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Article 9

Tears of Blood: Understanding and Creatively Intervening in the Grief of Miscarriage

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Kristin I. Douglas and Joy R. Fox

Imagine the excitement that comes with a long awaited pregnancy, only to have that joy and excitement shattered by a miscarriage. A pregnancy suddenly ended by miscarriage is, unfortunately, not an uncommon experience for women (Cosgrove, 2004; DeFrain, Millspaugh, & Xie, 1996; Swanson, Connor, Jolley, Pettinato, & Wang, 2007). Many facets of grief often accompany miscarriage loss including emotional turmoil, confusion, shock, disbelief, guilt, fear, depression, anger, stress, frustration, and disappointment. Challenging questions accompany miscarriage such as, “What happened?” “Did I do anything to cause this?” “Will I be able to get pregnant again and carry a baby to full-term?” or “Will the emotional hurt and pain that I feel right now ever end?” Western culture does not often deal well with death. Cultural and societal expectations accompanying grief and loss create challenges for women and families coping with a miscarriage loss (DeFrain, Millspaugh, & Xie, 1996). The stigma associated with grieving a miscarriage can complicate the grief experience (Layne, 2006). Therapists can better connect with and assist their grieving clients if they identify and understand factors that impact miscarriage loss,

honor and validate loss experiences, and help support clients in the grieving process.

Grief Reactions to Perceived Unacknowledged Loss

Women who have a pregnancy end early often question themselves about their loss and wonder if they did something to cause the loss or if they could have done something to prevent the loss. General bereavement responses include numbness and shock, preoccupation with and longing for what was lost, disorganization and depression, and anxiety (Klier, Geller, & Ritsher, 2002). Additionally, miscarriage loss responses may include alarm, confusion, shattered hope; difficulty understanding or finding meaning; sadness, emptiness, guilt, no sense of control; anxiety, fear and vulnerability; longing for someone to share their story with; and wanting recognition, support and validation of the loss from others, especially health care providers (Swanson et al., 2007; Adolfsson, Larsson, Wijma, & Bertero, 2004).

Although some pregnancies are unwanted, symptoms of grief are still similar to those who have long awaited pregnancies (Zaccardi, Abbott, & Koziol-McLain, 1993). Overall, grief and loss symptoms are deeply felt regardless of gestational age at the time of the loss (Klier et al., 2002). Even the decision process on what to do with the fetal remains is an emotional minefield for women and their partners (Mansell, 2006). A small qualitative study by St. John, Cooke, and Goopy (2006) indicates that women who have had prior pregnancy loss experience complicated grieving when pregnant once again. The complicated grief experienced by women who have previously miscarried includes feelings of fear as to whether or not they can carry a baby to full-term, feelings of anger, self-blame or rejection, searching for a sense of belonging from others, and feeling they have forever been transformed by their former loss.

Although knowing general bereavement patterns may be helpful, therapists and medical care providers need to remember that each loss is a unique experience to the woman experiencing the loss

and that the grieving process manifests differently in each woman. Grieving miscarriage loss is repeatedly described as a very powerful and meaningful loss worthy of acknowledgement and support, yet many women do not perceive their miscarriage loss experience as validated and acknowledged (Renner, Verdekal, Brier, & Fallucca, 2000; Swanson et al., 2007). Grief experiences may be further complicated by individuals who mean well, but say disturbing things such as “perhaps you will be able to get pregnant another time,” or “something must have been wrong with the fetus so it is a good thing you had a miscarriage.” These insensitive statements, whether true or not, can add to anger, frustration, feelings of isolation and rejection, as well as a further sense that their intense loss is not being acknowledged or honored.

Unacknowledged Griefers

As difficult as it is for women to find appropriate outlets for expressing their grief resulting from the experience of miscarriage, family members and other individuals find themselves marginalized or ignored in the grief process. The entire family unit is drawn into a closer experience of the pregnancy due to early home pregnancy tests, heartbeat monitors, and other advanced technology such as ultrasound (Krakovsky, 2006). As the couple and other family members become involved in naming the developing fetus and decorating the nursery, the baby becomes more real to each person and may cause heightened yearning for the lost baby after miscarriage (Krakovsky, 2006; Brin, 2004). The expectant father, grandparents, and other family members often experience significant grief after a miscarriage but get lost or forgotten in the process of caring for the woman who miscarried (Weener-Lin & Moro, 2004).

