

Pastoral Care:
Unsuccessful Pregnancies and Neonatal Death

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Introduction

This project began with my unsuccessful attempt to find solace in our tradition.

My wife and I got married in 1991, began trying to build our family in 1992, and suffered the first of seven unsuccessful pregnancies in 1993. That child was carried through the fifth month and died *in utero*. My wife was required to undergo labor in order to deliver the already dead baby.

After our first born died, I went searching through the tradition to find some source of comfort, some words I could meld into an anniversary ritual which would help me process some of my grief. I couldn't find any.

This work is an expansion and continuation of that effort. I begin with quotations from others who have suffered pregnancy loss, followed by a fairly broad-based explanation of why people might react differently to pregnancy loss. I continue with two of the major sources in תנ"ך on this subject along with some personal commentary. Then there is an overview of grief reactions to pregnancy loss. My pain is in the present, so I begin with the present, discussing some communal responses and modern responsa on pregnancy loss. From the responsa I find the sources they found to be important, and from those sources I locate the underlying texts from the Talmud and Midrash. I then examine one often quoted Talmudic statement to find its original context, and conclude the paper proper with suggestions for practical pastoral care after pregnancy loss. I have appended the contents of our personal poetic responses to our losses; I follow this with some personal midrashim on Torah texts; next are a number of tables summarizing grief details; I conclude my appendices with a checklist for grief therapists which contains many nuggets appropriate to Cantors and Rabbis.

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Chapter One

Quotations from the literature¹²

My intellect wants to take the pain, sadness and suffering which I have lived with and learned of and immediately bury them beneath Greek and Latin terminology, behind statistics and Talmudic argument. These intellectual endeavors are used in this work to illuminate, not bury. The core that is clarified is contained in this chapter: other people's emotions and opinions. Their voices need to be listened to more than once; it is a complicated refrain that unites them. Their suffering - my suffering - cannot be quickly put into simple categories. Therefore we need more than cut and dried responses.

Marion Cohen expresses it best:

This is a child's grave

*THIS IS A CHILD'S GRAVE; You may kick it, stamp on it, sit on it.
You may pound and pound, pretend it's a drum.
You may dance on top, pretend it's a stage.
You may hide behind, jump out and go Boo.*

*THIS IS A CHILD'S GRAVE, there are no rules.
You may dig a hole, build a castle.
You may pick the flowers, pull up the grass.
You may leave your toys, clutter the path.*

*THIS IS A CHILD'S GRAVE, there are no rules.
You may race around, have a tea party.
You may lie on top, suck a thumb, take a nap.*

*THIS IS A CHILD'S GRAVE.
THERE ARE NO RULES.
NO RULES, PLEASE.*

1. Sources quoted in this chapter include: Allen, Marie Ph.D. & Marks, Shelly M.S. *Miscarriage: Women Sharing from the Heart* 1993 John Wiley & Sons, Inc. ISBN# 0-471-54834-0; Cohen, Marion. *She was Born She Died: A collection of poems following the death of an infant* 1983 Centering Corporation; *Dear Parents - Letters to Bereaved Parents* 1989 Centering Corporation ISBN# 1-56123-033-2; Doerr, Maribeth Wilder *For Better or Worse: For Couples Whose Child has Died* 1992 Centering Corporation ISBN# 1-56123-053-7; Friedman, Rochelle M.D., Gradstein, Bonnie M.P.H. *Surviving Pregnancy Loss: A Complete Sourcebook for Women and Their Families* 1982, 1996 Citadel Press Book - Carol Publishing Group ISBN# 0-8065-1758-1; Grossman, Susan *Halakhah, and Contemporary Realities* Grossman, Susan and Haut, Rivka editors, 1992 The Jewish Publication Society ISBN# 0-8276-0395-9; Ilse, Sherokee *Empty Arms: Coping with miscarriage, stillbirth and infant death* 1990 Wintergreen Press ISBN# 0-0909456-6-0; Ilse, Sherokee and Burns, Linda Hammer *Miscarriage: A Shattered Dream* 1985 Wintergreen Press ISBN# 0-09609456-3-6; Jimenez, Sherry Lynn Mims *The Other Side of Pregnancy: Coping with Miscarriage and Stillbirth Including Causes & Prevention of Spontaneous Abortion & Stillbirth* 1982 Prentice-Hall, Inc. ISBN# 0-13-643163-1; Johnson, Joy et. al. *Miscarriage: A book for persons experiencing fetal death* 1983 Centering Corporation ISBN# 1-56123-007-3; Lister, Marcie and Lovell, Sandra *Healing Together: For Couples Whose Baby Dies* 1991 Centering Corporation ISBN# 1-56123-023-5; Lothrop, Hannah *Help, Comfort & Hope after Losing Your Baby in Pregnancy or the First Year* 1997 Fisher Books ISBN# 1-55561-120-6; Rosof, Barbara D. *The Worst Loss: How Families Heal from the Death of a Child* 1994 Henry Holt and Company, Inc. ISBN# 0-8050-3240-1; Schwiebert, Pat R.N. & Kirk, Paul M.D. *Still to be Born: A Guide for Bereaved Parents Who Are Making Decisions About Their Future* 1993 Perinatal Loss ISBN# 0-9615197-2-X
2. All the quotations in this chapter are taken as they were printed in the source. Any personal emphasis will be notated.

*PLEASE, NO RULES.*³

I have heard that there is anticipation when a pregnancy is going well. That level of hope I have never experienced. I have known the nervousness of doublechecking the accuracy of a pregnancy home test and anticipating what each stage of the pregnancy might be like. At that time we believed in our chosen obstetrician, assuming he would know enough to tell us what we didn't know; he would tell us what to do and what would happen.

When medical professionals indicate that a particular pregnancy raises some questions, if they've clearly stated that things won't go well if the pregnancy continues, then anticipation becomes waiting, and hope changes to dread.

Listen:

*"The hardest part was the waiting. I had to wait and wait and wait. The waiting to find out wore me down to a frayed thread. I became like a robot as time went on without answers, because I was controlling myself from becoming hysterical. It was so crazy to not know day after day after day whether I was having a baby or facing the death of my baby. I just couldn't stand the not knowing any longer."*⁴

*"It was as if I died inside right then. Imagine waiting so long to finally be able to cradle your child in your arms and being full of joy and anticipation, and then abruptly everything switches! We waited two endless hours. Tears kept welling up, but inside I felt as if I were in a thick cloud - completely out of it. I just couldn't comprehend what had happened. It seemed like a terrible nightmare."*⁵

*"We couldn't get an appointment for the ultrasound for three hours. Part of me was nervous. But I never thought the baby might be dead. I never ever ever ever thought that in my wildest dreams. ... I could see and hear the words as if they were shrieking to me, as if they were all lit up in front of me in a huge marquee. I couldn't utter the words myself. If I did, everything in the world would shatter all around me and I would be crushed."*⁶

*"... I didn't take any medication or sleeping pills because I thought I would go to sleep and bleed to death. ... We talked about how much better it would be without the baby, but it bothered me the next day, and for about two weeks I felt like I was going into a depression."*⁷

"... it couldn't be an ectopic pregnancy, because I didn't have enough pain. And what, I inquired quietly, constituted enough pain? Pain so intense that women scream and roll around, he said. I was dumbfounded. I could not begin to explain that I could not imagine a circumstance that would cause me to act like that. ... The pain the doctor was

3. Cohen p. 15

4. Allen p. 71

5. Lothrop p. 8

6. Allen p. 23

7. Jimenez p. 16

describing was clearly outside my realm of experience, and my pain did not qualify as a major symptom."⁸

*"The shock of even being pregnant, let alone that the end of it was in sight, was overtaken by my fears of surgery, the potential loss of my tube and concerns for who would care for my children. A few hours later I learned that it had been an ectopic pregnancy and they could not save the baby or the tube. ... In the beginning I felt numb and wasn't terribly upset so I waited for the grief to come. It never really has. ... I do know many other women and men who say that their ectopic pregnancy was the worst thing that could have happened to them."*⁹

*"No one can predict the degree of disability. No one can take the decision from us, make it for us. ... But we are already grieving. No matter how we decide, our life will never be the way it was."*¹⁰

We found out that our first born had already died about a day before he was born. During the labor and delivery, my thoughts were focused on the exceedingly low numbers on the machine showing my wife's blood pressure. The decision to not really look at our stillborn, to not hold him and to not take pictures or let others take them may have been based on my thinking of our child as having already been prepared for burial, and laying inside the closed casket. It might also be that I felt in sync with my wife as a pregnant woman; I could not yet connect with our baby as being outside of her. Others in the chorus of the bereft have had different experiences.

Listen:

*"I felt beautiful with our son or daughter inside me. Absolutely intrinsically beautiful. ... I felt that if I closed my eyes and kept them closed, I would just slip away and die. ... The baby is there and the baby is not there all at the same time."*¹¹

*"After several hours we were taken to a private room off the maternity ward. They had set up a bed for my husband. Being able to stay together was very, very important to me. I didn't want to be alone under any circumstances. But then we heard a baby cry, and I saw the expression of excruciating pain on my husband's face. I knew we couldn't stay. I got dressed, we summoned the doctor and then went home, only hours after our baby had been born and had died."*¹²

*"I had to have the loss, but I couldn't have the feelings of loss. I had to lose the baby, but I couldn't have the feelings that go along with losing the baby, and that made losing the baby five times worse!"*¹³

8. Friedman p. 100

9. Ilse *Empty Arms* pp. 8-9

10. Lothrop p. 16

11. Allen p. 81

12. Lothrop p. 42

13. Allen p. 198

*I didn't think of anything. I wasn't happy. I wasn't sad. I was just relieved the pregnancy was over.*¹⁴

*"I was thinking about what was happening, that my daughter was dying, that I had a painful recovery period ahead just from the physical (not to mention emotional) stress, and it was all for **nothing**."*¹⁵

*"When he was born there was no cry and no nursing baby put to my breast. The silence cut like a knife, the anguish ran deep in my soul; yet the joy of birthing my first son poured out in spite of it all."*¹⁶

*"I held Lief and rocked back and forth as if I could make him breathe. The nurse asked me if I'd like a rocking chair and I said, "No," thinking how absurd to be rocking a dead baby. Immediately my body began rocking him again and the nurse slid a rocking chair behind me. I sat and cuddled and rocked Lief for two hours while I talked and cried."*¹⁷

When do the parents consider their fetus or embryo their child?

Is there a single, respectful term for "a child not yet born?" Miscarriage and stillborn still feel lacking, somehow.

I can tell you only this: Whatever definitions we develop for our convenience will not matter at the time of the loss to the parents. All that will matter to them is that we truly listen to their pain.

Listen:

*"I never felt pregnant, so I didn't absorb the reality of the baby. I had no signs of pregnancy and no drag on my system, so I didn't have much of a sense that it was a child. It didn't sink in. It seems like just a heavy period. So it surprised me when I felt a tremendous sense of loss."*¹⁸

*"It is the death of a child. You have a more intimate closeness with a baby than you do with any other being. This was my child, and it died. I tell people now, "I lost my only child." ... It's the same thing as losing a living child fully grown and developed. A lot of people look at miscarriage and say there was no personality there, no physical child that cooed and talked back and smiled and cried. But for you these things are very real."*¹⁹

*"I had two ectopic pregnancies. I really do think of them as the deaths of my children, but at the time I didn't acknowledge them as that. The first time I was sick; the second time I was scared. It was all I could do to heal physically."*²⁰

"Our baby was already a part of our family. How could it be other than that? Already,

14. Schweibert p. 111

15. Schweibert p. 29

16. Ilse *Empty Arms* p. 6

17. Lister

18. Allen p. 55

19. Allen p. 47

20. Allen p. 48

this child had affected my eating and sleeping patterns. ... These were things we did because this was a member of the family we were all preparing for. ²¹

"I felt not so much a death, but the loss of a dream, the loss of an ideal, the loss of what the future would have meant. It was the death of a wish and a fantasy and a hope. I put the loss of a child out of my mind. I told myself something was the matter; it was for the best. I haven't let myself experience it as a death. ²²

"From the second I got pregnant each time, I had envisioned them graduating from Harvard, and I envisioned my being a grandmother. ²³

"At first it wasn't so bad. But when I got home, it hit me just how crushed I felt by it. I haven't become pregnant to this day. Three years have passed, but it still hurts when I talk about this miscarriage. For me, there was a child even though I had only known about the pregnancy for a week. ²⁴

"I didn't think of it as the death of a child at the time. But I did many years later when my kids verbalized it as the loss of a child and I learned that my feelings were okay. ²⁵

"I realize now that I felt guilty I didn't look at them as babies at the time. I rejected that. It would have hurt too much. They were babies, and I didn't grieve for them as I should have. ²⁶

There are songs that I still cannot sing without sobbing. There is music I still cannot hear without tears seeping through. It's almost certain that the songs you cannot sing will not be the same as the songs I cannot sing. The differences are why we must listen.

Let your soul absorb the living songs of some who have suffered.

Listen:

"I was feeling like a failure, not a whole woman. ²⁷

"All I want to do is cry. When my mother visits, I think how nice it would be if she would put her arms around me and hold me tight while I cry. I want to tell her about the baby and about the labor, but she won't let me. I can see the hurt in her eyes, so I just keep everything to myself. ²⁸

"I was sure I had a brain tumor, AIDS, or some disease as long as it was fatal. I kept going to the doctor for tests and I was sure he was missing something. ²⁹

21. Allen p. 172

22. Allen p. 48

23. Allen p. 186

24. Lothrop p. 4

25. Allen p. 48

26. Allen p. 61

27. Jimenez p. 23

28. Jimenez p. 37

29. Allen p. 15

"We knew why she had died. We knew it wasn't me, and that made a lot of difference."³⁰

*"All I had was what was in my heart. I felt that it was necessary for me to have the sadness because the pain was all I had of her. If I lost the sadness, I lost her. At this point I don't know what I grieved for more - the baby I lost or the fact that I had to go through the hell of it."*³¹

*"I had panic attacks for a whole year afterwards, about what might be wrong with me. I felt like I was going to die. I was shaking and sweating and my heart was pounding. I felt like I had just seen someone get run over. I felt gut wrenching, searing torment. It came out in primal screaming and sobbing."*³²

"I asked the doctor if he saw anything wrong with the baby. It was like if there was something wrong it would be a justification for the miscarriage."³³

*"I was walking around like an open wound. I felt nonstop pain. I was feeling like things were never going to get better, like everything had been taken from me."*³⁴

*"We had buried the remnants. Then one day I dug them up."*³⁵

*"I dreamed I had just given birth. The baby was in a blanket. I would get just ready to pull back the blanket to find out what sex it was, and I'd wake up."*³⁶

*"When I was pregnant I thought God had blessed me. It was a miracle. Then I couldn't imagine why God took my baby away. I felt betrayed by Him."*³⁷

*"I splurged and bought books. I gave myself permission to take three days off work and sit in bed and read. I reminded myself of the limits of my ability. I gave myself permission to be a baby and to be babied, to be selfish and take care of my needs. We also had a memorial service. That helped more than anything. Eventually my husband and I went away for a weekend. I gave myself permission to have fun without feeling guilty and to realize that that would not be erasing my baby's existence. My baby is still in my mind every day as I go on with life, and will always be there."*³⁸

*"I'm sad that it doesn't hurt as much anymore. It's scary because I'm forgetting a bit. The hurt is all I have left. As it decreases, I'm doing the baby an injustice. I feel guilty."*³⁹

"We took my hospital bracelets and put them together and buried them during an eclipse."

30. Jimenez p. 24

31. Allen p. 29

32. Allen p. 61

33. Jimenez p. 15

34. Allen p. 69

35. Allen p. 62

36. Allen p. 64

37. Allen p. 65

38. Allen p. 76

39. Allen p. 80

That gave it an ending. ”⁴⁰

*“After six losses, I thought, “What’s the point of serving a God who can’t control this?” ”*⁴¹

*“With the first miscarriage, my husband’s friend was with us. They ran a half marathon while I was laying in bed. ... With the second miscarriage, I had the D & C, and he met me at the doctor’s office so we had both cars there. Afterwards he asked me, “Can’t you drive your car home?” ”*⁴²

*“People pretended it didn’t happen; it wasn’t important. Since they never met that person, it’s like that person never existed. What hurt was their pretending that the loss of my baby was no big deal. It was nothing to them. I got no sympathy, no empathy. Life went on, and I didn’t matter to anyone. People didn’t care. Not even my family. There was no one to say, “I’m really sorry. That really hurt.” ”*⁴³

*“I never held, touched or saw our baby, Mary. I have no memories to look at. However, our lives are richer for having known her in our minds and hearts, even if it was ... only for a moment.” (Patty McGuinness)*⁴⁴

*“It was a full two months before I could say I felt even a wee bit better. It was only then I was able to getting anythng [sic] passing for enjoyment out of thing’s [sic] I’d previously enjoyed - thrift-shopping, piano playing, building a snowman with the kids, - and I’d be a liar if I omitted sex.” (Marion Cohen)*⁴⁵

*“There were times during the early months following my loss when I cried out loud that I wished she had never been conceived. I felt that it would have been better for me if I had never experienced this pain. It was impossible for me to see anything positive in the whole experience.”*⁴⁶

*I also cherished the memories of my daughter’s short life. From the beginning of the time I first felt movement, I could feel her feet very distinctly. We used to lie in bed at night and touch each other. It was almost like a game ... (ellipsis in text) I’d push her and she’d push back. We were touching in a way that only a mother can know and playing the only games we would ever play.*⁴⁷

“The only thing that could draw me out of my deadness was when I could talk about what had happened to me. ... Of course the problem was that not everybody wanted to hear in full and vivid detail about every nuance of my miscarriage and its aftermath. In fact, very few people wanted to hear about it at all. ... I could not stand to hear someone complain

40. Allen p, 83

41. Allen p, 66

42. Allen p, 89

43. Allen p. 118

44. *Dear Parents*

45. *Dear Parents*

46. Schweibert p, 30

47. Schweibert p. 30

in any way, shape, or form about anything that had to do with being pregnant ... It was clear to me that most people wanted to believe that everything was fine."⁴⁸

*"We got all kinds of cards - sympathy, get well, cheer up - and personal notes. The words hardly mattered. It was the idea that these people cared and took the time to try to express their sadness and concern for us."*⁴⁹

*"A few times I was aware how little people understand about these things. One friend (mother of two) remarked how with all this spare time I must be getting all my fall cleaning done. ... The minister surprised me, too. ... I had to ask him point-blank to say a prayer for the baby."*⁵⁰

*"I'm afraid to appear too happy. If I seem happy people will think I'm no longer sad and that I have forgotten my dead baby. I will never forget."*⁵¹

*"After Brennan died we did hold an informal service and we invited family and friends to join us as we said goodbye to our son. Though it was comforting to have these special people with us, we do have some regrets. We did not strongly encourage most people to join us. In fact, I think we downplayed the importance of the service. We both wish we would have done the opposite. This was the most significant death in both our lives. People should have come; we needed their support."*⁵²

*"I went to the bathroom and cut off all my hair. I thought, 'If I can't have a baby, I might as well be a man.'"*⁵³

*"The grace period lasted about a month. During this time our friends accepted or at least tolerated our grief. ... We found it harder to justify our feelings about this child than if, at the time of his death, he had been old enough to be known and remembered by others."*⁵⁴

*"In 1987, our unborn babies died. ... We didn't trust that we had a right to grieve. Weeks went by and still we did not feel better. We were stuck and couldn't heal. ... Stillbirth was referred to as the 'death of a baby.' Miscarriage, on the other hand, was referred to as the 'loss of a dream.' ... Our needs went unattended; the nuances of our invisible tragedy went quietly unrecognized."*⁵⁵

"I lost my mental sharpness. I couldn't problem solve. I didn't know what day it was. I didn't care. I was completely out of sync. I felt a sense of loss and of being lost. I had been a superefficient person who always completed things, yet I now have a very hard time completing anything. I think that everything is sort of open-ended now, and I don't bring things to completion. I can't read, study, or do all the things I used to do. I don't

48. Friedman p. 53

49. Friedman p. 80

50. Friedman p. 81

51. Schweibert p. 78

52. Ilse *Empty Arms* p. 32

53. Allen p. 57

54. Schweibert p. 11

55. Allen p. 3

want to travel. These are new phenomena in my life.”⁵⁶

“... I received the results, and unfortunately they were the dreaded ones: ... I have since then had the grim second-trimester abortion. From my current perspective of grief and shock, I encourage clinicians to help their patients avoid the denial described in my letter. ... It has become a cultural expectation that one will keep one's pregnancy a secret until one has the “all clear” from the amnio. ... But I now believe that reasoning is wrong. After our bad result, my husband and I did tell everyone. Sympathy and support from our friends, family, and colleagues have helped us to survive the ordeal of aborting a wanted pregnancy. By keeping the loss a secret, we would have cut ourselves off from such support when the feared outcome did happen.”⁵⁷

“We were told that although Micalee had died of a cord accident - a cause of death that was unlikely to be repeated - she also had a rare fatal disease which would have ended her life by the age of ten. The worst news was that the disease might be genetic, with a 25% chance that any subsequent biological child would also die young. We felt we could not take the chance of risking the death of another child. This meant that we had lost not only Micalee but also any future opportunity to bear children. Our grief doubled and redoubled. We were grieving over the loss of many children. ... Members of Compassionate Friends were able to understand our grief over Micalee's death, though it was hard for them to relate to our infertility. Resolve was a great resource for information about infertility, but its members understood little about the loss of Micalee.”⁵⁸

“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 abandoned by the tradition with which I normally feel so much at home.”⁵⁹

I am a father to my living child. My other children died; am I still their father?

Listen:

Denial Poem

Marion Cohen

Don't look at me that way.

Just ask, “Is this your first?”

Don't look at me that way.

Just ask me, “What's her name?”

Don't look at me that way.

It isn't over yet.

Don't look at me that way.

56. Allen p. 56

57. Lothrop p. 15

58. Schweibert p. 45

59. Grossman pp. 284-285

*Just play along with me.*⁶⁰

“What hurt most was what people said - ‘Don’t worry about it. You can have another baby.’ But, I knew I couldn’t have another baby. This was my third try. They would say, ‘Forget this. Put it out of your mind.’ You *can’t* forget it. The worst thing someone said was, ‘Just be glad you didn’t hold it, because once you do, you know it’s yours.’ That baby was mine. ... One of my aunts said, ‘Well, when you become a mother ...’ I was a mother. Anybody who has lost a child or had a stillborn baby wants to say, ‘Hey, I was a mother. I really was.’”⁶¹

*“Yes, it really would be better if we could refer to the baby by name rather than talking about our third miscarriage.”*⁶²

*“We were with some friends when Gary said something about being 37 years old and not having any kids of his own yet. I wanted to scream and tear at him and yell into his face and eyes and ears, ‘Yes, you have a child! Your child died! The fact that she was never born is irrelevant. She lived inside me and she was yours and ours and she died! You are a father!’”*⁶³

*“When people ask, I say, ‘I had two children, but the first one lived to only three-and-a-half months’ gestation.’ Saying that, was very healing to do - to accept my Motherhood.”*⁶⁴

*“I had become a mother. Then all of a sudden the motherhood part of me, so excited about the creating, had to stop imagining and totally reevaluate. This little voice inside says, ‘You’re probably not really a mother.’ Now suddenly I’m ‘Margaret, the whatever.’”*⁶⁵

*“Twenty-four hours before, I was a mother. I was pregnant and had a child inside of me. Then my child was gone. With a stroke, I wasn’t a mother anymore. My whole life changed. I had a terrible, empty feeling. There was this emptiness I wasn’t able to shake.”*⁶⁶

*“Under 20 weeks of pregnancy in California a baby is called a ‘lab specimen.’ ... I feel confusion about why I was being lied to that the baby was just a lab specimen, that it wasn’t a baby. ... If I hadn’t seen him, I’d say I didn’t experience the death of a child. ... It was all women at the support group. ... I want to be recognized for my fatherhood and my grief, and I want the respect that goes with it.”*⁶⁷

“I really can’t separate out my feelings about the infertility and the miscarriages. ... After

60. Cohen p. 5

61. Jimenez p. 62

62. Lothrop p. 51

63. Allen p. 26

64. Allen p. 38

65. Allen p. 38

66. Allen p. 38

67. Allen pp. 102-103

two miscarriages, it seemed like having miscarriages could go on and on forever. ... When Stephanie was pregnant, I didn't see the babies as living people yet, but I guess I felt like a father to those babies, and I experienced the third miscarriage as the death of a child."⁶⁸

"What would have helped would have been for someone to talk about the baby as a baby. I lost a BABY! To say to me, "Mrs. English, you have lost a child. You are going through grieving. Here is what to expect. Here are some guidelines. Here is a support group.""⁶⁹

"In my mind, I have two children; one that lived and one that died. But if someone asked how many children I have and I answered that way, they'd look at me like I had lost my mind. But that's the way I see it. I'm sure that if people have a child and that child dies, they don't just forget about that child.""⁷⁰

"Just because no child was born and just because I didn't feel the life of that baby doesn't mean I didn't love, lose or mourn its leaving! So many people seemed to think I didn't REALLY lose anything. Well those people make my baby a non-person! It wasn't a paperweight or a rock in my uterus. It was MY BABY - someone - even if I never saw the color of hair or shape of face - a baby was there, just the same!" (A Mom in Omaha)""⁷¹

"I didn't envision it as a real baby. It was more of a "possibility." It didn't appear real yet. I knew I was pregnant but I stayed distant. Being in the medical field, I am cynical. I knew many women have miscarriages, and because of my age, I stayed realistic.""⁷²

"Soon I found myself pregnant again, quite unexpectedly, only two months after Anna's death. ... In the 28th week of my pregnancy my deja vu was complete. Ben died as Anna had died, because of an umbilical accident. ... Both deaths were equally devastating. However I think Ben's death was harder to accept because the disbelief was more profound. ... having a baby is supposed to be no big deal. Any woman can have a child. ... Stillbirth is such a difficult loss to explain, and it is hard for others to realize what a real and painful experience it is for parents. I desperately wanted Anna and Ben to be recognized as real children who had actually lived.""⁷³

"In my opinion, after Brennan's death I was a mother; I just didn't have a baby at that time. But I had given birth, and the memory of my son lived with me, then, today and always. On that first Mother's Day I expected cards to acknowledge my motherhood. I had been initiated into motherhood in the most painful way, certainly I deserved a corsage, a card or some special validation. I should have told a few people of my need.""⁷⁴

68. Allen pp. 103-104

69. Allen p. 121

70. Allen p. 145

71. Johnson p. 5

72. Allen p. 35

73. Schweibert p. 70

74. Ilse *Empty Arms* p. 44

*"After lamenting over and over that she felt bad she never held Elisabeth, her brother gave her a very special gift. He said to her, 'But, Terry, you did hold Elisabeth. You held her within you for 16 weeks.'"*⁷⁵

After the first pregnancy loss, many couples attempt to have more children, whether with medical assistance or "naturally." Pay heed to some of their issues and experiences.

Listen:

*"I'll never feel any better, so I might as well go ahead and get pregnant to make him happy."*⁷⁶

*"I think I only had courage to be hopeful and to dream about the first baby I lost. He was clear in my mind; the second baby was blurry; the third was very blurry. I tried not to pay too much attention to the third baby and that made the grieving much more difficult. It was amorphous. It was vague."*⁷⁷

*"The most illogical thought I had was that I had no right to try to get pregnant again because I would just be 'killing another baby.'"*⁷⁸

*"I feel suicidal when I get my period because it means I didn't conceive again."*⁷⁹

*"The ultrasound technician didn't want to give me a copy of the image of my baby in case the pregnancy didn't work out. I had to do a lot of talking and to use my experience working for the support group to persuade her that it would be helpful to have a copy even if something did happen to the baby."*⁸⁰

*"But desperation can make one persistent. I became pregnant once more and once again was petrified with fear about what was to come. I couldn't feel happy or excited. I didn't know what to do, since I felt like I had tried everything in my two previous pregnancies to no avail."*⁸¹

*"My biological clock continued to tick. The clock didn't stop just because I was grieving and was told to wait a year before trying again."*⁸²

*"If I could just get pregnant right away I could pretend this whole thing didn't happen."*⁸³

75. Ilse *Empty Arms* p. 25

76. Schweibert p. 35

77. Allen p. 36

78. Allen p. 57

79. Allen p. 73

80. Allen p. 203

81. Schweibert pp. 69-70

82. Schweibert p. 35

83. Schweibert p. 35

*"I just wanted a baby so I could be a happy person again."*⁸⁴

*"Everybody else wanted me to get pregnant again. I had no need to have another child. I felt that to do so would be a betrayal of my dead child. I have already used my love for that one. I felt it wouldn't be fair to have a child that I didn't really want. But was it fair for me to deprive the rest of the family?"*⁸⁵

*"Never again. The pain is unbearable. I won't set myself up only to have it happen again."*⁸⁶

*"It's just like falling off a horse. If I don't pick myself up and get back on that horse right away, I never will. It will be scary, I know, but much better when it's over."*⁸⁷

*"I couldn't wait to get pregnant. That's all I could think about. For the first three days after I found out I was pregnant I was elated. After that I was scared to death. I wanted an abortion."*⁸⁸

*"I didn't want to tell anybody that I was pregnant so they wouldn't know I failed again. That way if I aborted I would be the only one to know."*⁸⁹

*"I wanted an abortion because I could tell I couldn't handle the emotions I was going through. My doctor wanted to give me some medications for a cold, but I refused to take the medication for fear it would hurt the baby. On the one hand I wanted to kill the baby; on the other hand I didn't want the baby to get hurt."*⁹⁰

*"I decided not to tell my family and friends because I didn't want them to worry about me, or to be disappointed if something went wrong."*⁹¹

*"I was afraid to tell people I was pregnant because I didn't want them to think I was just trying to replace the baby that died."*⁹²

*"I was elated to find out I was pregnant. I just walked around grinning. I couldn't understand why women who had experienced a loss were so scared - until I reached the point in my pregnancy when I was supposed to be able to feel the baby move. From that point on I was a nervous wreck."*⁹³

*"I decided it would be bad luck to think positively about this pregnancy. I'm a born loser."*⁹⁴

84. Schweibert p. 35

85. Schweibert p. 35

86. Schweibert p. 35

87. Schweibert p. 35

88. Schweibert p. 73

89. Schweibert p. 73

90. Schweibert p. 73

91. Schweibert p. 73

92. Schweibert p. 73

93. Schweibert p. 73

94. Schweibert p. 78

*"I know I'm making myself as miserable as possible. That way I know everything will be okay. If I suffer enough now I won't have to suffer later."*⁹⁵

*"My husband told me to stop imagining the worst, for fear I would cause the worst to happen. I know he will blame me if something goes wrong this time."*⁹⁶

*"One of the women at work told me she wasn't going to give me a baby gift this time. She said I already got one from her last time."*⁹⁷

*"Everyone seems truly relieved that I'm pregnant. Now they think they don't have to talk about my dead baby anymore."*⁹⁸

*"I went around the house getting everything in order just in case I died. I made sure all my important papers were easy for my husband to find."*⁹⁹

*"If this baby dies, I want to die too."*¹⁰⁰

*"I don't think too much about this pregnancy. It's not that I don't care, because I do. I'm just not excited like I was the last time."*¹⁰¹

*"After the results of the amniocentesis came back and everything looked fine, I then worried that my baby's death would be from a cord accident."*¹⁰²

*"It took me seven years to conceive the first time. To be told to wait a year before trying again made me feel desperate. I knew that waiting would add the risk of other problems."*¹⁰³

*"I've never let myself visualize my baby. I removed myself from that option. If I had seen it as viable in the universe, it would have been incredibly devastating when it died."*¹⁰⁴

*"I didn't want to admit to myself or anyone else that I could be pregnant. I put off calling the doctor's office for an appointment until I was almost five months pregnant. When the nurse said the earliest available appointment was four weeks away, I panicked! I needed to see the doctor today!"*¹⁰⁵

"We loved my body while I was pregnant the first time. This time I feel like my body is

95. Schweibert p. 78

96. Schweibert p. 78

97. Schweibert p. 78

98. Schweibert p. 78

99. Schweibert p. 78

100. Schweibert p. 78

101. Schweibert p. 78

102. Schweibert p. 78

103. Schweibert p. 35

104. Allen p. 36

105. Schweibert p. 73

just a vessel. ¹⁰⁶

*"I can still hear you ranting and raving at the thought that someone else was controlling our lovemaking. You couldn't work when you were ovulating and every period was like another death. Though I didn't have any problems with the concept of AID¹⁰⁷, it just seemed so cold and impersonal - a complete contradiction to how we would have made a baby together. ... We couldn't understand the fears that others had in a subsequent pregnancy. We prided ourselves on our positive attitude. We weren't the least bit concerned, were we? Then came the 20th week, when we should expect to feel the baby's first movements. Because Benjamin's problem had been a muscle disorder, we needed this new baby to reassure us with good strong kick. He hardly moved at all. ... Because our friends thought we were crazy to try again, it was hard to talk to them about how scared we felt at times. I was sure they would just say we asked for it."*¹⁰⁸

Loss in general, and pregnancy loss in particular, makes it hard to keep in contact with the living. There are good reasons for this.¹⁰⁹ This often necessary distance defines relationships which at times increase the sense of tragedy when "the living" is a child who was born after the loss.

Listen:

Good-Bye

I stare at the ghost of the bassinet.

My ghost arises.

Lifts you, holds you, feeds you, smiles at you.

... Do you know I have to forget you for the sake of my other children?

... Do you know I have to get over you for the sake of my love and my life?

Well, not exactly get over you.

Just not dwell on you so much.

Do you know there will soon come a time

*when we can't go on meeting like this?*¹¹⁰

*"Even after our son was born I continued to cling to and grieve for our daughter until we found out our son needed surgery. All of a sudden it struck me that my daughter was just fine wherever she is. My living son was the one that needed me to be concerned about him, not my dead daughter."*¹¹¹

"When our first baby was on the way, we lived in Africa. When our neighborhood learned that our daughter had been born dead, the women around me started wailing loudly. At first it seemed strange, but it became contagious. And then it felt so good not to have to hold back my pain but to be able to cry it out. ... Unfortunately ... here I can't

106. Schweibert p. 78

107. Artificial Insemination by Donor

108. Schweibert pp. 91-93

109. See Chapter Four

110. Cohen p. 27

111. Schweibert p. 112

wail. I'm suffocating from feelings that can't come out."¹¹²

*"I was obsessed with getting pregnant. It was on my mind all the time. ... I too had expected that I would be overcome with joy. Instead I hung up the phone and cried for at least a lifetime. The fear I felt was overwhelming. I was afraid of being hurt again and afraid of being a traitor to Blake's memory. ... I rationalized that if this baby died, I would accept the death bravely, and I would just keep having babies until I had one that lived. After all, I couldn't possibly hurt more than I already did. ... When I first saw Devin, he took my breath away. he looked exactly like Blake, as I remembered him. ... A heart problem means death to us. That's been our experience. Now they're telling us Devin's heart is not so bad. Does this mean that we just have to wait a little longer before we have to go through that pain again? Devin came home in my arms when he was seven days old. He was pink, alert, and eating well. Everything was normal. No problem. But his father reacted to his homecoming by breaking out in a rash all over his body. ... I now agree that putting some space between a baby's death and another baby's birth makes sense. We've made it, that's true, and our new baby is a delight, but we would have been much kinder to ourselves if we had waited."*¹¹³

*"I thought a lot about (but didn't consider actually doing it) shooting my children and me so we could all be together with the baby as we should be. And I could be out of the pain."*¹¹⁴

*"My daughter. Emily, was born with critical aortic stenosis ... I spent the first year of Emily's life grieving over the loss of a healthy child. ... I often felt guilty that I had so few positive feelings to offer to this new little one. In contrast to the pregnancy with Emily I had to work hard at wanting this new child. The pain of losing Emily was too intense - too real - to want to risk my heart again so soon. ... Again our friends, neighbors and family expressed happiness at the news of this new birth. And again, in contrast to their feelings, I experienced sadness, guilt, and inadequacy. Although I was truly grateful for a healthy son and an "uncomplicated" pregnancy and birth, I longed for my fair-haired Emily. ... Now that Ryan has been with me for several months, I've noticed that it occurs to me often that this little person could also die. I sometimes run into his room anticipating the worst. For this reason it has been harder to fall in love with Ryan than it was with Emily."*¹¹⁵

It sometimes surprises me that I can be proud of my son for achieving a milestone and simultaneously sad that I no longer have that milestone to look forward to. This kind of emotional paradox can become *status quo* when one pregnancy follows a previously unsuccessful pregnancy. Whether the second pregnancy results in loss or a live birth, some of the effects seem the same.

Listen:

112. Lothrop p. 29
113. Schweibert pp. 16-19
114. Allen p, 73
115. Schweibert 112-114

*"I was absolutely elated. She was beautiful. But about two hours later when I was settled in my postpartum room and everyone had gone home I cried for my baby that had died."*¹¹⁶

*"Husband to wife: 'You cried when you came home after your baby died, and now you come home with a live baby and still you cry. Isn't there anything that will make you happy?'"*¹¹⁷

*"Before my grief was from longing for what I thought would be. Now my grief is real, because now I know what I lost."*¹¹⁸

*"This loss is harder than the loss of my little boy in the sense of what everybody expects of you. They don't understand the pregnancy was hope of another baby. ... With my son, I missed his smell and his touch and his sounds, whereas with the miscarriage, I didn't have that! But I still missed that! ... I still have this desire to buy baby clothes. ... The thought that I'll see my baby when I die keeps me going. That's kind of confusing too."*¹¹⁹

*"I became terrified my two -year-old was going to die. Somebody would take her. I would check her breathing every 20 minutes at night. I wouldn't leave the heat on for fear it would blow up. I knew it was not rational, but I would hug her 'til she cried."*¹²⁰

*"I don't remember any great emotionality about the loss of the baby until 15 years later when it came up in conversation with my teenage son. He said, 'You mean I could've had a big brother?' It was then that it became clear to me, and for the first time I felt a great amount of loss. Over the next year I went through full grieving. I had put it in a corner until I could deal with it. It had been too overwhelming back then."*¹²¹

*"The birth of our son was a draining experience for all of us. The doctors kept trying to give my wife medication. She withdrew from everybody, into her own private world. The nurses were exhausted from trying to make things okay for us. After it was over one of the nurses commented on how difficult a birth it had been and asked how I felt about it. I looked at her in amazement. 'Difficult?' I asked. 'This was nothing. You should have been here the last time. At least this time we got a live baby.'" "*¹²²

Today it is possible to create a pregnancy through advanced medical technology such that the greatest interpersonal contact throughout the pregnancy is between the anesthesiologist and the woman being impregnated. When things go wrong, emotions and relationships (even the relationships between the woman and aspects of herself) increase in importance.

Listen:

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| 116. | Schweibert p. 111 |
| 117. | Schweibert p. 111 |
| 118. | Schweibert p. 112 |
| 119. | Allen p. 41 |
| 120. | Allen p. 15 |
| 121. | Allen p. 49 |
| 122. | Schweibert p. 102 |

Self-Image

*I don't exactly blame myself.
I don't exactly feel less of a woman and
I'm not exactly ashamed of my body.
But wheeling her in the carriage in the park
Or carrying her in a blanket in my arms
Or nursing her in front of friends
would have made me proud.
It isn't shame I feel.
It's the absence of pride.*¹²³

Women and their bodies

*"Where do I fit in between a baby dying and a tonsillectomy? There is this vagueness!"*¹²⁴

*"I needed to not do that at that point. I felt afraid to bond, to know the sex. Not naming the baby allowed me to distance myself."*¹²⁵

Women and their emotions

*"I realize that the depth of my despair following my miscarriage was in direct contrast to the height of my joy over being pregnant."*¹²⁶

*"... I felt surprised to feel all of the things that I had thought I wouldn't experience, because I was psychologically so "well prepared."*¹²⁷

*"This was as difficult as losing my father. That was surprising to me."*¹²⁸

*"The feeling of helplessness is overwhelming during and after a miscarriage. The actual miscarriage is frightening."*¹²⁹

*"He did what amounted to a manual D&C. It was very, very difficult. At that point I experienced a reflex action of going back over the first miscarriage. I had buried it and pushed it into my subconscious and was not thinking about myself and my feelings. I began to emotionally feel the first miscarriage as well as the second."*¹³⁰

"Miscarriage is like ... nothing I've ever known before. It's a very lonely feeling. It's like giving death. When you give life, everyone is there to cheer you on. But when you give

123. Cohen p. 13

124. Allen p. 54

125. Allen p. 38

126. Allen p. 21

127. Friedman p. 51

128. Allen p. 13

129. Rosof p. 286

130. Allen p. 185

death, you do it alone. ¹³¹

"What am I supposed to do with my grief? There's no grave or other place I can take it. ¹³²

"The euphoria, the sense of regained control over my body and my life lasted for exactly one week. During that week I convinced everyone I spoke with that I was FINE. After a few days of this, they all began to believe that I was back to normal ... And then - without warning or precipitant - I crashed. ¹³³

"I don't anticipate the pain will ever totally go away, although I did feel remarkably better six months after the due date. ¹³⁴

"My sadness is so big that I don't dare cry. It's so big; it's scary and my throat hurts. I can hardly breathe sometimes. I could never empty my tears. ¹³⁵

Women and their support systems

"When our baby was stillborn, I felt extremely isolated. No one could put herself in my shoes, no one could fathom my emotions. My husband didn't take my crying very well. I'd have loved to hear from other parents who had the same thing happen to them. I needed to know I wasn't alone. But there was no one ... At least I could read in a book that I hadn't gone crazy, that I was just a normal mother in grief - with the same kind of behaviors, feelings and the same thoughts as other mothers in a similar situation. I needed assurance that one day I would laugh again, and this lead weight would be lifted from my body. ¹³⁶

"What I have learned in a most painful way was that before this happened to me, I really had no idea of what my friends had to bear. I had been as insensitive and ignorant toward them as I now feel people are to me. ¹³⁷

"At another support group meeting, I met Peggy. She had lost her 13-month-old son to a degenerative neuromuscular disease 12 years before. I felt like a snivelly little drip with my loss next to hers. But she only conveyed great acceptance and compassion to me. She put my loss right in the same league as her own. She helped me to "get it" that my seemingly crazy and immeasurably intense feelings of grief were not only real but undeniable. It felt good finally coming to terms with the fact that I could judge my feelings for a thousand years, but they would still be there and they would still need to come out. ¹³⁸

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- | | |
|------|----------------|
| 131. | Allen p. 74 |
| 132. | Lothrop p. 57 |
| 133. | Friedman p. 52 |
| 134. | Allen p. 43 |
| 135. | Allen p. 61 |
| 136. | Lothrop p. x |
| 137. | Friedman p. 49 |
| 138. | Allen p. 200 |

*"I stuck out like a sore thumb because I've had so many miscarriages. I scare people that they will have many too, and they think they have no right to grieve their single miscarriages next to me."*¹³⁹

*"I was carrying all the feeling. But nobody seemed to understand the intensity, so I thought, 'I shouldn't be feeling this bad. I should be able to deal with this.' It's been six months. I should be over this. ... I feel evil, foolish, and self-indulgent."*¹⁴⁰

*"Six months afterwards, I felt the worst pain. No one understood. I felt so alone. I had no one to let know I was hurting. There was nobody who could help me. Who cared? They were so busy. I felt betrayed and unloved. I felt sorrow."*¹⁴¹

*"Emotionally I wasn't healing because I didn't have anybody to talk to. My friends shrugged it off, like, 'It's over now.' ... I felt out of control mostly because of the anger. I also had panic attacks. I had never had panic attacks before. Not after my son died either."*¹⁴²

*"Just when I think I am fine, it hits me all over again, and the waves of grief flood over me and pound at the shore of my heart, which has to be rock solid for everyone else. I can't let people know I am still as grief-stricken as I am. It is not acceptable, not yet, not still."*¹⁴³

*"It felt like the burden of what happened rested on me alone. The trouble is, I'm the only person who knew the baby. People don't grieve over someone they didn't know. I was completely alone in my grief. Everyone said, 'You can have another baby. It's not the end of the world.' But it was the end of my world."*¹⁴⁴

*"'Are you sad?' my gynecologist asked me with a surprised look. I had just walked into his office for a checkup two weeks after the loss, with traces of tears on my face. ... my doctor was taxed by my sadness, and to this day he hasn't understood that I wanted nothing more from him than not having to feel obliged to act cheerful when I was sad."*¹⁴⁵

*"I have a sister who had had two miscarriages and no children. She phoned and - there were no words; she just cried with me. She felt so bad and so terrible. She understood."*¹⁴⁶

Women and their husbands

"It seems that neither of us understood how deeply the loss had affected us individually and as a couple, and thus were unprepared for the many strong, and often irrational,

139. Allen p. 64

140. Allen p. 61

141. Allen p. 53

142. Allen p. 42

143. Allen p. 27

144. Lothrop p. 1

145. Lothrop pp. 17-18

146. Allen p. 67

feelings that emerged. ¹⁴⁷

*"In order for me to feel better, I needed to talk about it. In order for him to feel better, he needed to not hear it."*¹⁴⁸

*"I wish I had found a support group and shared this very quickly after the miscarriage. I never should have waited as long as I did. It would have been better if I had sought information that would bring my feelings out, to get my husband and me into counseling, to have asked for help, and to seek communication and validation which would get me to take the lid off my grief and deal with it."*¹⁴⁹

*"At first I really resented him for not seeming to grieve in the same way I did. ... He had written a letter that he was going to give to me when the baby was born. He gave it to me two to three months after the miscarriage. ... I realized he had really mourned the loss. Up to then, I had thought of it as my baby and my pregnancy."*¹⁵⁰

*"I was sure I would never recover from my loss.
My husband, Ray, was dealing with his own torment.
He was slow to share his pain, feeling this would increase mine.
However, I found an inner resource of strength;
when he cried I could be the "strong" one.
Somehow, like a see-saw, we balanced each other's pain.
We were aware of the high divorce statistics for bereaved parents.
Our determination to keep our marriage strong was a bond.
I believe, in time, the loss of Ryan drew us closer in many ways.
Terry Griffin, mother of Ryan"*¹⁵¹

*"During my second marriage, my last pregnancy resulted in the birth of identical twin sons one of whom had died in utero. I grieved very deeply for this tiny boy that I never knew existed until after his birth. My husband candidly explained that although he felt sadness, his joy for our surviving twin overshadowed his sense of loss. Understanding that we both were experiencing very different emotions, we chose to accept our differences, talk about them, and move on. Through our openness, we have been able to allow each other the freedom to grieve in whichever way has been most helpful for each of us as an individual and as a couple."*¹⁵²

*"It wasn't until a year and half later, when our son, Brennan, was stillborn that we went back and discussed what had happened and our feelings about the miscarriage. In some ways we regrieved that baby and loss too, but in a healthy and positive way."*¹⁵³

"We had been married two years when we decided to get pregnant during a six-week trip

147. Friedman p. 54
148. Allen p. 17
149. Allen p. 78
150. Allen p. 91
151. Doerr
152. Doerr
153. Ilse Miscarriage p. 1

to Europe. How pleased and excited we were when we discovered that I was pregnant. When I began to spot a few days after our return, we thought it was part of pregnancy. Miscarriage was not part of our vocabulary, let alone experience. The days that followed were tense and confusing. The limbo ended with a negative pregnancy test and a D & C. The confusion that dominated the early days of the ending pregnancy continued in the days that followed. We were each disappointed and hurt, angry and bewildered, and we did not know how to share these feelings with each other. I vividly remember Sheldon's anger, which I interpreted as anger at me. His feelings and my reaction to them created a distance between us that need not have been there had we been able to communicate more openly."¹⁵⁴

Women and other mothers, women and other pregnant women

*"I became jealous and afraid because others who bled had babies, but whenever I bled, my babies died. I felt a desire to tell pregnant women what could happen, to take away their joy. That scared me."*¹⁵⁵

*"This experience has also made me stop before I am critical of other mothers of young children, and think, "Maybe she's lost one and is so happy to have one."*¹⁵⁶

*"One day, well over a year after Alexander's death, I found myself telling a friend that I felt I was luckier than a mutual friend who was unable to get pregnant. I had experienced the joy of being pregnant and giving birth. She hadn't. It surprised me to realize that finally the joy of his too-short existence was greater than the burden of grief. ... My grief took a different form this time. ... I would interpret normal feelings in my body as being something drastically wrong. ... Losing a child is the most painful thing I have ever experienced. But the pain of a subsequent loss is not twice as bad. It just hurts that much again."*¹⁵⁷

*"I can't stand to be around pregnant women who haven't had a baby die. They are so naive."*¹⁵⁸

*"I don't want to hold another baby unless it's mine. I can't stand seeing new moms with their babies. It's so unfair. I've been trying to have a live baby for three years and those mothers were successful after only ten months."*¹⁵⁹

Women and their spiritual sense of the universe

"I hated the feeling throughout the whole experience that I was out of control, that my love and desire and nurturing of my baby did not matter, that it didn't do anything to protect or keep her but that the universe took matters into its own hands and decided that

154. Ilse Miscarriage p. 2

155. Allen p. 57

156. Allen p. 173

157. Schweibert pp. 67-68

158. Schweibert p. 78

159. Schweibert p. 78

I would have this experience. I hated the world and God and whoever or whatever was responsible for this loss. ¹⁶⁰

"I felt shot down by life. The child within me, the part that is able to be spontaneous and trusting, is gone. My optimism toward life died. ¹⁶¹

"I had felt I understood my religion. But I went into spiritual chaos. I had to reidentify my whole sense about God. My spirituality matured. I thought God took care of children - and where did God go? Now I don't want that kind of God, puppeteering and controlling all. God was sad and didn't want my babies to die. ¹⁶²

Men and their feelings

"I didn't connect her crying or lying in bed to the miscarriage. It didn't matter that she read me parts of books that showed that her reactions were normal. I didn't believe that what she was going through was from the miscarriage. I thought she was just blaming any negative feelings on it. ... The support group meetings were difficult. ... They would have thought something was weird with me because I felt like bawling over a big, in general, "dying baby" type thing. ... About three years later ... I finally had empathy for what she went through, trying to get me to understand when I just couldn't. ... It would have been too hard for me to be empathetic to her because then I would have to be into my feelings. ¹⁶³

"I'm a very steady guy. ... When I finally got to hold my daughter, she was dead. ... I was almost throwing up every morning before work. I'd cried alone in the shower, and I finally decided that if one more person asked how my wife was doing, I'd sock 'em. ¹⁶⁴

"His son, Christopher, was stillborn. ... When my son died, I remember thinking there are no words to describe the myriad of powerful feelings." (Chaplain James H. Cunningham) ¹⁶⁵

The grief of pregnancy loss lasts. It is over eleven years since our first loss, and there are times when I am back in those emotions. I'm not alone.

