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## The Parents' Grief

*"A marriage just as I wished. A pregnancy just as I hoped. . . . And I feel good. . . . The apartment is bathed in sunlight, and in my head the baby is, too. . . . Everything is perfect.*

*"I see him, this baby. He is there a little more at each dawn. . . . I touch him, I feel him, I breathe him . . . I wait for the first awakening more and more feverishly, the first smile, the first tooth. . . .*

*"And then, one night, hemorrhage. Panic. . . . Here's the taxi, the hospital . . .*

*"Madam, you must not think any more about the child."*

*"Not think any more about the baby? About 'my' baby? About the one I waited more than eight months for?*

*". . . I think I'm going to die of pain. My husband is there, close . . . He kisses me . . . I want to cry. Or to sleep. All I want is to sleep. Sleep so I won't have to think anymore, sleep so I won't see my husband cry anymore. . . . I want to bury my dreams and my sorrow.*

*"When I wake up, sympathetic faces walk past me, but . . . they will never understand what I feel. It was a girl, they say. She should have lived, but . . . she is dead. It's an 'accident.' No. . . . For me, it's failure. And jealousy. . . . Why all the others and not me?*

*"When I returned to the house, there was no more sun, no toys, no colors. The silence of the hours to come. An empty room. What is it, a mommy without a baby?"*

M.A.  
F Magazine  
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The sunlight, the dream, the embrace of a baby—long before an infant is born, he or she is already a real person, one who is known, experienced, and loved.

Many couples create an image of their child even before conceiving. When pregnancy begins and the baby starts to grow, this image becomes clearer. Noticing the first signs of pregnancy, listening to the heartbeat, feeling movements—each plays a part in the bond between parents and child.

As the fetus grows, a personality and characteristics also develop in the minds of the parents and their friends. They speculate at length about the sex and seize upon a variety of signs for evidence. They may be carrying around with them a picture of the baby taken by ultrasound. When there have been tests to detect possible birth defects, the sex actually becomes known. People ask if the baby is a strong kicker or quiet, large or small. Parents identify limbs—a foot pushing out here, a head felt there. The baby may even have a bank account, often a special sleeping area, clothes and furniture, a name, and a future filled with specific friends, relatives, and activities.

This creation of a person, with an identity and life of his or her own, is a typical part of pregnancy and is encouraged by society. Maternity shirts now often say "under construction" or "baby" with an arrow pointing to the abdomen; commercial interests bombard a family with special offers and samples; friends give a shower, collect clothes to pass along, and treat the expectant parents like members of a special club. But suddenly, instead of being members of the club, they stand outside it, pitied and isolated.

Others may not understand that the parents grieve for their baby just as they would grieve for a person who has lived. They grieve for the person whom they feel they already knew well and for the dream of what that person would become. They grieve whether the pregnancy was planned or unplanned, whether wanted or unwanted, whether tragedy occurred after nine months or after only three. The death of a child can be particularly frightening for parents who begin to have children in their thirties, since the time available for a second chance is limited. But whether the bereaved parents are young, single teenagers or longtime married couples, parents with many children or couples expecting their first, all feel a sense of loss.

When pregnancy ends in tragedy, there is profound disap-

pointment, the collapse of hopes and plans. Dreams are destroyed and worst fears realized; the preparations become useless. The bereaved parents experience the pain of putting away the crib and clothes and shower presents. They have lost not only a fantasy, not only the infant who was seen for a few days or who lived as an image in their minds, but a part of themselves, the companion knocking and moving about inside, their heir, their look-alike, their stake in the future.

Besides the disappointment and grief, there is also a strong sense of failure. The parents have failed to accomplish what every "normal" couple presumably does with ease, what some do without effort or even without desire. Their bodies can no longer be relied on. Their sexuality is challenged. They fear they will never be able to have a normal child.

They have failed to fulfill the expectations of others—their parents who were eager to be grandparents and their friends with children who encouraged them to share the experience. They are embarrassed at having disappointed those excited friends and relatives who waited with them for good news and at having to announce to them that there is no baby. And they are jealous of others—especially those in their own family—who have had no problems in bearing children.

In almost every society, men and women are urged to reproduce. Births are celebrated, and children are surrounded with favor. The biblical command to "be fruitful and multiply" is still a powerful message. It is not surprising that many couples who have lost an infant feel like outcasts. Like M.A., they wonder, "Why all the others and not me?"

