

Stillbirth And Faith: When Belief And Death Collide

Journal of Pastoral Care & Counseling

2021, Vol. 75(1) 33–39

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DOI: 10.1177/1542305020962421

journals.sagepub.com/home/pcc



Donna Murphy

Heaven's Gain Ministries, USA

Pat Flynn

First Breath, USA

Jane Warland 

Clinical and Health Sciences, University of South Australia, Australia

Abstract

Mothers who had experienced stillbirth ($n = 436$) were asked about their “faith base” and whether it was “helpful to their healing.” Only 178 (24.5%) indicated their faith base was “helpful;” there was also a wide range of other responses including those who indicated their faith was “lost” following their baby’s death. Findings are discussed in terms of what participants found helpful from their pastor and/or church community.

Keywords

Stillbirth, pastoral care, bereavement, faith

Introduction

Significant life events such as death and injury can challenge a person’s faith (Pargament et al., 1990). Many individuals who face such experiences may turn to their faith and/or a religious institution for support, perhaps for the first time in their life (Bonavita et al., 2018). Furthermore, population-based evidence indicates many individuals living in high-income countries identify themselves as spiritual or religious (e.g., Australian Bureau of Statistics, 2016; United States Census Bureau, 2018) and this status may come into play when they are faced with these significant life events (Astrow et al., 2001)

Stillbirth (the death of a baby beyond 20 weeks gestation but before birth) (Centers for Disease Control and Prevention, 2019) is usually a traumatic life experience that can result in prolonged grief (Krosch and Shakespeare-Finch, 2017). Stillbirth has also been recognized as creating an immensely challenging spiritual and personal experience that has an enduring impact for parents (Nuzum et al., 2017). Although grief is a natural reaction to any loss (Clayton, 2010) grief following stillbirth is often difficult for others, such as healthcare providers and

clergy, to support, perhaps because no one (other than the parents) knew the baby, yet the impact of the loss can be prolonged (Cassaday, 2018). It stands to reason that when a baby dies that a person’s faith may be challenged, but there is a paucity of research on this topic.

The research that exists points to the importance of providing holistic care to parents following stillbirth including care that meets their spiritual needs (Nuzum et al., 2016). However, routine inclusion of spiritual care practices following a stillbirth remains ad hoc at best and non-existent at worst. Some of the reasons for this include relegation of spiritual care to clergy, lack of interprofessional collaboration between healthcare providers and clergy, lack of training for health care providers on care following stillbirth in general (Ravaldi et al., 2018), and spiritual needs in particular (Nuzum et al., 2015; Taylor, 2012).

Corresponding author:

Jane Warland, Clinical Health Sciences, University of South Australia, GPO Box 2471, Adelaide 5001, South Australia, Australia.

Email: jane.warland@unisa.edu.au

Because of this situation, this study provides information regarding faith and grief for 436 women who experienced stillbirth. For the purposes of this paper, we have focused on how they perceived their faith base influenced their experience of loss and their comments related to what was helpful, or not, about those experiences.

Methods

Participants

Participants were invited to complete a survey if they had experienced a pregnancy loss by stillbirth (baby born showing no signs of life after 20 weeks). The parents were asked to provide information about the pregnancy and birth to enable the researchers to learn more about differences in experiences that will help to identify what practices are working well, what practices may be discouraged, and to welcome new ideas that may help others in the future.

There were no exclusion criteria because we aimed to recruit a wide variety of participants, even if they had experienced loss decades ago.

Recruitment

Participants were recruited via online websites that bereaved parents frequently visit, for example, First Breath and Heaven's Gain. We contacted the website administrator for permission to promote the study on their websites. We listed the study on the International Society for the Prevention of Infant Death website. We also used Snowball sampling (Cohen & Arieli, 2011), whereby participants were also encouraged to invite bereaved family and friends to participate in this study as well.

The survey was available online from 20 January 2014 to 30 June 2017.

Ethics

The study protocol was approved by Salus Institutional Review Board Austin, Texas, protocol #417. Potential participants were given a link to a survey that included all the usual assurances of confidentiality and the ability to withdraw from the study at any time. Clicking on the survey link was taken as agreement to participate.

Method

Online survey consisting of up to 45 questions (depending on question logic), constructed by two authors (DM and PF)

In this paper we report the answer to the "faith-based" questions, namely the religious denomination they mainly identify with (Table 1) as well as the answer to the question "What effect did your faith base have on your grief and

Table 1. What religious faith would you consider yourself?