Listen:

"When you've lost a child it's always there. It's like a scar - you can't get rid of it. It might fade, but it's still there. ¹⁶⁶

"It was half my life ago and it still hurts. It's not going away. [19 years after]" ¹⁶⁷

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160. Allen p. 25
161. Allen p. 50
162. Allen p. 66
163. Allen pp. 100-101
164. Lister
165. *Dear Parents*
166. Jimenez p. 114
167. Allen p. 19

*"I think it's more tragic now because of my age. One is missing. There is a finality. It's truly over and done. [20 years after]"*¹⁶⁸

*"It's a lifelong loss, something you think about through your whole life. You see a child that age and you think about it. You never get over it. [15 years after]"*¹⁶⁹

"No. You don't ever get over it. You don't ever forget. In time you move beyond the pain, yes. In time you come to believe you will survive and not lose your mind, yes. In time you feel restored and whole again, yes. But you never forget the loss of your child. I think that is good. We can move beyond, but we cannot forget; we do not want to forget. I think that is the way it must be. ... Grieve your loss as you must, not as others dictate."
(Dr. William (Bill) Miller)¹⁷⁰

We end as we began, with a poem by Marion Cohen, which mirrors some of my thoughts and issues. These have kept me working through my emotional relationships with our children - the ones whom I will not meet while I am still alive.

The main problem with tragedy

When the hospital called to tell us the baby had died I thought it was just for that day so I went to bed early and slept well.

But the next morning I heard them talking downstairs; apparently the baby had still died (even though the hospital wasn't calling to tell us today).

So it's gonna be a few days, I figured; we might as well have a funeral. We drove 100 miles in 2 cars finding and losing the way, 'round and 'round standing 'round and around, crying, listening, standing and standing around.

But when it was over the baby had still died so there was nothing to do but drive back. It took 2 and a half hours and then the refrigerator had broken down. We soon fixed it but the baby had still died.

And every night after that I slept as long as I could to give the baby a chance to not have died.

But in the morning they were always talking downstairs and when I asked if the baby had still died the answer was always yes.

And so it went into a week and then it went into two weeks. Eventually it went into months.

And it kept going.

It wouldn't stop.

It kept on having happened.

No matter what I did, it refused to not have happened.

Even if I wrote in my diary about it

Even if I wrote a poem about it

Even if I forgot about it,

IT didn't forget about it.

168. Allen p. 19

169. Allen p. 19

170. Dear Parents

*Not for a second was it caught off guard.
It was as stubborn as the music of the spheres.
It just wouldn't let bygones be bygones.
To this day it has happened.
It insists on having happened.
It will never tire of having happened.
Nothing will distract it from having happened.
It was more than one day. It was more than one week.
It was more than months. It was more than years.
And it knew it - ALL the time.¹⁷¹*

171. Cohen p. 7

Chapter 2

Factors which help make our reactions different¹⁷²

Chapter One contained some examples of poetry and was almost poetically structured.

This chapter is an overview of relevant factors mentioned in the literature, set up alphabetically by topics implied there. Existential factors which can tweak reactions to pregnancy loss include birth order, gender, family dynamics, family history of successful and unsuccessful pregnancies and the social environment. Experiential factors include previous unresolved grief, infertility issues and the individual's personal history of unsuccessful pregnancies.¹⁷³

I cannot emphasize enough that these normal differences show that active listening must be utilized for the Cantor and Rabbi to be pastorally effective. There is no such thing as "one size fits all" when it comes to pastoral care for unsuccessful pregnancies and neonatal death. Each example of loss has the potential to elicit differing grief reactions from the parents.

Abortion

It is easy to get sidetracked by political, religious and personal reactions to the charged word "abortion." As an infertile couple, my wife and I have our own set of knee-jerk reactions to the entire concept of voluntary abortions. It is one thing to react to the word "abortion." It is quite another to judge a person contemplating an abortion. A third situation involves someone sitting in my office, telling me of one she had years ago. She did not and is not making her decisions with my emotions and experiences in mind; it is quite tempting (and a pre-conscious automatic response) to react to her as if she had done so and deserves to have the sadness and anger elicited in me by the concept of abortion directed at her. I have to expend a little (sometimes a lot) more effort to get

172. Works cited in this chapter include: Allen, Marie Ph.D. & Marks, Shelly M.S. *Miscarriage: Women Sharing from the Heart* 1993 John Wiley & Sons, Inc. ISBN# 0-471-54834-0; Burnell, George M. M.D., Burnell, Adrienne L. R.N. Ph.D. *Clinical Management of Bereavement: A Handbook for Healthcare Professionals* 1989 Human Sciences Press, Inc. ISBN# 0-89885-424-5; Centering Corporation *Dear Parents - Letters to Bereaved Parents* 1989 Centering Corporation ISBN# 1-56123-033-2; DeMaria, Rita & Weeks, Gerald & Hof, Larry *Focused Genograms* 1999 Taylor & Francis; Doerr, Maribeth Wilder *For Better or Worse: For Couples Whose Child has Died* 1992 Centering Corporation ISBN# 1-56123-053-7; Friedman, Rochelle M.D., Gradstein, Bonnie M.P.H. *Surviving Pregnancy Loss: A Complete Sourcebook for Women and Their Families* 1982, 1996 Citadel Press Book - Carol Publishing Group ISBN# 0-8065-1758-1; Ilse, Sherokee *Empty Arms: Coping with miscarriage, stillbirth and infant death* 1990 Wintergreen Press ISBN# 0-0909456-6-0; Ilse, Sherokee and Burns, Linda Hammer *Miscarriage: A Shattered Dream* 1985 Wintergreen Press ISBN# 0-09609456-3-6; Jimenez, Sherry Lynn Mims *The Other Side of Pregnancy: Coping with Miscarriage and Stillbirth Including Causes & Prevention of Spontaneous Abortion & Stillbirth* 1982 Prentice-Hall, Inc. ISBN# 0-13-643163-1; Lister, Marcie and Lovell, Sandra *Healing Together: For Couples Whose Baby Dies* 1991 Centering Corporation ISBN# 1-56123-023-5; Lothrop, Hannah *Help, Comfort & Hope after Losing Your Baby in Pregnancy or the First Year* 1997 Fisher Books ISBN# 1-55561-120-6; Marlin, Emily *Genograms* 1989 Contemporary Books; McGoldrick, Monica & Gerson, Randy *Genograms in Family Assessment* 1985 W.W. Nation and Co.; Panuthos, Claudia and Romeo, Catherine *Ended Beginnings: Healing Childbearing Losses* 1984 Bergin & Garvey Publishers, Inc. ISBN# 0-89789-054-X; Rando, Therese A. *Grief, Dying and Death: Clinical Interventions for Caregivers* 1984 Research Press ISBN# 0-87822-232-4; Rosof, Barbara D. *The Worst Loss: How Families Heal from the Death of a Child* 1994 Henry Holt and Company, Inc. ISBN# 0-8050-3240-1; Schwiebert, Pat R.N. & Kirk, Paul M.D. *Still to be Born: A Guide for Bereaved Parents Who Are Making Decisions About Their Future* 1993 Perinatal Loss ISBN# 0-9615197-2-X; Sednaoui-Mirza, Madeleine & Krymko-Bleton, Irene *Being a Son-Becoming a Father: A Mourning Process* ISPPM-Journal Vol. 8 (1996) No. 2, 145-156; Stroebe, Margaret S.; Stroebe, Wolfgang; Hansson, Robert O. editors *Handbook of Bereavement: Theory, research, and intervention* 1993 Cambridge University Press ISBN# 0-521-39315-9.

173. See the general bibliography for some relevant books that are not directly quoted.

beyond this particular filter to be able to listen to her as the person in the room with me, and respond in a pastorally appropriate fashion. Our pastoral toolkit for grief can be appropriate since "... approximately one and a half million women abort each year in the United States, and ... it is important to know that abortion creates emotional reactions that often include very deep grief."¹⁷⁴

In our society, it is completely possible that a woman who finds herself forced to choose to abort her child may focus on the rational aspects of her actions, ignoring any sign that her emotional self is also reacting.

"... if you have had an abortion you may find yourself fearful that people will be critical or pass judgement. That can be very lonely and isolating. ... Just because a decision was made, a paper signed, a procedure was completed does not mean there were no emotions attached."¹⁷⁵

The first part of our job is knowledge of the possibilities. It is important to recognize a key fact in the paragraph below; not every women who undergoes an abortion exhibits a grief reaction. Those who do feel a grief reaction may try to hide it from people who don't look like they would understand or be supportive. "Although a grief reaction occurs in about 10 to 20 percent of women after an abortion, there is a tendency for most women to avoid discussing their feelings with anyone and to want to forget the whole experience "¹⁷⁶ So of the 1.5 million people who abort, 110,00 to 220,000 will exhibit a grief response. That still provides plenty of opportunities for someone in our congregations to be involved with an abortion and in need of our support.

About Children

"In addition to the powerful biological drives operating to ensure the continuation of life, equally powerful psychological and social drives operate for the production and caring of children ... "¹⁷⁷

Infertility and pregnancy loss frustrate the fulfillment of these drives. When one is aware of these drives as a natural part of life, the frustration felt by the inability to live naturally becomes the fuel for expressing more frustration. "Children are all of these: They are extensions of one's self; they are those who will rectify the errors of their elders; they are narcissistic adornments meant to reflect back well on the parents; they are those who are to care about and for their parents; they are mirror images of their parents' negative and positive sides; they are the opportunities for parents to exert themselves and to make a difference in the world; and they are a second chance to replay and reexperience aspects of the parents' own childhoods ... "¹⁷⁸

These are a lot of roles to place on anybody. Part of pastoral care is listening for clues to uncover what the current need is; verified educated guesses are key in discerning which aspect of the need for children is most being frustrated in a particular case.

174. Panuthos p. 24

175. Ilse *Empty Arms* p. 15

176. Burnell p. 129

177. Stroebe p. 287

178. Stroebe p. 288

Answering questions

People will often ask innocently, "Tell me about your family. How many children do you have?" For those who have suffered from unsuccessful pregnancies or neonatal death, finding the appropriate answer requires thinking on some level about some other questions:

Is the parent of a child who has died still a parent?

Does it matter how young the child was upon death?

Does it matter whether the parents had assistance in raising the child, and so spent less time with the child than might otherwise be expected?

Does it matter if the father was arrested or killed?

The answer is "It depends." One suggestion to the parent in search of what to say is:

"Be true to yourself and where you are with your strength and energy. You surely have the right to include the children who have died as members of your family. ... It may be that you don't have the time to go into it so you choose not to bring it up. ... Its OK to go back and forth as long as you know in your own heart how many children you have. ... Just don't go against your own wishes in order to make it easy for others."¹⁷⁹

Attachment

Bonding, or attachment, is the process through which the parents (most studies usually focus on the mother) uncover such a profound connection with this new entity that no matter what the provocation, the new person will be more likely to be protected by the parents than left to die. Historically there have been at least two cultures where bonding was delayed until after birth, when gender would make the difference between a beloved baby and a castaway infant. At times society allows it to appear as if bonding took place at conception and the pregnancy never happened.

"The Chinese say that a baby is a year old at birth."¹⁸⁰

"... the steps of the attachment process during pregnancy and after the delivery. ... (1) planning the pregnancy, (2) confirming the pregnancy, (3) accepting the pregnancy, (4) feeling fetal movements, (5) accepting the fetus as an individual, (6) giving birth, (7) hearing and seeing the baby. (8) touching and holding the infant, and (9) caring for the infant."¹⁸¹

"Attachment in the emotional bond of preparing and caring for your baby. Only you know how much this pregnancy meant, how many plans or dreams you had for your baby and family. Your feelings of attachment for your baby will influence your feelings about your miscarriage. You might feel minor disappointment, intense grief, or something in

179. *Ilse Empty Arms* p. 59

180. Lothrop p. 4

181. Burnell p. 72

between.”¹⁸²

So the majority of the steps in attaching/bonding with one's child occur before parturition. This makes for an obvious potential gender difference in grief reactions. Most stages are listed in generic format yet it seems more crucial to involve the mother rather than the father in fulfilling those stages.

“Attachment begins at different times in the pregnancy for different women. Even for the same woman the attachment process is often somewhat different from one pregnancy to another. ... women who have had the experience of losing a pregnancy often find themselves holding back on forming an emotional attachment: they may treat pregnancy as a “condition” ... so as to protect themselves from the pain of loss should the pregnancy fail.”¹⁸³

Friedman explains well why it is that we must listen carefully to see where on the spectrum a particular congregant might fit during a specific pregnancy. Allen and Panuthos emphasize how soon in the pregnancy process bonding/attachment begins:

“Seeing ourselves as nurturers and probably as future mothers, we begin to bond with our future children when we are children, and these bonds strengthen as our pictures of ourselves become actualized.”¹⁸⁴

“On a personal level, once pregnant, the mother feels quite different. Research on maternal attachment has indicated that bonding often begins well before conception.”¹⁸⁵

“Studies of bonding have clearly demonstrated that a tender and loving bond exists between mother and child long before an infant is born, a kind of biological bonding that may even occur as early as conception.”¹⁸⁶

It is true that there are differences in grieving patterns between men and women. I will develop that differentiation further in Chapter Four. Where there is a lesbian partnership, there might yet be a difference between the partners in their grief reactions based on which partner was carrying the child. In the future, as more people who try to have children self-identify as gay, lesbian, bi-sexual or transgender it will be possible to check for any differences in grief patterns within each pairing among these populations as well as between the various populations.

“We must understand that bonding between mothers and their unborn babies takes place

182. Ilse *Miscarriage* p. 7

183. Friedman p. 6

184. Allen p. 33

185. Allen p. 13

186. Panuthos p. 18

long before others can see that they are pregnant, long before ultrasound can prove that life exists, long before the father and other loved ones can feel the stirrings of young life as the baby kicks and moves within its mother."¹⁸⁷

"Usually the father lags behind the mother anywhere from a few weeks to a trimester in emotional attachment to the baby."¹⁸⁸

"It is important to recognize that some parents become extremely attached to the baby in early pregnancy, and may feel as strong a sense of grief as a couple whose baby is stillborn after nine months of pregnancy. It is not for anyone else to say how much sadness a parent, or other family members, should feel at different points in the pregnancy."¹⁸⁹

Bonding with the first child is an intense experience. Allen reminds us it is not merely the emotions developed over the period of the pregnancy which are attached to the child; all the emotions concerning children that have accumulated within a person throughout a lifetime are attached to this particular child.

"When we become pregnant, the feelings that have grown over the years become uniquely and lovingly attached to the very real being within us."¹⁹⁰

"The majority of mothers who did not feel a closeness with their babies afterward felt that such a feeling would have been painful."¹⁹¹

"Since the goal of attachment behavior is to maintain an affectional bond, any situation that appears to endanger that bond will elicit action to preserve it. The greater the perceived threat of loss, the more intense and varied the actions will be to prevent it."¹⁹²

As with any mortal illness, given enough time the partners try to bargain. The promises, compromises and blatant disregard for any non live-birth-directed considerations are legion, and unfortunately the outcomes (especially when there is no live birth at the end of the process) must be lived with for decades to come. Even so, the troubles lived through and pain experienced often seem somehow better than most of the alternatives.

"If there had been no bonding taking place between you and your child prenatally then there would be no grief for you to endure post-partum. The death of your child could then be experienced as a minor disappointment and a very temporary disruption in your

187. Allen p. xi

188. Ilse *Miscarriage* p. 28

189. Jimenez p. 31

190. Allen p. 33

191. Allen p. 53

192. Rando p. 21

lives.”¹⁹³

“When you first thought about getting pregnant with the child that died, you had no strong attachment for *that* particular baby ... you just wanted a baby. ... But because you did become attached during the pregnancy to the particular baby that died, you need to come to terms with the ending of that relationship, before you can want just any baby again.”¹⁹⁴

For more on this particular subject, see “later pregnancy.”

Coping

The literature abounds with suggestions and practical lists of how to cope with trauma, tragedy and other loss. Suffering an unsuccessful pregnancy contains other elements that must be taken into account before utilizing a typical grief checklist. Coping with pregnancy loss has ramifications for the rest of the couple’s life. As Friedman reminds us, infertility (which is a spectre behind every unsuccessful pregnancy) is not conquered with conception. Infertility is only conquered with a live birth.

“What few people realize is that fetal loss is a form of infertility.”¹⁹⁵

“In many cases it is not evident from individual answers whether the women’s losses had occurred days or decades prior to their interviews because most women did not have personal or societal permission to grieve, and had not evolved through the process of grieving to a sense of healing.”¹⁹⁶

“Many women’s attempts at coping with their miscarriages left them feeling even worse. For the most part, these efforts involved what they did emotionally rather than physically, such as isolating themselves, blaming themselves, or not allowing themselves to grieve.”¹⁹⁷

Individual people pay the consequences daily for society’s having refused until now to accept an unsuccessful pregnancy as a mournable loss. It is becoming more common to enable grief when it is experienced. I hope that the emotional and spiritual energy that has been used so far to simply survive these tragic events can be focused towards תקון עולם.

“Your child’s dying has thrust you into more pain than you thought you could bear, has torn and forever altered the tapestry of your future. Your loss is immeasurable. ... However your child died, you must decide how you will live. ...

• All recognized that, although they had no choice about what happened to their child,

193. Schwiebert p. 12

194. Schwiebert p. 27

195. Friedman p. 164

196. Allen p. 8

197. Allen p. 75

they had to choose what they would make of the rest of their lives.

- All needed to continue to be parents in some fashion.
- All sought to make some memorial, public or private, to their child.”¹⁹⁸

Let me re-emphasize that.

Parents remain parents even after their children have died. Parents do not want to be the only ones to remember their children. In those cases where their children did not survive long enough to create their own posterity, parents will create one for them.

“•55% of the mothers created **mementos** of their babies. ...

- Relative to 70% of the miscarriages represented in the study, women said that when they that been pregnant, they had experienced their babies, in their hearts and minds, as **whole and living human beings**.”¹⁹⁹

When a person is experienced by a survivor as having been a human being, that person's loss creates grief in the survivors, who then realistically should be enabled to mourn. In those individual survivors who do not experience that person as a human being, that person's loss does not create grief as such in the survivors, and mourning may be considered by the survivors as an unnecessary burden. Survivors who grieve and survivors who don't grieve need to develop more tolerance for each other than society has yet allowed. Most people assume that their reactions are the same as everybody else's, at least in the important things. Unsuccessful pregnancy always counts as one of the important things, so those who grieve and those who don't grieve often envision the other person as sharing their point of view.

“I have found very little difference in the grief of parents who experienced pregnancy or infant loss and those who lost an older child. How well you cope with your loss as a couple depends more on your ability to communicate with each other rather than on the age of your child at her death.”²⁰⁰

“Each person's history, emotional development, experience and support network is unique. All of these factors will help determine how quickly individuals will confront, and then work through, their grief.”²⁰¹

Different etiologies of death

There are similarities as well as differences between various unsuccessful pregnancies. As Lothrop, Allen and Panuthos show there is a myriad of stages at which a pregnancy may become unsuccessful or a child may die, (with each stage contributing its own interpretation of the general theme); what all these

198. Rosof p. 263

199. Allen p. 248

200. Doerr

201. Schwiebert p. 36

losses share in common is grief.

"The death of a baby can occur at various stages of development. ... miscarriage, stillbirth, newborn death and sudden infant death syndrome ... birth of a special-needs child ... intrauterine death of one twin. ... termination of pregnancy ... losses of single mothers or giving up a baby for adoption. Each situation is somewhat special."²⁰²

"Domestic violence, substance abuse, and untreated disease can and do result in miscarriage and leave a woman shattered. Underlying treatable and physical problems can result in the loss of a pregnancy."²⁰³

"Women grieved following their miscarriages whether or not their pregnancies were planned, whether or not their pregnancies were wanted, whether or not they knew they were pregnant prior to miscarrying, and, in a few cases, when their babies' twins survived, and when elective abortion had already been scheduled."²⁰⁴

"...women who miscarried demonstrated grief reactions equal in intensity to those of women grieving over fetal and infant death and different only in duration."²⁰⁵

Those who grieve do so with an intensity matched only by those grieving other unsuccessful pregnancies. Those who don't grieve aren't really in the same play, even if most of the world puts both populations within the same theater. Extending the metaphor a little bit further, that means that Rabbis and Cantors as Casting Agents must listen to the material each person brings to their audition to see which play can best utilize and exemplify their talents.

Drugs

I have discovered in my chaplaincy that there are many medical professionals who are still uncomfortable with emotional reality. Sometimes it is not discomfort with the effects of sorrow, but the simple need to reuse the hospital bed that forces the hospital to require the bereaved to save their reactions until they leave the hospital. Sorrow hurts. It is natural and necessary to express this essential emotional pain. Necessary pain does not cause suffering (that is, needless pain.) Necessary pain should not be covered over with calming drugs.

*It's as if emotions are put on ice, "freeze-dried" so to speak. Then, when sedation stops, feelings "thaw" and surface, full force - often at entirely inappropriate times.*²⁰⁶

Emotions

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202. Lothrop p. 2
203. Allen p. xi
204. Allen p. 34
205. Panuthos p. 18
206. Lothrop p. 38

In a topic as tied up with a person's emotional, psychological and spiritual being as unsuccessful pregnancy is, it pays to restate the obvious.

"The anticipation of life, of health, or birth is a stark contrast to the stillborn child or the infant who dies."²⁰⁷

All the energy that is tied up in the discussions, preparations and plans for the results of a successful pregnancy snaps back like a stretched rubber band and results in the bewilderment that is the basis of many an unsuccessful pregnancy reaction. However, "Some women may not feel grief over their miscarriages. We are not suggesting to them that they have grief buried inside. We distinguish this from what we address in this book: expressed grief and inhibited grief."²⁰⁸

When the rubber band either has no elasticity or never was a rubber band to begin with, there is no reaction afterwards. The emotional reality before the loss will have a major impact on the emotional reaction after the loss.

"Since the average woman does not consciously feel movement before 16 to 20 weeks, miscarriage nearly always occurs before the lengthy emotional separation process has even begun."²⁰⁹

"You wouldn't feel terrible if you hadn't loved your child so much." (Adina Wroblewski)²¹⁰

The first several times I read statements like Ms. Wroblewski's, I was unable to hear their message. I was too caught up in feeling terrible to comprehend that the pain I was caught up in was in one sense a gauge of how much positive emotion I had already invested in my children. Where there is no love, there is no disequilibrating sense of loss. Where there is no love, there is merely an item that is momentarily missing and never needs to be found.

"No matter how old your child, whether your child was miscarried, stillborn, died as an infant or older or even adult child. ... You will need to do the hard work of mourning your loss, expressing your feelings and putting this in perspective in your life as you seek your 'new normal.'" (Sherokee Ilse)²¹¹

"Miscarriage is an event that triggers emotional reactions in all those involved. Yet these reactions can vary greatly from person to person in their meaning and intensity. Whether the child was anxiously awaited, reluctantly accepted, or unexpected, feelings of loss occur as a result of this sudden and unplanned change. You might feel bewildered, alone,

207. Panuthos p. 137

208. Allen p. 10

209. Allen p. 13

210. *Dear Parents*

211. *Dear Parents*

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.²¹²

I repeat - there is no way to predict what somebody's reaction will be to an unsuccessful pregnancy. There are times when I can guess that one reaction will be more likely than another, but I will not know for sure what somebody's reaction will be until it becomes necessary for them to react.

All of this emotional turmoil is heightened another notch when the mother is involved in any kind of physical complication. Surgery is difficult. It is hard to combine the already combined fear of surgery and gratitude for surviving surgery with the additional sadness that an unsuccessful pregnancy brings.

"The loss resulting from an ectopic pregnancy can produce a complicated grieving process for the mother, who is grateful to be alive even as she mourns her lost baby."²¹³

"Whatever your situation, it is important to understand that any of these concerns and losses are likely to influence your feelings about your miscarriage. Whatever is the greater loss for you, try to accept rather than criticize or discount your feelings, even when they may be conflicting."²¹⁴

"Grieving parents may sustain a sort of numbness for years. We have witnessed this as a healthy state of being, observing it in women or men who were not feeling emotionally "safe" enough to fully grieve at the time of their actual loss."²¹⁵

Even in situations where society condones mourning, America rarely allows sufficient time for grief to be processed. In those cases where America denies the need for mourning at all, it may very well be impossible to process the loss until a supportive support system is in place. As Rabbis and Cantors, we may well be part of that supportive support system; it is then very likely that we will be listening to people processing events from years or even decades earlier.

Family Systems

We all came from a family of some kind. Each of our families is just a little bit different, and it is those details which form part of the key to the varying reactions to an unsuccessful pregnancy.

"Each family member's response to the miscarriage depends upon such things as how the other family members felt about the pregnancy; how the family traditionally deals with change, crisis, and death; other losses the family may have experienced in the past;

212. Ilse *Miscarriage* p. 4

213. Panuthos p. 20

214. Ilse *Miscarriage* p. 27

215. Panuthos p. 139

resources available to them; and the community's interpretation of the miscarriage."²¹⁶

"If you have had a troubled relationship with your parents in the past, you may experience a renewed discomfort during this stressful time. Your miscarriage combined with the lack of a satisfying relationship with your parents can feel like a double loss. ... If your relationship with your parents has been a positive one, you may find your parents able to comfort you as no one else can. Their assistance, support, and caring can give you special understanding. And it may even provide a renewed sense of family belonging that helps compensate for your loss."²¹⁷

"The bereavement process can become complicated by the fact that the family may have had to make difficult decisions about additional medical or surgical interventions."²¹⁸

"Conflicts around childhood dependency, ambivalence, parent-child relations, and security, to name but a few, are also stirred by the experience of loss and may militate against the easy resolution of grief."²¹⁹

A crisis is defined as a situation that cannot be handled. For a number of reasons²²⁰ each family has its crisis thrust upon it by different events. The closer an unsuccessful pregnancy is to being a crisis for a particular family, the more likely that what little thinking or reacting is being done will be done on a mythic level. People involved with myth cannot see a different reality. In my family of origin, one of the prevalent myths is that we all pull together in times of trouble. The family representatives who eventually came down to see us actually thought they were pulling together with us and being helpful. They weren't, and the difference between myth and reality has created an ongoing disconnect.²²¹ (During the trauma, there was no emotional energy left to reconnect the two sides; one side holds that being helpful is defined by the person being helped, and the other side defined being helpful as "anything we happen to do, since we could always choose to do nothing.")

Most of the literature focuses on motherhood and mothers who experience an unsuccessful pregnancy. For a change of pace, the following article abstract discusses the father from a psychological perspective.

"Becoming a father starts before the birth of a child. It is a process that involves giving up being a son (Legendre 1985, 1989). This intergenerational switch is attempted through the reenactment of early oedipal relationship with significant others. Deutsher (1981) describes the task of fatherhood during pregnancy as the man's attunement and alliance to the woman bearing his child, an alliance based upon a certain degree of maturity and

216. Ilse *Miscarriage* p. 25

217. Ilse *Miscarriage* p. 37

218. Burnell p. 75

219. Rando p. 21

220. See any of Bowen's works for further details.

221. This used to be a "cut-off." After reading that personal growth is almost impossible in cut-off members of family systems, I decided to work on changing the nature of the "cut-off."

empathy whose origins are related to maternal as well as paternal identifications. Herzog (1982) in his study on fatherhood, has observed that male children who have been deprived of their fathers develop a "father's hunger" which in adulthood affects their availability to attune to their female companion and to participate intrapsychically and interpersonally in the progression towards parenthood.

An exploratory study (Sednaoui-Mirza, Bleton and Lortie 1991) with men whose female companion have a high risk pregnancy for idiopathic reasons has revealed a common theme: during their early childhood, the families of these men have experienced severe losses (divorce, separation, deaths) that have lead at times to the "dead mother syndrome" (Green 1986) described as the sudden psychic unavailability of the mother towards her child. During adulthood these men's wish to conceive a child is avoided or mainly triggered by unresolved oedipal rivalry. These finding are illustrated by 4 different examples of psychic configuration or ways of dealing with these early issues reenacted during their companion's pregnancy.

Contrary to Herzog's conclusions, the outcome of this study stresses the importance of both parents for the process of mourning that will enable a man to give up being a son and prepare him to become a father.²²²

This article provides another way of understanding my own family of origin's issues and the consequences of those issues.²²³ Some of my previous understandings of those issues can be intuited in the following section on "genograms."

Genograms

A genogram is simply a means of understanding family relationships through a particular kind of family tree. There are many uses of genograms in a Rabbi's or Cantor's work. The tables below indicate just how broadly a genogram can be conceived. A genogram relevant to unsuccessful pregnancies would be structured around the following two items:

1. Did anybody else in the family suffer an unsuccessful pregnancy? When? How old were they when it happened?
2. What was going on in the lives of your parents and grandparents when they were the age you are now? Are there any similarities?

Suggestions for detailing genograms:²²⁴

Affairs	Alcohol Abuse	Anxieties	Atmosphere of Family
Attitudes	Behavior	Birth Order	Career Choices
Catastrophes	Coincidences	Conflicts	Deaths
Dependency	Depression	Disease	Divorce

222. Sednaoui-Mirza article abstract

223. My biological parents were divorced when I was two. My mother didn't remarry until I was in first grade (I think), so for five years or so my immediately younger brother and myself probably did not have a mother who was fully emotionally available. Neither that brother nor myself have been able to have viable pregnancies with our wives. We each are raising one adopted child.

224. From Marlin

Pastoral Care: Unsuccessful Pregnancies and Neonatal Death

Drugs	Eating Disorders	Empathy	Entertainment
Escapes	Fears	Finances	Fun
Functioning	Illness	Incest	Inconsistencies
Indecision	In-law Trouble	Insensitivity	Intermarriage
Intimacy	Intrigue	Jail	Jealousy
Marriages	Labels of Identity	Legal Problems	Manageability of Life
Martyrs	Medical history/Problems	Mediators	Migration
Military	Misunderstandings	Money	Mysteries
Myths	Nicknames	Occupations	Outgoing personalities
Perfectionism	Parent-child relationships	Politics	Power
Pressures	Public Service	Relationships	Religion
Remarriage	Rescuing	Resilience	Roles
Romance	Scholarship	Secrets	Security
Sensitivity	Separations	Shyness	Siblings
Sickness	Single Parents	Sociability	Stories
Suicide	Temperaments	Tension	Traditions
Tragedy	Trauma	Triangles	Trouble
Trust	Violence	Willfulness	Work

Possible Interpretative Categories of Genograms²²⁵

Family Structure	A. Household Composition B. Sibling Constellation C. Unusual family configurations
Life Cycle Fit	
Pattern Repetition Across Generations	A. Patterns of functioning B. Patterns of relationship C. Repeated structural patterns
Life events and family functioning	A. Coincidences B. Impacts of changes, transitions and trauma C. Anniversary reactions D. Social, economic and political events
Relational patterns and triangles	
Family balance and imbalance	A. Family structure B. Roles C. Level and style of functioning D. Resources

In order to get a more complete picture of a particular family, use all four

225. McGoldrick

components of the multigenerational family map²²⁶. These components are a) the basic genogram, b) a fairly detailed family map, c) a family timeline and d) the requisite focused genograms. Attachment issues and emotional issues in general seem to be very appropriate focused genograms to use in cases of unsuccessful pregnancies. Attachment genograms focus on issues of touch (who likes being touched, who doesn't, etc.), issues of bonding, issues of temperament and issues of attachment. Emotional genograms deal with pain, pleasure, sadness, loss, grief and fear. What seems to be fairly comforting is having individuals fill out their own genograms. The connections that are made by those who are grieving are often uncanny.

Grief

*"Factors Influencing the Grief Reaction"*²²⁷

Factor Type	example	clarifying statement	any subsidiary lists
Psychological	The unique nature and meaning of the loss sustained or the relationship severed.		
	The individual qualities of the relationship lost.	a relationship characterized by extreme ambivalence is more difficult to resolve than one that is not as conflicted.	
	The roles that the deceased occupies in the family or social system of the griever.		
	the individual's coping behaviors, personality, and mental health.	The mourner will tend to grieve (and the dying patient will tend to die) in much the same manner in which the rest of her life has been conducted. ... Some of the more usual methods for coping with grief:	<ol style="list-style-type: none"> 1. Avoidance of painful stimuli 2. Distraction 3. Drugs, alcohol, or food 4. Obsessional rumination 5. Impulsive behavior or escape 6. Prayer 7. Rationalization and intellectualization 8. Contact with people

226. DeMaria

227. Table is based on Rando pp. 43-57

Pastoral Care: Unsuccessful Pregnancies and Neonatal Death

Factor Type	example	clarifying statement	any subsidiary lists
		many aspects of the personality also affect the individual's response: self-esteem, conscious and unconscious conflicts, emotions, beliefs, attitudes, values, desires, needs, strengths.	
	The individual's level of maturity and intelligence.		
	The individual's past experiences with loss and death.	a desire to avoid confronting previous losses may prevent resolution of the current loss, especially when a pattern of avoidance has become firmly entrenched.	
	The individual's social, cultural, ethnic, and religious/philosophical backgrounds.		
	The individual's sex-role conditioning		
	The individual's age.		
	The characteristics of the deceased.		
	The amount of unfinished business between the griever and the deceased.		
	The individual's perception of the deceased's fulfillment in life.		

Factors which help make our reactions different

Factor Type	example	clarifying statement	any subsidiary lists
	The death surround.	To the extent that the death surround can be accepted by the griever, the grief will be more amenable to management and restitution.	
	The timeliness of the death.		
	The individual's perception of preventability.		
	The sudden versus expected death.		
	The length of the illness prior to death.	In investigating parents whose children had died from cancer, Rando(1983) found that those parents whose children's illnesses were less than 6 months or longer than 18 reported being the least prepared for death and having the least adjustment following the death.	
	Anticipatory grief and involvement with the dying patient.		
	The number, type, and quality of secondary losses.		
	The presence of concurrent stresses or ices?		
Social Factors	The individual's social support system and the acceptance and assistance of its members.		

Factor Type	example	clarifying statement	any subsidiary lists
	The individual's socio-cultural, ethnic, and religious/philosophy background.		
	The educational, economic, and occupational status of the bereaved.		
	The funerary rituals.	Those rituals that promote realization and confirmation of the loss, assist into the expression of affect and memories, and offer social support to the bereaved are truly therapeutic.	
Physiological Factors	Drugs and sedatives.		
	Nutrition.		
	Rest and sleep.		
	Physical health.		
	Exercise.		

Helpful gestures

I have seen reprinted quite often lists of those statements which most people almost automatically use to "comfort" somebody who has suffered through an unsuccessful pregnancy. The caption for these lists is usually something to the effect of "things that are really stupid and hurtful to say to someone who is experiencing grief for an unsuccessful pregnancy." The literature also contains a few examples of "things that are calming and helpful" of which the following two paragraphs are the best synopses.

It was important that people trying to comfort those who suffer actually have respect for the grief that was felt, accepting the fact that to the sufferer the baby was a real person. It was also helpful when people would allow the sufferers to maintain a true connection while letting those in pain make use of their own ways of coping.²²⁸

228. Based on Rosof topic headings pp. 166-169

"People who invited the women to talk or who simply listened without judgment, belittlement of the loss, or pointing to "the brighter side" were helpful. When others acknowledged the women's miscarriages as losses and responded with compassion and acceptance, relationships felt healing and were remembered with deep appreciation."²²⁹

Hospitals

"You might find it hard to be on the maternity floor, because seeing the babies and hearing the crying is painful. Or you might need to be there because it validates your motherhood."²³⁰

Later pregnancy

There was a time when it was felt that an unsuccessful pregnancy was like falling off a horse. The only way to return to the joy of the ride is to get back on right away.

Life turns out to be a bit more nuanced than that. Sometimes you only get bruised by a fall, and sometimes you break your back. The main concern is that the professional involved be able to recognize when the sufferer is bruised and when the sufferer is broken.

"When we allow new beginnings to come before endings it is usually because we are afraid of being left with nothing. ... if a woman hates doctors because her baby died and she hasn't worked that feeling through, it will be very difficult for her to trust a doctor during her next pregnancy."²³¹

"Soon after the loss, the question of having another child will be raised. Although still controversial, it is the consensus that the couple should wait until they have worked through some of the grief and are ready to "re-invest in new relationships"²³²

Part of grief work involves developing a sense of self-knowledge. While knowing about anniversary reactions does not protect a person from those reactions, it does avoid any follow-up concerns about insanity.

"The pregnancies that follow fetal loss are difficult. If the woman miscarried at three months in the previous pregnancy, she and her spouse will hold their breath until the fourth month of this pregnancy. ... if the baby was stillborn, they continue to live in doubt and fear until they hold the squirming, crying, breathing baby in their arms."²³³

"What we've learned from talking with hundreds of couples is that those who have experienced one or more of the following usually will have more intense concerns about

229. Allen p. 117

230. Ilse *Empty Arms* p. 27

231. Schwiebert p. 25

232. Burnell p. 75

233. Jimenez p. 111

the subsequent or next pregnancy, than those who have not had such experiences. - one or more spontaneous abortions or miscarriages - the termination of a pregnancy - a premature birth - a stillbirth - a neonatal death - a birth of a handicapped child - the release of a baby for adoption - the loss of a child to sudden infant death syndrome - the death of a child no matter what the age ... Instead of anticipating with enthusiasm the various stages of pregnancy the couple may be preoccupied with thoughts about what happened last time."²³⁴

People often get pregnant quite soon after attempted or actual delivery. This increases the level of emotional ambivalence between parents and their child to a frightening degree.

"Although she had planned on waiting until fully recovering from her first child's stillbirth, she had inadvertently conceived three months later. ... Tears filled her eyes as she explained her fear of losing this baby, combined with a feeling of disloyalty to the dead child if she did love this baby."²³⁵

Schwiebert summarizes wonderfully well the new filter through which those who have suffered unsuccessful pregnancies look at their own pregnancy; she reminds couples that there is no return to the time before the loss; pregnancy attempts can be made even if the grief work feels only partially completed.

"Pregnancy was a wonderful time filled with idealistic dreams of the larger family you were soon to become. But that is all past now. No more do you approach each new stage of pregnancy with a sense of wonder and excitement."²³⁶

"Please don't assume that you have to be completely free of anger, resentment, or pain before planning another pregnancy."²³⁷

Any person who has experienced a traumatic event has a filter through which reality arrives into their psyche which is different than that of people who have not experienced that particular trauma. People who have been hit by cars cross the street in general with a heightened awareness and fear, and may never be able to cross over the same territory where they were hurt without reliving the accident.

"Two commonly heard complaints from bereaved parents are that their childbirth classes did not give enough attention to pain in childbirth and to the possibility of the death of the baby. ..., it is difficult, if not impossible, to imagine how a woman could have appreciation for the pain of childbirth after she has suffered the death of her child at or

234. Schwiebert p. 33

235. Jimenez p. 53

236. Schwiebert p. 79

237. Schwiebert p. 37

before birth. ... bereaved parents have difficulty sitting in a class with 10 "untouched," naive couples who are anticipating a childbirth filled with bliss."²³⁸

Losing a dream is sad. It is comparatively easy to replace a vague dream with another vague dream. Some people look at miscarriage solely in light of losing a dream. For others the situation is far different.

