Bereavement after Miscarriage and Abortion

This essay started out with a personal interest in the subject matter. On one hand, my wife and I suffered two miscarriages after our youngest daughter was born, so we have an immediate personal experience with the sense of loss and grief, but also with the outpouring of support we were privileged to receive. On the other hand, our three daughters have six cousins. They would have at least six more (that we know of) if it weren’t for abortions among our siblings. In other words, 40% of that generation fell victim to abortion. National statistics confirm that we are not alone. Of the average 6.5 million pregnancies per year, 36% or 2.3 million end in prenatal loss. Of those, over half are due to induced abortions (1.25 million annually), and the rest is due to what the CDC terms “fetal loss” (1.08 million). For the 33 years from 1976 to 2008, the CDC reported a total of 46.7 million induced abortions and 30.6 million miscarriages in the United States alone.¹ The actual numbers are likely significantly higher due to underreporting of undetected early-stage miscarriages, the availability of chemical abortions, such as Mifepristone, Levonorgestrel and other abortifacients, and lax reporting requirements in some states. Worldwide, there are approximately 44 million abortions annually,² certainly a staggering number that puts the subject matter of this paper into proportion and underlines the importance of ministering to women and men who are affected by post-abortion grief.

Although in both circumstances, miscarriage and abortion, the parents experience the loss of a child, the grieving process is vastly different. After a brief evaluation of post-miscarriage bereavement, this essay will focus on the issue of post-abortion grief because this is an area that is generally ignored in society and deserves a more in-depth evaluation. It is not the purpose of this paper to evaluate the moral and ethical aspects of abortion; they are presumed to be understood by the reader. An exhaustive discussion of that subject can be found in the encyclical Evangelium Vitae. Rather, the focus of the present paper is on ministry to those affected by the experience of miscarriage and abortion, including mothers, fathers, family members, friends, and abortion providers.

¹ Center for Disease Control, Estimated Pregnancy Rates and Rates of Pregnancy Outcomes for the United States.
² Guttmacher Institute, Facts on Induced Abortion Worldwide. The numbers are relatively constant, at 45.6, 41.6 and 43.8 million in 1995, 2003 and 2008, respectively.
Miscarriage

Miscarriages are natural events that occur spontaneously. This term includes the loss of the unborn child (embryo or fetus) at any time, up to and including stillbirth. Miscarriages may be caused by a variety of circumstances, most of which are not under the mother’s control. Once the first signs of a miscarriage begin, there is usually very little that can be done to prevent it. This can be a time of tremendous anxiety especially for the mother, but also for the father and other family members, such as older children. The vast majority of miscarriages occur in the first trimester of the pregnancy, and they become more likely as women get older. Medical intervention to remove the deceased fetus may increase the trauma of a miscarriage.

Generally, grieving after a miscarriage is very similar to that after losing a child at a later age. Much of the specifics depend on the stage of the pregnancy in which the child was lost, with stillbirth generally being more difficult to handle than a loss in the first few weeks. The intensity with which one desired the child, e.g., an unplanned pregnancy compared to one after a long period of trying to get pregnant or several rounds of IVF (disregarding the moral question), may impact the level of grief. The general disposition of the parents and their ability to place things in God’s hands certainly impacts the level of suffering and grief as well.

In some cases, older children may be aware of the miscarriage. In our case, our oldest daughter was ten and eleven years old at each of the miscarriages, and she was deeply affected by the loss of her siblings. The younger girls experienced this in a similar manner, although not quite to the same extent. In addition to our own grief, we had to console our daughters. However, I also found the level of compassion that our daughters exhibited to be useful in my own mourning, as we could mourn together. For my youngest, knowledge of her two siblings-in-heaven is actually quite consoling because it reaffirms that although she’s a late-in-life child, she was never unwanted.

The outpouring of support during and after our miscarriages was enormously helpful. For example, people brought us food, and a priest friend came to our house to pray with my wife. I am convinced that the fact that we are practicing NFP, which allowed the pregnancies to occur in the first place, was also
instrumental in dealing with the loss, as it leads to a general disposition towards an openness to God’s will, especially in these matters.