Increasingly, expectant fathers are more closely involved with the pregnancy and seem to feel a greater sense of loss following miscarriage (Krakovsky, 2006). Research, though still sparse, has begun to focus on the impact of miscarriage on men (Klier et al., 2002). The length of the pregnancy and the experience of seeing the

ultrasound scan may contribute to more intense levels of grief in men (Puddifoot & Johnson, 1999). Although males may display less immediate ‘active grief’ following a miscarriage than women do, men seem to be more vulnerable to feelings of despair and difficulty in coping (Puddifoot & Johnson, 1999). Cumming et al. (2007) found that men experienced a reduction in anxiety six months following miscarriage, but measured higher in anxiety thirteen months following miscarriage. Men report experiencing self-blame, loss of identity, and the pressure to appear strong while hiding feelings of grief and anger (McCreight, 2004). In fact, a father may feel overlooked, ignored, or dismissed as he grieves the sudden termination of pregnancy (Staudacher, 1991).

Implications for Counselors

Counselors need to look beyond overt expressions of grief to recognize other equally valid forms of grief expression. Unfortunately, both grief theory and current counseling practice promote the general Western bias of valuing affective expression as more therapeutic than physical or cognitive means of expression (Martin & Doka, 2000). Martin and Doka have developed a model of a continuum of grief that provides a more inclusive view of the grief process. The model centers on three grieving styles:

1) Intuitive. Emotional/feeling; expresses grief openly; allows time to experience inner pain; may become physically exhausted or anxious; may experience prolonged periods of confusion and have problems concentrating; may benefit from a support group.

2) Instrumental. Physical/thinking; needs physical ways to express grief and may be reticent in expressing feeling; pushes aside feelings to cope with the present situation; uses humor to express feelings and manage anger; seeks solitude to reflect and to adapt to loss; may only express feelings in private.

3) Blended. Somewhere between Intuitive and Instrumental on the continuum.

The stage of bereavement may impact the nature of grief expression. For example, individuals may temporarily exhibit less affect and focus on performing a physical task while experiencing feelings of anger within their bereavement. Some individuals may cope with their grief through a blended style of emotional expression, cognitive approaches, and physical tasks throughout the grieving process.

Each of the three grief coping styles is not determined by gender and each reflects inherent strengths and weaknesses. As the lens of gender is blurred, the individual is more clearly understood. This view of grieving allows counselors to be more insightful and creative in assisting clients to discover their unique path of grief expression. Counselors may elect to share this information with clients through a web resource that focuses on loss, grief, and bereavement (Dyer, n.d.).

Healing Through Creative Grief Expression

Miscarriage loss is often a time of crisis for many women and healing from this loss can be challenging and difficult, especially when the loss is not acknowledged, and few, if any, grief rituals exist for those grieving miscarriage losses (Trepal, Semivan, & Caley-Bruce, 2005). Healing from an early pregnancy loss often involves understanding the nature of the attachment pertaining to the loss, identifying factors contributing to the loss, helping clients share feelings and exploring meaning pertaining to the loss, and honoring the loss by connecting with clients as they share their personal experiences and story associated with the loss (Fowler, 2007; Gilbert, 2002; Trepal et al., 2005). Creative interventions can also help clients connect with their loss, express emotions by giving voice to difficult and/or complicated feelings associated with the loss, and create or shape meaning in the loss (Buser, Buser, & Gladding, 2005).

Creative interventions used to process grief vary from music, dance, writing and poetry, art, crafts, play, videography, and storytelling (Buser et al., 2005; Trepal et al., 2005). Art (and accompanying writing) will be the intervention focused on here.

Gladding (2005) stated that visual arts help clients reframe personal experiences as they work through crises or developmental issues in a creative and therapeutic way. Ganim (as cited in Withrow, 2004) believes creative interventions, like art, tap into the emotional centers of the right side of the brain, whereas traditional talk therapy draws on the left side of the brain. Combining creative interventions with traditional talk-therapy engages both sides of the brain, integrating cognitive and affective processes, further aiding a more complete healing process (Ganim, as cited in Withrow, 2004).

One of the authors' personal journeys through miscarriage grief will be shared to provide an example of an art intervention that could be used with clients grieving a miscarriage loss. The art drawing method used emphasizes drawing feelings experienced at or around the time of each drawing. The idea was that the art naturally serves as a type of journal that houses various feelings and emotions associated with pregnancy, and/or loss. The assumption is that what needs to surface from the art will surface. The art serves as a form of emotional expression and food for processing. Art can stand alone or be accompanied by writing to further assist with processing emotions, the art experience itself, and the grief process. Although the art journal kept by the author included many various works of art and some writing to aid the healing process, three art examples of pastel chalk drawings will be shared here.