"Subsequent pregnancy had a healing effect on women who had thought of their miscarried babies in more generic, general terms, such as "sweet and little" or "healthy and happy." ... Subsequent pregnancy did not have the same healing effect on those who had conceptualized their babies as specific and unique individuals, never to be repeated."²³⁹

Men

When society wasn't ready to accept miscarriage as a mournable event, it certainly was not ready to accept that the father is emotionally involved in the whole process. Yet:

"From the moment of conception, whether the child is desired or not, there are positive and negative feelings attached to the image of the child. ... many fathers begin to cathect²⁴⁰ to the image of their child from the time the news of the pregnancy is delivered. ... If the baby dies, there is still a relationship and a host of hopes and feelings that must be grieved for."²⁴¹

"Some men respond to miscarriage with profound grief. Other men feel a lesser degree of grief, and some don't seem to feel any grief. ... Some men feel relieved when the pregnancies are over. Often fathers are more bereaved than they let on."²⁴²

"But men, too, need to talk about their losses and their feelings, and need someone to care and to listen. Often desiring not to "burden" us at a time when we are already distressed, they hold their grief inside and thereby become more depressed, fatigued and confused. They may not know *how* to talk about it, nor that they can actually best help us by sharing their feelings with us."²⁴³

It is not always the patient in the hospital bed who needs the most care and love. Similarly, the mother-to-be is not the only person who needs our help during this difficult time.

Physical description

Television and movies have provided many of us, myself included, with an

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238. Schwiebert p. 99
239. Allen p. 109
240. A psychological term meaning "include in my personal universe"
241. Rando p. 131
242. Allen p. 93
243. Allen p. 95

often false idea of what a newly born infant would look like. I can't remember any show which provides an idea of what the result of birthing an infant known to be dead looks like. Jimenez provides a description.

"A fetus which has been dead for a week or more will look macerated. That is, it will look as if it had been soaking in liquid for a long time and without the benefit of the protective oils and vernix caseosa that coats the living fetus. The skin will appear shriveled and shrunken over the entire body."²⁴⁴

Reactions that hurt

These statements are merely representative, not exhaustive. I could fairly easily multiply this list a hundredfold. I have found that it often doesn't even help to educate people concerning appropriate and inappropriate responses. It's as if these particular types of statements are hardwired into us.

"Women gave a host of examples of hurtful things that others said:

"After three miscarriages, you should be getting used to this."

"Oh well, it's common. It will work out next time."

I have a friend who has four children. She said to me, "At least you don't look at your husband and get pregnant." I keep my feelings inside to keep the relationship on an even keel.

My sister-in-law got pregnant. I was miserable. My mother-in-law told me this was her turn, mine was over. She said, "Don't spoil her pregnancy with your grief."

My friends were logical with me. Logic was useless! These feelings aren't logical at all! They said, "At least you have three kids," "At least you didn't see your baby," and "At least you were only seven weeks along."

They said, "It was God's will." But it hurt no matter what. It was a part of me. It was my child whether I lost it then or when it was 20 years old.

People said, "You're too old," "You shouldn't have counted on it anyway," "Count your blessings," "I think you're overreacting," and "You're dwelling." You're down and you get kicked.

"Oh, honey, I've lost so many. It wasn't a baby. It was just a blob."

My parents don't count him. I say to them, "You have nine grandchildren." They say, "No we don't."

People said to me, "Oh, you didn't really want those children anyhow." They gave the grandma advice, the "cure all" remedies. I yelled at them."²⁴⁵

Social Structure

Society imposes certain assumptions upon its members. Sometimes that imposition is intentional (our side is right) and other times the imposition is simply a matter of ambiance, imbibed along with oxygen. Quite a lot of these assumptions are relevant to pregnancy loss issues.

244. Jimenez pp. 20-21

245. Allen p. 119

"Each society dictates the standards to be followed, supporting or prohibiting certain behaviors and determining the repertoire of responses from which mourners can choose."²⁴⁶

Americans have increasingly found death to be difficult for several reasons. 1) City life exposes us to drive-by shootings, but not to "in-your-face" natural processes. 2) The segregation of generations and the greater mobility of the populace has decreased regular exposure to aging and death within a single household. 3) One thing that most religions do well is encourage people to think, at least for the hours of the sermon and service, about death and its results for the living. Americans are still religious, but not necessarily focused on sermons. 4) Medical science has almost completed the process of making death into the eternal enemy. 5) Death is most moving as a process concerning individuals. Pictures on the news of mass attacks, myriads starving and other catastrophes puts death into the arena of visual fiction. When death is real it therefore becomes impossible to deal with.²⁴⁷

"Seeing her obviously pregnant belly, they would ask, "When is your baby due?" To spare their feelings, she would answer, "Next month," and then she would hurry away. This desire to protect others is typical of people who have lost a baby. ... Studies have shown that pain with a purpose is more readily tolerable and is actually less uncomfortable."²⁴⁸

"Certainly, the loss of a full-term baby is acknowledged as a more substantial loss than the loss of an embryo. One is viewed as a real baby; the other is not."²⁴⁹

"Couples who find that they have secondary infertility have not yet defined themselves as infertile. Likewise, since they already have a child or have been able to conceive, the outside world does not define them as infertile, either."²⁵⁰

"If you miscarry early on, you may find that no one seems concerned about your feelings. Miscarriage is more often seen as a medical problem than a real loss. If your baby is stillborn, you'll get a little more concern and sympathy, but many people will still wonder why you are missing a baby you "hardly knew." If your baby lives for awhile, people may be more understanding, but you'll still hear some really insensitive comments."²⁵¹

"Regardless of a woman's personal feelings, this familial nonsupport and cultural conflict can trigger feelings of shame, guilt and humiliation that may be harbored for years. These feelings may make it impossible for her to heal whatever natural grief she felt over the

246. Rando p. 5

247. Based on Rando pp. 7-8 which is based on *Death in Life: Survivors of Hiroshima* by H.R. Lifton.

248. Jimenez p. 21

249. Allen p. 12

250. Friedman p. 166

251. Lister

abortion, and so the residue of loss may linger on and on."²⁵²

Statistics

Statistics are useful, although often misleading. For the individual involved, a viable pregnancy terminating in a live birth is always a 50-50 proposition. It does not help the one who has suffered through multiple miscarriages that somewhere there are twenty or so live babies, none of which are hers.

"It is estimated that every fourth to sixth pregnancy ends in a miscarriage (some professionals guess that 50% of women go through the experience at least once). According to figures from the National Center for Health Statistics (1992), about every 80th baby is stillborn or does not survive the first weeks of life."²⁵³

Support System

After our stillbirth and miscarriages, we joined the ranks of a shadow population. These people had been around us before, but either they had told nobody who was not also wounded of their losses, or they had held part of their emotions back until they knew that we had a better understanding of the appropriate level of emotional response. We also found that those people who we assumed should have been pastoral resources and supportive were neither.

"When the bereaved mother stops and looks around, she finds herself in a sort of societal limbo. She loses quite abruptly the companionships gained during the pregnancy."²⁵⁴

*These women usually don't have anyone with whom to share their troubles and grief. Because they are very young and not yet financially established, most people think that the baby's death is the best thing that could have happened. Often this opinion is voiced to the woman with little consideration.*²⁵⁵

"Quite logically, miscarriage is commonly experienced as insignificant, or even as a nonloss, because we do not literally "experience" miscarried babies. In response, the feelings of loss run an increased risk of going underground. ... Communities were most often unaware that bereavement usually follows miscarriage and did not offer the needed support."²⁵⁶

"Over and over couples who had miscarried told me of how guilty and frightened they felt until someone finally explained that spontaneous abortion is quite common. ... Perhaps the most unfortunate attitude is that of the ... who tries to comfort the parents by saying that this is a "blessing in disguise."²⁵⁷

252. Panuthos pp. 25-26

253. Lothrop p. xi

254. Jimenez p. 67

255. Lothrop p. 21

256. Allen p. 6

257. Jimenez p. 65

"Because some women may not grieve after miscarriage, she can't turn to another woman who has miscarried and safely know that she will be understood and that her experience is shared. In contrast, if the baby had been stillborn, she could safely turn to another mother who had had a stillborn and be certain of many similarities in their thoughts and feelings."²⁵⁸

"When women felt that their partners accepted their feelings and provided the women safety in which to feel and express those feelings, couples drew closer and relationships were experienced as consoling and healing: ... Some fathers also felt a deep sense of loss. When they shared their feelings of loss in some way, couples drew powerfully close. ... The most hurtful aspect of the fathers' responses to their partners' miscarriages was their need or ability to move on with everyday life while the women still needed to mourn."²⁵⁹

You can almost always trust a comic writer to write what is true in a way that summarizes books and books in a single paragraph.

"For more than 40 years, I have had the best friend you could ever have. ... When I had a miscarriage and everyone else in the world said, "There will be other babies," she cried with me over the one I lost. ... Recently, my best friend lost her child. He was her youngest and was in his 20s. I listened to her, I cried with her. I felt pain that I had never known I could feel. But not once did I say to her, "I know how you feel." (Erma Bombeck)²⁶⁰

Twins

Twins are a special case. I imagine the emotional processes involved are similar to those brought up in pregnancy reduction. Pregnancy reduction, remember, is when an infertile couple is able through fertility treatments to have several eggs fertilized at once, and in order to give one or another of the fertilized ova a better chance of surviving until birth the couple must arrange to destroy a number of these embryos.

*"A Twin Baby Doesn't Survive Pregnancy ... Emotional processing in this case is very difficult, or course. Parents are faced with having to mourn one child while at the same time looking forward to their other child, whose safety they worry about - which means doing emotional splits. ... parents need to be able to mourn their dead child so that grief doesn't manifest itself in an unhealthy way. They may find themselves in an environment that tries to tell them that they should be happy that they have one healthy baby."*²⁶¹

In Chapter Three, I begin looking at what Judaism has to offer those who suffer by taking a closer look at some biblical passages related to unsuccessful

258. Allen p. 18

259. Allen p. 88

260. *Dear Parents*

261. Lothrop p. 11

pregnancies and neonatal death. Then in Chapter Four I examine in more detail what we know about grief.

Chapter 3

The Biblical Texts²⁶²

There are some texts from תנ"ך that are related to my topic which must be dealt with immediately. These are the problematic texts, the ones which have created so much of the apparent difficulties in enabling and accepting grief reactions to unsuccessful pregnancies and neonatal deaths.

The verse used to bolster the halachic conclusions concerning the status of the fetus is Exodus 21:22-23.

שמות כא: כב וְכִי-יִנָּצוּ אֲנָשִׁים וְנִגְפוּ אִשָּׁה הָרָה וַיֵּצְאוּ יְלָדֶיהָ וְלֹא יְהִי אִסּוֹן עָנֹשׁ יַעֲנֹשׁ בְּאִשֶּׁר יֵשִׁית עָלָיו בְּעַל הָאִשָּׁה וְנָתַן בְּפָלְלִים: כג וְאִם-אִסּוֹן יְהִי וְנָתַתָּה נַפֶּשׁ תַּחַת נַפֶּשׁ:

When men fight and strike a pregnant woman so her child comes out, it shall not be considered harm yet he will certainly be punished according to whatever the husband demands and will give according to the judges. Yet if there will be harm you will give life for life.²⁶³

The JPS version translates אסון as "damage" and the Septuagint translates it as "perfectly formed." Footnote 264 clarifies that the Septuagint translates it in that way here, and here only. Exodus 22:23 justifies both translations, for it indicates that if there is אסון then *lex talionis* applies. The reading of the Septuagint implies that אסון appears in this situation described in שמות as a technical term meaning "perfectly formed."²⁶⁴ On the other hand, if consistency of meaning is desired, the other places the word אסון appears²⁶⁵ show that here too אסון should mean "harm" or "damage" as opposed to "perfectly formed."

In the case before us, punishment is inflicted upon the perpetrator of a pregnancy loss, regardless of what אסון actually means. This implies, at a minimum, that pregnancy losses are not "nothing." Lawsuits are not encouraged

262. Hebrew texts are pasted from the Judaica Classics Deluxe Edition cd-rom, 1995, Davka Corporation unless otherwise noted.

263. All translations and paraphrases are mine unless otherwise noted.

264. A fellow student, Peg Kershenbaum, is a Latin and Greek scholar. She uncovered the following bits of information: There are 3 Greek words involved. Gen 42.4 and 44.29 use *malakia* (bold=acute accent). LSJ says: weakness, sickness (p. 1076) and cites Gen 42.4. Gen 42.38 uses *malakizomai*. (the related verb) LSJ: be softened, made effeminate, be weakly, show cowardice. Ex 21:22-23 both use forms of *exeikonizw* (x=ksi; w=omega) LSJ cites the passage: be fully shapen or formed. Here's what's happening. (Ex): **Greek says** If 2 men are fighting and they knock (down/into) a woman who is bearing in her belly and her child should come out *not fully formed*, he shall pay a penalty, whatever the woman's husband sets. But should *it be fully formed*, he will give life for life. **exeikonizw used only in Exodus.** (her emphasis) **Vulgate's Latin** is closer to what English uses: Gen 42:4 "ne...quidquam patiatu[m] mali" lest he suffer anything of an evil nature/lest something bad happen to him" Gen 42:38 "si quid adversi acciderit" if something of an adverse nature should befall Gen 44:29 "[si] aliquid ei...contigerit" if anything should happen to him. **Latin:** Ex 21:22 [if there is, indeed an abortion] "sed ipsa vixerit" but she herself lives, [he pays a penalty...] Ex 21:23 "mors eius fuerit subsecuta" [but if] her death should immediately ensue/befall [he pays life for life].

265. Genesis 42:4, 38; 44:29

ספר בראשית פרק מד ד וְאֶת-בְּנֵימִין אָחִי יוֹסֵף לֹא-שָׁלַח יַעֲקֹב אֶת-אָחִיו כִּי אָמַר פֶּן-יִקְרָאֵנִי אִסּוֹן: לֹא וַיֹּאמֶר לֹא-יֵרֵד בְּנֵי עִמְכֶם כִּי-אָחִיו מֵת וְהָיָה לְבָדּוֹ נִשְׁאָר וְקִרְאֵהוּ אִסּוֹן בְּדֶרֶךְ אֲשֶׁר תֵּלְכֶם-בָּהּ וְהוֹרְדְתֶם אֶת-שְׂעִיבָתִי בְּגִזּוֹן שְׂאֻלָּה: ספר בראשית פרק מד כט וּלְקַחְתֶּם גַּם-אֶת-זֶה מִעִם פָּנֵי וְקִרְאֵהוּ אִסּוֹן וְהוֹרְדְתֶם אֶת-שְׂעִיבָתִי בְּרֻעָה שְׂאֻלָּה:

over "nothing." The words "it shall not be considered harm" are multivalent. The verse does not specify to whom this issue of harm is referring. I have usually read the verse as implying that pregnancy loss is not considered "harm," but that something else needs to happen for there to be "harm." The usual interpretation given this verse has interpreted the "harm" within this verse to apply to the mother, "harm" being limited to "death." Cassuto²⁶⁶ has a different interpretation, which takes the Septuagint one step farther. He states:

ולא יהיה אסון²⁶⁷ כלומר שלא תמות האשה ולא ימותו הילדים ... ואם אסון יהיה²⁶⁸, כלומר אם תמות האשה או ימותו הילדים

And if there is not damage that is to say that the woman doesn't die and the children don't die ... **and if there is damage** that is to say if the woman dies or the children die

The meaning of the verses is now expanded. אסון applies to both wife and fetus. When the woman gets hurt in the midst of her husband's fight the other party must pay damages, just as he would if he were harming a male. Causing premature labor is considered harming the woman, even if the baby is viable at the time. When either the woman dies or the fetus isn't viable when born, then the case changes from one involving monetary compensation to *lex talionis*.

Another selection from תנ"ך which has been used to allow parents to avoid exhibiting grief for neonatal death is the conclusion of the David and Bathsheba story. I have lots of difficulty with David's actions after his first child with Bathsheba dies.

ספר שמואל ב פרק יב

ט מדיע בָּזִית | אֶת־דָּבָר יְהוָה לַעֲשׂוֹת הָרַע בְּעֵינַי [בְּעֵינַי] אֶת אֲוִירָה הַחִתִּית בְּחֹרֵב וְאֶת־אִשְׁתּוֹ לְקַחַת לָךְ לְאִשָּׁה וְאוֹתוֹ הִרְגַּת בְּחֹרֵב בְּנֵי עַמּוֹן: ... יג וַיֹּאמֶר דָּוִד אֶל־נָתָן חֲסָאֲתִי לֵיהוָה ס וַיֹּאמֶר נָתָן אֶל־דָּוִד גִּם־יְהוָה הֶעֱבִיר חֲטָאֲתְךָ לֹא תָמוּת: יד אָפֶס כִּי־נִאָץ נִאָצְתָּ אֶת־אִיבֵי יְהוָה בְּדָבָר הַזֶּה גִּם הֵבִן הַיֵּלֹד לָךְ מוֹת יָמוּת: טו וַיִּלָּךְ נָתָן אֶל־בֵּיתוֹ וַיִּגַּף יְהוָה אֶת־הַיֵּלֶד אֲשֶׁר יָלְדָה אִשְׁת־אֲוִירָה לְדָוִד וַיֵּאָנֶשׁ: טז וַיִּבְקֹשׁ דָּוִד אֶת־הָאֱלֹהִים בְּעַד הַנָּעַר וַיֵּצֵא דָוִד צוּם וַיָּבֹא וְלֹא וְשָׁכַב אַרְצָה: יז וַיִּקְמוּ זָקְנֵי בֵיתוֹ עָלָיו לְהַקִּימוֹ מִן־הָאָרֶץ וְלֹא אָבָה וְלֹא־בָרָא אֹתָם לָחֵם: יח וַיְהִי בַיּוֹם הַשְּׁבִיעִי וַיָּמָת הַיֵּלֶד וַיֵּרְאוּ עֲבָדֵי דָוִד לְהַגִּיד לוֹ | כִּי־מָת הַיֵּלֶד כִּי אָמְרוּ הִנֵּה בְּהִיּוֹת הַיֵּלֶד חַי דְּבָרְנוֹ אֱלֹהֵי וְלֹא־שָׁמַע בְּקוֹלֵנוּ וַאֲנִי נֹאמַר אֱלֹהֵי מָת הַיֵּלֶד וַעֲשֵׂה רָעָה: יט וַיֵּרָא דָּוִד כִּי עֲבָדָיו מִתְלַחֲשִׁים וַיִּבֶן דָּוִד כִּי מָת הַיֵּלֶד וַיֹּאמֶר דָּוִד אֶל־עֲבָדָיו הַמָּת הַיֵּלֶד וַיֹּאמְרוּ מָת: כ וַיִּקֶּם דָּוִד מִהָאָרֶץ וַיֵּרָחַץ וַיִּסֹּף וַיַּחֲלֹף שְׂמֹלְתּוֹ [שְׂמֹלְתּוֹ] וַיָּבֹא בֵּית־יְהוָה וַיִּשְׁתַּחֲוֶה וַיָּבֹא אֶל־בֵּיתוֹ וַיִּשְׁאֵל וַיִּשְׁיֵמוּ לוֹ לָחֵם וַיֹּאכֵל: כא וַיֹּאמְרוּ עֲבָדָיו אֱלֹהֵי מֶה־הַדָּבָר הַזֶּה אֲשֶׁר עָשִׂיתָה בְּעַבְדְּךָ הַיֵּלֶד חַי צָמָת וְתִבְדֹּךְ וְכֹאֲשֶׁר מָת הַיֵּלֶד קָמָת וְתֹאכֵל לָחֵם: כב וַיֹּאמֶר בְּעוֹד הַיֵּלֶד חַי צָמָתִי וַאֲבִיכָה כִּי אָמַרְתִּי מִי יוֹדַע יְחֻנֵּנִי [יְחֻנֵּנִי] יְהוָה וְחַי הַיֵּלֶד: כג וַעֲתָה | מָת לָמָּה זֶה אֲנִי צֶם הָאוֹכֵל לְהַשִּׁיבוֹ עוֹד אֲנִי חֹלֶף אֱלֹהֵי וְהוּא לֹא־יָשׁוּב אֵלַי: כד וַיִּנָּחַם דָּוִד אֶת בֵּת־שֹׁבַע אִשְׁתּוֹ וַיָּבֹא אֵלֶיהָ וַיִּשְׁכַּב עִמָּה וַתֵּלֶד בֶּן וַיִּקְרָא [וַתִּקְרָא] אֶת־שְׁמוֹ שְׁלֹמֹה וַיְהִי הָאֱהָבָה:

Why did you despise God's word, doing that which is evil in His sight. You smote Uriah the Hittite with the sword of the Ammonites, absconding with his wife and making her your own. ... David said to Natan, "I have acted erroneously before God." Natan said to David, "God causes your error to be

266. Cassuto, Umberto *A commentary on the Book of Exodus* 1959 Hebrew University Magnes Press p. 191

267. Exodus 21:22

268. Exodus 21:23

removed - you will not die. However, since you spurned God's enemies [so to speak] the son who is born to you will surely die." Natan went home and God afflicted the boy which Uriah's wife had birthed unto David, and he was punished. David pleaded with God for the lad's sake; he fasted and slept on the ground. His trusted servants approached to raise him up; he would not let them, neither did he eat a meal with them. On the seventh day the child died. David's servants were afraid to tell him that the boy had died, they thought, "While the child yet lived we spoke with him and he would not hear us. How shall we tell him the child has died? It would kill him!" David saw that his servants were whispering. David understood that the boy had died. David asked his servants, "Is the boy dead?" They answered, "He is dead." David rose up from the ground, washed, anointed and changed his clothes. He went to God's house, prostrated himself and returned home. He asked [for food], it was placed before him and he ate. His servants asked, "What is this thing that you do? For a living child you fasted and wept, and when the child died you get up and eat?" He said, "While the child was yet living I fasted and wept, for I thought, 'Who knows? Perhaps God will show mercy and the child will live.' Now he is dead. Why should I fast? Can I bring him back again? I will go to him and he will never return to me." So David comforted Bat-sheva his wife, coming unto her and laying with her. She bore a son whom she named Shlomo; God loved him.

My usual reading of this text implied that there was no grief or mourning. A closer reading reveals in verse 24 David comforted Bat-sheva his wife before they had Solomon. It was acceptable for Bathsheba to need comfort. In a way, David (even if he did not himself feel anticipatory grief) expressed her grief through his sitting שבעה while his son was yet living.

There are very few texts in the rest of TaNaKH which deal specifically with unsuccessful pregnancies and neonatal demise. Some of those texts, my personal translation and some personal midrashic comments can be found in Appendix B.

The two texts remain as they are. The interpretations they are given, and at times the meanings imposed upon them, either lead to or reinforce a particular way of looking at unsuccessful pregnancies and neonatal death. Before buying into one interpretation or another, I feel it useful to review what we have learned about grief.

Chapter Four

Aspects of grief²⁶⁹

Grief in general

A review of some relevant definitions is in order.

Bereavement is the process of having had somebody close to you die.

Grief is the emotion a bereaved person will usually feel.

Mourning is the public display of that grief in whatever format society allows.

These three are intertwined. It is highly unlikely that there will be a case of bereavement with neither grief nor mourning; yet it often happens that bereavement co-exists with either grief or mourning, and not both.

An important caveat: all grief literature is written by or about those who self-identify as bereaved and as grieving. Other people might grieve in different ways, or not grieve at all even when bereaved; it would take a number of carefully designed studies to determine the full extent of these populations.²⁷⁰ The studies would have to take into account the varied durations that people

269 References cited in this chapter include:

Allen, Marie Ph.D. & Marks, Shelly M.S. *Miscarriage: Women Sharing from the Heart* 1993 John Wiley & Sons, Inc. ISBN# 0-471-54834-0; Arnold, Joan Hagan & Gemma, Penelope Buschman *A Child Dies: A Portrait of Family Grief* 1994 The Charles Press, Publishers, Inc. ISBN# 0-914783-72-6; Burnell, George M. M.D., Burnell, Adrienne L. R.N. Ph.D. *Clinical Management of Bereavement: A Handbook for Healthcare Professionals* 1989 Human Sciences Press, Inc. ISBN# 0-89885-424-5; Centering Corporation *Dear Parents - Letters to Bereaved Parents* 1989 Centering Corporation ISBN# 1-56123-033-2; Doerr, Maribeth Wilder *For Better or Worse: For Couples Whose Child has Died* 1992 Centering Corporation ISBN# 1-56123-053-7; Friedman, Rochelle M.D., Gradstein, Bonnie M.P.H. *Surviving Pregnancy Loss: A Complete Sourcebook for Women and Their Families* 1982, 1996 Citadel Press Book - Carol Publishing Group ISBN# 0-8065-1758-1; Ilse, Sherokee *Empty Arms: Coping with miscarriage, stillbirth and infant death* 1990 Wintergreen Press ISBN# 0-0909456-6-0; Ilse, Sherokee and Burns, Linda Hammer *Miscarriage: A Shattered Dream* 1985 Wintergreen Press ISBN# 0-09609456-3-6; Jimenez, Sherry Lynn Mims *The Other Side of Pregnancy: Coping with Miscarriage and Stillbirth Including Causes & Prevention of Spontaneous Abortion & Stillbirth* 1982 Prentice-Hall, Inc. ISBN# 0-13-643163-1; Johnson, Joy et. al. *Miscarriage: A book for persons experiencing fetal death* 1983 Centering Corporation ISBN# 1-56123-007-3; Lister, Marcie and Lovell, Sandra *Healing Together: For Couples Whose Baby Dies* 1991 Centering Corporation ISBN# 1-56123-023-5; Lothrop, Hannah *Help, Comfort & Hope after Losing Your Baby in Pregnancy or the First Year* 1997 Fisher Books ISBN# 1-55561-120-6; Panuthos, Claudia and Romeo, Catherine *Ended Beginnings: Healing Childbearing Losses* 1984 Bergin & Garvey Publishers, Inc. ISBN# 0-89789-054-X; Rando, Therese A. *Grief, Dying and Death: Clinical Interventions for Caregivers* 1984 Research Press ISBN# 0-87822-232-4; Raphael, Simcha Paull *Grief and Bereavement Jewish Pastoral Care: A Practical Handbook from Traditional & Contemporary Sources* Dayle A. Friedman, ed. 2001 Jewish Lights Publishing ISBN# 1-58023-078-4; Rosof, Barbara D. *The Worst Loss: How Families Heal from the Death of a Child* 1994 Henry Holt and Company, Inc. ISBN# 0-8050-3240-1; Schwiebert, Pat R.N. & Kirk, Paul M.D. *Still to be Born: A Guide for Bereaved Parents Who Are Making Decisions About Their Future* 1993 Perinatal Loss ISBN# 0-9615197-2-X; Stroebe, Margaret S.; Stroebe, Wolfgang; Hansson, Robert O. editors *Handbook of Bereavement: Theory, research, and intervention* 1993 Cambridge University Press ISBN# 0-521-39315-9; Van Praagh, James *Healing Grief: Reclaiming Life After Any Loss* 2000 Random House Large Print ISBN# 0-375-43053-9; Wheat, Rick *Miscarriage: A Man's Book* 1995 Centering Corporation ISBN# 1-56123-082-0; Zunin, Leonard M. M.D. and Zunin, Hilary Stanton *The Art of Condolence: What to Write, What to Say, What to Do at a Time of Loss* 1991 Harper Perennial ISBN# 0-06-092166-8.

270 Stroebe p. 255

spend experiencing grief. When everyone assumed grief typically lasted six months, an eighteen month follow-up seemed more than reasonable. Now that we know that some symptoms take three years or more to resolve without considering any excessive pathology, follow-up studies should probably extend over decades, not months.²⁷¹

Some aspects of grief are general, and information on those aspects would be relevant to most grief situations our congregants will experience. In addition to the stages and normal responses listed in Table 1²⁷², it is always possible that mourners will act disappointed or sad, and feel a great desire for the return of the person who died. These feelings and desires will usually be exhibited through "crying, sighing, sadness, anxiety, agitation, sleeplessness, and loss of appetite."²⁷³ There is often also a sense of joylessness, exacerbated by the fact that everything seems to be jabbing painful reminders of the deceased into the psyche. These inchoate reminders lead to focusing the normal anger response upon either those closest to the bereaved or those who were the most involved in the death scenario.²⁷⁴ When one adds to that factor the concept that "Bereaved individuals often feel isolated, alienated, and lonely. They also feel rejected, misunderstood, and, when all alone, they feel that they have no one to turn to or to talk to."²⁷⁵ it seems rather logical and obvious "that bereavement increases the survivor's risk for dying."²⁷⁶

Grief is rarely exhibited as a pristine emotion. It is almost always mixed in with anger, sadness and guilt. Some anger is directed at the deceased, and some anger is directed inward. These emotional states are so intertwined that it often appears that "... sometimes grief covers anger, and sometimes anger covers grief."²⁷⁷ This mixture of feelings can become overwhelming, leading to blocking some of the tidal wave of emotion until numbness and even internal death seem to take over.²⁷⁸ Survivors can feel guilty either for surviving when the deceased did not, or for not protecting the deceased from death, or for not being able to palliate completely the pain of the deceased. When there are other people involved in the death, the guilt feelings are often directed at them. In a miscarriage there appears to be nobody else to blame other than the mother, so her guilt remains internalized.²⁷⁹ When one miscarriage follows another it becomes harder to recover and cope. At some point the capacity to recover disappears completely, and couples feel persistent depression.²⁸⁰ The people who recommend that the couple "forget about it" are completely unaware that the couple cannot "forget

271 Rando p. 115
 272 See Appendix C
 273 Burnell p. 17
 274 Friedman, based on pp. 11-14
 275 Burnell p. 25
 276 Burnell p. 21
 277 Allen p. 152
 278 Allen p. 130
 279 Allen p. 14
 280 Friedman p. 157

about it," and failing to remember and grieve will either delay the recovery process or completely prevent it.²⁸¹

Sometimes friends will suggest that a new baby can create a diversion, and turn this current sorrow into joy. Most couples are aware that there is a baby to be grieved first, even if they need to get lost in order to find some privacy to do their grieving undisturbed by the cheering-up squad.²⁸² Most of them also find that thinking of their unsuccessful pregnancy as "Baby Moldo" is not as conducive to healthy mourning as thinking of their unsuccessful pregnancy as "Kochav Shmuel Moldo" is.²⁸³

For many there is no need to seek solitude for grief work. The loss may have happened comparatively early in the pregnancy. When most people don't know you were even pregnant the distress caused by a pregnancy loss is usually either repressed or at least not expressed in the company of those who had no clue.²⁸⁴ Given the nature of early pregnancy loss in this country (that is, felt but rarely acknowledged) the mother will often assume that she is going insane.²⁸⁵ The repressed feelings will usually surface elsewhere, either physically or in acts that are out of character.²⁸⁶ Almost a third of mothers with unsuccessful pregnancies find themselves involved in suicidal ideation for the first time in their lives.²⁸⁷

Emotions are a physically based form of pre-thinking. The reptilian portion of our brain notices everything around us, and quickly makes certain comparative assumptions. If the person or situation is like a person or situation we experienced before that we liked, then the reptilian portion of our brain predisposes the rest of the brain to like or enjoy the person/situation. Similarly with distasteful situations. When we feel sad, all of the incidents that elicited sadness have just been "thought about," even if we would have trouble "remembering" what they were. So events that we thought were over and done with can reappear at the least opportune moment.²⁸⁸ When we use empathy or are genuinely sympathetic, we are consciously utilizing this anatomical quirk of human nature.

Emotions merely exist. Mostly they are comparative statements of how a particular moment in time resonates for us, based on our past experiences. Judging the component emotions of grief (sorrow, anger, guilt, relief) as good or bad in themselves is not useful, although it is how most people are socialized.²⁸⁹

In our situation, a parent's reptilian mind may "remember" that loss in the past resulted in anger; expressing anger in the past usually led to punishment;

281 Jimenez p. 32

282 Jimenez p. 39

283 Jimenez p. 57, Allen p. 15

284 Lothrop p. 4

285 Allen p. 15

286 Allen p. 50

287 Allen p. 73

288 Allen p. 161

289 Allen p. 132, p. 133, p. 151, p. 162

suppressing anger in the past avoided punishment; therefore the feelings related to this loss should be suppressed to avoid punishment. Unless the mammalian portion of the brain contains a message which counteracts this in a life-affirming way the parent will "choose" to repress the emotions connected to grief. Some expressions of repressed grief (symptoms that have been shown to be exhibited by individuals who have experienced a grief-causing incident without appearing to manifest society's usual grief reactions) can include hallucinations,²⁹⁰ becoming a klutz, showing a new fascination with food (either eating much more than usual or much less than usual),²⁹¹ hyperventilation with or without an anxiety attack.²⁹² Hyperventilation is not by itself problematic. However, when a person assumes that the sensations connected with hyperventilation imply "heart attack, "nervous breakdown," insanity, suffocation, or death" then that person will reasonably feel much worse, sometimes bringing on the very ailment that that person thinks that person already has.²⁹³

Repression of grief is not the same as the initial grief stage of denial/numbness. That initial stage is essential; it enables the survivors to deal with the necessary details of setting up the funeral, calling the relatives, and cleaning the *shiva* house. The first stage of grief is like a dam; future stages can be considered a controlled flood.²⁹⁴ When a person represses grief (or any other emotion) it is not only grief that is repressed. Anything related to emotions is also affected, partially because our mammalian mind segment convinces itself that all non-immediately life threatening messages from the reptilian sector should be ignored, and partially because reducing any part of our capabilities requires a commitment to "man the blockade," taking "soldiers" from the rest of our capabilities.²⁹⁵ Allen summarizes what should happen quite well: "Perhaps the work of grief is allowing the containers that have held our emotions to shatter, surrendering to the grief, and letting our hearts break or be torn open by the pain."²⁹⁶ I find this aspect of grief work to be the most frightening; the vulnerability entailed requires a safe environment and a truly supportive support system.

A lot of life consists of questions. Most of the important questions are difficult or impossible to answer. After pregnancy loss, the questions logically begin as a variant of *Why?* Later, the questions become variants of *What's happening to us?* If the couple is fortunate, the question finally becomes *Can we go through this again if we have to?*²⁹⁷ Other times, the question turns into Henry Higgins' plaintive plea, "Why can't a woman be like a man?" It sounds a bit far-fetched, but assuming that grief will be the same for two people, no matter how close their relationship is, is as reasonable as Professor Higgins' stated

290 Allen p. 149
 291 Allen p. 150
 292 Allen p. 155
 293 Allen p. 156
 294 Allen p. 148; Panuthos p. 137
 295 Allen p. 177
 296 Allen p. 206
 297 Wheat p. 9

opinion.²⁹⁸ One aspect of the *Why?* question is the hope that blame can be assigned. Often parents will blame themselves, even in cases where that is plainly false.²⁹⁹

It is extremely hard to tell when parental grief has lasted too long, or is inappropriately intense.³⁰⁰ Over and over again, those who have been through loss remind us that we grieve because we love.³⁰¹ In order to get rid of grief, we would simply have to get rid of love, bonding and attachment. As long as love exists, grief will also.

Love does not need a physical entity as its object. Many people have "sacrificed" themselves for love of an ideal such as country, family or God. It is normal to miss the dream and do what you can to keep it inside.³⁰² For me, this means that I can love my child before my child arrives, and miss my child even if that child never "lived."

Grieving is a naturally unnatural state of being, and the actions a person performs while grieving can be considered equally weird.³⁰³ Ilse perhaps even underestimates the issue in the quintessential statement on child loss: "As one mother put it, "On a scale of one to ten, when your child dies, it is always a ten." So no matter when your baby died; three months in utero, at birth or after birth, you have every right to feel sad, angry or lonely."³⁰⁴ It would be nice to have a predictable endpoint to the craziness of grief. There doesn't appear to be anything objective to go by. Even women approaching 100 years old will fall back into grief mode when discussing any of their pregnancy losses.³⁰⁵

I stated above that love is one cause of grief. Where attachment is greater, grief will feel more intense. The grief feelings will be filtered by the parent's usual style of coping with life's normal stresses as well as more

298 Doerr

299 Lister

300 "I grieved 5 and 1/2 years after Cari was killed by a drunk driver. The pain was just as intense as if she had died the day before." (Candy Lightner from *Dear Parents*) "Each person grieves differently according to their personality, their past experiences and coping styles." (Sister Jane Marie Lamb from *Dear Parents*)

301 "Grief is not a sign or [sic] weakness nor a lack of faith. It is the price we pay for love." (Darcie and Tony Sims from *Dear Parents*)

"Love comes at a price, the price of grief,
the grief in the pain of letting go,
the grief in the pain of saying,
"goodbye". ...

In the end, each situation
demands its own dance,
its own music of healing, and letting go.

There are no easy,
universal answers
for those who let go
of their children for good." (Jim Campbell from *Dear Parents*)

302 Ilse, *Empty* p. 7

303 Schwiebert p. 88; Ilse, *Empty* p. 37; Rando p. 34

304 Ilse, *Empty* p. 51

305 Ilse, *Empty* p. 65

individualistic components like the parent's internalized thoughts about death and the parent's ethnic, cultural, religious, intellectual background and maturational level.³⁰⁶ This is true even though the actual experience of be-reavement (losing somebody) is universal. Nobody makes it out of life alive, and nobody survives without somebody they know dying.³⁰⁷

Psychologically speaking the same person could be diagnosed either as being clinically depressed or as exhibiting normal grief behaviors.³⁰⁸ People have been socialized in this country to believe that certain behaviors are appropriate for mourners (who presumably are grieving). Culturally it therefore becomes next to impossible to differentiate an individual's actual grief from those behaviors necessitated by culturally appropriate mourning.³⁰⁹

If a couple has been rearranging their life based on the fact that they are pregnant, when the pregnancy is unsuccessful (according to symbolic interaction theory) part of their social context becomes missing, which leads to the disintegration of reality epitomized by grief.³¹⁰

Grief is in the individual soul, and may exist even in situations where others don't recognize that there has been a loss.³¹¹ The loss of a potential child, even for people who will not equate the loss of a fetus or embryo with the loss of a baby, can be considered a symbolic loss. Symbolic loss will initiate a grief process, much as a picture of a feared or sensual item can elicit the physical manifestations of terror or sexual intercourse.³¹²

The inability of a mourner to process intellectual information cannot be overemphasized. This is true of clinical depression, and is one aspect that grief and depression share.³¹³ Even if a mourner cannot process extraneous intellectual information, material relevant to the grief process is processed and managed appropriately. The cognitive and intrapsychic processes normal to grief include decathexis,³¹⁴ realizing that there is a different connection with the deceased that doesn't include many of the things that might have been done for and with them while they were physically present, and deciding on the bereaved's identity now that the deceased is no longer part of an immediate reality.³¹⁵ This is partially accomplished through relating the story of what happened. With unsuccessful pregnancies there is less of a story to tell, so whatever is considered as the story

306 Burnell pp. 35-36

307 Burnell p. 37

308 Burnell p. 43

309 Stroebe p. 104

310 Stroebe p. 102

311 Rando p. 15

312 Rando p. 16

313 Rando p. 32

314 Cathecting something is the process of internalizing the connections that love demands by definition. When I care about someone, I have cathected their being into my internal map of the universe. Decathecting is the process of cutting the appearances of those connections on our internal map of how things are supposed to work..

315 Rando p. 76

of the child's life will be told repeatedly, *ad nauseum*.³¹⁶

I will discuss pastoral care in more detail in chapter ten. In general, when Jewish teachings are to be used to help in the healing process, they must be communicated as clearly relevant to modern life.³¹⁷ They also should be more fully utilized later in the grief process, since the first stage of mourning involves the recently bereaved who shouldn't be expected to connect with anything new and first need help in making this particular death itself real.³¹⁸

As I have stated quite often in this paper, listening is the key. Not the listening which is instead a polite way of waiting to respond; not the listening which is instead a more polite way of waiting to argue; the listening of which I speak is that listening which is intended to convince the speaker that they have been heard.³¹⁹ Most comforting of the bereaved is attempted during *Shiva* or soon thereafter. Where the pain of grief exists it continues for a long time. As Rabbis and Cantors we need to schedule in follow-up phone calls and visits throughout the long months following any grieved loss.³²⁰

In summary, grief is a process, not an illness. I am not a recovering griever, in spite of the current tendency to refer to the end of the grief process as recovery.³²¹ Living and loving imply eventual grief,³²² since refusing to grieve automatically implies refusing to be joyful.³²³ A community is needed to efficiently process grief. Grief can be processed without a community, but never as quickly.³²⁴ Since emotions and physiology are intertwined, processing grief as rapidly as personally possible is a good way to enable healthful growth.³²⁵

Specific grief issues

Some pregnancy losses are sudden. Most are not. There is usually some small indication that something isn't going as planned, leading to various diagnostic tests. Every testing period is a "wait and see" time; a time when uncertainty is the watchword. There isn't enough evidence to state clearly that something has definitely gone wrong, but the tests themselves seem to indicate that not everything is going right. In some cases this razor's edge existence can last for months.³²⁶ These issues can affect up to one-third of the fertile population,³²⁷ yet as of 1984 other losses still took top billing.³²⁸

An orphan has lost parents, a widow her husband and a widower his wife,

316 Rando p. 137; Raphael p. 348

317 Raphael p. 344

318 Raphael p. 346

319 Raphael p. 353

320 Raphael p. 354

321 Van Praagh pp. 4-5

322 Van Praagh p. 8

323 Van Praagh pp. 19-20

324 Van Praagh p. 39

325 Van Praagh p. 36

326 Friedman p. 33

327 Panuthos p. xiv

328 Rando p. 119

yet there is no easy way to refer to a person who has suffered an unsuccessful pregnancy, a neonatal loss or simply the death of their child no matter how old. This can easily lead to the belief that society does not consider that their grief is legitimate.³²⁹ The terms we see used throughout the literature apply to that which no longer exists; those who survive remain undefined.

Re-establishment of regular routine after losing a friend or extended family member takes anywhere from two days to two weeks. Re-establishment of some form of regular routine after unsuccessful pregnancies or neonatal death can often take between eighteen and twenty-four months³³⁰ according to some sources. Other sources indicate that a widow or widower requires one to two years to return to "normal," and those who have lost a child can take between two and five years.³³¹ The relationship between parents and children is intense and too complex to be readily understood.³³² Parental grief looks pathological.³³³ The shock of the loss seems to last forever, and in reality lasts longer than in other cases.

The first actual stage after shock is recognition that grief is happening. This recognition of emotional turmoil is needed no matter what the reason for the unsuccessful pregnancy, whether the pregnancy's termination was "chosen" or "imposed." Abortion and miscarriage are treated internally as similar situations.³³⁴ Van Praagh states it quite clearly: "The death of their child represents loss on so many levels, including the loss of dreams and aspirations for their children. When a child dies, these goals and desires fall into a bottomless void of empty promises and dead ends."³³⁵ All behavior during the year following a pregnancy loss can be considered as part of the grief process; none of it should be considered weird,³³⁶ particularly since the results of pregnancy loss can be described as a three-fold crisis.³³⁷

In most cases of loss, people have something of the person who is now gone - memories, pictures, things. With pregnancy loss, very little is left to grab onto. As Marion Cohen states: "Don't try to forget, don't not-dwell on it, don't deny, and don't deny your grief. Grief is what you have instead of your child and you need at least that."³³⁸ Both pregnancy loss and neonatal death leave behind parents, and most parents retain their children in their souls no matter what the distance in time and space between them.³³⁹

Pregnancy is physical, and pregnancy loss is reflected in the body. The body feels empty after all the emotions focused through the mother upon the

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- 329 Arnold p. 32
 - 330 Schwiebert p. 9
 - 331 Burnell p. 49
 - 332 Rando p. 120, Van Praagh p. 156
 - 333 Arnold p. 28
 - 334 Van Praagh p. 160
 - 335 Van Praagh p. 165
 - 336 Wheat p. 12
 - 337 Lister
 - 338 *Dear Parents*
 - 339 Schwiebert p. 23

growing person. To avoid this, the body will sometimes act as if the baby is still inside, still growing. The feeling of movement inside may return; the sound of the baby who might have been will sometime appear to echo through the halls.³⁴⁰ Since it appears evident that the baby could not have voluntarily terminated his or her existence, parents feel guilty when something happens, especially when there is no logical way for the parents to have been guilty.³⁴¹ These feelings are overwhelming. Many parents think that naming the dead child will make the child "too real," and therefore the child's loss "too painful." A healthy recovery begins with appreciating how important this potential life was to those involved.³⁴²

The emptiness felt by the mother is sometimes mirrored in a similar feeling by the partner, the feeling that some essential part is missing.³⁴³ As a practical matter, there is indeed a part missing. Part of our function as a parent is gone with the loss of our children or potential children. This loss almost naturally will result in a loss of perceived capacity. Parenting is not a fair job; there is no margin for error. There is usually at least the hope of eventually getting it right, and it does not matter how old the child might be upon death, with the simultaneous death of that hope the sense of failure can be debilitating.³⁴⁴

Anger is a natural part of grief. Getting angry at a fetus for not remaining behind to be born appears a trifle unfair, and a completely non-loving response. It isn't, for a person whom I do not like in some manner will almost never receive the brunt of my anger. That is usually reserved for the people I know who might have disappointed me in some fashion.³⁴⁵ Dying is perhaps the supreme disappointment. It is normal for a parent to want to be with their family, minimally to protect them from other people. The continuing desire to be with the family beyond the death of a potential member of the family can lead to expressions of suicidal ideation as a declaration of pain and helplessness. These expressions should always be handled carefully.³⁴⁶

There are times when a couple will be told that their child will die sometime soon after birth. One response unique to that forewarned situation is anticipatory grief. It happens rarely that a couple will process much of their grieving while waiting for their child to die. In the "best" scenario, they are further along their grief trail than they might be otherwise. In the "worst" scenario, before their child dies they begin to live in the world "as if" their child were already dead. If, by some odd chance the child doesn't die, it takes a while for the bonding process to be renewed. There is no direct correlation between being informed that death will take place and anticipatory grief. The immediate aftermath of the death itself is no less painful just because pain has already been

340 Ilse, *Empty* p. 40, p. 46; Ilse *Shattered* p. 8

341 Schwiebert p. 74

342 Ilse, *Empty* p. 23

343 Zunin p. 79

344 This sentence quotes H. S. Schiff, *The Bereaved Parent*.

345 Panuthos p. 141

346 Panuthos p. 124

suffered.³⁴⁷

Just as a child who has suffered trauma revisits the trauma upon achieving a developmental milestone, parents who have lost children revisit the loss during each chronological milestone their child would have reached.³⁴⁸ This process is sometimes delayed when there are other children in the family, since the parents must still actively parent the surviving children even as they are attempting to accept that they can no longer actively parent one of their children.³⁴⁹

Society is catching up with science in terms of expected grief after pregnancy loss. As Rando states quite clearly: "Maternal grief has been found to be the same for miscarriage as for a stillborn child or the death of a neonate."³⁵⁰

Concerning Couples

It would be nice if each partner could wall away the pain of pregnancy loss and wait while the pain leached out from behind the wall, so that when the wall was taken down there was no pain left. The universe doesn't work that way. Any walled away pain must be allowed back into the relationship in order for the relationship to exist with integrity.³⁵¹ As we've seen elsewhere, those walls are using up energy that could otherwise be used to live an emotionally healthy life.

