

When miscarriage steals pregnancy's promise

Melissa Miller

When I lost a pregnancy I had long wished for, I learned firsthand that while “pregnancy means holding something absolutely full with tomorrow, full of joy and promise, . . . miscarriage steals all that . . . suddenly, cruelly, inexplicably.”¹ I had known the pregnancy was tenuous, but I so desperately wanted to carry it to term that I gave little heed to the possibility that it could end prematurely. When it did I was plunged into a pit of grief.

Essentially, miscarriage is loss, and grief is the emotional consequence of loss. This particular experience of loss is common—nearly a quarter of pregnancies end in miscarriage, usually in the first trimester—but pastors do well to remember that each person affected by miscarriage codes it differently.

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Appropriate pastoral care will be informed by an awareness of the uniqueness of each pregnancy and will be responsive to the particular circumstances of the loss: What did this pregnancy mean to this woman, to this father, to this sibling, to this grandparent?

Pastors can respond most helpfully if they gauge the significance of the loss. Factors that contribute to the nature and intensity of grief experienced in the premature end of a pregnancy include these: Was the pregnancy planned and desired? How long had the couple been trying to conceive? Is it a first

pregnancy? Has the woman had other miscarriages? How long was she pregnant? What medical factors are part of the picture? Did the child live outside the womb? If so, how long—moments, days, weeks? What kind of contact did the parents have with the child? Did they name their baby? What is the mother's physical and emotional condition? If it was a multiple pregnancy, did any child

survive, or is the couple dealing with the death of more than one baby? What medical care has the woman received? Did her doctor give a reason for the miscarriage? What other losses has the family experienced? What resources for dealing with their loss does the couple have? How resilient are they? What is their capacity for responding to their loss? What connections do they have that nourish their interest in caring for young life (other children in the family, nieces or nephews, volunteer activities in church or community)?

Assessing these factors can be delicate. Although some people in our society speak publicly about the intimate details of their lives, many people find it hard to talk about their difficulties surrounding conception and pregnancy. The subject touches on one's body image, identity, and sexuality—all core issues.

Those whose grief is intense after miscarriage may experience deep sadness, lethargy, depression, guilt, loss of appetite, heightened emotional sensitivity (mood swings, frequent weeping), anger. A woman's body undergoes physical changes as hormone levels adjust to the abrupt shift from the demands of pregnancy to a non-pregnant state. She and her husband need care—self-care, and the care of their church community.

Pastoral care after miscarriage

When a couple in your congregation experiences the losses arising from miscarriage, encourage your community to reach out with tangible signs of love and support, with meals, cards, flowers, visits, touch, prayers.

Allow those who are grieving to rest from their church duties. Avoid pressing people to get over their grief and get on with normal life; such expectations may short-circuit their mourning. When the time is right, when they are ready to resume their responsibilities and re-engage with life, make room for them to return to their usual activities.

Remember that while grieving people may find coming to worship comforting, they are also likely to find it exhausting. Many Sundays I gazed out the tall church windows and watched the play of light on leaves, oblivious to the words of the service.

Keep in mind that miscarriage often affects each of the prospective parents differently. Sometimes a shared loss unites and

strengthens a couple, but sometimes grief drives a wedge between people, and their isolation compounds their pain.

Generally, women react to the loss of miscarriage more intensely than men do. Attend to the intensity of the mother's experience. A pregnant woman carries life within her, which gives her a direct connection with a transcendent life force. Pregnancy is an intimate, holy time. The mirror side is that the death occurs in her body, and the bleeding or medical attention she

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experiences is a vivid reminder that a life is leaving her, and that her body is participating in a death.

Support the child's father in naming the losses of miscarriage for him. His response may be more muted than his wife's, and it may emerge later. Encourage him to find ways to mark his sense of loss, and invite his participation in a mourning ritual.

Remember other family members by inquiring about the significance of the pregnancy for them and about how they are handling the loss. Offer a kind word to grandparents. Take time to greet young children in the family, eyeball to eyeball, and

express your sorrow. Acknowledging the loss by saying "I'm sorry your mom's baby died" allows the child to receive sympathy. Respectful, tender touch, such as a shoulder squeeze, can be a comfort.

The gifts of a supportive community

My second pregnancy occurred after six years of secondary infertility, when my spirits were depleted by a wearying cycle of unfertilized eggs, monthly bleeding and grieving, and invasive fertility technology. During those years, the fruit of my first pregnancy, our lovely, healthy son, bounced in and out of my sad space with his mellow, affectionate sunniness. I experienced two subsequent miscarriages, and no additional children in our home filled my need to parent. The lost pregnancies haunt me years later, as I often imagine the children who would have been, how old they would be now, the relationship we might have had.

I had a wonderfully supportive community and excellent, sensitive medical care. After my first miscarriage, my parents drove seven hours to hug me and cry with me, bringing a tiny rose plant. Friends sent flowers and food. My pastors visited and prayed. Other friends penned cards expressing sympathy and care. One family offered the use of their cottage as a retreat.

