

Not Forgotten
FACILITATOR GUIDE
Version 2



Not Forgotten

Finding Comfort and Healing from
Miscarriage and Stillbirth

FACILITATOR GUIDE

Version 2

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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 went 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.

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. The attending nurse said something

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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 our loss and dehumanize 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 awkward or thoughtless.

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

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. Our son and daughter-in-law experienced four heart-breaking miscarriages while raising their family. We know that others have suffered the profound

FOREWORD

loss of a full-term baby, or even the loss of a 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 healing 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



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Facilitator Guide

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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

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- 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 level of trust 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

INTRODUCTION FOR FACILITATORS

extent possible. Because you are representing MiSAnon, we trust you to conduct yourself and each of the sessions according to the guidelines we've provided.

Since you are 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 during group meetings. Nothing will destroy the trust in a group faster. 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 an SRT Services director for guidance.

Finally, during this eight-week curriculum, participants will read the stories of women who have experienced a miscarriage or stillbirth. As the women in your group share their stories, they may reveal that they have experienced sexual abuse, sexual assault or an abortion. However, a woman may not recognize her need for healing from these traumas. 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 MiSAnon curriculum, you will only need the Facilitator Guide. Everything contained in the Participant Manual is also in this Facilitator Guide, with the exception of the journal pages.

- 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.

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- ***Text in bold italics*** is intended as instructions for you and should not be read aloud to your group.
- Remind participants to familiarize themselves with each session before the group starts, especially if they read it at the beginning of the week.



SESSION ONE

Grieving Your Loss

PREPARATION

- ***Read Session One ahead of time so you're familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***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

Facilitator Note – Greet the participants and read the following three sections aloud:

_____ 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.

If you'd like to open your Participant Manual to Session One on page 13, you can follow along.

INTRODUCTIONS

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

- Name
- Where you are from
- 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

Continue reading...

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:

Facilitator Note: Ask each participant to take a turn reading a group norm out loud.

- **Keep confidences**—What we say here stays here. We pledge to keep confidences and ask the same of each member of the group. This includes participating from a private location where no one can be overheard.
- **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 and being ready to share your insights.
- **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 needs is by trying to fix others.
- **Embrace your unique story** – Resist comparing 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 in this group, believing what is shared.
- **“Check-ins”**—Allow each other to check-in and ensure we’re okay through any pain the healing process may prompt. Some of the tough questions and honest discussions may produce fresh grief.
- **No “sharing hangovers”**—Resist regretting 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?

GRIEVING YOUR LOSS

Facilitator Note –Ask the participants to put their books down as you read the next two sections aloud:

Welcome! We are so glad you’ve chosen to join us for this eight-week support group designed to help you in your healing process from the miscarriage or stillbirth that you have experienced. We are so sorry for your loss 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.

GRIEVING YOUR LOSS

All the facilitators come with their own stories of miscarriage or stillbirth and are in various stages of healing. We are all volunteers.

We recognize that although there are some basic wounds that we all need to face, each woman processes her miscarriage or stillbirth differently. Some express the need 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 different outcomes than we're currently experiencing. Please avail yourself of the methods and opportunities we provide to help facilitate your healing.

MiSAnon is part of SRT Services, an independent organization unaffiliated with any particular organized religion, denomination, or faith. MiSAnon exists to provide awareness regarding the grief brought on by miscarriage or stillbirth and offer a path to healing for those who have experienced this kind of loss. Anyone who has experienced miscarriage or stillbirth, whether they hold religious beliefs or not, is welcome to our gender-specific programs.

We freely acknowledge that part of our eight-week program involves discussion about God and faith. Miscarriage and stillbirth impact the whole person: physically, emotionally, mentally, relationally, and spiritually. Thousands of people have found change and healing through faith, and MiSAnon 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, our meetings will not include group prayer.

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, memories and fresh grief could surface. You may find this painful, but some pain

is necessary for healing. So please continue with us and share with us what you're feeling as you are able. Remember, you are not alone!

DISCLAIMER

We recognize that every person is different and your situation is 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 program.

Our 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 part of 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 discreetly help you locate a counselor if you like. This support group is not intended to replace professional counseling or therapy. You can find a comprehensive list of resources, including 24/7 hotlines, at srtservices.org/resources.

Facilitator Note – Invite participants to pick their books back up and follow along from page 18 as you continue to read:

HOW THE PARTICIPANT MANUAL WORKS

Each week has pre-work that you will complete prior to the next session. For instance, if you turn to Session Two on page 25 in your Participant Manual, you'll see that after a review of our group norms and our facilitator story, it begins with Becky's story, followed by a short reading. At the end of each session you will find a journal page. Feel free to use this space to keep track of your thoughts and emotions.

We ask you to record your answers to a few questions that will be used for group discussion, but the homework is not lengthy. Please start your preparation 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.

Facilitator Note – Ask participants to take turns reading one or two paragraphs out loud.

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.

The physical connection in the womb is provided by the placenta, built of cells from both the mother and fetus. Cells can migrate through the placenta between the mother and her baby, so that the

woman may carry the baby's cells 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 from miscarriage or stillbirth.

Miscarriage is the spontaneous loss of a pregnancy before the 20th week. About 10 to 20 percent of known 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. 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 175 births are stillbirths,⁴ and 1 in 2,500 infants die from sudden infant death syndrome (SIDS).⁵

Losing a child at any stage of development is traumatic. Do not minimize your grief or the depth of your loss because someone else's may seem more painful. You both lost a child and no price can be placed on their lives. Your grief is legitimate and real.

-
- 1 Robert Martone, "Scientists Discover Children's Cells Living in Mothers' Brains," *Scientific American*, December 4, 2012, <https://www.scientificamerican.com/article/scientists-discover-childrens-cells-living-in-mothers-brain/>
 - 2 Mayo Clinic, "Miscarriage," <https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298>
 - 3 CDC, "What is Stillbirth?" September 29, 2022, <https://www.cdc.gov/ncbddd/stillbirth/facts.html>.
 - 4 Ibid.
 - 5 J.Xu, S.Murphy, K.Kochanek, E.Arias, "Mortality in the United States, 2021," *National Center for Health Statistics*, December 2022, p.5, <https://www.cdc.gov/nchs/data/databriefs/db456.pdf>

SIGNS OF MISCARRIAGE/STILLBIRTH

The initial signs of miscarriage come in different forms, and not everyone is aware that they are experiencing symptoms of a miscarriage or stillbirth. 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 a heartbeat can’t be found. Whatever the indications, the fears and sense of loss can be intense.

Facilitator Note – Read this section aloud.

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 and weep with them.

Our goal in this curriculum is to help facilitate healing. We want to remove any unwarranted shame, the hesitancy to talk about miscarriage or stillbirth, and the tendency to mourn in solitude.

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 own story.

Facilitator Note – Ask participants to put their books down. The facilitator NOT sharing her story will lead the next part.

FACILITATOR STORY

The women we’ve interviewed while designing this curriculum expressed that they found healing in sharing their story with other

like-minded women. As facilitators, we want to take that vulnerable step first and model what we will be asking you to do. So today, _____ will be sharing her story.

Facilitator shares her story. Respond with empathy and support. When ready, ask the group:

1. What were some of the feelings you experienced as you heard your facilitator's story?
2. What does her story bring to mind that you may find challenging to process?
3. In what ways are you encouraged by hearing her story?

Facilitator Note – Invite participants to pick their books back up and follow along from page 21 as you continue to read.

JOURNALING TOWARD HEALING

Many therapists encourage us to journal our journey to healing. There are no real 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 here, 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 to see the progress you've made toward healing.

Facilitator Note – Keep reading:

WHERE DO WE GO FROM HERE?

Some of you may be thinking, “I’ve been trying to put my miscarriage or stillbirth behind me. Why would I want to revisit that experience? I just want to 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 seven weeks of *Not Forgotten*, 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.

PREPARE FOR THE NEXT SESSION

Please complete the following tasks before our next session.

1. Please read Session Two, “Legitimize Your Loss” and respond to the questions. We will discuss your responses during our next group meeting.
2. Write down your answers to the questions about your miscarriage or stillbirth so you can begin assembling your story.
3. We’ll meet here each week for seven more weeks at _____ (time).

CLOSING

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

1. Is there anything else you'd like to bring up to the group?
2. In what ways can we support you this week?
3. 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." What is one positive thought or feeling you are taking away from this session?

Thank you for coming!



