

## Text, Tea, and Sympathy

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### How Sharing Stories About Child Loss Became an Invaluable Part of the Healing Process for a Pack of Bereaved Mothers

*In this article, I explore how losing a much-wanted first pregnancy at fourteen weeks, at the critical age of thirty-five, inspired me to look at the healing opportunities among communities of women who had lost pregnancies or children by the writing and sharing of stories. At the time of my loss, I was studying for a master's in literature and found comfort and encouragement in the texts of Virginia Woolf and Sylvia Plath who, even during the darkest, freshest moments of despair, felt the urge to write. One of my professors during this period was Suzette Henke, the preeminent voice in female trauma narrative, who had coined the phrase "scriptotherapy." Henke encouraged me to heal how other women had done for centuries—in letters to sisters, diary entries, to do lists—by writing and publishing my work. Sharing pain allowed the tormented to feel part of a collective whole, I realized, and writing allowed women to unload psychological trauma, and reading or listening to it allowed them to form healthy connections. Using my research, I set up a free writing workshop for grieving mothers. Strong, heartbroken, kind women would gather together to cry, share, write and discuss each other's work for three hours once a month from January until May 2016.<sup>1</sup> The results are a remarkable testimony to the power of healing and recovery through scriptotherapy, their hearts written on to every page and in this article.*

Six years ago, I went through an experience that left me profoundly depressed. At thirty-five years old, I lost a much-wanted first pregnancy at fourteen weeks, exactly two years after my husband Russell and I had married on an optimistic, abundant spring day in England. We had been desperately trying to conceive since our wedding night and had naturally—miraculously, we felt after months of disappointment—fallen pregnant a week before a scheduled consultation about



IVF. We celebrated. We planned for the future. My husband read to me every night from a baby book, and we picked out names. But then, suddenly, I wasn't pregnant anymore.

To say the loss hit me hard was an understatement. At thirteen weeks, I went for a routine scan, and when the nurse who'd been wielding the ultrasound wand over my cool, jellied belly suddenly backed out of the room, muttering about getting the doctor, my world came crashing down. "The

baby has increased fluid behind its neck," we were informed flatly ten minutes later. "Is that a good thing, doctor?" Russell, my husband, had asked, willing the best, but I remembered from him reading an article about pregnancy problems a few Sundays previously that this meant the very worst. Only if we were extremely blessed would the baby survive, she said, while implying the best thing that could happen to me now was to miscarry naturally, for my own physical and mental health. Nauseous, I shrunk onto the clinic's bed and had to be fed juice while being cooled with a damp flannel. Russ swore under his breath and rushed out into the corridor, asking any medical person he could find what they thought—was this as serious as the doctor was making out, or could she be wrong? Thirty minutes later we were driving home in silence. I sat weeping through stop lights and past favourite cafes, praying that we'd have good news—it had been a mistake!—at our appointment with a fetal specialist a week later.

I spent the next few days online, reading stories written by desperate pregnant women like me. Their fears would resonate so deeply that I'd hyperventilate in agony. Picking me up from the floor countless times, Russ begged me to stop reading but I couldn't. During this liminal time between the first ultrasound and our visit to the specialist, I had never felt so alone. These unknown storytellers gave me the visceral outlet I needed. Russ tried to comfort me, and I was hazily aware he was scared too, but I felt he couldn't understand the physical aspect of my torment: my baby was part of me, living inside me. What had I done to make my baby ill? Why was this happening to me? But these strangers, these women—with their tortured passages about feeling guilty and hollow and depressed—understood me, and their voices dug through my clammy skin and squeezed my heart. I wasn't alone. They couldn't fix the situation, but their words offered me honesty, meaning, and a club to belong to. Their words made me feel less alone.

