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a trustworthiness that I have been able to project onto the neutrality of the external world. The dynamics of the internal group are essential to the health of the conscious stories that make up our narrative identities.

In conclusion

I offer the four intersecting themes as at one level separate. They converge and coincide upon the fact of a loss. They are separate also in that they are about different classes of phenomena. Thus the theme of isolation is primarily a present time social phenomenon, while the concept of the derailment or otherwise of the internal group is about the ontology of the multiplicity of all human psyche. However, a little reflection will lead us to recognise that these apparently different phenomena are not at all separate. But for the constraints of space, I would have explored how each can translate into the other. Thus, current time social isolation is also a phenomenon of the internal group. Seen in this way, bereavement and loss are complex, and always intimately related to context. In thinking context and internal group, the therapist will find a deeper empathy with the client's experience and, in particular, those parts of experience which are not yet fully articulated in the client. Above all, loss carries the potential within it for human growth. A sensitive and well-timed consideration of this will assist the client in claiming the positive as well as the negative in her experience. 'And when this we rightly know, Thro' the world we safely go.' 

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Pregnancy loss: a hidden grief

Lysanne Sizoo explores challenges faced by women following pregnancy loss and the opportunities it offers for growth

Losing a much-wanted baby is a life-changing event. The unborn life, as well as the dashed hopes and dreams of its parents, deserve to be fully mourned. I also believe that pregnancy loss, like any other crisis that may occur in our clients' lives, can offer an opportunity for growth beyond dealing with bereavement. I will be exploring a number of possible challenges that women face following single or multiple pregnancy loss.

The reframing hypothesis

Cathy Maker and Jane Ogden¹ successfully put pregnancy loss into this wider context when they conclude that 'rather than being a trigger to psychological morbidity a miscarriage should be conceptualised as a process involving the stages of turmoil, adjustment and resolution'. However, pregnancy loss can also be seen as a possible trigger for acute stress disorder and PTSD as well as for depression and suicide.² Even under the most psychologically healthy conditions, Maker says: 'A miscarriage should also be considered a pivotal point in the lives of many women resulting in the reassessment of both their past and future experiences.'

Intrapersonal challenges: Disenfranchised grief

Phyllis Leppert,³ a specialist in maternal and foetal medicine, says: 'To a pregnant woman an embryo is a projected person, and she bonds to it, so she can feel a strong and intense grief.' Furthermore, 'it is not 'just' a pregnancy that has been lost, but also the parents' hopes and aspirations for the future, and their new identity as parents'. Loss is compounded by a lack of rituals, and the only reminders left are negative ones, such as the cot that stands empty and the baby clothes that won't be used.

Exploring to what extent a client feels she has 'permission to grieve' is, therefore, one of the most important steps in a therapeutic relationship. At best, a client may feel she wants to grieve but has been thwarted in the grieving process by a non-responsive environment; at worst, she has internalised this disenfranchisement of perinatal grief. In a survey conducted for a recent MA dissertation,⁴ more than a



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third of the 96 women polled agreed with the statement, 'I feel I need permission to mourn'. Moreover, validation is a cardinal point in reframing because only once suffering is validated and normalised can one work with the pain rather than the defences against it.

Depression

Researched depression rates range between 10 and 48 per cent.^{5,6} Medical professionals strive to distinguish between normal feelings of grief, feelings that require grief counselling, and the onset of a depressive illness. I believe that this may reflect the prevailing message in society that depression, as an expression of emotional pain, is more permissible than perinatal bereavement. Thus, there is a danger that women will present with referrals for depression or receive anti-depressive medication, while the 'perfectly normal' reason for their depression is not explored or honoured.

Anxiety and PTSD

The diagnostic criteria of the DSM IV state that PTSD can occur following events where:

- 1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury
- 2) there was a threat to the physical integrity of self or others, and
- 3) the person's response involved intense fear, helplessness or horror.

Until the eighties, ectopic pregnancies, where the embryo attaches outside the womb, were not even classified as pregnancy loss. A woman who suffered a ruptured fallopian tube was 'lucky to be alive' and that was that. The trauma and helplessness, as well as the grief, not only for a lost baby but also the possible impairment to future fertility, are still not fully recognised. A client presenting with panic attacks and/or generalised anxiety, who carries the experience of an ectopic pregnancy in their past, may well find huge relief in knowing that the two could be linked. In my survey, a third of

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the women who had suffered an ectopic pregnancy had suffered panic attacks since their loss. According to research conducted by Leslie Born⁷ of St Joseph's Healthcare Clinic in Canada, multiple miscarriages can also increase the risk of post-traumatic stress disorder.

Blame, failure and guilt

Self-blame is common to almost all women who suffer the loss of a pregnancy. Too much sushi the night before, travelling in an airplane, sex, all describe the sense of having 'failed my baby', and thus having failed as a mother. This underlying sense of failure often spreads to other areas of life, professional, relational and societal. In my survey, 51 per cent of the respondents blamed themselves for what had happened and 63 per cent felt they had failed. The profound maternal instinct to protect activates the moment the pregnancy is confirmed. Women with diagnosed ectopic pregnancies sometimes try to refuse the treatment that necessarily ends the life of their baby while knowing full well that this would lead to their own death.

Interpersonal challenges

This sense of failure extends to the wider community. Both Herz and Brown acknowledge the emotional confusion and pain a woman can feel when failing to fulfil herself or society's imposed role of child bearer. This can also connect to issues of 'rank' within the family, as well as taking responsibility and blame for not providing partner or grandparents with the much-expected baby. And while there is a combination here of projected and realistic concerns, they all deserve careful and sympathetic exploration. I believe the experience of pregnancy loss for partners is still very much under-researched and I would welcome research that looks at the partner's experience of helplessness, inability to identify with the physical experience of loss, and the notion of having to be the *strong one* in the relationship.

