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DEATH IN THE WOMB:  
A REFORM JEWISH RESPONSE TO MISCARRIAGE

Dana Lawrence Magat

Thesis Submitted in Partial Fulfillment  
of the Requirements for Ordination

Hebrew Union College - Jewish Institute of Religion

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Referee: Professor Samuel K. Joseph

## DIGEST

This thesis explores miscarriage in a variety of ways. From this exploration grows a curriculum for training laypeople to become leaders of miscarriage support groups and a ritual. The goal of the curriculum and the ritual is to provide a structure for families to grieve miscarriage, making a structure for grieving miscarriage available to the Jewish community and its leadership.

The first section of the thesis examines some of the text tradition concerning the death of a baby-to-be by miscarriage. In all of its elaboration in regard to mourning rituals, Traditional Judaism seems to have excluded the death of a baby-to-be in utero: that is miscarriage. According to Rabbinic Literature, miscarriage is classified in the same category as the death of an infant prior to thirty days of life.

The second section of the thesis explores both the modern Reform Jewish response to miscarriage and the need for the Reform Rabbinate to respond to miscarriage.

The third section discusses the various definitions of miscarriage, the unplanned termination of a pregnancy prior to the baby's ability to live on its own.

The psychological impact miscarriage has on the family is examined in the fourth section. The respective griefs of parents, the mother, the father, the siblings, and the grandparents, as well as that of other family members and friends will be considered. The unique psychological impact of habitual miscarriage and

miscarriage after infertility conclude this section of the thesis.

The fifth section of the thesis attempts to synthesize the psychological impact of miscarriage into methods of coping with the death of a baby-to-be. This section also presents a rationale toward the creation of a new Reform practice to deal with miscarriage.

The sixth section is the creation of a curriculum designed for laypeople who have experienced a miscarriage. The curriculum is designed to be used by Jewish professionals for training Jewish miscarriage support group facilitators.

A ritual to help facilitate grieving associated with miscarriage is offered in section seven. The goal of the ritual is to help mourners express their feelings and to create a system of community response which supports survivors of miscarriage.



To my daughter

*Shira Mychal Magat*

the song in my heart

I love you

In Memory of

Sumner Magat

Theresa Scott

whose lives have been a blessing to me

## Acknowledgements

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## INTRODUCTION

Throughout our lifetime we experience many types of loss. These losses can range from the first time a parent leaves us when we are infants, to the death of a pet, to a graduation, to a divorce, to the death of a loved one, and so on. The potential for loss is as vast as the magnitude of our life experience.

For each of us, loss is a normal part of life. But how we respond to loss is different for each of us. We come to learn that the need to grieve our losses is crucial to our learning who we are: the process of grieving affords us the opportunity to confront our individual reality. Confronting our self is the task of mourning. How we respond to loss is often how we respond to living.

Society also determines what we view as an acceptable response to loss. Thus how we grieve for our losses is often judged by the society in which live.

When a person whom we know dies, the most extreme type of loss, the need to grieve becomes even more crucial. Every culture creates a structure by which grievers can mourn. The "Traditional Jewish culture" provides its participants with a set of mourning rituals. These rituals and customs attempt to provide a way by which one is better able to cope with death.

Reform Judaism recognizes the importance of these rituals and customs as well as the importance of individual autonomy, so these

rituals and customs are available to whomever feels the need to utilize them.

I believe that these traditional Jewish rituals and customs surrounding the life cycle of death offer an excellent way in which mourners can grieve.

But what about a family who loses a baby to miscarriage? Does this family need to grieve? Do the parents need to grieve? As stated earlier, each person grieves differently and in the case of miscarriage, some may choose not to grieve. But what about those who choose to grieve? What is available to them? What Jewish structure can be offered to them? No standard structure is offered for these grieverers. We ignore one of the most common types of death: miscarriage.

This thesis provides a structure for families who experience miscarriage, in the hope that the Jewish community and its leadership will recognize this loss as real and will provide ways they can help these mourners grieve their loss.

The thesis is organized into seven sections. Section I examines how rabbinic text responds to miscarriage. Section II discusses the response to miscarriage from the Reform Movement. The purpose of section III is to provide a medical definition of miscarriage. Section IV investigates the psychological impact miscarriage has on the family, the mother, the father, the

siblings, the grandparents, and friends. It also discusses the unique impact of habitual miscarriage and miscarriage after infertility. In Section V a rationale toward a new reform practice is offered. Section VI features a curriculum created for rabbis and other Jewish professionals with the intent to teach a core group of laypeople how to lead support groups for parents who have experienced miscarriage. Section VII offers a ritual for families that have experienced miscarriage. It is a funeral service designed for a variety of possible uses.

It is my hope that miscarriage will be viewed by you, the reader, as a real death - a death that its survivors need to mourn.

## SECTION I

This section of the thesis examines some of the text tradition concerning the death of a baby-to-be by miscarriage. The customs surrounding death are most remarkable. The processes of burial, *sheva*, and *sheloshim* exemplify the manner in which Judaism stresses the importance of dealing with death. Rituals help the mourner grieve and process the death of a loved one. Judaism, however, seems to have excluded the death of a baby-to-be from this rubric of rituals.

Though relatively little has been written on miscarriage, we shall attempt to address this issue by reconciling various rabbinic statements concerning the death of an infant prior to thirty days of life. For the rabbis, miscarriage is classified within the same category as the death of an infant prior to thirty days of life.

According to Walter Jacob, a writer of Reform Responsa, "Jewish law is quite clear on the status of, an infant who dies before reaching the age of thirty days. After that time, formal burial is required; before that time it is not."<sup>1</sup> A child who dies before thirty days is considered a *nefel* and for such a child

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<sup>1</sup>Walter Jacob, Contemporary American Reform Responsa (New York: CCAR, 1987), p. 168.



no burial and no mourning rites are required.<sup>2</sup>

Why is a new-born child not considered a fully viable human being until one month of age? The rabbis point to the Bible as their proof text. According to Numbers 3:15, Moses is commanded by God to take a census of the tribe of Levi: "Enroll the Levites by ancestral houses and by clans. You shall enroll every male from a month old and upward."<sup>3</sup> The Midrash on this verse states that while an infant of one day old is not definitely viable, one of a month old is definitely known to be viable.<sup>4</sup> Thus, only after thirty days is an infant presumed to be a *bar kyama* (viable). There is more evidence for why the rabbis emphasize one month. We find in the book of Numbers that, "Their redemption price, reckoned from one month of age..."<sup>5</sup> The same verse appears in Shabbat 135 b, "and those that are to be redeemed of them from a month old shalt thou redeem..."

During the Rabbinic Period, Maimonides, one of the greatest commentators and intellectuals, writes that one may not formally mourn for a *nefel* since a human being who does not live for thirty days is considered non-viable.<sup>6</sup> The rabbis thus used the Bible as proof that an infant becomes viable at one month.

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<sup>2</sup>Maurice Lamm, The Jewish Way in Death and Mourning (New York: Jonathan David Pub. 1969), p. 247.

<sup>3</sup>Translation from New Revised Standard Version, (New York: Oxford University, 1989), p. 132.

<sup>4</sup>Numbers Rabbah 3:8.

<sup>5</sup>Numbers 18:16. See footnote 2, p.151-152.

<sup>6</sup>Mishnah Torah Hilchot Avot 1:6.

In addition to investigating the rabbis' view of infant viability we must define, according to Jewish law, the stages in the development of a baby. Rabbi Michael Gold refers to these stages in his book And Hannah Wept: Infertility, Adoption and the Jewish Couple, "From the perspective of Jewish law, there are four stages in the development of a baby, with discrete criteria for each stage: (1) the first forty days after conception; (2) the forty-first day until full-term birth; (3) the first thirty days of life; and (4) after thirty days."<sup>7</sup>

According to various commentators a fetus in the womb is "לֹא נֶפֶשׁ הוּא" not a person until s/he is born.<sup>8</sup> If the fetus is not a person then what is it? The Talmud regards a fetus (obar) as "רֶגֶל אִמּוֹ" (as the thigh of his mother i.e. one of her limbs).<sup>9</sup> Therefore, the fetus is deemed a part of its mother rather than an independent entity.<sup>10</sup> But another statement in the Talmud states the opposite "לֹא רֶגֶל אִמּוֹ," "not the thigh of its mother."<sup>11</sup>

According to the Talmud a fetus is a part of the mother, similar to a limb. The question then arises: How do the rabbis deal with mourning in cases of miscarriage? Since the rabbis do not address the issue specifically, we must use as a basis for this

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<sup>7</sup>Michael Gold, And Hannah Wept: Infertility, Adoption and the Jewish Couple, (Philadelphia: JPS, 1988), p. 135.

<sup>8</sup>Rashi, Yad Ramah and Me'iri all to Sandhedrin 72 b.

<sup>9</sup>T.B. Gittin 23 b.

<sup>10</sup>David Feldman, Marital Relations, Birth Control and Abortion in Jewish Law, (New York: New York University Press, 1968), p. 253.

<sup>11</sup>T.B. Hullin 58a.

inquiry the manner in which they deal with the death of a viable child.

First we need to consider the reason for the traditional rabbinic perspective. According to *Berakhot*, the rabbis believed that a child's death can act as an atonement for his/her parents' sins: "Just as a man may be punished by the death of his children, so may he receive atonement through his children's death."<sup>12</sup> The rabbis quickly point out that a child's death could atone only for deeds that took place while the child was alive.<sup>13</sup> Still, the rabbis do not here address the specific issue of miscarriage.

According to tradition, in the first forty days after conception, an embryo is considered mere water. Therefore we can deduce that Judaism does not teach that life begins at conception.<sup>14</sup> According to Michael Gold, "Jewish law treats a miscarriage in the first forty days as a non-event."<sup>15</sup> According to Gold, most miscarriages within forty days of conception pass unnoticed, so that there is not the same sense of loss a woman who miscarries later in pregnancy would feel.

Because most miscarriages during the first forty days of conception pass unnoticed, it makes sense that the rabbis do not give an embryo of forty days the same consideration as a more developed fetus.

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<sup>12</sup>Berakhot 5a-b.

<sup>13</sup>Ibid.

<sup>14</sup>Sandhedrin 19b.

<sup>15</sup>Gold, p. 135.

The Mishnah also deals with miscarriage in the first forty days of conception. "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, a female and a *niddah* [menstruating woman]. She must wait the maximum number of days, that is, fourteen days plus an additional clean seven, before going to the *mikvah*, as if she gave birth to a full term female child."<sup>16</sup> Here Jewish law recognizes the status of a baby who is miscarried as more than a "non-event". The Torah, in fact, teaches that a woman who gives birth counts seven days after the birth of a male, fourteen after the birth of a female.<sup>17</sup>

Another law, found in the Mishnah, also recognizes the reality of a miscarriage. The Mishnah teaches that if a couple lives together ten years without a child, they cannot put off fulfilling the mitzvah of procreation any longer. The original principle is that after ten years a man must find a new wife. But the Mishnah then states that "if she miscarries, they count from the time of the miscarriage."<sup>18</sup> In other words, when a miscarriage occurs, the count starts over; the couple has ten more years to try to conceive.<sup>19</sup> Thus the rabbis make a distinction between a "non-event" and a miscarriage. According to the above verse a miscarriage is not just another "non-event."

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<sup>16</sup>Niddah 3:7.

<sup>17</sup>Leviticus 12:1-5.

<sup>18</sup>TB Y'vamot 61 b & TB Kiddushin 29 b.

<sup>19</sup>Gold, p. 138.

David Feldman, a modern Halakhist, states, "Jewish law teaches that when a fetus begins to take on a human form (at about three months), it becomes the first born for purposes of a *pidyon ha-ben*. If the woman miscarries at that point, a future boy will not require a *pidyon ha-ben*."<sup>20</sup> Michael Gold also points out this fact but adds that "if the woman miscarries at that point, a future boy will not require a *pidyon ha-ben*."<sup>21</sup> As was stated earlier, 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, a female and a *niddah* [menstruating woman].<sup>22</sup> This woman according to the Mishnah must wait the maximum number of days, that is, fourteen days plus an additional clean seven, before going to the *mikvah*, as if she gave birth to a full term female child.

Based on the above two laws, we can see that Jewish law reflects the idea that an actual child was lost.

Now that we have looked at some of the text tradition and established a rabbinic and Biblical foundation for miscarriage, let us take a look at how the rabbis suggest we ritually deal with these events.

According to three different sources if a death of a child occurs before the child lives thirty days one need not observe the rite of mourning.<sup>23</sup> Jewish tradition teaches that for this child

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<sup>20</sup>Feldman, p. 137.

<sup>21</sup>Gold, p. 137.

<sup>22</sup>Niddah 3:7.

