Orthodox Jewish Mothers’ Lived Experiences of Perinatal Loss: An Interpretive Phenomenological Study

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Department of Applied Psychology and Human Development
University of Toronto

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2019

Abstract

The current study explored the lived experiences of Orthodox Jewish mothers whose baby was stillborn or died shortly after birth, within the context of their religion, families, and community. Within the framework of a qualitative, interpretive phenomenological research design, semi-structured interviews with seven Orthodox Jewish women were carried out to obtain a rich, detailed description of their perinatal loss experiences. As well, interviews were conducted with three Orthodox Jewish rabbis to provide further background for the information obtained from mothers. Thematic analysis of data collected from interviews with mothers yielded eight major themes: 1) Context Shapes the Evolving Story, 2) Engulfed with Awareness of Loss, 3) Mourning within a Framework of Halacha (Jewish law), 4) Relinquishing the Illusion of Control, 5) Conceptualizing the Baby as Holy Brings Meaning, 6) Acknowledgement Brings Comfort, 7) Diverse Challenges Intensify Grieving, and 8) Religious, Spiritual, and Personal Transformation. These themes and their relationship to relevant literature and to each other are discussed, followed by a consideration of research strengths, limitations, and practice implications. In addition to advancing the present understanding of cultural influences on perinatal loss in a theoretical sense, a planned outcome was that the findings obtained would contribute to the development of culturally sensitive perinatal bereavement care.
Acknowledgements

The creation of a dissertation begins with anticipation and inspiration that launches a journey fraught with impediments and challenges. Without a strong support network, I would never have been able to overcome the obstacles and achieve the triumph and joy of arriving at the final destination. This acknowledgments section is my expression of thanks to those who were pivotal to my success.

To my parents I owe an immeasurable degree of gratitude for continually encouraging me to pursue my dream of becoming a child psychologist from inception all the way to completion. Dad, my thirst for knowledge was cultivated by my introduction to the world of reading contained in the myriad books that you brought into the house. This “essay” and the pursuit of higher education is a product of that desire to learn, to develop my intellect and to broaden my understanding of the world. You always expressed interest in the progress of my dissertation, and your support carried me through in the final weeks leading up to the defence, up to the day itself when your vote of confidence gave me a much-needed boost. Mom, you taught me everything that I needed to pursue this profession – my skills are all the culmination of your insights, analysis and understanding of people that you imparted to your children. You may not have a degree in psychology, but you are the best psychologist I know. You patiently listened to all my complaints and worries, helped me solve the problems that arose, and assured me that I could make it to the finish line. Dad and Mom, yiddishkeit begins in the home, and as my parents, you taught me the beautiful hashkafos that sparked my desire to complete a dissertation that would allow me to learn more about my heritage in the process.

To my supervisors and thesis committee, I acknowledge that none of this would have been possible without you. Dr. Esther Geva, you offered valuable suggestions to enhance my
dissertation, challenged me to think outside of the box, and calmed me down in the home stretch before the defence. Dr. Christine Jonas-Simpson, you were always there for me, gently encouraging me, providing expert direction, taking on the role of listener, and simply being my overall rock. You and Ethan inspired me to pursue this research in the first place, and I am incredibly grateful to have had you along with me on this journey. Dr. Michel Ferrari, thank you for the contributions you made to strengthen this project.

To the participating mothers, I owe a deep debt of gratitude for your courage and openness in sharing the stories of your precious babies with me. You are all remarkable and unique individuals whose accounts of strength, faith, and personal development in the face of tragedy will provide inspiration and hope to other bereaved mothers. Despite the sadness of your narratives, the opportunity to immerse myself in your experiences for the past few years was a source of chizzuk for me, and I know that I have changed and grown in my personal yiddishkeit because of all of you. You have shown me what true greatness looks like.

And of course, the ultimate hakaras hatov goes to Hashem for the blessings He bestows upon me and for entrusting me with my own unique life mission.
“Oh, who would give me a life like the months of yore in the womb, like the days when God watched over me”

~Iyov 29:2
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CHAPTER 1: INTRODUCTION

In recent years, there has been a growing realization in the scientific community and among healthcare professionals that perinatal loss is a heart-rending and life-altering event for bereaved parents (Brownlee & Oikonen, 2004; Cacciatore, 2010). Perinatal loss includes stillbirth, or the birth of a baby of at least 20 weeks’ gestation without any visible signs of life, as well as the death of a live-born infant of less than 28 days of age (Chan et al., 2007; MacDorman & Gregory, 2015). The loss of a baby represents a cessation of the future and an abrupt ending to mothers’ and fathers’ hopes and dreams associated with the prospect of new life (Brown, 1992; Puia, Lewis, & Beck, 2013; Robinson et al., 1999). With recent advancements in medical technology that provide a vivid image of the infant in-utero and enhance the prenatal attachment process (O’Leary & Thorwick, 2008; Layne, 2003; Letherby, 1993; Sandman, Davis, Buss, & Glynn, 2011), parents may experience high levels of grief over an unexpected termination of this bond (Johnson & Puddifoot, 1998). Common responses to stillbirth or infant death that have been documented in the literature include intense guilt, denial, shock and anger (Wing, Clance, Burge-Callaway, & Armistead, 2001). In addition, some mothers have described attachment difficulties and elevated anxiety in subsequent pregnancies (Cote-Arsenault, Bidlack, & Humm, 2001) that can impact the emotional functioning of “replacement children” born after stillbirth (Cain & Cain, 1964; Zeanah & Harmon, 1995; Hughes, Turner, Hopper, & Evans, 2002; O’Leary, Gaziano, & Thorwick, 2006).

Greater acknowledgement of the potential negative psychological outcomes associated with perinatal loss has shifted the medical treatment of fetal death as a “non-event,” toward intensified efforts to facilitate healthy maternal grieving (Lasker & Toedter, 1994; Šadestad, Nordin, Steineck, & Sjögren, 1996). This has led to the institution of hospital practices that
encourage parents to hold, cherish, and take photos of their stillborn infants, with the goal of minimizing the risk of depression and anxiety (Caciatoare, Rådestad, & Frøen, 2008; Reynolds, 2003). Despite the promotion of increased contact between mothers and their stillborn babies, perinatal death continues to be characterized as an ambiguous loss (Boss, 2004) due to the lack of physical evidence of the life of the baby (Leon, 2008) and society’s discomfort associated with recognizing the existence of an infant whom they have never met (Lang et al., 2011). This frequently contributes to disenfranchised grief (Hazan, 2003), or a state of bereavement that is “not openly acknowledged, publicly mourned or socially supported” (Doka, 1989, p.15), which may pose additional challenges for parents who seek support from their families and friends (Clyman, Green, Rowe, Mikkelsen, & Ataide, 1980; Helmrath & Steinitz, 1978).

Although there has been increased recognition of the traumatic nature of perinatal loss and resultant changes in recommendations that promote contact between deceased infants and their families (Gold, Dalton, & Schwenk, 2007), the influences of cultural differences in parents’ experiences of perinatal death have been largely ignored in the literature. Given that most research on infant death has been conducted with Caucasian parents from Western countries, little attention has been paid to factors that may impact coping, adjustment, and meaning-making in ethnic minority groups or in nations outside of North America, Western Europe, and Australia (Badenhorst & Hughes, 2007; Hebert, 1998; Lovell, 1997; Tseng, Chen, & Wang, 2014). While Western philosophy typically views the death of an infant as an illogical, unnatural, and incomprehensible event, some limited studies have found that Middle Eastern and Asian cultures may conceptualize perinatal loss as “meant to be” and therefore more readily accepted (Hebert, 1998; Tseng, Chen, & Wang, 2014). This is consistent with recent bereavement models that have shifted from focusing on problematic adaptation to loss and pathological grief responses.
(Neimeyer & Harris, 2015) toward greater acknowledgement of the human capacity for resilience and positive growth (Bonnano, 2009; Neimeyer & Harris, 2015).

For Orthodox Jews in particular, the obligation to bear children is central to the religion, and considering the high birthrates in this population (Central Bureau of Statistics in Israel, 2007; Wertheimer, 2005), it is a reasonable assumption that stillbirth is a relatively more common occurrence. The prevalence of perinatal death is also greater in older mothers and women who have had more than three pregnancies (CDC, 2017; Flenady et al., 2011; Gardosi et al., 2013; Reddy et al., 2010), which may pose an additional risk factor for Orthodox Jewish mothers who frequently continue having children at short intervals from their early 20s up until menopause (Teman, Ivry, and Bernhardt, 2010). As is the case for guidelines surrounding childbearing, Orthodox Judaism encompasses a framework of halachos (Jewish laws) that govern behaviours for all aspects of daily living and the lifecycle (Goldberg, 199), including traditions that are observed in mourning perinatal death. Orthodox Judaism also offers philosophical perspectives on tragedy and loss that conceptualize seemingly negative events as occurring for a Divine purpose (Soloveitchik, 2004). One study that was carried out in Israel with Orthodox Jewish women following the stillbirth of their baby revealed that they viewed the event as “for the best” and were able to find meaning in the experience despite the emotional pain involved (Hamama-Raz, Hartman, & Buchbinder, 2014). Thus, it seems likely that the halachic (Jewish law) and philosophical traditions embedded in the religion may result in distinctions between the perinatal loss experiences of Orthodox Jews and those of families portrayed in current literature who identify more strongly with mainstream Western culture. As well, social support obtained from a religious community has been found to enhance adjustment and quality of life in bereaved individuals (Bahr & Harvey, 1980; Fry, 2001; Wortman & Park,
and would therefore also be expected to play a critical role in impacting Orthodox Jews’ responses to stillbirth.

The primary objective of the current dissertation was to address the following question: What are the lived experiences of Orthodox Jewish mothers whose baby is stillborn or dies shortly after birth, within the context of their religion, families, and the community? It was felt that the perspectives of mothers in particular were important to obtain in understanding the cultural influences of perinatal loss for Orthodox Jews, as motherhood is often perceived as a critical role of Jewish women and an integral component of the spiritual dimension of their lives (Semenic, Callister, & Feldman, 2004). Within the framework of a qualitative, interpretive phenomenological research design, semi-structured interviews with seven Orthodox Jewish women were carried out to obtain a rich, detailed description of their perinatal loss experiences. In addition, interviews with three Orthodox Jewish rabbis from different groups within the community (i.e., Chassidic, Yeshivish, Sefardi) were conducted in order to offer further context for the information obtained from mothers. This allowed for a deeper conceptualization of halachos (Jewish laws) and Jewish philosophy concerning perinatal loss as well as the nature of support provided by religious leaders in the community during the bereavement period.

Research on maternal care following perinatal loss indicates that changes in healthcare guidelines have resulted in most parents seeing and caressing their deceased babies and a vast majority describing these routines as beneficial and valuable (Gold, Dalton, & Schwenk, 2007; Řadestad, Nordin, Steineck, & Sjögren, 1996). At the same time, concerns have been noted around the dangers of hospital staff applying these protocols in a dogmatic fashion by forcibly encouraging women to meet their stillborn infants even when it is not desired by parents or in their best interests (Bourne & Lewis, 1983). Given the lack of knowledge on cultural variations
in the experiences of families whose baby is stillborn or dies shortly after birth (Hebert, 1998), it can be argued that the notion of “one-size fits-all” hospital guidelines and bereavement support offered in the case of perinatal loss might be particularly problematic for parents from ethnic minority groups with unique values and traditions. Thus, in addition to advancing the present understanding of cultural influences on perinatal loss in a theoretical sense, it was expected that the findings obtained would have practical implications for the development of culturally congruent perinatal bereavement care.
CHAPTER 2: LITERATURE REVIEW

An Overview of Perinatal Loss: Concepts and Theory

Definitions and Rates

A review of the scientific literature on perinatal loss reveals a great deal of variation and inconsistent terminology in the definitions employed, with the timing of the event often serving as a critical distinguishing factor between definitions (Barfield, 2011; DaSilva et al., 2016; Lawn et al., 2011). In a broad sense, perinatal loss has been characterized as both early and late losses that include failed infertility treatments (Baterman-Cass, 2000), ectopic pregnancy, miscarriage, stillbirth, and neonatal death (newborn through 28 days of age) (Callister, 2006). In a more limited sense, perinatal loss has been classified as stillbirth, or the birth of a fetus of at least 20 weeks’ gestation without any visible signs of life, as well as neonatal death (Chan et al., 2007; MacDorman & Gregory, 2015). The International Classification of Diseases, 10th revision (ICD-10, 1993) defines fetal death as “death prior to the complete expulsion or extraction from its mother of a product of conception,” and differentiates between early and late stage losses based on gestational age and weight. Although devastating emotional and psychological consequences have been linked with all forms of infant loss (Baterman-Cass, 2000; Cacciatore, 2010; Chan et al., 2007; Callister, 2006; Wing et al., 2001), stillbirth and neonatal death pose a unique set of circumstances for grieving families compared to earlier losses. That is, since the pregnancy has progressed to a greater possible extent or to full term, mothers are faced with the prospect of undergoing normal labour and delivery without reaping the profound joy typically associated with the arrival of a newborn (Bennett, Litz, Lee, & Maguen, 2005). In the event of a later loss, parents have also had more opportunity to form a bond with the baby and are more likely to have shared the news of the impending arrival with friends and family. Given the situational variables
that are uniquely associated with stillbirth and neonatal death, a more limited definition of perinatal loss that excluded pregnancy losses occurring before 20 weeks was utilized as an inclusion criterion for the current study. The application of a more limited definition of perinatal loss was supported as well by some research indicating that women who experience miscarriage show significant, but less intense, grief reactions than mothers who give birth to stillborn babies (Cuisinier, Keijpers, Hoogduin, de Graauw, & Janssen, 1993).

Whereas miscarriage is a relatively frequent experience that occurs in approximately 10 to 20 percent of all known pregnancies, less than 1 percent of pregnancies in the United States and Canada result in stillbirth (MacDorman & Gregory, 2015; Public Health Agency of Canada, 2013). Common causes of stillbirth include infections, pregnancy complications, placental problems, and birth or genetic defects in the baby (Centers for Disease Control and Prevention (CDC), 2017). However, a large portion of late pregnancy losses are determined to be unexplained and unavoidable (Rich, 2000), which may explain why rates in high-income countries have remained stable or decreased only marginally in recent decades (Flenady et al., 2011; Gardosi, Madurasinghe, Williams, Malik, & Francis, 2013). Although stillbirths occur in families of all races, ethnicities, income levels and ages, mothers of African and South Asian ethnic origin, as well as all women over the age of 35 and under the age of 20, are disproportionately affected (CDC, 2017; Flenady et al., 2011). Other risk factors include obesity, maternal smoking, nulliparity, and having had three or more previous pregnancies (CDC, 2017; Flenady et al., 2011; Gardosi et al., 2013; Reddy, Laughon, Sun, Troendle, Willinger, & Zhang, 2010). Compared to the rate of stillbirths in the United States, neonatal mortality rates are lower, with 4 infants out of 1000 live births dying within the first 28 days of life (Kochanek, Murphy, Xu, & Tejada-Vera, 2014). While maternal complications are a factor that has been linked with
both stillbirth and neonatal death, the leading causes of death in the latter group are congenital malformations and disorders related to prematurity and low birth weight (Kochanek et al., 2014). Given these discrepancies between the causes and rates of stillbirth and neonatal deaths, it is difficult to capture perinatal loss as a unified phenomenon at least from an epidemiological perspective, even when applying a more limited definition of perinatal loss that excludes losses occurring before 20 weeks of gestation. In the present research, the terms perinatal loss and perinatal death are used interchangeably.

**Prenatal Attachment Theory and Bonding in Perinatal Loss**

Attachment theory is a critical concept in developmental psychology developed by Bowlby (1969) that highlights the importance of a strong emotional and physical bond between child and caregiver, with the mother typically seen as a key attachment figure. According to this theory, infants are born with a biological predisposition to form a connection with caregivers in order to maximize the likelihood of survival. Thus, babies display certain instinctive behaviours (e.g., smiling, crying, sucking, clinging), which help to ensure proximity and contact with the mother or caregiver by eliciting protective responses. Although early attachment theory focused exclusively on the relationship between parent and infant developed after birth, more recent research has provided a progression in the study of mother-infant attachment by including prenatal attachment as well (Robinson, Baker, & Nackerud, 1999). Specific events that have been identified as contributing to the formation of a mothers’ attachment to her infant prior to its entry into the world are planning the pregnancy, confirming the pregnancy, accepting the pregnancy, feeling fetal movement, and giving birth (Peppers & Knapp, 1980).

In Rubin’s (1970) explanation of the maternal tasks of pregnancy, she states:

The bond between a mother and her child that is so apparent immediately at the birth of
her child is developed and structured during pregnancy. At birth there is already a sense of knowing the child, within the limitations of not having had perceptions through the usual sensory modalities. At birth there is already a sense of shared experiences, shared history, and shared time on an intimate and exclusive plane (p. 145).

As medical technology continues to evolve, “limitations” in the mother’s ability to “know” her baby, described eloquently by Rubin (1970), have lessened somewhat. Sophisticated ultrasound imaging that produces a life-like image of the fetus has been found to strengthen prenatal parent-infant bonding (Brownlee & Oikonen, 2004), with one study indicating that 77 percent of women reported that a scan at 20 weeks had helped them to imagine the baby to a greater extent than in their earlier weeks of pregnancy (Boyer & Porret, 1991). In addition, advancements in prenatal diagnostics, genetic screening, and fetal surgery have changed the medical and cultural status of when the maternal-fetal relationship begins (O’Leary & Thorwick, 2008). Moreover, while fearful attitudes toward pregnancy were commonly held by women prior to the mid-twentieth century, given the high risks present for both mother and child, women in the current era typically view the possibility of pregnancy loss as remote and tend to begin the bonding process prenatally (Layne, 2003; Letherby, 1993; Sandman, Davis, Buss, & Glynn, 2011). At the same time, some have argued that pre- and post-birth attachment require different conceptual frameworks because there is no reciprocation from the baby to the mother during pregnancy (Laxton-Kane & Slade, 2002).

The maternal love for the growing infant during pregnancy (Peppers & Knapp, 1980) is often accompanied by intense feelings of hope and anticipation (Arnold & Gemma, 1994), as the process of attachment cultivates the mother’s desire to nurture the potential that she carries within herself. Contrary to the death of an adult, which means a loss of the past, the death of a
baby represents the loss of the future and an abrupt ending to parents’ dreams concerning the baby and his or her presence in the family (Brown, 1992; Puia, Lewis, & Beck, 2013; Robinson et al., 1999). Considering that a mother’s attachment to her child has been described as “the strongest bond in the human,” (Klaus & Kennell, 1976, p. 1), researchers have cautioned clinicians to acknowledge perinatal loss as a significant event that can be debilitating for parents (Robinson et al., 1999). At the same time, there has been some debate in the literature around the relationship between length of pregnancy and degree of attachment, and how this may impact the duration and intensity of parents’ grief following a loss. In his framework for understanding pregnancy loss, Moulder (1994) and other researchers suggest that the development of feelings for the baby and the degree of investment in the pregnancy are key factors that impact parents’ reactions to perinatal loss, and are not determined by gestational age (Gensch & Midland, 2000; Robinson et al., 1999). However, some studies have found a progressive increase in maternal antenatal attachment throughout the pregnancy (Berryman & Windridge, 1996; Bloom, 1995; Zachariah, 1994; Laxton-Kane & Slade, 2010), in particular during the second trimester (Righetti, Dell’Avanzo, & Nicolini, 2005). This compounds the grief experienced by parents whose baby dies later in pregnancy (Lasker & Toedter, 1991; Prettyman et al., 1993).

Considering the emotional consequences associated with an abrupt interruption to the attachment process, it is common for parents who experience another pregnancy post loss to delay the process of emotional attachment to the new baby as a coping mechanism that allows them to push away the fear of experiencing yet another death (Côté-Arsenault & Donato, 2011; O’Leary, Parker, & Thorwick, 1998; Warland, 2000). Mothers may no longer perceive their bodies as a safe place for a baby, and their sense of competence and cognitive representation of self as mother, protector and nurturer is frequently diminished (O’Leary & Thorwick, 1997;
Feeling of guilt, helplessness and unresolved grief, frequently compounded by media messages that convey the impression that perinatal death can be avoided with good medical care and health habits, may carry over into subsequent pregnancies and affect attachment (Blackmore et al., 2011; Cote-Arsenault, Bidlack, & Humm, 2001; Robinson et al., 1999; Smith & Borgers, 1988; Turco, 1981). This may explain why children born after a pregnancy loss, often called the “vulnerable” or “replacement child,” are at greater risk for attachment disorders and psychopathology in general (Cain & Cain, 1964; Zeanah & Harmon, 1995; Hughes, Turner, Hopper, & Evans, 2002; O’Leary, Gaziano, & Thorwick, 2006).

Moreover, some studies have found that those who have difficulty accepting the finality of the loss and who continue to try to relate the deceased child as though it had continuing needs (e.g., “I hope he doesn’t mind that we’re having another baby”) were at greater risk for having a disorganized attachment relationship with their subsequent child (Hughes et al., 2001). Other research has revealed the presence of a “paradoxical” parenting style after perinatal death, where mothers and fathers described holding their subsequent child emotionally close, while distancing themselves at the same time (Warland, O’Leary, McCutcheon, & Williamson, 2011).

**Theoretical Perspectives on Bereavement and Grieving**

Bereavement refers to the period after the death of a loved one, during which grief and mourning typically occur (Brier, 2008; Weiss, 2001; Neimeyer & Harris, 2015). Grief has been defined as a response to loss that is characterized by intense sorrow manifested in a psychological, behavioural, and social manner (Bartellas & Van Aerde, 2003). Although sometimes used interchangeably with the term grief, mourning is a distinct term used to refer to the outward manifestation of culturally patterned behaviours or rituals during bereavement that incorporate the experience of loss into the outward expression of life (Ferrell & Coyle, 2006;
Kastenbaum, 2007). Since bereavement and its associated processes became a topic of formal psychological theory and research in the early twentieth century, the scientific understanding of people’s adaptation to loss has evolved considerably (Lister, Pushkar, & Connolly, 2008; Neimeyer & Harris, 2015). According to the psychodynamic view proposed by Freud (1957), grief represented a normal reaction to the death of a loved one, and could be resolved through recalling, re-experiencing and releasing the psychic energy or libido invested in the loved one. This process, known as grief work, would result in a “decathexis,” or gradual detachment from the deceased, which would free the bereaved from emotional bondage with the deceased and allow for the investment of energy into new relationships. Freud also described pathological mourning characterized by a refusal to “let go” of the deceased and efforts to incorporate the loved one into the mourner’s self as a way of “holding on” to the relationship. Thus, a failure to confront the loss, relinquish attachment to the deceased, and return to previous levels of functioning was perceived as abnormal and dysfunctional.

Kubler-Ross (1969) developed another influential theory in the field of bereavement that rapidly grew to be the dominant model to explain adjustment to one’s mortality, and was later extended to include any form of personal loss (Neimeyer & Harris, 2015). In her five-stage model, Kubler-Ross (1969) suggested that terminally ill patients typically responded to the shock associated with the initial news concerning their impending death by denying the reality of the situation. After the masking effects of denial began to wear away, these individuals expressed feelings of anger directed toward God, medical personnel, or the universe, followed by attempts to bargain with a Higher Power to postpone death in exchange for promises of better behaviour in the future. Following the bargaining phase, patients’ attention moved to the present, and deep feelings of grief and depression emerged, reflecting anticipation of the inevitable and an eventual
move toward acceptance. With appropriate support, it was believed that patients could learn to fully accept the reality of their impending death, and view the process of dying as a final stage of growth. Although initially hailed for its intent to humanize and normalize the grief process, this model has been criticized for its one-size-fits-all approach that seems to suggest an orderly series of events that ultimately lead to acceptance (Neimeyer & Harris, 2015). Little support for the five-stage depiction of the grief process has been found in the scientific literature (Holland & Neimeyer, 2010; Maciejewski et al., 2007), which is problematic considering that there has been a tendency on the part of mental health professionals to encourage individuals to progress to further phases of adaptation (Neimeyer & Harris, 2015). However, Kubler-Ross (2014) herself has countered in recent years that her model has been misunderstood and misinterpreted, and was never intended to be viewed as a linear or universal process.

Over the last few decades, newer bereavement models have emerged that embrace the existence of multiple trajectories of grief (Bonanno, Wortman, & Lehman, 2002; Lister, Pushkar, & Connolly, 2008; Neimeyer & Harris, 2015), and are informed by stress and trauma theory (Janoff-Bulman, 1992; Lazarus, 1999), attachment theory (Bowlby, 1980), and cognitive process models (Folkman, 2001; Nolen-Hoeksema, Parker, & Larson, 1994). One such theory, the dual process model developed by Stroebe and Schut (1999), describes grief as a process of oscillations between “loss-oriented coping,” which involves expressing emotional reactions to separation from an attachment figure, and “restoration-oriented coping” that includes activities focused on building a new life and identity without the physical presence of the deceased (Gillies & Neimeyer, 2006; Stroebe & Schut, 2001). According to this conceptualization, in the initial months following a loss, bereaved individuals tend to engage in loss orientation to a greater extent, gradually shifting toward increased restoration-focused functioning with the passage of
time. With its foundations in attachment theory, the dual process model proposes that insecure attachment styles in childhood can contribute to complicated grief responses in adulthood that manifest as intense preoccupation with, or yearning for, the deceased, and a failure to adequately process grief. A second model that examines opponent processes in bereavement is the two-track framework developed by Rubin (1999). Rather than conceptualizing bereavement as a process of vacillating between modes of coping, Rubin argues that the bereaved travel on two parallel tracks, simultaneously contending with distress and symptomatology resulting from the loss, while constructing a “continuing bond” with the deceased (Klass, Silverman, & Nickman, 1996).

A final contemporary model, hailed by Stroebe and Schut (2001) as one of the most significant developments in the study of bereavement, characterizes the grief process as an attempt to reconstruct a world of meaning that has been fractured by loss (Neimeyer, 2002). Similar to the two-track framework provided by Rubin (1999), the meaning-reconstructionist view (Neimeyer, 2002) emphasizes the adaptive function of retaining bonds with the deceased (Klass et al., 1996), rather than the need to relinquish them, as proposed by Freud (1957). According this model (Gillies & Neimeyer, 2006), significant loss disrupts the coherence of personal meaning by which individuals order their life experiences, necessitating active attempts to make sense of the loss, find some sort of “silver lining” or benefit from the experience, and reorganize one’s identity as survivor. From this perspective, successful integration of meaning into the loss and the maintenance of ongoing relationships with the deceased can bring about adaptation and a life-transforming post-traumatic growth (Calhoun & Tedeschi, 2006; Lister et al., 2008; Neimeyer, Baldwin, & Gillies, 2006; Neimeyer & Harris, 2015). On the other hand, an unsuccessful struggle to make sense of the death of a loved one predicts heightened distress, or complicated grief, as is frequently seen in the event of violent bereavement (Neimeyer et al.,
Evidence for the relevance of meaning-making as a predictor of bereavement outcome has been found in a study that revealed a link between higher levels of benefit-finding and positive identity change, and lower levels of bereavement complications (Neimeyer et al., 2006). In addition, the results indicated an interaction between sense-making and ongoing attachment to the deceased, suggesting that strong continuing bonds were related to stronger separation distress, but only when survivors were unable to impose meaning on the loss in personal, practical, existential, or spiritual terms.

Although not classified as a bereavement model per se, the notion of resilience has begun to be featured prominently in the literature on grief. Historically, most bereavement research has focused on problematic adaptation to loss and pathological grief responses; however, some researchers have observed that dysfunctional bereavement reactions occur in only a minority of individuals (Neimeyer & Harris, 2015). Bonnano (2009) proposes that humans possess a great capacity for resilience and a reservoir of inner resources that enable them to continue to live their lives in a meaningful and fulfilling way, despite the crushing sadness brought on by loss. Thus, Bonnano (2009) argues for a shift away from conceptualizing grief as either “normal” or “abnormal” toward greater acknowledgement of the possibility for a wide range of responses that fall in between these two labels. Consistent with this, Bonnano (2009) suggests that research measures designed to track the grief experiences of participants should not exclusively gather information on areas that may be problematic for grievers (e.g., sadness, crying, loneliness), but should focus as well on resilience and growth (e.g., laughter, moments of joy). Similar to Bonnano’s (2009) understanding of bereavement, other researchers have explored how the profound experiences of loss and suffering can serve as a catalyst for positive growth and change, with findings indicating a greater appreciation for life, depth of religious commitment,
and improved quality of relationships in some bereaved individuals (Currier, Holland, & Neimeyer, 2012; Tedeschi & Calhoun, 2008).

**Perinatal Bereavement Theory**

Although research on bereavement theory in general has grown and developed in recent decades, the concept of perinatal bereavement is epistemologically immature, with few explicit definitions that are adequate to describe the complexity of the phenomenon (Fenstermacher & Hupcey, 2013). Fenstermacher and Hupcey (2013) carried out a review of the literature that failed to uncover any specific theories on perinatal bereavement, but revealed a variety of conceptual components that were organized to include antecedents, attributes and outcomes (Fenstermacher & Hupcey, 2013). A key antecedent of perinatal bereavement is the unexpected death of an infant through pregnancy loss or neonatal death, together with disruptions to mothers’ and fathers’ dreams of parenthood, new life and future hopes (Hutti 2005; Callister 2006; O’Leary & Thorwick 2006). Similar to the loss of a child at any stage of life (Lang et al., 2011; Wing et al., 2001), a main attribute of parental perinatal bereavement is a grief that is complex, individualized and often accompanied by concurrent expressions of shock, numbness, denial, intense sadness, regret, anger, and guilt (Badenhorst & Hughes, 2007; Cacciatorre, 2010; Wing et al., 2001). These emotions may be accompanied by somatic symptoms including sleep disturbances, appetite problems, gastrointestinal issues, headaches, and chest pain (Giles, 1970; Kennell, Slyter, & Klaus, 1970), together with intense preoccupation with thoughts and images of the infant (Hebert, 1998). Parents’ gender may contribute to variations in the grief response, with fathers struggling to stay strong and unemotional in order to protect the mother, whose devastation may be expressed more explicitly and more outwardly (O’Leary & Thorwick, 2006). In terms of outcome, perinatal bereavement has no prescribed ending point, and has been
described as a journey (Uren & Watsell, 2002; Williams, Munson, Zupancic, & Kirpalani, 2008) that is often transformative (Fenstermacher & Hupcey, 2013). Consequences of perinatal loss include the tasks of renegotiating parental hopes and dreams (Hutti, 2005) and maintaining the marital dyad, which can be particularly challenging in light of differences between the way in which men and women grieve perinatal loss (Lang et al., 2004).

Research on the broader topic of parental bereavement describes multiple layers of loss associated with the death of a child and provides further insight into the nature of grief that may be experienced by parents following perinatal death (Buckle & Fleming, 2011). Given the intimate and interconnected nature of the parental-child relationship and its substantial self-investment, parents who lose a child face an assault on their basic identities, selfhood, and self-worth (Rosof, 1994). The dynamics of the relationship intensify the loss, since parental attachment consists of both love for the child and love for oneself (Rando, 1986). A second level of loss involves the family, which is diminished and transformed by the absence of a significant member, as parents and siblings adapt to new family dynamics (Rando, 1986; Walsh & McGoldrick, 2004). A third level of loss is the dissolution of parents’ future hopes and expectations, together with grief over milestones that will never be celebrated and longing for the completion of events that will not occur (Edelstein, 1984). Parents must face the devastation associated with having their deceased child remain static in their hearts and minds while all else around them changes, develops and grows (Buckle & Fleming, 2011). A fourth level of loss includes the fracturing of illusions of security and protection from tragedy, with the death of a child raising fundamental and existential questions that can leave parents feeling vulnerable and fearful (Kauffman, 2002). In the case of perinatal bereavement, particular layers of loss described above may be more salient for some parents than others. That is, grief associated with
the loss of potential and changes in parents’ perceptions of the world as an orderly and predictable place are themes that have been consistently featured in previous studies exploring mothers’ and fathers’ responses to perinatal death (Cote-Arsenault & Mahlangu, 1999; Cote-Arsenault & Marshall, 2000; Cote-Arsenault & Morrison-Beedy, 2001; Hebert et al., 1998). On the other hand, parents’ experiences of loss of identity and family are more likely to be influenced by levels of attachment and degree of personhood ascribed to the unborn baby, which have been found to vary in accordance with gestational age, parent gender, and whether or not they have had a previous miscarriage or stillbirth (Armstrong & Hutti, 1998; Cote-Arsenault & Dombeck, 2001; Cote-Arsenault & Mahlangu, 1999; Hutti, 2005; Oglethorpe, 1989; Righetti et al., 2005).