SESSION TWO

Legitimize Your Loss

"Feelings buried alive never die." – Joyce Meyers

PREPARATION

- ***Read Session Two ahead of time so you're familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***Pray independently and with your co-facilitator beforehand for God's presence, power, and work in the lives of the women.***

WELCOME

Facilitator Note: Welcome participants back and lead a 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. This includes participating from a private location where no one can be overheard.
- **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 and being ready to share your insights.
- **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 needs is by trying to fix others.
- **Embrace your unique story** – Resist comparing your experiences with those of the other women in your group. Let each woman's experience stand on its own.

LEGITIMIZE YOUR LOSS

- **Believe and trust one another**— All the stories printed in this curriculum are factual. We commit to being truthful with each other in this group, believing what is shared.
- **“Check-ins”**—Allow each other to check-in and ensure we’re okay through any pain the healing process may prompt. Some of the tough questions and honest discussions may produce fresh grief.
- **No “sharing hangovers”**—Resist regretting what we’ve shared with each other.
- **Always end on a positive note.**
- **What else?**

FACILITATOR STORY

Facilitator Note—Explain to the group: From this point on, our personal stories will be shared at the beginning of our group time. This allows the person sharing to take a deep breath after she finishes and fully participate in the rest of our time together, instead of being nervous during the entire meeting.

Ask participants to put their books down. The facilitator NOT sharing her story will lead the next part.

Today we will be talking about writing your story. There is great healing in sharing our stories in a supportive, non-judgmental environment. As facilitators, we want to take that vulnerable step first and model what we will be asking you to do. So today, _____ will be sharing her story.

Facilitator shares her story. Respond with empathy and support. When ready, ask the group:

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1. What were some of the feelings you experienced as you heard your facilitator's story?
2. What does her story bring to mind that you may find challenging to process?
3. In what ways are you encouraged by hearing her story?

Facilitator Note – Explain to the group: Each week, we'll spend some time discussing what we have read. This week we asked you to read Session Two. Please be sure to do the reading each week so you can enter into the discussion.

Facilitator Note – Do not read the stories during the group meeting, and avoid summarizing them; some may use a weekly summary as an excuse not to prepare. Group members can be encouraged to briefly review the stories on their own before the meeting if they read them early in the week. Like all the stories, the following is contained in the Participant Manual.

Tell the group: Let's turn to the discussion questions on page 29 and talk about Becky's story.

BECKY'S STORY

Please read the following story and answer the questions that follow.

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.

LEGITIMIZE YOUR LOSS

After some time, I got pregnant again. 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 worse, "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, making 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 woman 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 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 pleaded with God fearfully, "You wouldn't do this again to me, would you?"

Not Forgotten

But after our trip, when I went in for a checkup at 17 weeks, the nurse couldn't find a heartbeat. The baby was a boy, and the doctor had to deliver him. I was numb with grief and the absence of an 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 people. 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.

DISCUSS BECKY'S STORY

Facilitator Note: Lead a discussion based on the questions below that are in the Participant Manual on page 29.

1. In what ways was Becky's loss trivialized?
2. In what ways was her loss legitimized?
3. What can you take away from Becky's story to help you process your experience?

Facilitator Note – The material after each story is copied from the Participant Manual. Group members should have already read and reflected on this information, so you do not need to read this text out loud unless prompted. Use your own judgment and the questions in this guide to review and discuss this material.

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 trivialize your grief and 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 his or her personhood.

Reject those comments and reactions! That was a real baby inside you, a human being, a person and it is appropriate to grieve that loss.

WHY DO SOME PEOPLE TRIVIALIZE MISCARRIAGE AND STILLBIRTH?

Many people have never experienced anything similar to this kind of loss, and they can't relate to 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 ignore their own sorrows. They trivialize your pain because that's been their customary strategy for dealing with any type of grief.

The emotions and traumas accompanying the loss of a baby can make you feel crushed. Some include:

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

LEGITIMIZE YOUR LOSS

The shattering reality of the loss is amplified by these very real and oppressive feelings. Add to the trauma the attempts by others to trivialize or minimize what you know you're feeling, and the result can be overwhelming. We might bow to their nonchalance and try to deny our pain and grief, or we become angry with them for their cold, uncaring attitudes. Either way, we feel we are left to carry an immense burden of sadness alone.

Becky found genuine healing from a gracious woman who had experienced a similar loss. Kind and gentle, she brought a hot meal, wept with Becky and gave her a book that had been helpful in her grief, which Becky found comforting.

Facilitator Note – Lead a discussion based on the following questions found on page 32 in the Participant Manual.

DISCUSSION QUESTIONS

Please answer the following questions and be prepared to share your responses with the group:

1. Review the points on page 30. (***Page 35 in this Guide.***) In what ways have others tried to trivialize your miscarriage or stillbirth?
2. After reading this chapter, what have you discovered about yourself or your grieving process?
3. What have you found most helpful in your grieving process so far?

Facilitator Note – Tell the group: The Participant Manual, on page 33, gives some guidelines to help you prepare to tell your story. Let's review them. ***Read the following paragraph aloud and discuss the importance of writing down answers to the questions.***

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. It should be written down and take between 10-30 minutes to read out loud. No one will force you to tell your story. 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.

Take time to write your responses to these questions to help you prepare your story:

1. How many miscarriages or stillbirths have you experienced?
2. How far along were you when you lost your child?
3. Did you go to the doctor? Who accompanied you?
4. What do you remember from that experience?
5. Describe what you felt immediately afterward.
6. How did others react to your loss, and how did this impact you?
7. Describe the emotions you've experienced resulting from your loss.
8. In what ways has your miscarriage or stillbirth impacted your life?
9. What has helped you so far in your healing process?

LEGITIMIZE YOUR LOSS

Facilitator Note – Take time to schedule when each participant will share their story. Record commitments here:

RECORD THE SCHEDULE FOR SHARING STORIES BELOW:

Session	Date	Participant
3		
4		
5		
6		
7		
8		

Encourage participants to record these commitments in their manuals on page 34.

Facilitator Note – Read to the group:

PREPARE FOR THE NEXT SESSION

Please complete the following tasks before our next session.

1. Please read Session Three, “Grieving in Community” and respond to the questions. Come ready to share your responses during our next group meeting.
2. Using the guidelines on how to tell your story, begin writing your story.
3. Journal your thoughts and emotions.

CLOSING

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

1. Is there anything else you'd like to bring up to the group?
2. In what ways can we support you this week?
3. What is one positive thought or feeling you are taking away from this session?

Thank you for coming!



SESSION THREE

Freedom 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...and unspeakable love.”

– Washington Irving

PREPARATION

- ***Read Session Three ahead of time so you’re familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***Pray independently and with your co-facilitator beforehand for God’s presence, power, and work in the lives of the women.***

WELCOME

Facilitator Note – Welcome the participants and ask them: Two weeks ago, we encouraged you to start journaling. How are you doing with that?

GROUP MEMBER STORY

Facilitator Note – Read the following to the group: We want to take time to allow each of you to share your story in a safe, caring environment. Each week, a member of our group will share her story. Today we will be hearing from _____. As you listen, please try to think about how you can support and encourage her before you consider the connections between her story and yours.

Participant shares her story. Respond with empathy and support. When ready, debrief with these questions:

1. What were some of the feelings you experienced as you heard her story?
2. In what ways did hearing her story encourage you?
3. (To the one who shared.) How do you feel now that you've told your story?

Tell the group: Let's turn to the discussion questions on page 44 and talk about Brittany's story.

BRITTANY'S STORY

Please read the following story and answer the questions that follow.

I grew up in a pretty traditional home, with both my parents and one younger brother. When I was 19, I married the boy I had a crush on for

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all of my teen years. Before we even talked about starting a family, we enjoyed a few years just being married while we both finished college.

When we finally decided to start our family, we tried for 8 months before we got pregnant with our first son, four years into our marriage. He was followed 20 months later by our daughter. Both of my first two pregnancies were relatively uncomplicated, and we were thrilled with our growing family. While our path had so far progressed as we were expecting it to go, we had a lot of friends at the time who were struggling to get pregnant or dealing with loss. We knew that we had a lot to be thankful for.

My husband and I went back and forth trying to decide when we should try to add one more child to our family. I had my hands full with our daughter, who had a lot of health issues, so it took two and a half years before we decided we were ready, and then another 8 months to conceive.

During those months of trying, we had two very close friends experience miscarriage. I remember having conversations with my husband about how much my heart broke for those couples. I was so thankful that God had given us two healthy babies, and we both hoped we would never experience that kind of loss. We tried our best to be there for them in their grief, but truth be told, we didn't truly understand their grief because we had never walked that distressing journey.