I had one close friend who I knew had been through the same terrible pain a few years beforehand. At her twelve-week scan, the baby's organs weren't functioning as they should. She ended up delivering the baby, stillborn, at twenty weeks. I rang her to ask for guidance. I couldn't remember the details of her story. At the time, I was heartbroken for her, sent her flowers and offered her a shoulder to cry on but I didn't understand. I was single and career focused and didn't yet understand the powerful pull women could feel toward motherhood. Now all I wanted in life was to become a mother, and I needed the details. I needed to hear her story. "Please, please just promise me," she cried on the phone when I told her my news, "that if your baby is so ill it's going to die, that you let them take care of it. Don't leave it so late that you have to deliver it. That's what happened to me and it was the worst experience of my life. And it was my third pregnancy, after having two healthy babies. Please don't let that be your first experience of childbirth. You may never recover.'

A few days later, we met with the specialist. "Don't worry about dressing things up," Russ said matter-of-factly. "Just tell us, doctor, what is going to happen?"

"There is zero chance this fetus will survive. It will die inside you at some point over the next few days or weeks. For your health and future fertility, I recommend a procedure to end the pregnancy immediately," said the specialist.

"An abortion?" I cried.

"Don't think of it like that," he replied. "This is not an abortion. This pregnancy has no chance of going full term." To the doctor, my baby was already dead. "The quicker you have the procedure, the sooner you can recover and in a few months, you can start trying to conceive again." I have always been prochoice, so the idea of an abortion was not morally unacceptable to me, and the circumstances of my pregnancy made it the only viable option, but as my body was prepared for the surgery—laid down, drugged, pinned to the starched sheets, wheeled into an operating theatre—my brain was starting to whirl into a different stages of torment. The shock gave way to guilt, sadness, anger, and despair.

That day and the weeks that followed were a blur of soaked pillows, self-pity, and physical pain. My breasts and belly deflated and so did my excitement for the future. There were no explanations to soothe me. It was just bad luck, possibly exacerbated by my dotage, experts wagered. I didn't know how losing something I'd never really had could hurt so badly. But it did.

At the time I was studying for a master's in literature and found that escaping into the stories of other women was the only thing that could get me out of bed in the morning. When I leapt into their lives, my current trauma was encircled into their centuries of pain, longing, and disappointment, and I felt

understood. At night and unable to sleep, I crawled through my bookshelves and clung, brows furrowed, to the slow-beating hearts of Virginia Woolf, Sylvia Plath, and Doris Lessing, a nocturnal habit I hadn't kept since I was a teen in the attic bedroom of my parents' Essex detached house, angst ridden about boys and the future. Those female writers spoke to me then as a lovesick adolescent, but when I lost my baby, they took on a role more significant than imagined sympathizer. During the darkest, freshest moments of their despair, they felt the urge to write. I felt that need too, and they showed me I wasn't going mad. When I couldn't articulate my grief to my family, and I sat mute to the concerns of my husband, pen and paper became my tools of communication. My only tools of survival. I wrote countless poems, ripped them up, or read them over and over again, pages pulled apart, dampened by tears. The self-revelation was powerful, each sentence allowing me to process and clarify my feelings around loss of identity and womanhood. This particular poem, "Mother, Other," offered me a deep autobiographical analysis of my selfhood as a nonpregnant woman. I read it again and again and began to fully appreciate the social and political implications put upon women when they are unable to fulfil the expected occupation of motherhood. Writing it made me angry, reading it made me understand how the trauma of child and pregnancy loss needed discussion and understanding:

*WHOLE: you are full of life*

*HOLE: the life is taken away*

*MOTHER: a grower, a feeder, a nurturer, a teacher*

*OTHER: what should you be called now?*

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*If you lose your parents = orphan*

*If you lose your spouse = widow/widower*

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*If you lose your child = there are no words.*

*Just spaces and silence, glaring gaps and awkward avoidances.*

I was lucky enough to be taking a class at this time on trauma narrative with Dr. Suzette A. Henke, a professor I felt comfortable enough to share my personal situation with. She informed me that she had coined a term for the process I and countless other women had gone through, "scriptotherapy." Dr. Henke explained to me how women had been using it to heal for centuries—in letters to sisters, diary entries, and declarations to fathers that no one would ever read. Her book on the subject, *Shattered Subjects: Trauma and Testimony in Women's Life-Writing*, gave validation to what I had assumed was a grief-stricken madness:

The authorial effort to reconstruct a story of psychological debilitation could offer potential for mental healing and begin to alleviate persistent symptoms of numbing, dysphoria, and uncontrollable flashbacks. Autobiography could so effectively mimic the scene of psychoanalysis that life-writing might provide a therapeutic alternative for victims of severe anxiety and, more seriously, of post-traumatic stress disorder. (xii)

Dr. Henke encouraged me to keep writing and exploring my trauma and healing with texts and so I did, and as my story was published in newspapers and magazines in the U.S. and the UK, not only did I feel better, having cathartically released my inner turmoil onto the page, but other women who'd been through a similar—or far worse—situation came forward to thank me for my honesty. They'd felt as alone or misunderstood as I had, guilty of our resentment toward women whose lives seemed so easily blessed with healthy children, and my writing made them feel less freakish.

I decided to investigate writing as therapy for my final paper in Henke's trauma narrative class, and interviewed a psychologist, Dr. Brian Beckham, about my worryingly, I feared, attention-seeking form of therapy. He assured me that far from being a vain, self-centred approach to healing, scriptotherapy was undergoing something of resurgence—popular within modern psychology thanks to its ability to offer healing without confrontation, to give closure without reproach. “When a patient is writing, and chooses to share it with me, I can pick up many more vivid emotions and details that need to be addressed. Writing unleashes the subconscious even more than the talking cure,” he asserted. “Nothing is repressed because the person feels they have control over the ink and paper. I also advise artists to paint their traumas. Creativity is an excellent way of getting yourself toward healing; whether it is a teenage girl keeping a journal, or a recently divorced woman writing a letter to her ex-husband that she will never post. Venting on paper—with a pen or a paintbrush—is a safe haven, a private place.”

So what did my overwhelming desire to take my pain out from a private place and into a public arena say about my healing process? “Sharing pain—whether you are the writer or the reader—allows you to feel part of a collective whole. The fact you want to share your story means you have unresolved feelings and that there is grieving you haven't done yet, and maybe you want to help others feel less alone,” said Dr. Beckham.

So I wrote on—poems, emails to women who'd been through similar losses, articles for newspaper supplements about the guilt and shame associated with abortion. The fear of anyone who has been through a psychological trauma is that they are unique and no one can help, but writing allows us to unload the burden, I realized, and reading it allows us to form healthy

connections. The trauma is then shared between the writer and the readers who have experienced something similar. A piece of published scriptotherapy—which I am seeing more and more of in mainstream publications and on bookstore shelves—can be kept, reflected on, and studied again in confusing, hard times. This contradiction of visible introspection can offer a lifeline to victims of misfortune.

My depression lifted with each swoosh of my pen so I kept asking myself, “how can we live with our pain but to write it, sing it, or talk about it? How can we cope alone?” I didn’t feel I could have, or that anyone should have to, yet losing a baby, as with anything grief related, is still such a taboo and awkward issue that women struggle silently for fear of making others uncomfortable. Depression, too, is not something family and friends find easy to face either, which prompts the toxic pairing of pain and shame, too often leaving the sufferer suppressing rather than discussing ways to feel better, even with a loving partner or supportive friends. Being creative and becoming part of a social group through the sharing of my story offered me an invaluable outlet for my anger and a place to heal. At this point, I truly believed that creativity could offer a safe space toward personal healing, recovery, and resistance to mental illness and depression for all.

Last year, five years after my loss, I was accepted into a PhD program in comparative humanities, and my family, which now included two small children, and I moved to a southern U.S. city. As part of my doctorate, which had a focus on public arts and letters, I was encouraged to do community service. I decided to set up a free writing workshop for women who had lost pregnancies or children, an issue still close to my heart despite my much improved personal situation. I arranged with a friend to borrow the private room in her coffee shop once a month as a safe, neutral place to meet, and designed a flyer that I distributed to the city’s grief groups, doulas, and the local newspaper and on social media. Eleven women signed up to meet up the following Sunday afternoon.