One of the great inequities between partners who are dealing with pregnancy loss is that the pregnant partner has more pain to deal with. When the non-pregnant partner feels healed, simultaneously a twinge of emotional guilt will arise because the pregnant partner is still suffering. It is always inappropriate to assume that one person's time frame for grief resolution implies anything about anybody else's time frame for grief resolution. To put it in personal terms, when my pain has abated, I should not tell my wife hers must be gone as well. Neither should I "blame" her when it takes her longer to recover.³⁵² While gloating and blaming are rarely appropriate, communicating in some honest fashion is necessary. Doerr relays one couple's experience who neglected to communicate: "My husband lost himself in work during the day and school at night. I sat in stony silence, paralyzed by my own frightening emotions. Andrew's name was never mentioned; our grief was never acknowledged. Our lives just moved along, two people burdened, without understanding why. Three and a half years after Andrew's death, another son died. Once again we were plunged into unbearable heartache. After two more losses through miscarriage, we divorced, a broken couple, shattered by repeated losses, unable to repair the damage."³⁵³

The pregnant partner is not the only one who may have mixed feelings about pregnancy loss. It is often the case that the delivery will be difficult, even

347 Rando p. 39

348 Rando p. 129

349 Rando p. 125

350 Rando p. 131

351 Allen p. 98

352 Wheat p. 21

353 Doerr

for a stillborn, and an ectopic pregnancy adds intense layers of endangerment to the equation. The partner who is forced to observe this danger must sort out the emotions this raises as well as the emotions raised by the pregnancy loss itself.³⁵⁴

Ectopic Pregnancy

"Normal" grief encompasses anger and guilt. Pregnancy loss will often add traces of jealousy, especially upon seeing anybody else with a living child. Ectopic pregnancy³⁵⁵ adds a vulnerable and bewildered flavor to the emotional mix.³⁵⁶ The result may be infertility, but an infertility that cannot be resolved by the usual medical methods. Once both fallopian tubes are shot, there's nothing left to use for *in vitro* fertilization, and a couple can pay uselessly for artificial insemination unless the medical specialist is completely forthright. Most reproductive endocrinologists are honest and thorough in their use of diagnostic tests, since they want to help produce successful pregnancies as much as the couple wants one.

Abortion

There has been some change in the way different segments of society have looked at those who abort. The literature I perused was published before these changes. What they discovered as being true for their time (and is still true for some people today) is that when a woman accepts the following societal³⁵⁷ messages as true then she neither thinks grief is appropriate in her situation nor assumes that some of the ramifications of her emotional state are grief related.³⁵⁸

Message 1: A person who gives up a burden should feel relieved.

Message 2: Choosing an abortion implies giving up a burden.

Message 3: A woman who aborts should feel relieved.

Message 4: Relief and sadness may only co-exist in the parents of the bride and groom.

In the specific case of abortion chosen due to the diagnosis of a birth defect in the fetus, there are at least three potential sources of grief. Most people who get pregnant envision their children in some fashion. That vision is now gone, since only rarely will that vision include the possibility that the parents will be responsible for transmitting a birth defect to their child. Finding out that a fetus has a birth defect can feel like the parents intentionally caused permanent damage to their envisioned child. Adding insult to injury, society seems to indicate that society would rather the parents suffer either the often painful

354 Doerr

355 Ectopic pregnancy involves implantation somewhere other than the uterus. It is life-threatening, and in almost all cases removing the pregnancy involves both surgery and the removal of the portion of the reproductive system where implantation occurred.

356 Friedman p. 91

357 Society can mean: Immediate family, friends, "experts," or the media. Not all messages these different societies send will be in agreement; it really isn't the actual message or the intended message that is important - the message which counts is the perceived message.

358 Rando p. 133

existence or God-caused death of their child rather than society's enabling and appreciating a choice which may alleviate the future pain of both the child and the parents. Often, the perceived future pain is felt to be caused or exacerbated by that same society.³⁵⁹

Miscarriage

Rando lists five specific issues present in miscarriage that are not obvious to society. "•Although the embryo hadn't developed, it was still a baby in the mind of the mother. •There was a need to validate the life that was lost and to perceive the loss, i.e., to see what there was of the baby. •There was a genuine grief reaction consequent to the miscarriage, especially since the child was desired. •The grief was triggered by thoughts of how the baby *would* have been, or *could* have been. •The mother felt like a failure because of her inability to deliver a live, healthy child and because of the failure of anticipated body changes to occur."³⁶⁰ A miscarried baby remains a baby, no matter how many years have passed.³⁶¹ Younger siblings may become parents themselves, and when the subject is brought up the conversation is still about (in one version or another) "my poor dead baby."

Pregnancy and its termination are physical events with hormonal implications as well as emotional events. Hormones can influence which emotions are more likely to be felt at a particular instant, so it is difficult to tell which factor is forming the emotional response.³⁶²

When a loved one dies, birthdays, anniversaries and other regular family events can evoke sorrow and grief even when not officially marked on the physical calendar. When there is a miscarriage, the approximate moment of conception, the miscarriage itself and the announced delivery date all become regular anniversaries which will evoke sorrow and grief, particularly when not officially marked on the physical calendar. A couple need to be aware of these dates and help each other deal with the inevitable emotional turmoil.³⁶³ This emotional turmoil can spring forth during a subsequent pregnancy and during the lost child's milestone years or even milestone years in the bereaved's own life³⁶⁴. Sometimes the couple can figure out what instigated the reaction. Other times nothing is obviously to blame.³⁶⁵ These emotions that appear during anniversary dates are termed residuals, which will not only erupt during the occasions mentioned, but may also exacerbate future episodes of grief and loss.³⁶⁶

The perception of reality changes after any loss. At times this change

359 Ilse, *Empty* p. 17

360 Rando p. 132

361 Allen p. 36

362 Ilse, *Shattered* p. 27

363 Wheat p. 19

364 For example, I was in some emotional turmoil when my son began first grade, which got worse as Thanksgiving approached. I eventually realized that I was reliving my inner turmoil during first grade, when my family moved and I therefore switched schools over the Thanksgiving break.

365 Ilse, *Shattered* p. 45

366 Johnson p. 17

involves a dizzying questioning of God's presence, or an overall feeling of "If I was wrong about the safety of the universe, what other assumptions have I made that might mess me up?" When the loss is of somebody older, there are times when the reality of their lives can work as an anchor for the bereaved, keeping the necessary disorientation and reorientation to a minimum. With miscarriage, there is so very little that is clear about what has been lost, or even (at times) how we have lost it that there is little that can be successfully used as an anchor.³⁶⁷ Throughout most of the previous century, there was little understanding or support for these grief processes, so people learned to bury their grief in various ways. Time does not cure grief, and "delayed grief reactions have been noted up to 21 years after miscarriage."³⁶⁸

Support groups work with a lot of grieving populations. Acting on the assumption that all pregnancy losses are similar (there are some respects in which that is true) most hospitals put women who have miscarried in groups with women who have suffered stillbirths or those whose child died as a result of Sudden Infant Death Syndrome. Those who had suffered a miscarriage still felt out of place, unsure if their loss was in the same category. This wound up increasing their sadness, for they could not give themselves permission to grieve properly in that setting, and there was no other setting which was better for expressing grief.³⁶⁹

Stillbirth

As has been seen, it is normal for people to be in shock (almost emotional anesthesia) immediately after hearing of a loss. Women who believe they need less anesthesia during delivery are often able to relieve some of the intense emotional grief that accompanies pregnancy loss. Labor and delivery is usually quite painful and automatically elicits emotional venting activities such as screaming in pain.³⁷⁰ After a stillbirth or death of a child, women may try to "go with the flow" to a greater extent than before, especially regarding physical interactions; those women may consult others often to make sure that the intensity of the emotion they feel is a somewhat normal emotion.³⁷¹

Neonatal Death

No matter what objective reality reveals of a particular child, parents see objective reality through a subjective lens. All parents seek those bits and pieces that look like somebody else in the family. The parts that are traumatically unique aren't really focused upon.³⁷² Conveying this to a couple whose child is surviving in the local NICU³⁷³ is an important part of pastoral care. Most parents

367 Allen p. 149

368 Allen p. 49

369 Allen p. 125

370 Lothrop p. 38

371 Rando p. 135

372 Ilse, *Empty* p. 12, Rando p. 136

373 Neonatal Intensive Care Unit.

of a child in the NICU share a desire to rewrite history, even if it is only to guarantee that they will have something that can be used to appropriately memorialize their child.³⁷⁴

Subsequent Pregnancies

It is the rare couple who does not follow one pregnancy loss with a subsequent pregnancy. There are differences between a pregnant couple who has experienced pregnancy loss and a pregnant couple who has not. Part of that difference is simply the fact that one couple has been traumatized. Anxiety attacks are not uncommon during the pregnancy of a traumatized couple who has experienced pregnancy loss.³⁷⁵ Even after the child is born, couples will often remain in an anxious mode as they wait to see what catastrophe will overtake the youngster.³⁷⁶ During pregnancies subsequent to a pregnancy loss there will be many moments that are more difficult to endure this time around. These moments include: "1. The first trimester, especially if you have had miscarriages³⁷⁷ in the past. ... 2. The first time you hear the baby's heartbeat. ... 3. Having an amniocentesis or any other test ... and then waiting for the results to come back. 4. Waking up before the baby does and not feeling her move. These poor babies should not have to perform all the time. They, too, need sleep. ... 5. The time during your pregnancy when there was a hint of a problem with your baby's health. 6. The anniversary date of your baby's birth and death. 7. Holidays ..."³⁷⁸

Perceived problems

Western society in general, and American society in particular, has not functioned well this past century in allowing individuals time to grieve, or educating them as to the full effects of bereavement.³⁷⁹ Grief, the normal (but not essential) emotional by-product of bereavement takes a lot out of people. Since grieving is often considered an automatic surface event, the weariness caused by loss seems inexplicable, and not usually a sufficient reason to either miss work or be less than completely focused at work.³⁸⁰

Society probably would view pregnancy loss and infant death as needing even less energy, if it wasn't so busy protecting itself from feeling the vulnerability that infant death brings into the foreground. Death is frightening, and death before life is all the more so.³⁸¹ Even the professional medical staff can sometimes prefer a quiescent patient in place of a patient who is visibly suffering with the reaction to a miscarriage or stillbirth.³⁸² The energy needed to cope with

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- 374 Ilse, *Empty* p. 13
 - 375 Schwiebert p. 103
 - 376 Schwiebert p. 115
 - 377 As opposed to a stillbirth or neonatal fatality.
 - 378 Schwiebert pp. 79-80
 - 379 Van Praagh p. 7
 - 380 Rando p. 20
 - 381 Jimenez XV
 - 382 Jimenez p. 22

this event is usually greater than that needed for other bereavements, “because this is an age where infant and child mortality are at the lowest rates ever, leaving parents now unprepared to deal with the loss of their children in comparison to the centuries past.”³⁸³ Society has been willing to sweep any proof to the contrary under the rug and encourage the physical debilitation of those who have suffered pregnancy loss by discouraging any grief in this situation. To society, pregnancy loss cannot be a bereavement, necessitates no mourning rituals and therefore requires no grief.³⁸⁴ Even people who agree that a person who experiences pregnancy loss could be grieving may assume that the grief will be completed after a few weeks or a month at most. Judging them ללך זכות, they may just think that if the baby isn’t mentioned by the comforters, then the person who has experienced pregnancy loss won’t think about it and get saddened all over again.³⁸⁵ When the mother who is suffering doesn’t stop feeling grief on society’s timetable, other people often get angry with her.³⁸⁶

To summarize the situation as it has existed all too often, Allen states it best: “Lacking a physical image to grieve over, cultural permission to be honest, and marital support for feelings, each woman who miscarries in our Western society will all too often mourn alone.”³⁸⁷

A woman (or a man) who seeks to clarify to their friends and acquaintances that the grief being experienced does not operate on society’s desired time-table soon discovers that it will be far less frustrating to avoid ridicule altogether and remain silent. The emotion *maven* will remember that putting on an emotional mask does not remove the true emotions; if the true emotions are not given an opportunity to be vented, they tend to stick around and cause other distress.³⁸⁸

The bereaved parents will experience an ongoing difficulty in recovering emotional balance. Children seem to be everywhere, and with neither meaning nor meanness they create jealousy and the sensation that the world is being deliberately unfair towards the grieving parents.³⁸⁹

Family and friends

In most of life, including pregnancy loss, people in general will base the meaning they place upon other people’s actions and conversation on what it would mean if they themselves were to do or say something similar. Likewise, if one event (for example, a miscarriage) occurs, most people assume that everybody will react to that event in the same manner. Reacting differently can often be read as meaning that the loss is not felt as deeply by the differently acting partner. At a time of great stress this leads to much unnecessary strain on

383 Rando p. 121

384 Friedman p. 10

385 Ilse, *Empty* p. 58

386 Rando p. 122

387 Panuthos p. 19

388 Allen p. 178

389 Arnold p. 47

the couple's relationship. These differences are most clearly seen in the expectations and reality of identifying and communicating emotions; how soon a partner returns to work and how long the working day becomes; which items throughout the day trigger memories and extra sadness; the intensity of efforts made to try to understand any reason for the loss.³⁹⁰ This is all on top of the usual gender communication issues, and the obvious reality that the partner without the womb needs to work harder at comprehending the intensity of the loss for the partner with the womb. Even if she has energy left at the end of the day to be aware of the people around her, her husband has to emote on her frequency for her to realize that their pregnancy loss is also causing him pain.³⁹¹ If it happens that in protecting her he does not express his emotions for a long while, or alternatively she decides that he cannot understand her when she is emotional so she does not act as if she is still feeling grief, then it is almost automatic that something in the system will give. Sometimes it is one partner's health or sense of law and order. Other times it is the system itself that takes on the extra strain. The system then snaps, and the marriage is over.³⁹² It is extremely unusual for the woman to become less emotional. For some marriages, the women do the emoting for the entire system. In these marriages, once the woman achieves a level of acceptance through counseling, within a month the husbands will exhibit some new physical trauma.³⁹³

It is a truism that men's traditional roles (with the corresponding disconnect between their emotions and their actions that is encouraged by society) lead to the result that most men may have no sense that there is a connection between words like angry, guilty, sad, upset, disappointed and what they might feel at any given moment.³⁹⁴ The closest many men get is knowing if they're healthy or not healthy.³⁹⁵ For most, that's as much as they want to know about their internal reactions.

These internal reactions build up over time. Men who are not accustomed to self-disclose feel that a bomb might go off if they start now.³⁹⁶ This feeling is likely to be reinforced if either partner feels that disagreement implies disloyalty or lack of concern. It is especially important during these stressful times to be able to support the other's concerns and needs while simultaneously affirming that your each partner's concerns and needs might be different.³⁹⁷

Ilse summarizes one of these difficult areas and provides a way to turn this potential minefield into a city park. "Being "required" to be strong is different than choosing to be. If you feel disappointed and hurt about this miscarriage, being strong can be very lonely and isolating. Being able to share these feelings with your partner can

390 Rando pp. 123-124

391 Friedman p. 179

392 Van Praagh p. 167

393 Panuthos p. 89

394 Schwiebert p. 90

395 Allen p. 96

396 Allen p. 97

397 Ilse, *Empty* p. 19

be very valuable for both of you as you learn that being strong can be something you take turns at and is not the responsibility of just one partner."³⁹⁸

When there are already children in the family, unsuccessful pregnancy and neonatal loss takes on another dimension. The Dougy Center for Grieving Children in Portland, Oregon emphasizes four main principles when helping children cope with grief:

“• Grief is a natural and expectable response to loss. • Each individual carries within him an innate capacity to heal. • The duration and intensity of grief is unique for each individual. • Caring and acceptance are helpful to a person in resolving grief.”³⁹⁹ If their principles are true, then it is important and sensible to inform older siblings (that is, older than the child that died) about the loss. Where possible, children should be allowed to see and touch what has died, with other necessary age appropriate explanations. A child’s imagination is very vivid, and will usually come up with some grotesque figure that would explain why they can’t see or touch that which has died.⁴⁰⁰ A child’s method of reasoning is strange enough that even with this “hands on” understanding certain other erroneous conclusions might be logically reached. Using euphemisms to spare them from harsh reality isn’t that useful. Some children develop a fear of sleeping, if Baby Michael is just “asleep” for several months. Some other dangerous statements include (and are probably not limited to): We lost the baby. God wanted somebody good to keep him company. The baby went to the Hospital to die. The baby died inside Mommie’s tummy.⁴⁰¹

Death appears contagious in a magical way, and so a child’s first question is usually along the lines of , “How did I do that?” The child is hoping for an answer, because if the child knows how something dangerous happens the child can try to keep it from happening again. Children exhibit grief differently than adults, and call attention to their emotions by generally regressing in coping behaviors. This regressive behavior helps clarify the answer to their third question.⁴⁰² Whoever takes care of them when they are in their regressing mode will probably take care of them now. Table 7⁴⁰³ explores the matter more fully.

Nobody should expect children to act in ways that they have never seen modelled within the family. When nobody expresses emotions openly and nobody discusses the really important things in their lives, then children will be unlikely to do so. If the bereaved parents get pregnant again, children will often assume that this baby will take the place of the other baby and everything will be just like it was.⁴⁰⁴ Existing children can seem either more precious than before a pregnancy loss, or an energy drain that helped cause the pregnancy loss. Future children may be overprotected by parents who now fully “get” how fragile

398 Ilse, *Shattered* p. 28

399 Rosof p. 108

400 Rosof p. 164

401 Ilse, *Shattered* p. 36

402 Burnell p. 52

403 See Appendix C

404 Schwiebert p. 83

life is. If the parents are not forthcoming about the details (Mommy was simply sick, and she's getting better, etc.) then the unmentionable everpresent shadow will warp the children's emotional world in ways that cannot always be foreseen.⁴⁰⁵ For these reasons, as well as many others touched upon by the reference works cited in Chapter Two, secrets of this kind should not be kept from children.⁴⁰⁶

Children's grief is just as complicated as adult grief. As Ilse explains, "Our children's grief is affected by the circumstances of our miscarriages, how much they bonded with our babies prior to or following the losses, how we as parents deal with the losses and with life and loss in general, how we are changed by our losses, and by the fact that we interact differently now. ... Children may also feel hurt. When they are not included in healing rituals such as the preparation of memorials or mementos, they may feel confused, left out, or not important enough to be included. They may feel we are the ones who lost their babies. Then we became depressed and thereby abandoned them."⁴⁰⁷

Just as grieving adults will want to repeat the story of the loss as part of their grief work, children will often ask the same questions about the loss over and over again. This does not mean that the original explanation was inadequate.⁴⁰⁸ As described above, most people will find it difficult to reach out to anyone while engaged in the first intense stages of grief. So any slight gestures seem greater than they appear to others. With children this becomes much more problematic, because no matter how energetic we think we are when dealing with them, their perspective is far different,⁴⁰⁹ which may mean that we need to be either more energetic than we think we can, or that our efforts must be continuous.

Timing is everything, even in the way grief work is looked at. Nobody but the immediate family understands exactly how much conversation, whispered hopes and dreams, and physical preparations were entered into by the family based on when the child would arrive. Since none of this is public, some members of the public assume it doesn't exist, implying that there is no need for grief and there is nothing to grieve over anyway.⁴¹⁰ Other members of the public have also experienced pregnancy loss. They remember the responses that did not work for them and by avoiding those responses feel that they are thereby not making you feel as bad as they felt. Some, in an almost automatic defensive reaction, will proceed to tell you how much worse their situation was.⁴¹¹ Another population are friends who have not themselves experienced pregnancy loss, and assume that a loss of that kind would engender grief. There isn't always a ready handbook of "what to say when life sucks," and even these friends would rather you weren't so blue. So they will say something which usually cheers people

405 Allen p. 107
 406 Ilse, *Shattered* p. 32
 407 Allen p. 112
 408 Ilse, *Shattered* p. 33
 409 Panuthos p. 176
 410 Rando p. 133
 411 Ilse, *Shattered* p. 37

up.⁴¹² Sometimes that works well, and other times it is just a little better than the silent treatment, delivered by people who think that if you don't talk about it, you'll feel better.⁴¹³ When you don't feel better, that makes them feel worse, and then you almost always have to try and get them back into a good mood.⁴¹⁴ This can become a drag for everybody, and most of us will evade and avoid those encounters. Reconstituting a social group that a parent can stand to be with winds up being part of the grief work.⁴¹⁵

In any medical context the strictly physical takes priority. Patients who have miscarried have their physical needs seen to and are controlled for outbursts elsewhere than at physical therapy, which ignores the patient's perspective on the situation; there has been a loss which needs to be worked through.⁴¹⁶

Coping

I have shared a little of the literature on pregnancy loss in some of my classes. There are colleagues who relive their own trauma when reading bits and pieces of the poetry, and have expressed concern that these books might be too intense to give to grieving congregants. However, "Reading a book about pain and grief does not create new pain and grief in us. Rather, it may evoke in us an awareness and expression of grief that is already there."⁴¹⁷ One aspect of coping is being able to express and own the feelings that already exist. This may be facilitated through literature, friends, chaplains or clergy.

Even as these feelings are being clarified and expressed, the rest of the universe demands attention. It has been suggested by Rosof that each attempt of the universe to demand a decision be subjected to a 4-D process.⁴¹⁸ The universe doesn't actually require a grieving person to make poor life-altering decisions during this long process of reconstructing subjective existence. This process requires wisdom and patience on everybody's part.⁴¹⁹

Unsuccessful pregnancies knock most people for a loop. According to Ilse, "Coping, which can be either active or passive, helps you keep your balance. Active coping is taking charge of the situation in order to reduce stress. Passive coping is being able to identify and accept the unchangeable. Because our culture equates coping with doing something, passive coping can be more difficult for many."⁴²⁰ Depending upon economic and social factors, it is often the case that when pregnancy loss is combined with a diagnosis of infertility, the more difficult path of passive coping is often the only one left. Either path is filled with pain.

412 Johnson p. 15

413 Arnold p. 45

414 Jimenez p. 29

415 Jimenez p. 69

416 Burnell p. 129

417 Allen p. 11

418 Delegate, Defer, Decide or Decline. Rosof p. 71

419 Raphael p. 360

420 Ilse, *Shattered* p. 21

Since "coping" can become a life-long endeavor, there are many aspects involved. Knowing the probable painful path towards reintegration with family, friends and society is part of a process which often reduces the extra anguish the survivors feel which is caused by thinking that it must be insanity inside us when the bottom drops out or the hallucinations hit.⁴²¹

The necessary pain of grief can serve many functions. There are the necessary psychological functions mentioned earlier in this chapter and any current grief also acts as a conduit for unresolved previous grief.⁴²² The good news is that there is no statute of limitations on resolving previously unresolved issues.⁴²³

It might seem that this automatic reflex of clearing away old issues as new ones come up would also encourage completely open expression of emotion. Too many of us ignore one precursor of "successfully" navigating the grief roadmap. As Panuthos states: "Emotions are never adequately honored when we believe we are worthless, or when we view ourselves as victims and tragic figures. We must begin to see ourselves as good, as capable of reaching healing, and as deserving of support on our way."⁴²⁴ It is unfair that we also need to educate our friends and relatives on the appropriate way to provide us with the support we deserve. People who are attempting to comfort us really don't know when what they say hurts. Nobody knows when our polite responses are in sync with our internal drama.⁴²⁵

It is true that more appropriate and complete expression of emotion is both worthwhile and essential for healing;⁴²⁶ it is also true that some discrimination is needed to ensure that the expression of emotion is indeed appropriate to the situation. For example, anger should be expressed in the manner that would be most helpful to us and least hurtful to others, because I really don't need to rant at the person I think I'm angry with; sometimes I need to bewail the inherent unfairness in this universe.⁴²⁷ Other times I need to harness the energy of my grief and anger to help make the universe better.⁴²⁸ Unfortunately, even in the midst of my own suffering I cannot assume that things will improve or ripen with age without my help and support.⁴²⁹

Panuthos lists some beliefs that form the bedrock of every successful journey through the grief forest. It appears fairly logical that in order to combat the slough of despond that grief seems to be I must believe that the slough of despond is an interruption of my normal state, which is striving towards the good of complete health guided by my internal understanding; I must know that this is

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- 421 Allen p. 129
 - 422 Allen p. 208
 - 423 Schwiebert p. 25
 - 424 Panuthos p. 170
 - 425 Panuthos p. 166
 - 426 Panuthos p. 164
 - 427 Allen p. 153
 - 428 Allen p. 209
 - 429 Schwiebert p. 35

possible.⁴³⁰ Until this logic is actually accepted by me, an important and appropriate stopgap measure is suggested by Ilse; figure out one or two thoughts that will keep me getting out of bed each day.⁴³¹

A few questions from Schwiebert can function as touchstones for me to become more aware of my internal coping gyroscopes. Neither negative answers nor negative emotions that are evoked by these questions should be considered as signs that things aren't going well. They simply suggest a spot that this part of me inhabits upon the spectrum of public interaction. Schwiebert's questions are: "How do I feel about holding other people's babies that are the same age that my child would have been? What do I think when I see other pregnant women? What will it be like for me to return to the same hospital where my dead baby was born? What is it like walking through the baby department at the store?"⁴³² In the final analysis, the last stage of grief does not imply "happiness" or "contentment." The stage of acceptance is merely a marker at the far side of the grief jungle, and both happiness and contentment are often miles and decades away.⁴³³

430 Panuthos p. 121

431 Ilse, *Empty* p. 48

432 Schwiebert p. 37

433 Panuthos p. 150

Chapter Five

Modern Responses⁴³⁴

The dates found in my bibliography clarify the development of material on unsuccessful pregnancies and neonatal death. In the early 1980s the first books on pregnancy loss were written mostly from a health care provider's viewpoint. A health care provider who chose to write a book about unsuccessful pregnancies and neonatal death had usually either suffered an unsuccessful pregnancy or was otherwise personally affected by an unsuccessful pregnancy. The trickle down effect took a decade; in the 1990s there was an explosion of books and articles on unsuccessful pregnancies. In 1999, with the publication of *Tears of Sorrow, Seeds of Hope* there was finally a source for some Jewish rituals around unsuccessful pregnancies. The internet has provided another means of publicizing these nascent ritual responses, specifically through the website www.ritualwell.org. Any Jewish ritual that is developed should fulfill some part of the appropriate supportive steps as outlined by Rando.⁴³⁵

Rando's work was written from the perspective of a mental health professional, so the outcomes desired stem from a psychological perspective. The existence of therapists specializing in grief (and some grief specialists focusing on the sub-specialty unsuccessful pregnancy or neonatal death) is among the many communal responses to a perceived need. If there were no patients, then there would be no Doctors.

It is past time for those who create and publicize ritual to purposefully involve bystanders within the congregational (or larger) community, thereby informing those parts of the community who have not experienced or been touched by unsuccessful pregnancies that there is an appropriate range of

434. References referred to in this chapter include: Cardin, Rabbi Nina Beth *Tears of Sorrow, Seeds of Hope: A Jewish Spiritual Companion for Infertility and Pregnancy Loss* 1999 Jewish Lights Publishing ISBN# 1-58023-017-2; Central Conference of American Rabbis *דרכי צדק* David Polish, W. Gunther Plaut 1988 Central Conference of American Rabbis ISBN# 0-88123-004-9; Falk, Sandy M.D., Judson, Rabbi Daniel, Rapp, Steven A. *The Jewish Pregnancy Book: A Resource for the Soul, Body & Mind during Pregnancy, Birth & the First Three Months* 2004 Jewish Lights Publishing ISBN# 1-58023-178-0; Orenstein, Rabbi Debra, ed. *Lifecycles v. 1: Jewish Women on Life Passages & Personal Milestones* 1994 Jewish Lights Publishing ISBN# 1-58023-018-0; The Rabbinical Assembly *מרחיבים את המרחב* Rabbi Perry Raphael Rank, Rabbi Gordon M. Freeman, D.D., Ph.D. editors 1998 The Rabbinical Assembly ISBN# 0-916219-10-0 Rando, Therese A. *Grief, Dying and Death: Clinical Interventions for Caregivers* 1984 Research Press ISBN# 0-87822-232-4; Based on Rosof, Barbara D. *The Worst Loss: How Families Heal from the Death of a Child* 1994 Henry Holt and Company, Inc. ISBN# 0-8050-3240-1 p. 263; Arnold, Joan Hagan & Gemma, Penelope Buschman *A Child Dies: A Portrait of Family Grief* 1994 The Charles Press, Publishers, Inc. ISBN# 0-914783-72-6 p. 41; Friedman, Rochelle M.D., Gradstein, Bonnie M.P.H. *Surviving Pregnancy Loss: A Complete Sourcebook for Women and Their Families* 1982, 1996 Citadel Press Book - Carol Publishing Group ISBN# 0-8065-1758-1 p. viii; Jimenez, Sherry Lynn Mims *The Other Side of Pregnancy: Coping with Miscarriage and Stillbirth Including Causes & Prevention of Spontaneous Abortion & Stillbirth* 1982 Prentice-Hall, Inc. ISBN# 0-13-643163-1 p. 62.

435. Pp. 79-103. See Appendix D.

Jewish ritual responses to unsuccessful pregnancies and neonatal death.

From one Orthodox woman's perspective, there is a "secret society" of "strong and wonderful women"⁴³⁶ who have miscarried one or more times. After her miscarriage, she became aware of this society because they helped provide food and personal miscarriage stories.

These behaviors are reminiscent of those seen during both שבועה and בקור חולים. Food is generally provided in both cases. The purpose of conversation during שבועה is simply to console the mourner. Stories told during שבועה are usually about experiences with the deceased, (which is fairly difficult in the case of a miscarriage). Listening to the stories of losses that were suffered should be emphasized over telling stories about other people's losses, and each person should strive to their utmost to be attentively silent. On the other hand, conversation during a בקור חולים visit should primarily provide hope and connection. A suffering person can receive both hope and connection through visits by people who have had that particular experience and have survived. In this case, it is probable that those women who have survived loss but have not had children will stay away, ostensibly to keep from saddening the woman involved but primarily because that particular combination of loss and Job-like recovery that others in the community have experienced is too painful for someone who has not been graced with a Job-like recovery.

It is interesting to note that in this particular Orthodox community the support for the loss, while within the rubric of בקור חולים, approaches quite closely the communal response mandated for נידום אבלים.

Our experience has been that a couple who suffer an unsuccessful pregnancy are suddenly considered "safe" people with whom the community is willing to share prior losses.

Secular society's expectations concerning unsuccessful pregnancies seem to be changing at a comparatively rapid clip even as this is being written. Prior to 2001 there was no public acknowledgment that a woman who delivered a stillbirth had gone through labor in order to be delivered of a child who just happened to be dead on arrival. In 2001 Arizona was the first state to pass a law enabling birth certificates for stillborn children⁴³⁷, and 827 certificates have been issued by that state. Nine other states⁴³⁸ have passed similar laws.⁴³⁹ Currently in process is a federal fetal crime bill, which would make harm to a fetus or embryo caused by violence punishable to the same degree that similar harm to the

436. *Jewish Standard* Opinion March 5, 2004 **The Secret Society** Banji Latkin-Ganchrow

437. Technically, a "Certificate of Birth Resulting in Stillbirth."

438. According to www.missingangelsbill.org, Illinois (8-21-2003), Indiana (7-1-2002), Louisiana (8-15-2003), Maryland (6-1-2003), Massachusetts (8-10-2002), Michigan (10-10-2002), New Jersey (1-20-2004), Utah (4-16-2002) and Virginia (7-1-2003) are the other states with laws which enable a Certificate of Birth Resulting in Stillbirth. The New Jersey law amending R.S. 26:8-37 took effect approximately on March 20, 2004. It applies retroactively to all stillbirths.

439. *The Record* front page September 25, 2003.

pregnant woman is.⁴⁴⁰ The legislation defines the unborn child as "a member of the species homo sapiens, at any stage of development, who is carried in the womb."⁴⁴¹

Should these changes become more accepted within society, it should also become obvious that the community⁴⁴² should show its support for those experiencing unsuccessful pregnancy. This is not a case of secular society granting amnesty for criminals or deciding that murder is no longer a crime. As support within the general community grows for families enduring unsuccessful pregnancies and neonatal death, support within the Jewish community for those who have suffered these losses will also grow, leading to requests for clergy guidance on the appropriate role of the community in these situations.

An effective communal ritual is designed to help the couple work through their particular issues, based on their position on the grief spectrum. As far as we knew, there were no such rituals in the early 1990s⁴⁴³. To have been effective for us, any ritual would have to involve a maximal portion of the extended family; the ritual should show through deed that the community acknowledged our loss; the ritual should clarify that our grief was an essential part of our rejoining the community. The ritual, by definition, would have to tie in with the Jewish tradition. Although miracles happen all the time, often protecting us from physical and spiritual harm, the ritual that would work for me cannot use words that assume that my particular situation deserves a miracle. By definition, God is capable of arranging reality so that a blocked fallopian tube, non-productive ovaries and natural spermicides produced within the womb become irrelevant. However, God's capability doesn't always translate to a changed reality. When others assume for me that God will include my particular case as a candidate for a miracle and rearrange these physical barriers simply by asking, then it feels to me like the reality of the pain is being shifted away from my spirit to a recalcitrant body part. This mindset could lead me to postpone any integrative acceptance of my situation.

An effective ritual would have to be structured in a manner that shows awareness of at least two dimensions of the grief process. One dimension is this current loss, and the other dimension is the eventual loss of hope and faith in miraculous possibilities. There is a difference in attitude between people who are continuing to pursue all medical options for conception, and those people who have come to the end of their conception voyage. Our last "loss" was within an IVF cycle, where the discovery that conception did not work happened even earlier in the process than implantation would have occurred. I'm not sure that a

440. The recent conviction of Scott Peterson on the count of second-degree homicide of his unborn fetus is one example of how a similar California law works.

441. *The Record* front page March 26, 2004

442. As I indicated in Chapter Four, community/society can mean family, friends, experts and the media. These community subsets are sometimes at odds with each other when it comes to sending appropriately comforting messages.

443. The 1988 Reform Rabbi's Manual did have such rituals. I did not discover those rituals until 2004.

failed embryo at that stage would normally even be noticed⁴⁴⁴, yet because we were now aware of how many eggs were fertilized, how many fertilized eggs continued to grow, and approximately when the growth stopped, we experienced intensified⁴⁴⁵ grief.

Many rituals were created and developed throughout the 1990s, as women Rabbis rectified various glaring lacks within the Jewish tradition. The area of unsuccessful pregnancy (including abortion-by-choice) was one of many such lacunae within even the modern tradition.⁴⁴⁶ Abortion is no longer merely considered as an example of a completely different halakhic principle, the *רודף*.⁴⁴⁷

There has been one book in particular dealing with rituals specific to unsuccessful pregnancy and neonatal death written recently⁴⁴⁸ as well as a website, www.ritualwell.org. Both Cardin and the website rely heavily on the already-mentioned *Lifecycles Volume 1* for content. Everybody utilizes Rabbi Amy Eilberg's **A Grieving Ritual following Miscarriage or Stillbirth**⁴⁴⁹. *Lifecycles* was originally published in 1994, and at that time Rabbi Eilberg's stated assumption was that there would be a small group of friends at most within the Rabbi's study for this ritual. The ritual described does acknowledge the loss, and does tie in the tradition quite well. What's even better for me is that there is no mention of our barren matriarchs; there is no mention of how Isaac's entreaty and Hannah's prayer worked to solve their problems; there is a space for the *יכור* based life-affirming gesture of *צדקה*; there is no hint that another pregnancy is necessary.

The liberal branches of Judaism have included several attempts at appropriate rituals within their recent Rabbinic Manuals. In my search for a ritual that would have worked for me, I intend to critique what I have been able to find in some detail.

It is understood that the strictly traditional branches have nothing for me to critique; pregnancy loss is merely a medical event.

Both the RA and the CCAR have sections in the looseleaf version of their Rabbinic Manuals on pregnancy loss. I have access to the handheld versions of the RA and the CCAR Rabbinic Manuals.

The RA Manual

444. When we underwent other treatments for infertility, we were aware of becoming pregnant a month or two before we tested ourselves the first time. IVF involves processes which occur before that.

445. Any left over emotional residue from prior losses and attempts which did not succeed all tagged along behind the disappointment, sorrow and grief we felt for this last loss.

446. From the Table of Contents of *Lifecycles Volume 1: Jewish Women on Life Passages & Personal Milestones* Rabbi Debra Orenstein, editor: Caesarean Section, Infants with Disabilities, Infertility, Menstruation, Commitment Ceremonies, Separation (not yet divorced). The rest of the book consists of women's perspectives on the rest of the life cycle, most of which is dealt with in some fashion in the Tradition already.

447. *The Jewish Pregnancy Book* Sandy Falk MD and Rabbi Daniel Judson 2004 pp. 30-35;

448. *Tears of Sorrow, Seeds of Hope: A Jewish Spiritual Companion for Infertility and Pregnancy Loss* Rabbi Nina Beth Cardin

449. Including *מורה דרך*, The Rabbinical Assembly Rabbi's Manual (1998 edition) pp. I-36 -I-41.

“When informed of a miscarriage, the rabbi must take special care in responding to this unique grief of the couple who have had their dreams wrenched away. In addition to counseling, the rabbi should utilize the conventions of בקור חולים - help the couple identify friends and family members whom they wish to tell, assist in the informing, and work together with the congregation’s חברת בקור חולים. In doing so, the rabbi can guide friends and relatives in how to best comfort the couple and attend to their needs, both physical and emotional.

“The rabbi can offer to make a discreet מי שברך for the couple. Once the woman feels up to returning to the synagogue, ברכת הגומל can be recited. If the couple wishes, a time set aside for close friends and family to visit could be arranged. It could even coincide with a religious service. The rabbi may also suggest טבילה במיקוה for the woman, emphasizing its symbolic, restorative powers.”⁴⁵⁰

Miscarriage is dumped into the realm of בקור חולים, and the assumption I see in the words “The rabbi can offer to make a discreet מי שברך⁴⁵¹” is that publicly consolable grief doesn’t enter the picture.⁴⁵²

Starting on page I-9, there are six different prayer settings provided which the manual indicates might be read by *The rabbi, a friend, the grieving mother or couple ... during a time set aside for visit and comfort.*⁴⁵³

“He blossoms like a flower and withers; he vanishes like a shadow and does not endure. Seeing his days are determined, the number of his months are with You; You set him limits that he could not pass. [Job 14:2, 5]”⁴⁵⁴

“For first pregnancies terminated before 40 days: Not having reached 40 days of life, this fetus did not open my womb. It was not my bekhora. Still I grieve its passing out of the protection of my body. [The mother continues with “you know when the wild goats ...”]⁴⁵⁵

“For first pregnancies terminated after 40 days: Having reached ____ weeks, this fetus was my bekhora, opening my womb. I grieve its passing out of the protection of my body. [The mother continues with “You know when the wild goats ...”]⁴⁵⁶

“If not the first pregnancy: Having reached ____ weeks, this fetus would have been my (number) child. I grieve its passing out of the protection of my body.”⁴⁵⁷

This first setting begins with three possible introductory prayer paragraphs for the mother to say before reciting ברכת הגומל. The first two involve the technical status of a first pregnancy - is this a בכור or not? If it wasn’t, the text states “Still I grieve”. If it was, the text states “I grieve”. This appears to imply that a miscarriage involving a בכור is more worthy of being perceived as a loss than one which technically is not. In the paragraph on subsequent pregnancies, the text

450. RA 1998 manual p. I-8

451. RA 1998 manual p. I-8.

452. Since you don’t recite a מי שברך for a mourner.

453. RA 1998 manual p. I-8

454. RA 1998 manual p. I-9

455. RA 1998 manual p. I-9

456. RA 1998 manual p. I-9

457. RA 1998 manual p. I-10

states "this fetus would have been my (number) child." Regardless of the halakhic status of the fetus, the adults involved became parents for a while.⁴⁵⁸ This fetus was their child, period.

"You know when the wild goats of the rock give birth. You mark when the hinds calve. You created the miracle of birth and the wonder of the body that cares for mother and child. *Dayan Ha'emet* - Judge of Truth, You care for Your creatures even when such care tastes bitter. Who are we to understand Your ways, to know what future would have lain ahead for myself and my child had it come to term? *Harahaman*, Merciful One, heal my body and my soul; heal my womb so that I may carry to term a healthy soul, that I may come to sing Your praises as a happy mother surrounded by her children in the courtyards of a Jerusalem at peace. [After Job 39:1]⁴⁵⁹

I find this permutation of Job 39 utterly abhorrent. My summary of their version is: God wanted this to happen. My life would have been worse if it didn't. I will treat this as an illness that I will recover from and forget.

"May the One who shares sorrow be with us now for we have experienced the loss of potential life. We were full of hopes for this unborn child and we are saddened by the loss of what might have been.

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

"Adonai, we praise you, for You share sorrow with Your creation."⁴⁶⁰

This prayer I can live with, and I would recommend using it as part of a public mourning ritual, instead of "a time set a side for visit and comfort."⁴⁶¹

"A season is set for everything,
a time for every experience under heaven:
A time for planting and a time for reaping;
A time for keeping and a time for discarding;
A time for loving and a time for hating;
A time for embracing and a time for refraining;
A time for slaying and a time for healing;
A time for laughing and a time for weeping;
A time for dancing and a time for wailing;

458. Based on Rosof, Barbara D. *The Worst Loss: How Families Heal from the Death of a Child* 1994 Henry Holt and Company, Inc. ISBN# 0-8050-3240-1 p. 263; Arnold, Joan Hagan & Gemma, Penelope Buschman *A Child Dies: A Portrait of Family Grief* 1994 The Charles Press, Publishers, Inc. ISBN# 0-914783-72-6 p. 41; Friedman, Rochelle M.D., Gradstein, Bonnie M.P.H. *Surviving Pregnancy Loss: A Complete Sourcebook for Women and Their Families* 1982, 1996 Citadel Press Book - Carol Publishing Group ISBN# 0-8065-1758-1 p. viii; Jimenez, Sherry Lynn Mims *The Other Side of Pregnancy: Coping with Miscarriage and Stillbirth Including Causes & Prevention of Spontaneous Abortion & Stillbirth* 1982 Prentice-Hall, Inc. ISBN# 0-13-643163-1 p. 62.

459. RA 1998 manual p. I-10

460. RA 1998 manual p. I-11

461. RA 1998 manual p. I-8

A time for birthing and a time for dying;
 A time for speaking and a time for silence;
 A time for seeking and a time for losing. [After Ecclesiastes 3:1-8]⁴⁶²

The line עת ללדת ועת למות, usually translated "A time to be born and a time to die;" is translated here as "A time for birthing and a time for dying." I find this problematic in this situation because the times of birthing and dying appear in the text as if they occur at different moments. It is not true in this case that there was "A time for birthing and a time for dying". In this case there was merely simultaneous birthing and dying for some; for those who consider miscarriage as an intense example of a medical problem, there was neither birthing nor dying.

הרופא לשבורי לב -

Healer of the brokenhearted:

We mourn today; we grieve with You.
 For the one who could have been,

You grieve, too.

We mourn that living being
 Who never knew the joy of simple breathing.
 אל רחום וחנן -

God, Source of Life, Merciful and Gracious:

We have loved and we have lost.

Ours is the grief of dreams turned to dust.

Should the threat of despair persist,

Give us the inspiration to regenerate hope.⁴⁶³

I find this rather pedestrian, but not otherwise problematic.

"Out of the depths we call You, Adonai.

Adonai, listen to our cry. [Psalms 130:1-2]

Adonai is our light and our help,

Whom shall we fear? [Psalms 27:1]

As a deer longs for flowing streams,

We long for You, O God.

Our souls thirst for God, the living God.

Day and night, tears are our nourishment.