I knew I was pregnant with our third baby before I even had a positive test. My husband and I were so excited! When we found out for sure, I was 4 weeks along. We were so excited that we told our family, both immediate and extended, right away. It didn't even cross my mind that this pregnancy would be any different than our first two; finding out we were pregnant meant we would be bringing home a baby in 9 months. We told our two kids, who were almost three and four at the time, that they were going to have a sibling. Watching the excitement on their faces was the best feeling in the world. We spent four days in thrilled anticipation. I dreamed about whether this baby was a boy or a girl, what we needed to

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buy, and how we were going to rearrange the rooms in our house to set up a nursery space. My thoughts were full of wondering who this baby would be and how he or she would fit into our family.

But four days after the positive test, after an evening at my part time job, I had some pressure and pain in my lower right side. I figured it was just from overdoing it at work, and that everything would be fine and I would feel better in the morning. But the pain was still there in the morning, and instead of getting better, it kept getting worse. As the pain got worse, I had a feeling deep in my gut that something was wrong. I had no way to explain that to my husband, but somehow, I knew something wasn't okay. But I wasn't bleeding, so I tried to convince myself that nothing was wrong and it was just anxiety.

The pain ended up becoming so bad in the next few days that I ended up in the Emergency Room. I told them that I was just over 5 weeks pregnant, and after hearing my symptoms, they insisted that I probably had early appendicitis and that there was nothing wrong with my pregnancy. They gave me three separate ultrasounds and a CAT scan that night. I found out weeks later that they had not seen anything in my uterus during those ultrasounds, but they chose not to tell me, citing in my chart that I was probably less pregnant than I had thought.

One doctor did note that he believed my pain was pregnancy related, but he was overruled and I was never told. Ultimately, they discharged me, saying I had early appendicitis or possibly a ruptured ovarian cyst, and I simply needed to follow up with my doctor that week. They assured me the pregnancy was fine, and I shouldn't worry.

I left the ER with a glimmer of hope. I was convinced that if there had been something wrong, one of the four doctors who treated me would have said something. I trusted the doctors when they told me my baby was fine, especially after I had a visit with my OB, who also insisted the ER doctors made the right call. I spent that whole week hoping that the pain

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I was still having would stop and that my deep gut feeling that something was seriously wrong would just go away.

I started to look up online the possible causes for pain in early pregnancy, partly to make myself feel better, and partly because I wasn't convinced everything was actually okay. That was the first time that I heard of an ectopic pregnancy. What I read matched exactly what I was feeling and experiencing. But I convinced myself that the doctors would have told me if they thought something might be wrong, especially something as serious as an ectopic pregnancy.

I started spotting less than a week after that first ER visit. At first, I denied that it was happening and tried to convince myself I was just seeing things. If I pretended it wasn't happening, everything would still be okay. I didn't tell my husband for two days that I was spotting. I was afraid that if I said it out loud, I would have to face that it was real. But silently, I prayed and cried out to God that he would make the bleeding stop.

The pain worsened until I couldn't stand up. Exactly one week and two days after my first ER visit, my husband and I were back at the hospital at 5am. I remember being so scared, but I knew that I couldn't take this pain anymore. Because I was bleeding, this visit was different; they took me seriously and gave me two more ultrasounds.

This was the first time that a doctor told me they were pretty sure it was an ectopic pregnancy. Really deep down, I already knew, but I had prayed with all of my being that it wasn't true. I was numb when they told me that the results of the ultrasounds showed nothing in my uterus, and there was a mass near my right ovary that had grown since my ultrasounds the week before.

They made me sit in that hospital room with my husband for three hours. Trying to process what was happening, I spoke to my OB over the phone and clearly remember him saying, "Hello again. This thing just doesn't want to go away for you, huh?" He was very cold and insensitive.

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They hooked up an IV, telling me that since I might end up in surgery that afternoon, they wanted to be prepared. I sat for hours, with very little information, trying to process what was going on. I was scared, sad and numb, all at the same time. Between the emotional pain and the strong medicine that they gave me to try to help with the physical pain, I felt like I was in a dream.

When he got to the hospital, my OB showed no sympathy. He told me that I had two options: shots that would result in my pregnancy ending, or surgery. He didn't explain much about the options or what each would entail, but he pushed me to take the injections. He said I would feel worse for a few days but then I would be, in his words, "back to myself in a week, like nothing had even happened."

I was forced to choose on the spot, with very little real information, how I was going to lose my baby. I was afraid of surgery, so I decided to accept the shots. I heard multiple times from the nurses that they were trying to save my life. They told me, "It wasn't growing properly anyway, because you're 6.5 weeks and we didn't see a distinct heartbeat." As if that was supposed to make me feel better... as if that made my baby anything less than the baby for whom we had spent 8 months waiting and praying.

By the time they let me go home afterwards, I was so sick that it truly felt like I was dying. And the thought did cross my mind that maybe I deserved to die. I remember laying on the couch with my husband, praying and crying out to God that he would take my baby with no pain, that he wouldn't let him or her suffer. I thought that everything I was feeling was deserved because this is what my beautiful baby must be feeling right now, due to a choice that I had been forced to make. I know now that it hadn't really been a choice at all. We made a decision about how to save my life that resulted in losing our baby. That guilt that I felt over how my loss happened was misplaced and it wasn't my fault.

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I barely remember the following week. Only a few moments stick in my memory, like singing "Jesus Loves Me" to my two earthside kids and explaining to them, while they cried, that their sibling had been taken to Heaven to be with Jesus. I remember close friends, who had just experienced a loss of their own, bringing us dinner and just sitting with us in our grief while we talked about what had happened. I also remember binge watching a TV show... I can't tell you what it was about but I do remember the music in the introduction and to this day I can't listen to the song without feeling sick to my stomach. I remember crying and asking God why this had happened to us and what was the purpose behind my pain. I prayed that He was holding my sweet baby because I couldn't.

I had a follow-up appointment a week later, and I was still so sick and in so much pain that I could barely get out of bed. It felt like the nightmare was never going to be over. Not only was I struggling with the pain of our loss, but I wasn't physically okay. The doctor didn't listen, telling me that what I was feeling was normal. He told me, "I can't wave a magic wand and simply make your pain disappear." I am thankful that my mom was there with me that day and helped advocate for me. I pushed for a second opinion after the first doctor brushed off my pain, and that second doctor told me that I needed emergency surgery that afternoon because the shots hadn't worked, and I was bleeding internally. Getting that second opinion saved my life.

The mental recovery from everything I went through was much harder than the surgical recovery. For months I had to answer well-meaning questions from the people in our life, and I had to explain what an ectopic pregnancy was over and over. Every time, I felt guilt over what we had gone through. Sometimes it felt like losing our child was less of a loss in the eyes of the world because we were forced to make an impossible choice about how to save my life that ended with our baby dying. Everyone was so focused on how thankful they were that I was okay that a lot of people brushed off the loss, but I was just devastated about our baby.

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I had so much anger. Anger at the doctors who had all brushed me off and misdiagnosed me. Anger at the hospital, for not telling me during that first ER visit that they saw nothing on my ultrasound, allowing me a few days of false hope that everything was going to be okay. And also, I was angry at myself and my body, because it hadn't gotten the baby to the right place.

I also had a lot of fear. I had to make the conscious decision not to let my mind dwell on what could have happened. I was scared that we wouldn't be able to conceive again because of my surgery.

But through everything, I know God carried me through those weeks. I had loving friends in my life who sat with me through the pain. So many things that could have happened, didn't. I have also come to realize that doctors are humans too, and they sometimes make mistakes. The anger I held against them was only hurting me. I have peace that God heard my cries, and that my baby felt no pain. I firmly believe that God holds our precious third baby in Heaven. Many nights I have asked why this happened to me, but I know I am not going to have an answer to that in this life. But I do know that my baby, even though he or she only existed for six and a half short weeks here on earth, had a purpose. That has been the one thought that has helped me get through all of the hard days.

Four months after our loss, we decided to try one last time to add to our family. Pregnancy after losing our baby was hard and full of anxiety, and I spent a lot of it crying through all of the anniversary dates from our loss. But I know now that grief and happiness can coexist. Being happy doesn't mean that I forgot our baby, or that I'm betraying him or her, and grieving during happy times doesn't mean that I am not thankful or that I love our other children any less. Our little rainbow, another beautiful baby boy, entered the world one year and one month after our loss.