As the weeks passed, friends continued to inquire about my well-being and to offer their love. One, a pastor, visited me regularly and sat beside me in silence. Whole chunks of time passed as we sat; sometimes she held my hand. The depth of wordlessness was new to me. I was in so much pain I had nothing to say to my visitor, but I knew that it was better with her beside me than if I had been alone. While I mostly remember overwhelming, numbing pain, I also recall her presence as a slight breeze, ever so gently caressing and comforting my spirit.

Another gift my pastoral friend offered was her avoidance of questions. Responding to constant “How are you?” inquiries required more effort than I could muster, even as I knew people were asking out of genuine concern for me. My friend would simply say, “I am concerned about you,” or “I am praying for you,” statements that registered her care without requiring any response from me.

The other side of silence

Silence has another side, which does not contribute to healing. Sometimes we remain silent in the face of grief because we are uncomfortable with another’s pain, perhaps because we fear our words will make it worse, perhaps because we have not come to terms with our own experiences of loss. Only those who have resolved this discomfort will be able to acknowledge the other’s struggle and be present in it.

In the weeks after my first miscarriage, many older women confided to me their experiences of lost pregnancies. I had known many of these women for years, and I was surprised at how many had experienced miscarriage, and stunned by how much silence surrounded those losses. Older generations maintain more privacy around intimacies such as pregnancy and miscarriage, but I suspect the silence sometimes inhibits people’s ability to mourn and come to terms with their losses.

Marking the loss in the congregation

The key to pastoral care in miscarriage is acknowledging the loss a couple is experiencing, and then helping them decide how the church can assist in marking that loss. Some people are comfortable sharing their loss openly with the congregation, while others prefer private expressions of grief. Helpful actions may include placing a flower in front of the church in memoriam, announcing the miscarriage and praying for the family during Sunday worship, planning a service of mourning and burial, planting a tree in the child's memory, inviting memorial contributions to a charity of the parents' choice, offering counseling, providing reading materials and other resources, and arranging visits from an elder or a woman who has experienced pregnancy loss.

The journey through grief is a solitary one in many ways, because pain is intensely personal. However, church members can help by communicating "I care that you are sad," "I will remember your loss," "I will accompany you on your journey," "God loves you." As time passes, anniversaries may remind the woman of her lost pregnancy. She remembers the date she miscarried and the expected date of the baby's birth. For years,

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these dates may bring feelings of intense sadness. The church community can comfort the woman by remembering these dates with her for the first year or two, by means of a card, a phone call, or a kind word.

Some church events may trigger intense feelings. Mother's Day celebrations are overshadowed by pain. A sensitive congregation could honor that pain by recognizing shadows in Mother's Day services. Soft-colored candles burning at the front of

the church could mark lost pregnancies and children who have died. Red roses might be offered as memorials of mothers who have died. An old adage says that sorrows shared are sorrows halved. Incorporating acknowledgements of loss in church life is a way of carrying the burden of sorrow with those who grieve.

Women need permission to avoid community events that rub their wounds raw. Child-parent dedications and baby showers can

be excruciating. Women benefit from reminders that their value does not depend on their capacity to have children. Pastors need to guard against conveying the message that women are best fulfilled as mothers, or that mothers are more valuable than women without children. Biblical texts that reflect such views should be used with great sensitivity. Pastors should affirm our human capacity to bring to life things other than children, highlighting other ways to create and care and nurture, such as art

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and craft, volunteer work, participation in church and community organizations, and sharing financial resources.

Pastors may be able to help people bring resolution to old hurts. In a cultural and religious climate that allows greater acknowledgement of personal losses, people may benefit from the opportunity to revisit deaths of long-ago and mark them in a way that was not possible earlier. One pastoral couple recently helped a family “bury” their daughter, who had died five years earlier after her premature birth. In another situation, a pastor, at the request of the eldest daughter, was able to help a family acknowledge and

grieve a lost pregnancy that occurred twenty years before. In both cases, pastors were key in helping family members find some healing for old hurts.

Pastors may have their own experiences of loss that affect their response to parishioners. In one congregation, a group of women prayed their pastor, who was dealing with infertility, through her leadership of parent-child dedications. They gathered before and after the ritual for prayers, hugs, and tears. Pastors are better able to care for others when they have found support for their own needs.

For some people, the consequence of miscarriage is chronic grief, which may take years to resolve, or may never fully be resolved. Our theology often reflects our culture, which makes “getting over it” a priority. We have a hard time knowing how to respond to those who have chronic conditions, degenerative diseases, slowly progressing terminal illnesses, or persistent mental

health problems. Pastors and church members can benefit from cultivating an awareness that some issues do not resolve. Congregations can help by developing a tolerance for grief that persists, and an ability to stay with people who live with chronic grief.

Pastors and congregations need to remember that they are not responsible to fix anyone's pain. The hurt of those who have experienced miscarriage is pain, and should be respected as such. Knowing that it is *only* pain helps us put boundaries around it and see that life holds other things as well. A pastoral response that acknowledges pain and offers sensitive companionship may be one of the best ways to convey God's healing presence and to invite grieving people to journey on with God, who's "got the whole world in his hands."

Notes

¹ Michaelene and Linus Mundy, "Mourning a Miscarriage," *CareNotes* (St. Meinrad, Ind.: Abbey Pr., 1998), 1.

About the author

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