

Not Forgotten
FACILITATOR GUIDE



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Finding Comfort and Healing from
Miscarriage and Stillbirth

FACILITATOR GUIDE

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Facilitator Guide

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ISBN: 979-8-40514-611-9

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Interior layout by Kim Gardell

Cover design by Heather Wilbur

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Foreword

My wife and I had already been blessed with two healthy children, a boy, and a girl. So, when Linda got pregnant again, we assumed all would go well, and we were excited as we anticipated the birth of our third child. But during her second trimester something went wrong.

Linda and I had gone out for a walk together, and she commented that she didn't feel well. She sensed something was wrong with our baby. So, we went to the hospital and the doctor couldn't find a heartbeat. They conducted an ultrasound and confirmed that our baby had died. Initially, Linda was in shock, feeling removed from the fact that this was really happening to her.

The doctor recommended a D&C, and Linda experienced a profound sense of loss—a grief I could not fully fathom. I too was saddened by our miscarriage and grieved over the loss of our little one. But as we talked about it and I tried to comfort Linda, I recognized that her sense of loss and grief was much more profound than mine, for she was the one who had been incubating our little baby inside her.

But soon we discovered that our grief was intensified by the response of others to our loss. Even in the hospital, the D&C was so sterile, and impersonal — dehumanizing even. The attending nurse said

something like, "There must have been something wrong with the baby, so it's just as well." This was hardly a comfort to my wife as she mourned our loss!

Then, when Linda asked the gender of the baby, the medical staff refused to tell us. At every turn, others seemed to trivialize and dehumanize the loss of our baby.

Outside the hospital and back in our circle of friends and acquaintances, no one knew how to respond. Many seemed too uncomfortable to say anything, while others invariably said something dumb or thoughtless.

This trivialization and dehumanization sought to rob us of our grief—like grieving was somehow inappropriate or unnecessary. Yet, we, and Linda especially, went through all the phases of grieving: shock, anger, blame, denial, depression, etc.

On top of that was the cruel tormentor Guilt. "Did I do something to cause my miscarriage?" "Should I have done something differently?" "Am I being punished for some reason? And if so, for what?"

And among such morbid thoughts was a sense of utter helplessness. Was something or someone else to blame? And questions of blame led to anger. "Why did You allow this to happen, God?" "Where were You? Why didn't You intercede?"

Then, as the weeks and months slipped by and we began talking about trying again, the silent specter of fear began to haunt Linda. "What if this happens again? How will I know? What will I do? How do I prevent it?" "What if...?"

Linda and I are grandparents today. As I write this, it has been 40 years since our miscarriage. We're still saddened by our loss. We've also stood with others whose loss has been immeasurably greater than

FOREWORD

ours. Our son and daughter-in-law experienced four heart-breaking miscarriages while raising their family. We know that others have suffered the profound loss of a full-term baby, or even the loss of healthy child due to sudden infant death syndrome (SIDS).

Our hearts go out to all who have experienced such excruciating pain and loss.

In the writing of this curriculum, I interviewed a number of women who have experienced the loss of one or more babies. While their experiences were very personal and unique, they were also similar in many ways. These women agreed to share their stories in the hopes that they might encourage and help facilitate the grieving process for other women and men.

One thing all the women agreed on: “For grief to run its course through to healing, we must embrace it in the company of others who also understand and are willing to enter into our grief with us.” That is the intent and hope of this curriculum and the reason we’re meeting together.

Humbly sharing with you in your loss,
—Rob & Linda Fischer



Not Forgotten

FACILITATOR GUIDE

Introduction for Facilitators

Welcome to the Miscarriage/Stillbirth Anonymous (MiSAnon) curriculum. Thank you for volunteering to serve as a facilitator for a MiSAnon group. We believe that your personal story and interaction with the women in your small group will have a profound impact on their lives and the lives of others. As you embark on this experience, we are praying for your protection and for God's favor and wisdom as you lead.

YOUR ROLE AS A FACILITATOR

Please view your role as that of a facilitator rather than a teacher or counselor. Your primary goal is to help facilitate the healing of women who have suffered the loss of a child through miscarriage or stillbirth. Skills of a good facilitator include:

- Leading by example and sharing transparently
- Extending genuine empathy and trust
- Building a safe environment
- Getting others to open up and speak as soon as possible
- Asking great, open-ended questions

- Listening intently
- Managing group dynamics
- Keeping the group on task
- Managing time
- Being “all in”

To a great extent, we have tried to design the curriculum in such a way that makes it easy for you to follow through with those facilitation skills. Below are some warning signs to watch for that may indicate that you’ve slipped from facilitating into teaching or counseling. Please try to avoid these:

- Talking too much
- Lecturing, preaching, or instructing
- Correcting or shutting down a participant
- Advising participants
- Assuming that your experience should be theirs
- Losing control of the group
- Asking leading or closed-ended questions
- Trying to “fix” people

We want facilitators to build relationships with their group participants. At times this requires conversations outside of the group meetings. However, experience has taught us that it’s best for facilitators not to meet regularly with participants outside the group until it has ended otherwise it is liable to damage the trust factor in the group, which is so vital to its success.

Again, we’ve attempted to design the curriculum to help you avoid the pitfalls above, so please follow the curriculum to the fullest extent possible. Because you are representing MiSAnon, we trust you to conduct yourself and each of the sessions according to the curriculum and guidelines we’ve provided.

INTRODUCTION

Also, you will be co-facilitating with another woman. You'll need to work together humbly and harmoniously. Never contradict one another or usurp one another's authority as a facilitator. Nothing will destroy the trust in a group faster than conflict. Instead, pray together before each session, support one another, and trust each other. Allow the Holy Spirit to use both of you in the unique areas of your gifting and experience. If you encounter a situation that you're not sure how to deal with, please reach out to the director for guidance.

Finally, during this eight-week curriculum, participants will read the stories of women who have experienced miscarriage or stillbirth. As the women in your group share their stories, they may reveal that they have experienced sexual abuse/assault or an abortion. However, a woman may not recognize her need for healing from sexual abuse/assault or abortion. Please be prepared to empathize with them and point them toward a SAVAnon or an AbAnon group.

HOW TO USE THIS FACILITATOR GUIDE

In order to facilitate the MiSAAnon curriculum, you will only need the *Facilitator Guide*. Everything contained in the *Participant Manual* is also in this *Facilitator Guide*.

Use the *Facilitator Guide* to lead you through the agenda for each session.

- In the pages that follow, text for you to read is presented as regular text.
- ***Text in bold italics*** is intended as instructions for you and should not be read aloud to your group.



SESSION ONE
The Need to Grieve

“There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love.”

– Washington Irving

PREPARATION

- ***Read Session One ahead of time so you’re familiar with it.***
- ***Pray independently and with your co-facilitator beforehand for God’s presence, power, and work in the lives of the women.***

Start the first session here:

WELCOME

_____ and _____ will be your facilitators for the next eight weeks. You are very courageous for taking this step toward processing the miscarriage or stillbirth that you've experienced. We're glad you're here.

INTRODUCTIONS

(Facilitators, lead and model this. Be careful NOT to share your miscarriage/stillbirth story at this time.)

- Name
- Whatever you'd like to share with us briefly to help us get to know you
- What would you like to take away from your experience over the next eight weeks?

OVER THE NEXT EIGHT WEEKS, WE WILL TALK ABOUT

- How miscarriage or stillbirth has affected you.
- Ways you have coped with your miscarriage or stillbirth.
- How your miscarriage/stillbirth has affected your relationships.
- Common emotions and reactions surrounding miscarriage and stillbirth
- Healing and closure
- God and faith

ESTABLISH GROUP NORMS

Facilitator Note: *When you brainstorm norms with your group, be sure to read through the essential list below before moving on to the Introduction.*

We like to establish group norms or ground rules by which we agree to conduct our meetings together. This way we all have the same expectations and can get the most from this experience. Some group norms we see as essential are:

- **Keep confidences**—What we say here stays here. We pledge to keep confidences and ask the same of each member of the group.
- **Be present and ready**—Attend all the sessions (except in an emergency). Your presence here is not only important for you, but for the other participants as well. Being present includes keeping up with the light reading or homework between sessions.
- **Be respectful**—We agree to respect each other: our individual situations, our ethnicity, our faiths, the choices we've made, the things we may say, and how we each process the miscarriages or stillbirths we experienced.
- **Function as a team**—We agree to function as a team: no one dominates the conversation; we listen to each other; we're here to assist, encourage and care for each other.
- **Be humble**—We're not here to judge or *fix* each other. Sometimes the way we suppress our own need is by comparing ourselves to someone else or trying to fix them. Also, don't compare your experiences with those

of the other women in your group. Let each woman's experience stand on its own.

- **Believe and trust one another**— All the stories printed in this curriculum are factual. We commit to being truthful with each other here as well.
- **“Check-ins”**—Allowing each other to check-in and ensure we're okay through any pain the healing process may prompt.
- **No “over-sharing hangovers”**—promise not to regret what we've shared with each other.
- **Always end on a positive note.**
- **What else** would you like to set down as a group norm?

INTRODUCTION – GRIEVING YOUR LOSS

Facilitator Note: Read aloud to participants:

Welcome! We are so glad you've chosen to join us for this eight-week experience designed to help you in your healing process from the miscarriage or stillbirth that you have experienced. We are so sorry for your loss(es) and for the pain and suffering you've gone through as a result. We want to provide a safe, caring environment as you participate with this small group of women.

All the facilitators or group leaders come with their own stories of miscarriage or stillbirth and are in various stages of healing. Your facilitators are volunteers and do not receive payment for leading a group.

We recognize that although there are some basic issues that we all experience, or need to face, each woman processes her experiences of miscarriage or stillbirth differently. Some express the need

SESSION ONE

for healing, and others do not. We also recognize that your story is unique. We know we can learn from and help each other through the things we've experienced as we share.

Healing from miscarriage or stillbirth often requires change. Change can be difficult and scary but necessary if we want to experience different outcomes than we're currently experiencing. Please avail yourself of the methods and opportunities we provide to help facilitate your healing.