Although grief is a universal response typically exhibited by parents following perinatal loss, specific factors that have been found to impact its intensity and manifestation include the presence of living children, the quality of the marital relationship, attributions of the loss, mental health, maternal coping style, recurrent pregnancy loss and parenting a surviving twin (Bennett, Litz, Maguen, & Ehrenreich, 2008; Franche, 2001; Janssen, Cuisinier, de Graauw, & Hoogduin, 1997; Keefe-Cooperman, 2005; Lasker & Toedter, 2000; Serrano & Lima, 2006; Swanson et al., 2002; Swanson, Connor, Jolley, Pettinato, & Wang, 2007). Social support has also been identified as a protective factor that is particularly important in preventing feelings of isolation and the development of complicated grief (Lasker & Toedter, 1991; Rajan, 1994). Parents who experience a perinatal loss often seek the support of family and friends immediately after and during the months following the death. However, bereaved mothers and fathers frequently report that individuals in their social support networks are unsure of how to acknowledge the life of a stillborn infant, or perceive the loss as insignificant compared to the death of an older child or
adult (Clyman, Green, Rowe, Mikkelsen, & Ataide, 1980; Helmrath & Steinitz, 1978). One study investigated which aspects of social support were viewed as most and least beneficial by parents following a perinatal loss (Kavanaugh, Trier, & Korzec, 2004). The results indicated that emotional support in the form of having others physically present, conversing with individuals who shared similar experiences, and receiving words of encouragement and social visits were perceived as facilitating healing and creating stronger bonds with family and friends. Practical support that consisted of assisting with household chores, child-care, meal preparation, and funeral arrangements was also described as comforting and helpful. On the other hand, unsolicited advice regarding future pregnancies and inappropriate questions or comments increased the emotional pain of bereaved parents and diminished the magnitude of the loss.

**Ambiguous Loss and Disenfranchised Grief**

Attempts to characterize the phenomenon of perinatal bereavement strongly feature the themes of ambiguous loss and disenfranchised grief. Ambiguous loss is defined by Boss (2006) as a loss in which a significant component is missing, thereby interfering with the implementation of typical mourning customs and coping behaviours. When an “unborn” baby dies, the death is “invisible,” and there is little physical material in the form of sights, sounds and smells that can evoke memories of the deceased (Cacciatore, DeFrain, & Jones, 2008; Leon, 2008). Instead of mourning over the past, as in the case of most losses, parents grieve the loss of potential and the future, which means relinquishing their wishes and hopes for a child who never truly lived (Robinson et al., 1999). Together, these factors increase the ambiguity of the loss, and the likelihood of the baby’s death being demarcated by society from other types of child death and not legitimized (Cacciatore et al., 2008). Mothers’ and fathers’ status as parents becomes complicated because there are no tangible signs of parenthood to affirm their roles or to mark the
infant’s membership in the family, at times citing an existential crisis (Cacciatore et al., 2008). In conjunction with the search for answers to questions concerning their parenthood, parents frequently grapple with ambiguity surrounding the cause of death, as stillborn infants are often perfectly formed and post-mortem examinations fail to unravel anything that could account for the loss (Faye-Peterson, Guinn, & Wenstrom, 1999; Frøen, Gardosi, Thurmann, Francis, & Stray-Pedersen, 2004; Saller, Lesser, Harrel, Rogers, & Oyer, 1995; Silver, 2007). While contending with the unanswerable and elusive why, parents, and mothers in particular, may find that the death of their baby triggers an ambiguous relationship with their faith in their own bodies (Cacciatore, 2008).

The pervasive sense of invisibility surrounding perinatal loss frequently contributes to disenfranchised grief (Hazan, 2003), defined as a state of bereavement that is “not openly acknowledged, publicly mourned or socially supported” (Doka, 1989, p.15). Following a perinatal loss, families may experience disenfranchised grief in a variety of domains. Specifically, parents have expressed that the death of their baby and their need to grieve were minimized by healthcare professionals whose use of language at the time of the birth failed to reflect the significant impact and meaning of the loss (Lang et al., 2011). Moreover, peers and extended family members often find it challenging to intuitively understand the grief associated with the death of a child who has not lived long enough to define him or herself, further contributing to parents’ sense of isolation (Lang et al., 2011; Rubin & Malkinson, 2001). Fathers in particular have described feeling overlooked and ignored by society in the aftermath of the death of their baby, with many observing that concern from medical personnel and friends was directed mainly at the mother of the baby (O’Leary & Thorwick, 2006). These men reported experiencing societal pressure to take on the role of protector, providing support for their
partners and refraining from expressing their distress, while receiving little acknowledgment or compassion in the process. In addition to findings indicating the marginalization of perinatal loss in regard to the experiences of individual families, some researchers have expressed concerns that stillbirth is systematically avoided as a public health issue (Caciatiore, 2010; Froen et al., 2011; Kelly, 2011). This is concerning given the significant direct, indirect, psychological, and social costs to women, families, society, and the government associated with perinatal loss (Heazell et al., 2016).

In conjunction with parents’ disenfranchisement associated with perinatal bereavement, the grief of surviving children frequently remains ignored and unrecognized, with teachers or peers assuming that siblings are unaffected because they have not had the opportunity to bond with their baby brother or sister (Jonas-Simpson, Steele, Granek, Davies, & O’Leary, 2015). Moreover, parents who lose a child are often overwhelmed by their own personal feelings of grief, which may make it difficult to address the unique psychological and emotional needs of bereaved siblings (Aumen, 2007; Devita-Raeburn, 2004). The notion of sibling disenfranchisement was described by adults who had been born after a perinatal loss, and whose parents had been emotionally unable to process the death with their surviving children (O’Leary, Gaziano, & Thorwick, 2006). As a result of their parents’ failure to designate time and space to acknowledge the death, these adults were unable to understand their sibling relationships with their deceased brothers and sisters, and they recalled “feeling invisible.” On the other hand, parents who invited siblings to create memories of the baby, encouraged them to participate in farewell rituals, and provided age appropriate information and a safe space for expressing their feelings facilitated greater adjustment in their surviving children (Avelin et al., 2010).

Theory of Bereaved Parenting
While there is a substantial body of research exploring the devastation and impact of parental bereavement, relatively little attention has been paid to the unique challenges and daunting task faced by mothers and fathers in parenting their surviving children (Buckle & Fleming, 2011). In their efforts to capture this process, Buckle and Fleming (2011) coined the term “bereaved parenting”, which they used to describe the juxtaposition of life and death in the lives of bereaved parents. More specifically, the chaos and confusion associated with grief and ceasing to parent the deceased child coexist with emergent demands posed by surviving children.

Interviews with bereaved parents reveal a constant process that consists of living the duality of devastation, described as “The House of Refracting Glass,” and regeneration, or “Picking up the Pieces,” which involves stepping back into the parenting role to reclaim the function that they have been forced to abandon with the deceased child (Buckle & Fleming, 2011). Thus, bereaved parenting is an ongoing and often disconcerting fluctuation between two extremes that reflects the integrated nature of loss and continuance. Following their child’s death, parents have also reported an omnipresent physical and emotional depletion described as “bone weariness,” which appears to be of a more chronic and intense nature than the fatigue experienced by survivors of other losses and does not necessarily diminish with the passage of time.

Although research on bereaved parenting conducted by Buckle & Fleming (2011) excluded participants whose babies had died prior to birth, more recent findings indicate that the theory of bereaved parenting is highly relevant in the context of perinatal death (Jonas-Simpson & Blin, 2015). That is, mothers who experienced perinatal loss described being shattered by the death of their infant, while at the same time finding a way to regenerate their mothering of surviving children. These mothers reported loving and appreciating their children more after loss, which is consistent with prior research indicating that parents who lost a baby developed a
greater understanding of the fragility of life and learned to cherish their children born after
perinatal death in new ways (O’Leary & Warland, 2012). At the same time, in the midst of their
grief, some parents have demonstrated difficulties in addressing the needs of surviving children
that manifested as a failure to engage in normal parenting functions, discipline, and nurturing or
a general lack of energy (Avelin et al., 2011; Brent, 1983; Oglethorpe, 1989). Mothers have also
admitted that their children were rendered temporarily motherless for a while, and that they were
subjected to unaccustomed emotional demands including keeping them up late for company
(Cooper, 1980). In the case of perinatal loss, mothers may find it particularly challenging to care
for their young children, given the physical aftereffects of birthing the baby and the postpartum
biological changes that provide a stark reminder of the void left by the baby that has died
(Feldman, Weller, Zagoory-Sharon, & Levine, 2007; Jonas-Simpson & Blin, 2015). This
underscores the importance of receiving support and guidance from healthcare professions that
can help parents learn how to balance their own grief while ensuring siblings’ emotional
wellbeing and acknowledging surviving children’s feelings (Avelin et al., 2011; Jonas-Simpson,
2014; Webb, 2010). Moreover, it has been suggested that therapists who work with families
pregnant after loss can use a continuing bond and attachment framework for intervention that
promotes healing by encouraging mothers and fathers to view themselves as “still a parent” to
the deceased, while at the same time embracing the new baby (O’Leary & Henke, 2017).

Contextual Factors that Shape the Perinatal Bereavement Experience

Historical and Societal Shifts

Notwithstanding the commonalities found in the literature around families’ experiences
of perinatal loss, it has been accepted that societal factors contribute to variations in the
manifestation of grief, mourning rituals and practices that are observed (Brownlee & Oikonen,
2004; Fenstermacher & Hupcey, 2013; Hebert, 1998; Roberts, Montgomery, Lee, & Anderson, 2012). Prior to the late 1970s, healthcare workers in Western society attempted to minimize the trauma of a stillbirth by immediately removing the baby from the hospital room in an action described as the “rugby pass management of stillbirth” (Cacciatore, Radestad, & Froen, 2008; DiMarco, Menke, & McNamara, 2001). Parents were discouraged from seeing or holding their deceased babies, and were often advised to forget about the loss and move on with their lives by having another baby (Hughes & Riches, 2003; Brownlee & Oikonen, 2004). Consistent with the attitude that behaviours which could stimulate attachment to the deceased infant would be harmful to parents, stillborn babies were frequently cremated by the hospital or buried in an unmarked grave (Cooper, 1980; Hughes & Riches, 2003). In recent decades, however, practices have changed to encourage family members to see, hold, photograph, and celebrate the existence of their stillborn infants, thereby shifting the medical treatment of fetal loss as a “non-event” to an event with profound significance (Radestad, Nordin, Steineck, & Sjögren, 1996). Considering that stillborn babies have no history, the construction of rituals such as performing a memorial service, naming the infant, and commemorating the anniversary of the birth allow parents and siblings to remember the baby and his or her ongoing place in the family, as well as obtain closure in a manner that feels appropriate to their belief system (Kelly, 2007).

Historically, three major factors have contributed to the acknowledgment of perinatal bereavement as a “real” phenomenon: the emergence of attachment theory to understand maternal bonding during pregnancy (Rubin 1975; Peppers & Knapp 1980), changing social conditions that provided a voice to the suffering of women experiencing perinatal loss (Toedter, Lasker, & Janssen, 2001), and technological advances in neonatal care (Hughes & Riches, 2003). Groundbreaking work by Kennell and colleagues (1970) on pregnancy loss produced the first
documented empirical evidence that women experience a significant grief response following a pregnancy loss. The surge of literature on the topic of perinatal bereavement during the decade of the 1980s is testimony to the changes in attitude and attention that were given to this newly recognized phenomenon (Fenstermacher & Hupcey, 2013). Some evidence on the effects of hospital protocols that promote parental contact with a stillborn baby, and which are based on modern conceptualizations of perinatal bereavement, provide support for the benefits of these practices. Specifically, parents who saw and held their deceased infants reported less anxiety in the years following the loss (Cacciatore, Radestad, & Froen, 2008; Rand, Kellner, Revak-Lutz, & Massey, 1998), and many described the experience as a treasured memory and were glad that they had the opportunity to bond with the baby (Avelin et al., 2011; Badenhorst & Hughes, 2007; Kavanaugh & Hershberger, 2006; Kennell & Klaus, 1982). Moreover, mothers who were presented with their stillborn baby as a normal part of birth felt more comfortable and less fearful (Erlandsson, Warland, Cacciatore, & Rådestad, 2013), while a systematic review of hospital care for patients after perinatal death found that most parents who did not hold their infants later expressed regret over their decision (Gold et al., 2007). However, several researchers have argued that newer hospital policies concerning the management of stillbirth were established on the basis of clinical impressions and changing societal expectations around perinatal loss, rather than empirical evidence of benefits, and may actually be associated with poorer psychological outcomes including post-traumatic stress disorder (Badenhorst & Hughes, 2007; Hughes & Riches, 2003; Hughes, Turton, Hopper, & Evans, 2002; Reynolds, 2003). That is, encouraging parents to see their stillborn babies increases attachment and can leave them struggling to accept the separation, with concerns also noted around the possibility of hospital staff dogmatically applying a rigid set of protocols that force women to have contact with their deceased infants.
when it is not desired or in their best interests (Bourne & Lewis, 1983; Leon, 1992). At the same time, this practice has come to have social value and meaning in the context of modern thinking about perinatal loss and its historical framework, and may therefore be justifiable and appropriate.

**Cultural Influences and Variations**

Most studies on perinatal loss have been conducted in North America, Western Europe, and Australia, and these have not explored differences between the experiences of Caucasian parents and those from ethnic minority groups (Badenhorst & Hughes, 2007; Gold et al., 2007; Tseng, Chen, & Wang, 2014). Some limited findings on infant death in Middle Eastern and Asian cultures reflected a prevailing attitude that the event existed for a purpose and was part of a Divine message or “meant to be” (Hebert, 1998; Tseng et al., 2014). African American parents were comforted by the thought of their infant surrounded in heaven by angels, and they relied on their spirituality and faith in God’s goodness as a means of coping (Kavanaugh & Hershberger, 2006). These perspectives contrast sharply with Western philosophy that views the death of an infant as an illogical, unnatural, and incomprehensible event, which may negatively impact parents’ ability to come to terms with the loss (Hebert, 1998). Traditions and rituals that are upheld following perinatal death are also influenced by cultural and religious affiliation, as well as perceptions on infant loss (Roberts et al., 2012). To elaborate, those who identify with the Muslim faith regard perinatal loss as being equally significant to the loss of an older person, and mourning practices tend to follow the same procedures as for a deceased child or adult (Firth, 2000; Gatrad, 1994). In Taiwan, deceased infants are often not released to families for traditional funerals, and parents and relatives may beseech hospital workers to follow rites to ensure that the child is safe, “doing well in the afterlife,” or reincarnated in a better family (Tseng, Hsu, & Kuo,
In Hindu culture, women are discouraged from openly grieving or participating in bereavement rituals, thereby potentially diminishing their ability to access social support (Gatrad, Ray, & Sheikh, 2004).

Despite the diversification that has taken place in many Western countries in the past century, little attention has been paid to the applicability and suitability of bereavement support for populations that do not identify with mainstream values (Hebert, 1998; Lovell, 1997). This is concerning, considering that healthcare professionals’ demonstration of cultural sensitivity has been described as a critical factor in facilitating parents’ expression of grief and a validation of their right to mourn in a manner that feels appropriate to them (Clements et al., 2003; U.S. Department of Health and Human Services, 2002). It has been suggested that culturally competent bereavement care can be achieved even when families’ practices and beliefs are not fully understood or shared by staff, and that acknowledgement of diversity in patient values is an essential first step (Berkowitz, 2008; Chichester, 2005; National Perinatal Association, 2004; Schott & Henley, 1996). Although viewing, holding and taking photos of the baby have become the norm in Canada and the United States following perinatal loss, it would seem advisable that healthcare providers exercise caution not to pressure families to engage in these rituals if they conflict with tenets of their faith or culture (Chichester, 2005; Sun, Rei, & Sheu, 2013). Nurses also need to be aware of varying practices in body preparation and burial, and they can ensure that family traditions are honoured by refraining from assumptions and questioning parents about their preferences (Chichester, 2005).

**Religion and Meaning Making in Bereavement**

Research indicates that individuals who are able to create meaning following the death of a loved one often experience greater adjustment to the trauma and less symptoms of
prolonged grieving (Davis, Camille, Wortman, Lehman, & Silver, 2000; Neimeyer, 2000). Religion and its inherent focus on meaning-making is believed to play an important role in coping with stressful situations (Ano & Vasconcelles, 2005), and has been demonstrated to offer protective effects in mitigating the emotional distress of losing a child (McIntosh, Silver, & Wortman, 1993). Specific aspects of religion found to correlate strongly with positive coping outcomes following a negative event include: belief in a just and loving God; the experience of God as a supportive partner in the coping process; involvement in religious rituals; and search for spiritual support through religion (Pargament et al., 1990). These themes were often alluded to by participants in a study by Hamama-Raz and colleagues (2014) that explored the experiences of ultra-Orthodox mothers whose baby was stillborn, which may explain the lack of unresolved guilt and anger present in the sample. At the same time, some findings have indicated that women who expressed religious struggles or used negative religious coping following a pregnancy loss (i.e., who concurred with the following statements: “God was punishing me for my sins when I lost the baby”; “I sometimes get angry with God for taking the baby away”) were at greater risk of chronic or pathological grief up to two years after the event (Cowchock, Lasker, Toedter, Skumanich, & Koenig, 2010).

A systematic review of the literature indicated that religion/spirituality was related to at least one favourable outcome regarding adjustment to bereavement in a majority of studies, as operationalized in terms of attendance at religious service, self-rated importance of faith, belief in an afterlife, religious coping, religious social support, and transcendental experiences (Wortman & Park, 2008). Wortman and Park (2008) noted a surprising dearth of research addressing the role of religion/spirituality in adapting to the death of a loved one, despite the centrality of religiousness in the human experience (Bowker, 1991), which they suggested as
stemming from a reluctance of mainstream psychologists to examine religious constructs, particularly prior to the 1980s (Miller & Delaney, 2005). Findings of the review also supported meaning-making as an important pathway in the relationship between religion and adjustment (Wortman & Park, 2008), with some studies revealing an initial period of distress, followed by increased adaptation over time. Recommendations for future research included more sophisticated measures and designs, together with greater sample diversity to reflect religions outside of Christianity and populations outside of the United States (Pargament, Koenig, & Perez, 2000).

**Conceptualizing Perinatal Loss in Orthodox Judaism**

Given the paucity of research on cultural and religious influences in families’ responses to perinatal loss, the present investigation explored how mothers within one particular minority group -- Orthodox Judaism -- experience stillbirth and neonatal death. Jews have been characterized as a religious group, a cultural group, and a people, with the Canadian census allowing Jews to self-identify as both an ethnicity and a religion (Chervyakov, Gitelman, & Shapiro, 1997; Staetsky, 2011; Statistics Canada, 2016). Orthodox Judaism is a subculture of Judaism (Berkowitz, 2008; Schoenfeld, 2006) that has been described as “a way of life dominated by religion in all aspects, rather than simply a religious tradition that complements an otherwise conventional Western life” (Gabbay, McCarthy, & Fins, 2017, p. 548). At the same time, variability exists even amongst Orthodox Jews (Berkowitz, 2008), whereby those who are least “modern” tend to be highly culturally and religiously identified (Schnall, 2006). A search of the literature revealed only one study with this population that consisted of interviews with ten ultra-Orthodox Jewish mothers exploring how these women constructed meaning from the tragedy and coped with their grief (Hamama-Raz, Hartman, & Buchbinder, 2014). Specifically, participants reported that, in spite of their pain, they viewed the event as “for the best,” and
orchestrated by a loving God who they sensed was tangibly present in the delivery room (Hamama-Raz et al., 2014). In addition, the loss of their baby was interpreted as a test of faith that facilitated the opportunity to exercise inner strength and experience a unique closeness with God. Participants’ instinctual attachment of meaning to the tragedy was consistent with Jewish traditions informing that seemingly tragic occurrences are only “bad” when perceived from a human perspective, rather than through a broader lens only seen by the Creator (Soloveitchik, 2004). As well, these beliefs were reflective of Jewish teachings suggesting that all neshamos, or souls, including the souls of unborn babies, are entrusted with a unique mission and are capable of making a spiritual impact on the universe (Niddah 16b). The Talmud (Book of Oral Law) also explains that the soul becomes attached to the body while it is in the womb (Niddah 30b), where it experiences a remarkable spiritual existence and is taught the entire Torah (book of Written Law). This suggests that an infant who dies before birth is viewed as having already achieved a great accomplishment in a metaphysical sense.

Halacha (Jewish law) as a Framework for Orthodox Jewish Life

Definition of Halacha (Jewish law)

Orthodox Jewish individuals follow halacha, which means “to go, or walk,” (Leviticus/Vayikra 18:2) and is a framework for life that governs proper behaviour from morning to night, birth until death, and is not limited to civil laws or court situations (Aiken, 2015; Gold, 1998). As one of the oldest legal traditions of the world that is still practiced by a large group of people up to the present (Kusters, 2009), halacha (Jewish law) provides guidelines for how to interact with one’s family, relatives, and strangers, as well as how to fulfill religious requirements between oneself and God (Aiken, 2015). These laws are a medium for imitating God’s ways, for bringing down the Divine Presence into the material world, and for injecting
holiness into all aspects of life through actions such as visiting the sick, welcoming guests, giving charity and refraining from creative activity on Shabbos (Sabbath) (Aiken, 2015; Spero, 1996). Halachos (Jewish laws) are specified in the written Torah (Book of Written Law) given at Mount Sinai and were orally elaborated upon by God to Moses and later codified into the Talmud (Book of Oral Law). Many halachos (Jewish laws) could not be understood solely based on the writing of the Torah (Book of Written Law); for example, without the Oral Torah, Orthodox Jews would not know how to carry out common practices including the exact verses to include on a mezuzah scroll (parchment with holy verses placed in the doorway), the process for reciting kiddush (prayer to sanctify the Sabbath) or the correct appearance of tefillin (small black leather boxes containing holy verses and worn on the arm during prayer). Halachic (pertaining to Jewish law) guidelines can be found in sourcebooks such as the Mishna, Talmud, their commentaries, Shulchan Aruch, Mishna Berura, and responsa written by great rabbis who explain how to apply halacha (Jewish law) to modern day situations.

**Halacha (Jewish law) and the Centrality of Childbearing**

Halachos (Jewish laws) concerning the obligation to have children are of central importance in religious Jewish culture (Cohen, 1984), and are based on the first commandment written in the Torah (Book of Written Law) to “be fruitful and multiply” (Genesis 1:28). According to one opinion in the Talmud (Book of Oral Law) (Yevamot, 62a), the reason for this emphasis on perpetuating the Jewish nation is to hasten the coming of Moshiach, or final redeemer. This opinion suggests that the Moshiach will come only after every soul in heaven has been born, which means that those who contribute to this process are considered to be actively participating in bringing about the geulah, or final redemption. Considering the centrality of childbearing to Orthodox Jewish culture, motherhood is perceived as a critical role of Jewish
women, who often view the birthing process as an integral component of the spiritual dimension of their lives (Semenic, Callister, & Feldman, 2004). Consistent with this attitude, fertility rates among Orthodox Jews in the United States have been estimated to range from 3.3 children in “modern Orthodox” families to 6.6 in Haredim (ultra-Orthodox families), with one hospital in Lakewood, New Jersey reporting a rate of 358 births per thousand women (Wertheimer, 2005). Similarly, data from the Central Bureau of Statistics in Israel (2007) revealed that Haredi communities in large cities in the country averaged approximately eight children per woman. Given these statistics indicating inflated births compared to the general population, it seems reasonable to assume that perinatal loss is relatively more common in these families as well. Moreover, findings show elevated rates of stillbirths in older mothers and women who have had more than three pregnancies, which may pose an additional risk factor for Orthodox Jewish mothers (CDC, 2017; Flenady et al., 2011; Gardosi et al., 2013; Reddy et al., 2010). Thus, the halachic (pertaining to Jewish law) and philosophical significance of childbearing for Orthodox Jews, together with their resultant high birthrates and associated risk factors for stillbirth, are important considerations with respect to understanding their perinatal bereavement experiences.

**Halacha (Jewish law) Concerning Mourning and Perinatal Loss**

In conjunction with its status as a religion that is based on halachic (pertaining to Jewish law) principles and traditions, Orthodox Judaism contains a plethora of sophisticated laws and customs that govern behaviours and practices associated with death and mourning (Goldberg, 1991), including bereavement rituals concerning babies who die in the perinatal period. As in the case of a child or adult, a stillborn baby is prepared for burial by the Chevra Kaddisha (Jewish Burial Society) and interred in a Jewish cemetery as soon as possible after the death (Orach Chaim 526:10; Magen Avraham 526:20). The body is often laid to rest in an area that is
designated specifically for deceased infants. As an integral component of the preparation of the body, a Hebrew name that would not be used for future children is assigned to the infant, and a circumcision takes place if the baby is a male and sufficiently developed (Orach Chaim 526:10; Sanhedrin 110b; Yoreh Deah 263:5). With respect to mourning practices, the traditional shiva (7-day mourning period) is not observed, and kaddish (prayer recited for the deceased) is not recited, as the soul of an infant of less than 30 days is not seen as having a presence in society and the community (Yoreh Deah 343:8; Moed Katan 24b). Thus, although the child’s absence is strongly felt by his or her parents (Nidda 5:3), the soul is not lacking and was not intended to be a part of this world, which means that the laws of mourning do not apply (Stav, 2010). Despite an assumption in the literature that a lack of formal customs around stillbirth may increase emotional distress in Orthodox Jewish parents who have experienced a perinatal loss (Neuman, Nadav, & Bessor, 2006), it is noteworthy that no participants in the study conducted by Hamama-Raz and colleagues (2014) identified a link between an absence of mourning rituals and coping difficulties.

The Role of the Rabbi

In their role as community leaders, rabbis are expected to offer piskei halacha, or rulings on halachic (pertaining to Jewish law) issues, when approached by members of their respective communities who are unsure about the proper conduct for particular life circumstances (Aiken, 2015). Through study, interpretation, analysis and application of sources, each rabbi of every generation attempts to establish the halacha (Jewish law) according to its truth (Angel, 1988). Although halachic (pertaining to Jewish law) decisors rely on the same classic texts, they may be influenced by the specific time and place in which they live, the personal circumstances of the individual seeking direction, and local community custom. Consultation with rabbanim (rabbis)
is a central aspect of the Orthodox Jewish tradition, given their expertise in the field of Jewish law, together with the belief that their yiras shomayim (fear of God) will provide siyata dishmaya (Divine assistance) in arriving at a correct ruling (Miller, 2008). In addition to their role as Torah scholars, rabbanim (rabbis) also frequently informally assume the position of a variety of helping professionals, including marriage counsellor, psychotherapist, personal coach, bereavement counsellor, social worker, and mediator of community disputes (Levitz & Twerski, 2005).

Farber (2013) details various aspects of the role of the rabbi following infant death, including information provider, initiator, coordinator and religious personality. He elaborates that the rabbi can assist in clarifying the choices available for parents and how to access relevant resources. Specifically, rabbis may detail halachic (pertaining to Jewish law) options and traditions associated with burial and mourning, as well as help connect the family to the funeral home or Chevra Kaddisha (Jewish Burial Society), while ensuring that their physical needs including food and transportation are addressed. He explains that parents typically have no experience with dealing with infant death and may find themselves in a vulnerable state where they are unable to make complex decisions and, therefore, reliant upon the guidance of a rabbi with expertise in dealing with the hospital, morgue and Chevra Kaddisha (Jewish Burial Society). Farber (2013) also suggests that the role of a rabbi consists mainly of crying with the parents, rather than providing religious counsel or explanations of why the tragedy may have occurred. He cites, “Just as God is compassionate, so too should you be compassionate; just as God comforts the mourner, so too should you comfort the mourner” (p. 159) and supports this by recalling an incident where a prominent rabbi’s entire speech at the funeral of an infant consisted of reading the poignant story of King David losing his son. He concludes by stating that rabbis are in the unique role to assist the bereaved family in ways that others cannot, and which include,
but also extend beyond, knowing the answers to *halachic* (pertaining to Jewish law) problems, and which do not substitute for the assistance of a psychologist or social worker when needed.

**Study Objectives**

The primary objective of the current dissertation was to address the following question: What are the lived experiences of Orthodox Jewish mothers whose baby is stillborn or dies shortly after birth, within the context of their religion, families, and the community? This study focused on the perspectives of mothers in particular, as childbearing and motherhood are often perceived as a critical role of the Jewish woman (Semenic, Callister, & Feldman, 2004). Based on the results of the study by Hamama-Raz and colleagues (2014) indicating that ultra-Orthodox women who gave birth to a stillborn baby viewed the event as “for the best,” it was expected that *halachic* (pertaining to Jewish law) and philosophical traditions embedded in the religion would result in distinctions between the perinatal loss experiences of Orthodox Jews and those of families who identify with more mainstream Western culture. As such, mothers in the present study were invited to discuss how their religion shaped their experiences of losing a baby, as well as the effects of bereavement on their religious beliefs and practices. Given findings indicating that social support obtained from a religious community is a critical factor that impacts families’ adjustment to bereavement and ability to cope (Wortman & Park, 2008), mothers were also encouraged to describe how their status as members of Orthodox Jewish families and the community affected their perinatal loss experiences.

Within the framework of a qualitative, interpretive phenomenological research design, semi-structured interviews with seven Orthodox Jewish women were carried out to obtain a rich, detailed description of their perinatal loss experiences. As well, interviews were conducted with three Orthodox Jewish rabbis from different subgroups within the community (i.e., *Chassidic,*
Yeshivish, Sefardi) in order to provide further context for the information obtained from mothers. This allowed for a deeper conceptualization of halachos (Jewish laws) and Jewish philosophy concerning perinatal loss as well as the nature of support offered by religious leaders in the community during the bereavement period.

In addition to contributing to the present understanding of cultural and religious influences on perinatal loss in a theoretical sense, the findings obtained may have practical implications with respect to enhancing culturally sensitive practices among healthcare professionals. In the pursuit of caring for ethnically diverse families, Hebert (1998) suggests that doctors and nurses need to be able to extricate themselves from their own beliefs and assist bereaved parents in carrying out rituals and traditions that are meaningful to them and consistent with their personal perspectives. Although changes in healthcare guidelines have resulted in most parents seeing and photographing their deceased babies in the interest of promoting mental health and adjustment following perinatal bereavement (Radestad, Nordin, Steineck, & Sjögren, 1996), concerns have been noted around the dangers of hospital staff applying these protocols in a dogmatic fashion (Bourne & Lewis, 1983). Given the lack of knowledge on cultural variations in the experiences of parents whose baby is stillborn or dies shortly after birth (Badenhorst & Hughes, 2007; Hebert, 1998), it can be argued that one-size-fits-all hospital policies and bereavement support offered in the case of perinatal loss might be particularly problematic for minority families. As such, findings from the present investigation will address this gap in the literature and provide healthcare professionals with knowledge that can heighten their cultural competence. As well, the information obtained in the study is expected to benefit rabbis, psychologists, social workers, and bereavement support groups by enhancing their ability to care for members of the Orthodox Jewish community following perinatal loss in a culturally
appropriate manner.
CHAPTER 3: METHODOLOGY

Interpretive Phenomenological Research Framework

Methodology for the current study was broadly informed by phenomenology and, more specifically, by interpretive phenomenology. Phenomenology evolved as a countermovement to the positivist approach, which embraced quantitative research that focused on negating bias through strictly controlled data collection and analysis methods targeted at achieving objectivity and discovering the laws of “cause and effect” (Hay, 2002; Reiners, 2012). In contrast to positivism, phenomenology accepted the importance of interaction between researcher and the researched, and perceived reality as unfixed, evolving and dynamic in nature. This was reflected in its approach to knowledge development that emphasized the assembly and description of qualitative data through experiential modes of explanation or “immersion in the world” (Hay, 2002; Wertz, Nosek, McNiesh, & Marlow, 2011). Often referred to as the father of phenomenology, Husserl (1859-1938) criticized psychology for its exploration of human issues through methods utilized by natural sciences that induced artificiality into complex situations (Cohen, 1987; Koch, 1996; Laverty, 2003; Polkinghorne, 1983; Scruton, 1995; Jones, 1975). He argued that empirical approaches wrongly characterized living subjects as reacting automatically to external stimuli instead of free agents responsible for influencing their environments (Deustcher, 2001; Wojnar & Swanson, 2007). With its descriptive (eidetic) focus, Husserlian phenomenology idealized a condition of consciousness where the researcher is able to successfully abandon his or her personal lived reality and biases in order to describe a phenomenon, or experience, in its pure, universal essence (Wojnar & Swanson, 2007).