The first art piece, *Nurturing Babies Within*, was drawn not long after finding out about being pregnant. What emerged in this drawing were feelings associated with finding out about being pregnant, being excited about the pregnancy, doubt about being an adequate parent, and having a sense there might be multiple babies involved. Writing accompanying the art served as a place to further clarify feelings manifested in the art. Although the drawing is seen in black and white, the original drawing includes vibrant colors of pink, orange, and yellow with a periwinkle blue color for the sky in the background. The bright colors of the eggs symbolize hope and courage to face fears associated with moving forward with starting a family. The eggs symbolize the perceived beginning of multiple

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fetuses growing inside. Some black is used to accent the eggs growing out of the ground. The black is symbolic of challenges and adversity that accompany fears and inadequacies of becoming a mother (see Appendix A).

The second art piece, *Tear of Blood*, was drawn after the miscarriage occurred a couple of weeks later. Filling in the gaps from the first drawing to this one, the author found out she was pregnant with triplets. This drawing reflects great inner turmoil and sadness felt about the miscarriage loss. The drawing also represents wonderment of what happened, questions as to if the author did something to cause the miscarriage or did any of the “babies” survive, and attempts to make meaning of the miscarriage on a spiritual level. The actual written journal entry that corresponds with this writing further clarifies thoughts and feelings about the loss and emotional turmoil experienced at this time. Although the colors of the drawing cannot be seen here, the background colors are similar to Caucasian skin tones with very faint dark smudges surrounding the eye and the teardrop. The teardrop represents intense sadness about the loss. It is outlined in black, like the eye is, and filled with a deep red color symbolizing the finality of a miscarriage, shock of the blood expelled from the body during the miscarriage, and the intense sadness of the loss (see Appendix B).

The third art piece, *Three Peas in a Pod*, was drawn a month after the miscarriage and after a half a dozen more works. This piece is symbolic of peace of mind from feeling a degree of resolution on a spiritual level from receiving spiritual guidance, finding a degree of meaning in the loss, and turning the loss over to God. This was the first night of feeling any type of peace about the loss. The experiences triggered great spiritual discussions with my spouse and a further exploration of his perspective on the loss. It felt like a turning point to coping with the grief, intense sadness, anxiety, confusion and frustration that accompanied this loss (see Appendix C).

Summary of Art Experiences and Tips for Therapists

The author's experience with art journaling has been a profound and meaningful creative expression of grief leading to self-awareness, emotional release of great turmoil, a degree of peace with the loss, and hope for the future. This drawing process can easily be used with clients to process their early pregnancy loss or other loss experiences. Clients choose a topic that is meaningful to them to be represented in the art (i.e., let clients guide the work). Counselors then allow the process to foster clients' movement through grief. Let clients decide if they would like to use art as a one shot experience, as an ongoing journal, or if they want to use writing to accompany the art and enrich the experience. Counselors should be careful not to interpret the art and let clients share the meaning of their creative expression and grieving loss experiences.

References

- Adolfsson, A., Larsson, P. G., Wijma, B., & Bertero, C. (2004). Guilt and emptiness: Women's experiences of miscarriage. *Health Care for Women International*, 25, 543-560.
- Brin, D. J. (2004). The use of rituals in grieving for a miscarriage or stillbirth. *Women and Therapy*, 27(3/4), 123-132.
- Buser, T. J., Buser, J. K., & Gladding, S. T. (2005). Good grief: The part of arts in healing loss and grief. *The Journal of Creativity in Mental Health*, 1(3/4), 173-183.
- Cosgrove, L. (2004). The aftermath of pregnancy loss: A feminist critique of the literature and implications for treatment. *Women and Therapy*, 27(3/4), 107-122.
- Cumming, G. P., Klein, S., Bolsover, D., Lee, A. J., Alexander, D. A., & Maclean, M. (2007). The emotional burden of miscarriage for women and their partners: Trajectories of anxiety and depression over 13 months. *BJOG: An International Journal of Obstetrics & Gynecology*, 114(9), 1138-1145.