We allowed the older girls to name their lost siblings, whose names are Grace and Jo. In one case, we were fairly certain that it was a girl, in the other, my daughters had the idea of choosing a generic name that could be either a boy or girl. As the years pass, we remember the children’s due dates as if they were birthdays. While those can be sad days, they are also filled with happiness that we can have these children who are now with God. At times, we pray to them as saints in heaven, asking for their intercession.

Lastly, I would like to mention the aspect that we could not have funerals for the miscarried babies. Both times, my wife required a D&C to remove the baby from the uterus, which does not yield any remains that could be buried. This may bring a lack of closure. Some parents establish a memorial in lieu of a funeral to assist in the process of mourning the loss.

Abortion

Bereavement after an abortion is far more complicated than that after a miscarriage. An induced abortion is the intentional act to terminate a pregnancy. By the nature of the procedure, an abortion is a direct attack against the unborn child, resulting in his or her death. According to statistics, by the age of 45 approximately 40% of women in the United States will have undergone at least one abortion. In spite of the ever-present public debate over abortion, speaking about one’s own abortion is still a taboo subject.

The conversation one may have with a woman who is contemplating an abortion is completely different from the pastoral care she needs after she had one. While this may appear obvious, political and ideological convictions can make it difficult even for a devout Catholic to reach out to someone who has “committed the unspeakable crime.” Nevertheless, Jesus calls us to follow His example and forgive even what may appear unforgivable. Ideology has no place in post-abortion ministry, but it is an easy trap to fall into.

A past abortion is likely to affect a woman for the rest of her life. I know women who had an abortion in teenage years, as early as twelve years of age, and are still suffering many decades later, even with an outwardly happy family life and living children. The subject of the abortion can be so painful that even her

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4 Planned Parenthood uses this fact as a “selling point.”
own husband does not know about it. In some cases, the agony of the abortion becomes particularly painful in later years if the woman cannot conceive, whether as a consequence of the abortion, due to age, or maybe the husband’s infertility. Especially if she then finds herself in an IVF clinic in repeated unsuccessful attempts to become pregnant again, the regret over the lost child can become almost unbearable.

Before discussing post-abortion grief, we must realize that there are many circumstances that may prevent one from reaching the point of grief, much less working through it. The first and biggest obstacle is denial. Because abortion is legal, it is presumed to be safe. Indeed, it is commonly identified as a woman’s “right.” Abortion is supposed to liberate women from the burden of unwanted pregnancy and provide them with relief, not grief. In fact, women report relief immediately after the abortion because of the tension it alleviates. It’s done; it’s time to put it behind you and go on with life. The expectation that abortion has no significant emotional consequences is strongly reinforced at most abortion clinics, ignoring all the evidence to the contrary. For obvious reasons, counselors at abortion clinics are biased towards choosing an abortion, telling women that an abortion is not much different from having a tooth pulled and has few, if any, consequences.

The political and societal premise of abortion is the belief that we are merely removing a blob of tissue or a parasite. This mantra has to be upheld at all cost, and anyone who dares to suggest that human life begins at conception must be silenced. Even if one accepts that what is in the womb is human life, the argument changes to the fetus not being a person. The widespread use of ambiguous terminology, which has been carefully crafted over a long time, tends to hide abortion's true nature and attenuates its seriousness in public opinion. This kind of institutionalized thinking greatly hinders the acceptance of what a post-abortion woman knows in her heart, even if she suppresses it from her mind: that she killed her own baby.

Once a woman realizes what really happened, she finds herself in a conflict. The relative comfort of the denial is broken, and she may experience anger toward the person who brought about that realization.