When first-time parents experience the loss of a child, their very sense of identity may be threatened. After all, for most people, becoming a parent is part of being an adult. Having a child makes a statement to the world, to one's parents, and—more important perhaps—to oneself that he or she is grown-up, a responsible individual and an accepted member of society. A couple's failure to have a child may make them feel they have returned to being the children in their parents' families and not yet the heads of a new family.

For many women, becoming a mother represents the fulfill-

ment of their own adult role and of other people's expectations. As poet Adrienne Rich wrote about her own experience of being pregnant:

The atmosphere of approval in which I was bathed—even by strangers on the street, it seemed—was like an aura I carried with me . . . *this is what women have always done.*

When the pregnancy is unsuccessful, this sense of being approved of by others can quickly turn into disapproval, a feeling of having failed to do what a woman is expected to do. After her miscarriage, one woman said:

You are a woman first and you have all these feelings of really not making it and fulfilling the role you want to fulfill. I mean I wanted to be a mother and couldn't be.

Some women who had forgone career aspirations or given up a job for the sake of motherhood feel despair and a loss of purpose. When their pregnancies fail, they are not only without children, they are without work as well.

Fathers also grieve. Although having children may not be considered a primary goal for men in American society, it is still one of major importance to most of them. The father develops a bond with the expected infant early in the pregnancy. He may envy his wife's closeness to the baby and ability to feel his or her presence from inside; he is eager to see and hold his baby for himself.

Not having carried the baby, the father may not feel quite as intense an attachment as the mother. This may be why studies of parents after stillbirth have found that the father's grief is usually somewhat less severe than the mother's, although it is much greater than most of his friends or relatives suspect.

If the baby survives for a while, the father has the opportunity to create a strong attachment, especially if the mother is still hospitalized and the baby transferred to another hospital. The circumstances of the pregnancy and birth, therefore, and the father's feelings about parenthood influence his response to the tragic loss.

For men and women both, there can be a loss of confidence and self-esteem. After all, they had embarked on one of the most important endeavors of their lives, and it ended in tragedy. As one woman said after a stillbirth:

All my life I have believed that if I worked hard at something, I would succeed, and that has almost always happened. And here's something I prepared for so carefully, yet I failed miserably.

Because of the advances in modern medical technology and the continuing decline in the infant death rate, most couples begin their efforts to conceive with great confidence that they will have a favorable outcome. They feel that they are largely in control of their future; although they may have some fears during pregnancy, they expect to be among the large majority who give birth to healthy children. They are shocked when it turns out otherwise and frightened to discover that they have no control over what happens. Their youthful sense of invulnerability is shattered. They are faced, often for the first time in their lives, with the reality of death and a sense of their own mortality. Tragedy no longer happens only to other people.

Sometimes parents think they are "going crazy"; their emotional reaction is so strong that they become disoriented, depressed, bitter, and withdrawn for many months and maybe even years. Friends may expect them to bounce back quickly, have another child, and try to forget the past. But they cannot forget.

The great majority of bereaved parents are not going crazy. In addition to having the feelings that are specific to the loss of a baby, the parents are also experiencing a normal grief reaction that occurs in anyone who has lived through the death of someone close. Psychiatrists now recognize a pattern in these reactions and talk about the stages of grieving through which the bereaved person must almost inevitably pass before regaining peace of mind. These stages are *shock, denial, sadness, despair, guilt, anger*, and eventual *resolution and reorganization*. What the bereaved and their friends often do not realize is that the grief process is not restricted to the loss of a person who lived.

It occurs after a birth tragedy precisely because the expected infant already was a person for the parents, and that person is being mourned.

The grieving process can last from a few months to a few years. The stages may overlap, and their ordering and degree of intensity may vary for different people. During this period, as psychiatrist Colin Parkes writes, "For the bereaved, time is out of joint. He may know from the calendar that a year has passed since his loss, but his memories of the lost person are so clear it seems like only yesterday. . . . The first year of bereavement [is] looked back upon as a limbo of meaningless activity."

Physical symptoms are not uncommon. Dr. Erich Lindemann, one of the first psychiatrists to study grief reactions of people whose relatives had recently died, noticed that insomnia and loss of appetite were almost universal.

When a loss is expected, stages of grief can begin even before the death has actually happened. This "anticipatory grief" may occur under a variety of conditions: when the first signs of miscarriage appear, when the movements and heartbeat of an infant stop before birth, when a decision is made to abort a deformed fetus, or when a child is born with little chance of survival. Because of the terrible uncertainty of the outcome, a major aspect of anticipatory grief is the strong temptation to deny the reality of the situation and to bargain with God or oneself in an effort to make things right again. As one woman said about her stillbirth:

The baby didn't move for about a week before my delivery date. I kept telling myself that maybe the baby was sleeping, and thinking that if I just stayed in bed everything would be all right. I was depressed and scared, and just didn't want to believe that anything could be wrong. But at the same time I couldn't help talking with my husband about what we'd do if our baby were dead.