As the founder of a branch of phenomenology known as hermeneutics, Heidegger (1889-1976) sought to answer the question of the meaning of being, and maintained a conviction
that humans are hermeneutic, or interpretive, beings capable of finding significance and meaning in their own lives (Kvale, 1996; Draucker, 1999). While the Husserlian approach highlights the description of a universal phenomenon, with context of peripheral importance, Heideggerian (1927/1962) philosophy is based on the notion that an in-depth understanding of human experiences cannot occur in isolation of an exploration of the impact of culture, social surroundings, or historical period (Campbell, 2001; Draucker, 1999; Geanellos, 1998; Orbanic, 1999; Wojnar & Swanson, 2007). Family traditions, community values, and the broader socio-political context are all critical considerations with respect to conceptualizing the concept of “dasein” (the human way of being in the world) (Campbell, 2001). Meaning is found as individuals construct their world based on their own backgrounds and experiences and are simultaneously constructed by the world in which they live (Laverty, 2003). As such, hermeneutic phenomenology is grounded in the belief that both researcher and participant bring to the investigation their own understanding of events based on, and shaped by, their respective backgrounds (Wojnar & Swanson, 2007). Through their unique perspectives, biases, and preconceptions, researcher and participant engage in a process of interaction and interpretation that creates an understanding of the phenomenon of interest (Benner, 1994). In short, the goal of interpretive phenomenology is to identify participants’ meanings from the blend of the researcher’s understanding of the phenomenon, participant-generated information, and data obtained from other relevant sources (Heidegger, 1962).

In his book Phenomenology of Practice, van Manen (2014) describes hermeneutic phenomenology as “a method of abstemious reflection on the basic structures of the lived human experience” (p. 26) that has both descriptive and interpretive elements. He elaborates:

The term method refers to the way or attitude of approaching a phenomenon. Abstemious
means that reflecting on an experience aims to abstain from theoretical, polemical, suppositional, and emotional intoxications. Hermeneutic means that reflecting on experience must aim for discursive language and sensitive interpretation of devices that make phenomenological analysis, explication, and description possible and intelligible. Lived experience means that phenomenology reflects on the prereflective or prepredicative life of human existence as living through it. (p. 26)

According to van Manen (2014), phenomenological research can only be pursued while surrendering to a state of wonder, by asking questions that explore what an experience is like while living through it, and with the intent to grasp the singular aspects of that event. Gaining access to the meaning structure of an event or a prereflective experience-as-lived occurs through epoché, or opening oneself, followed by reduction, or attentive tuning to the world when in an open state of mind. Epoché was conceptualized by Husserl as occurring though bracketing, or setting aside preconceived beliefs that might stand in the way of accessing the lived meaning of a phenomenon. On the other hand, Heidegger perceived reduction as an inherently incomplete process that could never truly become a technique or reveal the meaning of a phenomenon in its entirety, and is accomplished through understanding a mode of being from within the world. Van Manen (2014) cautions that, in attaining openness required for conducting phenomenological research, one ultimately one needs to overcome his or her subjective feelings and inclinations that may result in a one-sided understanding of the experience. At the same time, he concludes that forgetting one’s preunderstandings is not really possible, and assumptions that prevent one from being as open as possible may need to be clarified through a practice of critical self-awareness, rather than simply erased. Van manen (2014) elaborates that a range of methodological practices exist for conducting phenomenology, some of which may be
more appropriate for particular projects over others, but he emphasizes that these cannot be reduced to procedural schemes or a series of steps that will lead to insightful studies, as “there is no method for human truth” (p. 30). In his guidelines for phenomenological writing, van Manen (2014) describes this process as containing both a rational element that systematically explores the meaning structure of a phenomenon, as well as a non-rational component that attempts to create a sense of resonance with readers and to capture the plausibility of an experience. The latter non-rational element is labelled by van Manen as the “voking features” of a text, or its capacity to bring to speech, and is described as “a poetizing form of writing” (p. 240). He explains that the more vocative a text, the more strongly the meaning is embedded in it, and the more difficult it is to paraphrase or summarize the language for research, as “the poem itself is the result” (p. 240).

The current study was conducted within the framework of van Manen’s (2014) characterization of hermeneutic phenomenology described above, as well as within the broader Heideggerian (1962) tradition postulating the importance of understanding the meaning of an experience as influenced and structured by its context. Wojnar and Swanson’s (2017) guidelines for selecting a specific mode of phenomenological inquiry were also used to identify interpretive phenomenology as an ideal methodology for the present research, given its focus on exploring how the backdrop of Orthodox Judaism shaped the perinatal bereavement experiences of mothers within this community. In accordance with Wojnar and Swanson’s (2017) distinctions for interpretive phenomenology, used interchangeably in their paper and in the current investigation with the term hermeneutic phenomenology, this study was carried out with: 1) an emphasis on understanding the experience in context, 2) the perception of people as self-interpretive beings, 3) a belief that the contexts of culture, practice, and language are what humans share, 4) a
position that researchers co-create interpretations of phenomena, and 5) a conviction that the understanding and co-creation by the participants and the researcher are what makes interpretations meaningful.

In the area of bereavement (Neimeyer & Hogan, 2001; Riches & Dawson, 1996; Stroebe, Stroebe & Schut, 2003) and in wider academic circles (Gergen, 1985; Laverty, 2003; Polkinghorne, 1983; Valle et al., 1989; Wertz, Charmaz, McMullen, Josselson, Anderson, & McSpadden, 2011), there has been a growing recognition of the limits of logic-empirical research approaches, and the utility of qualitative methodologies that emphasize discovery and meaning in addressing significant questions about human experiences. Researchers have also highlighted the importance of acknowledging the impact of context and culture in understanding individuals’ bereavement experiences (Kleinman, 2012; Stroebe, Schut, & Boerner, 2013), and particularly in the case of perinatal loss (Hebert, 1998). Thus, the hermeneutic phenomenology philosophy that conceptualizes individuals as enmeshed in various contexts that give meaning to their lived experiences was seen as particularly suitable for exploring mothers’ experiences of perinatal loss within the framework of the Orthodox Jewish religion, their families, and the community. The hermeneutic approach to research postulates that individuals’ experiences can best be understood through exploration, telling and interpretation of their stories (Langridge, 2007) or poetizing of language (van Manen, 2014), and this was accomplished in the current study by providing bereaved mothers with a forum for sharing their narratives and perspectives.

**Theoretical Framework**

In addition to the interpretive phenomenological methodology that was adopted in the present study for gaining knowledge about the perinatal loss experiences of Orthodox Jewish women, this research was conducted within the theoretical framework of recent models on grief
and bereavement, including meaning-making, continuing bonds, and resilience focused paradigms (Calhoun & Tedeschi, 2006; Gillies & Neimeyer, 2006; Lister et al., 2008; Neimeyer, 2002; Neimeyer, Baldwin, & Gillies, 2006; Neimeyer & Harris, 2015). These contemporary models, described above in greater detail, conceptualize grief as a process of active attempts by the bereaved to make sense of the death of a loved one and to integrate meaning into the loss, thereby frequently facilitating adjustment and post-traumatic growth. The notion of maintaining continuing bonds with the deceased (Klass et al., 1996) as an adaptive aspect of grieving, rather than contributing to dysfunction and impairment in functioning as theorized by Freud (1957), is strongly featured in these models, and was therefore also used as a framework for the study.

Finally, Bonnano’s (2009) proposition to conceptualize the grief process as consisting of a wide range of responses for different individuals that need not necessarily be labelled as normal or pathological, and which frequently reflect high levels of resilience, was utilized as a backdrop for the current investigation. In conjunction with these models, specific interview questions detailed below were designed to elicit information from participating mothers from the perspective of grief as a potential catalyst for development, growth and meaning-making.

Sensitivity

In qualitative research, and interpretive phenomenology in particular, it is understood that although the researcher must strive to maintain a level of objectivity and openness in order to arrive at an accurate interpretation of events, a stance of complete neutrality is impossible and perhaps undesirable (Strauss & Corbin, 1998; van Manen, 2014). Sensitivity, or the accumulated knowledge, personal perspectives, professional training, gender and culture of the investigator, facilitate his or her ability to see beneath the obvious, arrive at insights, understand subtleties in the data, and make comparisons. According to Corbin and Strauss (2008),
The researcher’s background and past experiences provide the mental capacity to respond to and receive the messages contained in the data; thus, the findings are a product of the data *plus* what the researcher brings to the analysis. (p.33)

In regard to the current study, the sensitivity of the researcher was enhanced through her clinical training in psychology with parents and children experiencing significant life challenges, and her prior research exploring evidence-based interventions for families coping with bereavement following pediatric cancer. As well, her affiliation with the Orthodox Jewish community, female status, and personal encounters with members of her extended family who had experienced a stillbirth enabled her to obtain a deeper understanding of the perspectives of participating mothers. At the same time, the researcher’s immersion in the community and familiarity with Orthodox Jewish teachings and lifestyle likely influenced her conceptualization of the data as a result of her personal preconceptions and experiences. As well, her own ontological and epistemological beliefs, including her interest in context, together with her perception of the grief process as capable of promoting growth and meaning-making, contributed to her understanding of participants’ experiences. Given the researcher’s awareness of her previously held viewpoints and convictions, she made sure to practice a critical self-awareness of her beliefs and assumptions, as conceptualized by van Manen (2014) in his description of methods for maintaining openness in hermeneutic phenomenological inquiry. This was also consistent with the concept of reflexivity, which has been identified as a critical component of phenomenological research, where the researcher is expected to engage in continuous self-critique and self-appraisal, together with an explanation of how his or her experiences did and did not impact the research experience (Dowling, 2005; Koch & Harrington, 1998).

**Participants**
A purposive sample was used in the current study, whereby participants were selected according to predetermined criteria relevant to the research focus, as well as for their ability to provide information-rich cases for in-depth investigation (Guest, Bunce, & Johnson, 2006; Patton, 2015). Inclusion criteria consisted of being an English-speaking, self-identified Orthodox Jewish mother who had experienced a perinatal loss at least 6 months prior. No restrictions were placed on the amount of time that had elapsed since the death or participants’ country of residence. For the purpose of the investigation, perinatal loss was defined as the loss of a pregnancy of at least 20 weeks’ gestation, or an infant of less than 28 days of age. The sample size of seven mothers included in the presented study was consistent with guidelines developed by prior researchers for phenomenology studies (Creswell, 1998; Creswell, 2013; Morse, 1994) in conjunction with the aim of generating adequate data for achieving saturation. Although some researchers (e.g., Guest et al., 2006) have suggested recruiting up to 12 participants for qualitative research in order to increase the likelihood of saturation, it has also been proposed that smaller sizes can be sufficient in providing complete and accurate information when the participants possess “cultural competence” or expertise about the domain of inquiry (Romney, Batchelder, & Weller, 1986). Other factors that have been reported to enhance saturation include the skill of the interviewer (Morse, 2008), the quality of the data (Mason, 2010), the recruitment of multiple samples within one study (Ritchie, Lewis, & Elam, 2003), and a relatively homogenous sample with respect to the topic of interest (Guest et al., 2006).

In the current investigation, participants appeared to possess high levels of cultural competence about Orthodox Judaism, and the interviewer’s immersion in the community and prior training in clinical psychology seemed to enhance her rapport with the interviewees and her ability to obtain large volumes of rich information. These factors, together with contextual data
obtained from rabbis and the homogeneity of the group of participants in terms of their Orthodox Judaism, allowed for saturation with a relatively small sample of seven participating mothers. Specifically, saturation was determined to have been achieved when the researcher saw similar instances over and over again, no new categories emerged, and existing themes were well established (Glaser & Strauss, 1967). At this point, it was felt that the collection of additional data would be counter-productive (Strauss & Corbin, 1998).

Van Manen (2014) proposes that researchers can conduct data-interpreting interviews with experts in a field to enhance the interpretation of, and insight into, lived experience accounts, or phenomenological interviews. Consistent with this, a purposive sample of three rabbis was also selected to participate in the study in order to provide supplemental, contextual information for mothers’ experiences. Inclusion criteria consisted of English speaking individuals who were currently performing rabbinic duties for an Orthodox Jewish synagogue in Canada. Each rabbi represented a different segment of the Orthodox community (i.e., Chassidic, Yeshvish, Sefardi) in order to obtain a range of perspectives.

Recruitment

The researcher was in contact with organizations and websites that offered perinatal bereavement or infertility support for Orthodox Jewish families, and which, in turn, welcomed interested women to participate in the study through flyers and word of mouth. In addition, several participants had authored articles on perinatal loss in Orthodox Jewish publications or websites and provided their contact information for individuals wishing to obtain further information about their experiences. Some mothers were also informed about the study through a snowballing technique (Gilbert, 1993; Kalton & Anderson, 1986; Robson, 1993) that consisted of existing participants recruiting additional participants from among their acquaintances, and
which has been identified as particularly effective for “hidden” or difficult to access populations (Noy, 2008), as was the case for the current study. Women who expressed interest in participating were invited to communicate with the researcher over the telephone or through email to learn more about the project (e.g., the study purpose, interview process, and types of questions contained in the interview) and to express any concerns or questions. Two mothers who had offered their contact information and were approached for participation declined after giving it some thought, stating that they felt it would reactivate their trauma and possibly impact their functioning. For mothers who informally agreed to participate, the researcher arranged a date and time to conduct the interview. Participants were offered the option of completing the interview over the phone or via an electronic meeting; however, all chose to converse over the phone.

Through information provided on synagogue websites (i.e., phone numbers or email addresses) rabbis were contacted, provided with a brief summary of the purpose of the study and invited to participate. Two rabbis declined to participate as they had recently experienced the death of their own child and did not feel emotionally prepared to engage in dialogue on the topic of perinatal loss. Rabbis who expressed interest in participation were given an opportunity to ask questions related to the investigation, followed by the arrangement of a date and time to obtain written informed consent and complete the interviews. All interviews with the rabbis were conducted in-person at their respective synagogues or offices.

**Data Collection**

Ethical approval was provided by the University of Toronto Research Ethics Board. To ensure confidentiality, raw and processed data were kept locked and protected at all times. In order to maintain anonymity, all participants were assigned a pseudonym that was used
to identify them in interview transcripts and demographic questionnaires. Data were only shared among members of the research team.

Several weeks prior to the interview, mothers were mailed a packet containing the study description and consent forms (Appendix A), and they completed written consent for study involvement and recording of the data. As well, a brief questionnaire was included in the packet that obtained socio-demographic information, including marital status, number and ages of surviving siblings, gestational age of the deceased infant, age of the mother, years since the loss, and previous access to grief support (Appendix B). These consents and questionnaires were then scanned and emailed back to the researcher or mailed to the researcher using a self-addressed stamped envelope.

Given the sensitive nature of the topic, a series of steps was followed in order mitigate psychological harm to participants as they engaged in dialogue (Kavanaugh & Ayres, 1997). Before the interview commenced, mothers were reminded that conversing about the baby’s death could potentially trigger feelings of distress and that they were permitted to withdraw from the study at any time or decline to answer any questions posed by the interviewer. Attention was paid to mothers’ emotional state throughout the interview, and the researcher continually “checked in” to ensure that participants felt comfortable proceeding with the interview in a process known as renegotiating consent. At the conclusion of the interview, mothers were asked what it was like for them to talk about the loss and how they were feeling, and a list of perinatal bereavement resources in their community was prepared in anticipation of any unforeseen negative effects. Although a majority of mothers displayed feelings of sadness and grief as they conversed about their loss, many expressed that the experience had been therapeutic, and all declined the need for further bereavement services.
In-depth interviews ranging from one to two-and-a-half hours in length were conducted with each mother, and were audio recorded and transcribed verbatim. Interview questions were designed by members of the research team who had expertise in the areas of perinatal bereavement and cross-cultural research, as well as clinical experience working with adults and children. A semi-structured interview format was used, with an initial introduction that invited women to share the stories of their loss and which was worded as follows: “Perinatal loss can refer to a wide range of situations. It can include a stillborn baby that was more than 20 weeks’ gestation or an infant that was born alive and died before 28 days of age. Sometimes the loss is expected, as the baby was not viable or healthy, and sometimes it may be totally unanticipated, as the pregnancy was progressing normally. Can you begin by telling me a little bit about your experience of perinatal loss?” Mothers were then encouraged to direct the flow of the dialogue, although a variety of open-ended questions were provided to participants as needed to offer guidance on the areas of interest to the study if they did not spontaneously share this information. These questions included:

1) How did you react when you found out that your baby had died or was not expected to live?

2) Were you in contact with a rabbi at the time and were there any specific halachos (Jewish laws) that you followed regarding the burial and naming the baby?

3) Describe your hospital experience and subsequent recovery and the support (if any) provided by family members, medical staff and the Orthodox Jewish community?

4) Did losing a baby impact your yiddishkeit (religion, spirituality and Jewish identity) and, if so, how?

5) Did your yiddishkeit (religion, spirituality and Jewish identity) influence your
perspectives on the experience and, if so, how?

6) What was helpful and unhelpful for you and your family in managing your grief both in the initial days and as time passed?

For the rabbis, written consent for study involvement and recording of data (Appendix C) was obtained prior to the interviews, which ranged from one-and-a-half to two hours in length. All data were audio taped and transcribed verbatim. Rabbis were asked to provide in-depth responses to the following questions, with the interviewer prompting to obtain additional information as needed:

1) What *halachos* (Jewish laws) are observed by families who experience a perinatal loss?

2) In your role as rabbi, how do you counsel or support families who experience the death of a baby?

**Data Analysis**

Thematic analysis is a method for identifying, analyzing and reporting patterns or themes in a data set that minimally organizes, describes, and, at times, interprets, qualitative information obtained in rich detail (Braun & Clarke, 2006). It has been argued that thematic coding is both a process that can be performed within a major analytic tradition such as grounded theory or phenomenology (Ryan & Bernard, 2000), as well as a method in its own right (Braun & Clarke, 2006). According to Van Manen (2014), thematic analysis refers to a process of recovering structures of meaning that are embodied and dramatized in human experiences represented in a text. He emphasizes that this is not a rule-bound process, but “a free act of seeing meaning that is driven by the epoché and the reduction” (p. 320), with texts treated as sources of meaning at the level of the whole story, at the level of the separate paragraph, and at the levels of the sentence,
phrase, expression, and single word. In the current study, thematic analysis as conceptualized broadly by van Manen, together with the more structured approach detailed by Braun and Clarke (2006), was used to identify themes in the interviews with mothers. This was carried out through an iterative process informed by the research framework of interpretive phenomenology (Smith, 2007; van Manen, 1990), as well as the meaning-making, resilience-focused framework for conceptualizing grieving (Bonnano, 2009; Calhoun & Tedeschi, 2006; Gillies & Neimeyer, 2006; Klass et al., 1996; Lister et al., 2008; Neimeyer, 2002; Neimeyer, Baldwin, & Gillies, 2006; Neimeyer & Harris, 2015).

First, each individual transcript was read and reread multiple times by the researcher to increase familiarity with its contents, and critical points were identified through a detailed line-by-line coding. All key points were then clustered into groups that corresponded to preliminary themes that were reflective of mothers’ accounts. Once each transcript was analyzed in detail, a group level analysis was carried out, and a list of preliminary themes across all transcripts was categorized into groups on the basis of similarity and overlap. These groups were further refined until major themes were finalized, with one theme further subdivided into subthemes. Saturation was determined to have been achieved when similar instances in the data occurred over and over again, no new categories were yielded, and existing themes were well established (Glaser & Strauss, 1967). In accordance with recommendations provided by Braun and Clarke (2006), the “keyness” of each theme, or the guidelines used to assess if the data crossed the threshold of constituting a theme, was assessed both on quantifiable measures such as prevalence, as well as its ability to capture something important to the research question. Representative quotations that consisted of the women’s own words were then selected to illustrate each theme and subtheme, with special attention paid to ensure that the experience and its embedded meaning were
conjured vividly into an image (van Manen, 2014) that revealed the richness of the phenomenon (Crowther, Ironside, Spence, & Smythe, 2017). Hebrew and Yiddish words and phrases that were consistent with the dialect spoken by Orthodox Jews in the Diaspora were frequently incorporated into the narratives of participants. When representative quotations were cited, the embedded Hebrew and Yiddish words and phrases were included in their original form to ensure that the meaning was preserved, and an English translation was provided in adjacent parentheses to enable a non-Hebrew or Yiddish speaker to understand. A glossary is included (Appendix D) that offers additional information and expounds upon the meaning of these terms. Pseudonyms were adopted for all potentially identifying names of people and places to ensure participant anonymity. Findings were presented to additional members of the research team for discussion, refinement, and continued analysis until a consensus was reached regarding the organization and interpretation of the data. In arriving at the precise name for each theme, attention was paid to ensure that the title was concise, compelling, and able to immediately give the reader a sense of what the theme was about (Braun & Clarke, 2006). Information obtained from rabbis’ interviews was presented in the form of a summary together with supporting quotations to illustrate the concepts discussed. The data gathered from interviews with mothers were used to address the research question, with mothers’ responses directly providing information about their experiences, while the rabbis’ responses offered additional context. Finally, a brief story was crafted for each mother to provide a synthesized account that encapsulated her individual experience of living with perinatal loss (Crowther, Ironside, Spence, & Smythe, 2017).

**Validity, Reliability, and Transferability**

Validity has been defined as the degree to which a piece of research reflects the reality it claims to represent, and reliability has been identified as consistency over time, across
researchers and across setting (Giorgi, 1988; Hupcey, 2005). It has been argued that validity and reliability are two major areas where the criteria of logical empiricism have been incorrectly imposed upon phenomenology (Giorgi, 1988). To elaborate, phenomenological research is not well served by validation schemes such as content validity, criterion-related validity and construct validity that are more appropriate for quantitative methodology (van Manen, 2014). According to van Manen (2014), validation criteria that are suitable for reviewing phenomenological text include questions such as: “Is the study based upon a valid human experience, or does it ask what a human experience is like?” “Is analysis performed on experientially descriptive accounts and transcripts?” “Is the study properly rooted in primary and scholarly phenomenological literature?” and “Does the study avoid trying to legitimate itself with validation criteria derived from non-phenomenological methods?” In terms of reliability, van Manen (2014) suggests that the notion of repeatability and measurement schemes such as inter-rater reliability are not applicable with respect to phenomenological research, given its strong focus on striving for novel and unexpected insights. Van Manen (2014) also differentiates between empirical evidence gathered for quantitative research that pertains to exterior knowledge, and intuitive-based evidence associated with phenomenological research that consists of an intuitive understanding, is meaning based, and is based on the logic of eidetic reduction. He explains that, while empirical evidence allows for generalizations that can be used in evidence-based practice, phenomenological understanding may be more appropriate for practical situations where there is a need for thoughtful sensitivity, tactfulness, and the conceptualization of meaning.

In recent decades, some researchers have recognized the need for more explicit criteria for assessing the methodological rigour of qualitative research that enhance credibility,
provide standards for publication, and are parallel, but not identical, to those typically employed for quantitative studies (Lincoln & Guba, 1985; Miles & Huberman, 1984). Following a comprehensive review of the existing literature, together with information gleaned from an informal discussion group comprised of psychologists, Elliot, Fischer and Rennie (1999) constructed a list of guidelines for authors that can be used to facilitate good research practice in qualitative studies. Key recommendations that were provided included: 1) specifying one’s theoretical and personal orientations, as well as relevant personal experiences and training; 2) situating the sample by describing the research participants and their life circumstances (e.g., age, gender, ethnicity, social class); 3) listing examples of the data that illustrate the themes and allow for an appraisal of fit between the data and the interpretation of results; 4) providing credibility checks of the data analysis that consist of confirming the accuracy of interpretations with the original informants or using an additional analytic “auditor” with experience in the subject area to review the interpretation of results; 5) presenting the understanding of material through a data-based story or narrative that achieves coherence and integration, while preserving nuances in the data; 6) accurately assessing the range of circumstances to which findings can be generalized, depending on the scope of participants and the contexts studied; and 7) stimulating resonance with readers and reviewers through presenting material in a manner that increases the likelihood of it being judged as having expanded the readers’ and reviewers’ understanding and appreciation for the subject matter. A final recommendation proposed by Packer and Addison (1989) suggests that an interpretive account should be evaluated on its ability to bring about practical changes and induce social transformation.

Consistent with the broad validation criteria presented by van Manen (2014) for qualitative research, the current study was comprised of descriptive accounts of a lived human
experience -- the perinatal bereavement experience of Orthodox Jewish mothers. Moreover, a variety of detailed recommendations provided by Elliot and colleagues (1999) were followed to enhance the trustworthiness of observations made and conclusions drawn from the data, which are analogues to reliability and validity criteria used in quantitative research (Stiles, 1993). Specifically, a description of the theoretical orientation, personal experiences and training of the investigator, including her prior research and clinical work with bereaved individuals and familiarity with Orthodox Jewish culture, was provided. This increased her ability to develop rapport with participants, to collect data that was reflective of participants’ experiences, and to arrive at interpretations that were consistent with the information that was supplied. Credibility of the interpretation of findings was heightened by sharing the themes with a participating mother and an Orthodox Jewish nurse with prior clinical experience in labour and delivery in order to acquire their feedback. As well, members of the research team reviewed the themes to ensure that they were representative of mothers’ accounts.

Direct quotations from mothers’ and rabbis’ interviews were provided to illustrate the themes and to allow for an appraisal of fit between the data and the interpretation of results. In the reporting of findings, efforts were made to use language that facilitated the creation of a cohesive overall story of participants’ experiences and ensured the preservation of nuances in the data. In regard to guidelines concerning the generalization of results, descriptive data on the researcher and participants, as well as an explicit definition of perinatal loss were given to situate the sample and to assist the reader in judging the range of persons and situations to which the findings are most relevant. This was consistent with the notion of transferability, which has been presented as a criterion that can be used in qualitative research as an alternative to external validity or generalizability, and is achieved when the researcher offers adequate information
about the sample and the context that enables the reader to decide how the results may transfer (Morrow, 2005). Finally, in conjunction with Packer and Addison’s (1989) pragmatism criterion for evaluating interpretive research, knowledge obtained from the present investigation is expected to lead to greater understanding and potentially enhanced perinatal bereavement support for members of the Orthodox Jewish community and other minority groups.
CHAPTER 4: FINDINGS

Demographic Information

Demographic information collected from mothers is summarized in Table 1. Seven Orthodox Jewish mothers who had experienced one or more perinatal losses agreed to participate in the study. All participants were married. The median interval between the interview and the time of the loss was 7 years, ranging in total from seven months to 18 years. At the time of the interview, mothers ranged in age from 22 to 65 years of age, with a median age of 30 years. Gestational age of the deceased infant ranged from 22 to 40 weeks, with a median of 39 weeks. Six of the infants were stillborn, and one lived for a brief period of time after birth. The status of one infant born at 22 weeks was unknown, as hospital staff failed to record if he or she was born alive or deceased. Two participants reported having no living children, although one was pregnant at the time of the interview. The five remaining participants had between one and eight surviving children. Birth order of the deceased infant ranged from the first to the ninth child. One participant had given birth to two stillborn babies and had also experienced a prior miscarriage, two reported having a prior miscarriage but no later gestational losses, and four participants reported having no history of pregnancy loss. Five mothers resided in the United States, one lived in Canada, and one resided in Israel. Three participants received informal grief support through a peer WhatsApp group, two reported attending one-on-one therapy with a mental health professional, and two had not accessed any formal form of support.
Table 1

Demographic Information for Mothers

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Mother’s Current Age</th>
<th>Time Since Loss</th>
<th>Gestational Age of Baby</th>
<th>Number of Living Children</th>
<th>Birth Order of the Deceased Infant</th>
<th>Country of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yocheved</td>
<td>65</td>
<td>18 years</td>
<td>39 weeks</td>
<td>8</td>
<td>Ninth</td>
<td>Canada</td>
</tr>
<tr>
<td>Simcha</td>
<td>26</td>
<td>7 years</td>
<td>40 weeks</td>
<td>3</td>
<td>First</td>
<td>USA</td>
</tr>
<tr>
<td>Yehudis</td>
<td>47</td>
<td>10 years</td>
<td>39 weeks</td>
<td>6</td>
<td>Sixth</td>
<td>USA</td>
</tr>
<tr>
<td>Chana</td>
<td>33</td>
<td>8 years</td>
<td>39 weeks and 22 weeks *</td>
<td>3</td>
<td>First and Second *</td>
<td>Israel</td>
</tr>
<tr>
<td>Hadassah</td>
<td>26</td>
<td>8 months</td>
<td>30 weeks</td>
<td>0</td>
<td>First</td>
<td>USA</td>
</tr>
<tr>
<td>Yael</td>
<td>22</td>
<td>7 months</td>
<td>39 weeks</td>
<td>0 – mother reported being pregnant</td>
<td>First</td>
<td>USA</td>
</tr>
<tr>
<td>Rus</td>
<td>30</td>
<td>9 months</td>
<td>41 weeks</td>
<td>1</td>
<td>Second</td>
<td>USA</td>
</tr>
</tbody>
</table>

*Chana gave birth to two stillborn babies

Three Orthodox Jewish rabbis participated in interviews that were designed to obtain information to provide additional context for the mothers’ experiences. All participating rabbis resided in Canada, and each was affiliated with a distinct sect within the Orthodox Jewish tradition (i.e., Chassidic, Yeshivish, and Sefardi).

Summary of Information Yielded from Rabbis

Information collected from interviews with rabbis contained strong commonalities in their respective responses despite having affiliations with different sects in the Orthodox Jewish community (i.e., Chassidic, Yeshivish, and Sefardi). Rabbis described how the mesorah (transmission of Jewish religious traditions) creates a foundation and structure for mourning,
together with a philosophy for conceptualizing loss. As well, they defined their roles as providers of support for members of the community following perinatal death, and how this can be achieved through listening and reflecting on the meaning of the baby’s life. Overall, rabbis’ commentary provided additional context and background information that enriched and enhanced the interpretation and understanding of data obtained from mothers regarding their experiences.

**Mesorah (transmission of Jewish religious traditions) Creates the Structure for Mourning**

Rabbis explained that the mesorah (transmission of Jewish religious traditions) offers a foundation for conceptualizing loss within the Orthodox Jewish tradition, as well as a structure for how to conduct oneself in the period of bereavement. As with all aspects of the lifecycle, halachos (Jewish laws) concerning the mourning process have been transmitted through the generations and are detailed in the Torah Shebichsav (Written Law/Torah) and expounded upon in the Torah Shebaa’l Peh (Oral Law/Talmud). Given the invariable nature of these traditions and the belief in their Divine origin, rabbis emphasized that upholding the mesorah (transmission of Jewish religious traditions) even in the presence of ever-shifting secular values reflects the observant Jew’s commitment to follow in God’s ways and to live an ethical life.

> “Judaism is not this popular fad that we follow the most recent sensitivities of the dominant group or the loudest voice. Judaism has a very focused look at reality and a very specific look at reality, and that’s how Judaism encourages us to live. We will discover that with a life of Judaism there is a lot of peace, a lot of meaning and significance in life.”

> “You can’t turn around halacha (Jewish law) for any circumstance.”

> “It’s a very different way of thinking than Western society. Especially recently it’s all
about my feelings. The way I feel. Judaism really tries to tell us that there’s something beyond ourself.”

“That’s the way it’s been done for generations and generations...This problem (perinatal loss) is not a new problem unfortunately. If anything, today it’s probably better than it was a problem that went on for generations and generations. And they had a way of dealing with it. It’s not a new issue. So clearly that was the mahalach (manner of conducting oneself) for all generations. Are we smarter today than they were?”

In their roles as religious leaders, rabbis perceived themselves as conveyers of halacha (Jewish law) on bereavement-related issues when approached by members of the community for consultation. Several rabbis stressed the importance of considering the emotional state of the individual and his or her needs while responding to halachic (Jewish law and customs) questions regarding loss and mourning. They elaborated that, within the boundaries of the mesorah (transmission of Jewish religious traditions), there is a range of practices that may be considered as advisable and appropriate, and the job of the rabbi is to apply and tailor the guidelines for conduct for a particular situation.

“We’ve survived and we’ve remained true to our mesorah (transmission of Jewish religious traditions) because we believe that there’s another way. And that other way is finding a gentle, darchei noam (pleasant way), but decisive way to lead people on the right path.”

“You have to know the person and what speaks to the person, right?”

“If somebody needs it for their emotional health....that’s why in halacha (Jewish law) not everything is black and white and muttar or ossur (permitted or forbidden). There’s what is appropriate and inappropriate. Advisable, not advisable.”
In regard to specific halachic (Jewish law) practices associated with various aspects of perinatal loss, all rabbis outlined similar guidelines for circumcising a male baby, naming the infant, and performing the burial, as well as a set of parameters for ensuring kavod hameis (honouring the body). Moreover, rabbis explained that these laws and customs are inextricably linked with the guiding philosophies and perspectives of Orthodox Judaism, and they reflect that a stillborn baby is conceptualized in halacha (Jewish law) as a “real” life, though different than that of an older child or adult.