Next, I had to carefully compile a lesson plan and handout that would work for all levels of writers with common goals: to share, to inspire, to be healed and to learn. I emailed a PhD colleague, who had created a writing workshop for breast cancer survivors the previous year, for advice on the craft of teaching creative writing and on how she emotionally handled leading a group who had suffered such trauma. My only fear when deciding to do this workshop was that I’d be left mute by their stories, unable to guide them, paralyzed by a useless pity the women didn’t want, or deserve to be hampered by, in such a creative environment. She emailed me the following:

When we started the group, I told them that I was interested in how

women with breast cancer use writing to explore and recover their identities, but I never specifically asked them to write about their illness, because I didn't want them to feel exclusively identified by that. I did try to choose writing exercises and prompts that required them to reflect on their identities and relationships. We would analyze poetry, divide into groups for word association games, and be set homework to bring to the next meeting. That balance seemed to work out really well, and some of them did write some really profound things about their illnesses.

With her advice in mind, I drafted a plan for our first three-hour meeting. The most important thing to get across to the women was what was expected and *not* expected of them, so I handed each writer a guide on how the workshop would work:

- This group is a safe place. Everything you write here is for you, and only you decide if you want to share it with the group, or with anyone else.
- We are supportive. No level of skill or proficiency is required, just an eagerness to write or to learn about how to start writing, as a way of healing.
- Your story is your story. Tell it however you wish to tell it knowing that judgments, rules, and labels have been left outside. Write about what you know, or write about the stuff of dreams. It's up to you. I will give you prompts—you can take them wherever you need to.
- We can all learn to be careful, critical readers. Work out your thoughts to another person's writing in a sensitive manner. They should never be personal. Express your thoughts about the tone, story, word choice, message, or feelings you experienced as a reader/audience member. Try to anchor your comments to specific passages or lines or characters in the text. Be honest—good, hearty feedback acts as crucial encouragement to a writer of any level. If something really worked for you and hit home, share it to give the writer more ideas and motivation to continue.

At three p.m. on the day of the first workshop, we twelve gathered. Among us were all ages, from thirty-one to eighty-three, all backgrounds, all races. But we all shared the need to feel understood, to be able to share the grief of losing a pregnancy or a child in a place where we wouldn't be judged or hushed, or wouldn't cause embarrassment. We drank tea and talked about our children; we dispersed to write in silence before coming back together

to share our words. We met once a month over the following four months, communicating via email and Facebook in between meetings, these strong, heartbroken, kind, fierce women bringing in the words they'd poured over at home, and we would cry, share, write, and discuss each other's work. We were all grateful to have friends who understood the daily grief we were shrouded in.

One woman in her late thirties, who had lost a baby at just eighteen days old, had become someone she didn't even recognize. "This loss has made me more out-going. I feel a need to put myself out there and to speak out, explain how I want to be talked to," she told our group after reading her first piece, a prose poem, out loud, as we sobbed in a circle around her:

*To The Person Who Thinks Grieving Parents Should Be Over It:*

*Grieving is more than just sadness and tears. Once you lose a child, there are constant reminders that they are not here.*

*The medical bill that you get six months to a year after they pass away and the mail that continues to follow afterwards.*

*The family pictures that always miss just that one person unless you find a way to include them, even still, they are truly not there.*

*When you meet someone and the common social question of "how many kids do you have" gets asked. If you include them, and they ask ages, then how do you respond about the age of your child that passed away? That can be a conversation stopper.*

*If you don't include them in your number of children then you may have guilt or feel bad that you "left them out" to spare someone else's feelings. I don't include them for attention because trust me, this is not attention you would want. I include them because they are my child.*

*Child loss can be socially isolating. Please invite us and let us decide if we can handle it.*

*People may even avoid us. Maybe people avoid us because our situation makes them sad but this is our lifetime and for you, it's just minutes of dealing with it. Maybe we are not easy to talk to but please be patient as we are learning how to live this new life.*

*Seeing kids that are the age of our child doing things like going to school, losing their first tooth, graduating from school, getting married, having children of their own. It doesn't stop and the constant reminders keep coming.*

*A song, smell, sound, name, hospital, street, person can trigger vivid memories and emotions that you may never understand. Hopefully, you will never understand.*



Another woman, who had suffered a stillbirth six months earlier, would come and listen in silence, unable to share the scribbles in her notebook, and that was fine. This was a place of no judgement. We felt, sadly, that her pain must be even deeper than ours. We started to worry for her more than we worried about our own grief. For, quickly, we all loved each other. Our children, whether we'd held them or not, came alive when we were together. We were grateful to be able to discuss not only our immense sadness but the joy too—the joy of the thought of them, of plans we'd had, of moments between partners, of smell of the toddlers, the sassiness of the teenagers.

