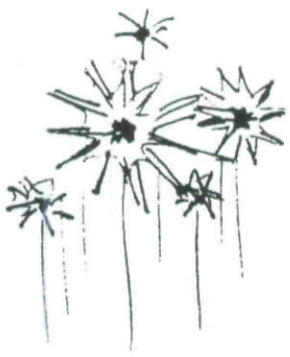


ARIEL'S LEGACY: GRIEVING THE UNBORN

Michelle Emery Blake, Ph.D., Western Kentucky University

This narrative describes the author's experience of an early-term miscarriage over twelve years ago and the early grief response of devastation followed by denial. She discusses the reawakening of these memories and the opportunity to affirm and resolve them through participation in a Sandtray training workshop.

May 1992



I had been trying to conceive since November, and my cycle was five days late. I remember doing errands, such as going to the bank or the grocery store, wondering whether some secret little stowaway was along for the ride. Months earlier, we had agreed on the name Adam for a boy, with the middle name still under negotiation. We had chosen a girl's name, honoring both Shakespeare and my husband's father, almost immediately—Ariel Jacqueline Blake.

During those days, "the baby" was always somewhere in my mind. I would love either a girl or a boy, although I really wanted a daughter. I wondered what she would look like, what activities she would enjoy, what kind of personality she would have. If my calculations were correct, her birthday would be in late January. I would not yet allow myself to buy anything for her. If I were wrong, or if anything happened, it would devastate me to have her things left behind.

Late in the afternoon of the fourth day, something seemed different. My body began to feel as it had every month since my adolescence. Early in the afternoon of the fifth day, my body released a tiny red bean of tissue with a rudimentary stalk—together, less than a quarter inch. This was followed by the usual monthly flow. The dream of this baby was over. I wasn't pregnant. Perhaps I never had been. And in any case, there was an afternoon at the mental health center—

fortunately, paperwork only—to get through before I could go home.

September 1995

I had been through the monthly dance so many times—building hope followed by blood and disappointment. Over the past three years there had been several negative pregnancy tests. Two years earlier, I had begun a doctoral program, since that was one dream that lay within my control.

I had a doctor's appointment on the afternoon of September 27 to obtain the results of tests that had been performed. I learned that I did not have uterine cancer; I was perimenopausal, even though I was only 41. Kindly, I was asked if I wanted to consider adoption.

I drove back to the university, aware that I had an evening class to teach in less than an hour. There was no time to cry. Ironically, the course treated women's issues and the topic for the night was the impact of the menstrual cycle and menopause on women's lives.

I announced to my class that I did not feel well and that we would be ending early. On the drive home, I wondered how to beg off from the baby shower I was supposed to attend that weekend. As I walked up the front steps, I melted into relief at finally being home. I turned my key in the lock, and the tears came.

My friend had her baby that weekend, so the shower was cancelled. I decided to visit while they were still in the hospital, since

that was probably the best way to ensure brevity. It was easier than I expected until I was invited to hold the baby. As he nestled into my arms, someone remarked, "You do that like a natural."

The winter was difficult, particularly the holidays. At Christmas, I found myself thinking about all the lucky adults who were filling stockings that night and wondering whether our baby would have looked like my husband's family, as our great niece did. I would never know these things. I had waited too long.

That spring, we took a camping vacation in South Florida. It got so cold that we ended up in a motel, but it was one of the best vacations we ever had. It was during that trip—strangely, during our visit to a sanctuary for wounded birds—that I realized I was enjoying our life without a child. The long fall and winter had ended. My healing was well underway.

January 2003

I had not thought about the possible miscarriage in years. If anyone had asked me, I would have said that I had successfully worked through my grief concerning infertility. I had experienced a hysterectomy several years earlier with no particular exacerbation of sadness. I had lectured and published an article (Blake, 2002) on grieving infertility.

During the third week of the month, a client suffered a miscarriage just over a month into her pregnancy. It was around this point that I discovered a special issue of *Time* magazine from several weeks earlier (November 11, 2002) that chronicled fetal development. The illustration of a 32-day embryo jolted my mind back to that long-ago May afternoon. That was what I had seen. The moment was bittersweet, containing both corroboration of past reality and remembrance of past grief.