As a legal entity, MiSAAnon is an affiliation of Sexual Abuse Victims Anonymous, Inc. (SAVAAnon, Inc., DBA SRTServices.org), an independent organization unaffiliated with any particular organized religion, denomination, or faith. MiSAAnon exists to provide awareness regarding the grief brought on by miscarriage or stillbirth and offers a path to healing for those who have experienced such loss. Anyone, regardless of their religious beliefs, faith, or lack thereof, who has experienced miscarriage or stillbirth, is welcome to our gender-specific programs.

However, like so many organizations, universities, and businesses, SAVAnon, SRT Services, and MiSAAnon were built on the foundation and operate under Judeo-Christian values. We freely acknowledge that part of our eight-week program involves discussion about God, faith, and forgiveness. Miscarriage and stillbirth impact the whole person physically, emotionally, mentally, relationally, and spiritually. Thousands of people have found change and healing through faith, and MiSAAnon would be remiss in our responsibility if we failed to include God and faith in our curriculum. However, in order to make every participant feel welcome and comfortable regardless of their beliefs, our meetings will not include group prayer.

Some of what we'll be discussing together will be inherently difficult to discuss, but remember, you're not alone; we're all in this together.

Also, please be aware that as you read the women's stories of loss contained in this manual and as you hear each other's stories, these may churn up old or repressed memories. You may find this experience very painful and distasteful, but some pain is necessary for healing. So please continue with us and share with us what you're feeling as you are able.

DISCLAIMER

We recognize that every person is different and your situation unique. Working through issues surrounding the miscarriage or stillbirth that you experienced usually occurs in layers over time. Our sincere hope is that you will experience some measure of healing through this eight-week experience.

Our facilitators and co-facilitators are not professional counselors or life coaches. They are volunteers with their own stories of miscarriage or stillbirth and have experienced significant healing from those experiences. They are passionate about providing a safe, supportive environment for you.

Any profits from the sale of the Participant Manuals go to cover the cost of printing, shipping, and the support and expansion of MiSAnon. Miscarriage/Stillbirth Anonymous is a registered 501c3 not-for-profit organization and is financed primarily through the generous contributions of donors.

If you are actively harming yourself or having suicidal thoughts, please seek the help of a professional counselor immediately. We can discretely help you locate a counselor if you like. This workshop is not intended to replace professional counseling or therapy.

HOW THE PARTICIPANT MANUAL WORKS

Each week or Session has pre-work that you will complete prior to the next session. For instance, if you turn to Session Two in your *Participant Manual*, you'll see that it begins with a short reading. The homework is not lengthy or difficult.

Most of the Sessions also contain projects. Please do this homework early in the week so that you're not scrambling at the last minute to finish. Take your time and seek to gain all you can from this experience. The more you invest, the more you'll profit from it.

MISCARRIAGE AND STILLBIRTH

When a woman gets pregnant, she undergoes a radical transformation physically, mentally, and emotionally. From the moment of conception, she becomes a mother. Amazingly and wonderfully, she is incubating a human being in her womb. Within only a few months, she may feel the baby move. She's aware of its presence and its life. She begins to wonder and dream about her child's gender, appearance, and personality. She is full of hope and expectation.

In addition to all of the above, due to the nature of the placenta, the baby inside her shares its unique DNA with her, so that the woman will carry the baby's DNA (as well as her own) for the rest of her life.¹ This creates an inseparable bond between the mother and the child that transcends emotions.

This amazing phenomenon may shed some light on the profound sense of loss a mother experiences during miscarriage or stillbirth.

The Mayo Clinic explains, "Miscarriage is the spontaneous loss of a pregnancy before the 20th week. About 10 to 20 percent of known

1 <https://www.scientificamerican.com/article/scientists-discover-childrens-cells-living-in-mothers-brain/>

pregnancies end in miscarriage. But the actual number is likely higher because many miscarriages occur so early in pregnancy that a woman doesn't realize she's pregnant." ²

The difference between a miscarriage and a stillbirth has to do with when the loss occurs. According to the Centers for Disease Control, "In the United States, a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy, and a stillbirth is loss of a baby at or after 20 weeks of pregnancy." ³

In America, about 1 in 160 births are stillbirths, and only 1 in 1600 infants die from sudden infant death syndrome (SIDS). ⁴ But losing a child at any stage of development is traumatic.

In July 2020, Meghan Markle and Prince Harry suffered a miscarriage. In a New York Times article, she told her story:

The day "began as ordinarily as any other day: Make breakfast. Feed the dogs. Take vitamins. Find that missing sock. Pick up the rogue crayon that rolled under the table. Throw my hair in a ponytail before getting my son from his crib." But she said she soon felt a sharp cramp as she changed Archie's diaper, and dropped to the floor. "Humming a lullaby to keep us both calm, the cheerful tune a stark contrast to my sense that something was not right," she wrote, adding, "I knew, as I clutched my firstborn child, that I was losing my second."

Later, she said, they went to the hospital, and were both devastated to confirm the loss. "I felt the clamminess of his palm

2 <https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298>.

3 <https://www.cdc.gov/ncbddd/stillbirth/facts.html>.

4 Xu JQ, Kochanek KD, Murphy SL, Arias E. Mortality in the United States, 2012. NCHS data brief, no 168. Hyattsville, MD: National Center for Health Statistics. 2014.

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and kissed his knuckles, wet from both our tears. Staring at the cold white walls, my eyes glazed over. I tried to imagine how we'd heal," she said. "Sitting in a hospital bed, watching my husband's heart break as he tried to hold the shattered pieces of mine, I realized that the only way to begin to heal is to first ask, 'Are you OK?'"⁵

Losing a child means carrying an almost unbearable grief, experienced by many but talked about by few. In the pain of our loss, my husband and I discovered that in a room of 100 women, 10 to 20 of them will have suffered from miscarriage. Yet despite the staggering commonality of the pain, the conversation remains taboo, riddled with (unwarranted) shame, and perpetuating a cycle of solitary mourning.⁶

Meghan Markle's words express the cry of many other women who have experienced miscarriage or stillbirth. Our goal in this curriculum is to help facilitate healing. We want to remove any unwarranted shame, the hesitancy to talk about miscarriage, and the tendency to mourn in solitude without the aid of other caring individuals.

Signs of Miscarriage

The initial signs of miscarriage come in different forms. Some women express "just feeling like something is wrong." For others, it may be "heavy spotting" or more severe blood loss. Sometimes cramping occurs, followed by the passing of the baby. Some women sense the baby has stopped moving. For others, it's the routine checkup where

5 <https://www.liveaction.org/news/prince-harry-meghan-markle-rainbow-baby/>.

6 <https://www.liveaction.org/news/churchs-ministry-miscarriage-crucial-families/>.

a heartbeat can't be found. But whatever the indications, the fears and sense of loss can be intense.

At first, a woman may deny or disbelieve this can be happening to her. If the change took place from one day to the next, it's easy to understand why she may question what's happening to her. And indeed, some of the signs of miscarriage don't always end up with the loss of the baby.

Sharon Jaynes shared her story:

My son, Steven, and I sat on the floor in his room playing a card game. The summer was proving to be the best ever.

Our golden retriever, Ginger, had just delivered seven adorable puppies, Steven was enjoying his sixth summer of life, and after four years of negative pregnancy tests, God had surprised us with a new life growing inside my womb.

But as Steven and I sat cross-legged on the carpet, I felt a warm, sticky sensation run down my leg. A trip to the bathroom confirmed my greatest fear—my dream slipped away. Later that afternoon, the doctor voiced the weighty words, "There is no heartbeat."

What do you do when heartbreak slams into joy? When your soul cracks open and there just aren't enough tears? When hurt steals your hope, and you want to give up on life?

I went home, crawled in bed, and pulled the covers up over my empty womb and broken heart. I didn't want to talk to anyone, especially God. And what I did say to Him wasn't very nice.⁷

7 <https://annvoskamp.com/2021/01/when-you-dont-like-your-story/#more-203839>.

THE NEED TO GRIEVE

When Becky's third pregnancy ended in miscarriage, the nurse simply commented that miscarriage is common and there must have been something wrong with the child. The message behind that statement was, "Get over it; it's for the best." But such heartless comments do not help the mother "get over it," and it certainly doesn't feel like it's "for the best."

Grief is a healthy and normal response to great loss. Grieving offers emotional release, and we must allow it full expression to work its healing powers. Grief expresses itself in sadness, a sense of deep loss, and mourning. Our grief may numb us or overwhelm us. We may feel "lost" or experience a profound sense of emptiness.

Normally, when a loved one passes away, we find consolation and closure through a formal memorial service or funeral. Even though it's difficult to attend such an event, the experience helps us come to grips with reality and initiates healing for our grief that might not otherwise occur.

Not allowing ourselves to grieve is like leaving an open wound uncared for. Cleaning an open wound is necessary but painful. In the same way, grieving is not a pleasant process either, but it does bring healing. To heal, we need to grieve. The grieving process also offers us a measure of closure, which we'll discuss later.

We Need to Grieve with Others

Losing a baby at any stage of its development is traumatic, and sometimes in our grief, all we want to do is be alone. While grieving alone can have its place, grieving in community with others who understand our grief and who enter into it with us is vital. This is why funerals and memorial services always include friends and loved ones who can grieve with us. Grief needs this relational element to fully express

itself. Simply put, we need others who understand our loss and who can grieve with us.

Whether or not you consciously recognized this social aspect of grieving, you chose to be a part of this group because you are drawn to others who can empathize and grieve with you.

When MarJean learned that the baby she was carrying no longer registered a heartbeat, she was admitted to the hospital. An elderly woman in the next bed had shared that she had delivered a stillborn baby many years before and understood the pain of MarJean's loss.

Now, seeing the grief MarJean was experiencing, this woman slipped out of her bed and came over to MarJean. Without a word, she put her arms around MarJean and simply held her while she wept. MarJean knew she understood her grief and says, "Her touch was such a comfort to me!"

Sharing Your Pain

Sharing your pain with others who know and understand what you're feeling can be very cathartic both for you and for them. Sometimes, the best way to comfort those who are grieving is simply to listen, weep with them, and hold them.

Many years ago, a beautiful young woman we knew got married. Her marriage was particularly special because there were three generations of women in the family but no men due to deaths and divorces. So, her sister, mother, aunts, and grandmother all rejoiced greatly in her marriage.