How downcast our souls in despair.

Still we hope in God; we will yet praise God,

Our ever-present help, our God. [Psalms 42:2-4, 12]

You will yet turn our lament into dancing,

Our sackcloth to satin, our tears to joy. [Psalm 30:12]

We seek refuge in You, O God;

May we never be disappointed.

Into Your hand we entrust our spirits. [Psalm 31:2,6]⁴⁶⁴

462. RA 1998 manual p. I-13

463. RA 1998 manual p. I-14

464. RA 1998 manual p. I-15

When unsuccessful pregnancy is combined with infertility, then I believe these selections will prove less comforting. When this unsuccessful pregnancy was the last attempt at a pregnancy then any breath of hopefulness within these Psalms seems inappropriate and jarring. In other instances of unsuccessful pregnancies the couple may find a comforting connection in liturgical texts recited among the community.

“May the *Kadosh Barukh Hu* who blessed our mothers, Sarah, Rebecca, Rachel, and Leah, bless and protect (mother’s name). May the wounds she has suffered, both physical and emotional, soon be healed. May she find comfort in knowing that You, O God, weep with her.

“May God, Source of Life, the Creator of all flesh, restore _____’s body to its rhythms and her soul to its songs of joy. As she and (father’s name) stand before You, help them to ease the pain, acknowledge their loss, and move forward. May all of us here be committed to living, always aware that we are created in Your image - by caring, supporting, and loving one another - in times of pain as well as in times of joy. As we have wept together, so may we soon gather to rejoice together. And let us say: Amen.”⁴⁶⁵

This is a modified *מי שברך*. The only quibble I have is in the wording “help them to ease the pain, acknowledge their loss, and move forward.” Assuming this takes place within two years of the loss, I would have eliminated the phrase “move forward.” In this pastoral context, encouraging hope this soon can be perceived as an indication that the Rabbi isn’t willing to recognize or just can’t deal with this particular pain. A physical wound that was similarly grievous would be allowed time to heal before major expectations are placed upon the parent; “moving forward” before the emotional pain has been worked through can lead to greater problems down the road.

There is a section titled “Memorial ceremony for neonatal death and burial.”⁴⁶⁶ The introduction to the actual ceremony includes the following paragraph: “The rabbi may want to involve the parents in selecting readings for the service. Some families, for example, would find the passage (II Samuel) about King David’s reaction to the death of Bathsheba’s baby healing, while others might find it hurtful. In the case of stillbirth or very early infant death, the story of Beruriah’s comfort to Rabbi Meir on the death of their sons would not be appropriate. It may be preferable to read only selected verses from those Psalms usually associated with the funeral service, rather than any of these psalms in their entirety.”⁴⁶⁷

I would suggest that if the parents do not feel up to selecting their own readings then we need to listen closely enough to the parents that we can recognize what theological spin they already put upon this event. This will help clarify which texts would resonate well with the parents and which would be emotionally dissonant.

465. RA 1998 manual p. I-16

466. RA 1998 manual p. I-18 - I-33

467. RA 1998 manual p. I-20

"1. _____ and _____ mourn the loss of their child for whom they waited longingly (but could enjoy only briefly.) They grieve for what might have been - for joys unrealized, for hopes thwarted, for love blighted. Their arms are empty; their hearts are filled with sadness.

"Help us bring consolation to them. God, give us the ability to help those bowed with sadness to regain strength. Let us support them as they ask the inevitable, unanswerable questions. Help us to raise them from the depths of sorrow - slowly, lovingly. Enable us to lead them from the night of desolation to the dawn of another day. God, be with them and teach us to be with them too.

"Embrace and protect _____, that (he/she) may find shelter under Your care. May (his/her) soul be bound up in the bond of life. (*Adapted from The Rabbi's Manual, Maaglei Zedek*)⁴⁶⁸

"2. Eternal Source of Life, we are sorrowful this day. _____ and _____ were anticipating the birth of a child into their lives. Already, they had many loving plans for their child. But the life which had begun to grow and develop is no more. _____ and _____ are left with empty arms and broken hearts. Where the thoughts of this coming child had once been are now thoughts about loss and failure. We are saddened by the mystery of death and by our inability to shape life to our wishes.

"We may rail against heaven and be angry with the blind forces that so quickly end the fragile beginnings of our hopes. But You, God, mourn with us. Adonai shares in our grief, in this quick extinguishing of the spark of being that had barely begun. We weep and mourn together, humans and God, for the little one who (was/might have been), but will not be with us in this world.

"We turn to You, Adonai, for comfort. Heal _____ and _____ and all members of their family in their sorrow. Help us, their community, to sustain and uphold them as they gather their lives together.

"Adonai has given and Adonai has taken; praised be the name of Adonai.

[*Adapted from The Rabbi's Manual, Maaglei Zedek*]⁴⁶⁹

The selections above are adapted from the two sections in the Reform Rabbi's Manual, מעגלי צדק, quoted below. Upon finally being able to read through these two selections without an emotional filter of loss, I find that the second option speaks best to me. I would have included this selection as an option for all unsuccessful pregnancies, and not just for a neonate or stillbirth.

"BIBLICAL PASSAGES, PRAYERS AND POETRY *For the rabbi to choose, according to the family's needs: ...*

"(He/she) blossoms like a flower and withers; (he/she) vanishes like a shadow and does not endure. [*Job 14:2*] ...

"Before I created you in the womb, I knew you. Before you were born, I consecrated you. [*Jeremiah 1:5*]⁴⁷⁰

468. RA 1998 manual p. I-21

469. RA 1998 manual p. I-22

470. RA 1998 manual p. I-23

“Adonai, You have been our refuge in every generation. Before the mountains came into being, Before You brought forth the earth and the world From eternity to eterninty, You are God. You return human beings to dust. For in Your sight, a thousand years Are like a yesterday that has passed, Like a watch in the night. Teach us to make each day count, That we may attain a heart of wisdom. Adonai - how long must we suffer? Have compassion upon Your servants. Grant us of Your love in the morning, That we may joyously sing all our days. Match days of sorrow with days of joy, Equal to the years we have suffered. Then Your servants will see Your strength. Then they will realize Your Presence. May Adonai, our God, show us compassion. and (sic) may the Creator establish the work of our hands. May God firmly establish the work of our hands. [Psalm 90:1-4, 12, 13-17]”⁴⁷¹

“As a father has compassion for his children Adonai has compassion for those who show reverence. God knows how we are fashioned, God remembers that we are dust. The days of mortals are like grass; We flourish as the flowers of the field. A wind passes over them and they are no more; And no once can recognize where they grew. But Adonai’s compassion is everlasting. God’s kindness to children’s children, to all the reverent ones, Endures, age after age, unchanging. [Psalm 103:13-17]”⁴⁷²

“The kindness of Adonai has not ended, God’s mercies are not spent. They are renewed every morning - Ample is Your grace! “Adonai is my portion,” I say with full heart; Therefore will I hope in God. Adonai is good to those with trust, To the one who seeks God; It is good to wait patiently Till rescue comes from Adonai. [Lamentations 3:22-26]”⁴⁷³

In addition to the Biblical selections above, there are some more famous options⁴⁷⁴ among this first set of choices. This section of the burial is concluded by one of the following:

“*For stillbirth* ... Seeing (his/her) days are determined, the number of (his/her) months are with You, You set (him/her) limits that (he/she) could not pass. [After Job 14:5] Healer of the brokenhearted: We mourn, today; we grieve with You. For the one who could have been, You grieve too. We mourn that living being Who never knew the joy of simple breathing.”⁴⁷⁵

“*For the infant born alive* ... We have known the glory of new life, No longer than a breath. The passing of a shadow Burnt a path across our breast. How brief this brush with a miracle How painfully short a stay. But long enough to revere You, God, for we are wondrously made. [After Psalm 139:14] ... If on this day our praise is thin, With one voice short, we sing - Do not boast of tomorrow, For who knows what it will bring. [After Proverbs 27:1] ... God, Source of Life, Merciful and Gracious: We have loved and we have lost. Ours is the grief of dreams turned to dust, Should the threat of despair persist, Give us the inspiration

471. RA 1998 manual p. I-27

472. RA 1998 manual p. I-28

473. RA 1998 manual p. I-29

474. II Samuel 12:16-23 (see chapter 3), Psalm 23 (Adonai is my shepherd)

475. RA 1998 manual p. I-30

to regenerate hope.”⁴⁷⁶

These Biblical selections are followed by an opportunity to proclaim a name for a not-yet-named child. After this, there are suggested concluding statements. In the event of a live birth, it is suggested that אל מלא, צדוק הדין, and קדיש can be recited.

“CONCLUSION Let us reach out to _____ and _____. let their tears fall on us. Let their sorrow and pain break against us. Let our love and our deeds speak for us. In the presence of boundless grief, the poet said, ... “There is no longer a prayer on my lips.” Yet we must pray, just as we must weep, because we can do no other.

“O God, be now with _____’s grieving family. Help them draw near to one another in their need for love and strength. Teach us to place our arms about them and to feel their sorrow. Be with the mourners in their grief, until hope breaks through like the dawn at the end of night. ... God is with us, whenever and wherever needed. May God now join with us in comforting you and all who have mourned for Zion and Jerusalem.”⁴⁷⁷

The CCAR Rabbi’s Manual

The Reform Rabbi’s Manual does not place its paragraphs for stillbirths and neonatal death in a separate section for “pregnancy issues.” It integrates the following selections among seven other options which attempt to individualize the rabbi’s comments during a funeral.

Their option #7, “(For a young person.)

“Can there be a lament greater than for a young life lost?

“In the depths of grief and despair, O God, keep us strong so that we may help the stricken to regain strength. help us to support them as they ask the inevitable question.

“We grieve for what might have been: for joys unrealized, for tasks undone, for hopes thwarted, for growth arrested, for love blighted, for challenges unmet.

“Help us to bring consolation to the bereaved. Help us to raise them from the depths of sorrow: slowly, lovingly. Help us to lead them from the night of desolation to the dawn of another day. Then the memory of their beloved שמואל will be able to return gently, peacefully, to their hearts.

“May his/her memory live among them, allaying their grief, instructing them in the ways of living, and helping them to find meaning in the mystery of eternal life.

“God, be with them, and teach us to be with them, too.”⁴⁷⁸

The following is their ninth option, filled out as it would have been if it had been used for us.

476. RA 1998 manual p. I-31

477. RA 1998 manual I-33

478. CCAR 1988 manual p. 143

“O God, heal the sorrowing hearts of Your children, צבי לייב בן נחמה and אביגיל יקירה בת אברהם יוסף וריבה פערל. 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. May צבי לייב בן נחמה and אביגיל יקירה בת אברהם יוסף וריבה פערל be strengthened by God, who lives within us all. May they be consoled by the divine promise of help that comes to us in our sorrow. Take this child into your eternal shelter, O God, as we mourn for a life unrealized. May his/her soul be bound up in the bond of eternal life.”⁴⁷⁹

This version of the ritual establishes a place for the community. I would have liked the ritual to include a space for our child's Hebrew name, כוכב שמואל בן צבי לייב ואביגיל יקירה.

479. CCAR 1988 manual p. 145

Chapter Six

Modern Responsa⁴⁸⁰

It is customary to begin with the earliest layers of Jewish thought, and follow those to a conclusion. If this were merely my personal responsum, I might do that. For my purposes, in order to uncover the foundation stones of recent practice I need to begin with the most current layer.

The underlying assumptions of current practice are undergoing a process of change. I have relatives who were informed less than a decade ago by their Orthodox rabbi that the females in the family could not say Kaddish in public, and were not allowed to be notified of Yahrzeit dates. This contrasts greatly with material I have recently read⁴⁸¹ from an Orthodox perspective which clarifies that anyone can take upon themselves mourning for a lost person who is not among official relatives.

There are several aspects of pregnancy loss and neonatal death which have been discussed in the various movements. Three aspects which have the most to do with comforting the parents are burial and funeral possibilities for the unsuccessful pregnancy or neonatal loss; the permissibility of recitation of Kaddish without obligation; declaring what constitutes appropriate comfort for those who have suffered a loss.

480. Sources cited in this chapter:

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481. Levy

All responsa rely on previous halachic works. The works that are most often referenced will be discussed or analyzed later in this paper; time constraints and the focus of this paper do not allow for a complete historical analysis.

Orthodox Responsa⁴⁸²

At its most effective, Halacha requires clarity of terms. I will try to adhere in my paraphrases to the clarity contained within the original.

סיכום: אין מתאבלים על תינוק עד שיצא מכלל ספק נפל, כדאיתא בברייתא (שבת קל"ה:) רבן שמעון בן גמליאל אומר כל ששהה ל' יום באדם, אינו נפל⁴⁸³. ויום הל' בכלל השלושים, ... איז מתאבלין עליו, ודינו כמו גדול. ואם לא עברו עליו ל' יום, איז אין מתאבלין עליו כלל, אפילו שיש לו שערות וצפרנים.⁴⁸⁴ והטעם, כיון דספק נפל הוא.⁴⁸⁵

Summary: We don't mourn for a baby until the baby no longer falls within the category of potentially unsuccessful pregnancy, per the quotation on Shabbat 135b. "Rabban Shimon ben Gamliel said, "all that remains thirty days among humanity is no longer considered an unsuccessful pregnancy." The thirtieth day is included within the technical "thirty days." ... from that time we mourn for him, and the case is handled like any older person. When thirty days have not passed, then there is no public mourning at all, even if the infant has hairs and nails, since it falls into the category of "potential miscarriage."

וכל זה דוקא, כשאין ידוע ששלמו לו תשעת חדשי הריון מלאים ... ואם ידוע בבירור ששלמו לו תשעה ירחי עיבור ... איז אפילו אם מת ביום ראשון ללידתו מתאבלין עליו, וכגדול דמי.
This [status of potential miscarriage] is based on our [halachic] doubt as to whether the pregnancy lasted a full nine months. ... when it is clear that the pregnancy lasted a full nine months ... then even if he dies on the first day of life we mourn for him.

ונחלקו הראשונים אם צריך ט' חדשי הריון מלאים, שהם בני שלושים יום, ואז תלד ביום רע"א מעיבורה. או אפילו סגי במקוטעין, דהיינו שיש ביניהם מקצת חדשים חסרים, ואז תלד בפחות מרע"א יום. דעת הרמב"ן להחמיר, שאפילו במקוטעין מתאבלין עליו, וכ"כ הטור. אולם הרמב"ם מיקל, ומצריך רק חדשים גמורים. ...

There was an argument over whether nine full months meant the child was born on day 271 or later, or whether nine full months followed the calendar for that year. Ramban is more stringent, as is the Tur, requiring mourning [in more cases.] Rambam is more lenient, and only requires [mourning] when the child is born on day 271 or later.

ולעניין תינוק שנולד, שלא ידוע לנו אם נשלמו לו חדשיו, ומת ביום ל"א ללידתו, וטרם עברו עליו שלושים יום מעת לעת, אי בעינן שלושים יום מעת לעת או לא ... דעת החתם סופר להחמיר ומתאבלים עליו ... וכ"כ ערוך השלחן וגשר החיים. אולם דעת השואל ומשיב להקל, ... וכן הסכים הרב פעלים. וכן

482. This is a small sampling only.

483. Chapter Nine examines this oft-quoted ברייתא in more detail, since this seems to form the basis for everybody's opinion.

484. The relevance of perfect form, and the connection between form and length of pregnancy become clearer by the end of Chapter Eight.

485. In general, מחמירין בספק ואם ההלכה דרבנן, מקילין בספק. Which option is lenient and which option is stringent is not always clear to my modern sensibilities.

פסק להלכה בילקוט יוסף ...⁴⁸⁶

Concerning a child who is already born, and about whom we don't know at which point in the pregnancy he is born, who dies on the 31st day after birth, but not after the time he was born - the stringent (the Hatam Sofer, Aruch haShulhan and Gesher HaHayyim) hold that he should be mourned, and the lenient (haShoel uMeishiv, Rav Poalim, Yalkut Yosef) hold that he should not be mourned.

סיכום: תינוק שמת, וספק מיהו אביו, ראובן או שמעון. ... ופסקו התוספות, ששניהם, היינו ראובן וגם שמעון, צריכים להתאבל על הולד. והטעם, דאע"ג דאיכא ספיקא, וספיקא דרבנן לקולא, מ"מ החמירו חז"ל, דגנאי הוא לתינוק המת שלא יתאבלו עליו. ... כל החומרא שמטילים על ראובן, דוקא בעודם בחיים, היינו שגם שמעון חי. הא אם מת אחד מהם, פטור השני מלהתאבל על הולד. ... רבי אליעזר כתב, דרוב הנולדים הם לט'. ... ונותנים על הולד חומרי הראשון.⁴⁸⁷

Summary: When a child dies with more than one potential father ... the Tosafot ruled that both of them must mourn the stillbirth. Why? Even if there is doubt, and a doubt concerning a rabbinic enactment usually results in a lenient outcome, in any case the sages were stringent about this, since it is shameful for the dead baby if nobody mourns him. ... This stringency upon either potential father only applies when both are living; when one of the potential fathers dies then none of them is obligated to mourn. ... Rabbi Eliezer wrote that most of the pregnancies now are a full nine months ... the infant is placed in the category of those for whom mourning must be observed.

סיכום: ... כתב בהגהות אשר"י בשם האור זרוע, תאומים שמת אחד מהם תוך ל' יום, והשני עדיין חי אחר ל' אין מתאבלים עליו כלל, אפילו אם מת בסוף שלושים. והסביר הב"ח, מה שכתב: אין מתאבלין עליו, מופנה על התאום הראשון. והטעם, הואיל והתאום השני הוא בר קיימא כיון שעברו עליו ל', הייתי אומר שנחשיב גם את הראשון כבר קיימא, וכדין טיפה אחת שנחלקה, קא משמע לך, שלא. אלא הראשון נחשב כנפל, ואין מתאבלין עליו.⁴⁸⁸

Summary: ... It's written in the Hagehot Asheri quoting the Or Zarua that in the case of twins, one of which dies within the thirty days and the other one is still alive. There is no mourning for him at all, even if the twin didn't die until the thirty-first day was almost upon him. The BaH clarifies that when he wrote "no mourning for him" that the "him" referred to the twin that was dead. I might have thought that both twins should retain the same status, but in this case the first is considered a miscarriage and there is no mourning for him.

Zimmer clarifies that "pregnancy loss" is a larger category which includes four subsets: מפולת, נולד מת, נפל, נולד חי. None of these have reached the stage of ברך דין אמת שמירה, no candle, no kissing the dead or looking at the baby. While it isn't a death, it is a loss, so you do recite אמת upon receipt of the bad news. It is appropriate to refrain from meat and wine, and eat at a different table. תהרה is debatable, with authorities coming down on both sides. While it must be buried, there is neither a eulogy nor a procession, צדוק הדין or קריע. Males should be circumcised before burial, and all children should receive a name. There is no autopsy. All of the above are in reference to months 4 of the pregnancy through birth.⁴⁸⁹

486. עמר רס"ז-רס"ז

487. עמר רס"ח

488. עמר ר"ע

489. זימער

The Orthodox mourning ritual for pregnancy loss is geared for private observances. The public is not required to validate any feelings of sadness, although it is made clear that the father will not be the same. The private rituals are only allowed after 4 months gestation; before that time the tissue is not considered sufficiently close to potential life to be buried.

Conservative Responsa⁴⁹⁰

There is no need to impose the obligation of mourning upon a person if their child is not full term. If the child is full term, all rituals are observed within the family, but the community is not invited to participate or be aware. Therefore, recitation of קדיש is permitted, but not required.⁴⁹¹ Burial is only necessary after the fifth month of gestation. Those who suffer may be comforted, even if they do not fall in a particular Halachic category. The tissue from the pregnancy loss should not be named, and if there is a monument, only engrave the surname upon it.⁴⁹²

Rabbi Blank⁴⁹³ wrote in 1991 that the community should be involved. They couldn't be involved as comforting mourners, since the parents didn't qualify as mourners, so they should be involved as visiting the sick. The mother was obviously recovering, and Rabbi Blank did incredible linguistic gymnastics to make the father sick too. Rabbi Eilberg responded: "A mother, and a father, who have lost a fetus by miscarriage, are not sick. They are grieving."⁴⁹⁴ This is not a disease, not illness; their experience has nothing to do with pathology - either physical or mental. What they have suffered is a loss, and what they need most of all is acknowledgment of the reality and profundity of that loss, and support in their grieving process."⁴⁹⁵

"In short, to apply the model of בקור חולים to miscarriage is to convey to the bereaved parents two highly dysfunctional messages about pregnancy loss: their primary problem, loss, is denied and distorted, and they are encouraged to think in highly unrealistic terms about the grieving process. Grieving, unlike illness, takes time - a lot of it. This is not because grieving is "sick;" it is not. But healthy grieving takes time, far more than the few days these parents could imagine themselves to be חולים. Bereavement professionals agree that grieving a pregnancy loss quite normally may take a full year."⁴⁹⁶

"Perhaps instead there needs to be a modification of the practices of אבלות for the occasion of pregnancy loss, acknowledging that this particular loss is different from the death of a living person. But Jewish bereaved parents need so desperately to hear and feel that their community, and the halakhah itself, is capable of responding to what really hurts them - and what really hurts here is grief. I would advocate some modification of halakhic bereavement rituals: קריעה, a modified burial service, a סעודת הבראה with perhaps a small circle of family and friends, and modified אבלות - at least one day of

490. The responsa included here all were discussed or accepted after 1986.

491. Aizenberg, Mourning

492. Aizenberg, Treatment

493. See Bibliography

494. From previous chapters you will no doubt remember the caveat that not all those who suffer a pregnancy loss will grieve.

495. Eilberg p. 364

496. Eilberg p. 365

private shivah, including those family and friends whom the parents can trust to be appropriately supportive, and kaddish for thirty days.”⁴⁹⁷

The juxtaposition of these two Conservative responsa echoes what we heard from pregnancy loss sufferers in Chapter One. Sometimes the parents need to be visited; sometimes the parents need to be comforted; sometimes the parents are split in their needs, one partner needing a visit and the other needing comfort.

In 1992 and 1996, Rabbi Dickstein wrote two related responsa on this issue which were accepted by the Committee on Jewish Law and Standards of the Conservative Movement. In her 1996 paper she writes, “The ritual response to stillbirth is still in the process of developing. The current status is the widespread belief among lay and professional Jews alike that there is no ritual response to stillbirth, and that, in fact, anything resembling mourning, or even the emotion of grieving, is forbidden by Jewish law.”⁴⁹⁸ She goes on to clarify the complicated halachic status of the fetus, none of which really matters to “The mother whose infant is stillborn” who “must still go through the exertion of labor and delivery.”^{499 500}

“The traditional מקיל (lenient) position, which does not require engaging in the obligations of אבלות (formal mourning) for an infant, is based on the presumption that a significant number of even full term infants will not survive their first month. אבלות is considered to be דרבנן (of Rabbinic authority). In cases of ספק (doubt) in matters which are דרבנן, we are מקיל. ... In contrast, burial is considered to be דאורייתא (of Biblical authority). In cases which are דאורייתא, when we deal with a situation which is ספק, we take the מחמיר (strict) position. The body of a fetus has a human form and was a potential life. Therefore, burial has been required for the body of a dead newborn infant or for a stillbirth. Today, due to improvements in medical technology, our presumption is that the vast majority of full term infants and a significant majority of premature infants born alive are viable and will survive past their first month. Therefore, the viability of an infant born alive is not a ספק, and we cannot be מקיל in אבלות when a baby dies. Given the rarity and shock of stillbirth, or infant death, today it is cruel, rather than compassionate, not to permit parents to behave as אבלים.”⁵⁰¹

“As much as I recognize the halakhic discomfort with leaving the decision of how to treat the loss of a fetus after twenty weeks but before 28-31 weeks up to an individual rabbi and family, I do not see a reasonable alternative. Both the responses to miscarriage and to stillbirth should be available during this gray area.”^{502 503}

“In fact, traditional halakhah does already note the quasi-human status of this potential life. It does so by requiring burial of the body of a formed fetus from the end of the fifth month on. The body should be wrapped in a clean white sheet and placed in a

497. Eilberg p. 366

498. Dickstein, Stillbirth p. 368

499. Dickstein, Stillbirth p. 369

500. As we saw in Chapter One and Chapter Five, that means that many parents feel that they did give birth, even if the child was not born living.

501. Dickstein, Stillbirth p. 370

502. Dickstein, Stillbirth p. 371

503. I would expand her position from its chronological limits. See Chapter Ten for further details.

kosher coffin.”⁵⁰⁴

Rabbi Dickstein concludes this paper with some practical suggestions for ways to integrate current halachic mourning observances and the underlying halachic reality that there was no בר קיימא to be mourned. She indicates that there is anecdotal evidence which proves that some communities have just been waiting for the opportunity to support those who suffer pregnancy and neo-natal loss. “The baby should be given a Hebrew name and that name should be included in the service. ... The family might also light a 24-hour yahrzeit candle or even a Shabbat candle. When contrasted with the traditional seven day candle, this more quickly extinguished candle symbolizes that the potential life of the baby did not come to fruition. ... It is clear that in the case of a stillbirth, in contrast to a neo-natal death, we do not have a halakhic mandate for shivah.”⁵⁰⁵ Even (or maybe especially) in our current congregations, the concept of שבועה as a full week of mourning is considered a burdensome obligation. The parent will continue on their personal grief journey, but Rabbi Dickstein contends that “After this one day יום נחום, the community obligation would revert to the ביקור חולים model.”⁵⁰⁶ An added advantage to treating the couple as in mourning is that “When the father is treated as an אבל equal to the mother, he is relieved of the burden of “being strong.”⁵⁰⁷ Now that the parents are treated as mourners by the community, they can more easily accept some of the usual anniversary reactions.⁵⁰⁸

As we have seen, grief journeys take varying lengths of time. Some parents will feel the need for community support for decades, and others will not need that support as often after a few years. “Since there is no חייב associated with this yahrzeit observance, the parents, and even siblings who were alive and old enough at the of (sic) the stillbirth, may mark the anniversary for only the first year, or for as many years as it is meaningful to them. It is not morbidity or an inability to close a sad chapter which suggests continuing to mark yahrzeit after the first year, but rather a ritualized acknowledgment of a fact in the history of that family.”⁵⁰⁹

Rabbi Dickstein concludes her paper with a theological pastoral suggestion that is relevant to pregnancy loss. She suggests “that the rabbi be extremely sensitive to the parents’ need to know that God has not abandoned them or their never-to-be-born baby. Whatever the rabbi’s personal theology on ensoulment, this is a time to share with the parents that there is a Jewish view that the fetus had a unique soul and that God is caring for it.”⁵¹⁰

We chose both an English and a Hebrew name for our first child, one set of names if it was a boy and another set of names if it was a girl, before he was stillborn. We also chose names for a second child hoping to be able to use them.

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504. Dickstein, *Stillbirth* p. 372
505. Dickstein, *Stillbirth* p. 373
506. Dickstein, *Stillbirth* p. 374
507. Dickstein, *Stillbirth* p. 374
508. Dickstein, *Stillbirth* p. 374
509. Dickstein, *Stillbirth* p. 375
510. Dickstein, *Stillbirth* p. 376

We have never reused any of those Hebrew names. Rabbi Bergman has some issues with naming stillborn children. "I hasten to point out that it is no honor to a deceased relative to have a נפל (a stillborn) named after one. Additionally, that effectively preempts the use of that name for future children to be born in the extended family."⁵¹¹ Rabbi Bergman agrees that naming somehow attaches the concept of "personhood" to the entity named. He brings up an inadvertent political ramification of officially naming stillborn children. It "would give substantiation to the claim of the anti-abortion forces."⁵¹²

Rabbi Dickstein wrote an earlier responsum dealing with the easier issue of neonatal death before 31 days. Towards the beginning of her responsum she takes note of the new sociological reality that "Hospitals have developed protocols to help families face the reality of their loss, and to enable them to mourn."⁵¹³ and by extension it behooves us as Rabbis and Cantors to keep up and develop protocols of our own. She reminds her colleagues that "It is an official position of the CJLS⁵¹⁴ that in the case of neo-natal death - the death of a full-term or premature infant, prior to the completion of the thirtieth day of life - the death is treated in the same manner as we treat the death of someone who lived more than thirty days."⁵¹⁵

Reform Responsa⁵¹⁶

Several responsa deal with the status of the unborn⁵¹⁷ and at least one responsum deals with publicly mourning when not required.⁵¹⁸ These topics are related to the issue at hand, but not the focus of this paper. There are two responsa which I could locate which are directly related to the topic of this paper. As they are rather short, I have included them in their entirety.

Contemporary American Reform Responsa⁵¹⁹

106. Burial of Miscarriages, Stillborn Children and Infants

QUESTION: What is the traditional approach to burial for miscarriages, still-born children and infants who die shortly after birth? What burial procedure and mourning customs are appropriate in the Reform Movement in this matter? (Rabbi R. J. Orkand, Westport, CT)

ANSWER: Jewish law is quite clear on the status of an infant who dies before reaching

511. Bergman

512. Bergman

513. Dickstein, *Infant* p. 440

514. Committee on Jewish Law and Standards

515. Dickstein, *Infant* p. 449

516. Most of the Reform Responsa are available via their website.

517. In Vitro Fertilization and the Status of the Embryo (5757.2); Fetus Kept Alive as a Source for Organs (New American Reform Responsa #163); Fetus Used for Experimentation (Contemporary American Reform Responsa #21); Test Tube Baby (Contemporary American Reform Responsa #18)

518. Gentiles and Jewish Mourning Rites (5760.4); Qaddish for a Pet (Contemporary American Reform Responsa #124)

519. Walter Jacob

the age of thirty days. After that time, formal burial is required; before that time it is not. The child who dies before that time is considered a *nefel* and for such a child (strictly speaking considered stillborn if he does not survive thirty days), no burial and no mourning rites are required (Ket. 20b; Shab. 135b; *Evel Rabati* I; *Shulhan Arukh* Yoreh Deah 266; Ettlinger, Binyan Zion #133; Jacob Reischer, *Shevut Yaaqov* Vol. II, #10). A further statement by the *Shulhan Arukh* gives us some idea of the attitude to the death of children in our tradition. The question asked whether a eulogy (*hesped*) can be given for a young child, and the conclusion is for the children of the poor it may be done from age of five and onward, and for the children of the rich, six and onward (M. K. 24b; *Shulhan Arukh* 344.4). All of this indicates that relatively little was made of infant deaths or abortions. They occurred frequently and the communities would have been in a constant state of mourning if rites had been required.

A *nefel* was, therefore, treated in the same way as amputated limbs, and buried in the general section of the cemetery (Ket. 20.b). This was done to avoid ritual uncleanness for the priests (M. Edut 6.3; *Yad Hil. Tumat Hamet* 2.3; *Pahad Yitzhaq*, Ever). Strictly speaking, it was not necessary to bury amputated limbs (Jacob Reischer, *Shevut Yaaqov* II, #10; Ezekiel Landau, *Noda Biyehudah* II, *Shulhan Arukh* Yoreh Deah #209; J. Greenwald *Kol Bo Al Avelut*, p. 184).

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.

October 1983

What is interesting to note is the similarity between the halachic response of the Orthodox and the Reform movements. Their general reading of what the legal literature has said is more or less the same.

*New American Reform Responsa*⁵²⁰

116. Naming a Dying Baby

QUESTION: The prospective mother of a baby boy knows that the child will be born with serious defects which will make it viable for only a short period, perhaps a few days. Should this child who will die soon be given a name? (Richard Meyers, New York NY)

ANSWER: We should begin by inquiring about the status of an infant who dies at an early age. Jewish law is clear; an infant who dies before reaching the age of thirty days does not require a formal burial. A child who dies before thirty days have elapsed is

520. Walter Jacob <http://www.ccarnet.org/cgi-bin/respdisp.pl?file=116&year=narr>

considered a *nefel* and for such a child (considered stillborn if it does not survive thirty days), no burial or mourning rites are required (Ket 20b; Shab 135b; *Evel Rabati* I; *Shulhan Arukh* Yoreh Deah 266; Ettlinger *Binyan Zion* #133; Jacob Reischer *Shevut Yaaqov* Vol II #10). From *Gaonic* times onward it became customary to circumcise and name a male infant who died before reaching his thirtieth day. Such a circumcision was conducted without the normal prayers. If they forgot to circumcise, the grave was not opened for this purpose, but a name was given the the child (Ezekiel Landau *Nodah Biyehudah* Yoreh Deah #164; *Meir Netiv Responsa* #47).

Another statement also gives us some idea of the attitude to the death of infants in our tradition. The discussion dealt with a eulogy (*hesped*) for a young child; it concluded that for children of the poor there may be a *hesped* from age of five and onward, and for the children of the rich, six and onward (*M K* 24b; *Shulhan Arukh* 344.4). All of this indicated that relatively little was made of infant deaths or still born babies. Such sad events occurred quite frequently and the communities would have been in a constant state of mourning if rites had been required (*Shulhan Arukh* Yoreh Deah 263.5; 353.6; *Berit Olam* pp 68 ff).

We do not follow the practice of circumcision at the grave and regret the custom. However, we would encourage the parents to give a name to the infant.

In our age when infant mortality is low, the feeling of loss and grief is great. It may help the young parents to overcome their sorrow if the child is given a name, and therefore possesses a definite identity. This should be done in an informal way soon after the child is born. Through it we seek to help the mother and the rest of the family through this difficult period.

January 1991

This responsum from a mere decade later shows more sensitivity to the feelings of the families involved. This responsum foreshadows the issue in the Conservative movement between Rabbis Bergman and Dickstein. Where it does not go far enough (in my opinion) is in encouraging communal participation in assuaging the family's grief.

Summarizing these issues, Freehof clarifies that burial and mourning are two separate items. *אנינות*, and the need for a speedy burial is only relevant if burial is required. When burial is not required, as in the case of stillborn children, the burial may be delayed so the mother can attend. In any case, even if the rest of the normative funeral rituals do not apply, *אבלות* may still be appropriate.⁵²¹

Other⁵²²

Bazak indicates the relevant laws in the state of Israel concerning the status of the fetus. Some of them are in agreement with traditional understandings of this issue, and others appear very far removed, with

521. Freehof

522. Reconstructionist opinions will have to wait for a future edition.

interesting ramifications. First, a fetus is considered a דבר שלא בא לעולם. As a nonexistent entity, a fetus may not be bought or sold. On the other hand, since 1962, guardians of the fetus may sue others for the benefit of the fetus. An Israeli fetus can inherit even before birth, although some would require adding the word לכשילד to any document involving inheritance.

The fetus is in an ambivalent position, sometimes falling into one category and sometimes into another. As Bazak puts it: "... vis-a-vis his living mother, who is in danger of death, the fetus is not considered a "person" ... vis-a-vis his dying mother, he is considered a "person."⁵²³

523. Bazak

Chapter Seven

The Codes⁵²⁴

Once I studied the modern day responsa, I found few surprises in the classical codes, which I present here for convenience. Maimonides declares straight out that any child who is not fully human is considered a miscarriage which should not be mourned. Even if a premature infant miraculously survives, there is never the expectation that the child will live, so there should be no mourning when the child finally dies. Maimonides does clarify one item, according to the ראב"ד. Only if a child is born healthy does a full pregnancy make the child mournable.

רמב"ם - הלכות אבל פרק א

ו הנפלים אין מתאבלין עליהן וכל שלא שהה שלשים יום באדם הרי זה נפל, אפילו מת ביום שלשים אין מתאבלין עליו.

Miscarriages are not mourned. Anything human that doesn't survive for thirty days is considered a miscarriage, and even if it dies on the thirtieth day we do not mourn him.

ז ואם נודע בודאי שנולד לתשעה חדשים גמורים אפילו מת ביום שנולד מתאבלים עליו.

If it is known for certain that the birth took place after nine complete months [270 days] then even if it dies the day it was born we mourn him.

ח בן תשעה חדשים שנולד מת ובן שמונה שמת אפילו לאחר שלשים, ומי שיצא מחותך או מרוסס אע"פ שכלו לו חדשיו הרי זה נפל ואין מתאבלין עליהן ולא מתעסקין עמהם.

A nine month old stillbirth or an eight month old who dies after the thirty days have passed, and one who is born severed or crushed, even if it has been in the womb 270 days is considered a miscarriage. We do not mourn them and we do not take care of them.

השגת הראב"ד

בן תשעה חדשים וכו'. א"א זה אינו מחזור שהרי הלכה כרשב"ג דמשתהא.

A nine month old, etc. Abraham said: This is not clear, since the Halacha is according to RaShBaG in the case of one who survives.

רמב"ם - הלכות נחלות פרק א

יג ... אבל אם מתה האם תחלה ואחר כך מת הבן אפילו היה קטן בן יומו ולא כלו לו חדשיו הואיל וחיא אחר אמו שעה אחת ומת הרי זה נוחל את אמו ומנחיל הנחלה ליורשי ממשפחת אביו.

... Yet if the mother dies first and the son dies later - even if it died on the birth date and was considered premature, that child may inherit from his mother and transmit an inheritance to his heirs within his father's family.

השגת הראב"ד

אבל אם וכו'. א"א אינו כן אלא בכלו לו חדשיו דאי לא ידעי הוה ליה איהו ספק והאחין ודאין ואין ספק מוציא מידי ודאי עכ"ל.

Yet if etc. Abraham said: This only applies if it was a full term pregnancy, for if it was not known [to be a full term pregnancy] then the child is in doubt, and the brothers are known quantities, and one who is considered in doubt may not take from the hands of a known quantity. end quote.

While an infant may not be mournable, that same infant can, according to

524. Most Halakhic texts have been copied from The Judaic Classics Deluxe Edition cd-rom 1995 the Davka Corporation. A few have been downloaded from a site that the Spertus Library has access to. The other work referenced is Goldberg, Rabbi Chaim Binyamin *Mourning in Halachah: The Laws and Customs of the Year of Mourning* 1991 Mesorah Publications, Ltd. ISBN# 0-89906-171-0

some, effect legal transactions merely by breathing longer than it's mother. All agree that existence in the womb does not create an independent legal entity.

טור יורה דעה קצ"ד

יולדת טמאה כנדה אפילו לא ראתה דם בין יולדת חי או מת אפילו נפל ...

One who gives birth is as ritually impure as a menstruant is; [this applies] even if she did not see any blood, whether a live birth, a stillbirth, and even a miscarriage ...

בית יוסף

... אפילו מי שסובר שאיפשר לפתיחת הקבר בלא דם מודה בנגמר צורתו של וליד שאמו טמאה לידה ...

Even the one who opines that it is possible to give birth without bleeding agrees that once the fetus' form is complete his mother undergoes the ritual impurity of childbirth.

Different categories of fetus are mentioned yet the effect on the mother of labor and delivery is the same regardless of the status of the fetus. The birth process affects the mother at any time she actually delivers. Today, to create another connection with what the tradition says, this could be stretched to mean that all those who have suffered pregnancy loss will be affected by their loss, regardless of when during the pregnancy that loss occurred.

ילקוט שמעוני רנ"ג

כל פטר רחם לכל בשר ... באדם ובבהמה⁵²⁵ מקיש בכור אדם לבכור בהמה ... תניא רבי שמעון בן גמליאל אומר כל ששהה שלשים יום באדם אינו נפל שנאמר ופדיו מן חזש תפדה⁵²⁶, שמונת ימים בבהמה אינו נפל שנאמר ומיום השמיני והלאה ירצה וגו'⁵²⁷ וחלכה כרשב"ג. ... מת הבן בתוך שלשים יום אף על פי שנתן לכהן יחזיר לו חמשה סלעים, לאחר שלשים אף על פי שלא נתן יתן, ... מת ביום שלשים כיום שלפניו. רבי עקיבא אומר אם לא נתן לא יתן, ואם נתן לא יטול. ... אמר רב אשי הכל מודים לענין אבלות דיום שלשים כיום שלפניו דאמר שמואל הלכה כדברי המיקל באבלות.

All that opens the womb for any creature ... among humans or domesticated beasts the text connects here the first born of a human and the first born of a domesticated beast. [Therefore, there are a number of situations where the rules that apply to the one also apply to the other.] ... It was taught in a baraita, "Rabbi Shimon ben Gamliel states, "all that survives for 30 days among humankind is not considered a miscarriage as the text states **those that are redeemed are redeemed after one month of age**; eight days in a domesticated animal's life qualify to remove it from the category of miscarriage as the text states **from the eighth day and beyond it is acceptable etc.**" and the law is like Rabbi Shimon ben Gamliel. ... if the son died within the thirty days even if he has already paid [the redemption price] to the priest, [the priest] will return to him 5 selas, [if the son died] after thirty days, then even if he had not already given [the redemption price to the priest] he gives it. ... if it dies on the thirtieth day, it is like the day before. Rabbi Akiba states: "If he has not given already he should not give, and if he has already given it is not returned to him" ... Rav Ashi said that everyone agrees that in terms of mourning the thirtieth day is like the one beforehand, since Shmuel said the law is rendered in correspondence with the opinion of those who are lenient in matters relating to mourning.

שלחן ערוך יורה דעה סימן שמ

ענין הקריעה שיעורה ומקומה ועל מי קורעין ובאיזה זמן קורעין

ל קטן דלא קים לן ביה שכלו לו חדשיו שמת בתוך ל' או אפילו ביום שלשים אין קורעין עליו:

Concerning rending the garment: measurement, position, for whom is one required to rend, when does rending occur? 30 A minor who has not lasted through a complete pregnancy who

525. Numbers 18:15

526. Numbers 18:16

527. Leviticus 22:27

furthermore dies within 30 days of birth, even on the thirtieth day - we do not rend our garment.

A clear restatement of the general principle uncovered so far - no mourning allowed means no mourning rituals.

שלחן ערוך יורה דעה סימן שעד

טומאת כהן למת מצוה לנשיא ולרבו ועל איזה מת מתאבלין

ו כל מי שמתאבל עליו מתאבל עמו אם מת לו מת ודוקא בעודו בפניו אבל שלא בפניו אין צריך לנהוג אבלות חוץ מאשתו שאע"פ שמתאבל עליה אינו מתאבל עמה אלא על אביה או על אמה משום כבוד חמיו וחמותו אבל על אחיה ואחותה או בנה ובתה מאיש אחר אינו מתאבל עמה ... וכן היא אינה מתאבלת עמו אלא כשמתו חמיה או חמותה אבל שאר קרוביו שמתו אינה מתאבלת עמו:

[Concerning] a Priest's impurity for the sake of a "John Doe," the President, his teacher; concerning which dead people we mourn 6 Any person for whom one is required to mourn, one is also required to mourn with them when one of [the people] for whom that other person is [obligated to mourn] dies. This certainly applies when that other person is standing before him. But if that other person is not in front of him, there is no need for him to act as a mourner. The only exception to this is his wife, for even though he mourns for her, he only mourns for her father and mother for the sake of honoring his father-in-law and mother-in-law; he does not mourn with her for her brother, her sister, her son or daughter by another man. ... Likewise she doesn't mourn with him except for her father-in-law and mother-in-law.

הגה וי"א דהאידינא נוהגין להקל באבילות זה של המתאבלים עמו דאין זה אלא משום כבוד המתאבלים ועכשיו נהגו כולם למחול וכן נוהגין האידינא שלא להתאבל כלל עם המתאבלים (טור בשם הרא"ש והוא בפ"א מ"מ ורמב"ן בת"ה והגמ"י פ"א) ... ומ"מ נהגו שכל קרובי המת הפסולים לו לעדות מראים קצת אבילות בעצמן כל שבוע הראשונה דהיינו עד אחר שבת הראשון שאינם רוחצים ואין משנים קצת בגדיהם כמו בשאר שבת (גדולי אושטריי"ך נהגו כך) ויש מקומות שנהגו עוד להחמיר בענינים אחרים ...

Note: There are those whose opinion it is that now we are lenient regarding this mourning for those who would mourn with him, for this was only instituted to honor the mourners and currently everyone is accustomed to forgoing that honor so now he doesn't mourn at all with those mourners ... Anyway, current practice is that he does show some mourning through the first Shabbat for those relatives who cannot be witnesses - he doesn't get as clean or as dressed up as he would normally ... **There are places where they are accustomed to being more stringent in other areas**⁵²⁸

Isserles reports on places where stringency in mourning is allowed. Why not make our own note on this "note" that there are places where it is customary to be more stringent concerning unsuccessful pregnancies and neonatal deaths?

ח תינוק כל שלשים יום ויום שלשים בכלל אין מתאבלים עליו אפילו גמרו שער וצפרניו ומשם ואילך מתאבל עליו אלא אם כן נודע שהוא בן ח' ואי קים ליה ביה שכלו לו חדשים כגון שבעל ופירש ונולד חי לט' חדשים גמורי אפי' מת ביום שנולד מתאבלים עליו (ספק בן ט' לראשון או בן ז' לאחרון שניהם מתאבלים עליו) (מרדכי הלכות אבלות והגהות מיימוני פ"א וב"י בשם התוספות):

8 An infant who dies within the first month, even on the thirtieth day - we do not mourn him, even if his hair and fingernails have grown. Afterwards we mourn him. Unless it is known for sure that he was 8 months at birth, or that he was born after a complete pregnancy. For example, he had intercourse with her and then left and the child was born after 270 days. [In that case] we mourn him even if he dies the day he is born. (When it's unclear if the child is a full nine months from the first husband, or seven months from the second husband - both mourn for him.)