<sup>23</sup>Shabbat 135b; Maimonides Abel I.6; Yoreh De'ah (cccxiv,8).

no *kriyah*, no funeral, and no formal mourning take place. In fact, the term used to denote such an infant, *nefel*, literally means "one who fell."<sup>24</sup>

The codes also address the location of burial. It was customary to bury a non-viable child in a special part of the cemetery, in the same place amputated limbs were buried.<sup>25</sup> Walter Jacob states that a *nefel* was, therefore, buried in the same way as amputated limbs.<sup>26</sup> The purpose was to avoid ritual uncleanness for the priests (M. Edut 6.3; Yad Hil. Tumat Hamat 2.3; Pahod Yitzhaq, Ever).<sup>27</sup> This code is consistent with the rabbinic notion that a fetus is the thigh of its mother.<sup>28</sup>

The perspective of the rabbis seems to be from a legal point of view. For example, another common biblical quote associated with miscarriage is found in the book of Exodus (21:22,23): "When people who are fighting injure a pregnant woman so that there is a miscarriage, and yet no further harm follows, the one responsible shall be fined what the woman's husband demands, paying as much as the judges determine."<sup>29</sup>

According to the two editors of "Daughters of the King/Women

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<sup>24</sup>Y.D. 340:30.

<sup>25</sup>Shulchan Aruch Yoreh De'ah, Hilchot Nedarim 224.

<sup>26</sup>Ketubim 20b.

<sup>27</sup>Jacobs, p. 168.

<sup>28</sup>See footnote 9.

<sup>29</sup>Translation from New Revised Standard Version, (New York: Oxford University, 1989), p. 74.



and the Synagogue," this source from Exodus has concern only for the legality of the situation and "shows no concern for the sense of loss experienced by the woman. Similarly Talmudic and later rabbis were most often concerned with determining whether a miscarriage - caused by accident or induced to save the mother - should be considered and be punished as such and whether a fetus is considered a human being."<sup>30</sup>

Why were the rabbis so interested in the "practical issues" and not with the psychological and emotional issues that a woman experiences with such trauma? The evidence indicates that relatively little significance was accorded infant death, stillbirth or miscarriage. We know historically that they occurred frequently and that communities would have been in a constant state of mourning if rites had been requested. We also know that the rabbis were concerned with the tremendous financial hardship that would result if mourning rites were officially instituted.<sup>31</sup>

According to Rabbi Leonard Helman, "it was through the structure of duties and prohibitions that the mourner could work through his grief, find new areas of emotional involvement and re-integrate himself with the community and the world around him."<sup>32</sup> Thus some feel that the restrictions help the mourner grieve

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<sup>30</sup>Susan Grossman and Rivka Haut, editors, Daughters of the King/Women and the Synagogue, (JPS, 1992), p. 285.

<sup>31</sup>Deborah Pipe-Mazo. "When a Jewish Child Dies: Pastoral Care of the Bereaved Parent," Thesis HUC-Jir, 1991.

<sup>32</sup>Leonard Helman. "An Analysis of Death and Mourning in Talmudic Literature and Related Material." Thesis HUC-JIR, 1955.

through the structure of Jewish law. But others would suggest that "Judaism, like many other religions, does not fully recognize the loss of a fetus or a premature baby."<sup>33</sup> The reality was that Jewish law was crystallized during a time when infant mortality rates were high. If families were to fully mourn every infant and every stillbirth and every miscarriage, they quite possibly would have been in a continual state of mourning.

Our text tradition demonstrates that the rabbis were concerned with society's economic well-being as well as community hardships. The codes which discuss the issue of fetal death attempt to make it as easy as possible for the woman to deal with the issue practically. That is to say, the rabbis were concerned with performing proper burials and not with legislating specific funeral rites that would cause economic or time bound commitments. The rabbis were not concerned with the grief a woman might experience by going through this type of death. One could make the erroneous assumption that the rabbis did not care about this type of death, but in actuality it seems that the rabbis took modernity into consideration and made the rituals and customs surrounding this type of death optional. The rabbis understood that there was a high infant mortality rate and a high miscarriage rate. What they did not understand due to male insensitivity and lack of a egalitarian legislation, was the emotional effect that miscarriage has on a person.

Medical and technological advances in our society today have

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<sup>33</sup>Gold, p. 134.



reduced the rate of infant mortality. But the high miscarriage rate continues and the time has come to consider the psychological and emotional trauma a woman and her family experience when a miscarriage occurs.

Susan Grossman and Rivka Haut explain the need for a system of mourning in place for victims of miscarriage. "When I miscarried during my sixth week of pregnancy, I felt a great sense of pain and loss. As a committed Jew who lives her life around the Jewish calendar and steeped in Jewish ritual, I naturally sought to find comfort in Jewish prayer and ritual. However, I felt myself abandoned by the tradition with which I normally feel so much at home."<sup>34</sup>

Not having mourning rituals for miscarriage sends a clear message to the bereaved couple that their loss was not a "real loss," and that their baby never existed.

Before we can suggest a system of grieving we must have a better understanding of the psychological issues involved in miscarriage. But first, we should examine how Reform Judaism responds to miscarriage.

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<sup>34</sup>Grossman and Haut, p. 285.

## SECTION II

In light of the text tradition just discussed concerning miscarriage, how does Reform Judaism respond to miscarriage? In the last section we saw that Reform Responsa on the subject basically restate tradition. In support of the traditional viewpoint, Walter Jacob states that "in our time matters have, however, changed and most families have very few children, so all the events in a child's life have become significant and magnified. That, of course, includes the tragic death of a young child, a still-birth, or miscarriage. We would, therefore, suggest that there be a simple burial of a still-born infant or a child who dies at an early age. This will provide a way for the family to overcome its grief. A miscarriage may, however, be disposed of by the hospital or clinic in accordance with its usual procedures. No burial is necessary but it is also not prohibited; we would suggest it for infants and possibly for still-births."<sup>1</sup>

It is astonishing that something written just five years ago would use phrases like "overcome its grief" or suggest that a "simple burial" is all that is needed for a still-birth. It is also striking that this Responsa would be so insensitive to the

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<sup>1</sup>Walter Jacob, Contemporary American Reform Responsa (New York: CCAR, 1987), p.168.

real grief of miscarriage. The above quote does not recognize the real and painful loss of miscarriage.

I could find no other "official" statement from the Reform Movement. The Rabbi's Manual only mentions the death of infants: "In our tradition, mourning rites were not observed for infants who died within 30 days after birth for they were considered abortive (J. Yev. 11.7; Shab. 135b). But the traditional rule has exceptions, and we would leave it to the rabbi's discretion to suggest whether regular burial services and mourning rites would benefit the family. In any case the infant is buried, and not disposed of like a miscarried or aborted fetus."<sup>2</sup>

Again we see the lack of sensitivity and compassion toward miscarriage.

Fortunately, the Reform Movement promotes the individual autonomy of each rabbi, so that what is often written as a "official" Reform position may not be the common practice. In my research I asked various rabbis how they dealt with the issue of miscarriage. Approximately 10% of the rabbis with whom I talked had done ritual or some type of closure with the grieving family. Although my study is not scientific, I believe that this lack of response is the current trend among members of the CCAR. In fact, most rabbis claimed to have never been approached concerning a miscarriage. Only one rabbi with whom I spoke stated that he dealt regularly with infertile couples and, in fact, performed funerals

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<sup>2</sup> Rabbi's Manual. (New York: Central Conference of American Rabbis, 1988), p.250.

for miscarriages. He told me that he would "throw something together liturgically," but that he mostly offered a few words that he felt were appropriate.

Ultimately the Reform rabbi has the autonomy to handle this issue in any way he or she sees fit. Unfortunately, the Reform Movement has done nothing to help a rabbi cope with such a crisis. We have no specific ritual or set of prayers for miscarriage to help the rabbi be more sensitive to the griever's needs.

Therefore, this thesis will give the rabbi some of the tools necessary to deal with the real death of miscarriage. To fulfill this goal, we will continue our discussion by examining the physiological facts surrounding miscarriage as well as the psychological impact of miscarriage. Then we will be able to look at some of the options the Reform rabbi has in handling a death in the womb.

It is my hope that the sensitivity of each rabbi will allow him or her to help the family grieve the death of a baby-to-be.

### SECTION III

Before we discuss the psychological impact of miscarriage, we need to define miscarriage. According to Ilse and Burns, authors of Miscarriage...A Shattered Dream, "Miscarriage is the term commonly used to describe the unplanned end of a pregnancy before a baby can live on its own. The medical term for this, spontaneous abortion, means the termination of a pregnancy by natural causes before twenty weeks of pregnancy and before the baby can live outside the uterus."<sup>1</sup>

If a baby dies before birth but after twenty weeks of gestation, it is considered a stillbirth.

Miscarriage is one of the most frequent losses families can suffer. "Statistics are not kept, but it's estimated that close to 800,000 families in the United States experience a miscarriage each year. This is approximately 20-30% of all documented conceptions."<sup>2</sup>

Ilse and Burns estimate that 20 to 30% of all confirmed pregnancies and up to 50% or perhaps more of all conceptions end in

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<sup>1</sup>S. Ilse & L.H. Burns. Miscarriage... A Shattered Dream. (Long Lake, MN: Wintergreen Press, 1985), p.9.

<sup>2</sup>Ibid, p.4.

miscarriage.<sup>3</sup>

According to Michael Gold, "a miscarriage occurs in 15 to 20 percent of all conceptions. Usually it happens so early in pregnancy that it passes unnoticed, at the point when the embryo is 'mere water,' to use Rav Hisda's term."<sup>4</sup> Therese Rando states that up to 25 percent of all known pregnancies end in miscarriage.<sup>5</sup> And according to Diane Cole, "about one in every six pregnancies ends with out a live birth - with a spontaneous abortion, a miscarriage, or a still birth."<sup>6</sup>

It is impossible to have exact statistics on the incidence of miscarriage because most states do not require that records of miscarriage be kept. Another problem is that miscarriages usually occur during the first trimester of pregnancy, which is usually before a woman realizes she is pregnant or before the pregnancy has been confirmed by a test or a medical exam.

Ilse and Burns outline four types of miscarriages: threatened, inevitable, incomplete, and missed. A threatened miscarriage is diagnosed "when there is staining (spotting) or bleeding, but the cervix is still closed. At this time a pregnancy test might be negative, indicating that the baby has died, or the test might be

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<sup>3</sup>Ilse & Burns, p.9.

<sup>4</sup>Michael Gold. And Hannah Wept: Infertility, Adoption and the Jewish Couple. (Philadelphia: JPS, 1988), p. 139.

<sup>5</sup>Therese A. Rando Grieving:How to Go on Living When Someone You Love Dies. (New York, N Y: Lexington Books, 1988), p.181.

<sup>6</sup>Diane Cole. After Great Pain: A New Life Emerges. (New York, N Y: Summit Books, 1992), p.141.



positive, meaning that the baby is still alive but for some reason there is bleeding."<sup>7</sup>

The second type, inevitable miscarriage, usually means that bleeding has increased and the cervix is open, ready to pass the baby. The woman also experiences some cramping.

In the third, an incomplete miscarriage, the fetus has died; either part of it or the placenta still remains inside the uterus.

The fourth and final type of miscarriage, missed miscarriage, occurs when the fetus has died but remains in the uterus.

Besides these four major types of miscarriage, another kind of pregnancy loss can occur from ectopic pregnancy, wherein the fetus tries to develop outside the uterus. "An ectopic pregnancy is one that is located in any place other than the uterus."<sup>8</sup> Because of its unique nature and complicated medical condition, ectopic pregnancies can have a major effect on the emotional responses of the family.

Ilse and Burns also discuss molar pregnancy, "in which the baby dies or never develops while the placenta continues to grow. The uterus enlarges and the body responds as if a pregnancy were developing normally."<sup>9</sup> Molar pregnancy is also known as trophoblastic disease or hydatidiform mole.

Because miscarriage occurs both often and early in pregnancy, it is often minimized and over looked. Many fail to recognize the

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<sup>7</sup>Ibid, p.10.

<sup>8</sup>Ibid, p.10.

<sup>9</sup>Ibid, p.11.

significance of this loss to families, either minimizing or overlooking its resulting grief.

We must remember "that no two miscarriages are alike, even for the woman who has previously experienced one. A miscarriage may occur with a sudden loss of blood, with spotting, or with a heavier than normal period. Cramping may be unnoticeable, mildly uncomfortable, or severe."<sup>10</sup>

In addition, a miscarriage may occur suddenly, with the complete passing of the baby or fetal tissue, or it may take place over several days or weeks.

The reasons why miscarriages occur vary and depend on the particulars of the actual miscarriage. Studies do show "that more than 50% of all first trimester miscarriage are caused by chromosomal abnormalities, such as extra or missing genetic information, that prevent the fetus from developing normally."<sup>11</sup> These abnormalities are often due to random error in the chromosome distribution in the egg or sperm. Thus, in order to determine which is the case, chromosome studies must be specifically requested on the fetal tissue at the time of the miscarriage.

Causes or explanations of miscarriages generally fall into one of three factors: fetal, parental, and external. Fetal factors are problems with the fetus and its development. Parental factors are problems resulting from the mother or father that might cause miscarriage, such as disease or anatomical malformations. External

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<sup>10</sup>Ibid, p.9.

<sup>11</sup>Ibid, p.16.



factors are the result of those things in the environment that might cause miscarriage. To have a better understanding of these factors, I would recommend looking further in Ilse and Burns.<sup>12</sup>

When medical terms are used to describe the causes of miscarriage they can often sound judgmental: "defective sperm" or "incompetent cervix" may sound accusative. It is crucial for the parents to keep in mind that such descriptions are medical terms, rather than descriptions of the parents or the performances of their bodies.