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5 Burke and Reardon, Forbidden Grief, 32.
6 Ibid., 35.
7 Garton, Who Broke the Baby?, 50-55.
8 Ibid.
9 John Paul II, Evangelium Vitae, No. 60.
10 MCFL, The Trouble with Roe: When Does Life Begin and What Does the Answer Mean?
11 John Paul II, Evangelium Vitae, No. 58.
However, what is even worse is that post-abortion grief tends to be a secret sorrow. It is often a
disenfranchised grief because it cannot be shared. It is not possible to speak the regret of an abortion without
at the same time experiencing shame and guilt. Shame is compounded if the pregnancy was due to rape, incest
or carelessness with a boyfriend, which are difficult to admit already. Fear may be added to the problem if the
abortion was undertaken to hide the pregnancy from parents, or to conceal the consequence of an adulterous
relationship. Disbelief and discredit are common, both individually (“you did what?”) and institutionally,
where heavily biased studies show that post abortion stress syndrome supposedly does not exist and in which
grieving women are placarded as being a victims of “extremist propaganda.”

In her grief, it can be extremely difficult for a woman to find a sympathetic ear, someone who is
willing to listen to the story. Her pro-choice friends will make every effort to justify the abortion as the “right
choice.” That is not necessarily ill will on their part; it is simply the prevailing way of thinking. They have not
undergone the life-changing pain of realizing that abortion in fact entails killing one’s own baby. Her pro-life
friends, on the other hand, are likely to chastise her for what she did, and may exhibit a less-than-
compassionate, accusatory attitude. This leaves the woman alone with her grief and sorrow, with no place to
go.

Every woman exhibits different symptoms. Some that are commonly reported include:12

- Guilt and shame
- Inability to share grief
- Depression and low self-esteem, to the point of becoming suicidal
- Withdrawal from partner/spouse, family and friends
- Fear of God’s punishment for the “unforgivable sin”
- Eating disorders and self punishment, e.g., cutting
- Sexual dysfunction, hypersexuality, loss of interest, problems with intimacy
- Problems bonding with children (current and subsequent)
- Deep and unrelenting anger at self, partner, family, friends, abortion provider, God
- Sleep problems, nightmares, “hearing” sounds of crying babies
- Alcohol and drug dependency
- Desire for “replacement” baby, rapid repeat pregnancy
- Increased risk for subsequent abortions
- Anniversary reactions: abortion date, due date, Mother’s Day, Father’s Day
- Anger and avoidance when conversations turn to babies or abortion

12 USCCB, Project Rachel Ministry, 4.
• Involvement in pro-choice movement or unhealthy level of involvement in pro-life
• Workaholism

To begin the healing process, as we already said, one has to overcome the denial. This, however, cannot be forced, at least not by the minister. It is always up to the grieving person to decide whether and when she wants to share her grief. The key is that when someone approaches us, we are ready to listen. A woman may seek our help because she expects us, as Catholics, to be “different” from those whom she has previously spoken to.

It is important to meet her where she is and listen to the concerns she shares. These may relate to how awful the abortion procedure was, coercion from her parents or partner, lack of support during the abortion, the end of the relationship with her partner, the isolation of not being able to tell anyone about the abortion, or, if she has told someone, they may be telling her how good the choice was. She may be distressed, and even a minor issue may overwhelm her at the moment. She may be testing us to see whether we care, whether we are willing to listen, whether we seem safe to approach, and whether we understand. She may be speaking of herself in the third person, as someone she knows, in order to keep a back door open if we react differently from what she is hoping for. It is critical to follow her lead in addressing what she is comfortable with discussing. For example, if she speaks about her baby, we can respond; if not, it is better not to bring it up.\(^\text{13}\)

It is good to have at our disposal some resources we can refer her to, such as a priest of whom we know that he will be compassionate and helpful if she chooses to seek the sacrament of reconciliation, or a medical facility, if she expresses medical concerns. We may want to suggest that she contact Project Rachel or a similar organization, if that appears to be useful.