“Halacha (Jewish law) says if it’s after 40 days (gestation), which is very early on in pregnancy, and from a Jewish perspective, there was a life here that was lost, and it is recognized. It’s very sad and very painful, and it’s recognized. At the same time, it’s not a baby that came to, that developed its life on Earth. So the laws and customs and behaviour is different from someone who lived their life.”

Rabbis elucidated that the traditions of circumcising and naming the infant are central to the bereavement process for perinatal loss, serving as a testimony to the belief that this life will be resurrected at the time of the Messiah together with all deceased individuals.

“When it’s a boy to have to do a milah (circumcision), and select a name, which makes it a very powerful thing. It’s a very powerful aspect for parents who are going through this. We are giving it eternity and nitzchiyus (eternity), and extraordinary expression of belief in techiyas hameisim (resurrection of the dead) and biyas hamoshiach (coming of the Messiah).”

Rabbis confirmed that, in Orthodox Judaism, the burial of a stillborn baby generally occurs in an area on the outskirts of the cemetery in a space devoted exclusively for deceased infants, although parents may choose to bury the baby in a full-size plot in the main area of the cemetery.
if desired. One rabbi cited a *halacha* (Jewish law) forbidding a righteous person to be interred adjacent to a wicked individual. He stressed that a stillborn infant is completely pure, and, therefore, requires a segregated burial plot apart from other deceased individuals who may not be of the same caliber in terms of their holiness. He recalled a tragic incident that had occurred in his own synagogue, where a young baby had died from unexplained causes and had been interred in a site that was isolated from other plots in the cemetery for this reason.

“You don’t bury them with just regular people. Just like you don’t just bury a tzaddik (righteous person) with regular people. So we have this SIDS baby and we will never put anybody next to him. There is a halacha (Jewish law) that it’s assur (forbidden) to bury a tzaddik (righteous person) next to a rasha (wicked person). The Shulchan Aruch (Code of Jewish Law) says this...A tzaddik, a tzaddeikes (righteous person who is a male or female), you can’t just put anybody next to them. It’s bad for the lesser person to be, to stand out that way.”

In contrast with *halachos* (Jewish laws) observed by immediate family members following the death of a child or an adult, rabbis reported that the recital of *kaddish* (a prayer for the deceased) and visits to the immediate family in the 7-day *shiva* period are not practiced in the case of perinatal loss. They provided a rationale for this distinction, explaining that *kaddish* (a prayer for the deceased) is recited for the purpose of elevating the soul, and this is not required for the *neshama* (soul) of a stillborn baby that is already in its loftiest form.

“The Sdei Chemed says that the child that dies less than 2 years old, you don’t say kaddish (a prayer for the deceased) for them. For the same reason. They’re so high, they’re so holy, you don’t need to do anything.”

“We say kaddish (a prayer for the deceased) to elevate the neshama (soul) of the niftar...
(deceased). Therefore, the child doesn’t need us in any way at all to elevate them.”

“As an adult that makes some mistakes, messes up, whatever it is, it needs the acts of survivors to do different acts of kindness or generosity to elevate the soul of the deceased. But in the case of a child, a child is seen as pure and sacred, so it’s different. The experience is a different one, so the reaction is a different one. Especially a stillborn is so pure and so sacred.”

Rabbis also highlighted that Orthodox Jewish philosophy conceptualizes a stillborn baby as having a minimal connection with the tangible world, which means that the shiva (7-day mourning period) customs do not apply, as they are designed to facilitate the expression of grief over the death of an individual who interacted with the community. They emphasized that the loss of an infant is an immense tragedy that is felt deeply by his or her family; however, the structure mandated by halacha (Jewish laws) for memorializing an older child or adult would not be appropriate.

“Shiva (7-day mourning period) is the mandatory mourning for the loss of a life. Um...that is not mandated in the case of a child that really has very little connection to this world. Now having said that, in the same breath I say, ‘Cry and mourn.’ But it doesn’t need to be mandated by Shulchan Aruch (Code of Jewish Law). When Shulchan Aruch talks about shiva (mourning period), it’s not talking about mourning. Mourning is just a state of emotion. We don’t tell people when to cry and when not to cry.’”

One rabbi elaborated on this concept by providing a mystical explanation for the reasoning behind the absence of a formal shiva (7-day mourning period) in the case of perinatal loss. He expounded that the purpose of shiva is to express empathy for the deceased soul’s sadness and turmoil over its inability to physically interact with family in the same manner as during its life.
The absence of *shiva* for a stillborn baby in *halacha* (Jewish law) is a reflection of the fact that this pure soul has never connected with the material world and therefore is not in a state of distress after its passing.

“*Shiva (7-day mourning period)* is...it’s a process of sharing what the soul is going through. And if the soul is going through sadness that it’s passed away, and it’s no longer physically connected in the same way that it was with the family, then we have to reflect that...*Shiva (7-day mourning period) is cancelled for a stillborn baby* ...it’s because the soul of the deceased is not grieving and therefore the reflection is that there is not mourning.”

Relatedly, he explained that Judaism typically conceptualizes a soul as having a presence near its place of burial and the ability to connect on some level with loved ones who come to convey their grief over the loss of their physical relationship with the deceased. In the case of a stillborn baby, the soul would not be able to understand the distress or mourning of its parents, as it has only been exposed to the bliss of the spiritual world. As such, parents do not customarily visit the grave to minimize the soul’s potential for confusion over their expression of pain and loss, which are uniquely human experiences associated with the complexity of a material existence.

“It’s very hard for us because when we mourn, you know, we expect that people around us feel our pain. The assumption is that if we go to a burial place, that the soul will feel. That’s not the case (with perinatal loss). That’s not the case. Like the soul didn’t experience pain, loss. So when we’re standing there (the soul wonders)... ‘Like what are you doing?’ There’s a total language barrier there.”

Unlike contemporary Western society that seeks to promote the attachment between a stillborn baby and his or her parents, rabbis elucidated that Orthodox Judaism perceives the infant as a
holy soul, not intended by God to live or leave a physical presence on the Earth. As such, the mourning process delineated within the bounds of halacha (Jewish law) for responding to perinatal loss is designed to decrease attachment, rather than strengthen it, while minimizing parents’ grief to the greatest possible extent.

“You want to create a connection to the person? Why? You’re adding tzaar (pain).

You’re creating the potential for a feeling of more loss. They (secular society) have a reason why they do it and I understand that. But we don’t have that necessity... from our belief, a belief that is deeply rooted in Torah (Written Book of Law), that’s the starting point.”

“Because I think that what would be healthier for such parents is to focus on the spiritual element of what they had. And the physical element of it, is just a source of pain.”

Despite the distinction between halachos (Jewish laws and customs) observed for nefalim (stillborn babies) and older children or adults, rabbis emphasized that respect for a dead body is paramount within the Orthodox Jewish tradition for deceased individuals of all ages. They stated that although gazing at or kissing a body are generally considered inappropriate practices within the scope of halacha (Jewish law), it would be permitted for a mother to hold her stillborn baby if it would provide comfort and assist in her emotional healing. All rabbis concurred that taking photographs of the baby is an inadvisable practice and one that is not consistent with kavod hameis (honouring a dead body), while emphasizing at the same time that it is not expressly forbidden. One rabbi speculated that the sensation of discomfort associated with taking pictures of deceased individuals may have been minimized in the current era by the commonplace occurrence of photos depicting bodies in the news; however, this is a practice that is incompatible with Orthodox Jewish perspectives. Given the importance of kavod hameis
(honouring a dead body) for all individuals, rabbis explained that performing an autopsy on a baby’s body would typically be forbidden except in very specific situations, and with the guidance of a religious leader.

Providing Comfort through Listening and Reflecting on Meaning

In addition to their roles as conveyers of halacha (Jewish law), rabbis perceived themselves as leaders of the community, responsible for providing comfort to individuals in challenging situations including perinatal loss. They explained that, firstly, it was critical to simply listen, to “be there,” and to display empathy for a parent who had experienced the death of a baby, rather than offering philosophical explanations regarding the tragedy or providing lengthy guidelines for how to conduct oneself in the period of bereavement.

“‘You gotta be there for them. So I think to answer your point, you have to be there for them. And most of the time, that means little talking. We have this impulse, you know, that we need to bestow all sorts of philosophical thoughts. It doesn’t speak to a person’s emotions like sitting there and really holding a person’s hands and shedding a tear for them and hugging them. And saying, ‘I’m there for you in your pain.’ I think that actually helps. It lightens your burden a little bit because there’s someone else in it with you. Not a time for being, you know, a mussar schmooze in emunah (a talk about faith), or something like that.’”

“I have found myself in all types of cases just needing to be there to emotionally help the person deal with the tragedy and to help them cope with it.”

“When a mother will cry and say ‘Why?’, she’s not asking, ‘Give me a reason why.’ She’s saying, ‘What could I do to soothe my pain?’ And having a philosophical or mystical or any religious reason is not going to soothe her pain...So empathy and
validation is, I think, the right thing. And a comfort that, you know, as difficult as it is in the best times, and in better times, we trust in Hashem (God), the Creator and Master of the universe...I trust that He does everything, that He makes everything, our brightest moments and our darker moments all come from Him.”

“The Mishna (Book of Oral Law) makes it very clear... ’Al tenachem es chaveircha b’shaa shemaiso mutal l’fanav’ (Don’t comfort your friend at the time that his deceased loved one is placed before him)...There’s a time and a place for everything. There’s a time perhaps to have a theological discussion, but when parents are experiencing this, they feel like their soul was ripped out of them.”

In addition to the act of showing compassion and validation, rabbis reported that they offered consolation for parents who had experienced a perinatal loss by highlighting that the baby’s life had a purpose and that there was a Divine reason for its sojourn into a particular family.

“A soul comes down to Earth, and even if it’s the soul of a stillborn, it was connected to a body that was developing. Why that happens, Kabbalah speaks to that. It’s not just some type of mistake or fluke that happened. There was a particular reason it came to Earth, even if it didn’t live 80 or 90 or 100 years on Earth.”

“We have a different belief (than secular society). It’s a terrible sense of loss that you want to give meaning to that life. You want to give purpose to that life. We don’t have to do that. Because in our view there is a meaning to that life even if the child died a stillborn. Because it’s a neshama (soul) and that neshama had a tachlis (purpose)...

There a tachlis (purpose), a reason why this happened. A reason why this neshama (soul) had to come into this world. There’s a reason why this person had to have that baby. I
may not know all the reasons, right. But I have a firm belief that there’s a reason that this
had to happen.”

“So what are you going to tell them…that it’s all good? That’s insane!... But saying that
there’s purpose? They can hear that. They want to hear that there’s purpose. And it’s the
truth.”

One rabbi elaborated on this concept by referencing an incident in the Torah (Book of Written
Law) where a righteous married couple, Amram and Yocheved, had decided to separate and have
no further children after Pharaoh ordered that all Jewish baby boys be drowned in the Nile.
However, they immediately elected to remarry when their wise daughter, Miriam, counseled that
taking action to prevent the cessation of all new life for the Nation was an inappropriate response
to the decree. This rabbi expounded that Jewish philosophy perceives human life as having
value, whether the soul contained in that body returns to its source shortly following birth or
after a long and healthy life, and even when the reason for its brief journey is incomprehensible
to the human mind.

Rabbis explained that a stillborn infant’s soul may be a reincarnation of a soul that
required a brief return to Earth in order to obtain a tikkun (rectification) for a minute wrongful
act that had been carried out in a previous lifetime, without the potential for becoming corrupted
by exposure to the temptations associated with a lengthier life. As well, rabbis cited a passage in
the Gemarah (Book of Oral Law) stating that Moshiach (the Messiah) will arrive only after all
the souls in existence have been born, which means that parents who create life, even if the child
dies, are seen as bringing forth the Redemption.

“Judaism looks at it that if there was a person that lived the perfect life but there was
some things that had to be corrected that weren’t done properly, then that soul has to
come down to Earth.”

“There’s another thing called a gilgul (reincarnated soul). Right? The Arizal (famous Torah scholar) and others believe and therefore the child could have been here and needed to come into this world for whatever reason and whatever amount of time. Which is much beyond the scope of our understanding, and you assisted in bringing this neshama (soul) to its ultimate tikkun (rectification). Which is part of bringing a child into this world. The Gemarah (Book of Oral Law) says that Moshiach (Messiah) can only come when all the neshamas (souls) are used up. So this helps that process. It helps to bring Moshiach (Messiah). There is a purpose in having this child come into the world even if the child dies.”

“It says that Moshiach (Messiah) will come when all the souls are finished, are put into bodies. So this is a soul that was put into a body, and it didn’t have all the pain and difficulty of life. You know, that’s another way to look at it. That it could be looked at. So it’s a soul that helped bring Moshiach (Messiah) without having to go through all the difficulties and the trials and tribulations of life.”

Rabbis also reported that they provided comfort following a tragic loss by reminding bereaved parents of the firm belief entrenched in Orthodox Judaism that the separation is only temporary, as a reunite ment with the deceased will occur at the time of techiyas hameisim (resurrection of the dead).

“In my conversations, I’ve found that focusing on the future, focusing on the coming of Moshiach (Messiah), that this baby will come back to life. That I found resonated with parents.”

Specifically, in the case of a nefel (stillborn baby), rabbis highlighted that there is a promise in
the Scripture that this life will somehow reach full development and experience a resurrection in
the same manner as other deceased individuals after the arrival of Moshiach (the Messiah).

“The realization of the belief that the separation is not permanent. And that we very
firmly and plainly believe in tchiyas hameisim (resurrection of the dead). So I feel that,
that in any tragic type of thing that helps. Now specifically, I don’t know if you’ve heard
this, but there’s a passuk (passage) in Yeshaya (Book of Scripture) that says ‘Yichyu
meisecha nevaylasa yikumun’ (May your dead come to life. May my corpse arise;
Yeshaya 26:19). The Gemarah (Book of Oral Law, Kesubos 111a) says that’s referring to
nefel (a stillborn baby)...That means there’s a specific type of techiyas hameisim
(resurrection of the dead) for a nefel even if the nefel is not fully developed. That
somehow the nefel will reach full development and come to life.”

Finally, rabbis stated that an encounter with tragedy or loss, as in the case of perinatal
death, fosters the potential for greater intimacy and connection in one’s relationship with God.
They acknowledged that although it can be exceptionally difficult to rise above the pain, being
forced to cope with a challenge creates a unique opportunity for personal and spiritual growth. In
addition to providing halachic (pertaining to Jewish law) guidance and comfort, rabbis explained
that the spiritual leader’s role is to assist in cultivating this capacity for development. They noted
that difficulties in life can strengthen or shatter an individual, and rabbis bear the responsibility
for maximizing the likelihood of achieving a positive outcome by accompanying members of the
community along their journey of grief and hope.

“My role and responsibility is to strengthen their connection to Hashem (God) and to
provide them support. These are good people, they’re capable people. They just
experienced something. Hold their hand at this point, so they can catch their breath
again. Then they’ll be able to keep on going. And maintain their connection with Hashem (God), or perhaps develop a deeper connection to Hashem.”

“We believe that this is really the potential to grow to great new heights in emunah (faith) as opposed to falling apart. And you have to find the way to sort of help them over time.”

“Any time a person has lived through something like this, they’ve had a brush with Hashem (God)...Hashem runs the world in a certain tevadik (natural) way. And not that it’s tevah (natural), but it’s hesder (hidden). Hashem (God) created a pattern, He can hide Himself, and we have to find Him. When something goes out of the ordinary that’s a siman (sign) that Hashem (God) is there. Not everybody is shayach (able to achieve) to this, it’s a difficult thing.”

“Strengthening their trust and faith in Hashem (God) is something that is absolutely essential. And reminding them b’daftka (specifically) how important at this time they (husband and wife) are for each other, that is essential. Um...and there’s also different stages. Try to put them in touch with who they are and what they are, their connection with Hashem. To remind them that life is not over just because it might seem like it’s over. It’s really not.”

**Mothers’ Individual Summarized Stories of Perinatal Loss**

A brief crafted story interwoven with her own words was created for each mother to summarize her individual experience of living with perinatal loss and to provide additional contextualizing information. All potentially identifying details, such as names of people and places, were changed in order to ensure participants’ anonymity.

Yocheved
Yocheved was in her mid-forties, already a mother to a large family of children, and enjoying her final pregnancy. She had been informed that something was wrong with the baby’s kidneys at one of her first ultrasounds, and sensed that the baby was in distress when she experienced a strange fluttering feeling and no movement close to her due date. After she was told that the baby had no heartbeat, she freaked out, but drew strength from the team of nurses whom she described as incredibly caring, with religious values that mirrored her own. She vividly remembers looking at her stillborn infant and thinking how beautiful he was, observing that she could see his face in front of her even 18 years after his birth. She felt very close to God during the period of the labour and delivery, and perceived His kindness in the midst of her suffering. The Chevra Kaddisha (Jewish Burial Society) assisted with the burial arrangements, and knowing that her holy baby was given a bris (circumcision) like all Orthodox Jewish boys was comforting to her. She received a great deal of support from her family and friends during the labour and in the days and weeks following the loss, through visits, encouragement to move on with life, and expressions of their love. As well, she obtained guidance and strength from her rabbi when contemplating the philosophical reasons for the tragedy. The experience taught her that God is calling the shots, and that it is important to be thankful for the blessings in one’s life. As well, she learned to acknowledge, rather than ignore, the suffering of others, and has made a concerted effort to impart this to her children. She experienced a sense of peace and comfort when at the cottage with her grandchildren many years after the loss, realizing that the circle of life had continued.

Simcha

Simcha was 19 years old when her baby died, at the end of a seemingly healthy pregnancy with her first baby. She had decided not to have sonograms in her final trimester, but
was alerted to the fact that something was amiss when the doctor could not feel the baby’s head, initially thinking he was breech, but soon discovering that the infant had anencephaly and would not survive. She was given the devastating news in an abrupt and callous manner that suggested her baby’s life had no purpose, and she recalled bawling for weeks while she continued with the pregnancy knowing what the outcome would be. The baby died during the delivery, which was horrible and traumatic, but was made more bearable with the support of a doula who had previously assisted in the births of other stillborn infants. Her husband was not in the room when the baby was born, as he was a Kohen (from a Jewish lineage with a special priestly status) and forbidden contact with dead bodies, but they were in touch with a rabbi who provided guidance and support. She remembers the moment of holding her perfect, full baby, and found it helpful that she was not placed on the labour and delivery floor. The Chevra Kaddisha (Jewish Burial Society) came to take the infant, and she experienced intense sadness that she and her husband needed to spend the money that had been saved for a crib on a burial. She experienced a vast outpouring of support from her friends and the community, receiving countless packages of chocolate and flowers, together with messages of empathy. Looking at healthy babies in the months after the loss was distressing, which was compounded by the fact that many children were born into her extended family at the time. It was devastating to break the news to members of the community, which caused her to run crying out of a wedding after a friend unknowingly wished her “Mazel Tov” (congratulations). She derives comfort from knowing that God had a plan in creating her baby, but at the same time is not really a completely changed person from her experience, and does not want to be defined by the tragedy. She went on to have several more children after the loss and observed that she does not often think about the death of her baby anymore, but carries his legacy in her efforts to display sensitivity in her interactions with
others.

**Yehudis**

Yehudis was a 37-year-old mother of 5 children who had decided to use a midwife for her sixth pregnancy, as well as to refrain from undergoing routine ultrasounds. At a checkup toward the end of her final trimester, the midwife became concerned that something was wrong with the baby. Further testing revealed the devastating news that he had anencephaly and nothing could be done to save him. After consulting with a rabbi, she and her husband maintained an attitude of hope, consulting with the hospital’s ethics committee and ensuring that no efforts would be spared in attempting to preserve the baby’s life. She wrote a birth plan that detailed her personal wishes and halachic (pertaining to Jewish law) guidelines, and the baby took several breaths after his birth, which generated a sense of comfort that he had a moment in life. Following his passing, the room was completely silent and serene, with no one speaking unless it was absolutely necessary, until the Chevra Kaddisha (Jewish Burial Society) arrived. She was offered to hold the baby but declined, as she felt that the baby was holy and did not want to mar him with her impurity. She perceived herself and her family as critical players in God’s plan to bring the infant’s soul into the world for his tikkun (spiritual rectification), and in a sense fortunate to have participated in this spiritual journey. The family also received comfort from accepting that the loss was God’s will and noticing little messages that reflected His closeness to them and His mercy in the midst of their grief. She finds it emotionally difficult not to visit her baby’s grave, but believes that it would hold his neshama (soul) back by drawing him into the Earthly world, and finds solace in the thought that they will meet again at the time of the resurrection. The community reacted to the loss with high levels of support and empathy, and the family engaged in acts of kindness and good deeds in memory of the baby. She and her husband
went on to have another child, their last, two years later at the same hospital they had delivered their stillborn infant, determined to respond to the loss with life.

**Chana**

Chana was 25 when she got married, which is considered old in her community, and her marriage was greatly celebrated by the family, as both the bride and groom were firstborn children. She became pregnant several months after the wedding, anticipating the arrival of her own firstborn, but was shocked and saddened when she miscarried, triggering feelings of having failed as a woman. Two months later, she conceived again, and was initially highly anxious about the pregnancy, but eventually allowed herself to experience overwhelming love for her unborn baby girl. In her ninth month of pregnancy, she was informed that the infant was healthy and the pregnancy was progressing well; however, one morning shortly thereafter, she noted that the baby was less active than usual. After heading to the hospital, she was informed that the baby was gone, and reacted with shock and disbelief, realizing in horror that she would still have to go through the pain of the labour and delivery. Being that it was close to Shabbos (Sabbath), she waited with her husband for an induction, passing the time by davening (praying), singing zemiros (Shabbos songs), and making Kiddush (blessings). They were in tears throughout most of the labour and delivery, which culminated in the birth of her beautiful girl, born still, with chubby cheeks and red hair. Her hospital stay was distressing, as doctors frequently mistakenly congratulated her on the birth of a healthy baby, and she continued to receive wishes of mazel tov (congratulations) from uninformed members of the community after coming home. Six months later, after a period of feeling unable to look at living babies, she became pregnant again, once more afraid to emotionally connect with the infant growing inside her. At 22 weeks, she noticed a drop of blood that progressed to contractions and labour, and she soon found herself at the
hospital delivering a second stillborn baby despite all her physical efforts to halt this process. Her husband responded to their third loss with feelings of anger directed at God, and she found herself unable to speak and wanting to be knocked out for the rest of her life. Their rabbi provided support and reassurance that validated their feelings and strengthened their faith, while the community responded with offering meals and prayers for their welfare. Ten months later, after her fourth pregnancy, she and her husband celebrated the birth of a healthy baby boy, in a moment of indescribable joy, followed by two more children and a miscarriage. She is comforted by the knowledge that she will meet her deceased babies again at the time of Moshiach (the Messiah), and has developed greater empathy for others who experience hardships, together with an increased appreciation for God’s blessings.

Hadassah

Hadassah was a 26-year-old in the 30th week of her first healthy pregnancy following a miscarriage, when she and her husband were in a car crash that left them unhurt, but sent the baby into shock. After an emergency C-Section, she was informed that the infant’s heart had stopped, and he could not be revived. She was in a state of utter disbelief, as her sister, parents, in-laws, and Knafayim (Jewish organization for couples coping with infertility and infant loss) arrived at the hospital to provide emotional support for this traumatic turn of events. Knowing that others had experienced the loss of a baby was helpful in coping with the situation, as well as celebrating a good Shabbos (Sabbath) in the hospital surrounded by the love of her family and familiar rituals. Following the ordeal, she and her husband were treated by her parents to a trip to Israel, where they went to a famous Jewish cemetery and looked at the tiny kevarim (graves) that resembled the one of their child. Mentally preparing for going back to work and facing the pity of others was difficult for her, but her colleagues suggested having a small, casual get-together in
her home to ease the transition. With the death of her baby having taken place only eight months prior, she still struggles with anticipating the pain that will likely be triggered by the birth of healthy babies in her family, as well as facing members of the community who are unaware of her situation or are uncomfortable knowing what to say. She and her husband have strengthened their relationship as a result of their shared trauma, and they have worked together to intensify their faith in God. She draws solace from the knowledge that she has already participated in the creation of two pure souls that she and her husband will greet at the time of kevarim (graves). While she does not critique others who unintentionally cause hurt with their words, her ordeal has helped her to develop increased empathy for the challenges faced by members of the community and greater sensitivity in her interactions.

**Yael**

Yael was in her early twenties, recently married and eagerly awaiting the arrival of her first child. Approaching her due date, she awoke one morning dizzy and feeling no movement from the baby. Later that day, she received the horrifying news that there was no longer a heartbeat. In disbelief over the possibility that her recently active baby was no longer alive, she responded mechanically to the news, reassuring the doctor that she was okay. She did not wish to receive the sympathy of her parents or mental health professionals or be in their company, preferring to grieve alone with her husband while she prepared for the labour and delivery. After the birth, the extent of the tragedy sunk in, and she realized what it was like to have a baby that was not alive. She chose not to hold her son, but asked to have him close to her in the room, and was distressed when her mother disagreed with this decision and questioned if it would trigger additional feelings of trauma. The Chevra Kaddisha (Jewish Burial Society) informed her that they would name the baby and give him a bris (circumcision) before burial, but she expressed
that she wanted to select the name herself, and was informed by the rabbi that it was permitted. In an attempt to ensure that she did not receive painful messages of congratulations from members of the community who were unaware of her loss, she called a friend and asked her to spread the news. Regardless, she was forced to contend with mazel tovs (congratulations) when going to the grocery store for the first time, which was very distressing. Numerous packages were sent to her from people she barely knew, which felt uncomfortable, although she realized that people were just trying to express their support. She was comforted by the belief that her son’s neshama (soul) was special and in the highest place in the spiritual realm. Conversing or texting with others who had coped with similar situations was helpful in managing her feelings, but she was frustrated by interactions with friends or family who claimed to understand but had not faced the ordeal of stillbirth. The experience has made her extra careful to scrutinize her words and ensure that they are not hurtful to others, as well as heightened her appreciation for the blessings in life. She is currently pregnant again, and looking forward to the birth, while at the same time acutely aware that she is not in control of life events and that things can go wrong. 

Rus

Rus was in her early thirties, pregnant with her second child, and eagerly anticipating a natural birth after a previously unscheduled C-Section with her son. Already overdue, she noticed that she had unexpectedly slept well at night, which she found worrisome, particularly when she tried unsuccessfully to get the baby to move after drinking some orange juice. Deep in prayer while the technician did the ultrasound, her anxiety turned to shock when the midwife tearfully broke the news that the baby had died. Her out of body experience quickly turned to extreme distress when she realized that she would have to go through the pain of labour and delivery. However, she soon found herself in the odd and disturbing position of having to
comfort her hysterical mother who was outside in the waiting room. After undergoing an induction, her contractions became strong more rapidly than expected, and she found herself alone in the hospital without her husband, who had returned to the house to rest. Her doula did not respond to texts stating that the birth was imminent, and never showed up, although a nurse offered encouragement that she could push out the baby when it seemed beyond her physical and emotional capacity. Realizing that she had accomplished her goal to have a natural birth triggered a sense of happiness in the midst of her intense grief, and she recalled feeling good while holding her beautiful baby girl. Even after her husband and in-laws arrived, she was troubled by their inability to provide comfort and their reluctance to hold the infant. She asked the Chevra Kaddisha (Jewish Burial Society) to name the baby after her grandmother, and completely broke down after they took the body away for burial, closing the lights in her hospital room and weeping alone. She knew that the soul did not need to be elevated and was in its highest form, but chose to perform acts of chessed (kindness) in the baby’s memory that included providing food for parents with a sick child in the hospital. In the months after the loss, the support of friends who faithfully texted her, even when she did not respond, was comforting, but some acquaintances offered comments that were pitying or unwanted. Even in the depths of her despair, she held fast to her faith in God that this was not a punishment, and reassured her surviving son that they would see his sister again after the arrival of Moshiach (the Messiah). She is currently hoping to conceive again, but has a history of infertility, and prays that her dreams of having a large family will eventually be realized.

Themes Yielded from Mothers’ Interviews

Analysis of data collected from interviews with seven Orthodox Jewish mothers who had experienced perinatal loss yielded eight major themes that spanned across their narratives: 1)
Context Shapes the Evolving Story, 2) Engulfed with Awareness of Loss, 3) Mourning within a Framework of *Halacha* (Jewish law), 4) Relinquishing the Illusion of Control, 5) Conceptualizing the Baby as Holy Brings Meaning, 6) Acknowledgement Brings Comfort, 7) Diverse Challenges Intensify Grieving, and 8) Religious, Personal and Spiritual Transformation. One of the themes, Acknowledgment Brings Comfort, was further divided into three subthemes: Having Tangible Evidence the Baby was Real, Receiving Compassionate Bereavement Care, and Embracing Support from Family and the Community. Although presented separately, the themes were interrelated and interdependent with each other, together comprising a unified whole depicting the lived experience of participants. A schematic illustration of the themes and subthemes is presented in Figure 1. In their interview accounts, mothers referred to the deceased as a “baby,” and this specific wording was therefore employed in the description of findings, rather than pregnancy loss or fetus.
Figure 1. Schematic illustration of themes and subthemes yielded from mothers’ interviews.
Context Shapes the Evolving Story

All mothers reported on specific contextual factors that shaped the essence and meaning of their individual experiences of perinatal death. Although the set of circumstances associated with each bereaved mother was unique, there was a shared tendency to frame the story of perinatal loss as an event that was linked with, and could not be separated from, other aspects of their lives. Specific contextual factors that were identified, and which “set the stage” for participants’ stories, included birth order of the baby, age of the parents, history of infertility or miscarriages, and cause of death of the baby. Several participants expressed that they were young and newly married, eagerly anticipating the arrival of their first children, with little awareness of the possibility that anything could go wrong.

“So I got married in May and I got pregnant right away and everything went great, perfect.” (Yael)

“I was 19 years old when this happened...It was my first child. I had had a couple of sonograms earlier on in the pregnancy and I decided not to have any more toward the end after that.” (Simcha)

In contrast, one mother of a large family recounted how she treasured the pregnancy with the knowledge that this would be her last child, as her childbearing years were drawing to a close.

“I was in my mid-forties and I knew this would be my last pregnancy. Chaim (husband) had lost his mother that year. I was pregnant then; we were hoping it would be a girl, which it turned out it wasn’t (laughs) and that we would name the baby for his mother.” (Yocheved)

Some mothers described how they got married at an age that was considered “older” compared to others in their community and that they had struggled with infertility prior to the loss, which
intensified their desire to immediately start a family.

“It took me, you know I got married late. It’s considered late in the frum (Orthodox Jewish) world. I wanted to have kids back to back. And I didn’t get pregnant so easily with my second one.” (Rus)

“We were the oldest children to get married on both sides of the family, so this would be the oldest grandchildren. And we were both 25, so not young and we did get pregnant right away, and we were excited about it... And then 2 months later, suddenly I see, you know, blood... So then about two months after that, I became pregnant again (with stillborn baby).” (Chana)

For one mother who lost her baby following a miscarriage and several years of infertility, the trauma was compounded by the fact that her baby had died following a car accident where her husband was the driver.

“I’m married now for three years, but when I was married for 5 months I took a test then and I had a mis (carriage) after 9 week... We did start going for fertility treatment, not much, but my husband’s blood levels were a little off so he went on medication. Also... my husband was the one who was the driver... he has in his mind that he was the one who killed the baby. I mean my experience was also pretty traumatic, but he went through a lot.” (Hadassah)

In addition to contextual factors that were present in participants’ lives at the time of the death and which set the stage for their stories, mothers described how their lived experiences of perinatal loss continued to evolve even after the passage of time. For women who gave birth to surviving children following the loss, or whose children eventually became parents themselves, the opportunity to welcome new life provided a sense of closure and healing. To illustrate, one
mother tearfully offered a powerful account of the arrival of her healthy infant son after a miscarriage and two stillbirths, expressing her intense and almost indescribable feelings of joy.

“Everybody was waiting outside the door and everything was going according to what it was supposed to...and then the baby came out and it was just amazing. And my husband was crying, and I was able to nurse the baby a bit. The most exciting moment of my life was a couple of hours later when she (nurse) said, ‘Tinok Shelach’ (Your baby), your baby wants you. I had just gone through two pregnancies with no baby, I couldn’t believe it (crying). Even though I had already held the baby, I just couldn’t believe it.” (Chana)

This participant also described how a subsequent pregnancy with a baby girl was fraught with worry, as she could not help associating the gender of the infant with the previous loss of her stillborn daughter. Despite her distress throughout the pregnancy, she reported that the birth of a healthy girl released her from the burden of the emotional pain that she had been carrying.