But three months after her wedding, her husband left for work on a snowy morning and was killed in a horrible traffic accident. When this woman's mom called to tell me, I went to their home immediately. But when I got there, I had absolutely no words of comfort for her.

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What could I possibly have said to comfort her in the depths of her grief? All I could do was weep with her. I felt so helpless to be of comfort, yet she told me later how much that meant to her.

As painful as it is, women frequently express that sharing their stories with others who understand can be very healing. For this reason, in the weeks to follow, we will give you the opportunity to tell your story. No one will pressure you to tell your story, however.

Warning: Some of you may have experienced one miscarriage early in your pregnancy, while others may have experienced numerous miscarriages and stillbirths. Do not minimize your grief or the depth of your loss just because someone else's loss seems greater. No price can be placed on the loss of a single life. Whatever your loss, your grief is legitimate and real.

Facilitators: Ask participants to circle their response for each emotion and respond to the two questions below. Then check in with them on their answers and lead a discussion one emotion at a time. You could also do this one participant at a time, asking her to share her responses with the group.

WHERE ARE YOU IN YOUR GRIEF RIGHT NOW?

To what extent are you experiencing the following manifestations of grief? (Please circle your responses.)

Sad

Not at all *A little* *Significantly* *To a great extent*

Angry

Not at all *A little* *Significantly* *To a great extent*

Not Forgotten

Fearful

Not at all *A little* *Significantly* *To a great extent*

Guilty

Not at all *A little* *Significantly* *To a great extent*

Helpless

Not at all *A little* *Significantly* *To a great extent*

Depressed

Not at all *A little* *Significantly* *To a great extent*

How recent was your miscarriage or stillbirth?

What have you found most helpful in your healing process so far?

WHERE DO WE GO FROM HERE?

Some of you may be thinking, “I’ve been trying to put my miscarriage or stillbirth behind me for months or years. Why would I want to revisit that experience again? I just want to put it behind me and forget about it.” Others may be processing their loss in a different way that’s difficult to describe at this time. That’s okay.

In the following five weeks of *Grieving Your Loss*, we want to join with you in processing the pain of your experience. We’ll provide you with tools and strategies for doing so. We want to help you find answers, support you, and offer you hope. Many women find tremendous relief in discovering they are not alone and that healing and love for life are possible.

For this reason, we also want to give each of you an opportunity to tell your own story. Every woman we’ve interviewed in the designing

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of this curriculum expressed that they found healing in sharing their story with other like-minded women. Your facilitators will lead by example by sharing their stories first.

Facilitators, one of you share your story today, and if there's time, the other one as well. Otherwise, the second facilitator can share at the next session.

FACILITATOR STORY

1. How did you feel about your facilitator's story?

2. In what ways did you find it helpful?

CLOSING

Read the following information that is not contained in the Participant Manual:

1. Each week at the end of our session, we want to end on a positive note. Some of you might be thinking right now, "This was really hard!" Or, "I didn't want to come." So, where is all the hope in this? Why are we doing this? How can we end tonight in a positive way?

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2. Is there anything else you'd like to bring up to the group tonight?
3. In what ways can we support you this week?

LOGISTICS

We'll meet here each week for seven more weeks at _____(time).

PREPARE FOR THE NEXT SESSION

Please complete the following tasks outlined below before our next session. This exercise is for your eyes only, so be completely honest with yourself.

1. Please read Session Two and respond to the questions provided.
2. Also, follow the tips on how to tell your story and prepare yourself for sharing your story.
3. For a list of helpful resources, including 24/7 hotlines, visit www.srtservices.org/MiSAnon/resources.

Thank you for coming!



SESSION TWO
Legitimizing Your Sense of Loss

"Feelings buried alive never die."

– Joyce Meyers

WELCOME

Facilitator Note: Welcome participants back and lead discussion reviewing group norms. To the extent possible, let the participants state these.

- **Keep confidences**—What we say here stays here. We pledge to keep confidences and ask the same of each member of the group.

- **Be present and ready**—Attend all the sessions (except in an emergency). Your presence here is not only important for you, but for the other participants as well. Being present includes keeping up with the light reading or homework between sessions.
- **Be respectful**—We agree to respect each other: our individual situations, our ethnicity, our faiths, the choices we've made, the things we may say, and how we each process the sexual abuse or assault we experienced.
- **Function as a team**—We agree to function as a team: no one dominates the conversation; we listen to each other; we're here to assist, encourage and care for each other
- **Be humble**—We're not here to judge or fix each other. Sometimes the way we suppress our own need is by comparing ourselves to someone else or trying to fix them. Also, don't compare your experiences with those of the other women in your group. Let each woman's experience stand on its own.
- **Believe and trust one another**—Some of the experiences shared in the curriculum and in our group may sound too horrible or too weird to be true. All the stories printed in this curriculum are factual.
- **"Check-ins"**—Allowing each other to check-in and ensure we're okay through any pain the healing process may prompt.
- **No "over-sharing hangovers"**—promise not to regret what we've shared with each other.
- **Always end on a positive note.**
- **What else?**

BECKY'S STORY— NO BIG DEAL?

After our first baby, my husband and I started dreaming of a large family. But after having two children, I lost my third pregnancy at ten weeks. I was profoundly saddened, but the doctor trivialized my miscarriage, saying that it happened a lot and that it was “no big deal.” Nevertheless, I was grieving. My husband was busy at work and didn't seem to understand or be of much support.

After some time, I got pregnant. But after experiencing my previous miscarriage, I was fearful that it might happen again. I kept assuring myself that if I could make it past the first trimester, the baby would be fine. I was now well into my second trimester and was beginning to look pregnant. I thought we were home free and began to relax my fears.

But I lost this baby at 18 weeks. Due to his size, my baby boy had to be delivered. This miscarriage was very hard, devastating really. But people around me still dismissed our loss with comments like, “At least you already have children.” And “I believe God will use your experience to encourage others.” Or harder, “Why are you still grieving. There are others who have suffered more.” None of these comments helped ease the horrible pain and grief I was experiencing. Their feeble attempts at comfort felt painful, uncaring, dismissive, and only hurt me further, made me angry.

As a child, I had been sexually abused. I believed in God, but I had a hard time trusting him. Sometimes I questioned, “Why didn't God protect me from sexual abuse? These deep losses only added to my questions. “If God is the author of life, why is he taking my babies from me?”

*After my second miscarriage, a lady from church who had also experienced a recent loss, came to our home with a meal. She was sweet, kind, and gentle. She didn't say anything. She just showed up. She gave me permission to grieve. She didn't scold me for questioning God. She wept with me. She also gave me a book called **Tear Soup** that helped me process my losses.*

My next pregnancy was thankfully uneventful. We had been blessed with three healthy children, but we longed for more. We live in Alaska and were planning to travel out of state for an extended time. Right before we left, I discovered I was pregnant. I was so afraid! I struggled with God and my relationship with him. I pled with God fearfully, "You wouldn't do this again to me, would you?"

But after our trip when I went in for a checkup at 17 weeks, the nurse couldn't find a heartbeat. This, too, was a boy, and the doctor had to deliver him. I was numb with grief and the absence of answer to the question, "Why? Why would God allow this to happen?"

The doctor suggested we go through a battery of tests, but they didn't reveal anything conclusive. And about five months later, I got pregnant again. This time I lost my baby at 12 weeks. In just a few years, I had experienced the excruciating loss of four babies.

I didn't know how to process these losses. At times, it seemed easier not to think of my babies as real persons. Now, so many years later, I think that it would have been good for us to have had some kind of memorial service for the babies we lost. After one of my miscarriages, a friend of mine sent me a teacup to celebrate the preciousness of life, her gesture meant a lot to me.

Today, I've made my peace with God. I understand now that he often speaks to us through our pain. He does not cause it; he enters into it with us. Jesus suffered for us, and he extends his empathy and compassion to us. Loss like this reminds us of the beauty of life. Tragedy, like the loss of a baby, challenges us because we want life to be the way we think it ought to be. But life is messy.

Today, when people ask me how many children I have, I tell them I've had seven kids.

TRIVIALIZING YOUR LOSS

People who don't or can't understand the depth of your loss offer no comfort and may make the grieving process more difficult for you. Thoughtless comments like these that attempt to trivialize your grief only worsen the pain:

"There must have been something wrong with the baby, so maybe this is a blessing."

"You can always try again."

"It's okay; you'll get over this."

"Be thankful you already have kids."

"Maybe your story will help other women."

"It's fairly common, so it's no big deal."

"You could always adopt."

Some people may even be more insensitive and abrasive in their comments. Depending on their views, some may even dehumanize your baby, unwilling to acknowledge its personhood.

Reject those comments and reactions! That was a real baby inside you, a human being, a person. Your baby had its own DNA, its own heartbeat, a unique set of fingerprints, a specific gender. This was a real baby, a real person.

WHY DO SOME PEOPLE TRIVIALIZE MISCARRIAGE AND STILLBIRTH?

Some people have never experienced anything akin to this kind of loss, and they can't relate with your pain. Others may not know how to console someone in sorrow, so they nervously trivialize it in a feeble attempt to minimize the hurt for you (which is never effective).

One woman expressed that her husband simply didn't know what to say and chose to distance himself from the "problem." Some people don't know how to grieve and simply stuff their hurt. So, they trivialize your pain because that's been their go-to strategy for dealing with grief.

When a woman loses a baby through miscarriage or stillbirth, a myriad of factors come crashing down on her. Some of these may include:

- That agonizing time of not knowing for sure
- The trauma of passing the baby
- The distress of enduring a D&C or birthing the child
- Raging hormones
- Shattered hopes and dreams
- Thoughts that she did something to cause this to happen
- The whole range of emotions: fear, anxiety, worry, anger, disappointment, frustration, embarrassment, helplessness, grief, sadness, and depression

The reality of the loss is present, along with all these very real and oppressive feelings. Now add to that other's attempts to trivialize or minimize what you know you're feeling, and the result can be overwhelming. We either bow to their nonchalance and try to deny our

SESSION TWO

pain and grief, or we are angered at them for their cold, uncaring attitudes. Either way, we feel we are left to carry an immense burden of sadness alone.

