left the school that morning, I had three names and over the course of about two weeks, I had about 14 names of women I could approach as potential clients.

What does this mean? First, colleagues were unable to refer any clients to me because women who suffer pregnancy loss, in general, do not approach their rabbis for support or pastoral counseling. Second, word of mouth became the best way to gather a list of potential clients because women who suffer pregnancy loss, *do*, in general, share their losses within an unorganized network of women. This network provides an informal yet effective method of support, that clergy is not able to replicate because they simply do not have the information and access they need. Rabbis can also contact mental health professionals and medical professionals in the community so that they are aware of the spiritual options and can offer these options to patients.

On a more practical level, this means that if clergy want to be more constructive in reaching congregants who have had miscarriages, the model of waiting for a congregant to call and ask for help will not work. Clergy need to find other means to reach these congregants, for example a healing service with pregnancy loss as a theme could identify potential mourners. Clergy also can make better use of accessing informal networks within their congregation to learn about pregnancy losses. One rabbi I know has started checking in on a routine basis with the Preschool Director with this specific issue in mind.

2. One-on-one counseling with a rabbi offered an opportunity for clients to share their grief stories within a pastoral framework.

As I met with the identified women for individual counseling, each session was effective in that clients were able to emote and have their pain and grief acknowledged by a rabbi. Each woman shared her story with little hesitation,

perhaps even with a bit of eagerness, perhaps ready to have a pastoral counseling opportunity.

The meaning of this result is clear: in order to serve congregants most effectively, clergy ought to offer one-on-one pastoral counseling when possible with identified women who have had miscarriages.

3. The prayer or ritual session presented clients with a spiritual opportunity to express their pain, anger, and grief through reading liturgy in a Sanctuary setting.

The meaning of this result is also clear: in order to serve congregants most effectively, clergy ought to offer prayer or ritual sessions individually or within a congregational prayer setting with identified women (and their partners, if possible) who have had miscarriages. This goal can also be achieved through a healing service dedicated to pregnancy loss, for example.

4. Group work was not a value for the identified women in this project.

While I expected logistics to play a role in executing the group session, the fact that most of the women were uninterested in even trying to attend the group session was an unanticipated result.

Given more time, it would have been interesting to offer a group for women suffering from pregnancy loss in a more clinical setting to see if there would have been more interest.

5. Most women expressed they would more likely approach female clergy and not male clergy for pastoral counseling for pregnancy loss.

This was an unanticipated result of this project. I didn't even think to ask this question which came out organically as part of our discussions usually in the

one-on-one sessions. I had informally polled several of my male rabbinic colleagues who all admitted that they had never counseled or comforted a mother who had an early loss. In defense, they pointed out that they didn't even know about these losses, so how could they provide comfort.

What does this mean? Obviously synagogues and religious institutions cannot always offer congregants both male and female clergy (a male senior rabbi and a female assistant rabbi, for example), but certain steps can be taken to maximize the effectiveness of the clergy who is in place. Just an awareness that a grieving woman might be less likely to approach a male rabbi is a key element in shaping his ability to work with these congregants. This awareness will probably lead to a greater sensitivity that might change the way he is perceived by others.

It is also important to note that while a grieving mother might be less likely to approach a male rabbi, a grieving father might not. So perhaps male rabbis can be more effective in supporting the mother and the father, by first reaching out to the father and offering him pastoral support. In this way, through working with the father, clergy might be effective in helping the couple grieve in a religious context. Male clergy can also rely on women on their professional staff more intentionally to help identify and offer initial support in the form of directing mothers to the male clergy for pastoral counseling.