“Everyone was so happy, my mother and my mother-in-law. And she was a beautiful redhead. She is a year old, she was born a year ago and all the trauma is gone.”

Similarly, another mother related that the birth of several healthy children following the tragic stillbirth of her firstborn son had filled a void and helped her to move on with living, after initially believing that she would always be consumed by thoughts associated with the loss or could never deliver a live infant.

“They told me that I would go on to have more children and I could get over it. And it’s funny but now I have three healthy children and I never think about it anymore.”

(Simcha)

One participant recounted that the arrival of a baby boy a year after the loss of her infant son brought healing not only to herself, but to the entire family, and she recalled that they had
carefully chosen a name that subtly captured how his birth was a source of comfort for his parents and siblings.

“So we had another baby afterwards, also a little boy. He’s our last one. And we were coming to the idea of like, what were we going to name him after the baby? I did not want to name the second baby after the first ‘cause he would be growing up in the shadow of the baby who was niftar (had passed away). And that had a lot to do with our other kids as well. Like the healing for them too. It’s a tikkun (rectification) in a sense, like Mommy had another baby, and it’s healthy and it’s a boy.” (Yehudis)

Conversely, a mother in the study whose youngest child had been stillborn 18 years prior poignantly depicted a moment in the family cottage that took place soon after the birth of her first grandchild and which prompted her to reflect on how she had finally achieved a full nechama (comfort) after the loss.

“When Eli (name of participant’s firstborn son) had his first child, and they came to the cottage. And I felt that things had come full circle. And I think somehow that was a nechama (comfort) for me. Because we were at the cottage at the time. I don’t know why, it was very meaningful to me. And I think I once said it to them, like with all the grandchildren I had a true nechama (comfort).” (Yocheved)

This mother also expressed that the sadness of being unable to name her own baby after her husband’s deceased mother was tempered by the passage of time and the birth of subsequent granddaughters who bore her mother-in-law’s name.

“He (husband) had hoped we would have someone to name after his mother. His mother was called Chaya and once again, when we had grandchildren, and they were named after her. Now we have many Chayas.”
Engulfed with Awareness of Loss

When recounting their stories of perinatal loss, participants described their heartrending responses to receiving the news that the baby had died or was not viable. As awareness of the enormity of the loss settled in, at times in gradual stages, mothers reported a range of thoughts and emotions that were overwhelming, visceral, raw, and vividly portrayed. All expressed initial feelings of shock and disbelief, with many citing a lack of emotional preparedness to face the reality of the situation that sent them into a state of denial or desire to not know the truth. Several participants also described the difficulty of coming to terms with the idea that a living, active baby could suddenly die in the course of what appeared to be a healthy pregnancy.

“So I think I needed two ultrasounds, they couldn’t hear a heartbeat, and then Rabbi Katz said we needed something else to indicate that it was not alive, so they wanted to do an ultrasound. So I freaked out and I said, ‘I’m not going through another ultrasound. I don’t want an ultrasound...And I said I don’t want to hear.’” (Yocheved)

“I was in terrible shock.”(Yehudis)

“The first thing I said was, ‘Can you donate her organs to help other people? Take her out now, save her save her! I was just like in disbelief. I was very much in shock. Like this is a bad dream, it can’t be.’” (Rus)

“So they wheeled the baby out to the NICU and the pediatrician said, ‘I don’t know what to tell you but we can’t get a heartbeat anymore.’ At that point I thought that meant she was still working on the baby and hopefully it was going to come back... I did know that because they were doing a Caesarean Section that it was a very risky situation here, but I didn’t have an inkling, nothing, that anything like this would happen.”

“So then I didn’t really believe that it was fully true. Like I felt the baby kicking
yesterday. So I was looking at the lady who was doing the ultrasound and she was just sitting there. And she asked me if there was anyone to call, my husband, my mother. And I just sat and stayed there for a couple of minutes, and I was like, ‘Sure, okay.’ What was I supposed to say, like I’m not ok? I felt like this can’t be happening, this is totally unexpected...the baby was totally healthy and fine. I just couldn’t believe it.” (Yael)

Some mothers added that they had known about the potential risk of perinatal death, but had thought of this as a remote possibility that could only happen to “other people.” One mother found it particularly challenging to reconcile how a lover of children could experience the death of a very wanted child.

“I was really just shocked. I just kept saying, ‘This doesn’t happen to me.’ Because I had heard stories that happened to other people. But it was always like a chromosomal disorder. I hadn’t heard of anyone...like the baby, she was fine on Friday.” (Rus)

“Miscarriage? That’s something that happens in the paper, that’s something that happens to other people. How could this happen to me, someone who loves kids? Very weird.” (Chana)

As they were able to begin to process the reality of the situation and the consequences of the death, including the realization that they would continue to carry their deceased infants inside them until the birth and go through the physical pain of delivery, mothers reported feelings of sadness that overwhelmed and engulfed them.

“So I jumped up and I wasn’t crying or anything, it was really just a bizarre, out of body experience...And I said, ‘Oh my, I have to give birth!’...And that’s when I started to cry.” (Rus)

“I was bawling, I continued bawling for weeks. It was so unexpected. And then I was
walking around with this baby inside of me, knowing that it was not going to live, and 
people kept asking, ‘When are you due?’ And I just wanted to say, ‘Shut up, don’t you 
realize this baby is not going to live?’” (Simcha)

“And my husband was very quiet the whole time, can’t really talk too much. Very sad, in 
tears. And I was also in tears most of labour.” (Chana)

For one participant, an awareness of the reality and the magnitude of the loss became stronger 
only after the nurse took the baby away to the morgue and stated that the mother was ready to be 
discharged from the hospital.

“So then they took her (deceased infant). And that’s when I lost it. And they were like,

“You can go home. And I was like, ‘I can go home, are you kidding me?’ So I took out 
my stuff and I just cried.” (Rus)

Together with their overwhelming grief, some participants reported additional feelings of 
guilt that they had not been able to protect their babies from harm and had failed in their role as 
mothers.

“And the first thing you feel is a failure…. And the first thing I struggled with was a 
feeling of failure. And there’s no reason at all why I should have felt like this. If I would 
have known that one in four pregnancies ends like this, I wouldn’t have felt like a failure 
as a woman.” (Chana)

“I felt guilty that I had done something wrong.” (Simcha)

“There is still that feeling, ‘Why was I not more careful? Why did I do this, why did I do 
that?’” (Hadassah)

Several mothers expressed that, in the weeks and months following the loss, they had questioned 
why God had taken their babies and wondered if they had done something bad that could have
brought tragedy upon themselves.

“It was very hard in the beginning. I remember that’s all I thought about. I remember I called Rabbi Katz once…but I had all my questions for him. Like, is it (the loss) from shamayim (heaven), and why did it (the baby) have to come to earth?” (Yocheved)

“In those first few weeks it was very dark...And I certainly, I was almost angry. Like, Hashem (God)! And I just thought, Hashem how do you let a mom...? I gained thirty pounds. I suffered at these physical things. Like, how do You take it all away at the last minute? Like, I was angry. Like, why me of all people? And there were certainly some moments when I felt like, ‘What have I done in my life to deserve this?’” (Rus)

One mother whose husband was a baal teshuvah (had become Orthodox as an adult) vividly recounted how she had been forced to contend with his feelings of anger directed at God and a temporary period where he had felt emotionally unable to engage in religious practice. As she contrasted her own unquestioning relationship with God and commitment to Orthodox Judaism with that of her husband, this woman described the burden of facing the possibility that, in addition to the loss of her babies to perinatal death, she would experience the loss of having a religious life partner.

“And my husband, he took his kippah (head covering) off. He couldn’t talk...All I wanted was to be knocked out for the rest of my life. My husband had no kippah on...He was just so upset. It was such a slap in the face. He said, ‘I don’t know who to yell at, but God.’ He is a chozer betshuvah (wasn’t born into an Orthodox family and became religious on his own), so I think in some ways he has a better relationship with God. I’m born religious, so to me, Hashem (God) and me are just there. There’s no such thing as like not being friends with Him right now. But for my husband, he was like, ‘I came to You
and this is what You do to me?’...He went through a period where he didn’t wear a kippah (head covering), he didn’t daven (pray). And then he was like, ‘I went to shul (synagogue) again today.’” (Chana)

Mourning within a Framework of Halacha (Jewish law)

Participants related that, as observant Jews, they had taken great care to follow Orthodox law and tradition as they navigated through the mourning process. Immediately following the birth of the baby, all mothers reported that they had been in contact with a rabbi and/or the Chevra Kaddisha (Jewish Burial Society) for religious guidance and to ensure that bereavement practices were carried out in accordance with halacha (Jewish law). Specific practices that were observed, and which contained little variation between participants, included tasking the Chevra Kaddisha (Jewish Burial Society) with circumcising the baby if it was a male and providing him or her with a Hebrew name. Names chosen by the Chevra Kaddisha were either highly unusual and unlikely to be chosen by parents for a living child, or a malach (angel) depicted in Biblical writings. The body was then taken by the Chevra Kaddisha and typically buried in a special section of the Jewish cemetery reserved for infants. Most mothers related that they had not been informed of the exact location of the grave and had not placed a headstone on the site, in accordance with Jewish tradition for the burial of stillborn babies; however, they did know the general location and name of the cemetery. A selection of participants’ accounts of having observed mourning rituals consistent with Orthodox Judaism are as follows:

“Shaya (name of mohel) did the bris (circumcision). And Moshe found us a burial place in Forest Lawn. I know where the baby is. So sometimes when I go for a walk, I’ll go and say a couple kapitolach of Tehillim (passages of Psalms). I don’t know exactly where it is, but it’s in Forest Lawn.” (Yocheved)
“And the Chevra Kadisha (Jewish burial society) came and they took care of everything, and they buried the baby in a special spot I think. I don’t know where exactly.” (Simcha)

“I don’t know where the babies are buried…I think because they think that’s the way to get over it quicker. According to halacha (Jewish law) they give a set name for a girl and a set name for a boy. And the Chevra Kaddisha (Jewish Burial Society) chooses the name.” (Yehudis)

“So about the Chevra Kaddisha (Jewish burial society), you would have to ask my husband…They just said, give me your name and if you’re a Kohen or a Levi (from a Jewish lineage with a special priestly status). And they just take the baby. They name the baby, and they do the bris (circumcision). And they don’t tell you where they bury the baby.” (Hadassah)

Several mothers reported that they found it emotionally difficult to come to terms with the idea of the Chevra Kaddisha (Jewish Burial Society) selecting a name for their baby, and, after consultation with a rabbi, were informed that it was permissible for them to come up with their own name if that was their preference. One participant also recalled that she had asked her rabbi if it would be halachically (according to Jewish law) permissible to mark the location of her daughter’s burial plot by erecting a headstone on the grave and to visit the site at some point in the future. She was instructed that Jewish law generally discourages this practice in order to protect the emotional health of the mother, but that it was not expressly forbidden and could be carried out if she felt it would facilitate her grief process.

There were no participants who reported that they had deviated from any Jewish laws or traditions without first engaging in dialogue with a rabbi, and, in fact, most seemed to derive comfort from the knowledge that they were conforming with practices that were consistent with
their religious beliefs. This was expressed in one woman’s reflection of how she had sensed the presence of God through the realization that her stillborn son had been circumcised in accordance with ancient Jewish tradition.

“That’s what I felt...you feel Hakadosh Baruch Hu (God) was with you. You know...the fact that he had a bris (circumcision).” (Yocheved)

Another participant shared that she had been instructed by the Chevra Kaddisha (Jewish Burial Society) not to visit the gravesite of her son, and admitted that it was difficult for her to relinquish this opportunity for connection. Regardless, she described feeling at peace with her decision to conform with their directives, as she knew that her baby was a completely spiritual being who did not require any ties with the physical world and that her attempts to draw him into her material life could potentially diminish his purity.

“You’re not supposed to go and visit the gravesite...It was almost like that was the hard part, and there’s so much like that b’chlal (in general) in Judaism like what looks like on the surface one way is really something else underneath. Like what looks harsh, we’re not recognizing this birth, and what do you mean, where’s the humanity in this? But then you flip it over and you realize what it means, like this baby is otherworldly to begin with...You know, like don’t drag him down to keep him here.” (Yehudis)

Following the burial process, and in accordance with halacha (Jewish law), no families observed shiva (seven-day mourning period) or recited kaddish (prayer for the deceased) for the baby, although one mother reported that she lights a yahrtzeit (memorial) candle every year to commemorate the day of her son’s death. This participant acknowledged that lighting a candle for a stillborn infant was not mandated by halacha (Jewish law) as in the case of an older child or adult who dies, but she knew it was not forbidden and was drawn to this practice as a means
of commemorating her baby’s life.

In addition to following *halachos* (Jewish laws) concerning the mourning process, some mothers described how they had observed laws and customs that were not specifically related to perinatal loss, but which pertained to other aspects of the situation. For example, one woman related that her husband was a *Kohen* (of direct descent from biblical Aaron) and was therefore unable to see the baby after it was born, as *Kohanim* are not permitted to come into physical contact with or to be in the same room as a dead body, which is considered an object of *tumah* (spiritual impurity). Although she acknowledged that it was likely challenging for her husband to feel that he was unable to provide support for his wife during this time of crisis, there was an implied understanding that preserving his *tahara* (spiritual purity) was of greater importance.

Several mothers also reported that they gave birth to their babies on Friday afternoon or *Shabbos* (Sabbath) and had therefore observed the *halachos* (Jewish laws) associated with the holy day of rest while in the hospital, and in the midst of grieving for the loss of their baby. To elaborate, one participant emotionally described how she went through the rituals of preparing for and celebrating *Shabbos* (Sabbath) as she waited for the labour to be induced for her stillborn baby.

“We davened (prayed), we lit candles in the hallway and tried to daven…It was Shabbos (Sabbath) so we couldn’t take a taxi to a mall (due to religious laws concerning Shabbos) and tell them (medical staff) to call us when they’re ready. So finally, at about five o’clock in the evening, it was an early Shabbos, we were singing all the Shabbos songs from our siddur and my husband made a brachah (blessing) on the challah (bread) and made Kiddush (blessing) on the wine.” (Chana)

Another mother recounted how she, her husband, and her parents had spent the day together, reciting prayers and *zemiros* (Shabbos songs) that had provided a sense of peace and calm within
the turmoil brought on by the completely unexpected death of their baby.

“In the end it was a nice Shabbos (Sabbath)...Yes, my father was singing, and my husband went to shul (synagogue) with him. He wouldn’t have gone without him. You know, when you’re in the hospital everyone assumes you had a baby. And when you meet people in the coffee room, you just say mazel tov (congratulations) and ask what they had. It was not the Shabbos (Sabbath) we imagined...So he walked a little farther to another shul not as near the hospital, so it was good that my father was there to walk with him. So it was actually a good Shabbos (Sabbath).” (Hadassah)

In conjunction with reaching out to contact a rabbi for guidance in managing aspects of the mourning practice in accordance with halacha (Jewish law), participants reported that they turned to religious leaders to obtain emotional support and to address their philosophical questions about tragedy and suffering. One mother described that she felt comforted when the rabbi instructed her not to focus on the unanswerable and to focus on living.

“I remember I called Rabbi Freid once...I had all my questions for him. Like is it from shamayim (heaven) and why did it have to come to the earth. And he said, ‘Yocheved, this is philosophical zachen (matters). You concentrate on being a good mother and a good wife.’” (Yocheved)

Another participant whose husband had temporarily stopped practicing as a religious Jew in the aftermath of a miscarriage and two stillbirths reported that their rabbi had been instrumental in her husband’s eventual return to yiddishkeit (religious way of life) by gently offering reassurance that it was acceptable for him to feel angry at God.

“Our amazing rav (rabbi) on our yishuv (settlement) said, ‘Mutar lecha, you’re allowed.’ So that was very nice. ‘I understand where you’re coming from, it’s ok.’ He
was like, ‘You’re angry at Hashem (God)’...It was exactly what he needed...We do have a special place in our hearts for that rav (rabbi) who helped my husband during his crisis.” (Chana)

Relinquishing the Illusion of Control

While processing the grief associated with the unexpected and devastating loss of their babies, mothers developed an acute awareness that their prior perceptions of being in control of their lives had, in fact, been an illusion. As they relinquished this illusion of control and came to understand that God was the ultimate Director of life events, they described a sense of humility that emerged in the place of prior beliefs about self-mastery. One mother passionately expressed that any attitudes of arrogance or entitlement she had previously held were completely eradicated as a direct consequence of her encounter with tragedy.

“It’s funny that when you go through something like this, you don’t understand how someone can have a shemetz, a hint of arrogance. Because you’re so not in control. Today like this, tomorrow like that. You’re so not in control. How can anyone be arrogance, I remember telling him (husband). How can anyone have the sense that they control anything or they’re entitled to anything?” (Yocheved)

Another participant summed up her thoughts by simply stating,

“Life is not in our hands, it’s in the hands of Hashem (God).” (Yehudis)

In conjunction with greater acceptance of the limitations of human control and the realization that God may choose to withhold a desired blessing for reasons not comprehensible to the human mind, some mothers experienced increased appreciation for positive aspects of their lives and the resolve to refrain from taking things for granted.

“We don’t understand. And thank God when I step on a Lego, I say, ‘Baruch Hashem
(Thank you God). ’It really is a blessing. When my kids are driving me nuts it’s not so hard for me because I know how it is to be without. And I am so appreciative of what I have.” (Chana)

“I thought, you know what, this sounds awful, but it could be worse. Like something could have happened to me. Like there’s so much I could lose in my life that could make life more miserable. Like it could be worse. That made me focus on what was good in my life. I still have good things in my life and I focus on the blessings every day. I still have this amazing three-year-old.” (Rus)

“Like the first time, I was like, okay, I’m going to have a baby. And now I’m expecting again and I realize that things can go wrong…I hate it now when people complain about their kids.” (Yael)

In addition to the shift in her own perspectives on the notion of control, one participant attempted to impart this concept to her surviving children by explaining the importance of thanking God for His myriad kindnesses exhibited in the course of an ordinary day.

“And how many times did I ask my Abba (Father – God) and He said ‘yes’. So afterwards, I was telling the kids that. And I remember I was driving in the car with Chaim (son) and he was just a new driver. And I said, ‘See Chaim, every time you switch lanes, it’s a yes from Hakadosh Baruch Hu (God)’…I’ll never forget that. I said, ‘You’re talking to me, Hashem (God). This time You said no, but all the other times You said yes.’” (Yocheved)

**Conceptualizing the Baby as Holy Brings Meaning**

All participants conceptualized their babies as holy neshamos (souls) that were brought into this world in order to attain a spiritual rectification for a small sin or missed opportunity that
may have occurred in another lifetime. These neshamos (souls) were perceived as having fully accomplished their Divine mission through their brief encounter with the physical world inside their mothers, with the brevity of their lives viewed as evidence of the limited nature of the spiritual correction required and the righteousness of the soul.

“These types of neshamas (souls) are not really meant to be in this world. They have something really small, a moment, whatever it is, to fix and then they’re gone again.” (Yehudis)

“A baby, a child, has to go through three different worlds. He has to start out as a neshama (soul) under Hashem (God), then come down to this world, and then he has to go back up. And any time someone comes down he doesn’t know how he will return. Like if he will do something to dirty his neshama (soul). And all a baby has to do to be considered as coming down is to be inside its mother for nine months. So this baby came down and is going straight up.” (Hadassah)

“He’s a very special neshama (soul), and he only needed to be in this world for a short time. And so now he’s in the highest place. We don’t light candles or do anything le’iluy nishmas (for the elevation of the soul of) our baby because...we definitely could, but it’s not the thing most people do because the baby’s in the highest place already. There’s nothing we could do to get his neshama (soul) to a higher place.” (Yael)

Several mothers described how, in the initial moments of being faced with the reality that their baby had died, their instinctive actions and responses were guided by the knowledge that the soul which they had housed was exceptionally elevated and deserving of respectful treatment. One participant emotionally recounted that, feeling decreased movement, she prepared for a visit to the doctor to confirm her suspicions of loss by dressing in her finest clothing and declaring to
God that the pregnancy was holy and a sacrifice to Him.

“I went to my closet and I put on my most beautiful suit...I said it was like a korban (sacrificial offering to God). I have to give it my most beautiful suit. So I went in my most beautiful suit and I remember coming to the doctor and then he couldn’t hear a heartbeat...I said it’s gonna be my last, I need to dress up.” (Yocheved)

Another mother recounted the complete serenity present in the delivery room, as detailed in the birth plan she had constructed after finding out that the baby was not viable, and in accordance with her commitment to respect the holiness of his soul. She tearfully shared that she had decided not to hold her son once he was born, as she did not want to mar his otherworldly purity.

“When he did pass away, they had all read that birth plan. They were quiet, they were silent, there was not a joke made, no one spoke about anything unless it was necessary...The doctor offered me to hold the baby but I declined, truthfully, he brought the baby to me and he asked me if I wanted to hold him. And I...(crying)...Yeah, you know what, I remember thinking I don’t know. I just...it’s funny the way you think in these moments, I was like, he’s kaddosh (holy) and I just had a baby so I’m tamei (impure). I didn’t want to hold him for that reason.” (Yehudis)

In conjunction with mothers’ beliefs regarding the purity of the baby’s soul, they reported that the realization that they had carried a special neshama (soul) inside them for many months provided a sense of meaning to the devastating experience of perinatal loss. They perceived themselves as having been provided with the zechus (merit) of serving as the conduit for the rectification of this particular soul in a mission that was uniquely intended for them and their families, and which was a small piece in a grander scheme of events only understood by God.

“Part of our mantra is that this neshama (soul) had to be born in this manner to this

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family to reach a tikkun (spiritual rectification).” (Yocheved)

“Someone told me a story from the Ba’al Shem Tov (name of a famous righteous man) about a three-year-old who had to come to this world for a short time, or about children who had to be born to a couple that kept taharas hamishpacha (Jewish laws of family purity). And that was very comforting. Knowing that my baby had a purpose and that my whole pregnancy wasn’t for nothing.” (Simcha)

“This baby has been part of our family, this baby has been through a whole cycle of the year of yomim tovim (religious festivals) and everything. And like, we don’t know this baby at all really, and I remember like, you know, when you think back about Chassidish (Hassidic) stories and neshamos (souls), and I was like, ‘Who am I in this story?’ Like just the conduit, the passing of the baton, you know, from this world to the next world. I was so overwhelmed by that idea...This is so much bigger than me. That’s why I felt like I couldn’t hold him, like this is, I felt like it was almost like a zechus (merit). Like who on earth is this neshama (soul) that comes through our lives?” (Yehudis)

Mothers’ conceptualizations of their babies as holy also directly shaped the manner in which they delivered the news to surviving children and provided explanations to siblings concerning the loss in accordance with their beliefs.

“You know, I spoke to them about it, you know...don’t ever think it’s your fault, things happen and you have nothing to do about it. This is the neshama (soul). And they think he’s a tzaddik (righteous person).” (Yehudis)

“And I said, ‘You know, our baby was very special, and even though I’m sad that she couldn’t come and stay with us, you know, she’s in a very safe place. And you’re still a big brother and she’s still your sister. And the really, really awesome thing is when
Moshiach (the Messiah) comes, our baby is going to be with Moshiach. And then we’ll be together as a family. ’And you know, amazingly, he just accepted it. He was like, ‘Ok.’”

(Rus)

**Acknowledgment Brings Comfort**

Despite the enormity of the loss, mothers reported that they were able to find strength and comfort in a variety of ways in the immediate days and months that followed the death of their babies. A major thread that ran through participants’ accounts of obtaining solace in the midst of grief reflected the notion of feeling as though the baby’s life and the loss were acknowledged by others, including family, friends and hospital staff. The overall theme of acknowledgment was a critical finding that was yielded in the analysis of mothers’ interviews; however, this major theme was further subdivided into three subthemes: Having Tangible Evidence the Baby was Real, Receiving Compassionate Bereavement Care, and Embracing Support from Family, Friends, and Community.

**Having tangible evidence the baby was real.** Mothers expressed that being afforded the opportunity to see and hold their infant was critical in bestowing tangible confirmation of the life that had existed, particularly in the immediate aftermath of the birth. One participant whose baby had died 18 years earlier shared vivid memories of cradling her son and how the experience enabled her to view him as “real.”

“Yeah, but I was very happy that the nurses encouraged me (to hold the baby) because then it made it tangible. And it was real...They put a little hat on it, I remember. I can see the face in front of me.” (Yocheved)

Others related that they had similarly benefitted from spending time with their infants after delivery.
“I knew he wasn’t alive and that I wasn’t going to take him home with me, but I just wanted to see him for a few hours…I couldn’t care less what the healthy way was, I just wanted to spend time with my baby.” (Yael)

“I held the baby…I rocked her, I sang to her.” (Rus)

“I held the baby. It was perfect, a full baby.” (Simcha)

Participants also recounted that tangible mementos of the baby in the form of footprints or hospital records of the height and weight were appreciated and treasured proof of the life that had grown inside them.

“So I think I have…I’ve never even shown it to my kids. I have something somewhere. The height, the weight, whatever. Yes, I think I do. Well, it was alive, it was alive until the end of the ninth month it was alive.” (Yocheved)

“The nurses took footprints, and that has been very helpful. It’s proof she was a real baby with 10 toes and I find that comforting now.” (Simcha)

For one mother, the knowledge that her son had lived for several moments following his birth was particularly comforting, and provided further evidence that his existence had left an imprint on the world.

“He was born breathing, and that was also important to know, I don’t know why, but he had a moment in life.” (Yehudis)

Another participant reported that she had experienced feelings of happiness when her rabbi explained that her second son, born after a loss, was not halachically (according to Jewish law) a bechor (firstborn), thereby recognizing the life of his older brother.

“So one thing I did last year, was…it was before Pesach (Passover) when all bechers (firstborns) have to fast. I asked a rav (rabbi) if my son will have to do this when he turns
13, and he said, ‘No he won’t.’ And I felt good that it was acknowledged on paper that he is not the bechor (firstborn). He said that at one point when he understands what a bechor (firstborn) means, you should tell him.” (Chana)

In addition to obtaining solace from receiving acknowledgement of their baby’s brief life, most mothers highlighted the importance of affirmation from others that the infant was “beautiful.” A majority of participants emotionally recalled in detail the moment when hospital staff had described the baby’s physical appearance in a positive manner and how they had internalized these words. Thus, perceiving the baby as beautiful seemed to provide comfort and aid in the recovery process by shaping participants’ conceptualization of having given birth to a precious and valuable human life.

“I remember her (nurse) saying when he was born...she put on this big smile...she put on this huge smile and said, ‘He’s beautiful.’ And it stuck with me. I have an image now that my baby was beautiful. And I saw him also, but she saw him alive. So like the image that gets put into your head in the moment, that’s what’s going to help you also in the recovery.” (Yehudis)

“Then the baby came and she (nurse) said, ‘Oh, she’s beautiful, she’s beautiful’ And she said she was a beautiful redhead. And she put her close to me and I saw she had cheeks and she had beautiful hair, and she was beautiful.” (Chana)

“Then when the baby was born, she said, ‘Your baby, hold your baby.’ And she put the baby in my arms...And I thought she was the most beautiful baby ever. You know, everybody was texting me, and I was like, ‘She’s beautiful, and this is how long she is.’” (Rus)

“When the baby was born they said to me, ‘You don’t have to see it, it’s a beautiful baby.
Would you like to? (cries...long silence...sighs). ’ So I did (looked at the baby). But I think that was very good. Very good. ” (Yocheved)

Receiving compassionate bereavement care in hospital. Provision of care by nurses, doctors, and doulas that reflected acknowledgement, empathy and compassion for the enormity of the loss offered a small degree of solace for grieving mothers. Specific acts of caring by hospital staff that were noted by participants to promote healing included words of encouragement, taking time to offer explanations, special efforts to ensure mothers were physically comfortable, and follow-up services. Several participants described their healthcare teams as highly skilled and observed that these staff members seemed to have completed training that enhanced their ability to offer appropriate bereavement care.

“So Hashem Yisborach (God) gave me wonderful nurses. They were a trained crew...I think they were excellent. I think they were religious, so that helped. Um...I don’t remember, they must have said...I just remember them as being very compassionate. Um...as I say, the ones who encouraged me... Yeah, so I felt that they were very good and Dr. Berger was very good. They were all very good.” (Yocheved)

“We went to a university hospital and there we just realized like there’s such a world of difference in the way they care for the patients. Like in the sense that they take the time to explain to them...They said, ‘This is what we see, and what can we do, what can we do to help you.’ And um they, they were...their whole...their whole...their whole attitude was just one of bracha (blessing).” (Yehudis)

“But I will say that I think a lot of the healing happens with how the hospital handled you...People came to visit me at my house, they did follow ups, you know the women whose job it was to follow me through, came to my house, like as a friend.” (Yehudis)
“I have a friend who is an OB nurse who had come with us. And she was...besides just the little thing, you know, like they put in the IV too tight she would fix it. Like physical things she knew what she was doing because she had done countless births and stillbirths and everything, and she was a coach for us. But just having someone there um...she, you know, whether it was someone who could help medically or not.” (Yehudis)

“The hospital was great...I had a doula. I was planning on using her anyways, and she helped me...she was amazing. She had delivered stillborn babies a couple of times before.” (Simcha)

A majority of participants reported that they had been assigned a recovery room in the hospital away from other mothers who had recently given birth, which lessened the burden of having to deal with the pain of seeing other families with healthy babies. These mothers recalled how physical aspects of the room, including the privacy and ambiance, as well as the knowledge that their needs were being catered to by hospital staff, were critical in mitigating the trauma of the experience.

“And it sounds bad, but overall, I really had a nice experience, you know the way they treated me. They didn’t give me a room upstairs with the babies, you know there’s the labour and delivery floor and the recovery floor. And they kept me on the labour and delivery floor because they felt that upstairs there were a lot of babies around so it would be more uncomfortable...And it was a pretty big room too, it was a nice suite that was big enough for all the people who came. They really went out of their way to make it comfortable.” (Hadassah)

“I got a private room, which worked out for my husband too.” (Yael)

“The hospital put me on a different floor than other women who had given birth, so that
was good...The hospital gave me the option of whether I wanted to or not.” (Simcha)

As noted by the latter participant, being offered a variety of options and flexibility for managing various aspects of the delivery process, for spending time with the baby after the birth, and for obtaining mementos was also instrumental in provided mothers with a sense of comfort and control as they navigated the chaos of unexpected and devastating loss.

“They (nurses) said, ‘When the time comes, we’ll ask you again (if you want to hold the baby).’ That was very smart. They didn’t say, you must or don’t. They said, ‘We’re gonna ask you again.’” (Yocheved)

“They asked us if we wanted to take pictures...When I was leaving, they give you a care package and it has a picture and a blanket. They put it in a whole box. I actually gave it to my mother to keep. I said, ‘When I want it, I’ll call you.’” (Hadassah)

“So they asked if I wanted to hold the baby. I did not want to hold my baby, and I asked them to bring my baby close to me, and I was touching him...I had the baby in my room with me until Shabbos (Sabbath)...I wanted my baby in the room.” (Yael)

“So we wrote a birth plan and we reviewed it with them. And it was so incredible, they were very incredible.” (Yehudis)

Embracing support from family and the community. Mothers expressed that support offered by friends and family who took the time to acknowledge the loss greatly heightened their ability to cope. That is, participants drew emotional strength from loved ones who immediately halted their activities and travelled to mothers’ homes or bedsides after hearing the news of the baby’s death, remaining there during the delivery, and throughout the hospital stay.

“So, in the meantime, he (husband) called my sister; I have an older sister who’s about 10 years older than me. He called her because he realized he was not going to able to be
with me and somebody should at least be there. And it was a big help that someone was able to be there with me while I, you know, went under the knife...She stayed there, she was really a lifesaver. At that point my parents already knew so they rushed over...So that was very good, and my sister stayed a little bit longer and my parents were there a whole day...So then my mother-in-law came, which wasn’t the same as a mother, but I had plenty of visitors that day.” (Hadassah)

“I go home and my mom calls two of my best friends. So they drop whatever they’re doing and they come.” (Rus)

“Bubby (grandmother) was there in the beginning. When I told her, um...when I told her that it’s not going to...like she came down with Chani (sister) to the hospital in the beginning...Then I remember they asked me in the hospital, ‘Do you need a social worker?’ And I said, ‘No, my family is there for me and I have lots of friends. And um...it will be painful, but I’ll be fine.’” (Yocheved)

Mothers recounted that they also felt supported by family and members of the community who phoned, prayed, sent loving messages and cooked meals in the days and weeks following the death of the baby.