Some women choose not to think of their lost babies as real persons, thereby minimizing the pain. But this is a feeble attempt at comfort, and we know when we're lying to ourselves. Denial doesn't reduce the pain; it only postpones it. Trying to stuff or ignore our grief is not healthy.

Becky found genuine healing from a few others in some unique ways. After her second miscarriage, a sweet woman who had experienced similar loss showed up with a hot meal. "She didn't say anything dumb but was simply sweet, kind, and gentle." She also gave Becky the book *Tear Soup*, which Becky found comforting.

1. In what ways have others tried to trivialize your miscarriage or stillbirth?

2. What have you found most helpful in the healing process so far?

HOW TO TELL YOUR STORY

There truly is healing in sharing your story, so we strongly encourage you to do so and to endure any temporary pain it may cause. However, no one will force you to tell your story. And even if you

prefer not to share your story with the group, we encourage you to write it down for your own healing and benefit.

Following are some tips and guidelines to help you prepare to tell your story:

- Make sure that you feel safe with the group in which you will share.
- Refrain from being overly graphic in your description of your miscarriage or stillbirth.
- But don't soften the language you use to describe your grief either.
- Share what happened to you:
 - » How far along were you when you miscarried?
 - » How often did you miscarry?
 - » In what ways has your miscarriage or stillbirth impacted your life?
 - » Describe the emotions you've experienced resulting from your loss.
 - » How did others react to your loss, and how did this impact you?
 - » What measures have helped you so far in your healing process?

SESSION TWO

One of the facilitators should share her story.

FACILITATOR STORY

After the facilitator has shared her story, debrief with these questions:

1. How did you feel about _____'s story?
2. In what ways did you find it helpful?

CLOSING

1. What is one emotion you felt tonight?
2. Is there anything else you'd like to bring up to the group tonight?
3. How can we end tonight on a positive note?
4. In what way can we support you this week?

PREPARE FOR THE NEXT SESSION

Please read Session Three: "How to Grieve." Respond to the corresponding questions. We will discuss your responses during our group meeting next week. Start your journal. (See below.)

JOURNALING TOWARD HEALING

Facilitator Note: Read this section aloud.

Many therapists and victims of miscarriage or stillbirth encourage us to journal our journey to healing. There are no actual guidelines for journaling, no right or wrong way to do it. A journal is a very personal record of what you're feeling and experiencing during the healing process. Record both the pain and the strides you're making toward healing.

You can either use the space provided below, pick up a journal for this purpose, or use an electronic means for journaling. Your journal is for your eyes only unless you choose to share it with someone.

From time to time, we encourage you to go back and read your journal and note the progress you've made toward healing.

Facilitator Note: Take Time to Schedule when each participant will share their story:

- ***Session Three:***
- ***Session Four:***
- ***Session Five:***
- ***Session Six:***
- ***Session Seven:***
- ***Session Eight:***



SESSION THREE

How to Grieve

"No one ever told me that grief felt so much like fear."

– C.S. Lewis

WELCOME!

Facilitator Note: Welcome the participants and ask them, "How was your week?"

VICKIE'S STORY

I was born into pain – an only child to my mother and father, who just five years earlier had buried their only daughter. My sister was born with cerebral palsy as the result of a doctor's mistake. My parents loved and nursed my very ill sister for three years before she went to be with Jesus.

Five years later, Mom and Dad (after a multitude of genetic tests and research into why my sister was born as she was) decided to have another baby. My name is Victoria because I am their victory. I grew up in a very loving home – doted on for the most part as an only child – but the pain of my sister’s loss was always like a fog over my family. December and January were particularly difficult as they marked her birthday (right before Christmas) and her death (on my mom’s birthday in early January).

I remember going to the store with Mom and watching her pause as she wrote the date on a check. I remember finding her crying over my sister’s baby book in the garage. My dad was just distant – he’s gotten better in old age, but as a kid, it felt like he kept me at arm’s length – probably too afraid to love too much in case something happened to me too. His job as a detective, working some of the most notorious murder cases in the state, didn’t help.

In my teen years, I turned to the attention of boys early – by the end of middle school, I had already had several boyfriends. In high school, I had a very serious relationship for two years – a boy from a school across town who had pursued me. I had a promise ring on my finger by 15, but that relationship ended in betrayal when he cheated on me and then dragged me along in his own mysterious pain. On my 16th birthday, I found myself in a planned parenthood office getting a morning-after pill following a particularly weird and disturbing night with my ex.

Thankfully, I ended up meeting the man who became my husband in my senior year of high school. We dated for four years, attended the same University, and got married. In our junior year, my husband decided he wanted to become a dentist. So, after graduating, we moved across the country. We lived back east for four years, where we were both immersed in school and work (him with his doctorate and me with my masters). We chose not to add children to that crazy time in life.

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After graduating, we accepted a job in northeastern Washington in a very remote place in the world that ended up being a place of great healing for me. We got connected to a wonderful church family, learned to study the Bible, and I began teaching other women to study the Bible. I worked in a pregnancy care center where I learned to process my sexual history and pain...and started to heal the wound of losing my sister. There was a family in town when we first moved who were losing their son to childhood cancer. My small group spent a lot of time at their house helping – and in those quiet moments, the Lord started talking to me about the loss of my sister and preparing me for the journey I would soon take as a mother.

In April of 2010, I got pregnant with my daughter. The pregnancy started out perfectly – I loved being pregnant. I worked part-time and enjoyed every moment of her growing in my womb. But as the time got closer to welcome her, something in me was stirring. I decided to seek out a doctor in the nearest city (3.5 hours away) and a doula as well. Little did I know, God knew my daughter would need that doctor and doula.

Five and a half weeks before I was due (two days before Thanksgiving), I woke up to my water breaking. I remember laying on the bed, calling the doctor, ordering my husband around about what to get in the car. I didn't call my mother because I was experiencing the exact same thing she had with my sister's birth. The doctor instructed us to get on the road with me reclined in the back – there had been a snowstorm the night before, and the roads were bad. We went slow (got pulled over once) but made it to the hospital.

They tried to stop my labor, but Kaitlyn was determined to arrive early. I had to transfer hospitals. It was a full 52 hours from my water breaking to her arrival, but she arrived healthy and big for her gestational age! I called my mother once I knew my daughter was okay – I could hear the worry in her voice, and there was no power on earth or heaven that would stop her from being at my side. My daughter's birth was the beginning of a

redemption story for my family—identical timing, identical challenges to my sister’s birth... but a far different outcome.

After having my daughter, my doctor recommended that we wait at least 18 months before trying again because of her early arrival. When she was about nine months old, my husband woke up flustered one day. He had a dream that seemed very real to him in which we had a baby boy and named him Brendan. Neither of us had ever heard that name. Thinking it odd but hopeful for the future, we went on with our day. My parents were visiting – my dad and my husband were playing with Kaitlyn in the backyard while my mom and I were playing Scrabble (something we do often). I had pulled my letters for my Scrabble board (7 letters) and was trying to arrange a word when I noticed something very odd... my letters spelled the name in my husband’s dream – Brendan. I got up and took it out to show him – we all laughed at the coincidence and went on with life.

About nine months later, we decided to try to give Kaitlyn a sibling and add to our family. I got pregnant quickly, but about 10 weeks after the positive pregnancy test, I knew something was wrong. I started spotting a bit. Luckily, I had an appointment with my OB that day. We headed out on the 3.5-hour drive with Kaitlyn in tow. I bled more and more as I got closer to the city, and by the time I arrived at the doctor’s office for my check-up appointment, I needed a pad badly.

I remember walking up to the office assistant that would check me in and telling her I needed to use the restroom right away. She kindly told me I needed to wait because they would need a sample... tears started flowing. “I think I’m miscarrying right now – I need to go to the restroom,” I told her. “Oh! Yes, of course. Let’s get you back.” I had my first miscarriage that day in the doctor’s office – the doctor delivering a tiny sac with a tiny baby while tears streamed down my face. My doctor was amazing that day – other doctors and nurses should take notes from him about bedside manner during a miscarriage. He encouraged us to try again.

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Almost a whole year went by – we moved to northeastern Oregon. My husband started working in tribal health. I stayed home with Kaitlyn and looked for opportunities to serve in my new community, a community I was familiar with, but only in family stories. My mom was born and raised there. It's the town where my mom and dad met and married, and it's also the home to my sister's final resting place. In fact, the apartment we moved into was right down the road from the cemetery – a road I would drive multiple times a day. We tried to conceive for months, but nothing. I started to worry that I would also have an only child... that Kaitlyn would never have a sibling.

In June of 2013, we finally conceived, and in July, we moved into the first house we purchased since we had lived back east. I helped move a bit, but I really tried to be careful. I had Kaitlyn to take care of anyway, and at just over two years, she was a handful on her own. We got moved into the house the first week of July, and the following week I had my first doctor's appointment. We drove up to the same doctor again because he knew our history, and we hadn't established care in our new town yet.

The first ultrasound, we saw a heartbeat – what a welcome sight! But the doctor expressed a little concern that the baby wasn't as big as he thought it should be. He said not to worry – that happens a lot – come back in a month, and it will probably be just fine... but it wasn't. Only a few days after that appointment, I started bleeding. The next day I passed a large sac... I couldn't bear opening it. I flushed it down the toilet and wept. I was angry. Angry at myself for overdoing it moving... angry at God for allowing the death of yet another baby and Kaitlyn's sibling... so much anger eventually turned to sadness and depression.

Somewhere in there, the Lord reminded me of my husband's dream... a little glimmer of hope in an otherwise dark night of the soul. Kaitlyn was approaching three, and I loved to watch her sleep and lay beside her. I would talk to her about the babies. We talked about her having a sibling.

She prayed nightly for God to give her a baby brother. She always prayed for a brother, and we couldn't convince her otherwise!

Another 11 months went by – bleeding became the norm. Every month we tried – waited – then bled. It was excruciating. In October, we adopted two dogs from the humane society. I needed life in the house so badly that I was willing to potty-train Kaitlyn and two puppies at the same time... grief leads to funny places. There was a lot of praying, I trusted God – but I didn't understand what he was doing. Would he ever give Kaitlyn a sibling... or would she grow up an only child like me?