6. In the one-on-one sessions about pregnancy loss, other important and difficult material emerged.

Another unanticipated result, I am now continuing to work with three of the women in the Doctor of Ministry Project. In the course of our dialogues, two

items of interest occurred: first, the alliance created between rabbi and client was so strong that clients asked to continue the work and second, material unrelated specifically to the miscarriage was revealed. For example, Rachel's intense connection with her deceased father and her lack of intimacy with her husband during the miscarriage have led to an examination of her relationships with the male figures in her life. Kathy's intense experience with her husband during the miscarriage inspired her to name that day as the best day of her marriage; she struggles sometimes to find that same supportive, connective husband in lesser painful moments. Gilly's reflections led her to wonder about the strength of her religious life and how she will impart it to her children. In each case, during the discussion of the miscarriage, defenses were loosened and other material, maybe unconsciously, emerged.



Perhaps the best way to discuss the contributions of this project to clarifying and expanding the religious and clinical principles discussed in Chapter Two is through the following verbatim and discussion.

Introduction

Rachel is a twenty-nine-year-old Jewish married woman who was referred to me by someone who knew that I was working on a Doctor of Ministry project on the subject of miscarriage. She works in a dental office as an office manager. She's new to the Annapolis area. She came into the office wearing a suit, dressed for services even though it was a Thursday morning and looked very somber. We had talked on the phone the previous Sunday and she explained that she had recently had a miscarriage and wanted to speak to a rabbi about her loss. She

shared with me that she really felt like she needed to say some prayers to move on.

Verbatim

RY1: Hi Rachel, I'm Rabbi Yerushalmi, it's good to see you. (*We shake hands*).

R1: Thanks for meeting with me. I really needed something...

RY2: Please sit down.

R2: As we talked about on the phone, I had a miscarriage a few weeks ago.

RY3: Yes...

R3: It was my first pregnancy and it turns out it wasn't really a pregnancy.

RY4: I'm not sure I'm following you.

R4: My doctor called it a blighted ovum.¹² It was never an actual baby, but I thought it was.

RY5: Oh...

R5: I need to bounce back from this. This was just a bunch of cells growing inside of me. My body thought I was pregnant. (*She tears up and I stay quiet.*)

Silence, I hand her a tissue.

R6: So there're so many things to deal with for me. I think the hardest part is that I have it in my mind that I'm having a baby, I mean I *had* it in my mind that I was going to have a baby.

¹² This happens when a fertilized egg attaches itself to the uterine wall, but the embryo does not develop. A high level of chromosome abnormalities usually causes a woman's body to naturally miscarry.

RY6: Yes, I'm so sorry for your loss. It's hard to let go of what you thought was going to be.

R7: A part of me knows now that I was never going to be a mother, but I really started thinking of myself that way. And thinking of my mother as a grandmother.

RY7: Hmmm.

R8: Yeah...(*eyes tearing up again*).

RY8: When we spoke on the phone, you said you were interested in saying some prayers.

R9: Yeah...(*dabbing at her eyes*). I've always been very spiritual. My husband thinks this is silly, but I feel like it would help me move on, you know.

RY9: For some people, prayers at a time like this can help us find the feelings to say goodbye to what we thought was coming.

R10: Maybe that's what I want. I don't know. I went walking by the water and the sounds helped, I just felt more connected to nature, less making it all about me. But when I walked back to the car, I couldn't take the feelings with me. So I called you. I've always felt at home in the synagogue. We haven't come yet, but I knew eventually we would join.

RY10: Tell me about feeling at home in the synagogue...do you mean your synagogue where you grew up?

R11: Yes...but really any synagogue. There's something about the Ark that feels holy to me. It helps me feel closer to my dad, who's gone. He had these huge arms and when he hugged me, I felt invincible. So protected. You

know. I miss him so much sometimes. He would've made me feel better.

(quieting down and pausing) Anyway, sanctuaries always remind me of my dad.

R11: Let's walk down together.

We silently walk over to the sanctuary. We walk by some classrooms of the nursery school and I cringe a bit, wishing I had taken her a different route. She doesn't seem to notice, but I do.

R12: Oh, it's beautiful in here.

RY12: Yeah, it's very peaceful.

R13: I like all the wood, it reminds me of an old Victorian house.

RY13: Let's go up the *bima*. I'm going to open the Ark and I'd like us to stand in front of it for a few minutes. I'll say a few prayers. And then we'll share a moment of silence. Does that sound ok?