Couples suffer

Pregnancy loss can create a huge divide between couples. The experience of carrying life inside your womb leads many women to bond with their pregnancy from the moment it is confirmed. For partners, the shift from the abstract to the concrete often doesn't occur until the pregnancy begins to show, preferably with lively

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kicking. When something 'invisible' is lost, emotionally more tangible to one partner than the other, this may lead to very different trajectories for mourning, and this, in turn, can lead to a sense of being alone in 'her' grief. A partner's grief can be about losing the physical and emotional intimacy of the relationship and/or by inappropriately taking the role of being the 'strong one', thus disconnecting from his or her own feelings of loss.

Women who miscarry may feel they are in a no-woman's land: mothers without a baby in their arms to prove it. This goes directly to the issue of belonging. The sense of failing others can also be an expression of the way different families value parenthood and that, with the loss of a pregnancy, any hope of belonging has gone out the window.

Talking about it with others

Some early research showed that women expressed a desire to talk to others about their loss, while other research⁸ found that women expressed an unwillingness to burden others around them with the news of failed pregnancies and the resulting emotional and physical ramifications. Both findings are right, but there is a difference between sharing with a sensitive professional and/or fellow sufferers and sharing with friends and family who might find you progressively boring at best or emotionally indulgent at worst. When the Auckland Miscarriage Organisation first opened its online message boards, telephone contacts immediately reduced. As a volunteer on the Ectopic Pregnancy Trust's forum, I have seen at firsthand how powerfully healing the mirroring by fellow sufferers can be, especially when we get into the painful shadow material that a lost pregnancy might evoke.

Social obligations and the 'dark side'

One of the recurring themes on these forums is the painful social 'obligation' of attending baby showers, baptisms, and even continued contact with friends or relatives who are pregnant. Some women find it genuinely difficult to see other expanding tummies and can't fail to wonder how theirs would have looked. It

is perfectly normal to experience feelings of jealousy, frustration and even prejudicial anger at a pregnant woman with four unruly youngsters at her side. And these feelings evoke tremendous shame and a need to find a non-judgmental welcome in the therapy room or on a message board. Clients need support to put these feelings into the context of an ongoing grieving process. Helping them find inner permission to avoid painful meetings, for now, and withstand the social feather ruffling it evokes can be a challenge and a real liberation.

Existential and transpersonal challenges

Pregnancy loss, being so intricately woven into the magic of 'Life', can throw up some deeply existential and transpersonal issues, such as a client's (broken down) relationship to (her) God, meaninglessness, spiritual bypassing rather than engaging with the pain, death anxiety and existential loneliness.

God's wrath or karma

The term spiritual bypass relates to the tendency to prematurely skip to the end stage of a healing process where the acceptance and surrender are not (fully) grounded. The ubiquitous 'everything happens for a reason' can close the door to experiencing that nevertheless it still hurts. Equally, passively accepting it as God's will ought to be explored as a defence against the feelings of loss and anger that might lie under the surface, especially at God! Related to the above is the import of karma to the western world, and its distortion through western religious traditions of a wrathful God. Most clients, if they bring karma into the therapeutic context, will refer to it in terms of being 'punished' for something in a previous life. In addition, women with a traditional monotheistic belief system may attribute their loss to God's punishment for previous misdemeanours, such as voluntary terminations or being jealous of other people's pregnancies. This is not the place to explore a less distorted view of karma, but my point is that someone

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seeking support in the aftermath of a miscarriage, yet expressing a strong context of acceptance, may need help to explore how accepting they actually are. Acceptance and 'giving it a place' are very much part of a successful process, but they need to be grounded in an experience of going through rather than around the pain. Having said that, this phase, when not distorted, can offer insight into life's meaning and purpose, a desire to serve, greater compassion and tolerance, and a profound sense of personal growth.

Sometimes, religion and faith have offered an unconscious sense of protection, the belief that as long as we walk the path of the righteous we won't be harmed. For women who strongly identify with their faith, the loss of their pregnancy can be experienced as 'God letting me down'. Helping a client to connect with this unconscious belief, turning 'why me?' into 'why not me?' can be a profoundly moving experience, leading to a reframing of the faith-based experience and a deepened, more mature relationship to (her) God.

Existential issues


Professor Irvin Yalom⁹ says that existential psychodynamics focuses on the conflicts that flow from the individual's confrontation with the boundary situations of existence, including 'such experiences as a confrontation with one's own death, some major irreversible decision, or the collapse of some fundamental meaning-providing schema'. Just over 41 per cent of the women interviewed agreed that they had begun to question the purpose of their lives. Their 'meaning-providing schema', it could be argued, was their ability to become mothers, and its (temporary) collapse led to a questioning of their purpose in life.

Yalom quotes research by Adah Maurer that shows women tend to suffer less death anxiety than men and provides their childbearing capacity as a possible explanation. I would like to suggest that loss of childbearing capacity, however temporary, can put women in touch with their suppressed death anxiety. For women who experience ectopic pregnancies this is of course even more tangible. Not only have they faced their own mortality, but the chance of a repeat ectopic (and thus the risk of maternal death) is increased from 1 to 10 per cent and the precious

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new life can feel like a ticking time bomb, making consideration of future pregnancies even more hazardous.

Summary

I have tried in this article to sketch out some of the specific issues related to pregnancy loss. While all women are different and no one experiences miscarriage in the same way, I hope it will be helpful to bear them in mind when working with pregnancy loss. While we were lucky to conceive a son despite five pregnancy losses, I also treasure the teaching of these five small sparks and praise the sensitivity of therapists, volunteers, fellow sufferers and the deeper self that allowed me to use the experience and turn it from a regressive, angry event into a progressive life-enhancing gift. 

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