Rarely could a couple have done anything to prevent the miscarriage. Usually, the pregnancy fails for valid medical reasons. The couple must ask questions and talk with medical professionals to better understand what happened to their baby.

Since we have looked at some of the facts of miscarriage, we will now take a look at the psychological impact miscarriage has on the family.

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<sup>12</sup>Ibid, p.15.

## SECTION IV

### *A Prayer for Baby*

Never to have known you, but to have loved you.  
Never to have held you, the way mothers do.  
With you I bury my hopes and dreams  
For an unknown child I'd never seen.  
But also I bury the love in my heart  
And the sadness of knowing that we must part.  
And I pray to God to do for you  
All the things that I would like to do.  
And to keep my baby safe from harm  
To laugh and frolic in springtime's arms.

Anonymous<sup>1</sup>

Many psychological issues surround miscarriage. Like any grief or bereavement, some stages and feelings are universal, but how these are actualized differs for each person. In the above poem, written by a parent who lost a child from miscarriage, we can see many of the various issues involved in grieving a miscarriage. This chapter will look at some of the psychological issues

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<sup>1</sup> S. Ilse, & L.H. Burns. Miscarriage...A Shattered Dream. (Long Lake, MN: Wintergreen Press, 1985), p.26.

surrounding a family who experiences a miscarriage. Although I would caution that psychological theory "can engage us intellectually, but even the most brilliant abstractions sound faint next to the rending immediacy of the mourner's cry."<sup>2</sup>

After reviewing modern psychological approaches to grief in this section of the thesis, I will discuss the respective griefs of parents, the mother, the father, the siblings, the grandparents, the other family members, and friends. We will then address the psychological impact of habitual miscarriage and miscarriage after infertility.

Miscarriage as well as all types of pregnancy loss need to be mourned and grieved. "With pregnancy loss, a child has been concerned. A real baby, who can usually be identified as a boy or girl, is lost. Whether the loss is from a miscarriage, a stillbirth, the abortion of a deformed fetus, or the death of a newborn, the pain and loss are profound. There is a need to mourn."<sup>3</sup> This chapter demonstrates the complex nature of this loss, beginning with the "stages of grief."

A variety of opinions concern the idea that a person's grief has "stages." According to Elizabeth Kubler-Ross, the stages of grief are five-fold: denial and isolation, anger, bargaining,

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<sup>2</sup>Diane Cole. After Great Pain: A New Life Emerges. (New York, NY: Summit Books, 1992), p.11.

<sup>3</sup>Michael Gold. And Hannah Wept: Infertility, Adoption and the Jewish Couple. (Philadelphia: JPS, 1988), p.133.

depression, and acceptance.<sup>4</sup> Not all agree that Kubler-Ross's stages are universal; for this thesis, I will describe some other stages that may be more suitable for describing the grief resulting from miscarriage.

For example, I would add to Kubler-Ross's list, the stage of loss and loneliness. According to some professionals the period of loss and loneliness is the longest stage. During this time, others want life to return to "normal" but for the bereaved parent it is not yet possible.<sup>5</sup> During this period parents often feel cut off and isolated from the rest of their world, these feelings heightened by the fact that at this time, no one is truly able to understand the parents' pain.

The stage of denial, as opposed to the stage of loss and loneliness, is usually a period of short duration. According to Ronald J. Knapp, during this period parents generally do not have a sense of direction, and have difficulty setting goals and accomplishing tasks.<sup>6</sup> Denial represents the beginning of the grieving process. During this stage a parent does not experience an emotional recognition of the loss and consequently there is no expression of genuine grief possible. The author Diane Cole expresses the idea of denial most eloquently: "denial, it has

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<sup>4</sup>Elizabeth Kubler-Ross. On Death and Dying. (New York: McMillian Publishing Co:1969), p.10.

<sup>5</sup>Deborah Pipe-Mazo. "When A Jewish Child Dies: Pastoral Care of the Bereaved Parent. (Thesis, HUC-JIR, 1991), p.57.

<sup>6</sup>Ronald J. Knapp, Beyond Endurance: When A Child Dies (New York: Shoken Books, 1986), p.131.

always seemed to me, is a way of knowing and not knowing at the same time - of wearing narrow blinders in order to avoid seeing what you nonetheless cannot help but see."<sup>7</sup>

Each stage of grieving must occur so that mourners can move past the grief. The goal of "proper grieving" is for the mourner to eventually reach a place of relief and reestablishment; however even with proper grieving, parents never escape the reality of their loss. Rabbi Deborah Pipe-Mazo in her thesis entitled When a Jewish Child Dies: Pastoral Care of the Bereaved Parent states concerning parents who reach this final stage of grieving, "their child is ever present in their thoughts, and they are still sad and feel an emptiness, but these feelings are no longer overwhelming and in control of their lives. What bereaved parents experience during this phase, and for the remainder of their lives, is shadow grief - an awareness of not being whole during life's important moments."<sup>8</sup> The idea of shadow grief, as described by Ronald Knapp, is a chronic sorrow. "It is characterized as a dull ache in the background of one's feelings that remains fairly constant and that, under certain circumstances and on certain occasions, comes bubbling to the surface, sometimes in the form of tears, sometimes not, but always accompanied by a feeling of sadness and a mild sense of anxiety."<sup>9</sup>

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<sup>7</sup>Cole, p.36.

<sup>8</sup>Pipe-Mazo, pp.62-63.

<sup>9</sup>Knapp, p.40-41.

### Couples (Parental) Grief

Adults do not recover from their grief; they are changed by it.<sup>10</sup> It is important for the parents to acknowledge their grief and allow the grief to run its course.

"Parental grief is particularly intense. It is unusually complicated and has extraordinary up-and-down periods. It appears to be the most long-lasting grief of all."<sup>11</sup>

When a child dies, the parents lose not only the child, but also their shared dreams, expectations, wishes, fantasies and hopes. Similarly, when parents lose a child to miscarriage, they too lose the potential of that child. One may logically assume that the farther along the pregnancy is, the more the investment of the parents would be. That is not to say, however, that even after three weeks of pregnancy the parents would not feel a loss. As we know, each person is different and each type of situation is unique. Therese Rando points out that: "From the time of the first news of pregnancy, the prospective parents attach many feelings and hopes onto the child-to-be."<sup>12</sup> The child signifies an infinite number of emotions, hopes, feelings, needs, expectations, and meanings.

According to the writers of "Resolve through Sharing," "families who experience a miscarriage grieve for their baby and

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<sup>10</sup>Cole, p.93.

<sup>11</sup>Therese A Rando. Grieving: How To Go On Living When Someone You Love Dies. (New York, NY: Lexington Books, 1988), p.161.

<sup>12</sup>Rando, p. 162.



the loss of an entire lifetime with that child. Thus grief and loss takes time to resolve."<sup>13</sup>

"Resolve Through Sharing," developed by Gunderson/Lutheran Medical Center, is a "one-on-one support program for parents who lose a baby during pregnancy or shortly after birth. It uniquely addresses individual family needs through one-to-one certified counselors and follow-up support programs."<sup>14</sup>

"Resolve Through Sharing," as I will discuss later, works under the assumption that families generally do not have experience in coping with miscarriage. The inability to cope with miscarriage can lead to feelings of helplessness, low self-esteem, shock and numbness.

The most intense relationship that we have as humans is the relationship between parents and children. When a child or potential child dies, "those aspects of the relationship that gave it its intimacy and uniqueness are the very aspects that will intensify [parents'] bereavement."<sup>15</sup>

Children are not supposed to die before their parents. It is a "death out of turn."<sup>16</sup> The death of a child violates all natural expectations and often leaves grieving parents feeling guilty for being alive. It is by far the most difficult death with

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<sup>13</sup>\_\_\_\_\_. "Miscarriage," Resolve Through Sharing (WI: La Crosse Lutheran Hospital, 1984), p. I-3.

<sup>14</sup>Ibid, p. I-2.

<sup>15</sup>Rando, p. 163.

<sup>16</sup>Rando, p. 164.

which to cope. Because they were not able to protect their child, parents may feel an even greater guilt when a child dies in utero.

Parental grief, as I discussed earlier, does not relate to the length of gestation but to the expectations, hopes, values, needs, meaning and feelings that parents place upon their child-to-be.<sup>17</sup>

Bonding between parents and the child-to-be increases as more bodily changes occur and as more movements are felt.<sup>18</sup> Thus with the increase of time parents become closer with the child-to-be. "[Parents] feelings of attachment for [their] baby will influence [their] feelings about [their] miscarriage."<sup>19</sup>

We must take into account that parents' feelings of emptiness are heightened by the fact that their relationship with their child had begun much earlier than the time of the miscarriage: parents' feelings begin when the pregnancy is first recognized.

After a miscarriage it is normal for parents to wonder why the miscarriage has happened. "although often the cause remains unknown. The inability to discover exactly what went wrong can be very frustrating."<sup>20</sup> Without a logical or even adequate explanation why the miscarriage happened, parents have difficulty accepting it. The bottom line is that miscarriage is an unfair reality.

When a miscarriage occurs it is "normal" for a couple to

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<sup>17</sup>Rando, p. 182.

<sup>18</sup>Rando, p. 182.

<sup>19</sup>Ilse and Burns, p. 7.

<sup>20</sup>Ilse and Burns, p. 15.



experience all of the emotions associated with loss, such as shock, anger and grief. The couple will need a chance to mourn and time to deal with the various emotions and feelings associated with such a loss. The extent of these feelings will depend on when the miscarriage occurs and the parents' feelings about it. Parents commonly experience a profound sense of worthlessness, failure, and deficiency. It is also normal for the parents to be concerned about the inability to produce a healthy child, especially if the couple have no other children.<sup>21</sup> Parents may feel inadequacy, isolation, guilt and a misdirected fear or anger. Parents may also feel a lack of control over their lives. "All these losses must be mourned, along with the unborn children, the lost pregnancies...whom we long to know and raise but who live only in fantasy."<sup>22</sup>

Reactions after miscarriage can be neither right or wrong, and responses vary widely: "You might feel bewildered, alone, or surprised by your emotions after your miscarriage. There is no typical response to miscarriage. Some people accept it as another life experience, deal with it, and move on. Others feel upset and unsettled, while still others are devastated by the strong impact it has on them."<sup>23</sup> The most common first reaction to miscarriage is shock. Parents expect things to go smoothly and when they do not, they feel as if they have lost control of a very crucial part

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<sup>21</sup>Rando, p. 182.

<sup>22</sup>Cole, p. 152.

<sup>23</sup>Ilse and Burns, p .4.

of their lives - the ability to have a family.

Parents may also feel minor disappointment, intense grief, or something in between: no set rules govern the ways to grieve, and each person grieves differently.

The couple may also attribute the miscarriage to something they have done. This feeling of guilt is more common for women than for men. The guilt that a couple feels can often be eased if the couple tries to obtain factual information about the cause of the miscarriage. Therese Rando points out that, "if it occurred early in the pregnancy, before your quite normal feeling of ambivalence about having the child had been resolved, you may need assistance in dealing with your guilt. Since unresolved loss can lead to pathological grief, it is important for you to share your fantasies, thoughts, feelings, hopes, and expectations about the unborn child in order to effectively complete the mourning process."<sup>24</sup>

Guilt is a very strong emotion and one of the ways in which parents try to make sense of their suffering. Parents reason that the miscarriage happened because they "deserved" this misfortune is a punishment for their sins. "Fantasies about certain thoughts or feelings having caused the death only add to the normal parental guilt."<sup>25</sup> Along with guilt, parents may question their own competency as parents, and may feel inadequate and defective.

Therese Rando also points out that any previous feelings of

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<sup>24</sup>Rando, p. 182.

<sup>25</sup>Rando, p.185.

ambivalence during the pregnancy could escalate guilt. Other grief reactions such as sadness, anger, and resentment may be present.<sup>26</sup>

Often a couple who experiences a miscarriage have difficulty in grieving because they have nothing tangible to mourn: for the bereaved, it is like mourning a dream. Thus many counselors suggest that parents see the products of the miscarriage. Seeing the products of the miscarriage helps reinforce the reality and initiate the grieving process. It also allows for some type of confirmation that what has been lost is real.<sup>27</sup> Since society has difficulty with death in general, it is no surprise that overly protective grandparents will often urge that funeral rites and autopsies not be done. We can understand that the grandparents are trying to make things easier, but during a time when parents often feel out of control, making such decisions is crucial. The parents can then have some measure of control. In addition, an autopsy and/or funeral rites help confirm for the parents that indeed their child-to-be has died. An autopsy may also serve to explain the physiological cause of the death, enabling the parents to sort out the possibility of future pregnancies.

Hopefully the people who surround the grieving parents understand that the entire family needs permission to grieve. The

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<sup>26</sup>Therese Rando. Grief, Dying, and Death: Clinical Interventions for Caregivers. (Champaign, Ill: Research Press, 1984), p.132.