During our third meeting, a former headmistress, the most steely and removed of the group, shared a poem of heartbreaking beauty before breaking down into the deepest sobs that had been a long time coming. Over thirty years had passed since her miscarriages but, as she explained, back then she wasn't allowed to talk about her loss. She had to bottle the pain up, and it had been killing her.

*The medical history questions always taunt me and haunt me.*

*Number of Pregnancies?*

*Three.*

*Number of live births?*

*One*

*My answers reopen old wounds*

*of heartache, sorrow, and guilt.*

*Decades later I still mourn.*

*Yearning for the children I lost*

*before they were born.*

*There remains a void in my heart.*

*An emptiness carved out by a grief*

*that was never allowed to be spoken.*

*Left alone to deal with my pain in silence*

*Healing begins when I am willing*

*To speak my truth and honour my sorrow*

*To finally reach out and say this is what I lost so many years ago*

*Hoping that sharing my story will help other mothers know they are not alone*

*Hoping my words help them to repair their broken hearts*

*And hoping to finally mend my own broken heart as well.*

At each meeting, a grandmother, who had lost her adult daughter to cancer

a few years earlier, shortly after she'd seen her marry the love of her life, wrote tales of her daughter's bridezilla moments and the pesky butterflies that had followed her around since her daughter's passing. We soon learned to laugh at her stories, despite the heavy, headache-inducing themes of the work we were reading. We all looked forward to the light relief her charming anecdotes, jotted down in her flowery notebook, brought to proceedings:

*We took our grandchildren to Gatlinburg last summer, and while playing and eating lunch in the Smokies, a beautiful blue butterfly landed on our table. For quite a long time, no matter where the kids went, the butterfly stayed right with them. They were so excited. They just knew it was their Aunt Lori who had passed away and who they missed so terribly much. Lori loved nature. The butterfly had been gone for an hour or so when my six-year-old granddaughter saw what she thought was the same blue butterfly approaching. She ran with her arms outstretched towards it, hollering "LORI!" When it got closer she realized this butterfly was brown. "Oh I'm sorry," she said, "I thought you were someone else."*

At our last meeting, this grandmother brought a cake she'd had made at her local bakery. On it, piped in vibrant blue and grass green icing, were the words "Love always, mom." "I want the children to know we are thinking of them and miss them, that we still celebrate them" she said, as she served up thick, sugary wedges of sponge on to paper plates. We each took a slice, thought of our lost babies, and reflected on our time together. These women, my band of brave friends, had stretched out their hearts across every page they'd been given and between the lines, there were connections made, support given, tears and laughter shared—a start toward healing after the worst pain imaginable.

Sharing pain through words—whether you are the writer or the reader—allows you to feel part of a collective whole. As a grieving mother from England who had heard about the workshops and asked for the handout I'd prepared wrote, "Sometimes you don't want to talk about it because it makes it real, but sometimes you want to shout about your pain from the rooftops; for someone to hear your sadness at losing a pregnancy and to give you a hug and to understand what you've been through." Scriptotherapy and the focus on self-revelation and self-analysis that writing gives can be a powerful method of healing for many. A common fear of someone who has been through a psychological trauma is that they are unique and no one can help, but writing allows us to unload the burden and reading it allows us to form healthy connections, which become a lifeline to victims of misfortune and heartbreak, especially mothers

struggling to articulate their battle to keep living when their heart has been torn from their chest.

### Endnote

<sup>1</sup>Pseudonyms have been used for members of the writing workshop in this article.

### Work Cited

Henke, Suzette A. *Shattered Subjects: Trauma and Testimony in Women's Life-Writing*. Palgrave Macmillan, 2000.