- DeFrain, J., Millspaugh, E., & Xie, X. (1996). The psychological effects of miscarriage: Implications for health professionals. *Families, Systems & Health, 14*(3), 331-346.
- Dyer, K. A. (2008). *Loss, grief and bereavement*. Retrieved October 9, 2008, from <http://www.squidoo.com/grief-loss-bereavement>
- Fowler, K. (2007). "So new, so new": Art and heart in women's grief memoirs. *Women's Studies, 36*, 525-549.
- Gilbert, K. R. (2002). Taking narrative approach to grief research: Finding meaning in stories. *Death Studies, 26*, 223-239.
- Gladding, S. T. (2005). *Counseling as an art: The creative arts in counseling* (3rd ed.). Alexandria, VA: American Counseling Association.
- Klier, C. M., Geller, P. A., & Ritsher, J. B. (2002). Affective disorders in the aftermath of miscarriage: A comprehensive review. *Archives of Women's Mental Health, 5*(4), 1434-1816.
- Krakovsky, M. (2006). Private loss visible. *Monitor on Psychology, 37*(8), 50-53.
- Layne, L. (2006). Pregnancy loss, stigma, irony, and masculinities: Reflections on and future directions for research on religion in the global practice of IVF. *Culture, Medicine, and Psychiatry, 30*, 537-545.
- Mansell, A. (2006). Early pregnancy loss. *Emergency Nurse, 4*(8), 26-28.
- Martin, T., & Doka, K. (2000). *Men don't cry, Women do: Transcending gender stereotypes of grief*. Philadelphia: Taylor & Francis.
- McCreight, B. S. (2004). A grief ignored: Narratives of pregnancy loss from a male perspective. *Sociology of Male Health & Illness, 26*(3), 326-350.
- Puddifoot, J. E., & Johnson, M. P. (1999). Active grief, despair, and difficulty coping: some measured characteristics of male response following their partner's miscarriage. *Journal of Reproductive and Infant Psychology, 17*, 89-94.
- Renner, C. H., Verdekal, S., Brier, S., & Fallucca, G. (2000). The meaning of miscarriage to others: Is it an unrecognized loss? *Journal of Personal and Interpersonal Loss, 5*, 65-76.

- St. John, A., Cooke, M., & Goopy, S. (2006). Shrouds of silence: Three women's stories of prenatal loss. *The Australian Journal of Advanced Nursing*, 23(3), 8-12.
- Staudacher, C. (1991). *Men and grief*. Oakland, CA: Harbinger Publications.
- Swanson, K. M., Connor, S., Jolley, S. N., Pettinato, M., & Wang, T. (2007). Contexts and evolution of women's response to miscarriage during the first year of after loss. *Research in Nursing and Health*, 30, 2-16.
- Trepal, H. C., Semivan, S. G., & Caley-Bruce, M. (2005). Miscarriage: A dream interrupted. *Journal of Creativity in Mental Health*, 1(3/4), 155-171.
- Weener-Lin, A., & Moro, T. (2004). Unacknowledged and stigmatized losses. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss: Death in the family*. New York: WW Norton & Company.
- Withrow, R. (2004). The use of color in art therapy. *Journal of Humanistic Counseling, Education, and Development*, 43(1), 33-40.
- Zaccardi, R., Abbott, J., & Koziol-McLain, J. (1993). Loss and grief reactions after spontaneous miscarriage in the emergency department. *Annals of Emergency Medicine*, 22(5), 799-804.

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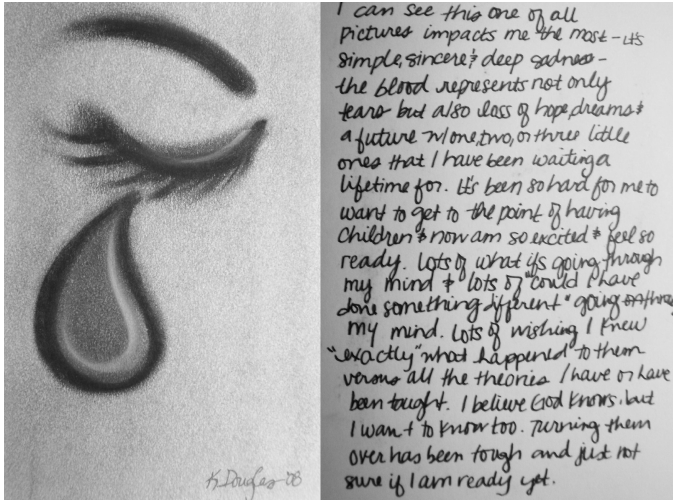
Appendix A

Pastel drawing No. 1, *Nurturing Babies Within*



Appendix B

Pastel drawing No. 2, *Tear of Blood* and corresponding journal entry



Appendix C

Pastel drawing No. 2, *Three Peas in a Pod*