<sup>27</sup>Rando, p. 182.

parents have the right and the need to mourn this loss. We must not forget that the reactions bereaved parents experience vary in intensity and duration. The circumstances and the people who surround them can affect the parents' reactions.

Although our society often denies the intensity of death, it is harder for friends and family to support grieving parents because the baby was not real to them. For the parents of the child-to-be, however, the death is very real. As Rando points out, parents must grieve the loss of their child-to-be: "Despite the fact that the baby was not real for anyone else, [the parents] had feelings, hopes, dreams, attachments, and plans for that baby and what he or she would contribute to [the] family. All of these now must be mourned regardless of what anyone else says."<sup>28</sup>

If the miscarriage is not appropriately mourned, problems can arise. Parents may feel more comfortable coping with the grief separately which explains why 90% of all bereaved couples find themselves in marital difficulty.<sup>29</sup> Rando states: "Problems in the marital relationship or with the entire family can develop and future parenting may be affected if this loss is not appropriately grieved. [Parents] will probably feel anger and the need to blame someone, either [themselves], medical personnel, clergy, or God."<sup>30</sup> Anger toward God is common. Some parents may feel betrayed by deity, or feel that they are receiving a just reward

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<sup>28</sup>Rando, p. 184.

<sup>29</sup>Pipe-Mazo, p.60.

<sup>30</sup>Ibid, p. 185.

for their actions, like a punishment. God also is a perfect target for holding someone responsible for what has happened.

Miscarriage can affect the couple's marriage. Rando explains that "men and women don't always have the same fantasies - or the same responses to loss or ways of coping with it - and since each partner may not be able to provide the other's most important form of support, the marriage itself can suffer."<sup>31</sup>

We have discussed how parents' reactions can vary; we must also remember that each partner may have strikingly different reactions to the miscarriage. One or the other may begin grieving immediately, or it may take longer for what has happened to really sink in. Each parent experiences grief differently: one parent may feel a need for intimacy, while the other becomes more selfish. One parent may be unable to make love, for the act reminds her/him of the act that led to the death of the baby.<sup>32</sup>

Each partner has unique needs and coping strategies, and will move through the healing process in his/her own manner. If both partners have opposite coping styles, conflicts can arise. One partner may feel like the other doesn't care or one may be anxious to move on from the loss while the other is not.<sup>33</sup>

Often couples may not be able to rely on each other for support, largely due to the fact that men and women typically grieve differently. Men may feel that they must maintain a "stiff

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<sup>31</sup>Cole, p.156.

<sup>32</sup>Pipe-Mazo, p.60.

<sup>33</sup>Ilse & Burns, p.30.



upper lip," so they hold back their emotions. Women, on the other hand, seem to have society's permission to express their emotions.

Stereotypical, men are strong, controlled protectors, while women are weepy, emotional and expressive. According to Pipe-Mazo there is evidence for this stereotype: "In general researchers have found that men tend to be more action oriented, seeking distraction. ... while women dwell on what happened."<sup>34</sup> Thus the mother may perceive the father as unhelpful or uncaring, while the father may perceive the mother as obsessive. The result may be a mutual withdrawal from both parents, especially if unresolved strains in the marriage surface.

If a couple cannot bear a child, then they often doubt their own manhood/womanhood. The very nature of their sexuality may be in doubt.

Differences in how the couple responds to its loss may include how each individual talks about the child: "It is common for one parent to want to talk about the child on a daily basis, while the other would rather not be reminded of the pain."<sup>35</sup>

One parent might be outwardly grieving while the other is providing support, sensitivity, and understanding. Later these roles may switch.

How each parent reacts to the loss may reflect how each parent reacted to the pregnancy and the baby: "The different responses to

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<sup>34</sup>Samuel Osherson. Finding Our Fathers. (New York: Ballantine Books, 1986), p.156-157.

<sup>35</sup>Pipe-Mazo, p.59.

miscarriage might be better understood by looking at the difference in parents' reactions to the pregnancy and baby. Some parents planned for the baby, some did not. Some parents wanted the baby they were expecting, some did not. If you were trying to conceive for a long time or found yourself very excited at the prospect of a new life, miscarriage can be a devastating blow. Often feelings are mixed. You might have been pleased because you were able to conceive, yet not ready to be a parent."<sup>36</sup>

Frequently, partners distance themselves from one another: distancing themselves from their partner is in their minds to distance themselves from the pain. Also, a "good day" for one parent may be a "bad day" for the other and a parent might feel resentful while the other may feel a lack of respect.

During this period, couples often have difficulty talking: "Communication might become strained after [their] miscarriage. This could be a problem that existed before the miscarriage, or it might be an aftermath of the miscarriage."<sup>37</sup> A couple may argue or be in conflict because of anger, pain, resentment, frustration and unfulfilled needs. Often intense emotions that become out of control "prevent bereaved parents from sharing and understanding their mutual grief."<sup>38</sup>

Grief for some parents "serves as an umbilical cord to keep the dead child ever close and, thus, view pleasure as an act of

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<sup>36</sup>Ilse & Burns, p.5.

<sup>37</sup>Ilse & Burns, p.30.

<sup>38</sup>Pipe-Mazo, p.60.



abandonment."<sup>39</sup>

Outside influences can also put a strain on the relationship: "A couple who miscarry are usually told, 'there was probably something wrong with the fetus. You can always have another.' This is beside the point. Another will be beloved, but it cannot replace the one that was just lost. ...that loss is real."<sup>40</sup> Problems between parents and living children are also common, often causing the children to distance themselves from family life. The anger that the children have can result in the parents further child loss.

Parents frequently have difficulties dealing with their living children. In fact discipline often falls apart, and the living children may feel uncared for or forgotten: "Bereaved siblings experience their parents as inapproachable, unable to move beyond grief's tunnel vision to be concerned with maintaining the family."<sup>41</sup>

In order to grieve a couple must mourn the loss of their baby before going on to try for another. The couple needs time to heal, not just as individuals, but as a couple. "The miscarriage cannot be ignored. It must be acknowledged and discussed, particularly by the husband and wife. By openly discussing the baby they lost, a couple can help the healing process begin."<sup>42</sup>

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<sup>39</sup>Pipe-Mazo, p.60.

<sup>40</sup>Gold, p.133-134.

<sup>41</sup>Pipe-Mazo, pp.57-58.

<sup>42</sup>Gold, p.140.

Parents ultimately need to take care of their relationship. "Treat yourselves to a night out every so often, go for walks together, give each other back rubs, or write "love notes" to each other that will be found in unexpected places. Give each other your love, an accepting attitude, and your comforting assurance that you are there when and if you are needed. You may have lost your baby but you still have each other."<sup>43</sup>

If problems continue, then it would wise to see a counselor, rabbi or maybe a support group.

The program "Resolve Through Sharing" discusses the average times for the resolution of the grief stages. According to Dr. Glen Davidson shock and numbness will last approximately two weeks. The second stage, searching and yearning, will last approximately four to five months. Intense disorganization which is the third stage will last approximately six to seven months. Finally, reorganization will last approximately eighteen to twenty-four months.

Dr. Davidson also recommends that the grieving families get a physical exam at four months, and that they do not make drastic life changes (such as a new job, new home) for some time. It is important to keep the stress level down. Parents must also understand that grief can recur during holidays, anniversary dates, changes of seasons etc.<sup>44</sup>

Michael Gold quotes a father who I believe captures the

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<sup>43</sup>Ilse & Burns, p.31.

<sup>44</sup>Resolve Through Sharing, p.II-102.

feeling couples often feel after experiencing a miscarriage:

"We lost this child, the chance to hold her, love her and raise her: we lost the joy of anticipation about her future: we lost the many little questions we had. Would she be a good sleeper? Would she inherit the musical talent on both sides of our families? Who would she look like? What would she become when she grows up? I think the worst part of our loss was the awareness that we would never know this child. My image of her will always be frozen in time: delicate and tiny, she was like a flower just beginning to bloom."<sup>45</sup>

### Mother's Grief

In preparation for my thesis in the Spring of 1992, I sent out a questionnaire to women who have had a miscarriage, asking them a variety of questions.<sup>46</sup> Although I will be discussing the results later on, the most revealing information I received was that most of the women felt that they did not grieve enough. They all agreed that it was a sad event, they all cried when it happened. The majority of the women who responded agreed with the question: "I feel that the loss of this potential child was like any other death I could imagine." I learned from these women that miscarriage is a real loss, a real death.

As we discovered in the section on parental grief, men and

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<sup>45</sup>Gold, p.133.

<sup>46</sup>See Appendix A.

women grieve differently. The reason for this is in part cultural, in part biological, in part societal. The argument of nature v. nurture is relevant when we discuss gender issues. It is not an exact science. I do not claim to have the answers; I am strictly pointing out that there are differences between how fathers deal with miscarriage and how mothers deal with miscarriage.

In this section of the Thesis we will be looking at mother's grief and then at father's grief.

The nature of the relationship that the mother has with the child-to-be is quite different than the father's. "Mothers tend to form a bond with the unborn child more quickly, since they carry the child and feel it develop within them. However, many fathers become involved in the image of their child from early in the pregnancy."<sup>47</sup>

The woman, though, has physical signs and/or symptoms of pregnancy, so when miscarriage happens, the mother has to deal with a variety of feelings. According to Therese Rando: "You were sharing your body with your baby and now you are not. Therefore, you probably feel not only the loss of your child, but the loss of part of yourself as well."<sup>48</sup> Diane Cole describe this emotion after her miscarriage: "And although pregnancy loss and infertility are in some ways intangible losses, they nonetheless proved a lengthy ordeal that left me feeling, at my lowest point, less like

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<sup>47</sup>Therese Rando. Grieving: How to Go on Living When Someone You Love Dies. (New York, NY: Lexington Books, 1988), p.182.\_

<sup>48</sup>Ilse & Burns, p.26.

a woman than like a useless, empty womb."<sup>49</sup>

A mother grieves the miscarriage for a variety of reasons. She grieves for the baby she wished to give birth to and for the loss of her future with the baby-to-be. Many women feel a greater sense of loss with the realization that their excitement over being pregnant is over. In some instances the woman may be mourning the loss of her fertility and the opportunity to experience another pregnancy.

A variety of different factors contribute to the grief of the mother. Medical concerns may elevate the complicated nature of this type of grief. Some women may feel relief. For example, if the mother had symptoms such as bleeding over several weeks, the miscarriage might be perceived as a relief because it brings to a close something that has been threatening and worrisome.<sup>50</sup> For some women the miscarriage may be the result of a life threatening situation.

"For if this was an unwanted or unplanned pregnancy the woman might feel either relief, discontentment or sadness, depending on her hopes, plans, and feelings about the pregnancy."<sup>51</sup>

It is common for the mother to believe, as I stated earlier, that she has failed to prove her womanhood because of her inability to conceive and deliver a healthy baby. The mother might feel damaged.

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<sup>49</sup>Cole, pp.12-13.

<sup>50</sup>Ibid, p.5.

<sup>51</sup>Ibid, p.5.

The physical condition of the mother will affect the grieving process: "If you are the mother, your bereavement can be made more complicated by your physical condition. Depression and lack of energy due to the normal hormonal changes that take place after delivery are common. Your physical condition also reminds you that you have given birth, but there is no child. Sometimes these changes add insult to injury. For example, it is particularly hard to have milk start coming in with no baby to nurse."<sup>52</sup>

Normal grief symptoms should be expected after a miscarriage. Guilt, as stated earlier, is one such feeling. The guilt results from a woman feeling that she is the cause of the miscarriage. As I stated in the last section, the best way to deal with guilt is to understand why one feels guilty and then to allow the guilt to run its natural course. The mother should remember that it is normal to have feelings of guilt, as it is normal to have a variety of other emotions. It is crucial for the woman to accept her feelings even if they are conflicting. Many different issues affect her feelings. The mother needs to experience all of the variety of emotions that occur after a miscarriage.

During this time, a mother often has a tremendous sense of being out of control. One way to assert her control is to be in control of her grieving. If the woman wants to talk about the miscarriage, then she should talk about it. If the woman needs to be alone, she should tell those around her that she needs to be alone: "It is important to recognize what kind of person you are

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<sup>52</sup>Rando, p.185.



and give yourself the right environment for taking care of yourself."<sup>53</sup>

A word should be mentioned about single mothers. The single parent is quite alone and has no one with whom to grieve, no one to share in the pain of loss. She should reach out for a close friend or relative.

Ultimately for a woman a miscarriage brings two endings: the end of the baby-to-be's life and the end of the mother's pregnancy.

### Father's Grief

For many reasons, men and women grieve differently. It is to our advantage to keep this idea in mind as we discuss issues that pertain to father's grieving.

In our society, because of the expectation that most men do not express their feelings, it is especially difficult for a man to grieve. The father is often "expected to be there for his wife. So little is known about the man's experience of failed or successful pregnancy that he receives hardly any encouragement to be vulnerable and to deal with his fear, rage, and sadness."<sup>54</sup> The father can easily become invisible because of the great amount of attention focused on the mother.

No doubt, the pregnancy is different for the father than it is

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<sup>53</sup>Ilse & Burns, p.27.