I miss my lost baby more than words can express. There isn't a day that goes by that I don't think about that precious little one and what his or

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her life would have been like. I wonder all the time if it was a boy or a girl, and imagine how "My Favorite What If" would have fit into our family. We still talk about our baby often, and our earthside children know that they have another sibling in Heaven that we will get to meet someday. It helps to know that others remember and our little one is openly and frequently talked about by people in our life.

I stand on the hope that I will see my baby one day and that I will get to hold him or her in my arms in Heaven. Until then, I keep the memory of our little one alive in our family and honor our baby's life by finding purpose in our loss.

DISCUSS BRITTANY'S STORY

Lead a discussion based on the questions below that are in the Participant Manual on page 44.

1. What were some of your feelings as you read Brittany's story?
2. In what ways can you identify with her experience?
3. What can you take away from Brittany's story to help you heal?

THE NEED TO GRIEVE

Very often, when a pregnancy ends in miscarriage or stillbirth, the comment is heard that miscarriage is common and there must have been something wrong with the child. The message behind that statement is, "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."

Sometimes just the fact that you are grieving because of a miscarriage or stillbirth produces feelings of guilt, shame or embarrassment. This is called disenfranchised grief, “grief that is not openly acknowledged or publicly supported through mourning practices or rituals because the experience is not valued or counted by others as a loss. This grief can also be invisible or hard to see by others.”⁶ Our culture may not always think your emotions are important, but we at MiSAnon fully affirm the validity of your feelings.

Grief is a healthy and normal response to great loss. Offering emotional release, it must be allowed full expression to work its healing powers. For example, 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.

Healthy grief expresses itself in sadness, a sense of deep bereavement and mourning. We may feel “lost” or experience profound emptiness. Unhealthy grief may numb or threaten to overwhelm us. It can also be complicated by denial or anger.

Not allowing ourselves to grieve is like leaving an open wound un – cared for. Cleaning an open wound is painful but necessary. In the same way, grieving is not a pleasant process either, but it does bring healing. To heal, we need to grieve.

6 Brene Brown, *Atlas of the Heart: Mapping Meaningful Connection and the Language of Human Experience* (Australia: Penguin Books, 2021), p.113.

FREEDOM TO GRIEVE

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*

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*

WE NEED TO GRIEVE WITH OTHERS

When we experience loss, we often want to just be alone. While grieving alone can have its place, grieving in community with others who understand our pain and who enter into it with us is vital. This is why funerals and memorial services include friends and loved ones. We need others who understand our loss and who can grieve with us. Being part of this group will allow you to draw close to others who can empathize and grieve with you.

Facilitator Note – Lead a discussion based on the following questions found on page 47 in the Participant Manual. You will be referring to the manifestations of grief on page 46 of the Participant Manual and page 51 of the Facilitator Guide.

DISCUSSION QUESTIONS

Please answer the following questions and be prepared to share your responses with the group:

On page 46, you were asked to circle how you feel right now.

1. How would you summarize where you are in your grief journey?
2. Consider each manifestation of grief you rated “significantly” or “to a great extent.” How would you describe their impact on your daily life?
3. Review those manifestations of grief you rated “not at all” or “a little.” How confident are you that you are not suppressing these emotions?

Facilitator Note: Can she function?

Facilitator Note: Is she disconnected from or ignoring her emotions?

Facilitator Note – Read to the group:

PREPARE FOR THE NEXT SESSION

Please read Session Four: “How to Grieve.” Respond to the corresponding questions. We will discuss your responses during our group meeting next week. Continue journaling.

CLOSING

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

1. Is there anything else you'd like to bring up to the group?
2. In what ways can we support you this week?
3. What is one positive thought or feeling you are taking away from this session?



SESSION FOUR

How to Grieve

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

– C.S. Lewis

PREPARATION

- ***Read Session Four ahead of time so you're familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***Pray independently and with your co-facilitator beforehand for God's presence, power, and work in the lives of the women.***

WELCOME

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

GROUP MEMBER STORY

Facilitator Note – Read the following to the group: We want to take time to allow each of you to share your story in a safe, caring environment. Each week, a member of our group will share her story. Today we will be hearing from _____. As you listen, please try to think about how you can support and encourage her before you consider the connections between her story and yours.

Participant shares her story. Respond with empathy and support. When ready, debrief with these questions:

1. What were some of the feelings you experienced as you heard her story?
2. In what ways did hearing her story encourage you?
3. (To the one who shared.) How do you feel now that you've told your story?

Facilitator Note – Tell the group: Let's turn to the discussion questions on page 56 in your Participant Manual and talk about Vickie's story.

VICKIE'S STORY

Please read the following story and answer the questions that follow.

I was born into pain – an only child to my mother and father, who just five years earlier had buried their first 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.

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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. I believe he was afraid to love too much in case something happened to me, too.

Longing for connection, early in my teen years I started seeking the attention of boys. On my 16th birthday, I found myself in a Planned Parenthood office getting the morning-after pill following a particularly weird and disturbing night with an ex-boyfriend.

I met 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 to pursue graduate degrees. Immersed in school and work, we chose not to add children to that crazy time in life.

After graduating, he accepted a job in northeastern Washington, a very remote place 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 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

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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 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, over 3 hours away. Little did I know, God knew my daughter would need that doctor.

Five and a half weeks before I was due, I woke up to my water breaking. I remember laying on the bed, calling the doctor and ordering my husband around about what to put 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, but we drove slowly (ironically, getting pulled over once) and made it to the hospital.

They tried to stop my labor, but Kaitlyn was determined to arrive early. A full 52 hours from my water breaking, 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 complications from 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

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were visiting. My dad and my husband were playing with Kaitlyn in the backyard while my mom and I were playing Scrabble. I had pulled my letters for my Scrabble board 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 who 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 urine 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," she said. "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.

Almost a year went by. We moved to northeastern Oregon, a place I was familiar with through family stories. This was where my mom and dad met and married, and it's also 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 happened. This created a cloud over our experience there, where sadness hovered. There was so much pressure to rewrite my parents' story as well as my own.

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In June of the following year we finally conceived, and in July we moved into the first house we purchased since graduate school. 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. The next 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.

During our 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 because that happens a lot. He said to come back in a month, and it would 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 during our move, 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 would pray nightly for God to give her a baby brother. She always prayed for a brother, and we couldn't convince her otherwise! This added to the grief we were feeling.

Another 11 months went by and I was frustrated at our inability to conceive. Every month we tried – waited – then I got my period. It was excruciating.

One of my friends invited me to an essential oils party; I almost didn't go because I had no idea what that meant. 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 and she talked about natural ways of supporting our bodies, finding root causes of health issues, not just band-aids.

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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. I resolved that night to completely change 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 for the third summer in a row, tragedy struck. 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 gel poured on my 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 sounding 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. 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 stumble 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; there is 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

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them instead. In some ways, 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. After meeting with the genetic counselor, 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.

One night while crying and praying, I felt God remind me of my husband's dream about a baby named Brendan. The Lord told me to look up the name, and when I finally did, I fell to the floor in shock! Brendan is Welsh for "prince." 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 had to get weekly shots to keep me from miscarrying, but I'll never forget the day Brendan arrived two weeks early. 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 in heaven. I love them all.

DISCUSS VICKIE'S STORY

Lead a discussion based on the questions below that are in the Participant Manual on page 56.

1. What were some emotions Vickie felt about her miscarriages?
2. What were some of your feelings as you read Vickie's story?
3. What can you take away from Vickie's story to help you heal?

THE EMOTIONS OF GRIEF

Facilitator Note: Regret and fear are discussed in Session Five.

Grief involves a full range of emotions. Some of the emotions you may have felt or are currently feeling may include sadness or depression; guilt, shame or embarrassment; anger; regret; fear, helplessness or anxiety. As the reality of a miscarriage or stillbirth sets in, a woman may experience rolling waves of 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.

All of those emotions are an understandable part of the grieving process. Think of this process as 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 diminish. Give yourself permission to grieve and express your great loss, but be vigilant to prevent these emotions from becoming self-destructive.

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The most common emotion is profound sadness, which crosses the boundary of healthy grief if it is permitted to sink into deep depression. Shock can give way to feeling like you are in a fog, followed by days or weeks of weeping. The understanding of people around you can help you work through your sadness, but don't hesitate to contact a doctor if your emotions become overwhelming.