In this case there was time to begin preparing for the worst, even to begin grieving. Once the miscarriage is over or the baby's death is confirmed, parents may feel relieved that at least the uncertainty has ended, but they also start to grieve all over again.

By contrast, those parents whose pregnancies end in tragedy without warning have no time for anticipatory grieving. In such cases, there is no hope, and the reaction is one of shock.

*Shock*, the first stage of the grieving process, is a natural response; it is beneficial in that it gives the individual time to absorb the gravity of the tragedy by delaying the impact. Feelings of numbness are common during the first minutes and sometimes hours or even days after a death. After her baby died, one woman recalled:

I felt paralyzed and was amazed at how calm I must have appeared right after delivery. I wondered if the nurses thought I was being callous. I was totally numb.

This reaction can be deceptive to others who are unaware of the grieving process. They may falsely assume that the bereaved is an insensitive person, that the experience is not of major significance to the parents, or that the mother is strong and bearing up well. Some may take this calm to confirm their belief that miscarriage or infant loss is only a minor event.

Some professionals try to shield parents from seeing their baby or from receiving any detailed information about what happened. They are afraid their patients might become hysterical. They fail to take into account the fact that shock usually enables the parents to get through the tragic situation initially without losing control.

Although it is essential that bereaved parents express their emotions over time and talk about their loss, some degree of *denial* is a normal part of grieving. It is a form of self-protection, a way of not having to face up to the pain. "This didn't happen to me" is a common feeling.

Many parents say that it was difficult to face the reality of the situation and to accept the fact that the tragedy had happened. One woman said, "After the miscarriage was over, I had this crazy feeling that I would go home and continue with the pregnancy. I knew the reality, but somehow I didn't believe it." Another talked about her fantasy that the baby was still alive somewhere. Although these are normal reactions, the parents

must ultimately distinguish between fantasy and reality and confront the very real tragedy that has occurred.

There is an overwhelming *sadness* as there is after any tragedy. Some parents feel sad for the baby. They say that it seems particularly unfair for a baby to die. It is expected that an old person who has experienced life will die, but an infant is thought to deserve a chance at life. As one father expressed his feelings: "She seemed so innocent. What did she ever do to deserve this? It just doesn't seem fair, and it makes me feel so sorry for her."

They are sad for themselves as well, sad because of the emptiness and the disappointment. Their wish to be parents—to have someone to nurture, to love, to teach, to care for, to play with, someone who would care for them in their old age and inherit the benefits of their work—has not been granted.

In a very real sense, children are a perpetuation of oneself into the future, a symbol of immortality. When the hopes for children are not fulfilled—especially under circumstances that suggest a possibility of never having children—there is a terrible feeling of pain, a deep sense of despair and of the meaninglessness of life. The parents mourn not only for the dead infant, but also for all the future possible children, a kind of mourning that is even less recognized and supported.

For certain parents, *despair* may become focused on the fact that the baby's sex was the one they had wished for. Perhaps they had wanted to balance the family, if there are already children of one sex; a father may have been anxious for a son to identify with, to pass along his name or his skills and his livelihood to. Other parents may have pinned their hopes on having a girl. As one mother said after a late miscarriage:

Lord, I wanted that girl so bad. I do everyone else's hair; I wanted my own little girl so I could do her hair and dress her up so nice! When I go to Main Street, I look in the windows and see the little girls' clothes and they're so cute I just can't help myself—I have to run and get away.

*Guilt* is one of the strongest emotions bereaved parents feel. Many parents blame themselves for the tragedy and wonder what they did to cause it. After all, the baby was part of them, a

product of their bodies. If their infant was deformed or too weak to survive, it is hard for them not to think that something was wrong with themselves. Perhaps it was a deficiency in their physical makeup, their "bad genes" or bad blood, that caused the problem. They wonder what they might have done to prevent the tragedy. For example, a woman who had a miscarriage in her fourth month said:

I always minimize my pains. Maybe if I had not downplayed the symptoms when I called the doctor after the first pains started—if I had said I have terrible, severe pain—then he would have acted differently by hospitalizing me, and I would not have lost the baby. This is something I feel very guilty about.

Many parents review in their minds the times they had sexual intercourse during the pregnancy, wondering if this had an effect. A mother may think about the medications she swallowed, the alcohol or diet soda she drank, the extra trip she took, or the possibility that she was exposed to harmful chemicals. Parents scrutinize every activity, looking for a clue. They study every news item reporting the discovery of possible causes of damage to unborn children.