<sup>54</sup>Samuel Osherson. Finding Our Fathers. (New York: Ballantine Books, 1986), pp.119-120.



for the mother. The mother and the father bond to the baby-to-be differently: "Studies have shown that men "bond" to a pregnancy differently than their partners. Usually the father lags behind the mother anywhere from a few weeks to a trimester in emotional attachment to the baby."<sup>55</sup>

The father has some issues that are separate and different from the mother. For the man, the child-to-be may represent a future, a hope, and unarticulated but nonetheless real vision of himself as a father. The father has formed a real attachment to the baby-to-be and may be lost in his own fantasies.<sup>56</sup>

Another issue unique to the father is the concern for his partner's health, a concern that may outweigh all others.

Like the mother, the father may find himself, during and especially after the miscarriage, "confronted by a flood of emotions and concerns. Perhaps [he] did not have enough time to realize or believe in the reality of the baby when the miscarriage occurred. This is a very common reaction."<sup>57</sup>

The father needs to keep in mind that he will probably feel a variety of things. He might feel disappointed, resigned, angry, or all of these. Sometimes the father wants to lash out at something or someone. Frequently, the father might be confused about his feelings. He might feel uncomfortable about asking questions or asking for assistance. Concern about future pregnancies or the

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<sup>55</sup>Ilse & Burns, p.28.

<sup>56</sup>Osherson, p.121.

<sup>57</sup>Ilse & Burns, pp.27-28.

ability to have a family are other things he might have on his mind.<sup>58</sup>

The "normal" emotions that a father or any other griever may feel can be fluid and not set. One can be depressed and accepting in a short period of time. A common emotion for grievers, especially men, is guilt.

Guilt can result from a variety of possible issues. The guilt may occur because the father thinks that by impregnating his wife he has contributed to the emotional turmoil each parent is experiencing. The father may feel that he should have controlled or fixed the problem so that it would never have happened.

Often the result of guilt is anger. This anger can be directed and vented at everyone, such as his partner, the medical staff, his rabbi, God, and himself. Anger in and of itself is not an unhealthy emotion. It becomes unhealthy if it is not processed or dealt with properly: "Anger itself is not bad, but it can be very destructive when it is allowed to smolder or when it erupts uncontrollably."<sup>59</sup>

A good way for a man to release anger is to do something physical. Exercising, playing sports or building something are possible ways the father may let off some steam. Talking about his feelings is another good release. All these methods of directing his anger can be very therapeutic for the father.

When a man cannot let his anger out, he may turn it inward.

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<sup>58</sup>Ilse & Burns, p.28.

<sup>59</sup>Ilse & Burns, p.29.

The anger will become fixated and the father will direct the anger toward himself or others in the form of blame. "[He] may blame [himself] for the miscarriage, wondering whether [he] had been a better provider or partner the miscarriage might have been prevented."<sup>60</sup> The father may even blame his partner for doing something during the pregnancy which may have caused the miscarriage, or he could blame sex during the pregnancy as the cause of the miscarriage.

Blaming may be an attempt to make sense of the miscarriage. But it is generally a wasted emotion, for it will not ease the pain or change the outcome. Although it may seem helpful it usually leaves the father with no more answers and may even create more emotional pain for him, causing rifts between him and those he loves.

A father, may find that he is ignored after the miscarriage. People may frequently ask how his wife is, with little regard for his own feelings and reactions. This lack of acknowledgement may cause him to dismiss or underestimate his own grief.

This lack of recognition is part of the negative pressure that society lays upon the male griever. Most people who surround the father during the miscarriage are more concerned about the well being of the mother. Fathers may find medical attendants, family members, or clergy expecting him to take care of his partner. His partner may even expect him to be supportive of her and not concerned or upset himself. Although that role might be important

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<sup>60</sup>Ilse & Burns, p.29.

and acceptable to the father, he should not lose sight of his own emotional needs. After all, he was the expectant father and has a responsibility to acknowledge those feelings. Even though people around the father do not expect him to express his feelings, it is important for the father to try to discuss his feelings. He can talk with his partner or a family member or a friend who can listen and be there for him.<sup>61</sup>

Ultimately it is the father's responsibility to take care of his grieving. It also affords the opportunity for the father to get some control back in his life, by controlling how he grieves. When the father takes responsibility for his own grief than he is more able to express himself openly with his partner, often resulting in a strengthening of their relationship. It also helps to eliminate the problems caused by the guessing game: Guess how I feel.

The normal impulse for a male is to be "strong" but he may be feeling isolated and alone. It may be more productive for the father to share his feelings as well as the responsibility of being strong with his partner. They should take turns being strong, which can make their relationship stronger as well as more intimate.

A man who does not allow himself to grieve often tries to distract himself by becoming wrapped up in his work or another activity. In the long run, however, it seems to me he will have to face the grief. Even if his partner is very upset he owes it to

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<sup>61</sup>Ilse & Burns, p.28.

himself and his partner to grieve.

It may be to the father's advantage to find a support group either for himself or for himself and his partner in order to talk about the miscarriage.

The grief that the father has is real and he needs to recognize that he has as much right to grieve as any one. Ilse and Burns offer this advice for grieving fathers: "As the expectant father, you too had hopes and dreams. You too had a shattered promise. You can give yourself and your partner a precious gift: talk about your loss, communicate openly, and take care of yourself."<sup>62</sup>

Now that we have looked at the couple's grief, the specific grief of the mother's and the father's, we will now take a brief look at the other members of the family who are affected by the miscarriage: siblings of the child-to-be, grandparents, other family members and close friends.

### Sibling(s) Grief

Siblings feel the effects of the miscarriage as well. Children, I believe, are by nature perceptive and have the capacity to feel the emotions of their parents and those around them. The age of the child will determine the level of understanding the child has concerning miscarriage. Parents need to consider their

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<sup>62</sup>Ilse & Burns, p.29.

child's developmental level before talking with their child.

Parents often struggle with the question of whether or not they should tell their children about the miscarriage: "As a rule, it is not a good idea to keep a miscarriage or any similar event a secret from children. This is especially true if the children have been told about the pregnancy. By sharing family events and seeing [parents] deal with them ... children can learn about life and how to deal with the challenges life presents. Furthermore, children frequently sense such things and may have more knowledge of what has happened than [parents] suspect. Being left alone to make sense of events and information (whether it is correct or not) can have a more harmful effect on [their] child than the truth itself."<sup>63</sup>

If the parents decide to explain the miscarriage, they should try to adapt their explanation to their child's age and intellectual capacity. Parents also need to keep in mind their child's personality and temperament, because how the child copes with the loss will be influenced by these factors. It might be helpful to relate the miscarriage to a previous experience that the child may have had with death, such as the death of a family member or a pet.

Parents should be aware that it is normal for children to ask questions over and over: "Children need to make the experience real by going over the same information again and again."<sup>64</sup> Like adults, children need time to process the information.

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<sup>63</sup>Ilse & Burns, pp.32-33.

<sup>64</sup>Ibid, p.33.



In order to help parents, I offer a chart which explains the understanding and response in relationship to the age of the child.<sup>65</sup>

If parents do not include their child in the grieving process then the child may feel that not only has she/he lost a potential "play mate" and sibling but his/her parents as well. Thus the child may feel alone and guilty. As a parent one should understand that he/she can not be perfect and that the parent may have to consider his/her needs first. But it is good "therapy" for the parent and the child to, at the very least, give the living child love

The following is a list of suggestions for parents when they discuss the miscarriage with their child:

Listen to your child.

Be honest.

Accept your child's feelings.

Give your child brief explanations.

Show your own feelings.

Encourage your child to show her/his feelings.

Show your love and warmth.

Allow yourself to cry in front of your child.

Be patient.

Use examples in nature to explain death.

Allow your child to help in decisions surrounding mourning rights.

Read to your child.

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<sup>65</sup>See Appendix B.



Maintain household routine.

Encourage your child to draw pictures or tell or write stories.

Be yourself.<sup>66</sup>

### Grandparents Grief

We will now look at some of the people whom parents of a child-to-be need to consider when they are grieving the miscarriage.

Miscarriage is a unique and sad event in the life of a family: "It is both a birth and a death, a beginning and an ending. It's a time of adjustment as the family rearranges itself and deals with the loss of an expected member."<sup>67</sup>

When a couple loses their child to miscarriage, they often find comfort being with their own parents. But for the couple, their parents may not be the source of support that they may expect: "Some grandparents feel a double sense of pain and disappointment at the loss of their grandchild and their inability to help you, their own child. They might be overwhelmed by your pain and wish to protect you from sadness and sorrow."<sup>68</sup>

It is important for the couple to understand that the potential of having grandchildren is a tremendous feeling for their

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<sup>66</sup>Ilse and Burns, p.35.

<sup>67</sup>Ibid, p.25.

<sup>68</sup>Ibid, p.36.

parents and thus the grandparents will probably feel a great sense of loss as well.

### Other Family Members Grief

Each family member's response to the miscarriage depends upon such things as how the other family members felt about the pregnancy. The response of family members is also affected by how the family traditionally deals with change, crisis, and especially death.

The behavior of one family member may cause a reaction in another: "Family members' reactions tend to balance each other out, providing some sense of security and predictability. Often family members can be great sources of strength to each other, providing support and comfort during trying times. However, this not always true."<sup>69</sup>

According to some, a basically healthy family communicates, listens, respects, and trusts each other. Families need to have a sense of humor as well as some playfulness. A family which shares and uses spirituality as strength is better off than one that does not. Members of the family need to ask for help when they feel they need it or when problems develop.<sup>70</sup>

How a family adjusts to the change that miscarriage brings to it depends on how the family deals with and handles crisis and

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<sup>69</sup>Ibid, p.25.

<sup>70</sup>Ibid.

change. It also depends on other events and situations in the lives of the individual family members: moving, job or school change, and other changes and pressures can affect how a family deals with the loss. There may be a need to grieve for past losses as well as for the miscarriage because of the above issues. Ilse and Burns offer this advice for family members: "You might find yourself or your family regrieving those losses or you might find those experiences actually make this one easier."<sup>71</sup>

One can understand why members of a family grieve and react the way they do by looking at the individuals in the family, and how they have dealt with their previous losses. The investment these family members had in this pregnancy also will affect how they react to the parents.

After a miscarriage some people will be understanding and comforting, while others will be uneasy and may act awkward around the grieving parents: "It is natural for people to feel uncomfortable and not know what to say ... or how to be helpful. Have patience with them. Most people do not mean to be unkind. In their attempt to say the right thing they might offend or hurt [the parents]."<sup>72</sup>

It is the parents responsibility to let family and friends know what is appropriate for them and what is not. Ultimately each person deals and copes with loss differently. Some will be supportive and some will be unable to be so. For some the subject

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<sup>71</sup>Ibid, pp.25-26.

<sup>72</sup>Ibid, p.37.

of death or loss is taboo. They may feel that by being around the grieving couple that they may catch something and give it to their family. Some people are uncomfortable with sharing their feelings. Many have problems with intimacy and thus can not participate in the parents' grieving process.

Again Ilse and Burns counsel family members that: "Each family member reacts differently after a major life event like miscarriage. It is difficult to predict the reactions of oneself or others at such times. Try not to expect ... family members to behave in any certain way. At the same time allow yourself to respond in your own unique way. Given the freedom to respond as needed, all family members can move through this experience more comfortably."<sup>73</sup>

Now that we have looked at the grief of the parents, the mother, the father, the sibling(s) and the family and friends, we will examine some unique types of miscarriage that may have an impact on the grief process.

### **Habitual Miscarriage**

Habitual miscarriage is when a series of miscarriages occur. The psychological toll of habitual miscarriage can be quite great. It is common for the parents to regret past miscarriages as well as previous losses during the present miscarriage. The reaction of recurrent miscarriage should not be underestimated. It is common

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<sup>73</sup>Ibid, p.38.

for patients to feel overwhelmed during this period, although some people find that with repeated miscarriages it becomes less threatening and difficult: "Some people find subsequent miscarriages to be less threatening and devastating than their first, perhaps because they have been through it before and know what to expect. It's important to talk this out with [the] partner, since [s/he] may or may not be on the same wave length. It is also important to recognize that each miscarriage can have a different effect and, bring forth a variety of feelings. One miscarriage might have been felt only mildly, while another can seem a catastrophe."<sup>74</sup>

The parents must talk about their concerns after each loss. It may be difficult but it would be ideal if the parents try not to let themselves be overcome by the many recurrent losses. With repeated loss, the parents suffer more than just their present miscarriage; they suffer all the miscarriages that preceded the current one.

Besides habitual miscarriage, miscarriage after a couple had been infertile is difficult. If the couple experiences a miscarriage after struggling with infertility, they may find themselves feeling extreme despair. Because infertility itself is so draining, miscarriage after being infertile is a cruel blow, unfair and unreal: "Infertility can take a toll on ... self-esteem, partnerships, and other relationships. The roller coaster of hopes

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<sup>74</sup>Ibid, p.18.

dashed month after month can be grueling."<sup>75</sup>

Couples who were infertile and then experience a miscarriage are dealing with two combined losses. One loss is the child-to-be and the other is the loss of fertility.