“Everybody called. People were very...nobody said anything stupid... The nicest thing is...like a close friend of mine said, ‘Yocheved, I don’t know what to say but I love you.’”

“My friends were good. I mean the Jewish community is wonderful.” (Yocheved)

“Parents and family were very supportive. The community was too, they were very much I think at a lost, ‘cause like if anything happens to the Jewish community, everyone’s there to make dinners...So they were like what can we do?...They were very respectful. People sent me cards.” (Yehudis)
“And all the community was davening (praying) for us.” (Chana)

“The community treated me as if I gave birth, like I was a yoledet (a woman who just gave birth). On my yishuv (settlement) they cook you meals 3 times a day for 2 weeks and that’s what I got. I went back to work after 6 weeks. I was paid for that time as if I gave birth to a live baby. The community was nice.” (Chana)

“My friends were only 19 at the time, many weren’t married, so that made it strange. But they were so supportive, they sent me tons of chocolate, so many flowers you can’t even imagine, I’ve never received so many since then.” (Simcha)

“People were very nice. Basically, it was nice to see how they reacted... So it happens to be that I got much more attention than I would’ve gotten from just having the baby. Like I got all these fancy packages from people I barely know.” (Yael)

Even after some time had elapsed since the loss, several mothers cited that they had benefitted from gentle assurances that their pain had not been forgotten, and which were offered by friends and acquaintances in the form of text messages or phone calls.

“I had one work friend who was just amazing. She knew exactly what to say at exactly the right time, unlike a lot of people. And it’s a bracha (blessing) to have such people in your life. And she sent me a good Shabbos (Sabbath) text every week. Not calling, just good Shabbos and I hope you’re okay. And just reminding me that there is someone out there who knows I’m still going through this trauma. I wish everyone could have such a good friend.” (Hadassah)

One mother noted in particular the importance of receiving continued acknowledgement and words of comfort even when she was not emotionally able to formulate a response.

“I have like a handful of friends, I feel like they’re my family because they’ve been more
supportive. Um...at first they would text me every day. Even if I wouldn’t answer they would keep texting. And I had a friend she invited me every Shabbos (Sabbath) for months and months and months...I had a friend bring over like a brand-new pair of pajamas and knee socks and a coffee...I think the biggest thing for me was the people who didn’t give up. Because in those initial weeks, I didn’t answer text messages, all I could do was look at it. And I’m so glad they didn’t give up on me.” (Rus)

Support offered by Orthodox Jewish mothers with similar experiences, in the form of both organized and informal groups as well as gestures of reaching out to participants and sharing their own stories of loss, was described as particularly helpful. That is, participants benefitted from simply knowing that there were others who had lived through perinatal death and from having the opportunity to express their thoughts and feelings with women who could understand what they were going through.

“We have a texting group and sometimes we ask, ‘Like how am I going to deal with this? And what are you guys doing for Pesach (Passover) ?’ Um...we have one of the ladies, she just had a second stillborn. And we were there for her. And she was like, ‘I’m in the hospital; I’m dilating.’ We sent her chocolate. Like I don’t think I could live in this world without any of these girls. And I don’t even know them!’” (Rus)

“One lady, like she has a lot of kids and she’s very quiet and shy. And she came into my apartment and she started to cry and she’s like, ‘I know it’s not the same, but I had a stillborn at 20 weeks.’ And she, it’s nice that she’s very quiet and shy and she’s opening up to me. Like I thought, ‘Wow, like thank you.’ Because in the beginning I thought this only happens to me.” (Rus)

“I had my mother’s cousin who lost a child at a few months quite a few years ago. And
she called me up, she doesn’t really know who I am. She called me and was very open.”

(Hadassah)

“I like it (WhatsApp support group) very much. And that’s where I go when I feel like I need someone to listen to me…I don’t have to worry about saying something embarrassing and meeting them in the street. But really, I wouldn’t mind knowing them. They’re so nice! We share something in common and text each other all the time. And it would be nice to see them. But we all live in different places.” (Yael)

“There is a forum online called Kipah and there is a place for people who have lost babies. We were 13 women, all religious and all similar ages.” (Chana)

“So that night was when Knafayim (Jewish organization for couples coping with infertility and infant loss), I don’t know how they got a hold of me right away, even before my parents came… She said she was going to send two ladies to come down to the hospital to talk to me… So it was one visit, but it was really, really helpful. It helped me realize that there are other ladies who went through this and they pulled through… She still calls me. Not often, but she checks in with me. And it’s a conversation that I wouldn’t have with anyone else who didn’t go through this experience.” (Hadassah)

In addition to benefitting from direct acts of support, participants found it helpful when their friends and family acknowledged the loss by displayed sensitivity in the course of visits and conversations. One participants described how her sisters-in-law had taken great care to subtly shift the focus away from their healthy newborns in order to ensure that she did not feel uncomfortable in their presence.

“My family was also very supportive. My husband’s family has six girls and it was baby season at the time... They were so sensitive, they didn’t make a fuss of their babies in
Diverse Challenges Intensify Grieving

Mothers described various aspects of the situation that compounded their grief and the trauma of the experience. Although bereavement care offered by the hospital was generally characterized as professional and compassionate, participants described some interactions with healthcare staff which heightened their distress and impeded coping. Specific challenges that were encountered by mothers included receiving the news of the death delivered in a callous manner, observing their infant’s body being treated with disrespect, being placed in a room where they could hear babies crying, and failing to obtain support when it was needed:

“The nurse told me in a very not nice way, just completely suddenly and abruptly. And the doctor, he...compared it to an almond. Like that there’s a bad one in every bunch. I think he was trying to be comforting, like that it wasn’t my fault and that I would still have healthy children. But he basically was saying that my baby had no purpose and the whole pregnancy was for nothing.” (Simcha)

“And there was a box there for throw up and they took the baby and put it in the box. And they just left the room. The one who carried the baby just put it in the box and left the room.” (Chana)

“All night I could hear babies being born. That’s the worst, that’s so hard.” (Rus)

“I told her (doula) I was going to be in touch via text message. So at like 5am in the morning I was in touch with her and said, ‘I am in active labour, I need you to show up.’ She never showed up.” (Rus)

Several mothers observed that hospital staff may have been well-intended, but that a barrage of
seemingly artificial sympathy and well-wishes from multiple sources that was not in synch with participants’ needs made them feel uncomfortable, rather than supported.

“So there were a lot of bereavement counselors and well-meaning people that kept coming in for this and for that, and trying to calm me down. I felt like I was past that. Because they hadn’t all gone through this…I just didn’t feel comfortable. At one point I just said, ‘I have a support group and thank you for your services.’ I just couldn’t. It was like the fourth one in an hour. I just needed to be alone. I couldn’t handle the smiles on their faces, and them saying, ‘I’m so sorry.’” (Yael)

“When I left, the doctors all said, ‘Don’t worry, in 10 months we’ll see you again with a new baby.’ And there’s something wrong with that. First of all, I want the baby that I just had. Second of all, imagine if it doesn’t happen in 10 months, I would think something is wrong. It took me a long time to realize that people are trying to be nice.” (Chana)

As was the case regarding their hospital experiences, mothers reported that they were fortunate to have received and benefitted from exceptional overall support from family and friends, but had also been forced to contend with insensitive and unsolicited advice at times that intensified their grief. Regardless, participants were careful to emphasize that the comments had clearly not been intended to cause distress, and that it was sometimes difficult for people to know exactly what to say or how it could be interpreted as painful. Mothers exhibited high levels of self-awareness that they were in a vulnerable state and therefore more likely to take offense or feel upset while grieving the loss of their babies, which heightened their willingness to excuse others’ responses that invoked distressing feelings.

“So I have to say the community was amazing, but there were some people who said very insensitive comments. I had a couple of people who told me to enjoy another shana
rishona (first year of being married) and they told me to enjoy another year without losing sleep at night.”

“I do have one sister, and it’s my issue... She’s just very young and very childish. And if I just start to talk to her it’s going to be too uncomfortable and I just avoid it...She told me she was expecting about a month after this happened. And she was like in her third month. And it was a real hit. Here I was, I got married at 23. I was married for 3 years. She got married when she was 19. If she would have told me in a more sensitive way, it could be it would’ve been easier.” (Hadassah)

“And she (grandmother) couldn’t really handle it, like that the baby was not alive. And she asked, ‘Do you want to take away the baby?’ And then a social worker came. And she said she was so, so sorry for me. And she asked if I had any questions, and I said no, but my mother said, ‘Yeah is it healthy to have the baby right here?’ So that was very hard for me.” (Yael)

“But there were people who didn’t chap (understand) and they upset me...Like my sister was asking me...two days after my milk came in to feed my baby. She was busy asking technical questions, like, ‘Is it hard for you? Cuz I (sister) remember when I had my baby and my milk came in, I couldn’t sleep.’” (Yael)

“Yeah, like people who wouldn’t have even said mazel tov (congratulations) if I had the baby. Like I would never talk to, and they sent all these packages and I was upset, but I don’t know if that was the right reaction to feel.” (Yael)

“People saw me in public and they kind of gave me a nebbachy (pitying) look. Like ‘How are you (artificial, sad voice)?’” (Rus)

Mothers also highlighted that they were particularly distressed by family or close friends who
handled their discomfort over not knowing how to respond to the tragedy by failing to acknowledge that the loss had occurred, or avoiding contact.

“One thing I’ll tell you that they did that was not right...when a person goes through a tzarah (hardship), people try to avoid them (laughs). They don’t know.” (Yocheved)

“Yeah, people who couldn’t figure out what to do with themselves out of surprise or shock. I remember there was one woman who was running away. Like one lady, we had a carpool and she kept kind of avoiding me and avoiding me.” (Yehudis)

“I appreciated more the people who called up and said shtuyot (stupidities), like random things, than the people who said nothing at all. Like I had a very good friend, we were cousins actually. And we were pregnant at the same time. Her child was born alive and mine wasn’t. And she felt awkward about it. And then we didn’t talk for two months, three months, ten months...And now we don’t speak. I mean today maybe I’m not so angry at her. We were very good friends. And she didn’t know what to say so she just said nothing at all. She could’ve just said, ‘I have nothing to say.’” (Chana)

“And she (neighbor) was quite avoiding me at the beginning, and every time I called her about parking the car she didn’t answer. Which was not the way she had ever been before. So I would be stuck outside with the car.” (Hadassah)

“Like they didn’t want to talk to me, they completely avoided me.” (Rus)

Other challenges that were highlighted by participants were related to the inevitable and unavoidable necessity of returning to daily life and being faced with the stares and pity of work colleagues and acquaintances. Despite their apprehension, mothers generally described these initial interactions as being less awkward than they had anticipated.

“This past week I had a wedding that I was very nervous to go to because I wasn’t sure if
the news got around to them or not and if people were gonna say things. And it was a very weird balance because I wanted people to ask me how I’m doing because it’s nice when people care, and on the other hand, I didn’t want anyone to feel uncomfortable talking to me…I don’t know if everybody knows and how they’re going to react. It’s very uncomfortable before I go, but once I get into it it’s usually okay.” (Hadassah)

This participant also related that a colleague had phoned her to discuss the idea of arranging a casual get-together with all of their workmates prior to her return to the office, with the intent to reduce the discomfort of seeing her for the first time after the loss.

“So in the end six or seven ladies came. And it was pretty comfortable and chilled in the end. And they brought popcorn and we played Pictionary. And it was very chilled and very nice. And it definitely made it easier to go back a few weeks later.”

Another mother who was a teacher expressed that she was initially unsure of how to address the news of the loss with her post-high school students, but had spontaneously decided to share with them some aspects of her experience, together with a spiritual message that they could apply to their own lives.

“Yes, I had to go back to everything. Like to seminary. I was teaching seminary, I don’t think I said anything to the high school. My seminary class I wasn’t sure whether I was going to talk to them. And I said, ‘Okay, I’m not sure what I’m going to say.’ And I told them the story…in terms of what it means to go through a nisayon (test) and feel very close to Hakadosh Baruch Hu (God).” (Yocheved)

Perhaps even more difficult than returning to their jobs and the community life post loss, mothers described the trauma of delivering the news to members of the community who were unaware of the loss and assumed that a healthy baby had been born.
“When I went to the grocery for the first time, like people were telling me mazel tov (congratulations), and I had to tell them that I had a stillborn, and it was very hard for me.” (Yael)

“So it would also happen everywhere – at the local grocery, the bus driver. People would see me pregnant and then not pregnant and say mazal tov (congratulations). I felt like saying, ‘People, please gossip!’” (Chana)

Even after months and years had elapsed, mothers reported that certain events conjured up memories and feelings of the loss, causing them to momentarily relive the experience. Reflecting on her personal distress associated with re-experiencing her infant son’s death, one participant questioned how her predecessors had dealt with the emotional trauma of surviving the Holocaust.

“I still found myself reliving things at certain points. Like at certain points conjuring up in my head, just saying, ‘This is in the past.’ Like it does still conjure up the memories and feelings...Like people who have survived the Holocaust. Like for survivors to talk about it, I can’t even imagine. You know, like talk to groups, I mean you’re always reliving it on some level.” (Yehudis)

Specific triggers that were reported by mothers included finding out that the gender of a baby conceived after loss was identical to two previous stillborn infants, passing by the hospital where the deceased baby had been delivered, and stumbling upon the gravesite of young infants when visiting a cemetery.

“Four months after that, I got pregnant again and this time it was a girl. And that made me really nervous all over again because all my bad miscarriages were girls. So I was more nervous for this past pregnancy. All my past trauma came out in this
birth….And I just cried to my doula the whole time.” (Chana)

“I went to a different hospital because I did not want to go to the hospital where I had my first baby. I didn’t even want to drive by that hospital.” (Chana)

“When I went there (Israel), we went to Har Hamenuchos (name of a famous cemetery), and when I went there we saw a section special for such kind of babies. Little tiny kvarim (graves). It was really spooky. It was just a reminder that this was my baby.” (Hadassah)

Some participants also cited that it had been exceptionally difficult to encounter healthy babies or women who had given birth, as well as to deal with the pain of innocently being mistaken as the mother of an infant.

“Back then, it took me over a year until I could look at a baby. I used to go to this online forum where we would say, ‘I saw this stupid baby.’ And this is a way in which I would never speak before. Because the last baby we had was a dead one.” (Chana)

“Then it was hard when other girls left (for maternity leave) and when they had a lunch when they came back. I was happy for them and I wanted to join, but I also felt uncomfortable again. Like maybe it was just in my mind, and no one was batting an eyelash, but I felt that it was a memory of what I went through.” (Hadassah)

“I was very happy for her (pregnant sister). I never had any jealousy. Like her baby was not taking the place of my baby. But still, she had it so easy, and here she just hit me at the wrong time. And I still have a feeling…I’m just hoping it’s not a boy.” (Hadassah)

“I did have one comment someone said. There was a carriage right next to me. And someone tapped me on the shoulder and said, ‘Your baby is crying.’ And she didn’t know who I was, she just thought it was my baby because it was right next to me. And that hurt, and it was hard.” (Hadassah)
Religious, Spiritual and Personal Transformation

Mothers described how the experience of perinatal loss had caused them to undergo a transformation in terms of their religious, spiritual and personal development. Through the bereavement process, they achieved newfound understandings that shifted their thought patterns, convictions and actions, and which ultimately propelled them to growth and positive changes. Specifically, mothers reported a heightened connection with God and increased awareness that He was present and exhibiting subtle acts of kindness in the midst of their suffering. The following participant expanded on this concept by expressing her belief that Hashem (God) had taken the life of her baby for a reason incomprehensible to the human mind, but had, at the same time, ensured that her pain was minimized to the greatest possible extent.

“I felt that Hakadosh Baruch Hu (God)…this had to happen for whatever the reason, but like kechut hasarah to the tiniest hairsbreadth of whatever had to happen. And myriads of chassadim (acts of kindness). In other words, the pain was to the point…like not one drop more pain than what had to happen. That’s what I felt…you feel Hakadosh Baruch Hu (Hashem) was with you. You know, the nurses, the fact that he had a bris (circumcision). But um…whatever it was, the pain was what it had to do, but I saw the myriads of chassadim (acts of kindness).” (Yocheved)

Increased cognizance of God’s compassion and personal involvement in every aspect of their lives facilitated mothers’ ability to cope, provided a sense of consolation, and rendered the burden of bereavement easier to bear. To illustrate, one participant related that no member of her immediate family had given birth following her loss until she herself delivered a healthy baby, which she viewed as a blessing directly orchestrated by Him.

“And Hashem (God) really blessed us because none of our siblings had a baby until
at least three years later, when we finally had our own child. And if they would’ve had a baby that was the age of our baby, we would have always thought of that.” (Chana)

Another drew strength from seeing God’s goodness in the greatly desired natural birth of her stillborn baby after a previous Caesarean Section, while a third participant whose baby was stillborn following a car accident expressed gratitude to Hashem (God) that she and her husband had miraculously survived the crash.

“I had a natural birth, I never thought I would have a natural birth. Like, you know, and I guess just holding on to those proofs and stuff even when I didn’t want to and doing chessed (kind deeds) even when I felt like laying in my bed. And looking in the mirror and saying, ‘You know, Hashem (God) has goodness for me.’” (Rus)

“My husband was driving me to work and we were in a very bad accident (that resulted in the death of the baby). Baruch Hashem (Thank God), we both came out without a scratch. It was real nissim (miracle), both cars were totaled...In the Hatzalah (Jewish ambulance service) truck we called my doctor, and another neis (miracle) was that she was already in the hospital doing some work there.” (Hadassah)

A mother also recalled that she had felt comforted after receiving what she perceived as a direct message from God in the contents of the haftorah portion (section of the Book of Prophets read after the weekly Torah portion) that was read following the birth of her son born after loss.

“What’s interesting is that when he was born, that week spoke about the Navi (prophet) Elisha and how the child passes away and he brings him back to life. And it was...he does techiyas hameisim (resurrection of the dead), he performs techiyas hameisim when the child passes away. And I was like, oh, Hashem (God) has his ways of bringing some level of comfort to the smallest little things. It’s interesting, I
wasn’t looking for it…I think also those types of things helped us in recovery.” (Yehudis)

The following participant mused that the simple act of God providing her with a developing baby to love and nurture for nine months was, in itself, evidence of His benevolence and an act of kindness. This realization had dawned upon her after reading a story about a mother whose child had died and had subsequently contemplated if she would have chosen for him to be born knowing what the outcome would be:

“When I was reading those words I thought, aha, what would I do if I was given that choice? And I thought about it for days and days and days, and I thought…I would choose…her (crying). I would do it all over again. Like you said, she’s my daughter. And even though we had such a short time, I would do it. And it’s when I realized I just thought, Hashem (God) is here, like He gave me, you know, like I have this beautiful baby.” (Rus)

In conjunction with renewed appreciation for God’s involvement in their lives, particularly in the darkest moments, mothers described how their spiritual growth also consisted of intensified faith in His justice and teachings regarding the coming of Moshiach (Messiah) and techiyas hameisim (resurrection of the dead). They explained that having a personal encounter with tragedy had deepened their beliefs in the fundamentals of Orthodox Judaism and compelled them to acknowledge the truth of these tenets in a more profound and less theoretical manner than in their lives before loss. Through their acceptance that the baby’s death was a component of God’s master plan and that these children would be reborn at the time of the resurrection, mothers were able to obtain healing and comfort.

“You know we’ve been like, you know, pumped up with all of this hashkafah (Jewish philosophy). Now is when we need to use it, it’s not theoretical.” (Yehudis)
“Yes, definitely, the main thing that got me through this was knowing that God had a plan and there was a reason for my baby.” (Simcha)

“I know that the big picture I will see some day.” (Chana)

“You know, but then you try to cling to your faith and what the rabbis are telling you that this is not a punishment at all.” (Rus)

“They (babies who died) do have a big place in my heart and I do wait for techiyat hameitim (resurrection of the dead). They say that when you go the next world, all your kids greet you, those who are here and those who are not here. And I pray that my days of trauma will give me strength.” (Chana)

“And I think it’s given me this new sense of Moshiach (the Messiah), which is one of the core essences of Jewish belief. (Rus)

In addition to reports of transformation in their connection with God and faith in the core beliefs of Jewish tradition, several mothers expressed that they had experienced a strong desire to perform acts of kindness and to promote religious teachings in memory of their babies. One participant explained that it was common practice in the Orthodox Jewish community to respond to tragedy with renewed commitment to engage in efforts targeted at spiritual growth.

“We also started a sefer Torah (handwritten copy of the Book of Written Law) campaign. To make a sefer Torah in his name... I’ve seen from other tragedies that have happened in this community, not that there’ve been many, but people are like ‘Okay we need to stop talking lashon harah (gossip) and have more ahavas Yisroel (love for our fellow man).’” (Yehudis)

“So I was talking to her (friend) about how I really wanted to do some kind of chessed (charitable act) l’zecher (in memory of) my baby. Because you know, I didn’t go back to
work...And so I said, ‘Why don’t we do a lunch program and we’ll gear it towards parents who have a kid in the hospital? And then we can branch it out from there.’ And it was incredible. Like within a few weeks we had this organization up and running.” (Rus)

Without exception, every participant reported that their encounter with perinatal loss had resulted in personal development in the form of increased empathy for others’ pain, which translated into a pledge to acknowledge, rather than ignore, the suffering of individuals in the community. Mothers reported that they had learned the critical importance of exercising care in dialogue and in their interactions with others to ensure that questions and comments were offered with sensitivity and without causing distress.

“And I learned from that, when you see someone who has gone through a tzarah (difficult situation), don’t just ignore them because you don’t know what to say. Go over and...there’s nothing to say. It’s like a shiva call (visit to family after a loss) ... The nicest thing was...and I’ve learned from then and I’ve tried to teach my kids. Like you see someone and you go up to them and say, ‘I know you’ve gone through something so difficult. Is there anything I can do for you?’ Like anything that acknowledges. To ignore is not nice.” (Yocheved)

“I did become more sensitive to how I talk to people. Not only for stillborns, but I’m very careful about what I say to people. Like I’m sitting with people, my friends, and let’s say one of them is divorced. And before I might have said something hurtful, but now I’m extra careful not to say something that could hurt her.” (Yael)

“The thing that I learned is you have to act with sensitivity. Like there was a time when I hated seeing babies for profile pictures, so I have to be careful not to put up pictures of my babies for my profile pictures ’cause it hurts for people who can’t have. If I see
somebody pregnant and I never see her with a baby, I would never talk about it or ask if she gave birth unless the topic comes up. If you know somebody is engaged and like a year later she’s not married, don’t say something stupid like, ‘Hey weren’t you supposed to get married?’ Because maybe something happened. And you don’t need to put in somebody else’s face you’re married. Because I still have some friends who are single at 33. There’s so many other topics to discuss besides diapers.” (Chana)

“I definitely think I can be more sensitive to people. And I hear things that people say and I think to myself, I don’t know if I would be any better if I hadn’t gone through the situation. Now that I did go through such a loss, maybe I could be of help to someone else and more sensitive to their situation.” (Hadassah)

Participants elaborated that they had drawn from their personal suffering to engage in active efforts to provide support for other members of the community facing similar situations, from the unique perspective that could only be shared by the bereaved.

“I feel like I’ve learned so much about myself. I’m so different. I feel like I’ve always been a very compassionate person. Very sensitive. But I feel like when people were suffering I didn’t get it. But I feel like I know what suffering is and I can be there for them. You know before if I had to pay a shiva call (visit to family after a loss), I was nervous, I didn’t want to go, but now, no I just go. (Rus)

“And there were times when people had stillbirths and I remember going to the hospital. One when she was at home, and the other one I went down to the hospital…because only someone who has experienced a loss can really be there.” (Yocheved)

Finally, mothers described how their personal growth had consisted of an increased resolution to move on with life and not to succumb to their pain. Several emphasized that
reacting to suffering with strength was a Jewish response, and they appeared to allude to the Nation’s history of coping with antisemitism and tragedy. As well, the motif of the soldier or fighter was a common thread that was woven into mothers’ accounts of their perspectives on dealing with loss.

“It was hard, but as Bubby (grandmother) would say, you have to function, you can’t fall apart. You have a family. Move on. And that’s very important. You can’t sit and wallow. You have to accept, even though it’s painful and it may hurt. I think for a year it was part of my life, but I functioned right away. That’s a Yid (Jew). That’s just the way. A zelner (soldier).” (Yocheved)

“I’ve never cried so much in my life. I’m always, I was just always crying and he (husband) was just like ‘No! You can’t now! Now you have to be a fighter!’” (Yehudis)

“I can’t change it, and I don’t know what he’ll (son) remember, but I just want to show him like that as people, as Jews, you can be strong enough to get through anything.” (Rus)
CHAPTER 5: DISCUSSION

Overview

The objective of the current study was to explore the lived experiences of Orthodox Jewish mothers whose baby was stillborn or died shortly after birth, within the context of their religion, families, and the community. Although the narrative of each individual woman reflected its own unique set of details, as revealed in their summarized stories, there were eight themes that spanned across their accounts and, together, comprised their experience of perinatal loss. These themes, presented in the chapter on findings, included: 1) Context Shapes the Evolving Story, 2) Engulfed with Awareness of Loss, 3) Mourning within a Framework of Halacha (Jewish law), 4) Relinquishing the Illusion of Control, 5) Conceptualizing the Baby as Holy Brings Meaning, 6) Acknowledgement Brings Comfort, 7) Diverse Challenges Intensify Grieving, and 8) Religious, Spiritual, and Personal Transformation. In the current chapter, each of these core themes is discussed in depth, as well as compared and contrasted with previous findings on perinatal loss. Although presented separately, interrelationships between the themes are also explored and highlighted. Finally, the present chapter discusses the contextual information garnered from rabbis in their role as scholars of halacha (Jewish law) and religious counsellors, while highlighting its relationship and relevance to the findings on mothers’ experiences.

Discussion of Mothers’ Themes

Context Shapes the Evolving Story

When recounting their stories of loss, all mothers framed their narratives of the event in the context of other aspects of their lives that uniquely shaped and impacted the experience, including their age, birth order of the baby, history of infertility or miscarriages, and cause of
death. Some findings in the literature have indicated that younger mothers (Toeder, Lasker, & Aldaheff, 1988; Lasker & Toedter, 2000) as well as those with no living children (Jansen et al., 1997; Tseng, Cheng, Chen, Yang, & Cheng, 2017) have exhibited more intense grief responses following perinatal loss, contrary to hypotheses that older mothers with more limited number of available years for childbearing would express greater distress. In the current study, younger and older mothers both reported significant feelings of grief; however, younger mothers often experienced the loss in their first pregnancy, which might have compounded the worry that they would never be able to give birth to a healthy baby. As well, some young mothers in the present research whose first baby was unexpectedly stillborn explained that they had not entertained the possibility of the pregnancy not progressing in a healthy manner, while older mothers’ accounts seemed to imply more of an awareness of the potential risks of pregnancy. Given that there is not a consensus in the literature on the relationship between age and level of grief, with some studies finding no correlation between the two (Lasker & Toedter, 2000), results of the present study may explain, to some degree, the underlying reasons for younger mothers’ intensified grief reactions.

Although current findings suggested that younger mothers experienced a lack of mental preparedness regarding the possibility of pregnancy complications as well as fear that they would be unable to give birth to a healthy child, older mothers with infertility struggles also experienced significant distress associated with unique aspects of their situation. This was consistent with limited previous research indicating a relationship between stronger grief responses and prior history of infertility (Tseng et al., 2017), with Orthodox Jewish mothers in the present study appearing particularly troubled by fertility difficulties given their desire to have a large number of children, coupled with the awareness that they needed to start a family at a
relatively young age to accomplish this. This was described in detail by several participants who explained that their previous difficulties conceiving or carrying a pregnancy to term prior to perinatal loss were especially upsetting in light of the fact that they had married at an older age than their peers. However, participating mothers’ perspectives on what was considered “old” for a first-time mother (e.g., mid-to late twenties) and their aspirations for childbearing likely differ considerably from those of a majority of women in modern Western culture. These findings suggest that what may be most important in conceptualizing women’s grief following perinatal loss is not their objective age, fertility, or the presence of living children, but their subjective perceptions of the meaning of these variables in the context of their lives and hopes for the future. It can be argued that a deeper understanding of these factors is best achieved through qualitative research, rather than through questionnaires designed to assess intensity of grief in a more quantitative manner (e.g., Jansen et al., 1997; Toedter, Lasker, and Alhadeff, 1988; Lasker and Toedter, 1991; Tseng et al., 2017).

Another element that was highlighted by mothers in the current study was the notion of grief evolving and shifting over the passage of time after perinatal loss, particularly in regard to attaining a sense of healing and comfort following the birth of a healthy infant or grandchild. Prior research has to some degree supported the assumption that a subsequent birth is the key to recovery from loss, with clinical literature reporting that the arrival of a new baby diminished parents’ reports of grief (Rich, 1999; Cuisinier, Janssen, deGraauw, Bakker, & Hoogduin, 1996). In the current study, all mothers expressed that welcoming a living child into the family after the devastation of bereavement filled a void of sadness with joy and provided some closure to their perinatal death experience. In contrast with other studies that explored shifts in the severity of grief over several years after the loss and after a subsequent birth, the current study was unique
in that it included at least four participants whose losses had occurred many years earlier, in one case, well over a decade. In conjunction with the notion of time serving as a healer, with most studies yielding findings suggesting a negative relationship between time elapsed and grief scores (Lasker & Toedter, 2000), several participants in the present study briefly mentioned that their distress decreased over time. Regardless, some mothers linked their impression of having achieved a nechama (comfort) with the subsequent birth of a healthy child or grandchild, rather than the passage of time itself.

**Engulfed with Awareness of Loss**

Participants reported that they had experienced a variety of overwhelming, engulfing and visceral thoughts and emotions after receiving the news that their baby had died, with an awareness of the enormity of the loss often occurring in gradual stages. Specifically, mothers described initial feelings of shock and disbelief that propelled them to deny on some level that their baby had died, perhaps to protect themselves from the trauma associated with acknowledging the reality of the situation. Several expressed that the possibility of a living, moving baby suddenly dying inside the sheltered environment of its mother’s womb was a risk they had never considered for a healthy young woman, or was something that only happened to “other people.” As they began to accept the reality of the situation and the realization that they would be forced to contend with the physical pain of labour and delivery, mothers described emerging feelings of indescribable sadness that completely consumed them. As well, some related that the emotion of guilt emerged as they ruminated about their failure to fulfill the primary role of a mother to protect her child from harm, or the prospect that they had done something wrong to bring this tragedy upon themselves. Feelings of resentment directed at God were only mentioned by two mothers, one in relation to herself and another who stated that her
husband’s response to the loss had included strong sentiments of anger, which was difficult for her to deal with in her position as wife. Having a background as a baalei teshuva (becoming Orthodox in adulthood after living as a secular Jew) may have been a factor in triggering feelings of anger in these individuals, given the challenge of reconciling their sacrifice to God and commitment to the religion with the notion of Him causing them to experience a tragedy. However, both were ultimately able to come to terms with the seeming paradox of “bad” events happening to good people and decided to continue to practice their faith and live as Orthodox Jews. The notion of parents reorienting their religious identify after perinatal loss has also been found in prior research, with a period of struggle followed by an eventual state marked by renewal and reintegration as well as a more fervent expression of previous faith (Bakker & Paris, 2013).