In March 2014, my friend invited me to an essential oils party – I honestly had no idea what that meant, and I almost didn't go. My husband basically kicked me out of the house and told me to go have fun. The woman who presented the class was a doula... she was talking about natural ways of supporting our bodies... finding root causes of health issues, not just band-aids.

I quietly approached her after the presentation and let her see the tears in my eyes as I told her what I was going through. She ran upstairs and grabbed a book about fertility and pregnancy, and I sat on the couch and devoured it. That night my prayers were answered – it was the second time I had heard about candida overgrowth and how it could affect fertility. I resolved that night to completely change up my diet – cutting out a ton of inflammation-causing foods. One month later, I was pregnant for the first time in a year! I was so hopeful...

But in June, for the third summer in a row, tragedy struck... again. I'll just include my journal entry from that day:

I started this day in anticipation. Hopeful that the wait for a healthy child, a sibling for Kaitlyn, was over. I was hopeful God's will held a perfect child in my womb and that I would see him for the first time today. This is the third time I've laid back on that cold table. Felt the warm cream poured on my

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tummy. Waited as the doctor placed the probe where the baby should be...and saw a blank screen. It's the third time in two years I saw the face of the doctor fall. The brows furrow. The steady cadence of a practiced bearer of bad news sound out the words, "I'm sorry."

Somehow, I thought this time would be different. As I pen these words, my stomach turns, my breasts ache, my belly itches, my mind is tired... but the baby inside me is dead. I'm a grave. And the sunshine today didn't match my heart. I have wonderful friends and family. Some of them are more practiced and adept at saying the right things. Some clumsily stumbling around platitudes and standard verses that one day will comfort but now just feel like salt in a fresh bleeding wound. You can tell those who have walked the path of anguish; they don't say much. They don't try to make it better. They don't use the verses though they know and believe them better than most. They've lived them—no need for platitudes when life experience supplies the wisdom.

I lost another baby. Three babies. Three unique lives. Three button noses. Three pairs of toes I won't touch on earth. Three little personalities I won't know until glory. Three lives worth of boo-boos I won't kiss. Jesus has them instead. In some way, I'm glad. They won't know the heart-wrenching pain of this world like Kaitlyn does already. As she cried out tonight, "My brother, my brother." I just wept. Because pain that deep doesn't require words. Tears will do. Fellowship will suffice. Only Jesus heals.

I had a D&C and then genetic tests – the third baby we lost was a boy. I named him Luke. He died because of genetic abnormalities – three chromosome number 10 – that's incompatible with life. After meeting

with the genetic counselor (who had a terrible bedside manner) – we spent a number of sleepless nights grieving – not just this baby boy but the fact that we didn't know if we would ever conceive another healthy child. That's when God reminded us about the dream my husband had so many years before.

One night while crying and praying, I felt the Lord tell me to look up the name. I resisted... for a few days. When I finally looked it up, I fell to the floor in shock... Brendan is Welsh for "prince." See, there's this old story in my husband's family that we are descendants of the royalty of Wales. No one knows whether it's true, but it's been told and retold so many times that when we were married, we chose colors of royalty – deep purple and silver. Only a handful of family members knew that story, but God did. And God knew when he named our boy Brendan and told us to look up the name after so much loss that it would give us hope that Brendan would come from our flesh and blood.

So, we tried again – too soon according to the doctor, but one month later I was pregnant... pregnant! I'll never forget the day Brendan Frederick Shaver arrived... two weeks early (I had to get weekly shots to keep him inside that long!) I delivered him naturally because he came so quickly – and as soon as I held him in my arms, I told everyone in the room how God had given us his name so many years before. And we are so very grateful for a happy ending to an otherwise heart-wrenching season of life. When people ask how many children I have, I always say five – two that I have the distinct privilege of raising earthside – and three that Jesus and my sister are raising heaven side. I love them and miss them all.

THE EMOTIONS OF GRIEF

Grief involves a full range of emotions. Some of the emotions you may have felt or are feeling may include profound sadness, anger, fear, helplessness, guilt, shame, anxiety, and depression. And as the reality of a miscarriage or stillbirth sets in, a woman may experience

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rolling waves of various emotions set off by her own thoughts, the sight of a baby, seeing a pregnant woman wandering into her empty nursery, or a variety of other triggers.

Some of the emotions that we feel are legitimate, while others are not. For instance, some women find themselves feeling guilty or ashamed because they feel so weepy or down. Some women report that they feel guilty for having posted on social media about their pregnancy so early. Reject those feelings and give yourself permission to grieve and express your great loss appropriately.

Emotions of guilt and shame are not uncommon for women to experience after a miscarriage or stillbirth, but they are usually unwarranted. One woman explained that she went horseback riding early in her pregnancy and was later plagued by thoughts that doing so had caused her to miscarry. And Vickie expressed above that she wondered if she overdid it in their move. But miscarriage is rarely the fault of the woman and to carry such misplaced guilt is unhealthy. You did nothing to cause your miscarriage.

In her early years, Lisa had lived a very promiscuous life and had had two abortions before marrying her husband. So when she miscarried her first child with her husband, she was convinced it was her fault because of her abortions. She later realized that she needed healing from her abortions as well and found healing through Abortion Anonymous, another program of SRT Services.

Sometimes family members or friends can heap blame on a woman for losing a child—blame that is entirely undeserved and unwarranted. This is tragic, cruel, and intensifies the grief and trauma the woman is already experiencing. To the extent possible, if someone is blaming you for your miscarriage, dismiss their accusations entirely and avoid interaction with them. Don't own guilt or shame that others try to dump on you.

Another common emotion is profound sadness. When Jenny experienced her third miscarriage, a stillbirth at 20 weeks, she says it hit her like a freight train. She just balled and balled. She found losing a later-term baby much more emotionally draining than her first two miscarriages at 12 weeks. “Once past the first two trimesters, you think you’re home safe and that the baby will be okay.” By 20 weeks, she was noticeably pregnant, so there was that factor too.

It just happened to be time for her annual physical, and that’s when the doctor told her he couldn’t hear a heartbeat. Her heart sank! He sent her to the waiting room before going in for an ultrasound that confirmed what they already expected. She expressed feeling like she was in a fog. Over the following days and weeks, she cried a lot.

Several things really helped her work through her grief at that time. First, her husband was very understanding and jumped in to help her in any way he could. Also, her doctor gave her a little card with her baby’s footprint inked on it. She keeps this card in a special place to remember her baby boy. Her sister-in-law had experienced the death of a child and could empathize with Jennie. Another friend comforted her with a book that had brought her comfort through a similar experience. That book is called, *I Will Carry You* by Andie Smith.

Two other common emotions after miscarriage or stillbirth are anger and blame. Anger at God, at your lot in life, and what happened to you is a natural response. If you’re angry at God, he has very broad shoulders and can take it. You also may be angry at yourself or someone else. But be careful with anger because it can devolve into bitterness, resentment, and destructive behaviors.

Jennie endured seven miscarriages and stillbirths in all. She experienced her second stillbirth at 24 weeks. She shares that she endured her first two miscarriages somewhat stoically, knowing that early-term miscarriages are fairly common. But when her baby died in

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the 24th week, she simply came undone. She cried out, “Why God?! Having a baby is a good thing. Why is this happening?”

She describes feeling like she was a broken glass with shards all over the floor. Despite her anger toward God, she sensed His love and care for her cleaning up those shards and putting her back together again.

While anger is an immediate natural response, venting one’s anger on others will not help your grieving process and will only bring strife into your relationships. Restraining your anger also applies when people say dumb and heartless things to you. Try to extend them grace, knowing that they simply don’t or can’t understand your pain.

Fear and anxiety are also common emotions following a miscarriage. They especially rear their ugly heads when we become pregnant again following a miscarriage or stillbirth. We fret and worry whether we’ll be able to carry this baby to term—and will it be healthy?

But we all know that living in a state of fear and anxiety is not a healthy approach to life and may even have a detrimental effect on our health. For this reason, embark on a new pregnancy with a sense of hope and anticipation. Your past experience need not define your future experience. Every child is a gift.

Experiencing sadness, pain and suffering are all part of life and part of the grieving process. Each of us is equipped in varying degrees to deal with pain and suffering. Often, grieving is more difficult for those who have not experienced pain and suffering in the past. For those who have weathered pain and suffering in the past and have learned to cope with it, grieving may come easier.

Below are some helpful hints for grieving your loss in a healthy way.

HOW TO GRIEVE

1. Give yourself permission to grieve. Allow yourself to weep, mourn, and express your sense of deep loss.
2. Consider journaling your loss and the grieving process. Other women have expressed how journaling helped them get all their feelings out in the open. Seeing their pain in print enabled them to legitimize the loss of their baby and give their grief full expression.
3. Invite and allow others to grieve with you. Holding your feelings and your grief inside will only prolong your suffering. Grief is like a pressure cooker. Unless we allow it to vent, the pressure becomes too great for us to bear. Whether through contact with this group or simply with another woman who understands your grief, take the risk of being vulnerable and vent your grief.
4. Consider planning a memorial service for your baby. Planning and conducting a simple memorial service for your baby may help you grieve and bring some closure to your grief. We'll discuss this further in a subsequent week.

GROUP MEMBER STORY

Facilitator Note: Say to Group: Two weeks ago, we encouraged you to start journaling or developing your story. How are you all doing with that?

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1. If you shared tonight (today) how are you feeling right now?
2. In what ways has it helped the rest of you to hear this woman's story?

CLOSING

1. Is there anything else you'd like to bring up to the group tonight?
2. In what way can we support you this week?

PREPARE FOR THE NEXT SESSION

Please read Session Four: Tana's story and the Grief Assessment. Respond to the corresponding questions. We will discuss your responses during our group meeting next week.

CONTINUE JOURNALING



SESSION FOUR
Getting Whole Again

“We change our behavior when the pain of staying the same becomes greater than the pain of changing. Consequences give us the pain that motivates us to change.”

– Henry Cloud

WELCOME!

Facilitator Note: Ask participants: “How was your week?” “How do you feel our group is doing maintaining our group norms?”