At first it seems clear that obligating mourning for an infant depends upon the status of the infant. The paranthetical note obligates three adults in

528. My emphasis.

mourning one child, even though the status of the infant does not mandate mourning. My inclination is to make mourning even less contingent upon the status of the infant.

שלחן ערוך אורח חיים סימן תקכו

דין מת ביום טוב. ובו י"ב סעיפים

ט תינוק שמת בתוך שלשים אם גמרו שערו וצפרניו הוא בחזקת בן קיימא ודינו כמת גדול אע"פ שאין אנו יודעים אם כלו לו חדשיו דרוב נשים יולדות ולד קיימא:

The rule concerning a death on a Holiday. ... 9 An infant who dies within thirty days - if he has his hair and fingernails then he is considered as if he is a completely living entity and the rule for him is the same as the rule for an older child even if we don't know that his birth was after a full-term pregnancy, for our assumption is that all women give birth to a viable infant.

It seems strange to me. If this item would have been the one focused upon (even by today's Rabbis), then the practical result might have been a sea change in determining the status of an infant in general, and by extension which parents might be considered mourners. The text's assumption is that infants are viable unless clearly unformed. My modern, additional logical assumption is that viability is an internal matter, and death caused by an external event does not change that viability. Based on those two assumptions, I would logically conclude that any imposed death does not change the infant's status. Where this helps me is that this can include some infant deaths in delivery, and even a few deaths *in utero*. As was the case with our first born, umbilical cord strangulation is a cause that is external to the infant even if partially internal to the mother.

Perhaps this can be the basis for future responsa.

ספר במדבר פרק יח

טו כֹּל-פֶּטֶר רֶחֶם לְכָל-בָּשָׂר אֲשֶׁר-יִקְרִיבוּ לִיהוָה בְּאָדָם וּבַבְּהֵמָה יִהְיֶה-לָּךְ אֵד | פְּדֹה תִפְדֶּה אֶת בְּכוֹר הָאָדָם וְאֶת בְּכוֹר הַבְּהֵמָה הַטְּמֵאָה תִּפְדֶּה:

That which opens the womb of any living being which one causes to be sacrificed to God, whether man or animal is yours, only definitely redeem the first born among men and redeem the first born among pure animals.

ילקוט יהודה מ"ד - מ"ה.

תפדה מה ת"ל עוד תפדה. לומר תפדה מיד. (יב)

You shall redeem why did the text restate the word "you shall redeem?" To say that you shall redeem it immediately. 12)

(יב) היינו שאין צריכין לחכות שלשים יום כמו בבכור אדם אלא נפדה מיד, והטעם הוא כיון שאפשר לפדות בכל שהוא לא בעינן שיהיו זמן כי כל שהוא שוה תיכף מעת לידתו, אבל בבכור אדם דאין פודין כי אם בחמש סלעים אמרין דכיון שלא הוא שלשים יום לא יצא מחזקת נפל ואין לו עוד שיווי של חמש סלעים.

12) That is, we don't have to wait thirty days like we do with a human first born, rather we can redeem immediately. The reason is that since it is possible to pay [the redemption fee] with anything we don't worry that it should be in a particular time, for any equivalent amount has been due [to the priest] from birth. However, a human first born can only be redeemed with 5 selas, so we say that since there is no equivalent to 5 selas, until thirty days have passed he does not leave the assumed category of miscarriage.

This presents one midrashic method of looking at the situation. Since the text is clear about the details of human valuation and the details of redeeming a first born son from potential sacrifice/service to God, the redemption cannot be made prematurely. The text is not quite so clear in all the details of redeeming

the first born animal, so payment to redeem an animal can be made any time. Since payment for a first born human cannot be made prematurely, the first-born male child cannot leave "prematurity" or miscarriage status until payment has been made. The midrashic commentary here does not attach this extended prematurity to all children, even though this has been the halachic stance.

Rounding off the selections from various codes and other post-Talmudic and pre-modern texts, Goldberg in a related halachic overview briefly states which private observances one should take upon oneself, even if the practices are not obligatory. "For an aborted fetus or stillbirth, *aninus* does not apply. If one's child died within thirty days of birth, *aninus* does not apply. Nevertheless, one should be strict and not eat meat nor drink wine until after the burial."⁵²⁹

This brief compilation from the codes helps clarify the focus of the next chapter.

529. Goldberg p. 77

Chapter Eight

Talmud and Midrash⁵³⁰

We have seen that the responsa and codes quote from the earlier Rabbinic sources as if there was just one way to interpret the material selected. I will review some of the relevant texts. Sometimes I find other possible interpretations, other times the text explicates how complicated the ramifications of the issue are when the lens being used is the status of the infant.

In נדה ה.ג. it states:

(ג) תינוקת בת יום אחד. מטמאה בנדה. בת עשרה ימים. מטמאה בזיבה. תינוק בן יום אחד. מטמא בזיבה. ומטמא בנגעים. ומטמא מת. וזוקק ליבוס. ופוסט מן היבוס. ומאכיל בתרומה. ופוסל מן התרומה. ונוחל. ומנחיל. וההורגו חייב. **והרי הוא לאביו ולאמו ולכל קרוביו כחתן שלם.**

A day old girl infant defiles through *niddah*. At ten days old she also defiles through other genital secretions. A day old boy infant defiles through genital secretions and through [suspected] leprosy, transfers the defilement of a corpse, can be obligated for a levirate marriage, can be exempted from a levirate marriage, can confer the right to eat *terumah*, can disqualify from *terumah*, bequeaths, inherits, and one who kills him is liable. **To his parents and relatives he is like a complete bridegroom.**

What does it mean to be a "complete bridegroom?"

Rashi indicates that the phrase is explained in the Gemara. The Gemara there states:

נדה דף מד.ב.

למאי הלכתא? אמר רב פפא: לענין אבלות. כמאן? דלא כרשב"ג, דאמר: כל ששה שלשים יום באדם - אינו נפל, הא לא ששה - ספק הוה הכא במאי עסקין - דקים ליה שכלו לו חדשיו.

רש"י נדה דף מד.ב.

כמאן דלא כר' שמעון - אכולה מתני' קאי דקא חשיב בן יום אחד בן קיימא. **באדם** - דאילו בבהמה שמונה ימים לא הוי נפל.

According to who? It's not like R. Simeon - The whole Mishna considers a day old infant as a living human. **human** - if it was concerning an animal, after eight days it is no longer a pregnancy loss.

Here's how it seems to parse with his interpretation:

Clarifying question concerning the Mishnah: Which case does this refer to?

Answer: Rav Pappa states it in reference to mourning.

Clarifying question concerning the Mishnah: Whose opinion does this follow?

Answer: Certainly not Rabban Shimeon ben Gamliel, who stated, "any human that lasts thirty days is not considered a stillborn."

Clarifying question concerning the Mishnah: In this case, since it did not last [thirty days], isn't it [in the category of] doubt [regarding viability]?

Answer: In this case they are talking about an infant who has completed his nine months before being born.

According to the Rabbis, when the infant is full term then the infant obligates the parents to become mourners when the infant dies. Rav Pappa's bald statement indicates that we should make a legal presumption that all pregnancies are in the

530. All sources are taken from Davka's Judaica Deluxe CD-ROM.

category of full-term pregnancies unless otherwise obvious; Rabban Gamliel indicates that we should make the legal presumption that all births are premature unless we are otherwise certain.

There is a relevant point brought up in **מסכת אבל** and echoed in the **ירושלמי**.

אבל רבתי פרק ג

הלכה א בן יומו שמת הרי הוא לאביו ולאמו כחתן שלם לא סוף דבר בן יומו חי אלא אפ"ל יוצא ראשו ורובו בחיים אלא שדברו חכמים בהווה.

Law 1: A day old infant that dies, his parents consider him a complete bridegroom. That's not all, even if his head and the majority of him has been delivered living then he is a living day old infant. Rather, the sages talk about what usually happens.

תלמוד ירושלמי מסכת קדושין דף מז.ב

תני בן יומו שמת הרי הוא לאביו ולאמו ולכל קרוביו כחתן שלם. לא סוף דבר בן יומו חי אלא אפ"ל יצא ראשו ורובו בחיים.

The Mishnah teaches: A day old infant which dies is to his parents and relatives as a complete bridegroom. That's not all, this applies even if his head or the majority of him has been delivered.

The **ירושלמי** selection condenses a couple of the legal statements in **אבל רבתי** and simultaneously expands upon the wording within the text. In the **ירושלמי**, not only are the parents considered mourners, but so are the other relatives.

Several of the issues and assumptions underlying the opinions expressed in the Codes are clarified in the Midrash.

מדרש תנחומא (ורשא) בא פרק יא

(יא) קדש לי כל בכור⁵³¹ זו אחת מ"ג מדות שהתורה נדרשת בהן, כלל שהוא צריך לפרט **קדש לי כל בכור** כלל זכרים ונקבות, יכול כל שנולד ראשון בין זכר בין נקבה יהיה בכור, ת"ל **כל הבכור** וגו' **הזכר תקדיש**⁵³² זכר ולא נקבה, יכול יוצא דופן יהא בכור ת"ל **כל פטר רחם**⁵³³ עד שיהא זכר פותח רחם, **באדם ובבהמה**⁵³⁴ מקיש בכור אדם לבכור בהמה מה בהמה נפל פטור מן הבכורה אף אדם פטור, יצאו ליום שאין להם בכור אדם ולא בכור בהמה בכור אדם מבין שלשים יום חייב לפדותו פחות מכאן נפל, בכור בהמה ח' ימים פחות מכאן נפל, כתיב **ופדיו מבן חדש תפדה**⁵³⁵ ובבהמה כתיב **ומיום השמיני והלאה ירצה**⁵³⁶

11. Sanctify to me each firstborn This involves one of the 13 principles of Torah exegesis, a general rule which requires a particular. **Sanctify to me each firstborn** includes males and females, so it is possible that whoever is born first whether male or female would be the firstborn. The text also states **Every firstborn**, etc. **you will sanctify the male**, male and not female. Possibly a miscarriage could be considered the first born? The text also states: **all that which opens the womb** [so a firstborn must be] a male who opens the womb. **Among men and animals** establishes a connection between the first-born of man with the first-born of animals. Just as a miscarriage exempts the animal from the obligations of redeeming the first born, so too with men. The levites were exempted [completely] since they had neither first born men nor first born animals. A first born human is obligated to be redeemed after thirty days, less than that is considered a

531. Exodus 13:2
532. Deuteronomy 15:19
533. Exodus 13:2
534. Exodus 13:2
535. Numbers 18:16
536. Leviticus 22:27

miscarriage; a first born animal has eight days as the minimum criteria, less than that the animal is considered a miscarriage, as it states: **those you must redeem will be redeemed after one month** and concerning the animals it is written: **from the eighth day onward he will be acceptable**

מכילתא פרשת בא מדרש תנחומא points out that the text provides a connection between the first-born of both humankind and tame animals. It implies that there is a further correspondence: We know that a first born Israelite must be redeemed after 30 days, and before that he is considered a miscarriage⁵³⁷, and an animal is considered a miscarriage before the eighth day. Just as an animal is not acceptable to God until the eighth day after birth, so a human is not acceptable until the thirtieth day after birth.

מכילתא פרשת בא פרשה ט"ז⁵³⁸

באדם ובבהמה⁵³⁹. את שיש לו באדם יש לו בבהמה יצאו הלויים שאין להם באדם אין להם בבהמה. ד"א הקיש בכור אדם לבכור בהמה ובכור בהמה לבכור אדם מה הבהמה הנפלים פוטרים בו הבכורה אף האדם הנפלים פוטרים בו את הבכורה ומה בכור אדם אתה רשאי ליתנו לו בכל מקום שירצה אף בכור בהמה אתה רשאי ליתנו לו בכל מקום שירצה. לפי שהוא אומ' (דברים י"ב) והבאתם שמה עולותיכם וזבחיכם⁵⁴⁰ שומע אני אפילו הוא במקום רחוק יהיה עליו חובה להביאו לבית הבחירה ת"ל באדם ובבהמה הקיש בכור אדם לבכור בהמה מה בכור אדם נותנו לכהן בכל מקום שירצה אף בכור בהמה נותנו לכהן בכל מקום שירצה. ומה בכור אדם מטפל לו שלשים יום אף בכור בהמה מטפל לו שלשים יום:

Among man and animal whatever is among men is also among animals, just as the Levites are exempted from all aspects of first born law. Another interpretation: Connections are made between the first born human and the first born animal, as well as vice versa. Just as concerning animals [we know that] miscarriages exempt from the firstborn, so with people miscarriages exempt one from [following the laws about] the firstborn. Just as you can redeem a first born human anywhere you would like, so too with a first born animal. Since the text states **When you bring there your offerings and sacrifices** I could learn that even if he was very far away he had to bring it to the central location, the text states **among man and animal** which provides a correlation between first born humans and first born animals. Just as a human first born is given to the priest wherever desired, so too with the animal. Just as a human first born is cared for for thirty days no matter what, so too with the animal first born.

The connection between humans and animals in the sight of God is again made in this selection. We know that when an animal dies before eight days have passed, the animal is not acceptable to God and therefore the "first-born" offering is not allowed. In the same fashion, if the human child dies before 30 days have elapsed, the status of first-born does not get placed on that

537. Exactly how it is known that he is considered a miscarriage until day 30 is not clear here. These sources make more sense when read in combination with מדרש תנחומא (ורשא) במדבר פרק י"ח, In those places RaSHBaG is quoted. See Chapter Nine for further details.

538. The same midrash is repeated in מכילתא פרשת ויקין פרשה י"ט

539. Exodus 13:2

540. Deuteronomy 12:6

"miscarriage."⁵⁴¹ On the other hand, since a human child must be cared for for the thirty days until he is ready to be presented to God, an animal - although eligible for God's consideration after the eighth day - may be cared for for up to thirty days before being presented as a firstling.

מדרש רבה במדבר פרשה ח סימן ז⁵⁴²

ז רבי יוסי אומר הרי שפדה בנו בתוך שלשים יום ומת יכול קורא אני עליו איש אשר יתן לכהן לו יהיה⁵⁴³ ת"ל ואיש את קדשיו לו יהיו⁵⁴⁴ לאחר שלשים יום אין מוציאין מיד כהן וקורא אני עליו ואיש אשר יתן לכהן לו יהיה.

Rabbi Yosi said: If he redeems his son within thirty days and he dies, I could use as justification the text **whatever a person gives a priest will be his**; the text says: **A man's sanctified items are his**. After the thirty days we do not remove [the redemption money] from the priest; I justify that with the text **whatever a person gives a priest will be his**

The question is looked at over and over from many angles - does the obligation to redeem the first born exist from birth even if the actual deed doesn't happen until after one month, or is there no obligation before the deed can actually be done? This midrashic text assumes that the redemption fee could be paid at any time, unlike the commentary in Chapter Seven which appears to hold that the redemption must take place on the thirtieth day.

עירובין דף מו.א

והתניא: שמועה קרובה נוהגת שבעה ושלשים, רחוקה - אינה נוהגת אלא יום אחד. ואי זו היא קרובה ואי זו היא רחוקה? בתוך שלשים - קרובה, לאחר שלשים - רחוקה, דברי רבי עקיבא. וחכמים אומרים: אחת שמועה קרובה ואחת שמועה רחוקה נוהגת שבעה ושלשים. ואמר רבה בר בר חנה אמר רבי יוחנן: כל מקום שאתה מוצא יחיד מיקל ורבים מחמירין - הלכה כדברי המחמירין, המרובים. חוץ מזו, שאף על פי שרבי עקיבא מיקל וחכמים מחמירין - הלכה כדברי רבי עקיבא. וסבר לה כשמואל, דאמר שמואל: הלכה כדברי המיקל באבל.

So it was taught in a Baraita: News of a death nearby leads to observance of *shivah* and *shloshim*. [News of a] far away death only leads to one day [of public mourning.] Which is near and which is far? If the news arrives within the first month, it is near, and if not, it is far - according to R. Akibah. The sages say, "Any news of a death, no matter how distant results in observances of *shivah* and *shloshim*." So Rabbah bar Bar Chana said, quoting Rabbi Johanan, "Every place where you find an individual ruling leniently and the majority ruling strictly, the law is like those who are stringent, the majority. Except for this, since even though Rabbi Akiba is lenient and the sages are stringent, the law follows Rabbi Akiba's opinion." This agrees with Samuel, who said that the law goes to the side of whoever rules leniently concerning mourning/the mourner.⁵⁴⁵

Almost all the responsa state that in a case of doubt concerning הלכה דרבנן we are lenient. אבל is one area where almost all the laws arise from the Rabbis, so there is almost a built-in bias towards leniency. Samuel's statement may have a built-in unclarity. My modern reading focuses on the individual words used. The quotation from שמואל then, seems to have been talking about an אבל,

541. Despite the fact that the dead child is not considered a first born child, the mother is considered as having delivered a first born child already.

542. This is repeated in ו פירוש נשא פסקא ו

543. Numbers 5:10

544. Numbers 5:10

545. See next footnote.

and not simply the category of אבלות.⁵⁴⁶ Following the usual reading of the text, his opinion, expressed in a few locations,⁵⁴⁷ reinforces what we have seen quite often. Mourning is not imposed when it can be avoided. Following my proposed secondary reading, I hear the text saying that even when I might think otherwise, the way we practice the law follows the opinions of those who have the most pity on how public the mourner's mourning is. Mourning is assumed to be occurring already in the person, and not imposed by the community.

In this selection, the surface question deals with mournable deaths we are not geographically close to. The Rabbis contend that geographic distance doesn't matter in mourning. When one first hears of a death in the family, one sits for a week and observes the month of mourning, no matter how long ago the person died. Rabbi Akiba holds that distance makes a difference in terms of public requirements. Based on that, my further conclusion, expanding somewhat upon my interpretation is that whenever Samuel's quotation is brought up, it assumes that a person is a mourner already, and the only question is what pattern of behavior is the most lenient for the individual in mourning.

סנהדרין דף מו.א

שתי בתי קברות היו מתוקנין לבית דין אחת לנהרגין ולנחנקין, ואחת לנסקלין ולנשרפין. ... והקרובים באים ושואלים בשלום הדיינין ובשלום העדים, כלומר שאין בלבנו עליכם שדין אמת דנתם.

סנהדרין דף מו.ב

ולא היו מתאבלין, אבל אוננין. שאין אנינות אלא בלב.

There were two cemeteries reserved for the courts, one for those who were executed by sword or by hanging, the other for those who were stoned or burned. ... The relatives come and greet the judges and witnesses peacefully, as if it say, "We don't think you messed up the justice system." They do not mourn, but they do 'oneyn' since "oneyn" is an internal matter.

From this text it seems like אנינות is the internal reaction - possibly the first stage of grief - and אבלות is the public practice surrounding a death. The הלכה currently permits neither אבלות nor אנינות for pregnancy loss. Based on this text, I could say that the current interpretation of הלכה is worded inappropriately to extend their lenient conclusion to the widest possible extent.

There is a practical difficulty with enabling a person who suffers pregnancy loss to be declared an אונן. Usually, the state of אנינות ends with the funeral. Where there is no funeral, then a person might never leave the state of אנינות. As I see it, that summarizes the situation of a person who suffers unresolved grief.

546. I recently came across a passage in פסיקתא דרב כהנא כ"ז where אבל is juxtaposed with שמחה.

According to my search engine, the word אבלות does not appear in Tannaitic material except to quote דרך ציון אבלות מבלי באי מועד כל-שעריה שוממין קהניה נאנחים בתולתיה נגות והיא מרלה:

Lamentations 1:4 Zion's roads are in mourning, Empty of festival pilgrims; All her gates are deserted. Her priests sigh, Her maidens are unhappy - She is utterly desolate! (translation courtesy of JPS). The word אבלות does appear in the Talmud 41 times total on the following pages - Shabbat 108b; Moed Katan 14b, 17b, 20a-b, 23b, 24a, 26b; Yebamot 43b; Ketubot 4a-b; Baba Batra 16b; Sanhedrin 47b, 108b; Bechorot 49a.

One implication is that the word אבל, when used in the Talmud, can be taken to mean both mourner and mourning.

547. בבלי מועד קטן י"ח.א, מועד קטן י"ט.ב, מועד קטן כ"ב.א, מועד קטן כ"ב.ב, חולין נא, בכורות מ"ט.א

בכורות דף מח.א

מתני'. מי שלא בכרה אשתו, וילדה שני זכרים - נותן ה' סלעים לכהן, מת אחד מהן בתוך שלשים יום - האב פטור. מת האב והבנים קיימים, ר"מ אומר: אם נתנו עד שלא חלקו - נתנו, ואם לאו - פטורין ר' יהודה אומר: נתחייבו נכסים. זכר ונקבה - אין כאן לכהן כלום.

A person whose wife has not yet delivered her first born child, and winds up delivering twin boys - he gives five *selahs* to the priest. If one of them dies within thirty days - the father is exempt from [redeeming his first born son.] If the father dies and the sons thrive, R. Meir says, "When they gave before they split the estate - then they have given, and if not, - they are exempt." R. Judah says, "The estate is obligated." If the twins were a boy and a girl - the priest has no claim.

Twins were problematic, partially because there was no realistic way of knowing which one was firstborn. As long as both remained alive, it was clear that one of them was the בכור, and therefore the redemption price had to be paid; when one of the twins died there was no way to be sure who was actually the first born.⁵⁴⁸

בכורות דף מט.א

מתני'. מת הבן בתוך שלשים יום - אע"פ שנתן לכהן יחזיר, לאחר ל' יום - אע"פ שלא נתן יתן. מת ביום שלשים - כיום שלפניו, ר' עקיבא אומר: אם נתן - לא יטול, ואם לא נתן - לא יתן: ... אמר רב אשי: הכל מודים לענין אבילות יום שלשים - כיום שלפניו, ואמר שמואל: הלכה כדברי המיקל באבל. **מתני'.** מת האב בתוך שלשים - בחזקת שלא נפדה, עד שיביא ראיה שנפדה לאחר שלשים יום - בחזקת שנפדה, עד שיאמרו לו שלא נפדה. ... **גמ'.** איתמר, הפודה את בנו בתוך שלשים יום, רב אמר: בנו פדוי, ושמואל אמר: אין בנו פדוי.

Mishna: When the [firstborn] son dies within thirty days - even though he already gave [the redemption fee] to the priest it is returned; after thirty days - even if he did not give [the redemption fee] he will give [it.] When it dies on the thirtieth day? Treat it like the preceding day. R. Akiba says, "If he has given it already, it may not be returned, and if he has not given it already he should not give it. ... R. Ashi said, "Everyone agrees that as concerns the category of mourning the thirtieth day is like the day before." Yet Samuel said, "The law follows the opinion of anyone who is lenient concerning the mourner." Mishna: When the father dies during the first month - the operating assumption is that he did not [pay the] redemption [price] unless proof is provided otherwise. After the thirty days - the operating assumption is that he redeemed [them] unless proof is provided that he didn't. ... Gemara: It was stated: In the case where a person has paid the redemption price before thirty days had passed, Rav said, "His son is redeemed." but Samuel said, "His son is not redeemed."

The Mishnah describes an era when the כהן might have collected first born redemption money prior to the end of the first month, or sometime afterward during his next circuit through the neighborhood. This could lead to some problems. Since a child is not acceptable to God's service until after the first month, what happens when the child dies? The Mishnah's answer is simple. Death before the month forces reimbursement. Death after the first month forces payment. In the Talmudic nature of defining boundaries, the thirtieth day looms large. Is it like the previous 29? Is it like the next part of the lifetime? Is it half and half? Is it a halachic day or a normal day? Rabbi Akiba's answer is in-between. If payment has already been made, then the thirtieth day partakes

548. See Genesis 38:27-30 for a biblical scenario illustrating some of the ambiguities involved in declaring one member of the set of twins as first-born.

of the nature of the rest of the child's life. If payment has not been made, then the thirtieth day partakes of the nature of the preceding twenty-nine.

Rav Ashi indicates that it is a unanimous opinion that the thirtieth day is like the previous twenty nine in terms of אבלות. Samuel counters, (putting some words in his mouth) "What are you concerned with days for? It is the mourner who counts! Whatever's easier for the mourner to live with, that's the opinion to follow." Samuel reminds us with the second opinion quoted in his name that redemption of the first born isn't actually commanded until after the first month, and it is only right that parents who paid in advance be reimbursed if their first born died before he should have been redeemed.

I would hold that not only does this parent mourn the dead infant, this parent may also grieve his inability to fulfill the מצוה of פדיון הבן with this wife.

חולין דף סט.ב.

מתני'. המבכרת המקשה לילד - מחתך אבר אבר, ומשליך לכלבים. יצא רובו - הרי זה יקבר, ונפטרת מן הבכורה.

An animal which is delivering her first born and is undergoing a difficult labor - cut limb by limb and toss it to the dogs. If the majority [of the fetus] has come out - this should then be buried, and she is then exempt from the [laws concerning the] first born.

It is difficult for me to juxtapose treatment of animals with treatment of humans in this particular area. The midrashic material does it all the time, so I include this selection of texts, even if there is an undeniable difference between man and beast.

חולין דף ע.א.

תנן: המבכרת המקשה לילד - מחתך אבר אבר ומשליך לכלבים מאי לאו מחתך ומניח, ואי אמרת למפרע הוא קדוש, יקבר מיבעי ליה לא, הכא במאי עסקין - במחתך ומשליך, אבל מחתך ומניח, מאי - יקבר
The Mishnah states: **An animal which is delivering her first born and is undergoing a difficult labor - cut limb by limb and toss it to the dogs.**

Why doesn't it say to cut [into pieces] and place [for eventual burial]?

But, if you say [as you imply in your question] that it is [supposed to be] retroactively considered sanctified [as a first born], then let the text state "it will be buried!"

No, this case concerns a person who is cutting and tossing.

So what [is the ruling] in a case where a person is cutting and placing?

Let it be buried.

A firstborn has an aura of sanctity in our tradition. The case here discusses an animal, but all along the tradition has been transferring some implications of the laws concerning the first born of animals to the laws discussing human first born. In this particular case it could be said that when medical providers treat the fetal tissue with honor and respect, then the parts should be buried, even when the fetus is not fully formed or the burial is not halahically required.

In 1993, when I looked up miscarriage in the Soncino Talmud index, I was referred to selections from בכורות וחולין. At the time I was looking for something I could use within a memorial ritual, something that would be meaningful. I still

don't see this text as usable in that context. Many of the other sources to which I had been referred were also unusable by me, since they concerned various issues of purity, not loss.

The next chapter is an exercise in comparing Rabban Shimeon ben Gamliel's oft-quoted statement which has been used over the years to buttress the leniency applied to people who might be considered mourners; his statement is the reason that treating neonatal death as a mournable event appears to be a change in halacha, notwithstanding the selection from the Shulchan Aruch looked at previously.

Chapter 9

The Search for the actual words of רבן שמעון בן גמליאל

RaSHBaG's statement has been quoted everywhere within the traditional literature on neonatal death. Most references within the Talmud itself bring in his statement from elsewhere. I decided to list all the places I found his statement. The majority of them were quotations - some direct, some less so. Lined up within this table, I find that the variants are easy to see. I was also able to uncover which one seems to be the original, and I will spend some time analyzing that.

מדרש רבה במדרש פרשה ד' סימן ג	מדרש תנחומא (בבב) במדרש פרק כא	מדרש תנחומא (ורשא) במדרש פרק יח	תלמוד ירושלמי מסכת יבמות דף סה.א	יבמות דף פ.ב.	תוספתא מסכת שבת פרק טו	שבת דף קלה.ב.	נדה דף מ.ב.	Reference
Clarifying that pregnancy lengths are categories, not lengths	Clarifying that pregnancy lengths are categories, not lengths	Categorizing and clarifying pregnancy lengths	טומאה מן הספק	יבום	מה זה בן ח'?	ברית מלה	אבלות	Context

מדרש רבה במדבר פרשה ד' סימן ג	מדרש תנחומא (בזוה) במדבר פרק כא	מדרש תנחומא (וורשא) במדבר פרק יח	תלמוד ירושלמי מסכת יבמות דף סה.א	יבמות דף פ.ב	תוספתא מסכת שבט פקס טו	שבט דף קלה.ב	נדה דף מד.ב	Reference
רשב"ג אומר כל שאינו חי' יום לא כלו חדשיו אבל נפל הוא	רשב"ג אומר כל שאינו חי' שלוש יום אין לחדשיו אלא נפל הוא	רשב"ג אומר כל שאינו חי' שלוש יום אין לחדשיו אלא נפל	חגי רבן שמעון בן גמליאל אמר כל המתקיים באדם שלשים יום אין נפל (במדבר יח) ופדיו מבן חדש תפדה וכחמה שמונה ימים אין זה נפל (ויקרא כב) ומיום השמיני והלאה ירצה לקרבן אשה ל'.	רשב"ג אומר: כל ששהה ל' יום באדם - אין נפל.	ר"ש אומר כל ששהה שלשים יום באדם אין נפל שנה' (במדבר יח) ופדיו מבן חדש תפדה וכל ששהה ח' ימים בכהמה אין נפל שנאמר (ויקרא כב) ומיום השמיני והלאה ירצה וגו'.	חגי, רבן שמעון בן גמליאל אומר: כל ששהה שלוש יום באדם - אין נפל, שנאמר (במדבר יח) ופדיו מבן חדש תפדה. שמת ימים בכהמה אין נפל, שנאמר (ויקרא כב) ומיום השמיני והלאה ירצה לקרבן וגו'.	רשב"ג, דאמר: כל ששהה שלשים יום באדם - אין נפל	Actual statement

מדרש רבה במדבר פרשה ד סימן ג	מדרש תנחומא (בובי) במדבר פרק כא	מדרש תנחומא (וורשא) במדבר פרק יח	תלמוד ירושלמי מסכת יבמות דף סה.א	יבמות דף פ.ב	תוספתא מסכת שבט פרק טו	שבת דף קלה.ב	נדה דף מד.ב	Reference
למה סמכה דעתו של רשב"ג לדבר תורה שלא צוה המקום למנות הבכורים כדי לפדותם אלא אחר ל' יום	ובמה סמכה דעתו של רבן [שמעון בן] גמליאל לדבר תורה, לפי שאין הבכורות נפדין אלא לשלושים יום שנאמר ופדויו מבן חדש תפדה	וכמה סמכה דעתו של רשב"ג לדברי תורה לפי שאין הבכורות נפדין אלא לשלושים יום שנאמר ופדויו מבן חדש תפדה	תמן אמרי בשם שמואל הלכה כרבן שמעון בן גמליאל אמר רבי בא מוה פליגין בשלא נולד לחדשיו אבל אם נולד לחדשיו אף רבן שמעון בן גמליאל מודה.	The quotation here is brought as a conclusion to a different argument which seems to be: How long do you wait to see if a child who is not obviously male is capable of procreation?	This appears to be the original statement.	(קלוג.א) איבעיא להו: מי פליגי רבן עליה דרבן שמעון בן גמליאל או לא? אם תמצוי לומר פליגי - הלכה כמדותו או אין הלכה כמותו ... הכא נמי: שכלו לו חדשיו. תא שמע, דאמר רב יחודה אמר שמואל: הלכה כרבן שמעון בן גמליאל. הלכה - מכלל דפליגי, שמע מינה.	הא לא שהה - ספק הוי הכא במאי עסקינן - דקים ליה שכלו לו חדשיו	Internal commentary

Let's examine the differences and similarities between the various versions of what גמליאל בן שמעון רבן was quoted as saying.⁵⁴⁹ The only thing that all the sources can agree on is that this next statement was originally made by רבן שמעון רבן and involved 30 days. The legal texts transmit the quotation as a positive statement, and the midrashic texts transmit the quotation as a negative statement. The positive statement that any child who lasts for thirty days can not be considered a stillborn implies, but does not require, that a child who lasts less than thirty days is a stillborn. It might be possible to assume that every child is considered as a "completed entity" when born, and even if a child were known not

549. I'm not focusing on what the compilers had in mind when they changed the quotation. I will instead go over some of the implications the various differences make.

to be a "completed entity" when born, or if it was "certain" that the pregnancy was only seven months along at birth, then thirty days after birth the child undergoes a change of status to "not a stillborn." The midrashic version limits the options in a different way. No child is a "completed entity" when born and therefore every child is considered a [potential] stillbirth from birth; only a child who has survived 30 days is considered "not a stillborn."

It is useful now to diagram what I feel to be RaSHBaG's original statement in the Tosefta.

תוספתא מסכת שבת פרק טז

- (ד) [בן ז' דוחין עליו את השבת בן ח' אין דוחין עליו את השבת (statement)]
 4. For a seven month old we desecrate Shabbat, for an eight month old we do not desecrate Shabbat.

ספק בן ז' ספק בן ח' אין דוחין עליו את השבת (clarification)
 When it's unclear if he is seven or eight months old, we do not desecrate Shabbat.

בן ח' הרי הוא כאבן ואין מטלטלין אותו אבל אמו שוחה עליו ומניקתו אין גורר טומאה מן חמת לא בכלים ואין מטמא לא ביצה ולא בצרעת אין זקק ליבום ואינו פוטר מן היבום ואינו מאכל בתרומה ואין פוסל [בתרומה] ואינו נוהל ואינו מנחיל פירש ממנו אבר הרי הוא כאבר מן הרי ובשר הרי הוא כבשר מן הרי (elaboration)

An eight month old is like a stone so we don't move him, but his mother bends over him and nurses him. he does not transmit or collect impurity from the dead, not to men or vessels. He doesrender others impure by genital discharges, leprosy. He is not appointed to levirate marriage and cannot absolve from levirate marriage. He does not feed others *terumah* and does not render *terumah* unacceptable, he does not bequeath, he does not inherit, a limb separated from his body is like a limb torn off an animal, and his flesh is like other creature's flesh.

(summation)
 זה הכלל כל זמן שהוא חי ואינו לא כחי ולא כמת מת הרי הוא חי כמת לכל דבר
 This is the principle: When [this eight month old] is alive, he is neither dead nor alive, when he died he as like something completely dead.

ואיזהו בן ח' (definition query)

So what is an eight month old?

כל שלא כלו לו חדשי (First answer)

Any premature delivery.

ר' אומר סימניו נכרין בו צפורניו ושערו שלא גמרו (Second answer)
 R. said, "His signs are if his fingernails and hair are recognizably complete.

וכדרך שבן ח' באדם נפל כך בן ח' בבהמה גסה נפל וכן ד' בדקה (clarification)

And just as an eight month old is considered a miscarriage, so is an eight month old to a large domestic animal and four months for a small domestic animal.

ר"ש אומר כל ששחה שלשים יום באדם ואינו נפל שנה' (במדבר יח) ופדיון מבן חודש תפדה וכל ששחה ח' ימים בבהמה ואינו

נפל שנאמר (ויקרא כב) ומיזם השמיני והללאת ירצה וגו': (refinement of clarification)

R. Shimeon said, "Anything which lasts 30 days among men is not considered a miscarriage, as it states: **his redeemed one may be redeemed after one month**, and any creature that lasts eight days among the animals is not considered a miscarriage, as it states, **from the eighth day on he**

is acceptable.

RaSHBaG's statement in the Tosefta limits the definition of a miscarriage. From the rest of the material in the Tosefta, I might think that a child born incompletely formed is to be considered a miscarriage forever, and retains that birth status forever like a *ממור* RaSHBaG limits this birth status to the first 29 days for a human and the first 7 days for an animal.

Going beyond the statement in the Tosefta to the context where it is quoted elsewhere, a different picture emerges. When the material from all the legal sources is added together, the following conclusion might be reached: Rabban Shimeon ben Gamliel stated regarding an incompletely formed baby who is birthed, that that baby must survive for thirty days to be considered completely "born." The number 30 was selected instead of 3 or 300 because the Torah specifies that number in a different case. Rabban Shimeon ben Gamliel does not require thirty extra days of life to declare a completely formed baby as completely "born."

When a sage appears to ignore the difference between "completely formed" and "incompletely formed" in their own formulation of a particular ruling, whether the context is Levirate marriage⁵⁵⁰ or Shabbat⁵⁵¹, the redactor reminds everyone that the scenario is not as simple as that sage makes it sound.

The internal framing of Rabban Shimeon ben Gamliel's statement differs slightly throughout the various texts. The legal texts vary based on the context within which this *ברייתא* is brought. The Midrashic texts vary quite minimally; all the variations can be explained by copying errors, since they all mean basically How did RaSHBaG base this statement of his on the Torah?⁵⁵²

The Talmud never states that RaSHBaG claims that a new-born infant is never mourned. In the legal literature, it is not so much that there is an earliest time when an entity becomes mournable, rather it is that there is a time beyond which all babies, including those for whom there was little hope of survival, are definitely mournable. As we have seen in previous chapters the generations following Rav Pappa took RaSHBaG's statement as interpreted by the Midrashic texts as indicative of a Halakhic parameter that applied in all cases. Until recently this statement in either version was used to remove mourning as an obligation for less-than-month-old infants, which removed it for most years from being even a possibility. Now it is past time to restore his statement to its original context, as a means of increasing the number of

550. When is a child still considered the product of the now-dead husband? When is an heir considered to be produced? What do we do in cases of doubt?
551.

Who is considered alive enough to justify desecrating Shabbat on their behalf? Is everybody entitled to desecrate Shabbat on their behalf, or just specific people? What do we do in cases of doubt?

552. I will admit to a little bit of confusion up until recently with the version which starts *וכמוהו* as "a number of people", gliding over the verb form to come up with "A number of people have equated RaSHBaG's statement with Torah mi Sinai, since ..." Obviously this was a bit of wishful thinking on my part.

children considered mournable, and not as a means of decreasing that number.

רבן שמעון בן גמליאל for the actual words of

Chapter Ten

Pastoral Care Tactics and Strategies⁵⁵³

It is clear that there has been some growth in awareness of unsuccessful pregnancy and neonatal death issues over the last fifty years. In 2004, Singh can write in a scholarly article that the "Pregnancy loss ministry has received increased attention since the 1960s, both in the United States and in Europe."⁵⁵⁴ whereas in 1990 Ilse writes that despite the fact that there are far more stillborn children than children who die of SIDS, SIDS gets attention and stillbirth seems ignored.⁵⁵⁵ Increased attention by clergy slowly increases societal awareness when accompanied by major educational and spiritual endeavors.

As Rabbis and Cantors, we are in the middle of what appears to be a seismographical change in awareness and emphasis of halakhic mourning principles concerning unsuccessful pregnancies and neonatal death. The Mishnah and Talmud are clear that there were several rationales that could be used to decide who was a mourner and who wasn't when it came to neonatal death. The choice of former scholars and Rabbis to severely limit mourning for neonatal death or unsuccessful pregnancies worked for their communities. That choice fails to serve many of our congregants at a time when they might look to the tradition. Providing pastoral care at that time is therefore essential, so we can accomplish two objectives. The first is enabling whatever grief exists. The second is connecting or reconnecting our congregants to the Jewish tradition.

That there is no mandated mourning for neonatal death or unsuccessful pregnancy may be a blessing. Since most people today choose to shorten the length they observe the required mourning periods and they often opt to use their discriminatory capabilities to decide which aspect of halachic practice is

553. Works cited in this chapter include:

Allen, Marie Ph.D. & Marks, Shelly M.S. *Miscarriage: Women Sharing from the Heart* 1993 John Wiley & Sons, Inc. ISBN# 0-471-54834-0; Burnell, George M. M.D., Burnell, Adrienne L. R.N. Ph.D. *Clinical Management of Bereavement: A Handbook for Healthcare Professionals* 1989 Human Sciences Press, Inc. ISBN# 0-89885-424-5; Centering Corporation *Dear Parents - Letters to Bereaved Parents* 1989 Centering Corporation ISBN# 1-56123-033-2; Ilse, Sherokee *Empty Arms: Coping with miscarriage, stillbirth and infant death* 1990 Wintergreen Press ISBN# 0-0909456-6-0; Imber-Black, Evan *Secrets in Families and Family Therapy* 1993 W.W. Norton & Company ISBN# 0-393-70147-6; Johnson, Joy et. al.. *Miscarriage: A book for persons experiencing fetal death* 1983 Centering Corporation ISBN# 1-56123-007-3; Lister, Marcie and Lovell, Sandra *Healing Together: For Couples Whose Baby Dies* 1991 Centering Corporation ISBN# 1-56123-023-5; Panuthos, Claudia and Romeo, Catherine *Ended Beginnings: Healing Childbearing Losses* 1984 Bergin & Garvey Publishers, Inc. ISBN# 0-89789-054-X; Rando, Therese A. *Grief, Dying and Death: Clinical Interventions for Caregivers* 1984 Research Press ISBN# 0-87822-232-4; Schwiebert, Pat R.N. & Kirk, Paul M.D. *Still to be Born: A Guide for Bereaved Parents Who Are Making Decisions About Their Future* 1993 Perinatal Loss ISBN# 0-9615197-2-X; Singh, Puneet B.A., Stewart, Kearsley Ph.D., Moses, Scott M.D. *Pastoral Care Following Pregnancy Loss: The Role of Ritual The Journal of Pastoral Care and Counseling* Volume 58 Numbers 1-2 Spring-Summer 2004 ISSN# 1542-3050; Stroebe, Margaret S.; Stroebe, Wolfgang; Hansson, Robert O. editors *Handbook of Bereavement: Theory, research, and intervention* 1993 Cambridge University Press ISBN# 0-521-39315-9; Zunin, Leonard M. M.D. and Zunin, Hilary Stanton *The Art of Condolence: What to Write, What to Say, What to Do at a Time of Loss* 1991 Harper Perrenial ISBN# 0-06-092166-8.

554. Singh p. 41

555. Ilse, *Empty* p. 9

right for them, it is appropriate to develop individualized rituals from the ground up. We want to help them develop something which makes sense within the context of their lives and is also true to the nature of Judaism.

Let's review a few basic principles. Stroebe clarifies: "*Bereavement* is the objective situation of having lost someone significant; *grief* is the emotional response to one's loss; and *mourning* denotes the actions and manner of expressing grief, which often reflect the mourning practices of one's culture."⁵⁵⁶ The pastoral care we provide to our congregants enables them to express whatever grief (or lack of grief) they feel about a particular bereavement. As Rabbis and Cantors, it may also be our job to help the congregant and congregation interface with the appropriate institutions and practices related to mourning. As people, we are often uncomfortable dealing with death in general, and pregnancy loss or childhood death can send up such strong signals that even answering a survey on the topic is too threatening.⁵⁵⁷ When we experience loss, we also experience a need for that loss to have been meaningful. If the loss had meaning, we reason, then there's a chance my life also has meaning.⁵⁵⁸ I have a feeling that it's the threat of meaninglessness more than the fear of death that causes many clergy to minimize the effect unsuccessful pregnancies and neonatal death have when they happen.

In every religion there is an official stance, or choice of stances, on "objective" items like ensoulment, life after death, and what actions are involved in mourning. Individual clergy within each religion shape their personal response based on official religious statements and on their personal experience.⁵⁵⁹ How each person will react pastorally is unique to that individual. What that can mean for the bereaved is that an insufficiently trained or insufficiently self-aware member of the clergy is likely to evade, avoid, minimize or ignore their suffering; a member of the clergy who has experienced something similar may treat the bereaved with what the member of the clergy needed at the time of their loss, even when that is not an appropriate response; every so often a member of the clergy responds with appropriate pastoral care.⁵⁶⁰ It is my hope that the number of appropriate responses will increase with time and training.

Nobody in our line of work needs to have suffered a particular loss in order to be effective in caring for that loss. Even when new guidelines are presented (as was done in several different places in the early 1990s), it's the local clergy who decide what is disseminated and acted upon.⁵⁶¹ Assuming the pastoral care groundwork has been laid, the local Rabbis and Cantors are the ones who will get the phone calls from bereaved family members, and will by

556. Stroebe p. 5

557. Singh sent out 500 surveys and received 23 replies. (p. 52) Of those 23, seventeen (p. 43) had experienced pregnancy loss within the immediate family.

558. Panuthos p. 190

559. Singh p. 44

560. Singh p. 48

561. Singh p. 53

their reaction act as guides for their community.⁵⁶²

According to Panuthos, "when a child's faith matures into adult understanding without spiritual crisis, it tends to evolve within the same basic framework."⁵⁶³ The 80% of our congregants with whom we do not have regular pastoral contact will probably be undergoing their first spiritual crisis along with some important loss. They will wind up looking to us for inspiration of some kind. During that time it is important to allow and enable the questioning inherent in a spiritual crisis. It may be our belief that everything is designed by God for the best, or at least originally designed for our own growth; sentiments that make sense to us as summations of divine nature are not likely to be useful to our congregants until the spiritual crisis is almost over.⁵⁶⁴ The basic question symbolizing the spiritual crisis is "Why me?" There is a time to respond philosophically to the question; immediately after bereavement is a time for listening to the meta-message. That question, at that particular moment, is often an articulation of rage, sorrow, or despair that might be expressed more eloquently by baying at the moon. Support the emotions behind the question.⁵⁶⁵ Being supportive may be the hardest thing a Rabbi or Cantor can do. The temptation is always there to be useful, not "merely" supportive. We want to fix the hurt place, לתקן עולם, and we can't. As an intellectual, I also want complex answers to "Why me?" These answers miss the point entirely.⁵⁶⁶

Our own, individual desires are by definition and reality part of the congregant-clergy interaction. Self-awareness is essential. Each of us must keep in mind what our role and limits will be in any situation which arises. When a particular situation gets emotionally confusing, when it's unclear to you who's feeling what about the loss,⁵⁶⁷ then make use of those who nurture your being. Don't hide the pain you might feel, and when you're with the bereaved don't dwell on it. The bereaved should not feel they need to shelter the clergy from their pain. Do not act on any impulse which might keep the family from their personal pain.⁵⁶⁸

We are only able to provide pastoral care and comfort if we receive it ourselves every so often. Do not imagine that providing pastoral care implies having an inexhaustible psyche from which to dole out compassion.⁵⁶⁹ Our visits are not the only way to provide pastoral care. Letters work powerfully in a different fashion.⁵⁷⁰ A letter from us can extend our reach in time. When the initial shock stage is over, letters and other writings help the bereaved in their

562. Singh pp. 41-42

563. Panuthos p. 193

564. Zunin p. 119

565. Zunin p. 195

566. Zunin p. 194

567. Your role is to be sympathetic, not suffering - any feelings of suffering that surface for you are probably internal resonances to the surrounding emotions.