Initial responses to perinatal loss documented in the literature strongly parallel those reported by Orthodox Jewish women in the current study, suggesting the universal nature of mothers’ and fathers’ reactions to the death of their baby with shock, numbness and confusion (Kavanaugh, 1997; Stinson, Lasker, Lohman, & Toedter, 1992; Wing et al., 2001). It has been suggested that the immediate response of shock serves an adaptive function by insulating parents from the full impact of their child’s death (Parkes, 1972) and the associated trauma, with participants’ reports of having accepted the reality of the situation in a slow and gradual manner appearing to support this. Similarly, mothers’ descriptions of intense sadness that followed their initial disbelief were highly consistent with findings of intense distress and depression reported in the literature (Badenhorst & Hughes, 2007; Wing et al., 2001), with one study indicating that 100% of mothers and 95% of fathers experienced powerful feelings of sadness 40 days after the death of their baby (Benfield, Leib, & Vollman, 1978). A tendency for parents, especially
mothers, to harbour feelings of guilt, as was related by the current study participants, has also been reported as exceptionally common in prior research on perinatal death (Cacciatore, 2010; Wing et al., 2001). The literature suggests that guilt may be linked with self-blame about the possibility of having done something that negatively impacted the pregnancy (e.g., too much exercise or exposure to stressful situations) or having failed to perform an action that may have saved the baby (e.g., noticed that there was no movement and gone to the hospital) (Cacciatore, 2010; Fish, 1986; Leppert & Pahlka, 1984; O’Leary, Warland, & Parker, 2011). In the present study, several mothers reported that they felt responsible for not having been “careful,” enough, supporting the presence of guilt feelings, but they did not explain if this referred to a physical action or a spiritual misdeed. Previous findings also indicate that guilt may be linked with a general sense of failure (Wing et al., 2001), and one participant’s account supported this notion with her vivid expression of struggling with having “failed as a woman.” It is interesting that anger, a frequent bereavement response to perinatal death cited in the literature (Wing et al., 2001; Smith & Borgers, 1989), was not a common reaction described by most Orthodox Jewish mothers, which may have reflected a general tendency for them to perceive the event as “meant to be,” as was the case in the study carried out by Hamama Raz and colleagues (2014). Moreover, it is possible that participants’ perception of themselves as conduits for assisting a soul to achieve an elevated space in olam habah (the spiritual world of life after death) was a protective factor against feelings of anger related to viewing the loss as unfair.

Mourning within a Framework of Halacha (Jewish law)

All mothers related that they had immediately turned to a rabbi and/or the Chevra Kaddisha (Jewish Burial Society) for direction on halachos (Jewish law) concerning various aspects of perinatal loss, including naming the baby, giving a male infant a bris (circumcision),
and the burial process. As expected, guidelines provided by rabbis were in accordance with *halachic* sources detailed above concerning bereavement following stillbirth or neonatal death. Several mothers mentioned that certain traditions were difficult for them to follow emotionally (e.g., not visiting the grave, having the *Chevra Kaddisha* choose a name for the baby), as it limited their attachment to their child. Regardless, they made sure to discuss their feelings with a rabbi to determine if there was room for variation within the boundaries of *halacha* (Jewish law), rather than veering from normative tradition without religious direction. Some described how their belief that adhering to *halachic* (Jewish law) practice was ideal on a spiritual level enabled them to process and come to terms with their feelings. No families observed *shiva* or recited *kaddish*, in accordance with *halachos* regarding a *nefel* (stillborn baby). Consistent with findings yielded by Hamama-Raz and colleagues (2014), there were no women in the current study who reported that a lack of formal rituals around mourning a stillbirth caused them to experience any distress. In addition to Jewish laws specifically centred around bereavement following perinatal loss, mothers described how they observed various *halachos* (Jewish law) related to their day-to-day lives as they proceeded through the labour, delivery, and recovery. Keeping *Shabbos* (Sabbath) was featured prominently in mothers’ narratives, and several fondly reminisced in detail how they, their spouses, and visiting family members had recited prayers, ate a festive meal, and sang *zemiros* (songs) in the hospital. Although some researchers have suggested that Orthodox Jewish parents whose baby dies are in a bewildered state, given the absence of ritualized customs of mourning (Hamama-Raz et al., 2014; Neuman, Nadav & Bessor, 2006), this may not be an entirely accurate assumption, as participants in the current study adopted a plethora of rituals that surrounded and shaped their experiences.

Overall, it appeared that observing *halachic* (Jewish law) rituals provided mothers with a
well-defined and explicit sense of structure and meaning for that was reassuring and comforting, while heightening their connection with God in the midst of their suffering. This was consistent with research indicating that religious beliefs facilitate coping with stressful situations and offers protective effects in adjustment following all types of bereavement (Wortman & Park, 2018) and, particularly, the death of a child (McIntosh, Silver, & Wortman, 1993). In addition to obtaining guidance around Jewish mourning rituals, parents relied on religious leaders for emotional support and answers to philosophical questions concerning suffering, which were usually offered in an empathic, practical and nonjudgmental manner. They indicated that this enhanced their ability to move on with day-to-day life, as well as to engage in further religious practice and maintain a positive relationship with God. Findings indicate that the use of religious/spiritual activities and depth of commitment to religion and its integration into everyday life correlate with higher adjustment to the loss of a loved one and acceptance, and this seemed to be the case for women in the current study (Wortman & Park, 2008). Although prior literature has indicated that women who use negative religious coping following a pregnancy loss are at risk for complicated grief (Cowchock, Lasker, Toedter, Skumanich, & Koenig, 2010), Orthodox Jewish mothers in the present investigation appeared to use their religion as a positive means of managing the trauma of the loss. This could have been due to the fact that religion was an all-encompassing aspect of their lives and something that they may have relied upon for comfort in other challenging situations, which might not be the case for families whose religious observance is less committed.

**Relinquishing the Illusion of Control**

Mothers expressed that the experience of losing a child caused them to relinquish prior perceptions of personal control and accept that God was the ultimate Director of events and
outcomes. This epiphany was accompanied by feelings of humility and the surrendering of a sense of entitlement or beliefs that they were deserving of having all their desires fulfilled, which translated into a deeper relationship with God and awareness of His blessings. Prior research on the multiple layers of grief and loss associated with the death of child has revealed that parents frequently experience a rupturing of their illusions about their security, together with changes in perceptions of the world as a predictable and orderly place (Cote-Arsenault & Mahlangu, 1999; Cote-Arsenault & Marshall, 2000; Cote-Arsenault & Morrison-Beedy, 2001; Hebert et al., 1998; Kauffman, 2002). Although mothers in the present study did struggle with fear and uncertainty coupled with shifts in their viewpoints about self-mastery, most implied that the action of surrendering to God ultimately alleviated some of their sense of vulnerability and brought peace. This suggests that viewing oneself as unable to control one’s destiny is more likely to be correlated with anxiety if it is accompanied by a perception of life events as occurring in a chaotic and random fashion, rather than orchestrated by a loving Higher Power. Thus, it seems that religion and belief in God’s justice and kindness, which reflected the principle “gam zu l’toval” (“this, too, is for the best”) cited in the Talmud (Ta’anis 21a) as an ideal attitude for perceiving misfortune, served as a protective factor that enabled women in the current study to cope with the loss.

Participants’ ability to accept their lack of influence over life events and to obtain a sense of serenity associated with this realization was consistent with the notion of resilience recently featured in the literature on bereavement, which has shifted away from focusing on problematic adaption to loss and pathology (Bonnano, 2009). Researchers have found that loss and suffering can serve as a positive catalyst for greater appreciation for life and depth of religious commitment (Currier, Holland, & Neimeyer, 2012), and this seemed to be the case for the
Orthodox Jewish mothers who participated in the present study. One model suggests that the reshaping of core beliefs about the world following bereavement occurs in a process known as rumination, whereby bereaved individuals attempt to make sense of the trauma through intrusive (automatic) or deliberate (intentional) thoughts (Black & Wright, 2012; Taku, Calhoun, Cann, & Tedeschi, 2008). These researchers found that deliberate rumination was associated with personal growth, while intrusive rumination was associated with unabated distress. For the Orthodox women interviewed in the present investigation, intrusive rumination seemed to occur most frequently in the initial stages following the death of their baby, together with feelings of shock, disbelief, and self-blame, while mothers appeared to use deliberate rumination with the passage of time to construct a different worldview that included the perception that they were in God’s capable hands. It is noteworthy that, beyond the immediate period following the loss, participants did not generally report engaging in constant questioning of why the loss transpired or ruminate that they may have been somehow responsible. It seems that rabbis’ empathic and supportive responses to parents that reflected Jewish teachings regarding the incomprehensible reasons for suffering and the potential for growth might have facilitated mothers’ ability to embrace uncertainty, and thus mitigated their distress. This may explain why no participants reported having lost their faith, as has been cited in some prior literature on changes that occurred in parents from other religious groups following perinatal loss (Black & Sandelowski, 2010).

**Conceptualizing the Baby as Holy Brings Meaning**

Consistent with Jewish philosophical teachings, all participants perceived their babies as holy souls that required a brief sojourn into the world for spiritual purification, perhaps due to a slight sin or missed opportunity that may have occurred in another lifetime and which marred an
otherwise perfect existence. Mothers explained that, unlike individuals with a longer lifespan who are tasked with a more complex life mission and are more at risk for tarnishing their souls, a stillborn baby can attain its purpose without taking a breath, while being assured of an elevated space in olam habah (the spiritual world of life after death). Viewing their infants as exceptional in a spiritual sense, and therefore deserving of reverence, directly impacted the manner in which mothers responded to the loss, with one mother dressing herself in her finest clothing to receive the news of the death and another stopping herself from physically touching the baby so as not to mar his purity. Conceptualizing their babies as holy also appeared to provide a sense of meaning to the experience and reassured mothers that the pregnancy was not futile, but had actually fulfilled an important purpose in enabling the neshama (soul) to reach spiritual perfection. This perspective enabled participants and their families to move beyond the devastation of the loss and obtain a sense of comfort through the knowledge that they had merited to serve as a conduit for the journey of an elevated soul. As such, mothers were able to discuss the deceased infant with their surviving children in a positive manner that reflected their religious convictions, and which was well received by siblings. The perception of a stillborn baby as sanctified was reminiscent of findings in a study conducted by Bakker and Paris (2013) that explored the impact of perinatal death on parental religiosity through their online narratives, whereby mothers and fathers who ascribed to a variety of religions described profound spiritual experiences. For example, one parent recalled sensing a sacred and loving presence that lifted her child’s soul to safety, a Buddhist mother characterized the first few weeks after her loss as a “holy” period, and another woman referenced a period of peace and clarity as she birthed her premature twins.

Similar to participants’ engagement in a salutary process of relinquishing control that followed from their faith in a loving and omnipotent God, a natural framework for coping,
acceptance, and meaning-making was provided by beliefs embedded in Orthodox Judaism regarding the purpose of a *nefel’s* (stillborn baby’s) life. In conjunction with this, *halachic* (Jewish law) bereavement rituals for a stillborn infant that differed from older children and adults (e.g., no *kaddish* (prayer for the deceased), no *shiva* (7-day mourning period) and discouragement from having parents visit the grave) offered affirmation and reassurance to mothers of the purity of their baby’s soul and its lack of a need for attachment with the physical world. Thus, in contrast to the secular Western conceptualization of perinatal loss as a senseless and illogical event (Hebert, 1998), Orthodox Jewish teachings enabled mothers to impose order on the seeming chaos and randomness of losing a child, while obtaining comfort in the process. This was similar to findings on infant death that have been yielded in studies with Middle Eastern and Asian populations reflecting attitudes that the loss was “meant to be” (Hebert, 1998; Tseng et al., 2014), and which have not been well explored in the literature (Badenhorst & Hughes, 2007; Tseng, Chen, & Wang, 2014). Some parents of a variety of religions and spiritual affiliations also described perceiving that their baby’s death happened for a reason or was part of a “master plan”; however, others reported that they found it difficult to reconcile that their baby’s death had been sanctioned by a higher power (Bakker & Paris, 2013). In contrast to Orthodox Jewish mothers in the current research, parents in the prior study by Baker and Paris (2013) discussed the purpose of the baby with ambivalence, simultaneously viewing the infant’s life as meaningful while rejecting the notion that the meaning justified the death.

Recent studies on meaning reconstruction following the death of a loved one have suggested that maintaining bonds with the deceased through memories, perceiving him/her as a role model and a comforting presence in times of stress, and appreciating the legacy left behind may have an adaptive function in the grief process (Attig, 2000; Field et al., 2005; Klass, 1999;
Klass, Silverman, & Nickman, 1996; Neimeyer, Baldwin, & Gillies, 2006). Previous findings have also suggested that the ability to make sense of the loss in practical, personal, existential, or spiritual terms (Neimeyer, 2001) may be particularly important in mitigating the separation distress of bereaved individuals who maintain strong continuing bonds with the deceased (Neimeyer et al., 2006). Specifically, in regard to research on infant loss, bereaved mothers reported that they viewed their babies’ life purpose as bringing love and joy in their brief time on Earth, which generated comfort and healing after their unexpected passing (Neimeyer & Anderson, 2002). In the current study, participants engaged in a form of continuing bonds and meaning reconstruction that was distinct from much of the previous literature, and which was an outgrowth of mothers’ beliefs that reflected Orthodox Jewish teachings on perinatal loss. That is, rather than focusing on how the infant’s life had enriched their families, mothers constructed meaning by highlighting how they had been privileged to serve as an instrument in the journey of a holy soul’s attainment of perfection. As well, given that halacha (Jewish law) on bereavement after perinatal loss is designed to lessen attachment, mothers seemed to engage in a process of ultimately decreasing their physical bonds with the baby, while at the same time maintaining a long-term connection through positive imagery of the baby’s soul continuing its metaphysical existence in the presence of God. Other parents of various religions have also reported finding comfort in visualizing their babies’ continued existence in an afterlife and the possibility of a reunion after death (Bakker & Paris, 2013), while mothers in a Taiwanese study described performing rituals in order to “let go” of their physical bond with the child and prepare for its rebirth in the next life (Tseng, Hsu, Hsieh, & Cheng, 2017).

**Acknowledgement Brings Comfort**

As they navigated through the initial days of coping with perinatal death, mothers
reported that they had obtained a sense of comfort from healthcare staff, community members and family who acknowledged the life of the baby and the enormity of the loss. Realizing that there would be minimal tangible mementos of the life that had grown inside them, participants expressed that they had appreciated having the opportunity to see, hold, and spend time with their babies. Keepsakes including footprints and records of the height and weight, together with mental images that were generated by nurse’s descriptions of the baby as “beautiful,” provided affirmation to mothers that they had partnered in creating a precious and valuable human life. Participants also observed that being offered a variety of options and flexibility for managing decisions related to the delivery process, for spending time with the baby after the birth, and for obtaining mementos was critical in mitigating the difficulty of the situation. These findings supply additional support for the benefits of current hospital practices that promote parental contact with a stillborn baby (Avelin et al., 2011; Badenhorst & Hughes, 2007; Cacciatore, Radestad, & Froen, 2008; Kavanaugh & Hershberger, 2006; Kennell & Klaus, 1982; Rand, Kellner, Revak-Lutz, & Massey, 1998); however, it must be highlighted that it was the provision of choices, rather than the level of contact, that was perhaps most important in creating a positive experience for parents. That is, it is noteworthy that there was a range of practices for spending time with the baby that was carried out by parents in the current investigation, with some choosing only to look, others to touch, and others to hold, with none reporting that they had regretted their choice in hindsight.

Although all participants felt that they had benefitted from having tangible evidence and memories that the baby was a “real” life, most did not mention the presence of siblings to meet the baby or the taking of photographs, both of which have become commonplace practices in the hospital management of stillbirth. Instead, the process of physically bonding with the infant was
generally a brief and private moment with his or her parents, and seemed to be an outgrowth of the desire to satisfy the need to physically connect with the baby that had developed throughout the pregnancy. This further highlights the importance of hospital staff taking care to refrain from applying a standard set of protocols that encourage all families to have contact with their deceased infants when this may not be desired, in their best interests, or culturally sensitive (Bourne & Lewis, 1983; Leon, 1992). Following participants’ bonding with the baby, the Chevra Kaddisha (Jewish Burial Society) typically assumed responsibility for any tasks related to preparation for the burial and the burial itself, and thereby initiated the process of relinquishing attachment, as was consistent with halachic (Jewish law) principles and Jewish philosophy concerning perinatal death. To elaborate, while acknowledgement and confirmation of the baby’s material existence offered comfort for mothers in the initial days following the loss, as time elapsed, they seemed to obtain greater solace from viewing him or her as a spiritual being with no ties to the physical world. This perspective and approach seems to differ somewhat from families who respond to perinatal loss in a manner that reflects current Western thinking around perinatal death, where the attachment between parents, siblings and the infant is frequently celebrated even after the passage of years by looking at photographs, visiting the grave, and commemorating the anniversary of the birth.

In addition to benefitting from acknowledgement that they had given life to a “real” baby and receiving options for bonding following the birth, mothers expressed that compassionate and trained healthcare staff who recognized the difficulty of the situation enhanced their ability to cope. Specifically, participants mentioned that receiving empathy, being offered a private room away from mothers with healthy babies, and attentive medical care were all helpful in alleviating their distress. Mothers also drew emotional strength from loved ones and members of the
community who acknowledged the loss through a variety of ways including being physically present, prayers, sending warm messages, providing assistance with household chores, and displaying sensitivity by refraining from talking about potentially hurtful topics. Several mothers observed that they had particularly appreciated gentle assurances from family and friends that their pain was not forgotten in the months after the death had occurred, and after participants had resumed their daily lives. Organized support groups for Orthodox Jewish women with shared experiences of perinatal loss and religion were also particularly valuable in helping mothers to feel validated and understood. Findings in the present study indicating the importance of support from healthcare staff and the community in mitigating distress following the death of a baby have been previously documented in the literature (Kavanaugh, Trier, & Korzec, 2004; Řadestad et al., 1996), together with the critical role of religious social support in providing an environment in which to grief (Bahr & Harvey, 1980; Fry, 2001; Wortman & Park, 2008).

Diverse Challenges Intensify Grieving

Although mothers provided overall positive reports of their hospital experiences which they described as enhancing their ability to cope, they related having some interactions with healthcare staff that heightened the trauma and probably compounded their grief. Specifically, participants stated that their pain intensified as a result of being informed that the baby had died in an unfeeling manner, observing the body being treated as an object rather than a child, being placed in a hospital room where they could hear live babies crying, and receiving bereavement services that were perceived as inappropriate. This was consistent with prior study results indicating that 70 percent of women who gave birth to a stillborn baby in Sweden reported that the hospital had good routines in place; however, 40 percent also related that they were deeply sad, hurt or angry about the behaviour of a member of the medical staff that had occurred prior
to, or during, the labour and delivery (Rådestad et al., 1996). These findings suggest that relatively supportive hospital experiences can be significantly marred by isolated encounters with inconsiderate or unpleasant healthcare professionals, with these memories vividly recalled even after the passage of years. Thus, despite recent efforts in the medical community to shift away from a model of managing perinatal loss as a “non-event” toward greater acknowledgement of the magnitude of the loss and opportunities for bonding with the baby, there is still room for further change (Cacciatore et al., 2008; Gold et al., 2007; Lasker & Toedter, 1994; Rådestad, et al., 1996; Reynolds, 2003). Moreover, the requirement for empathic and professional medical care following perinatal loss is clearly a universal need for all families, regardless of cultural background. Considering that nurses and midwives have been found to experience stress, helplessness, and feelings of ineptitude in their efforts to support parents whose baby has died, increased quality of care may be achieved through enhanced knowledge and training for healthcare professionals (Engler et al., 2004; Fai & Arthur, 2009)

Similar to the accounts of their hospital experiences, participants reported that family and friends generally responded to the loss in a supportive manner, while some individuals had reacted with insensitive comments and unsolicited advice that usually added to the difficulty of the situation. These included responses that appeared to minimize the magnitude of the tragedy, failed to validate mothers’ need to grieve, or caused mothers to feel that they were the objects of pity. Most distress, however, seemed arise from avoidance of contact, in the context of relationships that had previously been perceived as close-knit and caring. These findings were not surprising, given prior research indicating that inappropriate questions or comments increased the emotional pain of bereaved parents following perinatal loss (Kavanaugh et al., 2004) and were responsible for a high prevalence of disenfranchised grief in these families
(Hazen, 2003; Lang et al., 2011; Rubin & Malkinson, 2001). At the same time, participants in the current study seemed to have experienced relatively low rates of disenfranchised grief, and this may be due to the high levels of social support provided by the community and overall attitudes and responses that reflected an emphasis on assisting others in times of tragedy. Despite the distress triggered by hurtful remarks or lack of acknowledgement, mothers generally displayed high levels of self-awareness that they were in a heightened state of emotional sensitivity and therefore at greater risk of taking offence. This seemed to result in a willingness to perceive the negative responses of their friends and family as resulting from their discomfort with the situation or difficulty with knowing exactly what to say, rather than intentional or malicious. It is likely that these efforts to judge others favourably were an application of Jewish teachings on dealing with interpersonal relationships (Shavuos 30a), and may have also contributed to greater wellbeing in participants by reducing their perception of themselves and their experiences as being delegitimized.

Another challenge that was highlighted by mothers included the difficulties of coping with returning to their jobs and community life, as well as being faced with events that triggered memories of the trauma. A review of the literature revealed few studies exploring this facet of bereavement following perinatal loss; however, participants’ narratives were reminiscent of the dual process model conceptualizing grief as a process of oscillations between confronting or ruminating over the loss and moving on with day-to-day activities (Gillies & Neimeyer, 2006; Stroebe & Schut, 2001). One investigation that described women’s anxiety linked with going back to work following perinatal loss and a sense of vulnerability associated with facing colleagues’ sympathetic comments corresponded with findings obtained in the current study (Hazen, 2006). This highlights the benefits of implementing organizational policies and practices
that resist the tendency to silence perinatal loss and facilitate the transition back to work for
bereaved mothers by ensuring that employees are informed about the loss and receive training in
active listening. Specific triggers that were found to cause the re-experiencing of grief in
participants in the months and years after the loss included seeing pregnant women, coming into
contact with babies, and their own subsequent pregnancies, with other studies also citing these
events as eliciting renewed devastation following perinatal death (Côté-Arsenault, & Marshall,

**Religious, Spiritual, and Personal Transformation**

As a result of their encounter with loss, mothers reported that they had experienced
religious, spiritual, and personal transformations in their thought patterns, beliefs and actions.
They described the emergence of an intensified connection with God and an awareness that He
had exhibited acts of kindness to minimize their suffering and to indicate His presence in the
midst of tragedy. This perception of God as caring and intimately involved in their lives led
participants to express a greater appreciation for His blessings, and resembled the gratitude that
mothers described after accepting that control was ultimately in the hands of a Higher Power.
Together with increased appreciation for God’s compassion and benevolence, participants
related that their bereavement experience had deepened their faith in the tenets of Orthodox
Judaism and shifted their beliefs from the theoretical to the tangible. Several mothers also
reported that they felt compelled to respond to the heartbreak of loss with the performance of
charitable and spiritual acts in memory of their babies, which was consistent with the notion of
continuing bonds described by Klass, Silverman & Nickman (1996) as a continued active
influence of the deceased on loved ones’ thoughts or deeds. On a personal level, all participants
stated that they had developed enhanced empathy for others’ pain which resulted in a pledge to
acknowledge the suffering of others and to exercise sensitivity in their interactions and conversations. Furthermore, mothers expressed that they had resolved to respond to death with life, with the image of the soldier being used by some to capture their determination to forge ahead with courage and strength.

Participants’ accounts of their struggles with grief leading to positive transformations were analogous to the post-traumatic growth reported in the literature by bereaved individuals who experienced the emergence of new possibilities, changes in relationships with others, an increased sense of personal strength, a greater appreciation for life, and changes in existential and spiritual orientations (Tedeschi & Calhoun, 2008). As well, the death of a loved one frequently propelled these people to engage in a process of self-reflection that caused them to reshape their understanding of their purpose in life and connection with the transcendent (Calhoun, Tedeschi, & Lincourt, 1992). Given the parallels between findings in the current and prior studies, it seems that there is a universal tendency toward post-traumatic growth for many individuals who grieve a major loss, rather than a phenomenon yielded exclusively in Orthodox Jewish mothers or those who identify with a particular religion. The present investigation also provided additional support for the resilience model of bereavement presented by Bonnano (2009), which suggests that humans possess a natural capacity for adaptation and a reservoir of inner resources that enable them to continue to live a meaningful and fulfilling life in the aftermath of devastating loss.

At the same time, it must be highlighted that some individuals do exhibit dysfunctional grief reactions, while others do not report the occurrence of positive changes or find themselves plagued by strong negative feelings as they navigate life following bereavement (Tedeschi & Calhoun, 2008). Moreover, one study found that women who perceived a perinatal loss as God’s
will failed to display lower grief scores, with many displaying religious struggles and poorer psychological outcomes over a year after the death (Cowchock et al., 2010). This raises the question of why the themes of development, growth, intensified faith, and eventual adaptation appeared to feature so prominently in Orthodox Jewish mothers’ bereavement experiences for both the current study as well as research conducted by Hamama-Raz and colleagues (2014). It seems likely that this relatively consistent pattern of responding was influenced by Jewish teachings that provided direction for dealing with tragedy, with these doctrines appearing to be woven into the fabric of mothers’ lives prior to loss, even if only on a theoretical level, and subsequently reinforced by rabbis who counselled and supported parents following the death of their baby. According to Weil (2013, Suffering with Dignity, para. 7) in his commentary on Soloveitchik (2004), Judaism’s approach to suffering highlights the importance of accepting pain with dignity and humility, and this attitude was reflected in the positive transformations exhibited by mothers in the present investigation.

With dignity, we don’t just endure, we uplift; we don’t passively accept, we actively rebuild; we don’t ask why, we ask what can we do to make it better and how will we lead our lives differently as a result of this experience.

Finally, the knowledge that their parents or grandparents had responded to the unanswerable questions of the Holocaust by moving on with their lives and focusing all their efforts on rebuilding also seemed to provide strength and a sense of courage to participants that they, too, could endure.

**Discussion of Information Yielded from Rabbis**

*Mesorah* (transmission of Jewish religious traditions) Creates the Structure for Mourning

Rabbis stated that the *mesorah* (transmission of Jewish religious traditions), transmitted
through the generations and reflecting the Orthodox Jew’s commitment to follow in God’s ways, offers a foundation for conceptualizing perinatal death as well as a structure for conducting oneself in the period of bereavement. Rabbis perceived themselves as responsible for knowing and conveying accurate halachic (pertaining to Jewish law) information when consulted by members of the community following a loss, and they stressed the importance of tailoring guidance that considers the emotional state of the asker, while ensuring that Torah and Talmudic (Written/Oral Law) values are not compromised. The concept of mesorah (transmission of Jewish religious traditions) creating a structure for mourning that was reflected in rabbis’ interviews and the theme of Mourning within a Framework of Halacha (Jewish law) yielded from mothers’ interviews contained strong parallels with each other. This suggests that the notion of rabbi as halachic advisor is highly embedded in Orthodox Jewish life, with all participants in the current study reporting that they had approached a religious leader for direction in the aftermath of the loss. Moreover, participants’ efforts to ensure that Jewish traditions were observed as they navigated the mourning process reflected their commitment to the religion and their perception of these laws as paramount for living a meaningful life. For the most part, mothers appeared to derive comfort and a sense of equanimity from having a halachic (pertaining to Jewish law) framework for managing the situation, which may have spared them from some of the uncertainly and turmoil faced by parents from other cultures who frequently grapple with difficult decisions concerning spending time with the baby and the burial process. Even in the limited instances where participants found it emotionally challenging to comply with aspects of halacha (Jewish law), they worked on rising above their feelings and conceptualizing the holiness of these traditions, an approach that was described by rabbis as the embodiment of Orthodox Jewish values and distinct from the Western focus on one’s personal desires.
Rabbis explained that a stillborn baby is perceived in halacha (Jewish law) as a “real” life, though different in many respects from the life, and, therefore, the mourning process, of an older child or adult. Halachic (pertaining to Jewish law) guidelines concerning perinatal death were detailed by rabbis, with specific laws and traditions for circumcising a male baby, providing a name, performing the burial, and parameters for ensuring kavod hameis (honouring the body). Although mothers and rabbis resided in a variety of communities across the United States, Canada, and Israel, their responses describing the management of perinatal loss in Orthodox Judaism complemented and strongly paralleled each other, corroborating rabbis’ descriptions of the invariable nature of the mesorah (transmission of Jewish religious traditions) and its independence from secular culture. Rabbis’ explanations of the philosophy behind halachic (pertaining to Jewish law) practices for dealing with and responding to stillbirth, or lack thereof in the case of kaddish (prayers for the deceased) and shiva (7-day mourning period), highlighted the exceptional holiness of the soul of a deceased infant. Following from this, rabbis emphasized how halachos (Jewish laws) for responding to perinatal death reflect the belief in the resurrection of the baby’s soul at the time of Moshiach (Messiah), while minimizing its attachment with the physical world and its exposure to human suffering.

Interview data obtained from rabbis elucidating the spectrum of Jewish laws and customs, together with the philosophy underlying these halachos (Jewish laws), offered a deeper understanding of mothers’ experiences and perspectives and revealed a highly sophisticated framework for responding to perinatal loss. The intentionality and meaning behind the absence of rituals such as kaddish (prayers for the deceased) and shiva (7-day mourning period), suggest that statements in the literature describing this as a “problem,” whereby Jewish “mothers and fathers who experience stillbirth are situated in a confusing state in which their own individual
sorrow cannot be mediated through the collective forms of mourning” (Neuman, Nadav, & Bessor, 2005, p. 1374) may reflect a misrepresentation of the depth of the mesorah (transmission of Jewish religious traditions). In fact, no mothers in the current study reported feeling disenfranchised or “forgotten” as a result of halachic (pertaining to Jewish law) practices, and if anything, the acknowledgement of the purity of the baby’s soul reflected in Jewish law, as well as words of counsel offered by their respective rabbis, appeared to provide meaning and comfort. Participants also seemed to derive a sense of consolation from the knowledge that their observance of the law was in accordance with ancient Jewish tradition, and at the same time, any emotional difficulties in conforming with halacha (Jewish law) that they experienced were generally discussed with a rabbi and validated, followed by direction for how to proceed. This was consistent with participating rabbis’ reports of the importance of considering the mental state of the individual and his or her needs in tailoring a response to halachic (pertaining to Jewish law) questions.

**Providing Comfort through Listening and Reflecting on Meaning**

In addition to the responsibility of conveying halachic guidelines for bereaved families, rabbis related that their role as religious leaders included the provision of comfort to individuals in challenging situations such as perinatal loss. They emphasized that this was accomplished primarily through listening and simply “being there,” rather than delivering philosophical explanations for why the tragedy may have happened, which mirrored Farber’s (2013) description of rabbi as empathizer. As was the case with the halachic (pertaining to Jewish law) aspect of dealing with perinatal loss, mothers’ reports of seeking emotional support from religious leaders were consistent with participating rabbis’ perspectives on their roles, and reflected that the conceptualization of rabbi as counselor is critical to Orthodox Jewish life.
Mothers seemed to draw strength from these interactions with rabbis, and they described feeling validated, being permitted to express a range of emotions, and being gently encouraged to continue with their lives. In addition to displaying compassion for the devastation experienced by bereaved parents, rabbis highlighted the importance of offering solace by emphasizing that the baby’s life had a purpose and that the soul would eventually reach full development and undergo a resurrection at the time of Moshiach (the Messiah). Mothers corroborated that the belief that they had nurtured an elevated soul and assisted in the completion of its mission provided meaning to the loss and a dimension of comfort, together with the assurance of meeting again after techiyas hameisim (resurrection of the deceased).

Rabbis explained that, despite the emotional pain involved, an encounter with tragedy can provide an individual with a unique opportunity for greater connectedness with God, spiritual evolution, and personal development. Rabbis perceived themselves as responsible for accompanying members of the community on their journey of grief and hope and assisting them to achieve greater strength from navigating challenges, rather than becoming emotionally or religiously shattered. In conjunction with rabbis’ emphasis on the potential for growth associated with struggle, mothers consistently reported that they had experienced positive transformations consisting of deeper faith in God, resolution to commit acts of kindness, heightened empathy for the suffering of others, and determination to move ahead with life. Although participants did not specifically link these transformations as emerging from dialogue with rabbis, it is likely that the nonjudgmental and caring stance of religious leaders played a role in cultivating mothers’ ability to move on with their lives and to integrate the wisdom and motivation for change they had accumulated through their perinatal loss experiences.
CHAPTER 6: CONCLUSION

Overview

The present study explored the experiences of Orthodox Jewish mothers whose baby was stillborn, or died shortly after birth, within the context of their religion, families and the community. Interviews with rabbis complemented and enriched the information obtained from participants, and allowed for a deeper conceptualization of halachos (Jewish laws) concerning perinatal loss, their underlying philosophy, and the nature of support provided by Orthodox Jewish leaders. Findings from the eight themes that were yielded indicated that mothers’ experiences to some degree mirrored those of Western women reported in the literature, particularly in terms of the intense range of emotions and the depth of distress reported. As well, participants’ descriptions of obtaining comfort from friends’ and families’ acknowledgement of the baby’s life, reports of intensified grief related to challenging aspects of the situation, and accounts of post-traumatic growth all paralleled the narratives of women outside of the Orthodox Jewish community. At the same time, mothers’ experiences of perinatal loss portrayed in the current investigation contained distinctions from those of women cited in the literature, with the framework of religion permeating every aspect of participants’ lives, and therefore, the manner in which they lived with the death of their babies. That is, mothers’ narratives of mourning occurring within a framework of halacha (Jewish law) and Jewish philosophy that conceptualized the baby as exceptionally holy, together with a focus on God’s compassion and directorship in the midst of tragedy, uniquely shaped their perspectives and responses. As well, the high levels of support provided by the community and religious leaders appeared to enhance participants’ ability to cope and reduced their sense of isolation and disenfranchisement.