In this section of the thesis we have looked at the effects miscarriage has on the parents, siblings and family members. We have seen that miscarriage is a real loss and that parents and family need to grieve for their loss. Ultimately, these grieverers need to let the grief play itself out, however long that may take.<sup>76</sup>

The grief from miscarriage is like any other grief, carrying Scars that can cause pain for months, years, and longer.

Among the many common misconceptions about grief is the mistaken belief that grief is something that one does get over, sometimes in a brief period of time. Another misconception is that after one has completed grieving, his/her mind and heart will be free of ghosts forever. This is simply not true.

The reality of grief is that it is something that each must go through in a personal manner that may differ greatly from how another goes through the process. People need to learn how to grieve; it is not instinctual.

The parents of the child-to-be will need to "share their fantasies, thoughts, and feelings about the unborn child in order

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<sup>75</sup>Ibid, p.19.

<sup>76</sup>Cole, p.146.

to effectively complete the mourning process. Otherwise, unresolved loss can lead to pathological grief."<sup>77</sup>

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<sup>77</sup>Rando, p.132.



## SECTION V

The process of grieving, as we discussed in our last section, is extremely complex. Many emotions and feelings occur and in fact many mourners are fearful of them. Sometimes parents of a miscarried baby are fearful of the tears and sadness which accompany grief. Some parents believe that if they allow some of the feelings out, they will be overwhelmed by them. The reality is that the opposite is true. If mourners keep their feelings bottled up and do not let them out, then they may be preventing themselves from accepting the miscarriage and dealing with their grief. As time goes on, these feelings could potentially grow stronger, becoming more destructive. The longer one waits, the harder it is to resolve one's grief. Ilse and Burns remind grievers that "healing and recovery is a process, it is a process that takes time. Although time is no guarantee of recovery, don't be impatient with yourself if it takes longer than you anticipated. Try to determine what works for you and be kind to yourself."<sup>1</sup>

In order to help process the grief the couple needs to discuss the coping strategies available to them. It is important for the couple to minimize the potential regrets. It is ideal for the grieving couple to think of themselves and not be concerned about

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<sup>1</sup>S. Ilse, & L. H. Burns. Miscarriage...A Shattered Dream. (Long Lake, MN: Wintergreen Press, 1985), p. 24.

the rest of the world. It does not matter what the rest of the world thinks of the couple's decisions. Communication between partners is the key to resolution and decision making.

The coping strategies available to the couple are numerous. The couple can view the remains of their miscarried baby. When viewing the child-to-be there is, however, a caution. "Many parents find that what they imagined their baby looked like was far worse than the reality. Be aware that after a D&C or a suction curettage, the uterine contents might be difficult to distinguish as a baby."<sup>2</sup> Another option available is to have photographs of the baby or of organs which have been surgically removed. This will help make the loss more real for the mourners: "At first, it may be difficult to look at the pictures, but it can be reassuring to know they are there. Seeing pictures does help make a very unreal experience more tangible."<sup>3</sup> But again this is only an option and some may opt not to view the remains of the baby.

Besides viewing the miscarried baby, the parents could also, if the baby was old enough, touch or hold the baby. This contact can help validate the baby's existence, and allow the parents to say hello as well as goodbye.

Naming the baby can be an intimate way of honoring the baby. Ilse and Burns recommend to parents that "naming can make the baby seem more real to you, your other children, and other family members. You might wish to give your child the name you used when

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<sup>2</sup>Ibid, p.13.

<sup>3</sup>Ibid.

referring to him or her during the pregnancy."<sup>4</sup>

When grieving for the loss of the baby, the mourner needs to do things for himself/herself which will help him/her cope with the tragedy. A walk outside cannot only be a source of exercise but can give the parent a well-deserved time out or change of scenery. It also presents a wonderful opportunity to spend time in nature, enjoying the beauty of our earth. Being in nature may provide some hope and faith. When we look into nature we see the process of life, cycles: death and birth, aging and renewal.

Another activity which can help both partners deal with the pressure and heartache is massage. Massage will also give the couple the opportunity to have special time with each other, which is often sacrificed by mourning couples.

Keeping a journal or writing letters to the miscarried baby can help parents work through their sadness and grief. Writing gives the parent the opportunity to share feelings they never had a chance to express.

Joining a support group or talking with friends and family who have experienced a miscarriage can help ease the normal sense of isolation that parents often feel. This option gives the parent an opportunity to talk out some of their complex emotions and feelings.

Reading can be another source of coping: "Some people need to understand intellectually what has happened before they can understand it emotionally. Reading can be an important aid in

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<sup>4</sup>Ibid, p.14.

gaining this understanding. It can also provide comfort, information, and guidance."<sup>5</sup>

When a death occurs we often get overwhelmed with things to do. It is important to set priorities, but we must also realize that we do not need to do it all. As stated earlier, the mourner deserves time for himself or herself: "Remember that you will find your 'new normal' soon. Right now you are probably doing your grief work, which is important and can be time-consuming."<sup>6</sup> Remember to take one day at a time.

Parents should try to avoid any major decisions, such as immediate pregnancy, sterilization, major career plans, or moving. They should wait until they can give the decisions their full attention.

Another way of coping is the support mourners find in their own community, especially with people who share their same religious beliefs. Ilse and Burns confirm this: "You may have more in common with your religious community than you realize and find more comfort than you expect."<sup>7</sup> The problem is that many in the Jewish community do not know how to respond. Michael Gold explains this phenomenon: "with each miscarriage it became clear that no one in the community knows how to respond...while the Jewish community has prescribed mourning routines for the death of an individual, it seems that a miscarriage is treated as a minor

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<sup>5</sup>Ibid, p.22.

<sup>6</sup>Ibid, p.23.

<sup>7</sup>Ibid, p.24.

occurrence that is barely acknowledged."<sup>8</sup> Regardless of the community response, the mourner still bears the emotional scars of having experienced the death of a child.

When a loss is not socially validated, as is often the case with miscarriage, the parents are put in a difficult situation, resulting in the sacrificing of social support which is necessary to endure the pain of death. Why do communities often react this way? "There are greater social problems in responding to the death of a child than to other deaths. This is because as a bereaved parent you represent the very worst fears of every parent. If it happened to your child it could happen to my child. As a result, bereaved parents are avoided more than most other mourners and are victims of social ostracism and unrealistic expectations. This is why so many report that they feel like social lepers."<sup>9</sup>

In addition, if there were no external signs of the pregnancy, then others have difficulty sharing in the bereavement process. The child was not real to them; it is harder for them to validate the parents' loss.

A common occurrence which can become problematic is the statements some people make upon hearing the news of the death. "When combined with the well-intentional but harmful admonitions of others who urge [parents] to 'look ahead' and concentrate on having other children, this lack of social validation can cause

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<sup>8</sup>Michael Gold. And Hannah Wept: Infertility, Adoption and the Jewish Couple. (Philadelphia: JPS, 1988) p.131-2.

<sup>9</sup>Therese Rando. Grieving: How to Go on Living When Someone You Love Dies. (New York, NY: Lexington Books, 1988), p.169.



significant problems for [parents and their] family."

Many problems affect the grieving process of parents who lose children to miscarriage. The first task the Reform Movement has is to accept miscarriage as a real death. Then the community will have the support necessary to validate and help mourners cope with their loss. A level of consciousness has to be raised for both the mourner and the community. By granting the parents the opportunity to grieve within "accepted" Jewish practice "we help the family and community acknowledge the life and death of their baby."<sup>10</sup>

Jewish bereaved parents need a response which comes from within the Jewish Community. The loss can then be interpreted from a Jewish perspective, giving some level of comfort and support. Thus the community becomes a common ground or point of reference for everyone, griever and supporter.

The rabbi needs to incorporate rituals in order to help the family and the community cope with the grief of miscarriage. According to Deborah Pipe-Mazo, "parents who follow Jewish formal mourning practice benefit from its wisdom; prescribed ritual substantially eases the initial phase of shock and denial."<sup>11</sup> Ilse and Burns give another option which needs to be incorporated into the text of Reform Jewish Practice: "Another option is to have a prayer service or a simple blessing said for your baby. This can

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<sup>10</sup>Robert Loewy. "A Rabbi Confronts Miscarriage, Stillbirth and Infant Death," The Journal of Reform Judaism. Spring, 1988. p.4.

<sup>11</sup>Deborah Pipe-Mazo. "When a Jewish Child Dies: Pastoral Care of the Bereaved Parent." Thesis HUC-JIR, 1991. p.73.



also serve as a meaningful ceremony. Jewish families can choose to say Kaddish for their babies as a special way of saying goodbye, even though this has not been done traditionally."<sup>12</sup>

I believe that this advice is critical. A memorial service, a funeral, sitting *Shiva* for the baby-to-be is an appropriate response to miscarriage.

The funeral and the *Shiva* rituals allow the community to give an immediate response and support to the bereaved family. A ritual can help the griever "to publicly and openly face the reality of the death."<sup>13</sup> Rituals present another opportunity for closure, confirming and reinforcing the reality of death.

The funeral affords the opportunity for the mourners to grieve, and is a socially acceptable setting in which to grieve. The funeral is a good forum for friends and family to be supportive of the mourner. The mourners are therefore given the opportunity and permission to express their feelings of loss in a safe and comforting environment. A funeral can give a context of meaning for those families who feel more comfortable with a religious framework from which to mourn.

After the funeral a period of *shiva* may be another healthy opportunity to continue grieving. We get some insight by reading the following description of Harriet Sarnoff Schiffs' home: During the *Shiva* period, the house "was nearly always filled, and, without

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<sup>12</sup>Ilse & Burns, p.14.

<sup>13</sup>Elizabeth Kubler-Ross. Questions & Answers on Death and Dying. (New York: MacMillan Publishing Company, 1974) p.102.

question, we found this most helpful and therapeutic. We did not suffer the sudden silence and emptiness people frequently experience after the funeral. When we needed to talk, we had many sympathetic ears."<sup>14</sup>

Reciting the Mourners Kaddish allows the parents to face the pain of the death daily. Hopefully, over time, reciting the Mourners Kaddish can help a parent move toward acceptance. Doing something every day forces the parent to confront the pain of the death rather than deny it.

I think that at this point a word should be mentioned concerning the grieving and coping of parents who consciously choose to end a pregnancy. The misconception is that parents do not grieve in this situation. "Most of society feels that since a conscious choice was made to end the pregnancy, the parents do not grieve. This is completely untrue. Recent research documents the grief of many mothers who are profoundly affected by the decision to have an abortion, and who mourn as a result."<sup>15</sup> The message a woman gets from society is that she should be pleased and relieved rather than sad. "Unfortunately, society may give a message to the woman that if it was an elective abortion she should be pleased and relieved rather than sad. Society fails to recognize that the two different sets of feelings may exist

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<sup>14</sup>Harriet Sarnoff Schiff. The Bereaved Parent. (New York: Penguin Press, 1977), p.19.

<sup>15</sup>Rando, p.57.

together. This makes some women unable to address their distress and sadness, since they feel it is compatible with the decision they have made... Both sets of feelings will need to be processed in the grief period."<sup>16</sup>

Although Abortion is not part of the scope of this thesis, it may require grieving and mourning rites as well. Therefore I believe that the need to mourn and have ritual is important for both involuntary and voluntary miscarriage.

Thus far in this section of the thesis we have discussed issues pertaining to the difficulty mourners have in coping with the loss of a baby-to-be. Unfortunately the Reform Movement does not offer a ritual for miscarriage to its constituents. The rabbi is left to cope with this issue by herself/himself. Little support, if any, is provided for the rabbi.

It has to be understood that the idea for a ritual can not be the only support we can give to a couple who experience miscarriage. We also need follow-up and an appropriate community response. In a larger synagogue, counseling and/or support groups should be an integral part of the communities mourning process. Since miscarriage does occur frequently it would seem that such a group is crucial. The reality in the life of a synagogue is that the rabbi does not have the time or the energy to always facilitate such a support group.

For other rabbis, the idea of leading such a support group

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<sup>16</sup>Ibid, p.183.

may make them uncomfortable, which could be perceived by the mourning family, resulting in alienation: "In fact, it may even prevent a mourner from mourning 'properly'".<sup>17</sup>

A possible solution may be in the creation of a support group which is led by a congregant who has experienced a miscarriage. This congregant would be specifically trained by the rabbi to facilitate a support group for miscarriage. In fact, a core group of congregants could become facilitators of a variety of such support groups. These support groups could help congregations process and work through various types of loss.

In the next section of the thesis I will propose a curriculum which a rabbi could use to train special congregants to become support group facilitators. The curriculum will naturally be focused on the loss resulting from miscarriage.

Following the curriculum I will present a ritual which a rabbi, another Jewish professional, or layperson could use for miscarriage.

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<sup>17</sup>Pipe-Mazo, p.70.

## **SECTION VI A CURRICULUM FOR TRAINING JEWISH MISCARRIAGE SUPPORT GROUP FACILITATORS**

### Goal:

To train survivors of miscarriage to become facilitators of grief support groups, specifically focusing on miscarriage.