R14: Yes.

RY14: *(We go up to the Ark and stand together.)*

Service of Loss

Rabbi: Rachel, let's take a deep breathe together, this is a holy moment. We have come here in the deepest grief. Death has touched us, causing us pain. We feel lost. We feel despair. O God, help us to find peace and comfort in this moment, here in Your presence. We pray for strength to endure this loss.

Poem: *HaYotser*¹³

To the One Who shapes

¹³ Adapted from *HaYotser* by Vicki Hollander

And formed us out of earth's clay

Hold me now

Shelter me

My dreams of life were gifted

My dreams of life were removed.

To the One Who shapes

Shape me a place where I can weep,

And mourn the loss

And let the blackness inside

Cry.

Help me say good-bye to the

Dreams I bore

To the love I nurtured

Stand by me and

Watch my tears fall and touch the earth.

To the One Who shapes,

Heal my body and my soul

Mend my spirit,

Thread new life among my bones.

Rabbi: We have come here today to face the mystery of death. We cannot understand, we cannot accept this loss. We feel anger, sadness, and confusion. How do we cope with the turmoil of our emotions? It is hard to believe that time will heal our wounds, but we pray that it will allow our acceptance to grow.

(I asked Rachel to read these few sentences:)

I have lost a dream...a hope...a bridge across which I could have gazed into the future. Something of me has died...and it's all the more painful, for I never had a chance to know what I've lost. All the love and joy and fullness that should have been in this moment...simply aren't.

Rabbi: O God, Source of Strength, help us through this time of despair. Guide us to that peace of mind for which we so deeply yearn. May we always know that You are with us, even in our doubt and in our pain. May we come to believe "in the sun even when it is not shining..." and in You even when You seem silent.

(We continued responsively)

God heals the broken-hearted

And binds up their wounds.

God reckons the number of stars

Giving each one its name.

God is full of compassion and full of might

Overflowing with wisdom and love.

God, You give healing to the sick

And bring hope to those bereft.

So may God always be with us.

So may God always be with us.

We paused for a moment of silence, Rachel, who had been weepy the entire time, sobbed when I embraced her. She thanked me and we said goodbye.

Religious and Clinical Principles

Rachel's tears revealed her loss. As Rabbi Cardin taught, I did not endeavor to wipe away her tears, but to find a way to make them holy. I hoped through our time together, she would find a path to holiness. I was very impressed that she sought out a rabbi to help support her. She presented as spiritually connected, particularly to her late father.

Because Rachel was so upfront with me about her specific need (to pray and move on), I had a chance to prepare to meet her needs. This is so different than the average "client" who walks through our door. I found it very meaningful to think about Rachel before I met her, to imagine myself in her place and to connect with some feelings she might have. I was aware that I might have made some assumptions so I worked hard to keep my thoughts broad and universal. I also found it very meaningful to pull some books off my shelves and see if I could find some specific liturgies/poems for Rachel's specific situation. It felt very creative to do this act. And it felt redemptive in and of itself to have something tangible to offer someone in so much pain.

During our time together in the sanctuary, Rachel's "healing" was almost palpable. She was extremely receptive to what I offered her and responded with eye contact, tears, shrugs, and deep sighs. It was clear to me that she was a very spiritually connected person. It also felt as if she were reaching for her dad to bring her some comfort she wasn't getting from others (her husband?).

Rachel did not seem as angry with God about what happened to her as she was sad and needing support from God. I think she was struggling with feeling God's support and was looking for it desperately. It was comfortable for me to be with her—even with her deep pain—because I too am rarely angry with God, but look to God, look inward, for support. By doing this with a rabbi in a sanctuary, Rachel reached for her heritage on a broad level and her father on a specific level, thereby integrating connection and comfort

Of all the symptoms of pregnancy loss— anger, guilt, sadness, denial, post-traumatic stress disorder, anxiety, depression, emotional blankness, loss of affect, and more—Rachel seemed to be experiencing neurotic conflict, as she internalized intense sadness, guilt, and depression. Her feelings had intensified to such a level that she sought external support.