The methodology of interpretive phenomenology that was used in the present
investigation facilitated the exploration of contextual factors that influenced and structured Orthodox Jewish mothers’ experiences of perinatal loss, as well as the meaning that they constructed from the event. In conjunction with the tenets of interpretive phenomenology, the investigator and participants engaged in a process of interaction and interpretation that created an understanding of the phenomenon of interest, and was shaped by the respective perspectives and backgrounds of both the researcher and the researched. Although particularly suitable for conceptualizing the lived experiences of Orthodox Jewish women whose baby had died, there were inherent limitations associated with the framework of the methodology utilized as well as with various aspects of the research design. A summary of the strengths and weaknesses of the study and implications for clinical practice are discussed in the following sections.

**Strengths of the Research**

Given that a majority of studies on perinatal death have been conducted with Caucasian parents from North America, Europe and Australia, the current investigation filled in a critical gap in the literature by exploring how mothers within one particular ethnic, religious, and cultural minority group -- Orthodox Judaism -- experienced and lived with the loss of their baby. To date, only one study with a subset of this population has been conducted, with this research consisting of interviews with ten Israeli ultra-Orthodox Jewish mothers in Israel that obtained information on how these women constructed meaning from the tragedy and coped with their grief (Hamama-Raz, Hartman, & Buchbinder, 2014). In addition to contributing to the current understanding of theoretical aspects of bereavement within a cultural and religious context, findings obtained in the present research have important implications with respect to enhancing healthcare and mental health services for minority families following perinatal death. That is, some studies have highlighted how exploring the cultural, religious, social and historical
attitudes of minority groups such as Orthodox Jews can provide important lessons about delivering effective, compassionate, and culturally sensitive care to members of other groups who are outside of mainstream Western culture (Coleman-Brueckheimer & Dein, 2011; Gabbay et al., 2017). This is particularly important in light of concerns around the potential problems of hospital staff applying one-size-fits-all policies or bereavement support (Bourne & Lewis, 1983; Hebert, 1998) that, while designed to promote mental health and adjustment, may not be appropriate for all parents.

Other critical strengths of the study were related to the trustworthiness of the observations and conclusions drawn from the data, which were facilitated by the sensitivity of the researcher, including her affiliation with Orthodox Judaism, female status, and professional background in clinical psychology. That is, the investigator’s background heightened her ability to collect data and arrive at interpretations that were reflective of participants’ experiences and perspectives. Moreover, the language utilized by participants, which was frequently embedded with Hebrew and Yiddish expressions and references to religious concepts that significantly enriched their narratives, would have been impossible for an outsider of the community to understand. In addition, it appeared that mothers appreciated having the opportunity to engage in dialogue with a fellow member of the broader Orthodox Jewish community who shared their values and background but was generally unknown to them on a personal level. As well, providing mothers with the alternatives of carrying out interviews over the phone or via an electronic meeting enabled them to preserve their anonymity if desired, and therefore, their comfort with revealing sensitive information, with all participants ultimately opting for the former.

In addition to researcher sensitivity, credibility of the findings was heightened by
ensuring that the themes were representative of mothers’ accounts through additional review by a participating mother, an Orthodox Jewish nurse with prior experience in labour and delivery, and the research team. As well, transferability of findings was increased as a result of the high levels of diversity present within the group of mothers in terms of their respective cities and countries of residence, ages, years since the loss, and number of living children. In addition, applying a limited definition of perinatal loss for participant eligibility that excluded pregnancy losses occurring prior to 20 weeks allowed for a greater understanding of the specific impact of late-term losses and mothers’ perspectives of this particular experience. As such, within the framework of hermeneutic phenomenology that embraces the value of an element of subjectivity in conceptualizing the meaning of participants’ experiences, the current study also followed recommended standards for qualitative research that increased its methodological rigour (Elliot, Fischer and Rennie, 1999).

Arguably the greatest strength of the present research was its compelling design that consisted of interviews with Orthodox Jewish mothers to gain an understanding of their experiences, together with interviews with rabbis that provided additional context for the women’s narratives. Obtaining the perspectives of both mothers and rabbis, which frequently enriched and complemented each other, facilitated deeper insight into halachos (Jewish laws) concerning stillbirth and neonatal death, their underlying philosophy, and Orthodox Judaism’s adherence to the mesorah (transmission of Jewish religious traditions). As well, it offered a unique framework for illustrating the impact of religion on conceptualizing tragedy and the critical role of rabbis in supporting individuals coping with loss. As discussed previously, the inclusion of these groups of participants would have been incredibly difficult or perhaps impossible for a researcher who was not highly immersed in the community and knowledgeable
of the culture.

Limitations of the Study and Future Directions

Despite its significant contributions to the literature, the current study contained various limitations associated with the methodology employed, as well as with the characteristics of the researcher and the composition of the participant group that, to a large degree, paralleled its strengths. To elaborate, an overarching objective of the present investigation was to enhance the current understanding of how ethnically diverse mothers live and experience perinatal loss, with the goal of building upon prior research that had previously been carried out primarily with Caucasian parents from Western countries. However, the inclusion of participants from only one particular minority group -- Orthodox Judaism -- means that the findings obtained cannot be assumed to unreservedly apply to the perinatal bereavement experiences of mothers from all cultures. As well, although the demographic features of the participant group reflected high levels of diversity, all mothers demonstrated strong homogeneity in terms of their affiliation with their religion and dedication to following halacha (Jewish law). This suggests that, while findings may have a high degree of transferability to Orthodox Jewish families with similar levels of observance and religious commitment to participating mothers, the themes obtained may vary in terms of their relevance to the experiences of Jewish parents with more secular values. Future research can fill this gap by exploring the perinatal loss experiences of individuals from a wide variety of cultures and ethnicities, and who ascribe to various faiths and belief systems. In addition, it must be highlighted that there is a need for additional study of the impact of stillbirth and neonatal death on fathers, grandparents, and siblings, as findings obtained with mothers cannot be assumed to reflect the experiences of other family members.

While interpretive phenomenology was particularly appropriate for examining how
contextual factors such as religion, community, and family contributed to the meaning constructed by participants following the death of their baby, there was also an inherent element of subjectivity present in the methodology itself. That is, with its focus on investigator and participant engaging in a mutual process of interaction and interpretation, it must be acknowledged that the findings obtained reflected the unique perspectives, biases, and preconceptions of both the researcher and the researched. Thus, although the researcher’s background greatly enhanced her ability to elicit meaningful information from participants and to conceptualize their experiences on a deep level, her interpretation of findings was undeniably affected by her personal affiliation with the community. In addition, the methodology of interpretive phenomenology relies upon the accounts of a relatively small number of participants, which, though surmised to have reached saturation in the current study, may have potentially failed to capture the full array of experiences of Orthodox Jewish mothers living with perinatal loss. Relatedly, participants were clearly comfortable with revealing sensitive and personal information about themselves, and it is possible that shared aspects of their personalities or coping abilities impacted their perspectives of the experience and may have differed from other mothers who chose not to be included in the study. Finally, the semi-structured nature of the interview and the time constraints involved with gathering a large volume of information in a relatively brief period of time may have led participants to elaborate on certain aspects of the experience to the exclusion of others. Although some of these limitations are practical in nature or related to the methodology and may be difficult to address in future research, it is suggested that further study on perinatal loss in ethnically diverse families within a framework of interpretive phenomenology may be complemented with the employment of parallel quantitative measures that are comparatively bias-free.
Practice Implications: Promoting Adaptation following Perinatal Loss

Healthcare Professionals

In addition to extending the theoretical understanding of contextual aspects of perinatal loss, information presented in the present study has important practice implications for medical and mental health providers in facilitating greater competence in their work with Orthodox Jewish families, all well as with families of all faiths and cultures. In our increasingly diverse society, a core mission of client- and patient-centred care includes respect for the values of individuals seeking care and sensitive communication that acknowledges and honours their beliefs (Bressler & Popp, 2018). This may be accomplished through cultural humility and efforts to learn about the standards, customs, and norms that shape people’s perspectives of the clinical experience and their physical and mental health needs. When providing services for families coping with the devastation of stillbirth or neonatal death, it is critical that health professional offer validation of parents’ perspectives and engage in respectful inquiry of their wishes concerning spending time with the baby and preparation for burial, rather than abiding by rigid hospital policies. Given the important role of rabbis found in the current study, healthcare providers may also benefit from consultation with religious or spiritual leaders to facilitate greater insight into families’ values, given the intensely personal and individual nature of living with loss. In their work with parents following perinatal death, mental health professions also need to refrain from making assumptions about the meanings that bereaved families construct about their experiences, which may be shaped by cultural, spiritual, religious and personal beliefs. Moreover, it is important that psychologists and social workers validate the magnitude of the tragedy of stillbirth and neonatal death for parents, while at the same time normalizing variations in their expression of grief, readiness to re-engage in regular routines, and the coping
process. Finally, considering that several participants expressed that the opportunity to share their stories with a compassionate listener was, in itself, therapeutic, it follows that mental health professionals can promote adaptation in clients by simply providing them with a safe space to describe their experiences of perinatal loss, where they can be assured of receiving validation without judgment or unsolicited advice.

**Rabbis**

In their position as experts in *halachic* (pertaining to Jewish law) practices and Jewish philosophy on all aspects of the lifecycle, as well as providers of emotional support within a religious framework, it is evident that rabbis can play a key role in promoting adjustment in community members who are confronted with perinatal loss. In the present research, mothers received comfort from being provided with a highly structured set of ancient and sacred traditions to follow after the devastating loss of their babies, together with direction that was individualized for their particular situation. In addition, they benefitted from being offered empathy by religious leaders in a manner that was free from negative judgments, while at the same time contained gentle urgings to go on to live their lives with renewed strength. Mothers also drew solace from being offered assurances that the baby’s soul was in an exceptionally elevated state, that they were privileged to have played a role in its journey, and that parent and child would meet again at the time of Moshiach (Messiah). Participants in the current study seemed to overwhelmingly perceive their rabbis as demonstrating a solid understanding of mothers’ spiritual and emotional needs, which likely enhanced their adjustment to the trauma. This suggests that religious leaders who seek to broaden their knowledge on perinatal loss and learn more about how best to support women in the community following perinatal death can use the present research as a model to facilitate the accomplishment of these goals.
Closing Remarks

Although this thesis discusses the specific topic of perinatal loss, the narratives contained within it are a testament to the resilience of the human spirit in coping with the universal experience of bereavement. The courageous women who shared their stories and thoughts are, in fact, “ordinary” individuals in their respective communities, and may not have realized the inner strength they possessed until confronted with tragedy. Their responses spark inspiration and hope in the human ability to construct meaning from loss and to engage in the dialectical process of moving on with life while simultaneously grieving the termination of potential, dreams and expectations. The faith of these mothers in the preciousness of their babies and the significance of the brief journey of these elevated souls reflects a deep understanding of the possibilities associated with life and the potential magnitude of its purpose, providing a compelling reminder to those on Earth to live life to its fullest.
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Footnotes

¹Orthodox Jews who adhere to Eastern European traditions and often speak Yiddish

²Non-Chassidic Orthodox Jews who frequently follow Lithuanian traditions that include a strong emphasis on the in-depth study of religious texts in a Yeshiva setting (Jewish learning institution)

³Jews whose ancestry and traditions are from Spain or the Iberian Peninsula

⁴A Jew trained in the practice of bris mila or male circumcision
INFORMED CONSENT FOR MOTHERS

Title of Research Project:
Orthodox Jewish Mothers’ Lived Experiences of Perinatal Loss: An Interpretive Phenomenological Study

Investigators:

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Dr. Michel Ferrari
Associate Professor
Department of Applied Psychology and Human Development
Purpose of the Research:

I am a doctoral student in clinical child psychology at OISE/University of Toronto. As part of my doctoral thesis, I am carrying out a study that explores how Orthodox Jewish families grieve and cope with perinatal loss. Approximately seven to ten English-speaking mothers from the Orthodox Jewish community, who have experienced a stillbirth or death of an infant of less than 30 days of age, will be invited to participate. It is hoped that the information obtained will help medical and mental health professionals (e.g., doctors, nurses, psychologists) as well as religious leaders to provide sensitive care for bereaved families following the loss of their baby.

What You Will Be Asked to Do in the Research:

You will be asked to complete a demographic form (e.g., age, marital status, number and ages of children, years since the loss) to provide information about the context of the study. A female researcher will ask you about the experience of losing an infant and the impact this had on siblings, your spouse, and relationships with community members. The discussion will generally last 1 to 1.5 hours, and will be audiotaped. You will be invited to answer only questions that you feel comfortable with, and you should let the interviewer know if there is anything that you do not wish to discuss. Example questions that you will be asked include, “What was it like for you when you found out about the death of your baby?”; “How did you, your spouse, and your children cope with your grief?”; and “How has the death of your baby impacted your relationships with your spouse, surviving children, extended family and community members?” After the interview, you may be contacted for additional information and to ensure that we understood the meaning of your thoughts and ideas. When data analysis is complete, you will receive a brief summary of the study results.

Confidentiality:

The conversations will be audiotaped, and these tapes will allow us to transcribe the information. No names will appear on the written transcriptions, tapes, reports, or published papers. Instead, a pseudonym will be used. Hard copy data will be placed in a locked cabinet in Dr. Geva’s lab at University of Toronto for 10 years, and will then be destroyed. Digital data will also be kept for 10 years on a secure server with password protection, and will only be accessible to the research team.

The research study you are participating in may be reviewed for quality assurance to make sure that the required laws and guidelines are followed. If chosen, a representative(s) of the Human Research Ethics Program (HREP) may access study-related data and/or consent materials as part
of the review. All information accessed by the HREP will be upheld to the same level of confidentiality that has been stated by the research team.”

**Voluntary Participation:**

Participation is entirely voluntary. There are no penalties, financial or otherwise, and your relationship with the researcher and/or University of Toronto will not be jeopardized, either now or in the future, should you wish to withdraw from the study. During the interview, you are free to refrain from answering any questions. You can ask the interviewer to stop audio recording at any time until you are ready to continue. Should you develop fatigue or discomfort, you may stop and either ask for a new session planned for a later date or cease participating.

**Withdrawal from the Study:**

Should you request withdrawal from the study, all data (including audiotapes) collected as a result of your participation in the study will be erased/destroyed at your request. There will be no penalties for withdrawing from the study at any time.

**Risks and Benefits of Study Participation:**

There are no specific risks related to participating in the study; however, discussing the experience of living with the loss of your baby might cause sad feelings to surface. Immediately after the interview you will be provided with a list of bereavement support services and resources if you wish.

You may benefit from having the opportunity to express personal thoughts and feelings about your experience in the presence of an attentive listener. As well, it is hoped that the information you provide will help us learn more about the needs of Orthodox Jewish families who experience a perinatal loss. This will assist medical professionals, mental health practitioners and religious leaders to offer better services for these families.

**Questions about the Research:**

If you have questions about the research in general or about your role in the study, please feel free to contact Naomi Greenwald by e-mail at naomi.greenwald@mail.utoronto.ca or Professor Esther Geva at (416) 978-0916. This research has been reviewed and approved by University of Toronto Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines.

**Legal Rights and Signatures:**

Having read the above information about the proposed research, I, ________________________consent to participate in the study entitled, “Orthodox Jewish Mothers’ Lived Experiences of Perinatal Loss.” I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.
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Appendix B

Demographic Information for Mothers

Please complete the following questions:

Current Age of Mother:___________________________________________________________

Marital Status: __________________________________________________________________

Number and Ages of Surviving Children:_____________________________________________

Birth Order of the Deceased Baby:__________________________________________________

Gestational Age of the Baby at the time of the Loss:____________________________________

Years Since the Loss:______________________________________________________________

Previous Access to Grief Support:___________________________________________________
Appendix C

INFORMED CONSENT FOR RABBIS

Title of Research Project:
Orthodox Jewish Mothers’ Lived Experiences of Perinatal Loss: An Interpretive Phenomenological Study

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Dr. Michel Ferrari
Associate Professor
Department of Applied Psychology and Human Development
Purpose of the Research:

I am a doctoral student in clinical child psychology at OISE/University of Toronto. As part of my doctoral thesis, I am carrying out a study that explores how Orthodox Jewish families grieve and cope with perinatal loss. Approximately seven to ten English-speaking mothers from the Orthodox Jewish community, who have experienced a stillbirth or death of an infant of less than 30 days of age, will be invited to share their stories. In addition, several Orthodox Jewish rabbis will be asked to take part in interviews to obtain a more in-depth understanding of how they provide support for parents whose baby dies, within the confines of the laws and philosophy of Judaism. We hope that interviews with rabbis will enhance the general understanding of the framework of perinatal bereavement offered by the Orthodox Jewish tradition.

What You Will be Asked to Do in the Research:

Once consent is obtained, a researcher will ask how you provide support for women and families in your community who experience a perinatal loss. Interviews will generally last for one hour, and will be audiotaped. You will be invited to answer only questions that you feel comfortable with, and should let us know if there is anything that you do not wish to discuss. Questions will include, “How do you support women and families who have experienced a perinatal loss, within the confines of Jewish law and philosophy?”; “What would you say to comfort a synagogue congregant whose baby dies?”; and “What customs and rituals are observed when a baby dies, and how might these religious procedures help families come to terms with the loss?” You may also be contacted after the interview for additional information and to ensure that we understood the meaning of your ideas and thoughts. A brief summary of the study results will be provided to you when the project is complete.

Confidentiality:

The conversations will be audiotaped. These audiotapes will allow us to transcribe the information. No names will appear on the written transcriptions, tapes, reports, or published papers. Instead, a pseudonym will be used. Hard copy data will be place in a locked cabinet in Dr. Geva’s lab at University of Toronto for 10 years, and will then be destroyed. Digital data will be kept for 10 years on a secure server with password protection, and will only be accessible to the research team.

The research study you are participating in may be reviewed for quality assurance to make sure that the required laws and guidelines are followed. If chosen, (a) representative(s) of the Human Research Ethics Program (HREP) may access study-related data and/or consent materials as part of the review. All information accessed by the HREP will be upheld to the same level of
confidentiality that has been stated by the research team.”

Voluntary Participation:

Participation is entirely voluntary. There are no penalties, financial or otherwise, and your relationship with the researcher and/or University of Toronto will not be jeopardized, either now or in the future, should you wish to withdraw from the study. During the interview, you will be free to refrain from answering any questions. You can ask the interviewer to stop audio recording at any time.

Withdrawal from the Study:

Should you request withdrawal from the study, all data (including audiotapes) collected as a result of your participation in the study will be erased/destroyed at your request. There will be no penalties for withdrawing from the study at any time.

Risks and Benefits of Study Participation:

There are no specific risks related to participating in the study. It is hoped that the information you provide will help us learn more about the needs of Orthodox Jewish families who experience a perinatal loss. This will assist medical professionals, mental health practitioners and religious leaders to offer better services for these families.

Questions about the Research:

If you have questions about the research in general or about your role in the study, please feel free to contact Naomi Greenwald by e-mail at naomi.greenwald@mail.utoronto.ca or Professor Esther Geva at (416) 978-0916. This research has been reviewed and approved by University of Toronto Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines.

Legal Rights and Signatures:

Having read the above information about the proposed research, I, ______________________ consent to participate in the study entitled, “Orthodox Jewish Mothers’ Lived Experiences of Perinatal Loss.” I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

__________________________  ______________________
Signature of Participant        Date

__________________________  ______________________
Witness                        Date
Appendix D

Glossary of Hebrew and Yiddish Terms

**baal teshuvah** - Literal meaning is master of repentance. Describes a Jew’s commitment to practicing and observing Orthodox Judaism after living a life as a secular Jew, typically due to being born into a non-religious family.

**bechor** - Having the status of being the firstborn and a male. Has practical implications in Jewish law regarding inheritance, the requirement for a **pidyon haben** (redemption of the firstborn) ceremony one month after birth, and fasting on the day before Passover.

**bracha** - Literal translation is blessing, or a recognition of God’s goodness. Also refers to a benediction recited before eating food acknowledging God as the source of all blessings.

**bris** - Circumcision and naming ritual performed on the eighth day of a Jewish baby boy’s life, marking the joyous celebration of his entrance into the Nation and the covenant of Avraham. It is a physical symbol of the relationship between God and the Jewish people.

**Chevra Kaddisha** – An organization or society of men and women who ensure that bodies of deceased Jews are prepared for burial according to Jewish tradition and are protected from desecration until burial. Two of the main responsibilities are **kavod hameis** (the showing of proper respect for a corpse) and the ritual cleansing of the body and its subsequent dressing for burial.

**chessed** – Performance of charitable acts or kind deeds (e.g., caring for the sick, offering free loans, inviting guests). Viewed as a cornerstone of Jewish life.

**darchei noam** – A principle that runs throughout the **Torah** and expresses itself in many different manners, with a literally translation of “pleasant ways.” Although the **Torah** requires that its observers control, refine and develop their human traits, it does not place demands that are irreconcilable with human nature.

**davening** – The act of praying to God. Orthodox Jewish males pray formally in Hebrew three times daily, with specific prayers also designated for **Shabbos** (Sabbath). May also be accomplished through informal prayers via dialogue with God in any language.

**emunah** – Translated as faith. An innate conviction that God created and continues to run all of creation.

**frum** – One who is committed to the observance of Jewish religious law. Describes an individual who keeps kosher, **Shabbos** and other tenets of Orthodox Judaism.

**geulah** (final redemption) – The period of time when the Redeemer, or **Moshiach** (Messiah), will come, and God’s greatness will be revealed to the world. During the era after the arrival of **Moshiach, techiyas hameisim** (resurrection of the dead) will occur. These are critical beliefs of
Orthodox Judaism.

**gilgul** – A Kabbalistic concept of reincarnation, whereby the soul is attached to different bodies over time depending on its life task and the need to obtain a **tikkun**, or spiritual rectification for an action or misdeed that requires correction.

**haftorah** – A series of selections from the book of **Nevi’im** (Prophets) that is publicly read in the synagogue following the **Torah** portion on Shabbos and Jewish festivals, and is typically thematically linked with the **parshah** (Torah portion) that precedes it. It is sung in a particular tune or **trop**.

**halacha** – The collective body of Jewish religious laws derived from the Written and Oral Torah. Although translated as Jewish law, **halacha** literally means “to walk,” and instructs a Jew on the ethical manner of behaving in all life situations.

**Haredim** – Term used to describe ultra-Orthodox Jews, mainly applied to this segment of the population living in Israel.

**hashkafah** – The Hebrew term for worldview and guiding philosophy used within the Orthodox Jewish community. Refers to the perspective that Orthodox Jews adopt that defines many aspects of their lives and contextualizes religious observance and **halacha**. Plays a crucial role in how Orthodox Jews interact with the world and arrive at practical life decisions.

**hesder** – Literal meaning is hidden. Often refers to the way in which God acts and the fact that His ways are unfathomable to the human mind.

**kaddish** – A prayer that affirms God’s justice and the value of life. It states that God is the Creator and Ruler of the world, and that there will be an era of **Moshiach** (Messiah) when all illness and suffering will cease. This prayer is recited by a male mourner at the three daily prayer services for a period of eleven months after the passing of a parent and thirty days after the loss of other close relatives. It serves as a merit for the soul of the deceased.

**kiddush** – Literal meaning is sanctification. It is a blessing recited over wine or grape juice before the meal on Shabbos or Jewish holidays to sanctify the holy day.

**kippah** – Head covering worn by Orthodox Jewish males as a sign of recognition that God above watches over every act.

**Kohen** – During the time of the existence of the Temple in Jerusalem, **Kohanim**, descendants of Biblical Aaron, performed the daily and holiday duties of **korbanos** (sacrificial offerings) in their role as priests. Following the destruction of the Temple and into the current era, **Kohanim** have retained a distinct status and lineage within Judaism. They are called up first for an **aliyah** (the reading of the Torah reading), deliver a special blessing during the prayer service at specific times, and lead the **pidyon haben** (redemption of the firstborn son) ceremony.

**lashon harah** – The term for derogatory speech about another person, forbidden by **halacha**.
**le’iluy nishmas/l’zecher** – Literal meaning is to elevate the soul of a deceased individual or in his or her memory, accomplished by the performance of a mitzvah or positive action. For example, this may include giving charity in his or her merit, performing acts of kindness, or commissioning the writing of a sefer Torah.

**malach** – Literal translation is messenger. Refers to angels or spiritual beings whom God commands or programs to perform various missions. Names of commonly known malachim (plural of malach) in Jewish tradition include Michael, Gavriel, Uriel, and Rafael.

**mazel tov** – A Hebrew phrase that translates as “good fortune/destiny,” used by Jews of all denominations to express congratulations for a happy and significant event such as a wedding, Bar Mitzvah, birth of a baby etc.

**mesorah** – The transmission of Jewish religious traditions and teachings. The Written Torah is the backbone of the Orthodox Jew’s relationship with God, while the Oral Torah provides depth, context, and meaning. At Har (Mount) Sinai, God instructed that the rabbis interpret the Written Torah within the parameters of the Oral Torah.

**mezuza** – A piece of parchment called a klaf typically contained in a decorative case and inscribed with specific verses from the Torah that emphasize the belief in the oneness of God, and are written by a qualified scribe. These are affixed to the right doorpost of rooms in Orthodox Jewish homes.

**muttar/ossur** – Words used to connote what is forbidden or permitted according to halacha.

**mussar** – A traditional Jewish discipline that provides concrete instructions and guidelines for enhancing one’s middos, or character traits, in order to achieve greater spiritual heights. All human qualities are not intrinsically "good" or "bad," but must be cultivated for use in an appropriate manner and measure through introspection and self-examination.

**navi** – Refers to prophets and prophetesses who historically guided the Jewish people, chastised them when they did wrong, answered questions about dilemmas for how to proceed in challenging situations, and offered words of comfort in difficult times. There are 48 neviim (prophets) detailed in the Tanach (Jewish holy books: Torah, Neviim, and Ksuvim).

**nefel** – Refers to a baby that is not viable, either because it died before birth, or within 30 days after birth.

**neis** – Literal translation is sign; in common language denotes a miracle, as the latter serves as a reminder or sign that God’s will constantly drives nature. In contrast, tevah (nature), has a literal meaning of “sunk,” signifying God’s involvement in the seemingly natural aspects of creation, albeit in a hidden or submerged manner. In essence, Judaism perceives miracles and events that occur within the realm of nature as similarly wondrous, although the infrequency of a neis reminds the observer that God is the source of all happenings.
**neshama** – Refers to the soul. According to Jewish teachings, man possesses a soul which derives directly from God’s innermost essence, and is unique among all creations. The soul becomes attached to the body at the time of conception and remains with it until the time of death. After death, the soul enters a spiritual dimension often described as **olam habah** (the world to come), whereby the cleansing of the neshama occurs for those who require atonement, while the neshamos of the righteous bask in the glory of God’s spirit.

**nisayon** – A test, or challenging situation in which God places a person in order to raise him or her to a new and higher spiritual level. The root of this word is **nase**, or flag. Just as a flag flies high and serves as a means of identification, an individual confronted with a test must embody a particular quality or ability to elevate himself and demonstrate that he has actualized his potential.

**passuk** – Verse in **Tanach** (Books of Holy Scriptures).

**Pesach** - The Jewish holiday of Passover celebrated in the spring month of **Nissan** to commemorate the redemption of the Nation from slavery under the rule of Pharaoh in Egypt. When the Jews were freed, they left in a rush and had no time for their bread dough to rise. As such, leavened foods are not eaten on the holiday, and **matzah** (flat unleavened bread) is a traditional food that is consumed instead.

**sefer Torah** – A handwritten copy of the **Torah**. The scroll is written on **klaf**, rolled around two posts and handles, and protected with a piece of fine fabric or ornamental case, depending on the custom of the community. The sefer Torah is treated with utmost respect, stored in an ark when not in use, and removed for readings on Monday and Thursday mornings, as well as **Shabbos** and Jewish holidays.

**Shabbos** – Day of rest observed by Orthodox Jews through refraining from work and engaging in restful activities from sundown on Friday to Saturday night. Shabbos is welcomed in with the lighting of candles, and is celebrated with three festive meals eaten with family that begin with **challah**, a form of bread that is typically braided. **Zemiros** or special Shabbos songs are often sung during the meal that highlight the holiness of the day, and specific prayers are also designated for this day.

**shamayim** – Refers to heavens, or a spiritual realm that is the abode of God, as well as the **malachim** and the souls of the deceased.

**shana rishona** – Literal translation is first year. Refers to the first year of marriage, a special time when the bride and groom celebrate their new union and get to know each other.

**shiva** – A period of mourning that is observed for seven days after the loss of a parent, spouse, sibling, or child. During this time, the bereaved sit on low chairs and refrain from grooming and pleasurable activities that distract from mourning. Visits from family and friends are received that consist of conversation that honours the memory of the deceased, and conclude with a blessing wishing comfort upon the mourners.
siyata dishmaya – A phrase originating from the Aramaic language meaning “the help of Heaven,” used by Orthodox Jews to denote that all actions and events can be accomplished only with the assistance of God.

shul – A synagogue, or place where Jews go to pray. Serves as a focal point for Orthodox Jewish life, as men daven with a minyan (quorum of at least ten men) three times daily, with special services observed as well on Shabbos.

tachlis – Literal translation is purpose. Often used by Orthodox Jews to refer to a person’s life task or mission.

taharas hamishpacha – Literal translation is family purity. Refers to halachos observed by Orthodox Jews that govern Jewish marital life and intimacy.

Talmud/Gemarah (Oral Law) – Halachos are specified in the written Torah given at Mount Sinai and were orally elaborated upon by God to Moshe and later codified into the Talmud/Gemarah. Many halachos could not be understood solely based on the literal writings of the Torah.

Tehillim – Book of Psalms. Often recited by Jews in times of crisis such as in the event of illness.

tefillin - A critical mitzvah (precept of the Torah) observed by Orthodox Jewish males. Tefillin consists of two small leather boxes attached to leather straps. The two boxes each contain four sections of the Torah inscribed on parchment. One of the boxes is placed on the left arm that rests against the heart, or the seat of the emotions, and the suspended leather strap is wound around the middle finger of the left hand. The other box is placed above the forehead. The wearer’s attention is directed to the head, heart and hand, teaching him to dedicate himself wholly to the service of God in all feelings, thoughts, and actions.

tahara – A state of ritual or spiritual purity that suggests the absence of tumah, which is ritual or spiritual impurity. Immersion in a mikvah (ritual bath) can transform an individual from a state of tumah to tahara.

Torah – The Written Law that was revealed by God to Moshe at Har Sinai that contains the 613 mitzvos, or commandments, and includes the first five books of the Hebrew scriptures.

tzaddik – One who is a righteous, saintly and holy person, and has achieved an exceptional level of greatness.

yahrtzeit – Anniversary of a person’s death. Often commemorated by lighting a candle, having a seudah (meal) with family and friends, and completing the study of a portion of the Mishna/Talmud (Books of the Oral Law) in the memory of the deceased and as a merit to elevate his or her soul.

yiddishkeit – Derived from the root word Yid (Jew). The quality of being an Orthodox Jew,
including adopting a way of life that consists of adhering to religious customs and practices, as well as belief in the tenets of the faith.

**yiras shomayim** – Literal translation is fear of Heaven. Fear of God is one of the essentials of Orthodox Judaism, and includes a fear of transgressing His commands, as well as a broader awe of His exaltedness. Being a true **yirai shomayim** (one who fears God) is a critical goal of the Jew, and reflects dedication to a moral life that is devoted to serving God, rather than one’s personal desires.

**yishuv** – Refers to a settlement or body of Jewish residents in the land of Israel that was established prior to the formation of the State of Israel.

**yomim tovim** – Literal translation is good days. Refers to Jewish holidays described in the Torah, which occur on the same dates every year in the Hebrew calendar. **These include Rosh Hashana, Yom Kippur, Sukkos, Pesach,** and **Shavuos.** They are celebrated with two daily meals, special prayers and **Torah** readings, and specific rituals and customs associated with each holiday. Similar to Shabbos, work ceases with the entrance of the holiday at nightfall, with the exception of cooking and carrying that are permitted on all holidays except **Yom Kippur.**

**zechus** – Refers to a merit. Can include doing charitable acts or deeds that provide a favourable judgment in the next world for oneself or deceased loved ones. As well, can be used to describe a spiritual opportunity that is an honour or privilege (e.g., to have received a blessing from a great rabbi).