Some women are embarrassed by their need to grieve. Others find themselves feeling guilty or ashamed because they feel so weepy or because they posted about their pregnancy on social media so early.

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

Sometimes family members or friends can heap blame on a woman for losing a child—blame that is entirely undeserved. This is tragic, cruel, and intensifies the grief and trauma she is already experiencing. To the extent possible, if someone is blaming you for your miscarriage or stillbirth, dismiss their accusations and set good boundaries in your relationship with them. Don't accept guilt or shame that others try to lay on you.

Anger is a common emotion after miscarriage or stillbirth that can lead to blame. Anger at God, at your lot in life, and what happened to you is a natural response. If you're angry with God, he is not offended by your strong emotions. You can freely express your anger,

HOW TO GRIEVE

disappointment and dismay to Him, and He will respond with understanding and love.

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. While anger is a natural immediate response, unleashing anger on others will not help your grieving process and could bring strife into your relationships. When people say ignorant or heartless things to you, try to extend patience, knowing that they simply don't or can't understand your pain. Don't hesitate to set good boundaries with them.

MOVING THROUGH GRIEF

Experiencing sadness, pain and suffering are all part of life and part of the grieving process. We may have some ability to deal with these emotions on our own, or we may need counseling to help us along. Often, grieving proves more difficult for those who have not processed the pain and suffering of the past.

Some women view miscarriage or stillbirth as an unfortunate aspect of life and they move on very quickly. Others have a much less stoic view and grieve deeply for a long time. No one else has the right to tell you how long or how deeply it's acceptable for you to grieve. However, 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 down a very dark path.

Many women choose to avoid accepting and confronting their grief, hoping to minimize the pain. But denial doesn't reduce the pain; it only postpones it. Trying to bury or ignore our grief is not healthy. To help you bravely move through your grief in a healthy manner, we offer some practical suggestions.

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 sharing 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.

Facilitator Note – Lead a discussion based on the following questions found on page 60 in the Participant Manual.

DISCUSSION QUESTIONS

Please answer the following questions and be prepared to share your responses with the group:

3. What is one positive thought or feeling you are taking away from this session?



SESSION FIVE
Barriers to Healing

"We change our behavior when the pain of staying the same becomes greater than the pain of changing."

– Henry Cloud

PREPARATION

- ***Read Session Five ahead of time so you're familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***Pray independently and with your co-facilitator beforehand for God's presence, power, and work in the lives of the women.***

WELCOME

Facilitator Note – Ask participants: How was your week? How is your journaling going?

GROUP MEMBER STORY

Facilitator Note – Read the following to the group: We want to take time to allow each of you to share your story in a safe, caring environment. Each week, a member of our group will share her story. Today we will be hearing from _____. As you listen, please try to think about how you can support and encourage her before you consider the connections between her story and yours.

Participant shares her story. Respond with empathy and support. When ready, debrief with these questions:

1. What were some of the feelings you experienced as you heard her story?
2. In what ways did hearing her story encourage you?
3. (To the one who shared.) How do you feel now that you've told your story?

Facilitator Note – Tell the group: Let's turn to the discussion questions on page 68 in your Participant Manual and talk about Esther's story.

ESTHER'S STORY

Please read the following story and answer the questions that follow.

Growing up, I lived a pretty charmed, easy life. I had parents that were happily married and we didn't worry about finances. I did well in school. We attended church as a family every week; my mom taught Sunday school and my dad was an elder. But I knew that life wasn't like that for

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a lot of people, even my own parents. My mom's parents were divorced when she was 7 and she consistently faced abuse from a close family member. My dad's parents got divorced when he was 18, and his brother and young nephew died tragically. Together, my parents experienced a miscarriage between me and my sister. I grew up hearing about my little brother who my mom lost at 12 weeks. She miscarried at home and saw him----every perfectly formed feature. My dad didn't talk about it often, but he saw a model baby once that was the same gestational age, and I watched his eyes fill with tears. I knew suffering existed, but I hadn't experienced it directly. On some level, I feel like I was always waiting for the shoe to drop: for it to be my time to suffer.

I met my husband at church when I was 16. By the time I was 24, I was married, had a career as a psychologist in my dream school district, owned a home, and my husband was a senior pastor at a wonderful church. Everything had continued to come easily for me. The first real struggle I had was when my husband went on a mission trip to Turkey. I was absolutely terrified, having convinced myself that he wouldn't come home. He did make it home, but I started having a serious struggle with anxiety. I constantly felt sick and was worried that something was wrong with me. Eventually, the intensity diminished and I decided to go on a mission trip to Brazil because I didn't want to let my anxiety win.

The problem with traveling to Brazil was that I had to be concerned about exposure to the Zika virus because we hoped to start our family. I truly felt that God wanted me to step out in faith to go on that trip, but we would have to wait an additional six months to start trying to get pregnant. Meanwhile, friends around me were all announcing their pregnancies, and I was getting antsy. And, in the back of my mind, I wondered if trying to conceive was going to be our time to suffer. Maybe I wouldn't be able to get pregnant. In Brazil, I was neurotic about using bug spray and got home with zero mosquito bites, but my doctor still told me to wait. Finally, we got the go-ahead.

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Like everything else in my life up to that point, getting pregnant was easy. In early December we started trying to conceive and on New Year's Day I got my positive pregnancy test! I immediately scheduled my first ultrasound, we told our families in creative ways and got it all on video, and I downloaded all the apps to read about the baby's development. We were so excited! And then on January 9, it ended.

I remember exactly what I wore to work that day. I remember sitting in a meeting with my boss, talking about his baby son and thinking that soon I would be the one swapping baby stories. After work, my husband and I told his grandparents that their first great-grand baby was coming, but I had this sneaking feeling that we should wait. I went to a friend's house and she gave me a journal that had prayer prompts through pregnancy. When I went to the bathroom, I was shocked to discover that I was bleeding. I told her what was going on and drove home. I called my husband, then called my mom's best friend who was a midwife. I had to start the conversation with, "Hey, I'm pregnant, but I think something's wrong." This became one of my least favorite things to have to say---- to tell someone great news and terrible news at the same time. On that same drive I called my mom, who didn't know what to say.

By the time I got home I had bled very little. My in-laws dropped everything and drove to our house with dinner, and my mother-in-law, a nurse, checked my bleeding. I called my OB, but all there was to do was wait and see. After my in-laws left, I started feeling some cramping. I decided to lay down upstairs and my bleeding intensified, but that night we tried to remain hopeful.

The next day I had a training at work. Even though on some level I knew what was happening was not good, I was still holding out hope, so I went to the training to be distracted from what was going on in my body. I had scheduled a blood test and cried during the entire ride from work to where I would get my blood drawn. My husband and mother-in-law met me there. The next morning I stayed home from work, and when I took

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a shower it seemed like my belly was too flat. Every pregnancy symptom I had felt was absent. Later that day I got a call from the midwife that confirmed what I already knew: the baby was gone.

My husband and I grieved hard, crying together and hunkering down at home until Sunday, when we had to resume life. I served in the nursery that Sunday and held my best friend's little girl the whole time. My husband led worship and had trouble singing the words to one of the songs: "How sweet to hold a newborn baby, to feel the pride and joy he brings, but greater still the calm assurance this child can face uncertain days because He lives." We both returned to work Monday morning.

I immediately started researching. I wanted to understand what caused this. Was it my hormone levels? Low progesterone? I read that women are more fertile directly after a miscarriage and that getting pregnant within six months would make it less likely that I would miscarry again. And with that, I was on a mission to get pregnant as soon as possible. I decided to go all natural with hair and make-up products to increase fertility. I read countless miscarriage and pregnancy stories. I was constantly on my phone trying to make sense of what we went through. I immediately told friends and coworkers what was going on, talking about our loss openly and often. But I think all this activity let me stay distant from our loss in some way; if I talked about it and researched how to improve my fertility, I would somehow bring control to an uncontrollable situation.

I felt incredibly jealous as I continued to see pregnancy announcements and I was increasingly terrified that my time to suffer wouldn't just include miscarriage, but infertility. Every month, I would grieve all over again when I got my period. And I was tortured by that internal clock that insisted I had to get pregnant within the 6-month time frame or I would miscarry again. My husband often reminded me that it wasn't my fault, that God had a plan, that we needed to have faith, but I usually didn't want to hear it. I eventually decided to see a therapist to help me

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as I grieved, and she pointed out that I was grieving over two babies, the one that I lost and the one that failed to come each month.