For Rachel, bonding and attachment began the moment she realized she was pregnant (and maybe even before, as she imagined what it might have been like to be a mother, maybe even as early as when she was a little girl playing with dolls). Rachel didn't need to feel the baby move or to cradle her newborn to feel like a mother. The very idea of the pregnancy made her a mother. The intensity of this bonding and attachment is powerful psychological connection. She was struggling with great difficulty to let go of this attachment.

To be sure, Rachel was experiencing grief. Grief can be defined as an acknowledgment of the loss and a gradual letting go of ties to the loved one. She came to the rabbi and to a sanctuary to put words and feelings to her grief, as she desperately searched for solace and relief from her pain.

Rachel felt deep sadness as she struggled to find and let go of her renewed issues of identification with her mother at a time when she felt like she was becoming a mother herself. The pregnancy ended before she resolved this and so she seemed stuck. She spoke of looking forward to her mother becoming a grandmother, so not only is she dealing with her own feelings of loss, but feelings of guilt and responsibility for taking this opportunity away from her mother.

Rachel's husband may have felt that she was preoccupied with thoughts of the baby, guilt, shame, and anger. His dismissal of her spiritual needs may reveal a sense of denial on his part. In this way, he was unable to support Rachel through her emotions and she may feel isolated and lonely in her feelings.

The loss of the pregnancy may have resulted in a narcissistic injury as the object loss of the baby took away the fulfillment of her grandiose wish to recreate herself and her husband through the pregnancy.

Rachel's yearning to feel her dad's arms around her and to be embraced by God and the sanctuary perhaps reflect an unsatisfied oral hunger to hold and embrace the infant she thought she was going to have.

It seemed that, considering how spiritually connected she presented, there was a part of her that was angry and disappointed with God. By coming to see the rabbi and pray in a sanctuary, Rachel wanted to trust again in the world that

had betrayed her, in a God that had disappointed her. The basic issues of trust/ mistrust formed during infancy are brought back for Rachel during this spiritual crisis. Was God trustful? Was the world a safe place? Would she be disappointed again if she were to become pregnant again? Could she trust and have faith that she would eventually have a second chance to be a mother?

Rachel's flexible ego enabled her to seek out help for her problems. Had she been more rigidly defended, she could have succumbed to other issues. For example, marriages often come into great conflict or dissolve after a pregnancy loss. She and her husband could have been in greater conflict; she could have redirected her anger at him. She could have really been suffering from intense depression; yet her depression seemed mild. Instead, her flexible ego and healthier defenses enabled her to seek support and help from places and people she trusted.

Rachel, and all the other women I met with, essentially revealed a tenderness and woundedness left behind as a deep residue from their pregnancy loss. Kathy described it as having a hole in her heart. As I listened to their stories, I wondered what steps could be taken that would cushion this emotional blow, in effect to help these women patch up the hole in their hearts.

Inspired by this project, there are a few contributions to ministry that could create a safer, more welcoming environment to encourage those suffering from pregnancy loss to reach out to their religious community for support.

(1) Synagogue monthly bulletins and weekly order of services are filled with helpful information for congregants, including the appropriate reminder that clergy is available for pastoral counseling. Unfortunately, women and couples

who suffer from pregnancy loss don't usually see themselves as needing pastoral counseling. Therefore it might be helpful to include more specific language in synagogue bulletins. For example, the following wording could remind would-be mothers and fathers to call on their clergy for support:

Suffering from pregnancy loss?

Our clergy is available to provide
comfort and support. Please call the
temple office for an appointment.

When Kathy was asked how she would feel if she saw a boxed text addressing her pain in the High Holy Day handout, she looked down and said, "it would have made me feel less alone in my pain, especially on the day that I was trying to celebrate the freshness of the New Year."