### Statement of Purpose:

Human beings suffer many types of loss. In our life time we grieve over a multitude of experiences. How we grieve is often determined by our society. In the case of miscarriage our society has not acknowledged the real human pain which accompanies miscarriage. Therefore, it is the purpose of this curriculum to provide the Jewish professional with a method of dealing with this common and important loss. It is also the purpose of this curriculum to provide the Jewish community with a method for supporting and sustaining those who have suffered a miscarriage. This training program will educate parents who have suffered miscarriage so that they may facilitate support groups for other survivors of miscarriage. These support groups may be congregationally based or community wide. It is time for the synagogue and the Jewish community to respond to miscarriage.

### About the Curriculum:

1. Each group should consist of no more than 8 participants in addition to the group leader.
2. Each session is 1 1/2 hours: two sections of 40 minutes each, and a ten minute break in between the two sections. There are a total of four sessions. The final session will be a one hour session with no break.
3. If the leader of the group has never been involved with a miscarriage should find a person who has. This person will be needed for session 3, section 1. If the group facilitator has experienced a miscarriage then he/she can fulfill this part of the unit.

### Symbols

-> = things the facilitator might say

[] = notes/directions for the facilitator



## I. Session 1 / Section 1

Materials Needed: Chalk and Chalkboard or flip chart and marker, copies of Case Study A and B, copies of facts sheet

### Activity I - Set Induction:

[Case Study A is handed out to the participants. The leader reads the case study aloud.]

[After the case study is read, the leader asks the following questions]

1. Ask the participants if they can retell the story.

What happened in the case study?

2. Describe how you think the middle aged child felt?
3. Has something similar happened to you?
4. Describe how you felt, when this happened.
5. When this case study was read, did other types of loss come to mind? What kinds?
6. What was different about the grief you were thinking about and this case study?

### Activity II

->We all experience grief. Throughout our life time we experience many types of loss. These losses can range from the first time a parent leaves us when we are infants, to the death of a pet, to a

graduation, to a divorce, to the death of a loved one, and so on. The potentialities for loss are as vast as the magnitude of our life experience.

For each of us, loss is a normal part of life. But how we respond to loss is different for each of us. We come to learn that the need to grieve our losses is crucial in order for us to learn about who we are. Thus the process of grieving affords us the opportunity to confront our individual reality. Confronting our self is the task of mourning. How we respond to loss is often how we respond to living.

[After discussing grief, ask the following:]

1. What other kinds of loss is there?

[Leader should write on a chalkboard the answers the participants come up with. The list can include, graduation and leaving an old school, moving from one's home, death of a pet, losing of a childhood friend, losing a childhood blanket, divorce, leaving an old job, etc... ]

2. Of these other types of loss which ones have you experienced?

3. How did these losses affect you?

### Activity III - Introduction to Grief Support

[The facilitator should refer to the statement of purpose in the beginning of this curriculum]

## II. Session 1 / Section 2

### Activity IV

[After a ten minute break the leader begins:]

-> As we have discussed, there are many types of grief. In this group we are going to talk about the grief which accompanies miscarriage. Our hope is that you will all become experts in the facts of miscarriage and the grief associated with miscarriage so that you can lead a support group for those who have survived a miscarriage.

### Activity V

[Distribute Case Study B]

[A member of the group reads the case study]

The leader then asks:]

1. How do you think the woman in this case study felt?

Describe some of the feelings that she might have had. [Write answers on the chalk board]

2. When you experienced your miscarriage, did you have some of these feelings we listed on the board? What is similar? What is different?

3. Compare the grief you felt with your miscarriage with the other grief you described to our group earlier.

4. Is miscarriage a real death?

## Activity VI

[Leader passes out fact sheet on miscarriage - see handout A  
Group discusses the fact sheet and the leader asks the question  
again:]

-> "Is miscarriage a real death?"

## III. Session 2 / Section 1

Materials Needed: Copies of miscarriage facts sheets (see hand out  
A), Case Studies C, D, E & F

### Activity I - Set Induction

[Leader asks a participant to review the miscarriage facts sheet.]

-> Now that you have had time from last session to go over the fact  
sheet, what are your thoughts about the fact sheet? How does our  
work so far relate (or not relate) to your personal experience?

[Participants may want to begin sharing their stories but the  
leader should try to keep discussion to no more than 15 minutes.]

### Activity II

[Two different participants read case studies C and D.]

The group discusses the Case Studies.]

1. How did the characters respond?
2. How do you think the woman felt?
3. Was the husbands reaction understandable?
4. How did you feel listening to the case study?
5. Did you or your partner have similar reactions?

#### IV. Session 2 / Section 2

##### Activity III - Role Plays

[The leader asks the participants to role play case studies E and F. The leader gives each group 2 minutes to read the role play.]

##### Activity IV - Discussion of the role plays

1. Ask some one to describe what happened.
2. How did it feel to play the role of...?
3. How did it feel to observe the role play?
4. How would you have played the role? What would you have said?  
[this should not be an evaluation of the performance]
5. Could you relate to the characters in the role play?

##### Activity V

[After the discussion the group leader asks the participants to

write their own case study based on their story and bring them to the next session.]

## V. Session 3 / Section 1

Materials Needed: Copies of Ritual [see Handout 3], Mourners Kaddish, and Yahrzeit candle

### Activity I

[The group leader or another speaker who has experienced a miscarriage tells his/her story.]

### Activity II

[The group responds to the presentation in the hope that they will be able to relate to the presentation and want to share their stories.]

->Some of the things that were said remind me of...

How did it feel hearing ...

What memories were brought to mind when ...

### Activity III

[The participants share their "case studies".  
The leader collects the case studies.]



## VI. Session 3 / Section 2

### Activity IV

[Light Yahrzeit candle.

The group experiences the Ritual. The facilitator acts as the leader of the ritual. The session should end with mourners Kaddish.]

[If participants have any questions about traditional Judaism perspective, ask them to write the question down and at the next session you will have researched the question and will come back with an answer. The first and second chapter of this thesis deals with many such questions]

## VII. Session 4 / Sections 1 & 2

Materials Needed: Yahrzeit candle, Copies of do's and don'ts, Copies of Ritual, Copies of the Case studies that the participants wrote which have been typed so that the names of the writers were eliminated.

### Activity I

[Light Yahrzeit Candle.

The group reads and evaluates the ritual.]

->What was meaningful in the ritual?

->Were there things you found that were inappropriate?

->How did you like the ritual?

->Based on your experience, what could make the ritual more helpful to a mourner?

## **Activity II - How to be a group facilitator**

[Leader passes out the copies of handouts 1-6

Discuss copies and give examples of each idea and explain/expand lists.]

[Leader can conclude with the following:]

->Our role is not to make the hurt stop, or take the mourner's grief away, but rather to help the mourners understand that their feelings are very real and very normal. "Loss often leaves people with an overwhelming sense of helplessness and loss of control. By listening, affirming their feelings and by answering questions, you begin to help them gain control again. You also begin to develop a bond of trust and caring, which is essential in counseling."<sup>1</sup>

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<sup>1</sup> "Miscarriage," Resolve Through Sharing (WI: La Crosse Lutheran Hospital, 1984), p.IV-3.

### Facts Sheet

Make copies of chapter 2 of Miscarriage...A Shattered Dream, titled "Common Questions and Concerns." pp.9-20.

Also make copies of pages 15-20: What causes miscarriage to happen?

### Case Study A

A 42 year old woman, youngest of two brothers and one sister, came home after a long day at work and had a message on her answering machine. Her eldest brother said that their mom was in the hospital and that she needed to get to the hospital as soon as possible. Her 75 year-old mother who had been a widow for over ten years had had recent heart problems. No one was at home and she left a message that her mother was in the hospital and that she went to see her. When she arrived at the hospital she saw her sister who was crying on the arms of her eldest brother. She approached them both and they told her that her mother just died of heart failure.

### Case Study B

A woman who was approximately 4 weeks pregnant began to feel some pressure in her abdomen. Later that day she began to cramp and went to the bathroom where she had a bloody discharge. She called her husband at work and he was out. She called her doctor who said that she was more than welcome to come in and get checked, but that it sounded like she miscarried. The doctor explained that it would not hurt to come in and make sure that she miscarried properly. She hung up the phone and sat down.

### Case Study C

A woman who was 4 1/2 months pregnant began to feel ill with cramps. She called the doctor and the doctor asked her to come in to the office. She called her husband to ask him to join her. He responded with "its probably nothing honey, do you really need me to come?" She responded with "yes." The husband said he would meet her at the hospital. A neighbor drove her to the hospital as her abdomen grew increasingly more painful. She arrived at the hospital and was complaining of severe cramping. The doctor met her in the hospital room where she lay. After examining her he told her that she had already partially miscarried and that he had to get the rest of the fetus out of her womb. After the procedure her husband joined her. He put his hand on her shoulder and said, "We always have tomorrow. We will just try again."

### Case Study D

Mel and Sherry are driving home from the hospital where they just had a procedure done which confirmed that their five month old fetus had been miscarried. Mel begins to cry and tells Sherry that he wants to talk with the rabbi: "Maybe there is a ceremony or something we can do - I need closure." Sherry sternly says: "Please Mel, I just want to forget all about this, don't tell anyone yet. I just can't handle this now."

### Case Study E-Role Play

#### 4 Characters:

Susan, mother who miscarried; Bill, husband of Susan; Grandfather, father of Bill; Grandmother, mother of Bill.

Susan and Bill have had a miscarriage and they go to Bill's parents who have never had grandchildren before and who have been planning every detail of the child's life since Susan and Bill announced their pregnancy. Susan and Bill need to tell them that they have had a miscarriage.

### Case Study F-Role Play

#### 3 characters:

Tony, father; Rachel, Mother; Tony, seven-year-old son of Tony and Rachel.

Tony and Rachel have had a miscarriage. Their seven year old son Seth has been very excited about being a "big brother." Tony and Rachel need to tell Seth that the baby is dead.



## HANDOUT 1

### Things a Group Facilitator needs to know

The Counselor should remember the following:

- 1) Establish an atmosphere of trust; let the parent(s) know its all right to talk with you.
- 2) Try to put yourself in the place of the person you are counseling. Understand what is being said, not what you would be saying in the same situation.
- 3) Listen for statements about feelings and for the feeling tone behind statements; be very patient and do not push them.
- 4) Allow for pauses and short periods of silence. The parent(s) needs time to think and to sort out their feelings.
- 5) Listen more than you talk. The most important need a mourner has is to have someone listen to what they are feeling. Let them tell their story.<sup>2</sup>

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<sup>2</sup> \_\_\_\_\_ . "Miscarriage," Resolve Through Sharing (WI: La Crosse Lutheran Hospital, 1984), p. II-97.

## HANDOUT 2

### Suggestions for a Group Facilitator

- 1) Reflect feeling statements back to the other person; let that person know what feelings you're hearing expressed. Example: Griever states angrily: "I can't believe it happened to me." Group facilitator responds: "I hear that you are really angry."
- 2) Don't take the responsibility for solving the other person's problems; your job is to help identify feelings about the problem and what he or she wants to do about it.
- 3) Ask open-ended questions, rather than questions that require a yes, or no, or some other simple answer; leave room to go in the direction that's most important. Example: Facilitator asks: "How did it make you feel when your doctor denied your emotional pain?"
- 4) Don't impose your own feelings and attitudes on the other person; be non-judgemental. A solution that's right for you may be wrong for someone else.<sup>3</sup>

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<sup>3</sup>\_\_\_\_\_. "Miscarriage," Resolve Through Sharing (WI: La Crosse Lutheran Hospital, 1984), p.II-97-98.

### HANDOUT 3

#### Suggestions for listening

1. Be silent-allow pauses in the conversation.
2. Give a noncommittal acknowledgement such as "Um"; "uh-huh"; "I see"; "really".
3. Use door openers: Could you tell me more? What would you like to do? What do you think that means? Tell me about it. What else have you been thinking? Can you tell me what you're feeling right now?
4. Paraphrase content (repeat what was said to you in your own words, check accuracy, clarify statements).
5. Use reflective listening (partially restate what a person has said). Example: Griever states: "I wish my husband would cry." The facilitator responds: "You wish he would cry?"
6. Use active listening (reflect the person's feelings relative to the content, which requires validation).

#### HANDOUT 4

##### Do's and Don'ts

1. Listen more than you talk
2. Avoid tendency to ask one question after another
3. Avoid giving advice unless it's asked for or your assessment indicates its appropriateness.
4. Don't give false reassurances such as, "You did everything you could," "The doctors did everything they could," "Your baby wasn't in pain," or "You had the best care possible."
5. If the baby-to-be was given a name, then refer to the baby-to-be by name.
6. Don't say you know how someone feels even if you've experienced the death of a baby-to-be yourself.
7. Don't try to find something positive about the loss.
8. On the other hand it's O.K. to offer hope in a sensitive way e.g. "Some parents feel that if they start crying, they'll never stop. But they do," or "It's hard to realize now, but the pain will lessen with time."
9. When in doubt keep your ears open and your mouth shut.<sup>4</sup>

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<sup>4</sup> . "Miscarriage," Resolve Through Sharing (WI: La Crosse Lutheran Hospital, 1984), p.II-102-103.