About six months after my loss, a close friend at church had a miscarriage. While I would never want anyone to feel the pain I was experiencing, I was so happy to not feel alone in my grief and to see a purpose in it: comforting her. One day when I went to her house to encourage her, I saw that she had made a sign for her baby that said, "To think; the first thing you saw when you opened your eyes was Jesus." I thought it was such a beautiful idea that I asked her to make me one.

Soon I turned 27 and, on my birthday, got my period. The combination of getting a year older and mourning for that "wouldn't be" baby started bringing my grief to the surface again. Shortly after my birthday, I declined an invitation to a shower for a baby that was expected within a few days of the due date of the one I lost. This also happened to be the day that my friend gave me the sign to memorialize my baby. When I viewed this beautiful memorial, I immediately felt the flood of grief rise to the surface in a way that it hadn't since I received the results of my blood test. I spent the entire day in tears, and I think I scared my husband. While he dealt with his grief immediately after our loss, I had pushed it down, continuing to grieve and feeling like a failure.

One week later, I found out that I was pregnant.

I gave birth to a healthy baby girl and, 23 months later, another baby girl. And while I haven't lost another baby, my miscarriage deeply affected both of my pregnancies. Having experienced loss, I struggled to bond with my girls in the womb because I wasn't sure if I would get to take them home. I wouldn't take any videos when we told our families or do a big gender reveal. I refused to buy maternity clothes or even talk to the baby until after the 20-week anatomy scan. I anxiously awaited each appointment to hear the heartbeat, terrified that I wouldn't hear one. I was afraid to wear certain clothes or do activities that I associated

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with my miscarriage. I refused to eat or drink anything that Google said wasn't pregnancy safe. My fear lessened as my pregnancies progressed, but I was never convinced that I would get to meet my babies. I still regret that I will never experience a pregnancy that hasn't been colored by fear.

But there is beauty in my loss, too. Without my miscarriage, I might not have cherished my girls in quite the same way, knowing how easy it could have been to lose them and just how miraculous their conception and birth was. My sincere prayer is that I continue to see purpose in the death of my first baby; that my story can help someone who has experienced loss. And I want to keep the memory of my first little one alive for his or her little sisters, who are my greatest blessings. And while suffering is painful, I now know on a deeper level that I can face uncertain days because Christ lives and He is faithful.

DISCUSS ESTHER'S STORY

Lead a discussion based on the questions below that are in the Participant Manual on page 68.

1. What were some emotions Esther felt about her miscarriages?
2. What were some of your feelings as you read Esther's story?
3. What can you take away from Esther's story to help you heal?

THE BURDEN OF REGRET

Feelings of regret are frequently provoked by the pain of miscarriage or stillbirth. Regret is sorrow over things we've done that we wish we hadn't, and things we didn't do, but wish we had. Some possibilities could include missing a "warning sign" of an imperiled pregnancy or

engaging in “too much” activity. Many times, others will share their opinions of what we should or should not have done, amplifying our sorrow or guilt.

Another source of regret might be that we never knew our baby as a person, what he or she might have become or how our lives would have been enriched. We will miss experiences and milestones that we cannot get back.

Regrets can be generated by our sexual history. Some women who have experienced miscarriage may have had promiscuity, sexual abuse or abortion in their pasts. If a post-abortive woman has a miscarriage, she may be convinced it was her fault because of her past abortion.

One reason that regret is so debilitating is that it is based on something that happened in the *past*, and we cannot change the past. To continually live in anguish over what is in the past is futile and prevents us from progressing through our grief.

We carry regret around like baggage. This baggage weighs us down, making life a constant struggle. No matter where we go, we find ourselves dragging this unnecessary load with us.

Like physical discomfort, emotional pain plays an important role in letting us know that something is wrong. There are only two primary responses to pain: suppressing it or taking steps to confront it. While suppressing the pain may be a common coping mechanism, it's not a good one, because it doesn't solve anything. Suppressing or ignoring your emotions is a response that could result in behaviors leading to more regret.

Instead, we can take steps toward coping effectively with our regret.

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1. Lay down the baggage of “what ifs” and second guessing. You cannot change the past no matter how hard you wish you could. Settle that in your mind and unload that burden from your shoulders. Refuse to replay reruns of the circumstances surrounding your experience of loss. These may include conversations, people you’d rather forget, doctor visits, or the sensations of confusion and shock.

Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

– Reinhold Niebuhr

2. Other people may have opinions, but taking them to heart means you may be carrying someone else’s baggage. As kindly as you can, let them know that they are not being helpful, making the firm decision not to allow yourself to engage with them on this topic.
3. If you are troubled by a past abortion, we recommend seeking healing through Abortion Anonymous (AbAnon) after you complete this group. If you have sexual abuse or assault in your past, pursue healing with Sexual Abuse Victims Anonymous (SAVANon) when you have completed MiSAnon. Both are available from SRT Services. Go to www.srtservices.org to make the request and an intake coordinator will contact you.

THE BURDEN OF FEAR

Fear and anxiety are common emotions following a miscarriage or stillbirth. Fear can be paralyzing, controlling our lives, preventing us

from making good decisions or making any decisions at all. Fear and anxiety can be especially problematic if we become pregnant again. Feeling helpless, we worry about whether we'll be able to carry this baby to term—and will he or she be healthy?

Esther spoke of her very real fear of miscarrying again; this prevented her from bonding with her surviving children the way she would have liked. A miscarriage or stillbirth can plant a disturbing concept in our minds: babies die. The anxiety and dread this heartrending reality creates can live far beyond a subsequent pregnancy; it can extend into a new baby's childhood, making illnesses and even minor accidents terrifying.

We all know that living in a state of fear and anxiety is not a desirable approach to life and may even have a detrimental effect on our physical, emotional and spiritual health. For this reason, try to allow yourself to move forward in life, even during future pregnancies, with a sense of hope and anticipation. The fact that a precious baby died is a devastating reality, but assuming your past experience will define your future experience is a lie created by fear. The only way to demolish a lie is with truth.

Replacing a lie with truth is more than an intellectual exercise. Even though overcoming lies is largely a matter of your will, wayward emotions may frustrate your efforts. Many of us have felt confident one moment, only to be swept away with anxiety the next! Unwelcome feelings of fear or agitation may actually reinforce some of those lies that unsettle your life. By carefully examining and putting names to your emotions, however, you can begin to confront and control your responses to them that might lead you away from truth.

The best way to overcome the lies your emotions may awaken is to speak truth to yourself--out loud! This may seem awkward, but

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engaging your mind and voice, hearing it in your own words, embeds these truths in your heart so you can begin to live them.

Some of these truths might include:

- It was not my fault my baby did not survive.
- The loss of my child is a valid reason to grieve.
- My surviving children are safe.
- I am not alone.
- God loves me.

Another way to replace a lie is to accept truth when you hear it from others, particularly in the community you experience with this group. We achieve this by affirming one another as we share our stories and discuss what we are learning. For this reason, as you're together, catch each other if you hear someone stating something that is not true. Gently call it to their attention and replace the lie by affirming a truth for them. For this to function well, you must try to be genuine, loving, and transparent.

Facilitator Note – Say to the group: Please look at your answers to the discussion questions on page 73 of your Participant Manual.

Lead a discussion based on these questions.

DISCUSSION QUESTIONS

1. List your “what-if” baggage that you wish to discard.
2. What burdens have you picked up from other people?
3. What are some of the lies that you've identified in your own story?
4. What truths can you replace those lies with?

Facilitator Note – Read to the group:

PREPARE FOR THE NEXT SESSION

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

Facilitator Note – Be sensitive to the participants’ relationship situations. Tell the group: The curriculum discusses how to grieve with your partner and gives some suggestions for moving toward closure. They are only suggestions; there is no right or wrong way to proceed.

CLOSING

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

1. Is there anything else you’d like to bring up to the group?
2. In what ways can we support you this week?
3. What is one positive thought or feeling you are taking away from this session?



SESSION SIX
Finding Closure

“What I am trying to cultivate is not blind optimism, but radical hope.”

– Junot Diaz

PREPARATION

- ***Read Session Six ahead of time so you’re familiar with it.***
- ***Access the downloadable PDF called *Grieving Together Through Miscarriage or Stillbirth*. It is available on the website under MiSAnon facilitator resources.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***

- ***Pray independently and with your co-facilitator beforehand for God's presence, power, and work in the lives of the women.***

WELCOME

Facilitator Note – Ask participants: How was your week?