(2) Clergy are often reminded by mentors to display certain books on their bookshelves that reflect different areas of interest on various subjects to congregants who might casually peruse the rabbi's shelves. For example, books on substance abuse, or domestic violence could encourage congregants to seek out counseling and support. Similarly, books on pregnancy loss could provide the same encouragement. I would recommend that clergy purchase the following books and display them not only on their shelves but in the temple library as well. A rabbi may consider writing a bulletin article about the significance of these books to him.

- *Tears of Sorrow, Seeds of Hope* by Nina Beth Cardin (Jewish Lights Publishing, Woodstock, VT, 1999).

Reflecting on her own personal losses, Rabbi Cardin shares her story of miscarriage and infertility within the framework of Jewish tradition. From exploring Sarah's infertility to explaining certain verses in the bible dealing with miscarriage, the book focuses on grounding the reader in the issues surrounding pregnancy loss from a Jewish perspective. The book contains poems, essays, and prayers that help support a reader dealing with infertility, pregnancy loss, and adoption.

- *A Silent Sorrow Pregnancy Loss: Guidance and Support for You and Your Family* by Ingrid Kohn and Perry-Lynn Moffit (Routledge: New York, NY, 2000).

This is a comprehensive study on the range of pregnancy loss from early miscarriage to stillbirth, offering both medical information as well as emotional support. The authors, both pregnancy loss survivors, composed chapters particularly helpful, for example, "Grandparent's Guilt," and "Handling Thoughtless Remarks."

- *A Time to be Born* by Michele Klein (Jewish Publication Society, Philadelphia, PA, 2000).

Chapter Six deals with pregnancy loss, pointing out that traditionally, Judaism had no ritual for dealing with miscarriage. There is also a history of pregnancy loss in biblical and Jewish history that is succinctly presented.

And Hannah Wept Infertility, Adoption and the Jewish Couple by Michael Gold (Jewish Publication Society, Philadelphia, PA, 1988).

A blend of rabbinic wisdom and personal insights, Rabbi Gold discusses the range of Jewish perspectives on Infertility, Pregnancy Loss, and Adoption.

(3) Clergy often write bulletin articles and sermons about different kinds of loss. Sometimes they explain mourning rites and prayers. Often examples are necessary to illustrate whatever point s/he is trying to make. Usually these examples might be about losing a parent or a child, rarely about pregnancy loss. To better reach would-be mothers and fathers, clergy can be effective by using pregnancy loss examples their written and oral work. For example, if a rabbi is writing a *Yizkor* or memorial sermon, s/he may write:

At this time of sacred memory, we remember those who have gone from our lives. We remember grandparents who are not with us, a parent who is sorely missed, a brother whose presence was a gift everyday or a cousin who died before we were ready to say goodbye. At this time of sacred memory, we remember our loves ones, the lessons they taught us, the joy of being with them and the inspiration they provide us every day.

This language is heartfelt and would reach many open hearts in the congregation; however, it does not speak to the mother or father mourning a miscarriage. With a few changes, the text can still reach those same open hearts, *as well as those mourning a miscarriage*, including not just the would-be parents, but anyone, grandparents, aunts and uncles, and friends connected to

the miscarriage. With a few changes, the rabbi reaches more open hearts and is more effective in his/her ministry:

At this time of sacred memory, we remember those who have gone from our lives. We remember family members who are sorely missed, grandparents, our brother, our cousin. We meditate on all kinds of losses, miscarriages that will never be, dreams lost, time lost, hope lost. At this time of sacred memory, we remember our loves ones, those who were with us even briefly, the lessons they taught us, the joy of being with them and the inspiration they provide us every day.

These minor changes have a major effect, as the rabbi is seen as more sensitive to a wider range of the human condition. Ideally, a mother or father who is suffering from pregnancy loss will hear his/her words and respond, at times, by reaching out for support.

(4) Most synagogues include healing services as part of their liturgical offerings to their congregations. At times, these services are thematic, for example, a breast cancer survivors' healing service is an attempt to specifically reach a certain population who has had a specific loss. Clergy are encouraged to consider adding pregnancy loss to their thematic liturgical offering, whether as its own event, or as an integral part of a healing service. Recommendations include readings from **Short Service with Rabbi and Mourner; Group Liturgy**

with Rabbi and Mourners; or Other Prayers To Be Used With Discretion all found in Chapter Three.