TANA’S STORY

I am the seventh child of nine; five children were from my mother’s first marriage (which ended in divorce), one was born out of wedlock, and

two other children and I were born to my father. I was born less than four months after my parents married. For most of my adolescent life, I believe my father married my mother because she was pregnant with me, not because they loved each other. Many people envied our family because it was so large. But our blended family was full of dysfunction and abuse.

When my dad was out of the house, my mom often had male and female friends over. These gatherings nearly always involved alcohol and often drugs. During one of these parties, I have my first memory of being sexually molested by one of the men. I was no more than four at the time.

Shortly after that, my own mother and her best friend sexually assaulted me. My oldest brother stood in the doorway and watched. Then, that brother began sexually molesting me, sometimes holding a knife to my neck, threatening to kill me if I told. These sexual assaults from him and others continued until I turned 16. My life was a mess.

When I was 14, I attempted suicide. I took all the pills in my mom's medicine cabinet, everything, and there were a lot of prescription pills. I passed out on the bathroom floor. My sister and my brother's girlfriend carried me to my bed. I slept for three days, and no one came to check on me. Nobody cared about me. I felt I was trash. I just wanted to be loved by someone.

I went through numerous boyfriends in high school, assuming all they wanted was sex, and I gave it to them. I began to believe that I didn't deserve to be loved. In my senior year, that thought consumed me beyond any rational thinking. I started drinking 100-proof grain alcohol and having sex with anybody that paid me any positive attention.

I started dating a Catholic boy, and I attended some of the masses. He was different than anyone I had dated because he spoke so much about the church. We graduated high school, and on July 4th, I had sex with him and ended up pregnant.

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I had already had one abortion, but I knew I couldn't do what I had done with the first baby. I told him I was pregnant, and he said he couldn't have a child now. He was frantic, asking how I let this happen. He had plans to go to PLU to become a priest, and I had ruined it for him. He wanted me to consider other options, but I told him I wouldn't abort the baby. When his mom found out I was pregnant, she pulled the college money from him and told him he'd have to get a job to support our baby and me. He was devastated and blamed me for this.

The baby's father and I got married at a justice of the peace. By the time I gave birth to our first daughter, he had cheated on me three times (that I know of). We would go on to have one more daughter, and he would have more affairs. In January 1986, I left him and filed for divorce. My two daughters and I moved into my dad and mom's house, and I found myself at rock bottom.

I believed that no man would find me worthy of genuine love or ever be attracted to me for anything other than sex. I began drinking again, going out at night when the girls were in bed and asleep because I knew Dad was there if anything would happen. I would have sex with any man that showed me attention. I started dating a man who treated me terribly, but I believed I deserved to be treated poorly.

I needed to find a job, so I enrolled in a bank teller's course. While in the course, I met a man, Tim, who would later become my husband. I wanted so badly for him to desire me, to see beyond the ugly, damaged woman I was. However, he was interested in another woman. All the labels that had so defined me came flooding back. "Why would a good guy like him have anything to do with you?" "You're trash; damaged goods!"

Tim's relationship with the other woman ended, and he and I started dating. He was so caring to my daughters, and right away, I knew he would make a great father. We started having sex because I thought that having sex was the only way to keep a man. But I wanted more out of

this relationship, and I told Tim one day, "Marry me, or the relationship is over." He said, "No." Then he moved to Seattle, and I was alone again.

I continued to believe those old lies about my self-worth, and I went back to that guy who treated me terribly. I believed he treated me in the way I deserved to be treated. But I still thought about Tim and called him one day. He said he wanted to meet with me. I met him, and we talked for a couple of hours and started seeing each other again.

I broke up with the guy I had moved in with, but I was still having sex with other men, thinking I had to have a backup plan in case things with Tim didn't work out.

I ended up moving in with Tim, and again I asked him to marry me. He responded that he would have to ponder the question and left. While he was away, the lies continued..., "I'm not good enough for anyone; I'm nothing but a piece of meat to any man." "You're scum!" "Nobody wants you!" "They'll use you and leave you!"

But Tim came back and agreed to marry me, but I still had doubts about whether he really loved me or just felt sorry for me.

A month after our wedding, I was pregnant, but in week 12, I woke up to light cramping. The cramping intensified, and then I felt the warmth running down my thigh. I screamed out from the bathroom, "Tim, I need to go to the hospital; something's wrong!" The doctor confirmed what I already knew, and they prepped me for a D&C. The doctor told me I would never have any other children because I had a lot of scarring in my uterus.

I was devastated. The Bible calls Satan "the Accuser." He filled my mind with accusations that I miscarried because I had murdered my child earlier in life when I had the abortion. And now God was punishing me by taking this baby away and not allowing me to have any more. More lies to emphasize how worthless I am.

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Tim was supportive. He tried to tell me everything would be okay, but Satan's voice was so vicious! I was convinced that my miscarriage was the result of my sin. But despite the doctor's prediction, soon I was pregnant again. And because of my previous miscarriage, my fear of another miscarriage was all-consuming. I was just waiting for this baby to be taken from me. I thought God was mad at me and that I deserved no less. But I was so wrong! Wrong about God and wrong about that pregnancy.

Nine months later, we had a healthy baby girl, but unfortunately, our marriage was not so healthy. I was an emotional wreck, right back to that woman who was shackled to the pain of my past.

At this point in my life, God stepped in and told me, "You can continue this merry-go-round, or you can heal from your past. Are you ready to heal?" I chose to heal. I started studying the Bible again. While our marriage still had difficulties, and Satan challenged me every day, God's Word helped me discern the truth from the lies.

In May 2001, when Tim's father passed away, we realized that the "Shea" name would die with Tim unless we had a boy. We decided to have a child using IVF because I had had my tubes cut and cauterized after our youngest daughter had been born. We began the IVF journey of egg removal (12 total) with souped-up hormones.

In the first round, the doctor elected to use four eggs. I took the required shots of hormones, and when we stopped the progesterone, within 48 hours after that last shot, I started to spot with cramping that was far worse than the miscarriage at the beginning of our marriage. Tim took me immediately to my doctor, and he said that all the eggs were gone. I was devastated.

How could all the babies be gone!? My hormones were so elevated anyway, and now there was NOTHING!? All those same feelings pointed back to my not being worthy. That God was trying to punish me for the

abortion. I had a profound feeling of emptiness, longing, and fear. I cried out to God and asked him why?

I didn't want to try again, fearing the same result, and I would be even a bigger disappointment to my husband. But our doctor said what happened was something that many couples experienced, and if we still desired a baby, we should wait three months and try again. My husband was so supportive.

After a few months of sorting through our emotions, we decided to try again. The second time, our doctor selected the eight remaining eggs with the same recipe of potent hormones and ICSI to assist with the mobility of the sperm, thinking that may have had something to do with the eggs not attaching. We continued down the same path as before, using the mega doses of hormones. At the same time frame as the last miscarriages occurred (progesterone elimination), I started to spot again. I was frantic, and Satan was having a heyday with me!

The difference was I heard God's voice and His voice was STRONG... he told me to call the doctor and ask him if it was okay if I continued the progesterone. I didn't know why I was asking it, but I knew I had additional ampules, as I had the first time. We had only been following the directions to stop them at a specified time, and it was at this specific time that I had lost the other four babies.

So, I called the doctor, and he told me that if I wanted to keep using it, it would be okay, but not to keep my hopes up as he didn't think that was the reason. So, I asked my husband to continue with the progesterone shots. We continued them for another three weeks, and by the end of the three weeks, the bleeding had stopped entirely.

We went to the doctor for the scheduled checkup. The doctor performed an internal uterine ultrasound, and the doctor said, "You have an egg that has adhered to the uterine wall but don't get your hopes up; it is

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small and doesn't appear to be developing properly. It will most likely miscarry soon."

My husband and I cried out to God, asking Him to keep this baby alive, that he would thrive and be born healthy! We went in for our subsequent checkups, and the doctor said that the embryo was developing, but not at the rate they had hoped. At that time, we decided to switch most of our appointments to be with the doctor who would eventually deliver our baby. The doctor's continued concern over the size and viability of our baby was just too much.

Then, on Thanksgiving Day, 2002, our son, Thomas Aaron Patrick Shea, was born. We had A LOT to be thankful for!! He weighed 10lbs and 9oz and was 23 inches long. As I look back to that time almost 19 years ago, I think how wrong we humans can be without God's voice to direct and guide us. If I hadn't listened to God's leading, we wouldn't have our young son.

I mourn the loss of the eleven babies God carried home due to the miscarriages during IVF. And I am confident they were greeted by both of their siblings (the child I aborted and the child I miscarried early in our marriage) once they got to heaven's door, and one day, we'll see them again too!

RIPPLES IN A POND

Grief and sorrow are real. Women who have experienced a miscarriage or stillbirth report that they experienced feeling profoundly sad, depressed, empty, in a fog, hit by a freight train, numb, angry, fearful, pain, falling apart, a mess, guilt, and profound disappointment. And you could probably add to that list.

All of those emotions are natural. These emotions are often part of the grieving process. Think of the grieving process like throwing a stone into a still pond. The initial plunge causes a large ripple, followed by smaller ripples that dissipate as they move outward.

The shock of miscarriage or stillbirth is like that initial plunge of the rock that shatters the calmness of the waters. But with time, those waves of pain and agony over the loss of a child should diminish; otherwise, we wouldn't be able to function. No one can go on with life who continues to feel the full force of the initial shock every day, day in and day out.

NO GROUND RULES FOR GRIEVING

In the writing of this curriculum, we interviewed women spanning the age groups of young mothers, grandmothers, and even great grandmothers. Even after so many decades, the grandmothers and great-grandmothers still tear up when recalling the loss of their babies.

How you grieve and how long your grief will continue with pain is a very personal matter. The manner in which you grieve is dependent on so many different factors. The later in the pregnancy that miscarriage or stillbirth occurs plays a role in the depth of your grief.

Other events taking place in your life at the time of your miscarriage can also mount up to intensify your pain and grief. When Jessica experienced her first miscarriage (of four), they were newlyweds, and

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her husband was in Officer Candidate School on the other side of the country. He had collapsed during a run in the heat and nearly died with a temperature of over 107 degrees Fahrenheit.

