

## **Responding to Reproductive Loss**

*This handout draws heavily on materials from “Pastoral Counseling for Reproductive Loss,” a seminar of the Religious Coalition for Reproductive Choice ([www.rcrc.org](http://www.rcrc.org)). Used with permission.*

This handout alone is insufficient training for people interested in counseling on reproductive loss. It may help in understanding why people experiencing reproductive loss might need to talk to a counselor, therapist, or clergy person. It is also useful in starting to identify local and national resources that can help with counseling or counseling training.

### **Abortion**

Almost one in three American will have at least one abortion in her lifetime. While every individual makes this decision for their own reasons, a wide range of feelings both before and after the procedure are common.

Patients may feel fearful at their perceived loss of control over their own fertility or the course of their lives; they may feel separated from the Divine, their previous values, or their community; or they may be angry that their life circumstances are not such that they feel able to continue the pregnancy. They may feel relief or joy that they were able to bring an end to a scary situation, which can raise questions about how one “should” feel.

The stigma and secrecy of abortion, so often experienced in the highly-charged political environment, can compound these issues.

Counselors can:

- Acknowledge and normalize the complexity of emotions surrounding pregnancy while honoring each person’s unique experience
- Help identify support networks
- Offer safe and nonjudgmental space for processing

Resources:

- Backline – national toll-free talk line for women and their loved ones to receive both pre- and post-abortion counseling 1-888-493-0092
- Exhale – national toll-free post-abortion talk line 1-866-4-EXHALE
- **In your community?**

### **Miscarriage and Stillbirth**

Emotions can include sadness, anger, and loss of control, not to mention relief or even joy from those who were not sure they wanted to continue the pregnancy. In early pregnancy (before 20-weeks gestation, fetal death is called “miscarriage”), it can be a fantasy child, but in later pregnancy (after 20-weeks gestation, fetal death is called “stillbirth”), it is likely that more people know about the pregnancy and are planning for it, and there is more

attachment and physical awareness of the presence of a baby. A loss early in pregnancy can be especially hard if friends and family don't know the couple was pregnant.

Statements like, "It was not meant to be," "Get on with life," or "You can always get pregnant again" though meant to be helpful, can interfere with mourning. Also, "you can always get pregnant again" may not be true for people for whom becoming pregnant was difficult, involved significant financial costs, etc.

Spiritual issues can include the "fairness" of life or God, as well as blame or guilt for the loss. Especially for people who are LGBTQ, any issue of reproductive loss can be especially intense. If someone was raised to believe that lesbianism is a sin or that their being a parent isn't part of God's plan (especially when these messages are delivered subtly), faith can be both a source of the attack and a place of healing and support.

Counselors can:

- Consider the needs of family members, especially the partner or other children
- Suggest processes for grief, such as dismantling the nursery, having a memorial service, or planting a tree.

Resources:

- The Compassionate Friends – website of resources for parents, friends, and clergy who have suffered pregnancy loss
- Centering Corporation – catalogue of resources on dealing with grief, including resources on pregnancy loss and infant death
- **In your community?**

## **Infertility**

More than 6 million people living in the U.S. (about 10% of couples) will experience infertility, which refers to those couples who cannot conceive or carry a pregnancy to term within one year of trying. Diagnoses can be made via multiple strategies for both partners, and there are both simple and complicated methods of treatment.

For those outside of "traditional" heterosexual couples, the issues become more complicated. Some transgender people lose their ability to reproduce either through reassignment surgery or through shifting the way they think about their body and reproductive organs.

Living with infertility can be painful, especially if it is prolonged. The stress of "sex on demand," the challenges to gender identity, and the invasiveness of medical procedures are emotionally challenging. Partners can experience feelings of helplessness and impotence.

Menopausal and post-menopausal women and their partners can experience complicated feelings of being "post-fertile."

Counselors can:

- Help in deciding when to stop treatments or actively trying to get pregnant, and provide support in knowing they aren't "giving up" or failing.
- Explore options – what having a child, or one they are biologically-connected to, means to them.
- Help provide a sense of closure: dealing with expectations of others in the family or the pressure of medical professionals to continue treatment.
- Attend to the survival of the relationship, self-esteem, and doubts about whether they "deserve" children.

Resources:

- American Fertility Association (New York, NY)
- American Society for Reproductive Medicine (Birmingham, AL)
- The Ferre Institute (Binghamton, NY)
- **In your community?**

## **Post-Adoption Loss**

With the adoption of approximately 140,000 children in the U.S. every year, the chances are good that clergy will have an opportunity to counsel with those on one or both sides of the adoption experience. While adoption can touch many people in different ways, it is helpful to address the concerns of those placing a child for adoption and those who are adopting separately.

Research on open adoption does show that those who can get photographs of their child and get progress reports or share in the birthday celebrations are helped with potential feelings of grief or loss. Seeing that the child is loved, thriving, and growing can reinforce their sense that they made the right decision. Some birthparents are surprised by the intensity of the bond they feel with their baby after birth and the feelings of chaos immediately following a placement.

It is essential to challenge the idea that placing a child for adoption is a form of selfishness – that the person is "giving up" or "too lazy to be a parent." In reality, the act of placing a child for adoption is one of deep selflessness; giving up all the opportunities and joys of being a parent so that one's child can have a better life with someone else.

Adopting families also have emotional/spiritual issues to deal with. While it can be a joyous occasion, it can also be the culmination of a process of acceptance that they will not have children of their own. Adoption can also be difficult because it skips the normal cycle of pregnancy and childbirth for the adoptive parents. It can also be a struggle to integrate children from different races and cultures into their communities and congregations. Additionally, adoption by LGBTQ parents often is laced with legal and extralegal difficulties because of discrimination and prejudices within the adoption system.

Counselors can:

- Help birthparents see the long-term benefits of their decision
- Build a circle of supportive people or a caring, understanding congregation

Resources:

- Child Welfare Information Gateway
- Tapestry Books: Adoption Book Catalog
- **In your community?**

### **Pre-Natal Loss Due to Fetal Anomalies**

Congenital abnormalities affect 3% of all pregnancies. Some potential parents elect to continue pregnancies even if it means a disability or infant death. Others elect to terminate medically complicated pregnancies and spare the child or mother any additional pain or suffering.

Recovery from a loss due to fetal anomaly is similar to losses due to miscarriage or stillbirth but has an additional burden both because of the defect and because of the choice involved. The burden of choice often weighs heavily on the couple and the stigma of abortion in our culture may affect them. It may be helpful to talk about human beings as made in the image of God, endowed with intelligence, a moral conscience, and the ability to make good, moral, ethical decisions.

Feelings include a sense of emptiness, sadness, depression, loss, and grief. Most parents report that having some evidence of the baby – photos, footprints, the experience of holding the baby, etc., are extremely helpful in grieving, even if they initially felt they could not bear it.

Counselors can:

- Assure the parent(s) of their support in whatever decision they make
- Affirm their right to make the best decision for themselves, without outside pressure or interference.
- Help organize a formal grieving process, such as a memorial service, naming the baby, a birth/death notice, etc.

Resources:

- The Compassionate Friends ([www.compassionatefriends.org](http://www.compassionatefriends.org))
- **In your community?**