(5) Congregations often offer support groups to serve their congregants' pastoral needs. Single parent groups and grief support groups are helpful in connecting people suffering from similar challenges. Offering a pregnancy loss support group could provide the same support. If offering one at the synagogue site is not an option, sponsoring one at the local hospital might fill the same need.

(6) Offering a class on "Pregnancy and Judaism" could contain a section on miscarriage. Studying the Jewish view of miscarriage, the status of the fetus, mourning rites and examining prayers could be another way to reach mourners who might not be ready for one-on-one counseling or might not be interested in a prayer or ritual of loss experience. In Judaism, study is sometimes considered a way of praying. Offering a class like this one could expand the definition of study to a way of grieving, processing, and integrating loss.

(7) Does it matter if the clergy is male or female? All the women in this project, with one exception, implied, sheepishly, that they would feel more comfortable approaching a married, female rabbi, with children about their loss. They admitted to feeling self-conscious about approaching a male rabbi, claiming privacy issues would keep them from feeling comfortable. What does this mean? We can't fundamentally change who we are when we do the work of clergy; however, I would argue that if a rabbi effectively implements recommendations 1-6 presented above, women would see him/her as approachable regardless of the rabbi's gender, marital status or if s/he has children. It is also important to remember that there is usually a grieving father in the mourning pair. If a

mother doesn't think a male rabbi is approachable, perhaps the father does and will reach out for support.

There are concrete implications for further ministry, to be sure. Inspired by this project and in honor of the women who shared their intimate losses with me, I hope to continue this work with the URJ and the CCAR in order to strengthen a rabbi's hand in lifting up those in his/her congregation who suffer from pregnancy loss. As Susan shared with me, "this experience, talking to a rabbi and praying in the Sanctuary, it was remarkable. You are truly filling a void by doing this work." The hole in the heart of these women needs not just a patch, but a badge revealing an integration of the loss and a transformation of mere tears to holy tears. *Amen.*

Gratitude—

- ❖ To the idea of babies, narcissistic ideal, symbolizing utmost potential and wonder, universally cherished, and for whom we toil every day. If not for them, what else is there?
- ❖ To the women who shared with me, in holy exchanges, their deep loss and unknowingly helped me integrate mine.
- ❖ To Katie McDonald who faithfully acts as “third” parent in our family and whose support even extended to reading and offering feedback for this project, my deepest appreciation.
- ❖ To Dr. Marni Zwick, on parallel path, taking time away from family to achieve academic and professional goals. I think we inspired and supported each other.
- ❖ To Doug Clark, for offering gentle kindness, insights into the deep, creating safety, and teaching a cultivation of curiosity.
- ❖ To Rabbi Gary Zola, Ph.D., for steadfast and loyal friendship, for always finding time for me and for re-centering my approach to prayer away from recitation and back to a probing, interpreting, and reacting exercise.
- ❖ To Dr. Abe Miller, surprising correspondent, academic questioner, for astonishing presence, needed encouragement and timely perspective.
- ❖ To my parents who sustained me not only with eternal encouragement, deep pride, and long-distance support, but even with ever necessary *kemach* to fulfill my studies.

- ❖ To Juda, who was still nursing when I started and now, outruns me and sometimes out lasts me.
- ❖ To Sammy, who was in his terrible twos when I started and now, offers me morsels of empathy and theology every day.
- ❖ To Nava, who was in preschool when I started and now, delights me with her new found reading and writing skills.
- ❖ To Sela, who started kindergarten as I returned to academic life, sat with me to do “homework” together, and sweetly interrupted with questions and ideas.

May the four of you always be curious students of your sacred world.