568. Zunin pp. 220-221

569. Zunin p. 219

570. Zunin p. 119

grief-work.

Grief work is now known to be exceedingly individualized along all axes. Different people react very differently to bereavement, and even the same person may exhibit various reactions in the normal course of a lifetime.⁵⁷¹ This makes spiritual direction of the bereaved difficult at best. The most important part of the whole experience is providing a conversational space that is perceived to be emotionally and spiritually safe for the bereaved⁵⁷² throughout the long grief-work process.⁵⁷³

A precise set of instructions is impractical, simply because there are so many variations in people and situations it is necessary to be flexible and follow the Pastoral Care strategy outlined in the rest of the chapter. Rando quotes Professor Gordon Allport: ““Remember, each man is like all other men, each man is like some other men, and it is also true that each man is like no other man.” In the end death is still a very personal and individual event.”⁵⁷⁴

It isn't easy reaching out to accept other people's grief-stricken acts. America isn't much on public emotionalism.⁵⁷⁵ Most people within the American society will follow the American pattern of behavior and often deny their own expression of grief.⁵⁷⁶ The majority of people dislike displays of grief partly because they wish they had been able to express their grief that way.⁵⁷⁷ Therefore, as Panuthos puts it: “In order for healing to begin, judging must stop.”⁵⁷⁸ Attempting to comfort the bereaved by telling them that healing from this pit they find themselves in will result in emotional or spiritual growth is inappropriate much before the end of שלשים.⁵⁷⁹

In my Clinical Pastoral Education units, my supervisor Rabbi Bonita Taylor had everybody follow a three-step strategy for all visits. The remainder of this chapter will roughly follow the arrangement of those three steps⁵⁸⁰.

Step One: Walk with those who have undergone unsuccessful pregnancies and neonatal death in their pain.

Step Two: Help those who have undergone unsuccessful pregnancies and neonatal death say what is true for them.

Step Three: Lend them your voice in their ritual.

Walk ... in their pain

571. Stroebe p. 15

572. Panuthos p. 195

573. Stroebe p. 25

574. Rando p. viii

575. Panuthos p. viii

576. There are differences within certain American sub-groups concerning appropriate grief responses.

The various media will often highlight those groups where it is acceptable for any strong emotion to result in physical collapse or loud vocalizations.

577. Panuthos p. ix

578. Panuthos p. 26

579. Panuthos p. 121

580. The wording of the strategy has been slightly altered to better fit the population under discussion.

The first step of this three-step pastoral care strategy is "walking with the person in **their** pain."⁵⁸¹ The first two components of trying to do this are: 1. Developing self-awareness. 2. Expanding your range of internal guesses as to possible emotional realities for the suffering person.

When I make a pastoral care visit, I try to become aware of some of my mental background conversation. When I go to visit a black male, I now hear the internal statement, "He looks like the person who held a gun to my head." The internal statement has been running since that incident, but before I was able to hear it I would just experience an instant dislike bordering on hatred towards the person I had come to help. I then usually assumed that there was something the person had done that I had sub-consciously noticed, thereby intuiting that this person was someone to dislike. Now I counter that internal statement consciously with the statement: "I am not yet seeing this person for himself. Who is he?"

As I begin my visit, I hear different statements from the person I am visiting. My mind reacts, "She said she just had her gall bladder taken out. My wife had hers taken out, and she really got me angry today. I better not give this person a chance to get me angry." or, "They lost their baby too? I remember how sad I was, and I could never express it. I'll need to make sure they express their sadness today." or, "I could never discuss the fact that there's a chance she could die with her. Why bring up something that would upset her?" or, "That child is just crying and crying. Why can't someone help save him from being so alone and so scared?"

My mind will react however it does. Once I know the ways my mind usually reacts, I can try to be a little more objective about the situation itself. There will be ways that my internal commentary accurately reflects the situation; there will be many ways in which my internal commentary is just plain wrong. The only method I have found to help me become aware of how my internal commentary impacts on my visits is to write down my memory of a particular visit or part of a visit. Since I am working to improve myself, I pick something that I thought didn't work right.⁵⁸² After I have the visit written down based on memory, then I would put it aside a bit, and then look to see what else I might have said instead of what I did remember saying. I have found it useful to have an experienced, knowledgeable person read through the visit and make their own comments. It usually happens that there is some internal message that I haven't yet been able to hear that is either keeping me from hearing what the person is trying to say, or encouraging me to create the person's message for them in an inappropriate way.

This work you are currently almost finished reading should give you a

581. Panuthos says something quite similar on p. 46: "What is genuinely helpful, we believe, is our willingness to *participate* in another's grief, another's loss."

582. When I am writing to prove my capabilities, I write of an interaction I think went well.

foundation of options for your guesses as to what your congregants might be experiencing. Thinking about other possible emotional reactions you or your congregants might experience will help you fine-tune your antennae for the kind of pain and suffering your congregants actually are experiencing.

It is certain that “No matter how they appear to us, parents who have lost a child may be in such deep shock or numbness that they need a great deal of care and help.”⁵⁸³ A set of background mental considerations leads most people to try and comfort the bereaved by discounting their grief. People may say ““Try not to think about it,” or “I know how you feel””⁵⁸⁴ Understanding why these two statements will never work as words of comfort is part and parcel of the journey.

As you prepare for **your** walk in the other person’s pain, there will be information of various types that you will receive. Some of the information is factual, and some of this factual information is actually about the person in front of you. Some facts are needed to help provide appropriate care, other facts become a safe space away from the emotional and spiritual meaning of this event. Some information will provide clues to the emotional meaning of this loss for the bereaved. This information, and questions designed to elicit this information are closer to being the key to a useful encounter. After finding out what the emotional context of pregnancy loss is to your congregant, you can proceed with uncovering what this loss will mean for them. The meaning of this particular loss can range from “Now I’m just like Aunt Jane who lost her child and never could have another.” to “Who will my parents teach the family business to?” to “How can I go into that room ever again? Look what I put my spouse through to get everything prepared!” Schuchter and Zisook use six dimensions to get a clear picture of individual grief: “Emotional and cognitive responses, Coping with emotional pain, Continuing relationship with the deceased, Changes in functioning, Changes in relationships, Changes in identity.”⁵⁸⁵

Allen summarizes the reason why walking with the bereaved in **their** pain is so essential. “To assume the thoughts, feelings, and needs of a grieving person can be like walking through a field of landmines! One woman sees miscarriage as a disappointment while another woman sees it as the death of a child, and one mother needs to be hugged while another mother needs to be alone. Because each woman is an individual, sidestep further upset to her by *asking* her how she feels, what she thinks, and what she wants. Learn what the world is like from her unique point of view.”⁵⁸⁶ It is human to try to compare and categorize. Exercising that natural bent is one way that those who grieve can wind up hammering their self-confidence into extinction, by thinking that their grief should be less than other people’s.⁵⁸⁷

Now that the reason for listening is even more apparent, it is important to remember that walking **with** the bereaved can involve a lot of repetition. You may hear the details of the time before the loss until you can tell the whole story

583. Panuthos p. 138

584. Panuthos p. 147

585. From Stroebe pp. 26-42

586. Allen p. 227, Schwiebert p. 8, Ilse, *Empty* p. 1

587. Ilse, *Empty* p. 3

word for word.⁵⁸⁸ These words you have learned concerning the loss are the lyrics of the bereaved's melody right now; you don't tell a singer to change the words of a song just because you've heard them before. Continuing with the music analogy, different parents' interpretations of their own lyrics will change with different "musicians'" performances, and it is probable that interpretations might change over time also. Some parents will stress the bitter lyrics, other parents will stress the segments of growth or hope. Some will emerge with shattered eardrums and others with an appreciation for each instrument's contribution to the total message.⁵⁸⁹

It is not only the bereaved who have different needs and reactions. People around the bereaved also have different needs and reactions to grief. "I returned to work and discovered three kinds of people there. Some couldn't *see* the hole. They expected me to work and relate just like before. Some seemed *afraid* of the hole, as if they got too close, the hole would consume them. Luckily, there were also people who *knew* the hole was there, could give me opportunities to talk about it if I wanted to, and also encouraged me to go on." (Lynn Bennett Blackburn, Ph.D.)⁵⁹⁰ We should obviously strive to be the ones who **know** that the hole of neonatal death and unsuccessful pregnancy grief exists.

Chapter four and Appendix C repeatedly mention various stages that different experts have maintained those who grieve must work through. A little knowledge can be a dangerous thing, and assuming that somebody must be in a particular stage just because an expert has declared that they should be is decidedly **not** walking with a person in **their** pain.⁵⁹¹

I can't imagine that any of us would choose to distance ourselves from our congregants by deciding for them what stage of bereavement they are in. Most of us will normally operate on auto-pilot for awhile, to avoid being side-swept by any of our own emotions that the trauma reveals. Operating on auto-pilot makes us appear emotionally distant and indifferent. With training, we can run on manual instead, which will help the bereaved to let themselves wander through their own pain.⁵⁹²

Allen indicates that "•71% of the miscarriages were experienced by mothers as **the death of their children**. Following 81% of the miscarriages in the study, the mother felt that **a part of them died**."⁵⁹³ This means, of course, that 19% of the second group and 29% of the first group do not agree with the statements within the quotation marked in bold print. We can seldom know going in to the bereavement situation in which category a particular congregant will see themselves.

The father, grandparents and surviving children are also in need of being walked with in their pain.

588. Rando p. 137

589. Rando p. 130

590. *Dear Parents*

591. Rando p. 28

592. Rando pp. 3-4

593. Based on Allen pp. 237-238

Fathers in particular tend to either be ignored or feel ignored, as everyone focuses on the emoter in the family. In cases of unsuccessful pregnancies, even people who agree that the mother could justifiably feel a sense of loss will assume that fathers don't feel any sense of loss.⁵⁹⁴

Grandparents suffer doubly. They often suffer the pain many parents feel when they can't protect their children. They also suffer the loss of whatever dreams the lost pregnancy meant for them.

Children will often assume they are at fault, both for the loss itself and for their parents becoming more distant. It is a lot harder to walk with children in their pain, but the attempt should be made anyway. At the very least, the Rabbi or Cantor can make sure the children are told whatever truth everybody else knows concerning what actually happened.⁵⁹⁵

There will be times in our visitations, as the months and years continue to pass, that we might think the bereaved need an extra push to get their grief work done. In Table 10.1, Burnell helps clarify when this might be necessary.

Table 10.1 Risk factors⁵⁹⁶

Before professional referral	Parents
Absence of grief	No eye contact with each other
"Unfinished business," especially after sudden death	No conversation between each other
A history of violent death	Not holding hands with each other
A history of multiple deaths	Refusing to return to the hospital after the child has died
A history of disturbed relationships with the deceased	Begin crying upon sight of the physician
Presence of feelings of worthlessness, excessive guilt, ambivalence, anger, rejection or alienation	No easily seen evidence of social support within the community
Continual self-blame, low self-esteem, and changes in self-image	Past history of sleep problems or eating problems
Persistence of depressive factors for more than a year	Past history of psychiatric problems
Occurrence of extremely intense depression with vegetative signs and symptoms including anorexia, G. I. problems, weight loss, insomnia, menstrual changes, or headaches	Past history of drinking
Onset of severe and recurrent anxiety attacks	Past history of marital discord
Recurring painful fantasies, nightmares, and reliving of the dying experience	

594. Rando p. 134

595. Panuthos p. 177

596. Burnell pp. 172-174

Before professional referral	Parents
Dependence on alcohol, illicit drugs, or medications	
Acting-out or antisocial behavior	
Onset of chronic medical problems	
Total avoidance of mention of the deceased, removal of all objects belonging to the deceased and photos of the deceased	
Continued and prolonged social withdrawal associated with intense grieving as a way to keep a link with the deceased	
Personality changes and radical changes in life style	

Johnson, in 1983 wrote: "There is no acceptable, open, ritualistic way to share and grieve a miscarriage. You move from being part of a pregnant community where some of your friends and most of your thoughts were pregnant, to a caring community of people who know what miscarriage means."⁵⁹⁷ Our effort to walk with those who suffer - in their pain - is a first step to providing an acceptable, open and ritualistic way for the community to be available while the bereaved share what is true for them.

Help ... say what is true for them

There are some specific ways to frame sentences that can aid in our attempt to help people say what is true for them. When we aren't sure exactly which direction to take a conversation, there's always the old standby: "Tell me more about ..." Remember that at this stage we should be focusing on emotion and meaning, and keeping the conversation focused on the bereaved.

Some sentence patterns that I have found useful include: "Sounds like you're (name the emotion you perceive). Am I hearing you right?" "If it was me, I'd be ready to throw those people through the window! What's it like for you?"

Be prepared with lots of emotional synonyms. Not that anyone of us should spend hours or even minutes deciding on the precise wording of the feeling the other person is experiencing, but a couple of go-rounds can help set the stage for future epiphanies.

Rabbi: Sounds to me like you're angry.

Parent: I never get angry.

Rabbi: Well, if it was me I'd probably be a bit upset and frustrated with all those Doctors you've mentioned.

Parent: Maybe.

597. Johnson p. 18

That conversational bit mentioned anger, frustration and being upset. One or more of them might describe what the parent is really feeling now, or it might be that later that week or month the parent will be thinking again about the particular Doctor, and go, "Oh, yeah. I guess I was angry with the Doctor back then." Without having experienced that conversation, the parent might never have claimed the appropriate emotion, and therefore would not have been able to either accept or work through it.

The portion of society I have been exposed to is much better at helping people hide what is true for them than helping them say what is true for them. It is important to legitimize and accept the emotions of the bereaved.⁵⁹⁸ Societal messages have been changing a bit over time, but there are some communities where what Ilse said continues to be true. "Many people do not consider a miscarriage as the death of a baby, but rather as a fairly common occurrence and the end of a pregnancy. The messages parents often receive are to downplay what happened, to get on with life and to forget about it. These messages usually are given to decrease the parents' pain and to promote hope. ... Parents get the impression they should not be upset and don't have the right to feel any pain."⁵⁹⁹

Sometimes other people are sloppy with their terminology. Miscarriage might be used as a synonym for an unsuccessful pregnancy, when it is properly not a synonym but a subset. Not all unsuccessful pregnancies are miscarriages, but all miscarriages are unsuccessful pregnancies. When a parent's stillborn child is described as a miscarriage, the implication is that the outside world can decide when that baby is considered a baby.⁶⁰⁰

Some experts have recommended certain thoughts we might consider sharing with the parents at an appropriate time, as a way to verbalize something for them.

"However you say good-bye, it will be the beginning of grieving and healing together."⁶⁰¹

"Remember, only dead babies are perfect babies. They're only perfect because they never got the chance to keep you up at night or have colic."⁶⁰²

"Slow down, look carefully at the options, then trust your own judgment. How you handle this loss will be different from how someone else handles a loss. You will experience grief and what is critical is how you integrate your baby and this loss into your life."⁶⁰³

A few people have indicated in writing certain parts of what is true for them that other people have often had difficulty with:

"Letting go does not mean that I will forget my child. Letting go means only that I accept that my child really is dead and that no amount of wanting and yearning and thinking about my child will bring him back. ... I will remember special times that I shared with this child, even if all I was able to share were times of kicking and

598. Rando p. 141

599. Ilse, *Empty* p. 6

600. Ilse, *Empty* pp. 9-10

601. Lister

602. Schwiebert p. 116

603. Ilse, *Empty* p. 5

hiccuping.”⁶⁰⁴

“If your mother dies, people don’t say, “You can always have another mother.” Then why is it alright to say you can always have another baby if your baby dies.”⁶⁰⁵

Mothers will not give up hope, until it is completely clear that there is no hope.⁶⁰⁶

There is a general truism about grief and illness which holds for neonatal death and unsuccessful pregnancy as well; follow-up throughout the succeeding months is important.⁶⁰⁷ Allen provides a checklist of what to do to help the bereaved express what is true for each of them: “•Provide parents verbal and printed information on grief. •If the parents wish, you, the parents, or all of you can create a memorial service for their baby. •Invite them to be an active part of the service - to deliver a eulogy, read a personal letter or Bible passage, and so on. •With permission, videotape or audio record the service and give the tape to the family or invite them to record it. •Include the baby’s siblings in what you do. •Tell the mother it’s okay to feel angry at God and talk about why.”⁶⁰⁸ Part of helping the parents say what is true for them involves either creating or utilizing comparatively new rituals; we can also initiate creative new twists on old rituals that enable the parents to say what is true for them in a public forum.

Lend them your voice in their ritual

When the bereaved person feels grief, that grief should have some kind of public acknowledgment and expression. Rando defines ritual as “a specific behavior or activity that gives symbolic expression to certain feelings and thoughts of the actor or actors individually or as a group.”⁶⁰⁹ Rituals are useful in reconnecting people with their community by providing permission to act out both physically and emotionally for the sake of grieving. Rituals can limit grief to specific places or times, so those who have little emotional intelligence know when and where to focus their energies. The bereaved are then allowed to “hold on” to those who have been lost without putting the course of grief work off-track. Rituals help structure the community’s help, so the community knows when to be of use and the family knows when to expect them. Finally, and for neonatal death and unsuccessful pregnancies extremely important, rituals can help structure responses to the relevant anniversary dates.⁶¹⁰ The moment that the Rabbi or Cantor and the family begin discussing the options for the ritual is the moment that the ritual begins on an emotional and spiritual level. The ritual can continue to develop its usefulness as long as it is personally relevant and meaningful.⁶¹¹

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604. Schwiebert p. 22
605. Schwiebert p. 27
606. Burnell p. 130
607. Ilse, *Empty* p. 70
608. Based on Allen pp. 237-238
609. Rando pp. 105-106
610. Rando pp. 105-106
611. Rando p. 191

The actual public or semi-public actions merely mark a stage of the individual ritual.

The normative ritual in Judaism that the bereaved endure is a funeral with visitation afterwards. Not all unsuccessful pregnancy situations lend themselves to a funeral; all situations of loss can lend themselves to the community visiting and pampering the bereaved. These practices can continue to help more and more people put their bereavement into boxes labeled: "feeling a little bit better."⁶¹² Pregnancy loss requires the unusual skill of being able to say hello and goodbye at once.⁶¹³ To accomplish this, women in the past have created mementos and memorials (sometimes with the help of clergy, sometimes on their own) that ranged from crystal sculptures that symbolized their dead baby to formal public memorial services led by clergy.⁶¹⁴

As Singh relates, the methods clergy use to provide rituals for pregnancy loss range from those who will find something slightly appropriate in the service and quote it verbatim in its appropriate place⁶¹⁵ to those who want something brand new.⁶¹⁶ Some clergy do feel that stillborn children rate full funerals.⁶¹⁷

Funerals for bereaved families are designed to create beyond-a-shadow-of-a-doubt certainty in anybody's mind of the fact on the ground: somebody died.⁶¹⁸ Most funerals have five components which are used to accomplish this. These components are not always easily translated to cases of unsuccessful pregnancy. The order of some of these components will differ from one religion to another; I list the components as they are experienced within traditional Judaism.

TABLE 10.2 The component parts of a funeral⁶¹⁹

Typical Funeral	Pregnancy loss
Removal of the body.	Miscarriage, D & C, removal of the fetus.
Procession.	Procession for stillbirth, trip to hospital for D & C, other symbolic procession.
Memorial service.	Creative memorial service.
Burial.	Symbolic burial.
Visitation period.	Modified Shivah.

There are aspects of the funeral process which must be modified in cases of unsuccessful pregnancy. When there is no grave, and no burial, then the concept of the procession must also change. A symbolic procession can be as

612. Stroebe p. 89

613. Singh p. 43

614. Allen p. 183

615. Singh p. 46

616. Singh p. 44, p. 47

617. Singh p. 45

618. Singh p. 47

619. Rando pp. 178-179

simple as going from the Rabbi's office to the Chapel. In Table 10.2, I included trips to the hospital as potential processions - in one sense, the family were accompanying the dead to its final resting place. This might be suggested at some point when a couple is feeling guilty for not having done enough, or wishing they could have shown that they cared in some fashion.

In a case of unsuccessful pregnancy the memorial service needs to be altered a bit. The standard eulogy just won't work.

These services are creative by definition, and should be put together jointly by clergy and parents within some general guidelines. Burial will usually need to be equally symbolic.

Most of the liberal movements within American Judaism have in essence truncated the concept of Shivah. Holding a one or two day Shivah period for an unsuccessful pregnancy would fit right in.

TABLE 10.3 How funerals benefit the mourner⁶²⁰

Psychological	Social	Spiritual
Funerals confirm and reinforce the reality of the death.	Funerals allow the community to provide social support to the mourners. (Therefore, if the funeral is a private affair, it will not meet the needs of the bereaved.)	Funerals with a religious orientation give mourners a context of meaning as they attempt to fit the death of their loved one, and ultimately of themselves, into their religious/philosophical framework.
Funerals assist in the acknowledgment and expression of feelings of loss.	Funerals provide meaningful, structured activities to counter the loss of predictability and order frequently accompanying the death of a loved one.	
Funerals offer the survivors a vehicle for expressing their feelings.	Funerals begin the process of reintegrating the bereaved back into the community.	
Funerals stimulate the recollection of the deceased, a necessary aspect of decathexis.		
Funerals assist mourners in beginning to accommodate to the changed relationship between themselves and the deceased loved one.		
Funerals allow for input from the community that serves as a living memorial to the deceased and helps mourners form as an integrated image of the deceased.		

620. Rando pp. 180-184

Psychological	Social	Spiritual
Funerals in and of themselves contain the specific properties of rituals employed in therapy.		

There are actions that can help provide some of the psychological benefits of a funeral even when there can't be a funeral. These include •Inviting the parents to name their baby aloud during a regular service. •With permission, remembering their baby aloud in prayer during a regular service. •Hold monthly memorial services for all miscarried babies and invite parents to them. •Establish time following these services for their families to meet the other families.⁶²¹

There are many times when the issues an unsuccessful pregnancy raises within the couple convince the couple to go to a psychologist. Imber-Black describes one such couple whose resolution summarizes the concepts behind lending them our voice in their ritual: "A final intervention involved a mourning ritual around the loss of their wished-for biological baby. Not knowing how to mourn for the babies who had miscarried kept the couple suspended in time, with no hope for the future. Linda and John were instructed to talk together periodically about their baby and what she or he would have been like. ... When they had really allowed their baby to come alive, we helped them devise a symbolic funeral, so they could let the baby "rest in peace." They were to decide whether to include family and friends, and which ones. In this way, their grief was framed as "private" rather than shameful and secret."⁶²²

One way of integrating all the issues mentioned within this chapter is found in appendices E and F.

621. Based on Allen pp. 237-238

622. Imber-Black, p. 117

Appendix A
Poetry and writings from the time of our first loss
Until our International Adoption potential was accepted by
The Immigration and Naturalization Service⁶²³

Undated pieces:

Just a short time we have to be with each other
oft filled with mistrust
and double blinded fools.
Elsewhen and elsewhere
we can be together
each moment ignited and aflame
from all past.

Perceptions

Her: He just sat there and watched me work. Then he even interrupted me when I was doing the proper count!

Him: The air had taken on a moody tangibleness. She took over filling out the forms, getting upset over any item which she did not know the answer to immediately. I looked up some information to help her and she got more upset - so the best thing seemed to be to do nothing. I couldn't change the mood she was in. We were both depressed anyway. It just shows up differently.

Note by AJGM

I know you're trying to figure me out right now since I do not talk or let you near me
hopefully writing this will help you understand
first of all I have the fear of never being able to get pregnant again
next still having a dream about what our child was
another reason which I do not know why is I do not want you to touch me
especially in certain places
I know this bugs you when I can't talk so I hope you understand a little more
since I couldn't verbalize it

623. The beginning of the end of that first pregnancy was on Andrea's birthday, July 15 1993. The death of our son was on Av 2 5753. These writings are presented as originally written, in chronological order where known. All rights are reserved to the authors, Larry Moldo and Andrea Joy Moldo.

Summation 1

We waited and hoped for month after month depressed at the telltale negative stream until illness and a late flowing river convinced us that testing was necessary. The tests were positive, a joyful sum - we were parents! At least parents-to-be, I guess, and so we prepared for the joyful times to come. Picking names and moving furniture we could do without thinking of betrayal.

How could we know what was normal?

It was our first, and so we put up with pain we would never have had to had we known it was greater than normal. The pain came and went but never disappeared from our thoughts, although it teased us, disappearing for short days at a time, only to return with greater force.

Then the worst arrived.

The bewildered pain commingled with hopes for health for all. Long, worried times dashed most hopes but the worst fear passed, leaving only the pain of betrayal.

August 13, 1993

fragments by AJGM

why did it happen
i dont understand
will my feelings ever change
or am i sad forever more

i loved it for a short time
i lost it
i will miss it for a long time
i will not forget

i was very happy once
then i heard the news
now i feel sad because
i lost the joy of my life

will i have another one
or will it happen again
will i worry forever
or will i wonder on

August 17, 1993

There are living ghosts that haunt all our days
They remind us of what we'd forget -

All the bitter memories and broken years
All the things we can't do 'cause they're past.

Those living ghosts should stay on TV
Then I could turn them off or watch
because anyway they'd soon be gone
and stop reminding envy
how every day
I'm one of them.

The loss that I've suffered
(Though some would deny)
It's a pain that always tears at my heart
And the tears that won't stop,
Though some just won't buy them -
caused by happiness now blue.

Those living ghosts should stay on TV
Then I could turn them off or watch
because anyway they'd soon be gone
and stop reminding envy
how every day
I'm one of them.

Once I was joyfully happy, carefree,
gladly planning the future for my child -
then my child played a trick
and twisted on the cord.
Not five months since I'd learned one would be born.

August 23, 1993

It's fading
Those knife yellow bursts
of sawed-off loss
that shattered across my breastbone
aren't there any more.
Not as often as they should be.
Nothing's changed.
Not the facts, not the feelings I felt then.
Then why this sudden slow change
for the worse/better?

I do the things I'm supposed to do

And have no clue why I still do them.

September 1, 1993

We are going through a difficult time. Our trauma strikes us anew each day in vastly different ways. Andrea gets tensed throughout the chest, causing her pain when laying, sitting or breathing. This increases her impatience and lowers her frustration tolerance to the point where I am afraid to breathe the wrong way. I, on the other hand, since I need to keep the pain blocked in order to function at work, find my subconscious retaliating by blocking my capacity to stay awake. This further frustrates Andrea, which makes me feel even worse, and on and on.

I ache for the day when we will have just the normal level of misunderstandings.

September 5, 1993

At first I thought that
today was a day just like
any other
And then I remembered
that each day
(since that day)
brings its own sorrow and joy.
And no day is ever again
allowed to be like any other.

October 28, 1993

I'm wondering why I've been spending so much time at work. I don't really need to - I guess it's because I'm afraid. When I'm around Andrea, all I want to do is be with her - and that might be considered improper pressure. Not that I totally waste my time at work - but I find myself either studying or doing something mindless.

December 9, 1993

It wasn't fair, today,
not having something super-special to give you
because of the hope that the two of us
and our partner
had combined to grant us a renewal of that special hope
which we had and lost.

It really wasn't, fair,

still I thought that some reward, the promise
of something better and brighter that was certain to follow
would appease, and perhaps please,
and possibly make the day much brighter.

I don't think it will ever, be,
again the joyous way it once seemed to be
no matter how hard we try
or how lightly we fake it
nothing is seen that is not a reminder.

These days I don't think.
I just try to feel the way I felt before.

And I know
that the only joy I will ever feel
is with you.

January 3, 1994

Write what I feel - why write words when there are none. I feel incomplete, but
it's an incompleteness I'm willing to live with and redefine myself through.

It sometimes hurts to be reminded of it - much like sticking a sharp instrument
on the edges of a scab that has just started forming.

I don't think of what ifs - I wait until they happen. It saves wear and tear on the
worry muscles.

March 24, 1994

I'm writing this before it disappears. The feeling, that is.

I almost broke down today.
Not over anything major, or even a reminder.
Just a pair of oven mitts on the washing machine.
Something else that wasn't where it was supposed to be,
and I should remember where it had been left or placed.
It's always my fault. I've always felt that way, and
nobody has ever convinced me otherwise.
I suppose some people don't even try.

25 Nisan 5754

April 5, 1994

Dear B'khor,

I originally thought I would wait until your first Yahrzeit to write this. I'm not sure why I'm writing this now except to go through this stage so your Yahrzeit will mark the beginning of a new one.

I miss you.

Your absence molds every breath and much of the day's thoughts. Not a day goes by that your mother and I don't mention you in some way.

Your mother "knew" you longer than I and more intimately, for you were an integral part of her body for 19 weeks.

I knew you from the preparations made in the house, and the discussions your mother and I had about the future.

We didn't want to get you any furniture until you were ready for it, but we had to make room for the furniture we would need to keep you safe. Making this room was my job.

Since you came out dead, a number of holidays and family simhas have come and gone. Your birthday in December, Hanukkah, Purim and Pesah. In all of them, your absence was noticed, even if it wasn't mentioned.

I've lived through loss and disappointment before - both your mom and I have - but this affected so many people.

After you were already dead, your mom almost died. It wouldn't have been your fault, but the near double loss is one reason why it is so hard to come to grips with the unfairness of it all.

Life has never been fair - just, perhaps, in the long run, but never fair. Your death helped show the kind of support our families were able to give - whether appropriate or disastrous. That doesn't really matter now, anyway.

Much of the world says that I should forget about you and get on with my life - but while life goes on, I can't accept forgetting you, or not grieving for you.

It will be difficult for your younger sibling. We might be overprotective, or we might avoid getting emotionally close so that we don't get hurt again.

When it comes down to it, we don't know anything about you except that you died, and we loved you in ways even we don't understand, and you'll always be missed by us.

With love,
Abba

June 12, 1994

Ghosts

A fragment of a phrase.

Some overheard remark
that reminds.
No correlation
no connection
nothing direct.
After and during the hearing
the waves of depression
and memory
drown out the sunlight
the day time
reality.
I return to the then time
when time stopped flowing
but jerked
number by number
red change by change
downwardly mobile.
I'm here. You're here. Then is gone.
(not really)

July 7, 1994⁶²⁴

I know what you said.
You told me somebody else's child died
but you're wrong
it was my child
my child again.
Not this one, too.

How could there be more than one?
My heart's full already.
It has no more room.

July 7, 1994

Shall we rejoice because somebody else knows what we feel, because they feel it too?
Shall I be glad because somebody else's heart feels like it will shatter and exit through each pore?
Help me not to play the games, to make their pain less than it is.
Help me not to compare, to think that I know what they're feeling, exactly.
Help me to let them mourn without jealousy or resentment.

624. Around July 4, 1994, some congregants and friends suffered through the tragic death of their three year old daughter. She drowned in their backyard pool.

October 14, 1994

You've seen the picture.
You know, the one with the
old lady and the young one.
That one.
Now some see the old lady
and others a young miss
and others miss both.
It's a good thing, I know,
for I see both at once.
- Precautionary Joy -

October 14, 1994

Sperm counts
have nothing to do with it.
We think.
There are more certain
reasons to blame
and point out the visible.
No need to check
that the squirmies still squirm.
When it seems that they do
or at least,
that just one did
in just the right way
at just the right time.
So sperm counts have nothing to do with it.
Right?

October 17, 1994

The first time, everything seems normal.
Even when it isn't.
This second time, everything is suspect.
Even when it's normal.

If a mood swings, why do I feel like I'm drowning?

Today -
A day like any other -
except -

from fearful sadness to cautious joy
our day took us
today.

I'd like to know
and not know, too
or at least know that I know
even if I forget
so I could be sure that the pain
and the sorrow and the silence
would lead to desired ends.

October 17, 1994

Oh, look!
There's a class we can take, and there's another!
Should we reserve our beeper and Lamaze now?
It says to take care of these things right away
Because space disappears all too soon.
Too soon.
It's too soon to be happy.
We can't schedule the future
when we're not sure it will happen.
Oh, the calendar!
Shall we tell them we can't take that trip?
Shall we tell them we can't work too long, or too hard, or too late?
Shall we tell them why, since we know?
We know?
We don't know.
We don't know how long this will last this time.
We don't know if it will last this time.
This time could be like last time.
This time could be the last time.
The last time we have all these hopes/worries/fears.
Let's wait to tell
until they can tell us.

October 19, 1994

On the sunny, sunny slopes
of an ancient little hill
the two of them, alone
sat and sought a solution.

They thought and were perplexed
other slopes were quite full
their slope alone, it seemed
stayed a slope, and slope alone.

They slept and sought and thought
and the more, the more perplexed
too many answers could be seen
from all the pairs on every top.

Resolve a resolution
they decided, just decide
what kind of top we want
can it be good bare of pride.

Today it was decided
just once more to try, again
to wait and watch, hopeful
that their end will be like theirs.

October 24, 1994

Tell the story!
Tell the story!
Tell the story first, and then we'll go.
Once upon a time ago, there lived a pretty girl.
Just like me?
Just like you. She lived in a silent cave, away from anybody else. She didn't know
why, she just did.
Should I end it there?
No!
Why not?
Because it's boring! Nothing happens!
Well, then, she lived in this boring, nothing happening cave until one day
Yes?
You'll have to finish it. I don't know what happens next because my pretty girl [it
was really a boy] never left the cave.

October 27, 1994

AJGM Fragments

It never ends
the hope of wanting

but never ending
because it ends in death

We are happy with the news
something happens
we never go the whole way
we are saddened by the news

October 28, 1994

I want to explode.
That's what the tightness tells
what the hoarseness relates.
I forgot how.
So all that energy
condensed
is in my throat.
Everybody else thinks it's the cold weather
or the furnace not working just right.
We know better
my throat and I.

October 28, 1994

My mind skitters around the truth
my body shuts down to avoid it
not sure if it's a strike-out
or a no run, no hit, no error inning.
There must have been an error somewhere
because now I can't even find the ball.

November 1, 1994

Fragments by AJGM

I love him
He loves me
Our love grows
Even though
we have had
disappointments
Hopefully
one day
we will have

enjoyment.

...

he waits for a child
it comes and goes twice
he wonders if there will ever be
a child
He still loves her

Love is my husband
Love is the couple

November 2, 1994

I read a joke the other day:
What's the best container
for a sperm sample?
A perfume jar is just the right volume
but the hole's a little bit too small.
A mayonnaise jar has the same color
but they don't make them small enough.
Indeed,
and unfortunate,
a baby food jar is probably the right size.
Isn't it great that the universe can laugh at us?

November 2, 1994

What can I give you?
A baby, you answer.
What can I do for you?
Give me a baby, you say.
Give me one that will live.
Give me one I can give
my life to.
That's what you can do.

What do you need?
A child, you answer.
What can I provide?
Provide a child, you say.
Provide a reason for the room
which we cleared for the baby;
Provide a reason not to sleep

that everyone understands.
That's what you can do.

What do you want?
My life back, you answer.
What's your desire?
To know certainty, to be sure
to come to understand
gurgles caused by one of ours -
Until I get that, I'll never be glad
or serene, or settled, or calm,
or happy, or fulfilled, or at peace with the world
I won't be
I don't think
until you do that for me.

November 4, 1994

Many are the reasons
and some of them make sense -
I don't understand.
How can they make sense
when the end is
in entirety
senseless?
Two children dead
not many, just two
there's been more, I know
all at once, in the past.
Just two.
It reminds me of the son
"The Cruel Mother"
but there, the mother
went insane for some reason
and lost touch of reason,
imagining her children
in conversation
when she had been the one
to kill them.

November 7, 1994

Slowly by slowly
we progress past

the undertow dragging
us back to the depths
of our enduring sorrow
which torments and translates
us to somewhere beyond
where we look to be
to those who see
with just their eyes.

November 7, 1994

It doesn't surprise me.
When you tell them of the torment
they ask what the trouble is,
what's the matter with being tickled by a feather?
and there wouldn't be anything wrong
if our skin wasn't scraped raw, leaving nothing but nerves
so each feather or harder is a hook through the heart
pulling or pushing and just causing pain.

November 10, 1994

I can't help it, I guess.
Every so often I need to listen
to a tape or CD that I know brings emotions
and tears to the forefront of my mind
and I wonder
why do I sit here again and again?

I know what will happen
It's happened before
and I know that I'll sit there
alone
and I'll try not to focus
so hard on the pain
and I'll try to do something
that I know needs my mind
and I'll try
and I'll try
and I'll never get further
than stretching my legs on the chair or the bed.

I am stuck, it seems,
between the world and its worries

and the pain piled deeply inside.
I know there's a scream that could shatter the trees
if I ever let it out
at just the right time
so instead, I just sit here
and let the tears flow
as I bury the pain one more time.

To improve is to think that there's something worth saving
I need that proved to me before I'm ready to think.

November 24, 1994

My mind
I know it's around somewhere.
I can feel it
poking and tapping through the fog
trying to connect
with the rest of the wide-awake world
that I've heard is out there
somewhere.

November 24, 1994

I remember,
a long time ago,
being awake.
It was a glorious feeling
seeing each color
clearly
feeling each separate puff of air
and reacting in a positive way
and having somewhere to go
and a reason to travel there.

December 4, 1994

Imagine.
Surprise above all
to be needing to know
of a culture that has no
connection with Jews
except for our children
who we hope will arrive.

Imagine.

That the delving I've done
in the Eastern religions
and Confucian philosophy
and even this poetry
would bear fruit
and be useful
and essential
in raising our children
from that far distant land.

Imagine.

The constant pain we feel
will finally be balanced
by a joy and thanksgiving
exasperation
of a positive sort.

Imagine.

Childcare, and schools
and diapers, and food
and languages, and plays
and fun and vacations
and Shabbat and Pesach
and Chanukkah and Sukkot
and Simhat Torah. Purim!

Imagine!

The same we can never be - not after the tragedy -
but to appear as all others, in this way at least -
how wonderful.

Appendix B

More Biblical Texts and Some Personal Midrashim

Some of the following texts from the Torah mention miscarriage specifically. The rest are peripherally related.

ויקרא כ ב ואל-בני ישראל תאמר איש איש מבני ישראל ומן-הגר | הגר בישראל אשר יתן מצרעו למלך מות יומת עם הארץ ורגמחו באבן: ג ואני אתן את-פני באיש ההוא והכרתי אותו מקרב עמו כי מצרעו נתן למלך למען טמא את-מקדשי ולחלל את-שם קדשי:

Say to the Israelites: Anyone from among the Israelites or from the resident aliens in Israel who gives of their descendants to *Molech* will surely die; those who reside there will stone them. I also will be against that person. I will cut that one away from the nation, since the only reason to give one's progeny to *Molech* is to defile my sanctified place and profane my sanctified name.

דברים יח ט כי אתה בא אל-הארץ אשר-יהוה אלהיך נתן לך לא-תלמד לעשות כתועבת הגוים ההם: י לא-ימצא בך מעביר בנו-ובתו באש קסם קסמים מעוון ומנחש ומכשף:

When you arrive at the land that YHVH your God gives you, do not learn from the abominable actions of the current inhabitants. There will not be among you one who causes any child to cross through the fire or one who practices any other kind of magic or divination.

Wanton destruction of children is condemned.

Sacrifices in general have always been considered to have had some propitiatory power; sacrificing children has always been a possibility. The most "powerful" form of sacrifice is self-sacrifice; replacing one's self with another who qualifies to replace one's self is usually just as effective.⁶²⁵ A traditional Jewish viewpoint is that children are too valuable to be used as a means of assuaging the powerful forces found in the universe.

I understand *Molech* to be a metaphor for the powerful forces found in the universe as well as implying some form of oblivion.⁶²⁶ I read these verses to indicate that nobody should send their children to face the powerful forces in the universe in their stead. *Midrashically* I further state that nobody should consign any of their children prematurely to oblivion of any kind, whether physical, emotional, spiritual or intellectual. Symbolic oblivion indicating a change in status is still perfectly alright.

What makes an entity one of the "children?" My answer is that bonding with a child renders that entity a child. For me to deny my children's existence in my heart just because of their death as a zygote, fetus, embryo or stillborn is, in my opinion, the equivalent of consigning them to emotional oblivion.

My children are also too important to me for my grief at their loss to have

625. For a more in-depth analysis of this process in various communities, see chapter 26, Sacrifice of the King's Son in *The Golden Bough: A Study in Magic and Religion* by James George Frazer, Collier Books, 1922. ISBN #0-02-095570-7.

626. I am given to understand that current scholarship doubts that anyone did more than suffer a symbolic death.

been consigned by the society with which I was surrounded to the emotional equivalent of the *Molech* fire of oblivion. Mourning practices were neither developed nor encouraged, and even the possibility of recognizing grief was consigned to the intellectual equivalent of the *Molech* fire of oblivion. Denying us a valid expression of our grief is, for me, the same as following the abominable practices described above.

ויקרא י' וַיֹּאמֶר מֹשֶׁה אֶל-אַהֲרֹן וְלִעֶזֶר וְלִיִּמָּר | בְּנֵי רָאשֵׁיכֶם אֶל-תִּפְרָעוּ | וּבְגְדֵיכֶם לֹא-תִפְרְמוּ וְלֹא תִמְתּוּ וְעַל כָּל-הַעֲדָה יִקְצֹף וְאַחֲיֵכֶם כָּל-בֵּית יִשְׂרָאֵל יִכְפוּ אֶת-הַשִּׁרְפָּה אֲשֶׁר שָׂרַף יְהוָה: ... יט וַיִּדְבֹּר אַהֲרֹן אֶל-מֹשֶׁה הֵן הַיּוֹם הִקְרִיבוּ אֶת-חַטָּאתָם וְאֶת-עֹלֹתָם לִפְנֵי יְהוָה וְהִתְקַרְּבָה אֵתִי כְּאֵלֶּה וְאֶכְלֵתִי חֶטְאֵת הַיּוֹם הַזֶּה: כ וַיִּשְׁמַע מֹשֶׁה וַיֵּיטֵב בְּעֵינָיו:

Moses said to Aaron and his sons Elazar and Itamar, "Neither change your headgear nor rend your garments. Thus you will neither die nor raise up anger against the community. Your brethren, all the Israelites, will weep for YHWH's burnt offering." ... Aaron spoke with Moses, "Should it be that today they will bring near their sin offerings and complete burnt offerings before YHWH - the possibility exists that what has happened will happen again - I should sit and eat from a sin offering today? Is that really what YHWH would like?" Moses listened, and liked this argument.

ויקרא כא יא וְעַל כָּל-נִפְשֹׁת מֵת לֹא יִבֹּא לְאַבְיוֹ וְלֹא יִטְמָא:

He is not to approach any dead being. He may not be rendered impure through his father and mother.

Aaron's story clearly delineates the difference between public and private grief. A person who is in the position of saving lives may not give in to signs of grief while doing their job. In the wilderness, one of Aaron's functions as High Priest was as both direct and indirect healer, so he could not exempt himself from performing his essential functions. Just because there was no publicly visible sign of grief did not mean that Aaron's grief disappeared. It clearly was still inappropriate for Aaron to eat as if everything was fine at a time when he was both grieving for Nadav and Avihu and anticipating grief for Elazar and Itamar.

בראשית לו: לו וַיִּקְרַע יַעֲקֹב שָׂמְלֹתָיו וַיִּשָּׂם שָׂק בְּמַתְנָיו וַיִּתְאַבֵּל עַל-בְּנֵי יָמִים רַבִּים: לו וַיִּקְמוּ כָל-בְּנָיו וְכָל-בְּנֹתָיו לְנַחֲמוֹ וַיִּמָּאֵן לְהַתְנַחֵם וַיֹּאמֶר כִּי-אֶרֶד אֶל-בְּנֵי אָבִל שְׂאֵלָה וַיִּבְדֹּד אוֹתוֹ אָבִיו:

So Jacob tore his garment, placing sackcloth over his loins. He mourned his son for a long time. His other children approached in an effort to comfort him but he would not be comforted, saying, "I will descend to my son in *Sheol* as a mourner." His father wept for him.

Jacob's problem is different. He was not a religious functionary like Aaron, so his grief did not have to be suppressed. His seems to be exhibiting "unresolved grief." In situations where there is no physical body to bury it is difficult to avoid thinking that "perhaps this person isn't really dead" which keeps the ego from performing any of the tasks necessary to resolve grief.⁶²⁷ The problem the text has is that he also cut himself off from his community.

