

Too soon . . .

A grief like no other

by Jane Walters



It is my privilege to write this article, born out of my experience of four consecutive miscarriages some twenty-eight years ago. I write as one who has been on the receiving end of talking therapy rather than having any formal training myself; but over the years I have found that women caught up in the horrors of baby loss have received comfort and some strength from listening to me. Sharing stories is one of the most powerful things we can do as fellow humans and, when God is in those stories, the results are amplified.

I want to take as my framework the Five Stages of Grief as identified by Elisabeth Kübler-Ross in her book *On Death and Dying*. Readers of this journal will be all-too-familiar with its attempt to formally map grief's typical path, from denial and anger, through bargaining and beyond to depression and, ultimately, to acceptance. As I will show, these stages – now recognised as being more dynamic and fluid in nature – very much apply to the women

and their partners we want to help. However, I have found from experience that there is something unique in grieving pregnancy loss. Other tragic losses of children through stillbirth, neonatal death and abortion each have their own different and unique markers but I am restricting my exploration here to miscarriage.

I remember well the first signs that all was not well with my pregnancy. I had given birth to my son two years before – a 'text-book experience' from start to finish, according to my midwife at the time – so I knew that my symptoms, though mild initially, weren't right. My mother had been a midwife and she was quick to reassure me that slight bleeding was quite normal and I was equally quick to believe her. We were both in denial. The mind so wants to keep hold of the happy ending. Few enter a pregnancy with anything but the expectation of getting a healthy baby at the end of it. Even when the evidence is irrefutably contrary, we still challenge that ultrasound

scan, still believe that a technician might have been mistaken. For example, when I was in hospital for the second miscarriage, with everything so horribly bleak, I had a vivid dream the night before my operation about a new scan showing a baby very much alive and kicking and, in fact, waving at the camera! I remember the confusion, as I was wheeled down to theatre, of feeling morning sickness and labour pains at the same time.

Denial helps us through the ghastly initial stages of grief, when it would simply floor us to take on the full magnitude of the situation. Don't disabuse a woman of this, however delusional she sounds. Clinging to hope is all we have just now.

Once the numbness has started to wear off, once the medical processes have been completed, and life has to return to 'normal', anger can begin to flare. Why wouldn't it? When I wrote my book *Too Soon*, I was keen for this topic to be included. For Christians in particular and well brought-up

people in general, it simply isn't acceptable to show that you're angry. From time to time, someone in church will bring up the fact that Jesus lost his rag in the temple, but it's still conveyed as something exceptional, named as 'righteous anger'. As far as I can tell, though, becoming angry is a perfectly natural response to something we are not happy about. When we give anger permission to surface and be expressed, we find that the feelings burn themselves out in time. We calm down; things settle; we come to terms with something; we forgive; we make a plan to change the difficult situation that got us so fired up. The damage is done when anger causes ugly things to be said – which can never be unsaid and rarely be forgotten – and when physical violence results. The Bible doesn't say, 'Don't be angry'. It says, 'In your anger, do not sin' (Ephesians 4:26). Those two things are worlds apart.

In my opinion, the woman who has lost her baby has every right to be angry. This is an injustice to her on a massive scale. Other women (and it can seem, through our distorted perspective, that this extends to every female currently on the planet) are cheerfully pregnant with growing bellies. That was more than our dream; it was our expectation. (Is it too much to say it was our right? After all, childbirth is only what nature intended, surely?) And it's been snatched away. Of course, we are angry. The sad thing is that, inevitably, we tend to vent our anger on the people nearest to us. We end up alienating the very ones who are best placed to help us – which isn't necessarily the same thing as those who offer the best help!

Looking for someone to blame is one aspect of the anger phase of grieving. It is common in miscarriage for the woman to blame herself, and that was certainly my experience. We believe we are responsible in some way for the loss – whether that be by physical exertion or neglect. Perhaps we irrationally

believe we were unworthy of becoming a mother. Self-loathing is very much a symptom of anger turned against ourselves.

Kübler-Ross' next stage is bargaining, a time spent trying to make sense of what has happened, find solutions and get ourselves through it. I know I'm not alone in having investigated dietary and lifestyle choices – maybe if I eat only organic food, I won't miscarry again; if I take more vitamins, take greater care of myself, everything will be alright. As I became increasingly desperate, I tried everything I could think of. I had Scripture verses committed to memory so I could declare life over myself. I got rid of my extensive library of Agatha Christie books in case they were a source of death in my home. Yes, it was extreme; but these were extreme circumstances and I would have done anything. Anything.