- ❖ To Ari, who always makes space for me. There are no platitudes here. You have fully enabled every project I have taken on, including fulfilling the *mitzvah* of *peru u-revu*. Our children, even the one who wasn’t, are our greatest achievement. May we hold hands through the days to come, full of pride and wonder, as we watch these precious lives unfold and evolve. With gratitude, we’ve added our four to the myriad stars in the sky and the sands on the shore.

May we be privileged to see them follow our earnest example.

❖ Rabbi Hanna Gracia Yerushalmi,
Completed on the *erev* of our
first of *many* trips to Israel,
Friday, March 13, 2009
17 Adar, 5769

Bibliography

Blank, Debra Reed, "Response to Miscarriage" *Rabbinical Assembly Teshuvot Responsa of the CJLS*, 1991-2000.

Cardin, Nina Beth, *Tears of Sorrow, Seeds of Hope A Spiritual Companion for Infertility and Pregnancy Loss*. Woodstock, Vermont: Jewish Lights Publishing, 1999.

Curtis, Glade, *Your Pregnancy Week By Week*, Cambridge, MA: Fisher Books, 2003.

Epstein, Nadine, "A Mikveh of Her Own" *Moment Magazine*, July / August, 2008.

Falk, Sandy and Judson, Daniel, *The Jewish Pregnancy Book*. Woodstock, Vermont: Jewish Lights Publishing, 2004.

Fein, Esther, "For Lost Pregnancies, New Rites of Mourning." *The New York Times on the Web*, January 25, 1998.

Frymer-Kensky, Tikva *Motherprayer The Pregnant Woman's Spiritual Companion*. New York: Riverhead Books, 1995.

Gold, Michael, *And Hannah Wept Infertility, Adoption, and the Jewish Couple* Philadelphia, PA: Jewish Publication Society, 1988.

Hammer, Linda and Covington, Sharon, *Infertility Counseling*. New York: The Parthenon Publishing Group, 1999.

Klein, Michele, *A Time to be Born Customs and Folklore of Jewish Birth*. Philadelphia: Jewish Publication Society, 2000.

Kohn, Ingrid and Moffit, Perry-Lynn, *A Silent Sorrow Pregnancy Loss: Guidance and Support for You and Your Family*. New York: Routledge, 2000.

Levinson, Daniel, "11th Annual Unity Shabbaton Draws a Diverse Crowd," *New Vilna Review*, August 21, 2008.

Levy, Naomi, *Talking to God*. New York: Doubleday, 2003.

Marrs, Richard, *Dr. Richard Marrs' Fertility Book* New York: Dell Publishing, 1997.

Mathewson, Kathryn, "Miscarriage and Stillbirth." *Anglican Theological Review*. April 1, 2006.

Milgram, Goldie, *Living a Jewish Life How To Create Meaningful Jewish Rites of Passage at Every Stage of Life*, Woodstock, Vermont: Jewish Lights Publishing, 2009.

Olitsky, Kerry, *Jewish Paths toward Healing and Wholeness* Woodstock, Vermont: Jewish Lights Publishing, 2000.

Orenstein, Peggy, "A Mother's Meditation on Loss." *The Washington Post* September 16, 2008.

Orenstein, Peggy, "Mourning My Miscarriage." *The New York Times Magazine* April 21, 2002.

Ponte, Wendy, "Solitary Sadness: The Need to Grieve Miscarriage." *Mothering* Issue 113 July/ August 2002.

Scher, Jonathan, *Preventing Miscarriage The Good News* New York: Harper Collins, 2005

Umanksy, Ellen and Ashton, Dianne, ed., *Four Centuries of Jewish Women's Spirituality* Boston, MA: Beacon Press, 1992.

Vargo, Julie and Regan, Maureen, *A Few Good Eggs* New York: Regan Books, 2005.

Worden, William, J *Grief Counseling and Grief Therapy A Handbook for the Mental Health Practitioner* New York, N.Y.: Springer Publishing, 1991.

Zezima, Kate "Religion Journal; A Bath for Ritual Cleansing of Jewish Men and Women" *New York Times.com*, July 3, 2004.