HANDOUT 5

List of Questions for Group Facilitators

What happened when you miscarried?

What comforted you when you miscarried?

When people would comment about your miscarriage, what would they say?

How did this make you feel?

What have you learned about yourself through this experience?

What has surprised you about this experience?

What other types of death have you experienced?

Did your miscarriage affect how you think about these other losses?

How did your partner respond?

How did your family respond?

What caused your miscarriage?

What feelings come to you when you think about the miscarriage?

How was your Doctor?

What would you recommend to a person who experienced a miscarriage?

## HANDOUT 6

### Outline for Support Group

#### Preparation:

1. Name tags
2. Chairs in a circle
3. Coffee and other drinks, and some type of snack. Ice cream is recommended for the first session.
4. Yahrzeit candle to be lit by each participant, one participant lights per each session.
5. Suggested group size is no more than 8 participants
6. Suggested number of meetings: No fewer than 10, but it should continue as long as the group decides it is necessary or wanted.
7. The group should meet at least once a week

#### 1st meeting-

##### a. Ice Breaker

Ask the person to your left to state his/her name and her/his favorite ice cream. Then the next person has to state the name and ice cream flavor of person who went first and then his/her name and ice cream flavor. This continues until everyone has stated her/his name and ice cream flavor.

##### b. Opening question

Describe your miscarriage.



### 2nd meeting-

#### a. opening question

What happened to the people around you when they found out you had a miscarriage?

#### b. second question

What hurts now, when you think of the miscarriage?

### 3rd meeting-following meetings

Should continue like the last two but one session should be devoted to the ritual, one session should be a time the Rabbi comes in and talks about the traditional and reform Jewish practice that exists, and other sessions should reflect what the participants needs are: that is to say, each person should be asked what they would like to discuss. Another session should include a doctor or other medical professional to talk about miscarriage.

The concluding meeting should be determined by the group but it may be helpful to meet periodically for social events and for other types of activities. The group may decide to become like a Chavurah group.

## SECTION VII A MODERN JEWISH RITUAL FOR MISCARRIAGE

As stated earlier, ritual can be an essential part of the grieving process. The following is a ritual that I believe will help facilitate the grieving process. The goal of this ritual is to be honest as well as to validate the real loss that the mourners have experienced. The ritual should help the mourners express their feelings or have some of their feelings expressed for them, as well as provide a forum for social support. Therese Rando expresses the following which I believe is essential in a mourning ritual.

"These rituals will be truly therapeutic if they promote realization and confirmation of your loss, assist you in expressing your feelings and memories, and offer you social support. The absence of these rituals, or their inappropriate use, can be detrimental to the grief process."<sup>1</sup>

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<sup>1</sup>Rando, p.55.

## Funeral Service for Miscarriage

\*The following may be said at many different settings, such as gravesite, Synagogue, Sanctuary, Bet Tefillah, or at a memorial service at the home of the parent(s).

\*It is possible that no parent or only one parent will want to participate. Thus the service should be changed according to the needs of the mourner(s). If no parent is comfortable participating, then the Leader should read the parts of the ceremony which he/she feels are appropriate.

### LEADER

Our lives and the lives of our loved ones are rooted in a profound mystery, past our understanding. In the face of eternity, we are made simple. Though we know our destiny is to tarry but a while, the time of separation brings anguish and grief. May we bear our burden; may we struggle through the darkness with courage to find our way again.<sup>1</sup>

### LEADER

For everything there is a season,  
a time for every experience under heaven:  
A time to be born and a time to die,  
A time to plant and a time to uproot what is planted;  
A time to tear down and a time to build up;  
A time to weep and a time to laugh,

A time to grieve and a time to dance;  
A time to throw stones and a time to gather stones,  
A time to embrace and a time to refrain from embracing;  
A time to seek and a time to lose,  
A time to keep and a time to discard;  
A time to tear and a time to sew,  
A time to keep silence and a time to speak.  
(From Ecclesiastes 3)

#### PARENTS

We seek strength today from our family and friends as we reaffirm our commitment to the value of life. Let the potential of our dear child live on in us as a blessing, even though we were never given the opportunity to know him/her.

[If the baby-to-be has been given a name then replace her/his and him/her with the child's name]

#### MOTHER

This child that I bury today I knew from within my womb. I felt her/his presence within me and now I grieve and mourn his/her death. I will never hold her/his hand. I will never hug him/her. I will never see her/his smile, hear him/her cry, laugh and sing. I will never see her/him grow up to be an adult.

FATHER

No first steps, no words, no birthdays, no hugs, nothing.

I have been cheated and today I mourn.

LEADER

From this time of sorrow, may we acquire a heart of wisdom; acknowledging that all things, great and small, must come to an end of days.

May the feelings of despair and sadness be tempered by the warmth and caring you feel toward one another.

ברוך מקור החיים מעין סנינה, אשר ברחו שופעת ושקעת המציאות

Blessed is the source of life, fountain of being, by whose power existence flows and ebbs.<sup>2</sup>

[Rabbinic Address followed by a moment of silence]

O God, heal the sorrowing hearts of Your children, \_\_\_\_\_ and \_\_\_\_\_. Help us to reach out and embrace them in this time of sadness, when questions must go unanswered, and the only response is our loving care.<sup>1</sup>

May \_\_\_\_\_ and \_\_\_\_\_ be strengthened by our community and by loved ones. May they be consoled by the strength of their love for each other.

May the soul of this child be taken to the reservoir of souls  
and bound up in the source of life which flows through each of us.

[El Malei Rachamim may be said here]

[The following can be said at gravesite or as a continuation of the  
memorial service or as part of a tree planting ceremony]

[If there is a casket, it is lowered and the following is said]

[Psalm 23 might be said here. An egalitarian version is found in  
the CCAR Rabbis Manual on pages 118-119.]

#### PARENTS

In the rising of the sun and in its going down, we remember.

In the blowing of the wind and in the chill of winter, we remember.

In the opening of buds and in the rebirth of spring, we remember.

In the rustling of leaves and in the beauty of autumn, we remember.

In the beginning of the year and when it ends, we remember.

When we are weary and in need of strength, we remember.

When we are lost and sick at heart, we remember.

When we have joys we yearn to share, we remember.

So long as we live, the memory of \_\_\_\_\_

shall live, for as he/she was a part of us physically she/he will  
always be a part of us spiritually.



LEADER

Though we mourn the loss of \_\_\_\_\_ we can find comfort in the hope that, \_\_\_\_\_ and \_\_\_\_\_ will have the opportunity to bring new life into the world. Not as a replacement, but as part of the on going cycle of life of which we are all a part.

[If tree planting is desired the leader may want to say a word about the tree being a part of the cycle of life.]

LEADER

The light of life is a finite flame. Like a candle, life is kindled; It burns, it glows, it is radiant with warmth and beauty. But soon it fades; its substance is consumed, and it is no more.

In light we see; in light we are seen. The flames dance and our lives are full. But as night follows day, the candle of our life burns down and gutters. There is an end to the flames. We see no more and are no more seen. Yet we do not despair, for we are more than a memory slowly fading into the darkness. With our lives we give life. Our memory can never die, we move in the eternal cycle of darkness and death, of light and life.<sup>5</sup>

[At this point the Leader would read the Mourners Kaddish.]

LEADER

As we place dirt on this casket [or around this tree] we are reminded not only of the finite nature of humanity, but of the fragility of life. Each of us will die. Each of us will return to the dust from which we came. By holding this dirt in our hands we affirm our own mortality.

[Each member of the family would now take dirt and place it on the coffin or around the tree]

1. Based on Alvin J. Reines & Anthony D. Holz, "Funeral and Memorial Services," (Institute of Creative Judaism, 1979), p.1.

2. Ibid, p.2.

3.\_\_\_\_\_. Rabbi's Manual. (N.Y. CCAR,1988) p.145.

4.Adapted from CCAR Rabbi's Manual.

5.Adapted from Gates of Prayer.

APPENDIX A

QUESTIONNAIRE

Spring 1992 C-\_\_\_\_

I. General Information

1. What were the circumstances surrounding the death of your fetus?  
Was it a still birth or a miscarriage? \_\_\_\_\_
2. Your Age: \_\_\_\_\_
3. How many living children do you have: \_\_\_\_\_
4. Have you had other miscarriages? \_\_\_\_\_ How many? \_\_\_\_\_
5. Have you had other still births? \_\_\_\_\_ How many? \_\_\_\_\_
6. With what denomination of Judaism do you identify (check off one from the following):  
Orthodox \_\_\_\_\_ Reconstructionist \_\_\_\_\_  
Conservative \_\_\_\_\_ Humanist \_\_\_\_\_  
Reform \_\_\_\_\_ Non-affiliated \_\_\_\_\_
7. Are you a member of a Synagogue?    yes    no  
If yes check off one from the following:  
Orthodox \_\_\_\_\_ Reconstructionist \_\_\_\_\_  
Conservative \_\_\_\_\_ Humanist \_\_\_\_\_  
Reform \_\_\_\_\_ Non-affiliated \_\_\_\_\_
8. If you attended Religious School/Hebrew School, how many years did you attend: \_\_\_\_\_
9. If you were raised in a non-Jewish home, with what religion/denomination were you raised: \_\_\_\_\_
10. Would you be willing to have a private and confidential interview? \_\_\_\_\_  
If yes, what is your name and phone number: \_\_\_\_\_
11. Is there any other information that you would like to share?

II. For the following questions, please circle the answer which best reflects how you feel when you reflect on the death of your fetus.

The following legend will help you identify what each abbreviation means:

SA-Strongly agree

A-Agree

U-Undecided

D-Disagree

SD-Strongly disagree

NA-Not applicable

1. I did not feel like it was something I wanted to talk about publicly.	SA A U D SD NA
2. My Rabbi supported me.	SA A U D SD NA
3. If the Rabbi was available to conduct a private ceremony with my family, I would have benefitted from this.	SA A U D SD NA
4. I feel that the loss of this potential child was like any other death I could imagine.	SA A U D SD NA
5. I feel like there has been closure to this episode in my life.	SA A U D SD NA
6. I wish I could have had a better opportunity to mourn the loss of this potential child.	SA A U D SD NA
7. I feel that no one in my family and/or circle of friends can really understand how I feel about this death.	SA A U D SD NA
8. If I knew there were a Jewish ritual pertaining to this death, I might find comfort in it.	SA A U D SD NA
9. The death of my potential child negatively affected my relationship with my children	SA A U D SD NA
10. I wish the Rabbi were more sensitive to this kind of loss.	SA A U D SD NA

11. If it had been possible I would have liked a funeral for this potential child.	SA	A	U	D	SD	NA
12. I wish there were a framework of Jewish practice that could have helped me deal with this death.	SA	A	U	D	SD	NA
13. I feel like this potential child was a part of my very being.	SA	A	U	D	SD	NA
14. After the miscarriage/stillbirth I was/am scared to get pregnant again.	SA	A	U	D	SD	NA
15. I believe that our Jewish community should be more responsive to these kinds of deaths.	SA	A	U	D	SD	NA
16. This is not a "rabbinic" matter, but between the father and mother only.	SA	A	U	D	SD	NA
17. I would like to have had the opportunity to mourn more openly.	SA	A	U	D	SD	NA
18. I carry the memory of this pregnancy with me every moment.	SA	A	U	D	SD	NA
19. I never cried when it happened.	SA	A	U	D	SD	NA
20. This experience has caused me to question my own personal belief in God.	SA	A	U	D	SD	NA
21. The death of my potential child negatively effected my relationship with my husband.	SA	A	U	D	SD	NA
22. Miscarriage happens to a lot of women and it is not a "big deal".	SA	A	U	D	SD	NA



## APPENDIX B

### A CHILDREN'S UNDERSTANDING OF DEATH ACCORDING TO THEIR AGE<sup>1</sup>

Age	Understanding and Response
0 to 6 months	No concept of death; no verbalization skills; may respond to parent's grief, especially that of primary caregiver.
6 to 18 months	Earliest concept of death; believe it is a temporary separation or absence; respond to parental grief.
18 months to 5 years	Understand death as an altered and permanent state but still have difficulty comprehending; fear for own safety; may experience confusion or guilt as a result of ambivalent feelings about awaited sibling; magical thinking: believe they could have done something to cause the miscarriage, perhaps by wishing it away, and can solve it by wishing the baby back.
5 to 8 years	Understand death is a natural process and that death could happen to them; magical thinking: they could have caused or prevented the miscarriage; typical for child to appear unaffected yet inwardly feel very upset; attempt to control feelings like a grown-up.
8 to 12 years	Adult concept of death; may become concerned for their own life as they become aware of "randomness" of death; may be more concerned for mother's health than with death of the baby; may be more concerned about their own or their parent's death.
Adolescent	Adult concept of death; reaction may be mingled with confused feelings about their own sexuality and obvious sexuality of parents who have created the baby; may experience profound grief as a result of being able to bond to awaited sibling on more adult level.

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<sup>1</sup>This listed is taken from S. Ilse and L.H. Burns. Miscarriage...A Shattered Dream. (Long Lake, MN: Wintergreen Press, 1985), p.34.

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