I didn't realise I had slipped into depression until, during yet another appointment, my GP made a phone call to the hospital on my behalf, his opening words being, 'I have in front of me a clinically depressed woman'. He hadn't even told me of his diagnosis and I remember, in my numb, bleak state, thinking, 'Oh, so I've got that, have I?' All I knew was that the stuffing had



been knocked out of me. After two miscarriages (one of which had passed the magic milestone of twelve weeks) and a year and a half of trying, I had zero hope. The lights had been turned off. And nothing mattered.

In a different grief-centred period of depression many years later, following the death of my father, I went to see a doctor to discuss my return to work. He asked me, 'Why are you depressed?' I began to list the troubles of the previous few months and, when I'd finished, he repeated his question. 'But why are you depressed?' Until I had experienced miscarriage myself, I might have asked the same question of a woman. You see, from the outside, it seems a small thing. To the observer, nobody died. Okay, so a baby didn't make it, but it's not the same thing, right? 'You're young enough, yet'. 'You can try again'. 'Loads of women miscarry without even realising it. It's actually fairly normal if you look at it like I do'.

Here's where the title of this article really comes in. Miscarriage is a grief like no other. I almost can't explain it! It's not just the loss of a few cells. The death of an unborn foetus causes a visceral reaction in the woman. It affects us on a soul / spirit level as well as mentally and physically. She may say, 'I don't know why I keep crying'; but she knows, deep inside that she has lost something of herself and, having lost it, doesn't know who she is any more. In the weeks she was pregnant, she had decided the course of her life: what she would give up and what she would keep doing; the priorities she was prepared to adjust; the sacrifices she would learn to make willingly. With the abrupt departure of her baby, all of that – and far, far more – is rendered irrelevant.

I know that I have been irrevocably changed through miscarriage.

The final phase of the grief journey is acceptance. It seems to me that you enter it through one



empty arms and aching heart, is, therefore, a lonely one. Each bereaved mother needs to take her steps at the pace she can cope with. It's my hope and prayer that she would find compassionate companions for that journey.

I close with the continuation of the Serenity Prayer, perhaps not so familiar, but containing much wisdom:

'Living one day at a time, enjoying one moment at a time, accepting hardship as the pathway to peace. Taking, as he did, this sinful world as it is, not as I would have it. Trusting that he will make all things right if I surrender to his will. That I may be reasonably happy in this life, and supremely happy with him forever in the next. Amen.'

of those saloon doors in the old Western movies that is hinged to swing open both ways. One day, you might be a few steps in and feeling stronger on your feet; then something can happen to trigger you and you find yourself spat backwards into anger or depression again.

Acceptance after miscarriage is exceptionally difficult to achieve. The longing for a child, which landed us in this situation in the first place, hasn't gone away. If anything, the yearning is all the stronger. It's tempting to think that we'll (only) feel better when we've had another baby; that our painful feelings will be behind us when that happens. Sadly, many women do not receive closure in that way and acceptance, for them, has to be based on that dream remaining unfulfilled.

Sometimes, we think we've moved into acceptance but actually all we've done is become resigned. They are similar states, but there's a powerful difference between them. As I wrote in *Too Soon*,

'Resignation implies giving up, or at least giving in. Shrugging your shoulders and allowing yourself to be bowed down by the weight of it. Acceptance, however, is a mature stage to be in. It means that you

have faced it all down, stared at it long and hard, and have said "It is well with my soul".

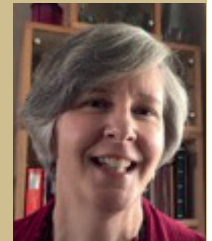
I'm reminded of the Serenity Prayer, written by the American theologian Reinhold Niebuhr, which starts: ***'God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference'***.

I think my own challenge to reach acceptance lay in that first phrase. I found myself re-living the miscarriages again and again in my memory, each time hoping for a different outcome. I couldn't change what had happened but I longed with every cell of my body to be able to – if I just tried hard enough. Letting go of that striving, when I finally managed it, brought great relief.

In conclusion, I offer the reminder that miscarriage is a place of trauma, grief and despair. In it, we grieve both for what was (for such an agonisingly short time) and for what should have been. We are the only ones who physically connected with our child. Others will have shared our joy and anticipation at the announcement of the pregnancy, but few know the depths of disappointment at its loss. The journey onwards, with

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About the author



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