GROUP MEMBER STORY

Facilitator Note – Read the following to the group: We want to take time to allow each of you to share your story in a safe, caring environment. Each week, a member of our group will share her story. Today we will be hearing from _____. As you listen, please try to think about how you can support and encourage her before you consider the connections between her story and yours.

Participant shares her story. Respond with empathy and support. When ready, debrief with these questions:

1. What were some of the feelings you experienced as you heard her story?
2. In what ways did hearing her story encourage you?
3. (To the one who shared.) How do you feel now that you've told your story?

Facilitator Note – Tell the group: Let's turn to the discussion questions on page 79 in your Participant Manual and talk about Michelle's story.

MICHELLE'S STORY

Please read the following story and answer the questions that follow.

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, without any issues. Now, because of the wide age gap 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. So

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

Also, my sister had had an abortion, so when she 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.

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

Even with this barrage of emotions, I tried to put on a happy face and leave it all behind me, but I knew that if I just pushed 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.

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

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 far between.

FINDING CLOSURE

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 them 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 resources 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 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.

I finally realized that I must not live in a constant state of sorrow, so I started permitting myself to move in and out of grief. For me, it was ten years before I could proceed through my life without crying. Even today, I can still feel every part of that grieving process. 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 that she felt guilt over her abortion, and she had feelings of deep sorrow for my loss. We have healed and bonded by sharing the feelings we were experiencing at the time.

DISCUSS MICHELLE'S STORY

Lead a discussion based on the questions below that are in the Participant Manual on page 79.

1. What were some emotions Michelle felt about her miscarriage?
2. What were some of your feelings as you read Michelle's story?
3. What can you take away from Michelle's story to help you heal?

MOVING TOWARD CLOSURE

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 compassionate 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. When we let our grief control our lives, our moods, our relationships and our decisions, it is unhealthy. Healthy grief, however, can be a tool you can use to recover from great loss.

INCLUDE YOUR PARTNER

One of the greatest sources of comfort can be the empathy and support of our partners. Opening communication calls for some wisdom and patience. We need to allow them the freedom to grieve in their own way, understanding that they may process their loss very differently. Our job is not to change the personal response of our partners, but to recognize their right to grieve. Very often they may have buried their own feelings to focus on protectively helping us through ours.

FINDING CLOSURE

Communicate. Don't rely on assumptions. Tell your partner how you are feeling and what you need to get through this difficult time. Encouraging your partner to have a role in the grieving process could help preserve your relationship. It may benefit you both to include your partner as you consider the following suggestions to help you move toward closure. If engaging your partner is not possible, these options could help you independently.

Facilitator Note – Be sensitive to the participants' situations. Some may not have partners, some may be involved in alternative lifestyles, and some relationships might already be in trouble.

The optional PDF *Grieving Together Through Miscarriage or Stillbirth* is designed primarily to help women and men to bridge the emotional gap created when different sexes grieve differently, but it can be used to process grief with other individuals as well. The PDF is not mentioned in the Participant Manual.

If appropriate, say to the group: We have created a downloadable PDF called *Grieving Together Through Miscarriage or Stillbirth* that we can send to you. This tool is designed to help women and men, who often respond to emotions differently, come safely through this time of grief together. We recommend that you arrange a time when you and your partner can talk in a private, undisturbed setting. Prepare by going back over the material in this curriculum and highlighting anything that you'd like your partner to understand.

Be sure participants understand that the following steps toward closure are suggestions. There are no right or wrong ways to proceed.

STEPS TOWARD CLOSURE

- Connect with other like-minded women with whom you can share openly when your grief is more than you

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can bear. This might be someone from this group or someone else who has already empathized with you about your miscarriage or stillbirth.

- Create a memory box or memory drawer of meaningful items that help you hold onto the memory of your child.
- Plan and conduct a memorial for your child. It doesn't matter how long ago your miscarriage or stillbirth occurred. You can hold a memorial at any time.
- Consider naming your child if you haven't already done so. Naming your baby may help you legitimize your child as a person and enable you to connect more intimately with him or her. If you don't know your baby's gender, choose a name that would work for a boy or girl.
- Maintain the memory of your child with a special date or tradition that you associate with him or her.

Facilitator Note – Lead a discussion based on the following questions found on page 81 in the Participant Manual. Encourage any who may be struggling in their relationships.

If discussion lags, you can refer back to their manifestations of grief identified in Session 3. (Page 46 in the Participant Manual; page 51 of this guide) Focus on the healing that has transpired.

DISCUSSION QUESTIONS: YOUR HEALING JOURNEY

Please respond to the following questions to assess your personal healing.

1. In what ways might you include your partner in your healing journey?
2. What do you see as some unresolved areas in your healing process?
3. What steps can you take to move toward closure?

Facilitator Note – Read to the group:

PREPARE FOR THE NEXT SESSION

Next week we will be preparing for a memorial celebration. There are many suggestions for commemorating your children proposed in Session Seven; consider these options or think about some other special element that you would like to include in the ceremony. Participation in the memorial is completely optional.

Facilitator Note: If they don't feel they want to memorialize their baby, that is okay, but emphasize that it is still important for them to be present to support the other women in the group. Tell the participants: In the reading for Session Seven, you will find a historical account from the Bible that demonstrates God's heart toward our pain. Feel free to read this as just another true story to help you move through your grief.

CLOSING

Read the following that is not in the Participant Manual:

1. Is there anything else you'd like to bring up to the group?
2. In what ways can we support you this week?
3. What is one positive thought or feeling you are taking away from this session?

Facilitator Note – Email or text the downloadable PDF called Grieving Together Through Miscarriage or Stillbirth to any participants who want this resource.



SESSION SEVEN
Preparing to Heal

"It's when we start working together that the real healing takes place."
– David Hume

PREPARATION

- ***Read Session Seven ahead of time so you're familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***Pray independently and with your co-facilitator beforehand for God's presence, power, and work in the lives of the women.***

WELCOME

Facilitator Note – Ask the group: How was your week?

GROUP MEMBER STORY

Facilitator Note – Read the following to the group: We want to take time to allow each of you to share your story in a safe, caring environment. Each week, a member of our group will share her story. Today we will be hearing from _____. As you listen, please try to think about how you can support and encourage her before you consider the connections between her story and yours.

Participant shares her story. Respond with empathy and support. When ready, debrief with these questions:

1. What were some of the feelings you experienced as you heard her story?
2. In what ways did hearing her story encourage you?
3. (To the one who shared.) How do you feel now that you've told your story?

FINDING COMFORT

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

These vexing questions make miscarriage and stillbirth a deeply spiritual experience as well. We are spiritual beings. Regardless of our relationship with God, the intensely troubling events of miscarriage or

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stillbirth may cause us to reach out to God or to pull away. Seeking answers to deep questions, we may vacillate between anger at God for allowing our baby to die and 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 can be quick to try to place blame—either on ourselves or on God. But placing blame only results in prolonging our agony, frustration, and grief. We encourage you not to do that. Don't attempt to place blame on yourself, on God, or anyone else. It brings no healing, no joy and no closure, only continued sorrow.

Facilitator Note: People unfamiliar with the Bible may not respond well to the following story. Encourage those individuals to view it as just another true story to help them move through their grief.

An account from the Bible illustrates God's attitude toward our grief. Jesus, who was a proven healer, had a very close friend named Lazarus, and Lazarus had two sisters, Mary and Martha. The sisters sent a message to Jesus telling him his dear friend was very sick, and although Jesus loved this family, he stayed where he was for two days. During that time, Lazarus died. When Jesus finally arrived, Martha met him on the road, but Mary stayed in the house.

Then Martha "called Mary aside from the mourners and told her, 'The Teacher is here and wants to see you.' So Mary immediately went to him.

"Jesus had stayed outside the village, at the place where Martha met him. When the people who were at the house consoling Mary saw her leave so hastily, they assumed she was going to Lazarus's grave to weep. So they followed her there. When Mary arrived and saw Jesus, she fell at his feet and said, 'Lord, if only you had been here, my brother would not have died.'"

When Jesus saw Mary and all their friends weeping, he was deeply troubled and asked where Lazarus had been buried.

“They told him, ‘Lord, come and see.’ Then Jesus wept. The people who were standing nearby said, ‘See how much he loved him!’” (John 11:28-32;35,36 NLT)⁷

Jesus shares our pain.

Regardless of what we are struggling with, he can cleanse us from all guilt and give us a new life. His forgiveness is nothing we can earn. Jesus paid for our sins by dying on the cross and rising from the dead. By simply trusting Him, He reconciles us with God.