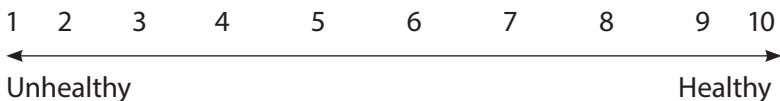
Jessica only learned of his collapse after he was admitted to the hospital, where he was battling for his life with a combination of pneumonia and heat exhaustion. Two days later, Jessica learned that she had miscarried. Not only was she dealing with the loss of their first child, but she feared she might lose her husband as well. Additionally, he was not there to support her and help her through her grief. This was a terribly emotional time for this young wife.

Some women view miscarriage as an unfortunate aspect of life, and they move on very quickly. Others like Michelle and Jessica have a much less stoic view of miscarriage or stillbirth and grieve deeply for a long time.

On the one hand, no one else has the right to tell you how long or how deeply it's okay for you to grieve. On the other hand, prolonged grief can create dysfunction in your life and relationships. If you experience deep depression, seek to numb the pain with alcohol or controlled substances, or consider harming yourself, please seek professional help. These are signs that grief has taken you too far down a very dark path.

GRIEF ASSESSMENT

1. On a scale of one to ten, one being unhealthy and ten being healthy, where would you plot your grief right now?



Not Forgotten

2. What have you found troubling about your grieving process?
3. What have you found helpful about your grieving process?
4. In what ways can you identify with Michelle in this Session?
5. In what ways is Michelle's experience foreign to you?
6. What would you say to other women to encourage them through the grieving process?

GROUP MEMBER'S STORY

1. If you shared today (tonight) how are you feeling right now?

2. In what ways has it helped the rest of you to hear this woman's story?

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CLOSING

1. In what way can we end on a positive note tonight?
2. Is there anything else you'd like to bring up to the group tonight?
3. In what way can we support you this week?

PREPARE FOR THE NEXT SESSION

Please read Session Five: "Finding Closure." Respond to the corresponding questions. We will discuss your responses during our group meeting next week.



SESSION FIVE
Finding Closure

“Hope is like the sunrise—it cannot be defeated.”

– Rob Fischer

WELCOME!

Facilitator Note: Ask participants, “How was your week?”

MICHELLE’S STORY

I had given birth to two healthy children without any problems in a previous marriage. Some years later, in my second marriage, my husband and I decided to have our own child. I gave birth to a boy, again without any issues. Now, because of the wide gap in age between our young son

and the older children, we decided to give him a sibling, and soon I was pregnant again.

The first 16 weeks of my pregnancy were filled with all the wonderful memories I'd experienced before. Then on a beautiful sunny day in October, while out walking with my family, I sensed something was wrong. I went in for a checkup, and they could not find a heartbeat. I couldn't believe it and thought they must have missed it, so I requested a second ultrasound, but it only confirmed that my baby had died. Three times I had given birth to healthy babies. Now, this seemed so surreal. A miscarriage didn't fit the pattern I was accustomed to.

My doctor prayed with us and gave us options instead of telling us what to do. I wanted to preserve the dignity of this little human being, and my husband agreed, so I opted to deliver the baby. It was painful, but the hospital staff was so helpful, loving, and truly cared for me emotionally and physically.

My husband was with me at the delivery, and we held our little daughter, whom we named Grace. She weighed 7.5 oz. and was no longer than my hand. We held her, took pictures, and got a special blanket to wrap around her tiny body. In this way, we could say goodbye to our little girl. We would later conduct a memorial service for her.

You'd think all this would have given me closure, but it didn't. I felt numb, and I cried constantly. At the time, I was in a master's program, teaching school, and trying to keep it together, but my grief was palpable.

Questions plagued me: "Why did this happen?" "How long will this grief continue?" "What can I do to feel whole again?"

So many different emotions bombarded me. I felt the pressures of having to be responsible for the wellbeing of my children and my husband but just didn't have the reserves to be there for them fully.

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Also, my sister had had an abortion, so when my sister came to visit me in the hospital, I loathed the fact that she had thrown away what I couldn't keep. I was shocked by my anger and had to work through forgiving her for the abortion. I also had to forgive myself for the blame I had taken on for my miscarriage, over which I bore no fault.

Even with this barrage of emotions, I tried to put on a happy face and put it all behind me, but I knew that if I just put it aside, I'd eventually have to deal with it. I needed to feel my loss.

My husband and I decided to hold a formal memorial service for Grace with a pastor. The funeral home suggested placing grace in a basket, and we carried her into the funeral home. We had Grace cremated and placed her remains in a family niche at the cemetery. The blanket and a small gift were cremated along with her.

I also started a "memory box" where I added mementos of Grace, which helped me visualize my grief. Taking these tangible steps seemed to help some. I had hoped that the memorial service and memory box would help bring closure to my grief... but that sense of closure proved to be elusive and out of reach.

There were precious moments of relief from my grief, like the time my family went to the lake to go tubing, and we found ourselves laughing together uncontrollably. But those times seemed too few and too far between.

At times I ached to talk about my miscarriage with someone else, but the resources weren't available, and at other times I would completely shut down, not wanting to stir up the emotions again.

The first anniversary of Grace's death was particularly difficult. But about six months later, I attended a small group program called Grief Share. There I met other women who were grieving the loss of their children. Some of us seemed to be without hope. But my grief had not left me hopeless, for which I was grateful.

Another year went by, and I felt like I was going crazy. I was crying all the time and had no joy in my life. I sought help through counselors and books, but the books were scarce. I was desperate to find anything that would help. "What can I do to feel whole again?" It felt like my grief would never end.

Three years after Grace had died, I gave birth to a daughter. This new little baby girl brought joy to my life, but it would have been futile and out of place to see her as "a replacement child" for the one I had lost.

Five years after my miscarriage, I finally realized that I must not live in a constant state of grief, so I permitted myself to move in and out of grief.

For me, the grieving process took ten years before I could recover without crying. Even today, I can still feel every part of it, and it's been twelve years. But I'm no longer stuck in my grief. I see my situation as hopeful!

Also, after all these years, my sister and I have been able to speak about the feelings we both experienced during that painful event, and my sister revealed, she too, felt guilt over her abortion, and she had a feeling of deep sorrow for my loss. We have healed and bonded stronger by sharing the feelings we were experiencing at the time.

MOVING TOWARD CLOSURE

To heal and find closure, there is one thing we each must do that is not optional. We must be willing to accept comfort and healing. This may seem like a no-brainer, but when we grieve, sometimes our grief can be so intense and overwhelming that we allow ourselves to become incapacitated by it. We become so wrapped up in ourselves that we reject even the good attempts of others to comfort and console us. We allow our grief to paralyze us.

It's easy to give grief a life of its own, and in so doing, we become its slave. We let our grief control our life, our moods, our relationships,

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and our decisions. This is unhealthy. We need to take control of and master our grief. Grief is our servant, our tool for recovering from great loss.

Also, if you're married or with a boyfriend, he may exhibit a variety of reactions to your miscarriage. Those reactions may vary from relief to deep grief, depending on his situation. Your job isn't to change his personal response to the miscarriage or stillbirth but to express to him what you're going through and what you're feeling.

To facilitate this, we recommend that you arrange a time when the two of you can talk candidly with each other in a private, undisturbed setting. We have prepared a special tool for you in this regard called *Grieving Together Through Miscarriage or Stillbirth*. This is a downloadable pdf that we'll give you access to. Prepare for this time by going back over the material in this curriculum and highlighting anything that you'd like him to understand. He needs to be able to empathize with you, but without your help, he may be lost in this regard.

Allow him room to grieve in his own way, and don't expect him to feel like you do. But it's vital for you to express to him how you feel and how he can help you get through this. Don't assume he knows how to do this, lovingly tell him.

Also, engage him with you in decisions involving some of the suggestions below. Some of the women we interviewed for this curriculum commented how loving and helpful their husbands were in helping them navigate their grief.

Here are several suggestions to help you move toward a sense of closure in your grief.

- Connect with another like-minded woman with whom you can share openly when your grief is more than you can bear. This might be someone from this

group or someone else who has already empathized with you in this way.

- Create a memory box or memory drawer of meaningful items that help you hold onto the memory of your child. What would you put in your memory box? Why does that item have significance? How does it help you remember your child?
- Craft and conduct a memorial service for your child. It doesn't matter how long ago your miscarriage or stillbirth occurred. You can hold a memorial service at any time. What elements would you want to include in the ceremony? Who would you like to attend?
- Consider naming your child if you haven't already done so. Even if you don't know the gender of your child, many mothers have a sense for it. Naming your child may help you legitimize your child's personhood and enables you to connect more personally with your child.
- Maintain the memory of your child with a special date that you associate with him or her.
- Commit your child into the loving arms of God.

FINDING COMFORT

As we've seen from the stories of the women in this curriculum and the many troubled circumstances surrounding miscarriage and stillbirth, experiencing the loss of a baby is one of the most profound losses we can experience. And due to the mystery surrounding why it occurs, we're left with many unanswered questions—questions that plague us and give us no rest.

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These vexing questions render miscarriage and stillbirth a deeply spiritual experience as well. Regardless of our belief in God, we must admit that we are spiritual beings. And intensely troubling events like miscarriage or stillbirth cause us to reach out to God, seeking answers to such deep questions. In doing so, we may vacillate between anger at God for allowing our baby to die—to turning to him for comfort.

Honestly, we may never know why our baby didn't survive. Yet we still may wonder what God's role was and is in all of this. As you've seen in some of the stories, we are quick to try to place blame—either on ourselves or on God for various reasons. But placing blame only results in prolonging our agony, frustration, and grief. We encourage you not to go there. Don't attempt to place blame either on you, on God, or anyone else. It brings no joy, no closure, only continued sorrow.

Part of the reason we blame God is that we don't understand him and his character. Many have created a god of their own making—a god who is angry, vindictive, and vengeful. That is not the God of the Bible and not the God of our experience.

The Apostle Paul endured incredible suffering physically and emotionally.⁸ Yet, here's what he wrote to one the churches, "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles." (2 Corinthians 1:3-4 NIV) This is the true character of God: He is "the Father of compassion and the God of all comfort."