Surveys of priests indicate that many women who have had abortions approach them for confession during the regularly scheduled time, without an appointment. The Project Rachel manual recommends several points to help priests at such a time.\(^\text{14}\) While we cannot hear someone’s confession and give absolution, those points are nevertheless useful if someone confides in us:

• Affirm her courage and humility in speaking to us
• Assure her that God’s love and mercy is greater than any sin

\(^{13}\text{Ibid.}, 8.\)
\(^{14}\text{Ibid.}, 10-12.\)
• Do not deny the gravity of the sin of abortion. Not only would this be incorrect, but it denies the reality of what she is experiencing.
• Let her talk. She needs to share. Assure her that her reactions are normal. Many women share the same pain and fears, and find themselves unable to cope.
• Ask how long ago the abortion took place, as recent abortions require different care than those long ago.
• Be aware that she may think she has been excommunicated. Know what Church law says about this.\footnote{Evangelium Vitae, No. 62.}
• Suggest appropriate prayers and reflections that facilitate healing, such as the Rosary, Chaplet of Mercy, and others that she may know. It may be useful to have a pamphlet with instructions for those prayers handy.
• Suggest that she offer a weekday Mass for the aborted child and/or the healing of the family.
• Invite her to read and reflect on scripture, especially passages that relate to healing.

For a lay minister or deacon, it may be useful to know a priest to whom we can refer the woman, as it may be easier for her to seek the sacrament of reconciliation with less fear of the unknown. However, we should only offer that if it comes up in conversation, and never suggest that it is a condition for obtaining God’s mercy. While it may be theologically correct that sacramental confession and absolution is required for the forgiveness of mortal sins, the last thing we want to do is instill more fear. When she’s ready, she will go.

After receiving the sacrament of reconciliation, it may be helpful to encourage the woman to participate in the sacrament of the Eucharist. Besides attending Mass and receiving Communion, a period of Adoration may be very healing, giving opportunity for prayers of supplication, thanksgiving, praise and adoration. Especially after undergoing the most difficult and painful confession of a past abortion, simply being in the Lord’s presence can bring renewed knowledge of God’s love, strengthen faith and enkindle new hope.\footnote{Sisters of Life, Entering Canaan, 7.}

When we pray, it is not unreasonable to place our grief and anger before God. We may point to the psalms and the Book of Lamentations as examples where people spoke with God in this way and ultimately found healing. Some people have a preference of speaking to Jesus, God the Father, or the Holy Spirit. Those preferences can change over time. When we pray with someone, especially after a long time of not praying, we may want to ask “who would you like to pray to?” Also, many women may find it more comforting to
pray to Mary, asking for her intercession, rather than addressing God directly. We should also encourage her to pray for God’s mercy and forgiveness, as well as in thanksgiving for graces received up to this point.

There are some practical suggestions that may help a woman cope with her grief. All of these suggestions depend, of course, on the current state and should never be presented as something she ought to do, but merely as possibilities she may find helpful.

In grieving for the lost child, encourage the woman to reflect on the sex of her child. It is easier to relate to a boy or girl, a son or daughter, rather than a generic child. If she doesn’t have a sense for it, she can pray that God may reveal that knowledge to her. It is also good to name the child. Naming a child is a privilege that parents normally exercise. Being able to do so is an enormous gift to her. Naming gives her child a concrete personal identity and helps her form a spiritual and emotional bond with her child.\footnote{USCCB, \textit{Project Rachel Ministry}, 18.} From my own experience, if the sex of the child is not known, or not yet revealed, one can give the child a name that does not define the gender, such as Taylor or Pat. Our second miscarried baby’s name is Jo, for that reason, as the older girls suggested that it could stand for Joseph or Josephine. This avoided the possible agony of having to change the name when we began to refer to Jo as “she”.

During the healing process, a woman may seek a deeper relationship with God as well as a temporary sanctuary from daily life. Several organizations, such as Project Rachel, Sisters of Life and Rachel’s Vineyard, offer weekend or week-long retreats that are specifically geared towards women who have experienced abortions.