Our intent is not to force a belief on you. But because so many women have found comfort in turning to Jesus, it would be unfair of us not to share his compassion and comfort with you.

PREPARING FOR THE BABY MEMORIAL

Facilitator Note: Some women may not want to have a memorial for their baby. Remind them gently that our group norms indicate that they should come to the meeting anyway to support the others. Beyond the memorial, the final session will include celebrations of their healing progress and conversations about next steps.

During our final session, we will be providing an opportunity for you to participate in a memorial for your baby. If you choose not to have a memorial celebration, that is perfectly fine; we understand and honor your decision, but please still come and be a part of the healing journey for the others in your group. We are excited to be a part of this next step in your healing! As you contemplate what your memorial might look like, we have listed some possible ideas you could think about:

⁷ Holy Bible: New Living Translation. 2015. Carol Stream, IL: Tyndale House Publications

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- **Consider naming your baby.** This is completely optional. Did you have a name you called your baby during your pregnancy? If you don't have a sense of your baby's gender, consider a name that would work for a boy or a girl.
- **Write a letter to your baby.** As we've found over the past 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 or traditions you associate with your baby?
- **Plant a tree or flowers.**
 - » You could plant something outside or buy a plant to keep in your home.
- **Paint a stone or rock.**
 - » Take a walk to find or go to your local home store and purchase a stone or rock.
 - » Paint your baby's name, a design or scene that has special meaning to you, or paint your favorite quote on the stone.
- **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.

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- » Pregnancy announcement.
- » Anything you have or find that reminds you of your baby.
- **Make a pillow or blanket.**
 - » Use material from a blanket you may have purchased for your baby.
 - » Buy some new material in a pattern or color you might have purchased for your child.
 - » Use material from a special piece of clothing significant to a memory surrounding your baby.
 - » Buy a pillow with colors or a design that has meaning for you.
 - » Consider stitching your baby's name on it.
- **Pick a song.**
 - » Perhaps you had a song you sang to your baby while you were pregnant or one that had deep meaning to you during that time in your life.
 - » Choose a song or hymn that expresses your feelings toward your child.

Facilitator Note – Lead a discussion based on the following questions found on page 88 in the Participant Manual.

Show compassion when speaking about the upcoming memorial. Some may not want to participate for various reasons. (It may be too soon after their miscarriage or stillbirth, 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.

DISCUSSION QUESTIONS

1. In the story about Jesus and his friend Lazarus, how does Jesus share the sisters' grief?
2. In what ways is this story helpful to you?
3. What feelings are you experiencing as you think about the upcoming ceremony?
4. What ideas have you chosen to include?

Facilitator Note – Read to the group:

PREPARE FOR THE NEXT SESSION

Read Session 8 and prepare what you plan to share during our memorial. Allow some extra time to address the following additional activities:

1. Write down your celebrations: where you were emotionally before participating in this group and where you are now. There is a place in your manual to write these. We hope you take the opportunity to share your celebrations at our final meeting!
2. Consider the next steps you could take to continue your healing process.

CLOSING

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

1. Is there anything else you'd like to bring up to the group?
2. In what ways can we support you this week?
3. What is one positive thought or feeling you are taking away from this session?

Facilitator Note:

You and your co-facilitator will work to create words of affirmation for each participant. Meet together during the week if you choose; there are affirmation samples in your workbook. Focus on the participants' healing and the positive changes you've witnessed in them.



SESSION EIGHT

Healing Together

“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

PREPARATION

- ***Read Session Eight ahead of time so you’re familiar with it.***
- ***Meet with your co-facilitator and refer to your MiSAnon Workbook for detailed guidance.***
- ***Remember that you need to be ready to personally participate in the memorial.***

- ***Manage the discussion so as to leave plenty of time for the closing: affirmations and next steps. Be sure your affirmations are ready to share and to email to participants after the meeting.***
- ***Have available the link to the SRT Services Participant Survey. The link can be found on the SRT Services website (facilitator resources) or in your MiSAnon Workbook under “prep for Session 8.”***
- ***Download a copy of the “Continued Healing Flyer” from your MiSAnon Workbook to email to participants after this session.***
- ***Pray independently and with your co-facilitator beforehand for God’s presence, power, and work in the lives of the women.***

WELCOME

Facilitator Note – Congratulate your group participants for persevering and completing the program. Tell the group: Before we begin our final session together, we would like to ask you to take five minutes to fill out our digital Participant Survey. The survey asks about your healing journey so far, how SRT Services might continue to serve you, and your interest in helping others with their healing.

- A. In-person group: text the link (SRT Services Participant Survey, found on the website or in your MiSAnon Workbook) to each participant.***
- B. Online group: Drop the link into the chat and help the participants access it.***

- C. *If anyone has difficulty with the survey, text them the link for them to try at their convenience.***

GROUP MEMBER STORY

Facilitator Note – Read the following to the group: We want to take time to allow each of you to share your story in a safe, caring environment. Each week, a member of our group will share her story. Today we will be hearing from _____. As you listen, please try to think about how you can support and encourage her before you consider the connections between her story and yours.

Participant shares her story. Respond with empathy and support. When ready, debrief with these questions:

1. What were some of the feelings you experienced as you heard her story?
2. In what ways did hearing her story encourage you?
3. (To the one who shared.) How do you feel now that you've told your story?

MEMORIAL CEREMONY

Facilitator Note: Be ready to share your memorial for your own lost children. Remember that some of the group members may not want to actively participate in the Memorial.

Read the following that is not in the Participant Manual: 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.

We'll go first to ease some of the tension you may be feeling.

The Facilitators begin the ceremony.

—Each mother shares her choice of memorial if she desires.

Facilitator Note: Respond with empathy. These are POSSIBLE questions you can consider after each participant shares:

1. Have you already completed a memorial or is it in the planning stage?
2. Is there someone you might want to help you follow through?
3. (To the group) Does anyone have anything she would like to say to _____ (the one who shared)?
4. Who would like to go next?

Continue until everyone who wants to participate has done so.

Say to the group: Congratulations! This process has allowed you to continue the healing we started seven weeks ago, and we believe it will open the way for even more healing.

Facilitator Note: Go directly to the closing activities. You will refer back to the material that follows, copied from the Participant Manual.

CELEBRATE HEALING

Please write down your Celebrations: where you were emotionally before participating in this group and where you are now. We want to celebrate the progress you have made and, if you are comfortable,

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give you an opportunity to share what you wrote during our final meeting.

1. Before joining this MiSAnon group, I was...
2. After joining this MiSAnon group, I feel...
3. This group has helped me...

CONTINUED HEALING – WHERE DO YOU GO FROM HERE?

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. Participation in *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!

- Miscarriage and stillbirth can contribute greatly to post-partum depression. Please make an appointment with your medical doctor if this is relevant to you.
- Think about making an appointment to see a counselor to continue your healing.
- Keep journaling your progress.
- Consider asking one or more of the women in your group to meet with you as a confidant, sharing your joys and struggles with each other. Hold each other accountable and support one another.
- You may wish to go through *Not Forgotten* a second time. Healing often occurs in layers, so you may find it helpful to repeat this experience with another group of women. If past abortion or sexual abuse are part of

your story, consider joining an AbAnon or SAVAnon group. Go to www.srtservices.org to enroll in any of these groups. An intake coordinator will contact you.

- 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.

CLOSING

Facilitator Note – Read the following that is not contained in the Participant Manual:

1. Celebrations: If you are comfortable, we would like to hear your responses from page 92 so we can celebrate with you!
 - a. Before joining this MiSAnon group, I was...
 - b. After joining this MiSAnon group, I feel...
 - c. This group has helped me...
2. Now we would like to celebrate you!

Take turns reading Affirmations. Share them on a screen or pass them out to the individual if this is an in-person group. If there's time, encourage participants to affirm each woman as well. Email the affirmation to the relevant participant after the meeting.

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3. On pages 92-93, there is a list of additional steps for healing.
 - a. Which steps do you see yourself taking advantage of?
 - b. In what ways can we help you continue your healing process?

Inform participants that you will send them a copy of the Continued Healing Flyer.

If anyone had difficulty with the survey, text them the link for them to try at their convenience.

4. Is there anything else you would like to share with the group?

Facilitator Note – Share this last paragraph from the Participant Manual:

Thank you for being a part of this 8-week experience with us. Keep in mind that the healing process is seldom linear, and we commend you for all the hard work you have put in. It's encouraging to see your progress! Just having you in our group has contributed greatly to the healing of us all!