In another place, the Lord asks, "Can a mother forget the baby at her breast and have no compassion on the child she has borne? Though she may forget, I will not forget you." (Isaiah 49:15 NIV) And "As a mother comforts her child, so will I comfort you." (Isaiah 66:13 NIV)

8 See 2 Corinthians 11:23-33.

Jesus beckons us, "Come to me, all of you who are weary and carry heavy burdens, and I will give you rest." (Matthew 11:28 NLT)

Because so many women have found comfort and compassion in turning to Jesus, it would be unfair of us not to share his compassion and comfort with you. Put your trust in Jesus Christ and let him comfort and console you in your deep loss. He understands. He cares. He can comfort like no one else.

GROUP MEMBER STORY

1. If you shared tonight, how are you feeling right now?

2. In what ways has it helped the rest of you to hear this woman's story?

CLOSING

1. Is there anything else you'd like to bring up to the group tonight?

2. In what way can we support you this week?

PREPARE FOR THE NEXT SESSION

Facilitator Note: In our next session, we'll be asking some questions regarding your personal healing journey. Please use the following

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questions as a guide. You may share anything you have that may not be included in those questions. We welcome anything you'd like to share. Remember, there are no right or wrong answers.

In the sixth session, we would like you to prepare some thoughts you've collected over the past five weeks to share with the group. Consider the following as a possible guide:

- How are you doing in your grieving process?
- During the past five weeks, what elements have you found most comforting or encouraging?
- In what ways have the facilitators and other participants aided in your healing?
- What do you see as your next steps in your healing process?

Facilitator: Discuss session seven. Let the participants know we will have a naming ceremony and memorial service. If they don't feel they want to do it for their baby, that is okay, but emphasize that it is still important for them to be here, to support the other women. Refer to our group norms. Ask the participants to think about anything special the group would like to make sure happens?

Finally, one of the greatest sources of healing is through our spouses, when they can truly empathize with us. But men process a miscarriage or stillbirth fundamentally different from women. For this reason, we have prepared a pdf for you to download and share with your spouse, your boyfriend, or with a confidant who can help you continue in your healing.



SESSION SIX
Grieving Together

“Often, the best way to grieve with someone is simply to hold them, listen, and weep with them.”

– Rob Fischer

WELCOME!

Facilitator: How was your week? Go through the questions allowing each of the participants to share their answers. Ask if anyone had anything not mentioned in these questions that they’d like to share? After all questions/answers and sharing have been finalized, draw attention to those commonalities found through each of what was shared. Focus on the healing that has transpired.

Last week we asked you to prepare some thoughts you've collected over the past five weeks to share with the group. We provided the following as a possible guide:

- How are you doing in your grieving process?
- During the past five weeks, what elements have you found most comforting or encouraging?
- In what ways have the facilitators and other participants aided in your healing?
- What do you see as your next steps in your healing process?

GROUP MEMBER'S STORY

1. If you shared today (tonight), how are you feeling right now?

2. In what ways has it helped the rest of you to hear this woman's story?

CLOSING

Facilitator: Ask the participants about their thoughts regarding the upcoming naming/memorial service? Has anyone come up with any ideas they'd like to have included?

1. In what way can we end this session on a positive note?
2. Is there anything else you'd like to bring up to the group before we close?
3. In what way can we support you this week?

PREPARE FOR THE NEXT SESSION

Facilitator: Show compassion when speaking about the upcoming naming/memorial service. Some of your participants may not want to participate for various reasons. (It may be too soon after their miscarriage, or they may believe their miscarriage happened too close to conception to warrant doing this.) Let them know the choice is entirely up to them. Focus on the area of healing for those who do want to participate. Refer to the group norms: "Be respectful" and "Be humble."

During our seventh session, we will be having a baby-naming ceremony and memorial service for your baby. If you choose not to name your baby or have a memorial service, that is perfectly fine, and we understand and honor your decision, but please still come and be a part of the healing journey. If you would like to name your baby and

have a memorial service, we would like you to consider the following as a possible guide, but know, ultimately, the choice is yours. We are excited to be a part of this next step in your healing.

- **Think of a name for your baby.** Consider using a name you love, but one you won't consider for a future baby. Pick a name that provides a positive feeling. Did you have a name you called your baby in utero? Maybe that may be the name you use, but only if it doesn't bring you pain/grief. There's no right or wrong. It's what you feel comfortable with.

- **Write a letter to your baby.** As we've found over the past six weeks, writing about and sharing our stories can bring a measure of healing. In your letter, consider some of the following:
 - » What would you like to say to your baby?
 - » What would you have hoped, wished, or prayed for them during their lifetime?
 - » Are there special dates you'd like to share with your baby the meaning of why they are special?

- **Create a shadow or memory box for your baby.**
Some things you may want to consider adding are:
 - » Special gifts you purchased or that others gave you for your baby.
 - » An ultrasound photo.
 - » Pregnancy announcement.
 - » Anything you have or find that reminds you of your baby.

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- **Paint a stone/rock.**
 - » Take a walk to find or go to your local home store and purchase a flat stone/rock.
 - » Paint your baby's name, a design/scene that has special meaning to you, or paint your favorite quote on the stone.

- **Make a pillow/blanket with your baby's name on it.**
 - » Use material from a blanket you may have purchased for your baby.
 - » Buy some new material that resembles a pattern or color you would have purchased.
 - » Use material from a special piece of clothing significant to a memory surrounding your baby.
 - » Use an already made pillow with colors or a design that has meaning for you.

- **Pick-a-song.** Perhaps you had a song you sang to your baby in utero or one that had deep meaning to you during that time in your life.



SESSION SEVEN
Baby Naming/Memorial Service

*“There is no footprint so small that it cannot leave an imprint
on this world.” — Unknown*

WELCOME!

Facilitator: Thank you, all, for being here. We know the week leading up to today can be emotionally draining, and we are so proud of each of you! Remember, you are in a safe environment here. There are no right or wrong ways to accomplish what we are setting out to do today, and if you choose not to share, that is perfectly fine. We respect you and your decisions.

As a part of coping with miscarriage or stillbirth, some grieving parents find that it helps to give the baby a name as a way of memorializing what has been lost.⁹

With that in mind, let's begin with our baby naming/memorial service. Each of you will have an opportunity to share your baby's name(s) and what you did to memorialize them.

Facilitator: We'll go first to ease some of the tension the women may be feeling. Each facilitator shares the name(s) of their baby (babies) and what they did for the memorial. Next, ask for any volunteers who would like to go next. Continue this until everyone who wants to participate has done so. We know this was a monumental task, and we are so proud of what they have accomplished!

For some, you may have already done or started this process, but for others, you may have never grieved the loss of your baby (babies) in this way before. This process has allowed you to continue the healing we started seven weeks ago, and we believe it will open the way for continued healing.

PREPARE FOR THE NEXT SESSION

Facilitator: Let the participants know why we have the survey.

We have a short survey that we would like you to complete. It helps us know how beneficial this healing group has been in your healing process. It also will show us where we may need to improve. Finally, the survey may help you determine what you think your next steps will be. The survey spans your healing journey from where you were at the beginning of our group until now. After you've completed the

9 J. Schroedel, *Naming the Child: Hope Filled Reflections on Miscarriage, Stillbirth and Infant Death* (United States: Paraclete Press, 2009).

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survey, we will email a copy of the completed survey to you. We are really looking forward to next week. It is a time for celebration!

Facilitator note: You and your co-facilitator will work to divide the participants. For those participants you receive, you will create words of affirmation. Focus on their healing from the past seven weeks. Seek the Holy Spirit's direction in this process. Perhaps He has a Bible verse, a song, or a poem (or all three) He has laid on your heart. Share those and speak to the transformation you've witnessed in them. If you have any questions, please reach out to your director for guidance.

You will receive a link via email right after this session. The link is to an online survey. Please complete the survey and have a copy on hand or on your computer during our next session.

CLOSING

1. Is there anything else you'd like to bring up to the group before we close?
2. In what way can we support you this week?



SESSION EIGHT
Affirmations and Continued Healing

*"A mother is never defined by the number of children you can see,
but by the love that she holds in her heart."*

– Franchesca Cox

WELCOME!

Facilitator: Check in with your participants. Ask: "How are you doing/feeling after last week?" Let the group share their thought/feelings. Once everyone has had an opportunity to share, go to the survey questions.

We'll be focusing on three questions from the survey:

1. Question 3: Before joining the MiSAnon group, I was...

2. Question 4: After joining the MiSAnon group, I feel...
3. Question 5: This group has helped me...

Facilitator: Allow each participant to share their answers to the three survey questions. After each participant has finished, let them know you want to share your observations regarding their healing from the past seven weeks. Share the affirmations you've created for the participant.

AFFIRMATIONS

We would like to celebrate YOU!!

CONTINUED HEALING - WHERE DO YOU GO FROM HERE?

Facilitator: Remind your participants that their continued healing is important to us. Read over the possible next steps. Let them know we will be viewing the survey they took last week, and if they've indicated anything more through SRT Services, we will ensure that the respective communication will happen.

Even though we're at the end of this eight-week program, there are many other actions you can take to continue your healing process. We readily admit that Not Forgotten most likely represents just one element of your healing. Below are some other things to consider, choose one or more, and keep moving forward. Don't lose the momentum and the ground that you've gained during these last eight weeks.

- If you find yourself sinking into depression or entertaining thoughts of self-harm, make an appointment to see a counselor. Make sure that the counselor you find has expertise in this area. Your facilitators may be able to refer you to such a counselor.

SESSION ONE

- Consider asking one or more of the women in your group to meet with you weekly as a confidant. Keep journaling your progress and share your joys and struggles with each other. Hold each other accountable and support one another.
- You may wish to go through another eight-week Not Forgotten experience with a different group of women. Grief often occurs “in layers,” so you may find it helpful to go through this experience with a different group of women.
- Talk with your facilitators, share with them where you are in your progress, and ask them to suggest other possible next steps.
- If you would like to hear more about God and Jesus Christ, please let us know, and we can provide additional resources and opportunities for you.

Thank you for being a part of this eight-week experience with us. No doubt your being here has significantly contributed to the healing of all in this group!

Facilitator Note: See protocol, “How to Adjourn Your Group,” found in your training workbook. Provide encouragement and instructions as needed.