Some wonder whether the outcome would have been different if they had picked another doctor or hospital. "If only I had done this . . . If I hadn't done that . . . If only . . ." These thoughts predominate. But usually the cause of death cannot be known, which makes it difficult to resolve the feelings of guilt or to erase the lingering doubts and questions. The parents' search for answers is a normal part of the effort to regain control over their lives, to give sense and order to a chaotic situation even if it also contributes to the feeling they might have been responsible.

What some parents feel most guilty about is the ambivalence they had experienced in response to the idea of becoming parents, and this memory is one of the sources for the strong feelings of guilt and depression that assail parents whose infants die. As one man recalled:

When I found out my wife was pregnant, quite frankly I wasn't all that thrilled. The idea of having a child and losing Jan's

income when we weren't really on our feet was very frightening for me.

So I never really wanted the baby. Then, when she was still-born, all sorts of guilt welled up. I felt that somehow I was being punished for having such negative thoughts. I know it's irrational, but I can't shake the feeling.

For some, a sudden and somewhat surprising sense of relief that they will be spared the burdens of parenthood can quickly turn into a feeling of *guilt*. They ask themselves how they could dare have positive feelings about such a tragedy.

! Guilt is by far the most serious problem for those parents who decide to abort a wanted baby when they learn that there are serious deformities: guilt for conceiving an abnormal child, but, much worse, guilt for deciding to end the pregnancy. One mother in this situation expressed her feelings about what she had done:

I couldn't help but feel that I was killing this child. Not that I don't believe in abortion, but this baby had been moving for some time, and at twenty-three weeks there are some babies that live. I'm sure we made the right decision, but I still feel guilty.

! Parents do not limit their blame to themselves. Their feelings of guilt and frustration also turn into *anger* toward others. They blame God, the doctor, and even the baby for causing them so much heartache. They are angry that they have gone through a pregnancy and then have nothing.

It may seem surprising to feel anger toward a baby, especially one so longed for, so innocent. Expressing this hostility overtly may be impossible, but the feeling is still there—how could you have left us and made us so miserable? Why couldn't you have been stronger?

The husband and wife may blame each other, putting a severe strain on their relationship. Each may question the other's actions and reactions and motivations for having a child. They seek consolation from each other but may be angry if they do not receive as much as they would like.

Frequent targets of the parents' anger are the doctor and

other hospital staff. It is not unusual for parents to be angry at them for not having been able to do the impossible—save their baby. In some cases, however, the tragedy may actually have been caused by neglect or inappropriate procedures. The doctors are blamed most frequently for their lack of attention and caring, for failing to provide information, for not having warned the parents of possible problems, or for not having taken the signs of trouble seriously enough. The parents' lack of control over the medical setting and the absence of choices or of understanding what is taking place may intensify this anger.

Some parents are angry at their friends because they don't know how to be supportive, or perhaps they say foolish and thoughtless things in an effort to be kind. If friends talk of their own children, their complaints of problems seem petty and their mention of pleasures thoughtless. It may cause the bereaved parents to reevaluate their friendships and even turn away from people they were once close to.

Some are angry with God for allowing so senseless an event to occur. When one man's baby died at the age of two months from a severe malformation, he felt furious: "Every day I think, why is God punishing me? Why should a baby die who did nothing in this world to deserve this? I feel so bitter."

Some may even direct their anger toward the funeral director. One mother remembered: "When I arrived at the funeral parlor, I saw they were going to bury him in a white styrofoam box. That was the last straw. I thought, after two months of suffering, so this is what you get. But I tried to keep this feeling inside so I wouldn't upset everyone else."

Some are angry at the world in general—at all those other people who have babies and don't even seem to want them. Some get angry with acquaintances who ask excitedly if they had a boy or a girl and then do not know what to say when they learn the bad news. Some become angry at phone calls from photographers and others soliciting business and offering congratulations.

Studies indicate that men usually express their hostility more easily and quickly than women do. Women who express no anger may experience greater depression instead. As with other

feelings of grief, expressing anger can be an important step toward eventual resolution and peace of mind.

For many parents, there is a fear of breaking down in front of others, of losing control. As one woman said when her baby died shortly after birth: "I was afraid of facing it, afraid of letting go. So instead I covered up my feelings and acted like nothing happened. I went on a vacation and tried to act normal, but I couldn't."