November 2004

It was the second afternoon of the first level of Sandtray training. Informed by Jungian archetypal theory, a primary objective of this mode of therapy is to have the individual create a world within the framework of a tray filled with sand (DeDomenico, 1995). The creator then explores the world through various means, including taking the perspective of various characters inhabiting the world and considering their positional and emotional/ideological relationships. Both the creation and exploration of the world invite openness to various "bodies of consciousness"—physical, emotional, mental, temporal, soul, and spirit (DeDomenico, 2004). Through utilizing these channels to contemplate the interrelationships of the world's members, this exploration can subsequently provide new insights and solutions that can be applied to the client's own situation.

A variety of objects were available for sale, and participants were welcome to borrow these items for use during the training. I had noticed almost immediately a Ghanaian wood carving of a woman with a child wrapped in her arms. The subtle shadings of the ebony, the lines of the woman's face—the blending of sorrow and serenity sometimes depicted in the Madonna—were remarkable. The infant's face, however, was less clearly defined, even a bit distorted. "It looks like she's holding a dead baby," I thought.

I wondered whether my reaction might be worth exploring, so during that afternoon's session, I decided to experiment with the possibility of memorializing that long-ago loss. There had been no observation—other than my own sadness—of the lost pregnancy. The world of the Sandtray offered the opportunity to create such a memorial. The creation was witnessed by two partners, one who had been assigned and one who was a long-term friend and mentor.

I positioned the ebony figure I called "Grieving Mother" near the center of the tray. Around her, I traced a moat-like circle. Inside the circle with her were animal totems, that also functioned as surrogate "children." Far to her right was an empty bassinet.

For the actual memorial, I selected an angel relief sculpture, which I placed in the left corner so that it would stand. The angel, made of wood finished to resemble stone and carefully detailed, bore a hammock-shaped banner on which "Peace" had been engraved. I laid a tiny baby doll inside the hammock and covered it with sand. Near the angel, who now functioned as a tomb, I added a Celtic cross, symbolic of our religious tradition, and a second angel, who had blonde hair and carried a spray of pink roses. Within the Sandtray, this angel (chosen in reference to an aunt who died in childbirth 40 years ago) became a guardian for the baby who slept in the cradle held by the "Peace Angel." One of my partners offered a votive candle, which I placed before the Peace Angel." My last addition was a small index card on which I wrote "Ariel Jacqueline Blake, May 1992" and then positioned it beneath the hammock.

During the processing phase, I noticed such things as spatial relationships among the characters in this world. The "Grieving Mother" was apart from the other characters, which seemed to signify loneliness and sadness. Both "Grieving Mother" and the "Rose Angel" were focused on the "Peace Angel" and the baby resting in her care. The proximity of the "Rose Angel" to the baby ensconced in the hammock offered the baby a substitute for the love and guardianship of the mother who could not be with her and forged among the three a connection that could not be severed. The cross, the candle, and the angels suggested benediction on the tiny life returned to God. The act of writing her name affirmed a nebulous existence.

In considering the emotional perspective of "Grieving Mother," the unified image of

mother and ghostly child appeared almost isolated in their sorrow. The loss was too early to be acutely experienced by others. It was at this point that I experienced a flare of anger toward my body for any role it might have played in this loss. This, however, quickly gave way to a new thought that touched the dimensions of soul/spirit. I decided that I had two choices. One of these was to decide that Ariel came from and drifted back into a state of nothingness. This seemed impossible to bear. The remaining choice was to believe in her existence as pure spirit. It was at that moment that an element of forgiveness and peace surfaced.

"If she exists," I told my friend, "she is pure spirit. If my body could be a vessel of that, then I have been blessed."

This was also the point at which my perception of the "Grieving Mother" changed. I noticed that her simple lines also hinted at a quiet, enduring strength. The baby in her arms was not only a ghost child but also an unseen presence that enriched her life.

In short, this experience allowed me a venue in which to represent my grief and move toward yet another phase of resolution. It provided the opportunity to tell my daughter I loved her and to lay her to rest.

That evening, training participants were offered the opportunity to mold clay figures of their own choosing. Mine included a series of images leading from embryo to newborn. I used a crafter's mold to create a baby's face, worked the clay to make the face a bit smaller, and folded the remainder of the clay into a nebulous embryonic body. The second image again was of an infant's face, this time with the body portion enclosed in a square of pink clay that was folded to frame the face as a blanket would. The third was a tiny bean formed from a remnant of red clay that resembled the actual loss as closely as possible. In working with these new creations, I realized that the second image was my psyche's representation of my daughter

at peace. A comment that I particularly valued was, "She's smiling. She smiles like you" (G. S. DeDomenico, personal communication, November 11, 2004).