Until now, this paper addressed primarily ministry to women who are affected by abortion. With some brevity due to space, I would like to highlight that bereavement after abortion is not simply a women’s issue. Men are affected as well. Although the way in which they are affected is naturally different, the grief can be equally severe, and the disenfranchisement can be even worse. In large strokes, we can identify some typical situations:

- Father who adamantly opposed the abortion and tried to stop it
- Father who opposed the abortion but did not go to great lengths to prevent it
- Father who first supported the abortion, then changed his mind, but mother carried through
- Father who appeared to be neutral about the abortion
- Father who abandoned the woman in the face of pregnancy
- Father who forced the abortion or threatened woman if she refused to have one
- Father who did not know about abortion until afterwards
- Husband whose wife had abortion with someone else prior to their marriage

In the last situation, even though the husband was not involved in the abortion, directly or indirectly, the impact on the marriage can nevertheless be severe. It can manifest itself as a "secret", the details of which must not be spoken about, or as a sore subject if a conversation goes in that direction.

Common reactions of men affected by abortion include:

- Rage and anger
- Grieving and sadness
- Impairment of masculine self-image
- Impotence
- Grave concern for his partner and her well-being
- Inability to communicate with his partner
- Alcohol and substance abuse
- Risk-taking behavior
- Obsessive thoughts of the lost child
- Desire for another child & behavior to achieve that goal
- Anxiety if partner gets pregnant again, for fear of subsequent abortion
- Nightmares in which someone or something vulnerable is being threatened
- Suicidal thoughts
- Emotional abuse and spousal battering
- Pro-Life activism (to an unhealthy degree)
- Addiction to pornography

Finally, this paper would be incomplete without at least mentioning other groups that may require our support:

- Grandparents (parents of the mother): Grandparents face grief over the loss of a grandchild they could have had or anger at daughter getting pregnant. On the other hand, they may experience guilt if they forced the decision or failed to prevent the abortion.
- Siblings: Common issues are questions about themselves being wanted and "survivor guilt."
- Abortion survivors: Children who know that they are living only because they survived a botched abortion may suffer from a diminished sense of self-worth. Also, survivors of an aborted twin or
those chosen to live in the process of IVF “selective reduction” may experience grief over the loss of siblings.

- Extended family and friends: This includes aunts and uncles of the lost child, cousins and friends, especially if they were involved in the abortion decision (whether they supported or rejected it). My wife and I tried to convince a close relative not to have an abortion, offering various choices, including having her live with us, raising her child until she would be ready to care for it herself or even permanently. However, she decided to pursue the abortion anyway, which caused us much grief over the lost child; grief that continues even today.

- Abortion providers: In some cases, an abortion provider may come to talk about her own abortion. In that case, it is important to minister only to the problem at hand. We have to allow her to heal. As he or she begins to heal, the reality of the daily involvement with abortion may come to be realized, in which case the person often leaves the abortion business and seeks further support. It is our place to offer those who seek help unconditional love and allow them to heal, no matter how scarred they are by their work.\(^\text{18}\)

In the available space, it is impossible to exhaustively address the complex issue of bereavement after the loss of a child that went to the Lord before he or she was born. Therefore, I invite the reader to refer to the extended bibliography for further reading, and I would like to end with a quote from Blessed Pope John Paul II’s encyclical *Evangelium Vitae*:

> I would now like to say a special word to women who have had an abortion. The Church is aware of the many factors which may have influenced your decision, and she does not doubt that in many cases it was a painful and even shattering decision. The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong. But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace.

\(^{18}\) *Evangelium Vitae*, No. 42.
in the Sacrament of Reconciliation. To the same Father and his mercy you can, with sure hope, entrust your child. With the friendly and expert help and advice of other people, and as a result of your own painful experience, you can be among the most eloquent defenders of everyone's right to life. Through your commitment to life, whether by accepting the birth of other children or by welcoming and caring for those most in need of someone to be close to them, you will become promoters of a new way of looking at human life.19

19 *Evangelium Vitae*, No. 99.
Bibliography


—. "Facts on Induced Abortion Worldwide." _In Brief_ (January 2012).