While men may express their anger, they may feel that they must repress their other feelings of grief and appear to be "the strong one." They concentrate their energies instead on taking care of their wives and all the difficult details. According to Harriet Sarnoff Schiff, author of *The Bereaved Parent*: "The stoicism, the insistence in our culture that men suffer in silence when faced with disaster, although slowly changing, is very much evident during bereavement."

The father who appears busy and in control often will only express his grief in private. One bereaved father, who never shed a tear in front of anyone, spent many hours crying outside in the snow by his rose bush the night his baby died.

Some parents have such great difficulty in expressing their feelings, on occasion even to themselves, that they need professional help. They may deny what has happened completely and retreat into fantasies where they really believe the child is still alive. They may be consumed by anger and a desire for revenge that paralyzes them and prevents a move into other activities, or they may be severely depressed for a long period of time, unable to think about or do anything else. These cases are exceptions, but some studies do warn of the potential for psychological problems following unsuccessful pregnancies. For those parents who do have greater difficulty in achieving resolution of their grief or who simply need more support for coping with normal grief, professional counseling can be helpful for expressing and understanding their feelings.

For all parents, preoccupation with the events of the pregnancy and with the baby may continue for a long time. Memories may plague the bereaved parents, who review every detail over and over again. There are memories of particularly difficult

times—leaving the hospital, milk coming into the woman's breasts, seeing other babies. This preoccupation is a normal part of grieving. It may intensify the sadness, but it also helps the parents make sense of what happened.

There are positive memories, too, for some parents. They remember the joy of conceiving the baby, the excitement of their plans, the beginnings of fetal movement, the sensations of swelling breasts and growing belly. If the infant survived for a while, there may be memories of holding and feeding, admiring and hoping. All of these recollections are now mixed with pain.

Many parents have few such memories. This is especially true in the case of an early miscarriage or ectopic pregnancy. They may be relieved about this and feel it is easier to get over their loss if there are no concrete memories.

For many, however, the lack of special images or mementos makes grieving more difficult. If they have no pictures, no gravestone, no treasured thoughts of a baby's individual characteristics, they may wonder why they're feeling so bad, what it is they are mourning for. That is one reason why parents are now encouraged to have as much contact as possible with a dead or dying infant.

Grieving seems endless for most people while they are going through it, but eventually the feelings change and the pain lessens. The memories blur a little, and it becomes possible to give up some of the constant preoccupation with the details of the tragedy.

Holiday times and anniversaries (of conception, of the birth, of the death) bring painful reminders even when the process of grieving is almost completed. Other events may surprise the bereaved and cause some renewed depression in moments of calm. Seeing other babies—particularly those who appear to be about the same age as theirs would have been—may continue to be difficult, although in time it becomes easier as the impact diminishes. As the mother of a stillborn girl remembered:

I thought I had really recovered. Then one day, pow! I saw a commercial on TV which started "Remember the day you brought your baby girl home from the hospital?" It really threw me for a

while, and I cried like I hadn't cried in months for the baby girl I never got to bring home. But then it was over, and that hasn't happened to me again.

Most people find the strength to cope with a tragic situation, even without consciously realizing they are doing this. Talking, crying, dealing with the pain are ways of letting out the hurt.

Whatever the difficulties, human beings are fundamentally very adaptable. They seek a new balance after disruptive events. It is not surprising, then, that most parents try to put their experience in the best possible light. One woman who learned when she arrived at the hospital in labor that her baby was already dead is glad she found out then and did not have it come as a surprise at the moment of birth. On the other hand, another woman, who thought all was well until her baby was born dead, is grateful she did not have to go through labor knowing she was carrying a dead child.

The very effort of trying to make sense of the event, to find a meaning in disaster, can strengthen the bereaved parents. Some may find new meaning in their religious faiths. Others may devote their energy to political or environmental action to prevent future birth tragedies. Some become involved in support groups to help themselves and others. Many become more attuned to the needs of people who are bereaved and feel they can offer them a special understanding.

Having learned how fragile a life can be, they may treasure their other children, their spouse, or their parents even more. They also come to appreciate more deeply the love and friendship of those who understand their needs and were there to help.

They may plan for future children and discover a stronger commitment toward parenthood than they had ever felt before—convinced, perhaps for the first time, that they really do want children. For most of them there will be another child or children, and they will understand how truly miraculous is the life of a breathing, crying, laughing, healthy child.

They have survived. Their emotions, their relationship, their ability to cope were all tested, and they know now that they can get through a crisis and survive. They find strengths they did not

know they had and often begin to think about other interests. They take up new activities, new jobs. They change, they grow, they begin to laugh again. They do not forget, but eventually the pain subsides.