Implications for Practice

Women and/or couples who experience the loss of a pregnancy may need to be offered the opportunity to grieve. Specifics may vary with the stage and circumstances of the loss, possibility of successful pregnancy in the future, and support from extended networks. However, some common themes may be present.

Miscarriage represents both an actual loss and the loss of a dream. Clients need to be encouraged to explore and express their feelings. In attempting to conceptualize and/or reify the loss, the use of archetypal mother and/or infant images may be helpful. These can include existing images, those of the client's own creation, or a combination of the two. Visual metaphors of this type can be especially powerful in the representation of a loss that goes unrecognized. Journaling and/or drawing that incorporates the client's own themes of loss may be beneficial as well.

Having the opportunity to express this loss and having the loss recognized by another may be particularly valuable. In the case of early term miscarriage, it is possible that no one other than the woman or couple knew of the loss. Even if others were aware, the loss is often unobserved. People keep silent as a result of not knowing what to say or the fear that they may somehow make matters worse. Others may—presumably with good intentions—attempt to minimize the loss with such comments as, "It's not as if you lost a child you had and loved," or "You can always try again." Particularly if the loss is recent, clients may seek help in sorting through their emotional responses to such comments. In instances in which subsequent successful pregnancies are likely, clients may work toward the recognition that hope for the future

does not erase the importance of a particular loss. *This* baby may need to be mourned before others are welcomed.

It is worth asking whether clients desire some type of farewell ritual. Several options exist, both within the therapy room and outside. Sandtray provides an excellent venue for the expression of grief. Other options may include a memorial service at a favorite outdoor location, the construction of a memorial artifact in the client's home or yard, or the writing of a letter to the unborn, which may subsequently be either kept or burned. Some cities have designated cemetery space in which parents may inter objects that symbolize their loss. It is also possible to purchase the right to name a star. Some astronomical publications and websites have information on this process. It may be important to the client(s) to include her/their spiritual preferences and to have the option of including others in the observance.

Epilogue

This article was composed from January 10 to January 29, 2005. Ariel's twelfth birthday would have been captured within this span of days.

I have never cared for the word "acceptance" as a designation for the final stage of grief. "Resolution" seems a more accurate name for this phase of the process. It implies the recognition of a reality that may not be preferred but which is, nevertheless, the hand that one has been dealt. Through the process of resolution, one makes peace with that reality, honoring its losses, its lessons, and its possibilities.

I can now become genuinely excited when a friend has a new baby. It would be a lie to say that I never feel a twinge of regret or wonder what it would be like to hold my own baby for the first time. However, these losses become increasingly distant echoes. Resolution speaks to the ever decreasing

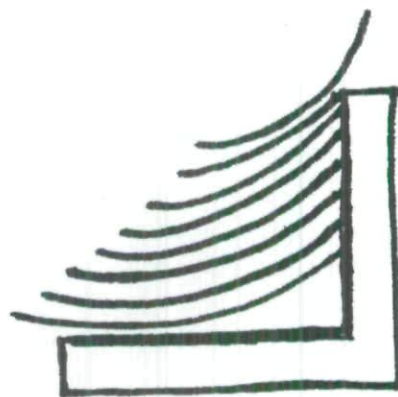
power of echoes to drown out present songs of celebration.

This leg of the journey has made me a better therapist, wiser, more empathic, more sensitive to a variety of subtle losses that individuals encounter. This is a gift—in a sense, a legacy from my unborn daughter.

References

- Blake, M.E.(2002). Poetry Therapy and Infertility Counseling. *Journal of Poetry Therapy, 15*, 195-206.
- DeDomenico, G.S. (1995). *Sandtray World Play: A Comprehensive Guide To the Use of the Sandtray in Psychotherapeutic and Transformational Settings*. Oakland, CA: Vision Quest Images.
- DeDomenico, G. S. (2004, November 11). An introduction to sandtray-worldplay: the method of sandplay. Level I Training, Greenville, IN.
- Special report: Inside the womb. (November 11, 2002). *Time*.

Michelle Emery-Blake, Ph.D., is an Associate Professor of Social Work at Western Kentucky University. Comments regarding this article can be sent to: michelle.blake@wku.edu.



Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.