627. See Chapter Four for further details.

I can learn from Jacob that all my children may be grieved, even if my community doesn't like the level of grief I exhibit. When my community doesn't think a particular level of grief is appropriate, perhaps it's my community and not myself who is wrong. I can learn another lesson from Aaron. His private grief could not be shown in public, so maybe I should not watch when the various media show other people in the midst of their grief.

דברים כט: יד כי את-אֲשֶׁר יֵשֶׁנוּ פֹה עִמָּנוּ עַמֵּד הַיּוֹם לִפְנֵי יְהוָה וְאֵת אֲלֵהֵינוּ וְאֵת אֲשֶׁר אֵינָנוּ פֹה עִמָּנוּ הַיּוֹם:
Those who are with us today, and those who are not with us today are all standing before YHVH our God.

Those who are not with us: This creates one of the earliest corporate identities and implies to me that unborn children have some pre-existing connection with God. My Q.E.D. from that implication is that even those of my children who never made it into this world are worthy of being mourned.

שמות כג: כו לא תהיה משכלה ועקרה בארצך את-מספר זמיד אמלא:
No one will suffer a miscarriage or barrenness within your land; I will give you your fill of life.

This seems quite clear. The model my wife and I have been educated into believing is the reality of the ideal life includes viable pregnancies. The lack of a viable pregnancy is something we mourn, since it has diminished our sense of our life as being fulfilled and normal.

ויקרא כו: ב דבר אל-בְּנֵי יִשְׂרָאֵל וְאָמַרְתָּ אֲלֵהֶם אִישׁ כִּי יִפְלֹא נָדָר בְּעַרְפֹּךָ וְנָשַׁת לַיהוָה: ג וְהָיָה עֲרַפְךָ הַזֶּכֶר מִבֶּן עֶשְׂרִים שָׁנָה וְעַד בֶּן-שְׁשִׁים שָׁנָה וְהָיָה עֲרַפְךָ חֲמִשִּׁים שֶׁקֶל כֶּסֶף בְּשֶׁקֶל הַקֹּדֶשׁ: ד וְאִם-נִקְבָּה הוּא וְהָיָה עֲרַפְךָ שְׁלֹשִׁים שֶׁקֶל: ה וְאִם מִבֶּן-חֲמִשׁ שָׁנִים וְעַד בֶּן-עֶשְׂרִים שָׁנָה וְהָיָה עֲרַפְךָ הַזֶּכֶר עֶשְׂרִים שֶׁקֶלִים וְלִנְקָבָה עֶשְׂרֵת שֶׁקֶלִים: ו וְאִם מִבֶּן-חֹדֶשׁ וְעַד בֶּן-חֲמִשׁ שָׁנִים וְהָיָה עֲרַפְךָ הַזֶּכֶר חֲמִשָּׁה שֶׁקֶלִים כֶּסֶף וְלִנְקָבָה עֲרַפְךָ שְׁלֹשֶׁת שֶׁקֶלִים כֶּסֶף: ז וְאִם מִבֶּן-שְׁשִׁים שָׁנָה וְעַד בֶּן-חֲמִשָּׁה עָשָׂר שֶׁקֶל וְלִנְקָבָה עֶשְׂרֵת שֶׁקֶלִים:

Speak to the Israelites, say to them, "A person who vows to set aside a person's valuation to YHVH: Males from 20 to 60 are worth 50 holy shekels of silver; females are valued at 30 shekels; from five years through 20 years the value of a male is 20 shekels and that of a female is 10 shekels. From one month through five years a male is valued at 5 shekels and a female at 3 shekels. If they are over sixty years of age, a male is valued at 15 shekels and a female at 10 shekels."

Narrowing my focus to the child under one month of age, my question is, "Why is there no shekel amount computed?" Is the child valueless? Perhaps the child is priceless? Priceless and valueless: both describe a situation where assigning a monetary value is a meaningless exercise. I choose to read this text as meaning that the neonate is priceless, and should be mourned as completely as any other valued being.

The Biblical texts remain as they are. I impose my interpretations upon them, hoping to lead to and reinforce a particular way of looking at pregnancy loss and neonatal death.

Appendix C

Tables summarizing grief related information ⁶²⁸

Most experts cited are in general agreement concerning the direction that the path of grief usually takes: from "This can't be happening!" to "I can still breathe and plan even in a universe where this happened." Jimenez adds a critical chronological component to the stages of grief experienced mainly within the first year after a pregnancy loss. Panuthos clarifies the distinction between the traditional interactive stages of Kubler-Ross and the internal psychological stages worked out by Bowlby. Rando abstracts what all the stages and tasks have in common, and explains the importance of each abstract category to the future health of those who have suffered a loss. Raphael indicates which task or stage he feels each of the traditional Jewish stages of mourning completes. Rosof and Zunin are basically in agreement; their slightly different emphases are based on the different audiences for their works. Rosof's work is focused on child death and pregnancy loss; Zunin's work is about appropriate condolence letters for many kinds of losses.

Table 1: Stages and Tasks of Grief as listed in various sources⁶²⁹

Jimenez	Panuthos	Rando	Raphael	Rosof	Zunin
Shock and numbness peak during the first weeks and again at the anniversary.	Kubler Ross: Denial and isolation; Bowlby: numbing.	Intellectual recognition and explanation of the loss. Without such an explanation, the bereaved will never relax their vigilance against the threat of new loss and will continue to feel anxious.	Initial shock and denial: <i>Ani'nut</i> , Funeral, <i>Shiva</i> , <i>Sheloshim</i> .	Face the finality of the loss.	Accept that the loss is final.

628. All tables are based on the following:

Allen, Marie Ph.D. & Marks, Shelly M.S. *Miscarriage: Women Sharing from the Heart* 1993 John Wiley & Sons, Inc. ISBN# 0-471-54834-0; Burnell, George M. M.D., Burnell, Adrienne L. R.N. Ph.D. *Clinical Management of Bereavement: A Handbook for Healthcare Professionals* 1989 Human Sciences Press, Inc. ISBN# 0-89885-424-5; Ilse, Sherokee and Burns, Linda Hammer *Miscarriage: A Shattered Dream* 1985 Wintergreen Press ISBN# 0-09609456-3-6; Jimenez, Sherry Lynn Mims *The Other Side of Pregnancy: Coping with Miscarriage and Stillbirth Including Causes & Prevention of Spontaneous Abortion & Stillbirth* 1982 Prentice-Hall, Inc. ISBN# 0-13-643163-1; Panuthos, Claudia and Romeo, Catherine *Ended Beginnings: Healing Childbearing Losses* 1984 Bergin & Garvey Publishers, Inc. ISBN# 0-89789-054-X; Rando, Therese A. *Grief, Dying and Death: Clinical Interventions for Caregivers* 1984 Research Press ISBN# 0-87822-232-4; Raphael, Simcha Paul *Grief and Bereavement Jewish Pastoral Care: A Practical Handbook from Traditional & Contemporary Sources* Dayle A. Friedman, ed. 2001 Jewish Lights Publishing ISBN# 1-58023-078-4; Rosof, Barbara D. *The Worst Loss: How Families Heal from the Death of a Child* 1994 Henry Holt and Company, Inc. ISBN# 0-8050-3240-1; Schwiebert, Pat R.N. & Kirk, Paul M.D. *Still to be Born: A Guide for Bereaved Parents Who Are Making Decisions About Their Future* 1993 Perinatal Loss ISBN# 0-9615197-2-X; Zunin, Leonard M. M.D. and Zunin, Hilary Stanton *The Art of Condolence: What to Write, What to Say, What to Do at a Time of Loss* 1991 Harper Perennial ISBN# 0-06-092166-8.

629. Based on Jimenez pp. 41-43, Panuthos p. 136, Rando p. 27, Raphael p. 345, Rosof p. 51, Zunin pp. 20-21.

Jimenez	Panuthos	Rando	Raphael	Rosof	Zunin
Searching and yearning are especially strong during the first three months and the first two anniversaries.	Kubler Ross: Anger; Bowlby: yearning.	Emotional acceptance of the loss. This only happens after repeated confrontations with every element of the loss through obsessive review of thoughts, memories, and feelings, with gradual changes in emphasis and focus.	Facing the painful truth: <i>Shiva</i> , <i>Sheloshim</i> , <i>Kaddish</i> .	Remember past memories and experiences with their child.	Accept the personal painful reality: thoughts, feelings and behaviors.
Disorientation is strong during the first week, and then during months four through six.	Kubler Ross: Bargaining; Bowlby: disorganization and despair.	Assumption of a new identity.	Putting the pieces together: <i>Kaddish</i> , <i>Yahrzeit</i> .	Sort out what aspects of their child they can keep and what must be let go.	Reclaim and redirect energy originally focused on the deceased.
Reorganization has been found to occur during the first two weeks and then during months eight through twelve.	Kubler Ross: Depression; Bowlby: reorganization.		Affirming life and legacy: <i>Yahrzeit</i> , <i>Yizkor</i> .	Deal with a sense of failure and personal diminishment.	Integrate selected images into ongoing life.
	Kubler Ross: Acceptance.			Build a life for themselves without their child.	

As can be seen from Table 2, there are many types of grief. Within any one type of grief, different experts will focus on different aspects of grief. Allen is the only one to describe in detail the physical effects grief can cause, based on the responses she received. Rando describes every kind of grief generally, as the professional community she addresses will have had much experience in recognizing symptoms. She is also the only one to provide numerous details on anticipatory grief, which David appears to have suffered from during the week that his first child with Bathsheba remained alive. Panuthos and Rosof are writing to those who suffer, so they describe the way the experience appears to the sufferer, while Zunin explains to those who condole possible explanations for how they see the sufferer act. Burnell details types of grief he holds to be less healthy.

Table 2: Details on types of grief⁶³⁰

Types of grief	Allen	Panuthos	Rando	Rosof	Zunin
Acute Grief	Confusion: Shock or disbelief, confusion and disorganization, conflict, craziness.	Activities may seem unreal.	Death causation guilt.	Changes in perception, concentration and memory.	The manner in which a child has died is likely to affect the form of grief that follows.
Acute grief	Depression: depression, loss, withdrawal, elevation of mood, energy disturbances, sleep disturbances, appetite disturbances, despair, self-destructive thought and feelings.	The world may seem colorless and flat.	Illness-related guilt.	Increased dependence.	Although guilt and anger are present in most bereavement situations, they are likely to be especially pronounced following the death of a child.
Acute grief	Inadequacy and loss of self-esteem: Inadequacy and loss of self-esteem, helplessness, purposelessness, embarrassment, guilt.	There may be a physical sense of the dull ache of sorrow.	Parental-role guilt.	Lowered expectations.	The crisis brought about by a child's death is a cataclysmic event that challenges every marriage.
Acute grief	Trauma: Devastation, irrevocable injury.	The power of reason may be distorted and confused.	Moral guilt.	Physical symptoms.	The depth and intensity of a father's grief is often camouflaged in our culture.
Acute grief	Hurt: Betrayal, violation, abandonment, self-pity.	The bereaved may say things they don't really mean.	Survivor guilt.	Searching [for the dead child].	
Acute grief	Anger: Anger, irritability, bitterness.	Tears may come without warning.	Grief guilt.	Guilt and self-blame.	
Acute grief	Anxiety: Anxiety, panic attacks.			Anger.	
Acute grief	Longing for closeness: Longing, loneliness, searching, grasping, spiritual connection.				
Acute grief	Healing: Relief, reorganization, recovery.				

630. From Allen pp. 135-143, Burnell pp. 59-61, Panuthos p. 145, Rando pp. 38, 59-62, 126-127, Rosof pp. 66-70, Zunin pp. 81-84.

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	Allen	
Somatized grief	Chest pains, heaviness in the chest, tightness in the chest, or heart palpitations.	
Somatized grief	Headaches, migraines, faintness, or dizziness.	
Somatized grief	Throat pain, tightness, or feeling like smothering or choking.	
Somatized grief	Backaches or tightness in the back.	
Somatized grief	Stomachaches, nausea, diarrhea, indigestion, or an empty feeling in the stomach.	
Somatized grief	Dryness of the mouth, numb and tingling lips, or the urge to yawn repeatedly.	
Somatized grief	Muscle tension, aching, or weakness.	
Somatized grief	Colds, flu or frequent illnesses.	
Somatized grief	Decreased sex, increased sex, or no interest in sexual contact.	
Somatized grief	Shortness of breath, sighing, proneness to accidents, general lack of strength, altered menstrual periods, allergic reactions, panic attacks, cold and hot flashes, tingling in the fingers or feet, sweating, shaking, blurred vision, or numbness.	
	Burnell	Rando
Absent Grief	Excessive anxiety and discomfort are evident when recalling memories of the deceased.	Feelings of grief and mourning processes are totally absent.
Absent grief	Others are forbidden to make reference to the death.	It is as if the death never occurred at all.
Absent grief	Expressions of sympathy or support are not accepted.	
Absent grief	The behavior implies that nothing ever happened.	
Absent grief	Episodes of irritability and tension occur from time to time without any reference to any particular situation.	
Inhibited Grief		There is a lasting inhibition of many of the manifestations of normal grief.
Inhibited grief		Inhibited normal grief surfaces as somatized grief.

	Burnell	Rando
Conflicted Grief		Frequently an exaggeration of one or more of the manifestations of normal grief, while other aspects are simultaneously suppressed.
Delayed Grief		Normal or conflicted grief may be delayed for an extended period of time, up to years, especially if there are pressing responsibilities or the mourner feels he cannot deal with the process at that time.
Prolonged or Chronic grief	Resistance to any involvement in new relationships.	Continuously exhibiting intense grief reactions more appropriate to the early stages of loss.
Chronic grief	A view of the future as meaningless.	
	Rando	
Anticipatory Grief	Becoming progressively convinced that the child's death is inevitable.	
Anticipatory grief	Experiencing and expressing the emotional impact of the unanticipated loss and the physical, psychological, and interpersonal turmoil associated with it.	
Anticipatory grief	Developing perspectives on the child's expected death which preserve a sense of confidence in the worth of the child's life and in the worth of life in general.	
Anticipatory grief	Withdrawing emotional investment from the child as a growing being with a real future.	
Anticipatory grief	Developing a relatively fixed conscious mental representation of the dying child which will endure beyond his death.	
Abbreviated grief	Much of the grief work has been accomplished so that the postdeath bereavement period, while painful, may be relatively shorter.	
Unanticipated grief	Mourners are unable to grasp the full implications of the loss.	

All are agreed that a person who does their grief work will eventually reach the point where they can say "I can still breathe and plan even in a universe where this happened." Since we now know that different people take varying spans of time to travel the terrain mapped out by their grief, a couple of questions remain for the spiritual leader. When is a person frozen in the midst of their journey and when does a person need a jump start to reach their end-point? Table 3 expands the term "being frozen" into a list of symptoms of what is more correctly termed "unresolved grief."

Rando stresses⁶³¹ that she chose specifically to quote prior experts verbatim instead of composing summaries of

631. Rando p. xi

their material. So I've separated out the various lists she quotes in the table below. Raphael and Rosof round out the list of references quoted. Their material describes the symptoms a person who is in the midst of unresolved grief might exhibit. Rosof's text indicates clearly that her text is meant to be read by the person who has suffered pregnancy loss.

Table 3: *Unresolved grief*⁶³²

Rando	Rando	Rando Lazare	Rando quoting	Rando Wooden	Raphael	Rosof
Overactivity without a sense of loss.	Psychological factors: Guilt, loss of an extension of the self, reawakening an old loss, multiple loss, inadequate ego development, idiosyncratic resistances to mourning.	A depressive syndrome of varying degrees of severity since the time of the death, frequently a very mild, subclinical one often accompanied by persistent guilt and lowered self-esteem.	A relatively minor event triggering major grief reactions.	Lack of acceptance of the death.	Wooden and formal behavior that masks intense feelings of anger.	
Acquisition of symptoms belonging to the last illness of the deceased.	Social factors: Social negation of a loss, Socially unspeakable loss, Social isolation and/or geographic distance from social support, Assumption of the role of the strong one, Uncertainty over the loss.	A history of delayed or prolonged grief, indicating that the person characteristically avoids or has difficulty with grief work.	False euphoria subsequent to the death.	Avoidance of experiencing the pain of grief.	Development of physical symptoms that your child experienced in illness.	
Development of a psychosomatic medical illness.		Symptoms of guilt and self-reproach, panic attacks, and somatic expressions of fear such as choking sensations and shortness of breath.	Overidentification with the deceased.	Resistance to continuing on with daily living.	Furious hostility toward specific persons connected with your child's death.	
Alteration in relationships with friends and relatives.		Somatic symptoms representing identification with the deceased, often the symptoms of the terminal illness.	Self-destructive impulses.	Unwillingness to be comforted by others.	Chronic guilt and lowered self-esteem.	

632. Rando pp. 62-67, Raphael p. 355, Rosof p. 145

Rando	Rando	Rando Lazare	Rando quoting	Rando Wooden	Raphael	Rosof
Furious hostility against specific persons somehow connected with the death.		Physical distress under the upper half of the sternum.	Searching that continues over time, with a great deal of random behavior, restlessness, and moving around.	Radical changes in lifestyle.	Lack of desire to form new relationships.	A feeling that the loss took place yesterday, even though it occurred months or years ago.
Wooden and formal conduct that masks hostile feelings and resembles a schizophrenic reaction in which there is a lack of emotion.		Searching that continues over time, with a great deal of random behavior, restlessness, and moving around.	Exclusion of friends, family members, or activities associated with the deceased.	Continued sense of spiritual despair and anger at God.		Loss of patterns of social interaction, interruption of friendship and formerly valued social activities.
Lasting loss of patterns of social interaction.		Recurrence of symptoms of depression and searching behavior on specific dates that are more extreme than those anniversary reactions normally expected.	Phobias about illness or death.			Searching that continues over time, with a great deal of apparently purposeless behavior, restlessness, moving around.
Acts detrimental to one's own social and economic existence.		A feeling that the death occurred yesterday, even though the loss took place months or years ago.				Panic attacks, physical expressions of fear - such as shortness of breath and choking sensations.
Agitated depression with tension, agitation, insomnia, feelings of worthlessness, bitter self-accusation, and obvious need for punishment, and even suicidal tendencies.		Unwillingness to move the material possessions of the deceased after a reasonable amount of time has passed.				Avoidance of customary mourning rituals.
		Changes in relationships following the death.				A relatively minor event triggering a major grief reaction.
		Diminished participation in religious and ritual activities that are part of the mourner's culture, including avoidance of visiting the grave or taking part in funerary rituals.				Self-destructive and self-punishing behavior.

Rando	Rando	Rando Lazare	Rando quoting	Rando Wooden	Raphael	Rosof
		An inability to discuss the deceased without crying or having the voice crack, particularly when the death occurred over a year ago.				Radical changes in lifestyle.
		Life and discussions revolve around themes of loss.				

Grief, like any other intense psychic process, requires a psyche that is somewhat unencumbered. Both Schwiebert and Rosof list several encumbrances upon the psyche which impede the path of grief work.

Table 4: Factors that interfere with the grief process⁶³³

Schwiebert	Rosof
A parent may assume that because she never saw the child, she hasn't really suffered a loss and therefore has no need to grieve.	A previous history of significant losses, especially losses in childhood.
The parent may have so much anger, rejection or guilt about the loss that these feelings may prevent the parent from mourning her baby's death.	Severe stressors in your current life.
There may be a stigma attached to the loss.	Drug or alcohol abuse.
The parent may not want to make others feel bad.	Negative or otherwise unsupportive responses to your loss from family and friends.
If the parent suffered a previous loss, was overwhelmed by the intensity of grief and did not receive support, she may block out the experience of grief so as not to have to feel the pain again.	A stormy, highly ambivalent relationship with your child.
If a parent's whole life and future were dependent on this child, and if her personal identity was related primarily to her becoming a mother, she may have difficulty letting go because this would mean giving up her only source of self-esteem.	Personality traits that make it difficult for you to trust other people.
The parent may be afraid to let go for fear that the child will be forgotten.	

633. Rosof pp. 136-137, Schwiebert pp. 19-20

Schwiebert	Rosof
The parent may be denied opportunities to talk about the dead child and to express grief openly.	
Parents of multiple births, where one child lives and the other dies, may have difficulty in both attaching with the live baby and saying goodbye to the one(s) who died.	
Parents who have a series of tragedies within a short period may have difficulty separating out the emotions for individual tragedies.	

Grief is hard enough to process when nothing stands in its way. The previous table dealt with issues that blocked the grief process internally. Table 5 lists several opinions that seem logical and are part of current thought. If the concepts mentioned by Allen and Burnell are accepted, then certain aspects of the grief process are often held to be wrong.

Table 5: Societal myths about grief which make grieving more difficult⁶³⁴

Allen	Burnell
Emotions other than sadness, anger, and guilt have nothing to do with grief.	Time takes care of everything.
Some losses are trivial.	Grief lasts 6 months to a year.
We know how others feel.	It's less painful not to think about the loss.
We know what others need to do in order to heal.	It's more helpful to the bereaved person if the loss is not mentioned.
Reminders of "the bright side" console grief.	Anger and guilt occur only in abnormal grief reactions.
Grief over a great loss only lasts for weeks.	People who cry and talk about their grief are having a more difficult time than people who show less emotion and never discuss their loss.
Showing sadness is weak or wrong.	Grief brings a family closer together.

634. Based on Allen pp. 165-168, Burnell pp. 154-158

Allen	Burnell
It's best to avoid the subject of loss. We may just upset the bereaved.	Children are too young to understand death, so it's best to wait until they are older to discuss this concept with them.
Crying in front of the bereaved will make them feel worse.	It's usually easier for the survivors if they are spared the experience of viewing the body of their loved one. [note from Ihm: This mainly applies to cultures where viewing the body is appropriate. It also applies to stillbirth.]
We can best protect ourselves by altogether avoiding the bereaved.	Drugs and alcohol can ease the pain of grieving.
	Grieving too much can make you lose your mind.
	People who have anticipated grief should have an easier time with the grief process.
	Bereaved families are too upset to discuss the question of an autopsy or organ transplant.
	Anger is not a normal emotional response in grieving and its expression should not be encouraged.
	A rapid and quick acceptance of the loss of a loved one is an indication that the person is mature, strong-willed, and has adequately worked through the grief process.
	Widows who continue to communicate with their spouses are using a pathological mechanism in coping with their grief.
	One should not bring up the subject of suicide in talking with suicide survivors.

We did not have any children before suffering our pregnancy losses. Those who have children have other issues to deal with. Table 6 forms the basis of helping parents deal with their children, both those they had before the pregnancy loss and those they might have sometime in the future. Also, a reminder that most important issues, like adoption and death, are revisited by the child each time the child attains another conceptual stage.

Table 6: Children's concepts of pregnancy loss throughout the developmental cycle⁶³⁵

Age	Developmental Concept
0 to 6 months	No concept of death.
6 to 18 months	Believe death is a temporary separation; their sadness is a response to parental grief.
18 months to 5 years	Death is now permanent. Magical thinking can lead to guilt and attempts to magically undo the loss.
5 to 8 years	Death is natural and can occur to them. Might appear outwardly calm yet be inwardly seething as they learn to control their emotions like adults.
8 to 12 years	Knowledge of this loss may lead to fears of losing everybody else, including themselves. Can be more concerned for mother's health than grieving over loss.
Adolescent	Profound grief is possible. May be confused when connecting sex, pregnancy and this death.

All the experts agree that children's emotional lives are, depending upon age, more intense in emotional aura and less direct in terms of behavior exhibited and the emotion that is the catalyst for the behavior. In Table 7, Rosof clarifies how children grieve and the implications of that for the adult mourner. Allen is much more abstract about what types of reactions children may exhibit. Ilse focuses on how the adult mourner should interact with the child(ren) to minimize frustration for both parties.

Table 7: Children and grief⁶³⁶

Rosof	Allen	Ilse
Children grieve more physically.	Out of feelings of powerlessness, children may try to capture some semblance of power and control in their world through acts of aggression.	Listen to your child.
Children grieve less verbally.	Children may be more active than usual or unable to control their activity. Hyperactivity can be a manifestation of depression or anxiety.	Be honest with your child.

635. Based on Ilse, *Shattered* p. 34

636. From Rosof pp 122-129, pp. 165-166, Allen pp. 113-114, Ilse, *Shattered* p. 35

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Rosof	Allen	Ilse
Children express their anger very directly.	They may have a range of sleeping difficulties including nightmares, inability to fall or stay asleep, or anxiety over sleeping alone.	Accept your child's feelings.
Children need respite from showing their grief.	Children may lose their appetites or change their eating patterns.	Give your child brief explanations.
Children attune themselves to their parents' needs.	Children who have been weaned from bottles may want them again.	Show your love and warmth.
Give your children clear and specific information about what has happened to their brother or sister.	Young children may regress in toilet training, and older children may wet their beds for a time.	Share your own feelings and encourage your child to do the same.
Reassure them that you will continue to protect them and take care of them.	They may cry a great deal. They may cling to us or become afraid to separate from us.	Allow yourself to cry in front of your child.
Keep your children with you, and include them in family and religious observances.	They may act like they feel indifferent about the loss or about our grief.	Be patient with yourself and your child.
Include your surviving children in discussions about what to do with their brother or sister's clothes and possessions.	Children may withdraw from others, including those with whom they are usually close. They may shift from wanting to be around one parent more, to wanting to be around the other parent more.	Use examples in nature to explain death.
Include your children in all rituals and ceremonies, whether religiously prescribed or of your own devising.	Older children may sulk and be particularly uncooperative. They may withdraw to their bedrooms.	Allow your child to help with decisions.
Allow your children to see your grief.	School grades may drop. Children's minds may be distracted or pre-occupied with grief, and they may experience attention problems at school or difficulty absorbing information. They may object to going to school.	Read to your children.
Give children clear and accurate information about what happened to the baby, in language suited to their ages.		Try to maintain some household routine.
Avoid such phrases as "went to sleep," "went away," or "passed on." They confuse children and may leave them wondering whether what happened to the baby could happen to them, or to you.		Encourage your child to draw pictures or tell or write stories.
If there are facts or causes you do not know, tell your children that.		
Allow your children to see the baby while he is still alive. If the baby has already died, and your children wish to see him, do your best to arrange that.		

Rosof	Allen	Ilse
Expect that your children's grieving, and their efforts to make sense of what has happened, will go on for a long time, even when they don't speak of it.		
Expect that as your children's thinking processes mature, they will have to rework their understanding of the sibling's death.		

The path of grief work is one that each individual carves for themselves out of their personal jungle. There are times when people slash haphazardly at the vegetation around them in an effort to exhaust themselves so they can sleep in the jungle while being afraid to touch the ground. Burnell describes those types of endeavors. Other experts have discovered methods of hacking that cover the greatest territory for the least effort. Rosof and Ilse follow this course. Finally, Jimenez reminds each of the couples who are jointly clearing contiguous paths that they are the ones with the machete. There are ways to treat the machete and themselves which will result in surviving this trip through the jungle. Since the spot we are dropped onto within the jungle (assuming we are dropped at all) is different for each of us, the direction and method of clearing a path back to civilization will almost always be different as well.

Table 8: Ways people cope with grief⁶³⁷

Jimenez	Rosof	Burnell	Ilse
Give each other plenty of love and support. Let this be a shared experience as much as possible.	Believe that you will not always feel like this.	Avoid talking about the deceased.	Allow yourself to grieve if grief is what you feel.
Find someone, other than your spouse, to whom you can talk without fear of judgment - someone who will listen but will not offer advice that may not be right for you.	Connect with other people.	Plunge back into school or work.	Exercise.
Let yourselves cry for a while, but allow yourselves to hope.	Assume that you will have to educate other people.	Indulge in drugs, alcohol, or food to help block out the reality.	Cut down or eliminate use of tobacco, alcohol, or chemicals.

637. Jimenez pp. 46-47, from Rosof pp. 239-251, Ilse, *Shattered* pp. 22-24, Burnell pp. 35-36

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Jimenez	Rosof	Burnell	Ilse
Take care of yourself physically.	Keep the lines of communication open with your partner and other children.	Obsess about details of the death.	Eat well.
Insulate yourselves with the love of a few close friends or relatives until you feel stronger.	Allow all your feelings to emerge.	Make major decisions.	Keep a journal.
Be patient with yourself and each other. Do not try to resume all your usual activities before you are ready. Some work may be therapeutic, but too much will block out those important, but painful, thoughts that must be dealt with for a while.	Realize that you cannot always help your partner or your children.	Turn to prayer as an outlet for feelings or relief of guilt.	Talk with others who have had similar experiences.
Find out exactly what caused the baby's death and whether there is a way to prevent its repetition.	Expect an emotional roller coaster.	Seek contact with others to relieve loneliness and despair.	Read books and literature on the subject.
Do what you want to about funeral or memorial service arrangements. Do not let the hospital or your family pressure you into anything with which you feel uncomfortable.	Take care of yourself physically.		Communicate with your partner, family, and friends.
You may want to give the baby a name. This will give her a more definite and permanent place in your family and its history. Do not be afraid to use the baby's name when referring to her.	Set aside time each day to remember your child.		Lower your expectations of yourself.
When help is offered, take it.	Feel free to get a mental health checkup.		Avoid making major decisions.
	Offer yourself some pleasures.		Meditation and visualization.
	Seek spiritual support.		Force yourself to concentrate on one thing at a time, one day at a time.
	Expect setbacks and detours.		Try to find comfort in nature.
	Expect anniversary reactions.		Get enough sleep.

Jimenez	Rosof	Burnell	Ilse
	Respect the rhythm of your own grieving.		Massage.
			Positive self talk.
			Pay attention to unnecessary "shoulds" you might tell yourself.
			Develop or utilize your spirituality.

Appendix D

Outline of Grief Intervention strategies⁶³⁸

“Intervention strategies ...

Make Contact and Assess ...

Reach out to the bereaved ... The griever may require a number of offers of help and will benefit in the long run from the combined efforts of concerned individuals who do not give up on her because of a few rejections. ...

Be present physically, as well as emotionally, to render the griever security and support ...

Make sure you give the person “permission” to grieve ... we must demonstrate verbally, and through our nonjudgmental attitudes and behaviors, that the expression of grief is not only appropriate, but essential for therapeutic resolution of the loss. ...

Do not allow the griever to remain isolated. Social support is critical throughout the entire grief process. ...

Maintain a family systems perspective in dealing with the griever ...

Maintain a Therapeutic and Realistic Perspective ...

Remember that you cannot take away the pain from the bereaved ...

Do not let your own sense of helplessness keep you from reaching out to the griever ...

Expect to have to tolerate volatile reactions from the bereaved ...

Make sure you view the loss from the griever’s unique perspective ...

Let your genuine concern and caring show ...

Do not let your own needs determine the experience for the griever. ...

Do not tell the griever to feel better because there are other loved ones who are still alive ...

Do not try to unrealistically “pretty up” the situation ...

Do not forget to plant the seeds of hope ...

Do not encourage responses antithetical to appropriate grief ...

Maintain an appropriate distance from the griever ...

Do not fail to hold out the expectation that the griever will successfully complete the tasks of mourning and that the pain will subside. ...

Encourage Verbalization of Feelings and Recollection of the Deceased ...

Help the bereaved to recognize, actualize, and accept the loss ...

Listen nonjudgmentally and with permissiveness and acceptance ...

Assist the griever in identifying, accepting, and expressing all the various feelings of grief ...

Allow the bereaved to cry and cry, talk and talk, review and review without the interruption of your sanity ...

Do not be amazed if the griever talks about many of the same things repeatedly ...

Do not be afraid to mention the dead person to the griever ...

638. Rando pp, 79-103

Encourage the griever to realistically review and talk about the deceased and their mutual relationship ...

Help the Griever Identify and Resolve Secondary Losses and Unfinished Business ...

Help the griever to identify current and potential secondary losses (physical and symbolic) resulting from the death ...

Assist the griever in recognizing that not only must she grieve for the deceased individual, but also for the dreams, fantasies, and expectations that she had for and with the deceased ...

Support the Griever in Coping With the Grief Process ...

Design interventions that capitalize upon the griever's positive coping skills and compensate for deficient ones ...

Provide the griever with normative data about the grief process ...

Make sure the griever understands that her grief reactions will be unique ...

Communicate your realistic understanding of the pain and the griever's natural wish to avoid it ...

Help the griever to recognize that she must yield to the painful process of grief ...

Make it clear to the griever that the process of grief will affect all areas of her life ...

Assist the griever with appropriate time and course expectations ...

Encourage the griever to be patient and not to expect too much of herself ...

Encourage the griever to give herself a respite from the grief ...

Help the griever find a variety of ways to replenish herself following the severe depletion resulting from major loss ...

Suggest some form of physical activity to release pent-up feelings ...

Help the griever maintain good physical health ...

Do not support flight by the bereaved ...

Ask the griever in what appropriate ways he will keep the deceased's memory alive and continue to relate to her ...

Do not allow the griever to equate the length and amount of his suffering with some kind of testimony to his love for the deceased ...

Assist the griever in reestablishing a system of belief or meaning ...

Work With the Griever to Reinvest in a New Life ...

At the appropriate time, encourage the griever to find rewarding new things to do and people to invest in ...

Do not push the bereaved into new relationships before they are ready ...

Help the griever identify the gain that he has derived from the loss⁶³⁹ ...

639. There are some who maintain that each situation has an upside. I've always found that to be an easy way to avoid dealing with the actual sadness and pain inherent in a loss situation. Be aware of the "what have you learned" concept, and be very leery about using it.

Presented to the AJR community on January 10, 2005 in partial fulfillment of the Rabbinical Ordination Requirements.

My senior project is called Pastoral Care: Unsuccessful Pregnancies and Neonatal Death. Later I will introduce the Pastoral Care strategy which I have found useful. For now, I'll just mention the optimum tactic, which works with any strategy.

Listen.

Understand the filters you bring to the conversation, so that you can just listen.

In your handouts I have included the Table of Contents of my project. Once it's on the shelves, I invite you all to glance through the first chapter, "Quotations from the Literature." I found, without trying all that hard, several quotations from those who have suffered unsuccessful pregnancies or neonatal death that were contradictory. People are complicated; the same cause elicits many effects and affects. That's why listening is key.

Another part of my project involved the ink blots of our tradition. Since I am emotionally invested in this topic, I discovered that I have read into the tradition the actions of some of its representatives. I have in mind specifically an Orthodox Rabbi who told a cousin of my wife's that there was no need for her to say Kaddish for her mother. According to him, only men needed to say Kaddish.

In 1993, when we suffered our first unsuccessful pregnancy, I looked to the tradition to see what I could use for an anniversary ritual. I couldn't find anything then. The ritual I will end with is based on material I found this year in the 1988 Reform Rabbi's Manual. I get more than a little upset everytime I focus on those two dates.

Once I settled on this as a topic, I was advised that it would make more sense to start my Rabbinic literature study with current responsa than to read through the entire Talmud searching for relevant passages. I decided then to delve into the texts the responsa utilized, and see if there was any hope that what I knew I needed in terms of religious support for my grief could be based on traditional sources. The texts and my treatment of them can be found in my project.

I wanted to write the definitive responsa which would prove to everyone that grieving and mourning unsuccessful pregnancies and neonatal deaths was halachically legitimate; I don't want anybody else to feel how I have felt without the tradition's support.

That goal is not as necessary as it used to be. Enough people in the Orthodox community have recently felt that they were suffering from these losses (before, they could only endure them or deny them) that a halachically optional activity (such as mourning for a neonate) is now, in works designed for the layperson, clearly listed as a permitted activity. It used to be that if an action wasn't an obligation it was essentially forbidden.

Now, I invite you all to more actively be my chaplains for a little while.

The Pastoral Care strategy which I use, and which I recommend to others, was taught to me by Rabbi Bonita Taylor. There are three steps in the strategy. Usually the order is "Walk with the patient in their pain. Help them say what is true for them. Lend them my voice in their prayer." Our intersecting lives have switched that order a bit in my case.

Over the past few years, many of you have helped me say what is true for me. Today, I invite you for the next little while to walk with me in my pain. In conclusion, Terry will represent your voice in my ritual.

In chaplaincy visits conversations can be construed as being on four levels. Otherwise familiar from Parshanut, (and from our recent Hanukkah program, courtesy of Rabbi Mann) they are P'shat, Remez, D'rash and Sod. These correspond to the four worlds of the mystics: Assiyah, Yetzirah, Briah and Atzilut. An alliterative mnemonic for the four levels is facts, feelings, meaning and mystery.

P'shat Assiyah:

Some facts are simple: I am adopted, with no connection to my birth father's family. Between July 1993 and May 1995 we had five unsuccessful pregnancies. My son was born in 1995 and is adopted; there is no connection with either of his birth-parents. During 2001-2002 we endured another two unsuccessful pregnancies. So I have been involved in pre-parental worrying seven times.

In July 1993 we went to the hospital for dehydration on Andrea's birthday. During that visit, we lost our first. Andrea's blood pressure was dangerously low while undergoing the twelve hours of induced labor.

When I need to deal with an important issue, I often rely on writing poetry. The words within a poem can mean many things - and I enjoy that ambiguity. I know that some of my fellow students have trouble "getting" poetry or Midrash. Please bear with me.

My personal restatement of factual reality at the time follows. The first selection is undated.

Summation 1

We waited and hoped for month after month depressed at the telltale negative stream until illness and a late flowing river convinced us that testing was necessary. The tests were positive, a joyful sum - we were parents! At least parents-to-be, I guess, and so we prepared for the joyful times to come. Picking names and moving furniture we could do without thinking of betrayal. How could we know what was normal?

It was our first, and so we put up with pain we would never have had to had we known it was greater than normal. The pain came and went but never disappeared from our thoughts, although it teased us, disappearing for short days at a time, only to return with greater force.

Then the worst arrived.

The bewildered pain commingled with hopes for health for all. Long, worried times dashed most hopes but the worst fear passed, leaving only the pain of betrayal.

October 28, 1994

I want to explode.
That's what the tightness tells
what the hoarseness relates.
I forgot how.
So all that energy
condensed
is in my throat.
Everybody else thinks it's the cold weather
or the furnace not working just right.
We know better
my throat and I.

Remez Yetzirah:

Everything we say and do shows something about ourselves. These hints help tell us about our emotions. What I choose to talk about to my chaplain is meaningful, even when the meaning is simply, "Leave me alone today."

Remez Yetzirah is the filter through which I experience the world.

In the process of writing this, I had to re-read all the materials that comforted me during the heights of my grief. That material put me right back in the midst of my feelings of grief. That feeling of "me against the world" filtered into my wording of the project. I assumed that all the sages before me were being intentionally hurtful when the conclusions I saw them reach were not what I thought they should have said. So in my first complete draft I accentuated the negative, ignored the positive and assumed that nothing was in-between.

Fortunately I have achieved some level of self-understanding, and was able to rewrite the project where necessary.

June 12, 1994

Ghosts

A fragment of a phrase.
Some overheard remark
that reminds.
No correlation
no connection

nothing direct.
After and during the hearing
the waves of depression
and memory
drown out the sunlight
the day time
reality.
I return to the then time
when time stopped flowing
but jerked
number by number
red change by change
downwardly mobile.
I'm here. You're here. Then is gone.
(not really)

November 10, 1994

I can't help it, I guess.
Every so often I need to listen
to a tape or CD that I know brings emotions
and tears to the forefront of my mind
and I wonder
why do I sit here again and again?

I know what will happen
It's happened before
and I know that I'll sit there
alone
and I'll try not to focus
so hard on the pain
and I'll try to do something
that I know needs my mind
and I'll try
and I'll try
and I'll never get further
than stretching my legs on the chair or the bed.

I am stuck, it seems,
between the world and its worries
and the pain piled deeply inside.
I know there's a scream that could shatter the trees
if I ever let it out
at just the right time

so instead, I just sit here
and let the tears flow
as I bury the pain one more time.

To improve is to think that there's something worth saving
I need that proved to me before I'm ready to think.

Drash B'riah:

The meaning of what happens is filtered through personal experience. My wife's mother had no problem getting pregnant, so Andrea quite logically expected certain outcomes to proceed automatically from particular, private actions. My family's genogram, on the other hand, is full of unsuccessful pregnancies. Actual babies in my family were, and are, a rarity. I expected to have to try for several years the natural way before having success. These differing expectations collided quite often before we got pregnant that first time. After we lost our first born, we then discovered we were now considered infertile. We learned an immense amount about what infertility meant, and in trying to change the obviousness of our status we worked on becoming pregnant over and over again without ever being certain of how long the pregnancy would last, or if it would last at all. Our outlook changed considerably concerning the normal patterns of pregnancy.

October 17, 1994

Oh, look!
There's a class we can take, and there's another!
Should we reserve our beeper and Lamaze now?
It says to take care of these things right away
Because space disappears all too soon.
Too soon.
It's too soon to be happy.
We can't schedule the future
when we're not sure it will happen.
Oh, the calendar!
Shall we tell them we can't take that trip?
Shall we tell them we can't work too long, or too hard, or too late?
Shall we tell them why, since we know?
We know?
We don't know.
We don't know how long this will last this time.
We don't know if it will last this time.
This time could be like last time.
This time could be the last time.
The last time we have all these hopes/worries/fears.

Let's wait to tell
until they can tell us.

November 7, 1994

It doesn't surprise me.
When you tell them of the torment
they ask what the trouble is,
what's the matter with being tickled by a feather?
and there wouldn't be anything wrong
if our skin wasn't scraped raw, leaving nothing but nerves
so each feather or harder is a hook through the heart
pulling or pushing and just causing pain.

Sod Atzilut:

The connections on this level are powerful and rarely known at the time by either party. Sometimes they are never known, yet they form the backdrop within which God integrates each of us and all of us; enabling a part of us to experience our connectedness.

25 Nisan 5754

April 5, 1994

Dear B'khor,

I originally thought I would wait until your first Yahrzeit to write this. I'm not sure why I'm writing this now except to go through this stage so your Yahrzeit will mark the beginning of a new one.

I miss you.

Your absence molds every breath and much of the day's thoughts. Not a day goes by that your mother and I don't mention you in some way.

Your mother "knew" you longer than I and more intimately, for you were an integral part of her body for 19 weeks.

I knew you from the preparations made in the house, and the discussions your mother and I had about the future.

We didn't want to get you any furniture until you were ready for it, but we had to make room for the furniture we would need to keep you safe. Making this room was my job.

Since you came out dead, a number of holidays and family simhas have come and gone. Your birthday in December, Hanukkah, Purim and Pesah. In all of them, your absence was noticed, even if it wasn't mentioned.

I've lived through loss and disappointment before - both your mom and I have - but this affected so many people.

After you were already dead, your mom almost died. It wouldn't have been your fault, but the near double loss is one reason why it is so hard to come

to grips with the unfairness of it all.

Life has never been fair - just, perhaps, in the long run, but never fair. Your death helped show the kind of support our families were able to give - whether appropriate or disastrous. That doesn't really matter now, anyway.

Much of the world says that I should forget about you and get on with my life - but while life goes on, I can't accept forgetting you, or not grieving for you.

It will be difficult for your younger sibling. We might be overprotective, or we might avoid getting emotionally close so that we don't get hurt again.

When it comes down to it, we don't know anything about you except that you died, and we loved you in ways even we don't understand, and you'll always be missed by us.

With love,
Abba

I thank you for the time you just spent walking with me in a little of my pain. Today, for the first time, Andrea and I are presenting the names of all of our lost children. Each unsuccessful pregnancy added to our grief and sense of loneliness and loss. It doesn't matter what TaNaCH, Talmud, Midrash, Codes and Responsa say about the personhood of our children at the time they died. Our lost children are not the ones who need religious support. We do.

“O God, heal the sorrowing hearts of Your children,
אביגיל יקירה בת אברהם יעקב וריבה פערל and צבי לייב בן נחמה,
as they grieve for what might have been: for joys unrealized, for
tasks undone, for hopes thwarted, for growth arrested, for love
blighted, for challenges unmet.

Help us to reach out and embrace them as their questions continue
to go unanswered, and the only response is our loving care.

אביגיל יקירה בת אברהם יעקב וריבה פערל and צבי לייב בן נחמה
be strengthened by God, who lives within us all. May they
recognize the divine promise of help that comes to us in our
sorrow. May they come to realize that you have taken the souls of
their children

פּוֹכֵב שְׁמוּאֵל בֶּן צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
שׁוֹשְׁנָה בֵּת צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
עֲזָרָא רֵאשׁוֹן בֶּן צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
אַסְתֵּר רִבְקָה בֵּת צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
יִצְחָק בֶּן צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
מֵרֶדְכִי בֶן צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
גִּנִּית חַיָּה בֵּת צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה

into your eternal shelter, secure in the understanding that they
lovingly protected them for as long as possible, and that their love
has not ceased. May the memory of

פּוֹכֵב שְׁמוּאֵל בֶּן צְבִי לֵיִב וְאַבִּיגַיִל יְקִירָה
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live among them, helping them to find meaning in the mystery of
eternal life. May their souls be bound up through that mystery
within the bond of eternal life. God, be with them, and teach us to
be with them, too.”⁶⁴⁰

640. Based on CCAR 1988 manual pp. 143 and 145

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