Faith	Number	%
Christian	252	58
Jewish	8	1.8
Non-denominational	25	5.7
Not religious	60	13.8
Other ^a	21	4.8
Blank	69	15.9
Total	435	100

^aOther includes Islam, Buddhist, Hindu, and Jehovah's Witness.

healing?" Participants were given four choices from a drop-down menu:

1. My faith base was helpful in my grieving and healing.
2. My faith base was not helpful in my grieving and healing.
3. My faith base had no effect on my grieving and healing.
4. I do not have a faith base.

Participants were then invited to provide further comment about their response in a text box.

Responses to the faith-based question is reported using percentages. A summative comment data analysis was conducted in the manner outlined by Hsieh and Shannon (2005), meaning that certain words or content were identified in text with the aim of understanding the contextual use of the words or content. Identified recurring words were classified as "themes" and exemplar quotes chosen to illustrate the themes.

Results

In total, 436 mothers who had experienced a stillbirth responded to the survey. Percentage responses to the religious denomination question are given in Table 1. Overall, 433 responded to the "faith-based" question: 233 (54%) chose "My faith base was helpful in my grieving and healing." However, 41 (9%) chose "not helpful," 98 (23%) "no effect," and 61 (14%) indicated they did not have a faith base. In total, 178 made further comments ranging from three or four to more than 400 words. Participants who indicated their faith had been helpful in their grief provided 130 comments, whereas those who indicated their faith had not been helpful, had no effect or did not have a faith base provided 31, seven, and seven comments respectively. The identified themes, subthemes, and exemplar quotes are outlined in Table 2 and the findings are presented below.

My Faith Got Me Through

Participants identified that they were members of a range of different faiths including religions such as Christian, Islam, or Judaism, but also held spiritual beliefs such as a general belief in "the spirit world."

Whatever their identified faith, this theme was strongly endorsed by 96 participants who indicated their reliance on

Table 2. Summary of the comments and exemplar quotes.

Theme	Sub-themes	Number of times (total comments <i>n</i> = 175)	Exemplar quotes
My faith got me through		96	<ul style="list-style-type: none"> • I do not know what we would have done without our faith. • Without my faith I would not have been able to process my grief. • My faith grew and helped understand why this happened.
	Doctrine and belief	29	<ul style="list-style-type: none"> • I clung to the thought that God took her because He knew I just couldn't handle that [fetal abnormality]. • God's ways are perfect even when we don't understand them! • I know that I serve a just God who will not put more on me than I can bear.
Changed faith		33	<ul style="list-style-type: none"> • I lost all faith when I lost my baby. • My faith base was shattered by my loss. • I never had a super strong faith and this experience made me question every ounce of faith I had. • I wasn't particularly religious at this time and now have become more so. • The death of my daughter made me re-evaluate some of my beliefs, although I don't think in a negative way, just a different take on some issues.
Heaven		72	<ul style="list-style-type: none"> • My knowledge and belief that she is in heaven has helped me so much. • Because I'm a Christian and I believe Jesus died so that we can have eternal life, I have the hope that I will see my baby again. I know he is safe, happy, and taken care of. I know that things like death and stillbirth happen because we live in a fallen world that is full of death and disease, not because of our personal actions.
Anger		25	<ul style="list-style-type: none"> • I was angry at God. I hated God for allowing this to happen. • I am still angry with God. I have tried going back to church and have cried the whole service. • I was very angry for a while. • After my daughter died, I have decided that if there is a god, that God is an asshole.
Role of faith community	Role of clergy (Helpful)	17	<ul style="list-style-type: none"> • I immediately asked for the hospital chaplain and for my preacher. I knew I needed God now more than ever. • Catholic graveside service, burial, and talking to church helped us feel like we were honoring our baby during our grieving process.
	Role of clergy (Unhelpful)	5	<ul style="list-style-type: none"> • The minister that we used was of a different faith and made comments at the graveside service that said some would not have considered her a baby (just tissue). I was very upset because I felt he was using her death to make political points regarding abortion. • They don't consider my children children, because they were not born alive. • At the time, I was a practicing Baptist. The missionary of our church in [NAME] was rude, cold, heartless, and blamed me for my son's death when I had nothing to do with it. Because of him, I turned away from my faith and still to this day will not walk into a church nor trust a preacher.
	Role of faith community (helpful)	19	<ul style="list-style-type: none"> • Our church family completely surrounded us during a devastating time and offered space for us to grieve, be angry, and cry. They provided tangible things such as meals and just spent a lot of time with us as we grieved. They believed for us and prayed for us when we couldn't do this ourselves. • My religious community has been very supportive.
	Role of faith community (unhelpful)	2	<ul style="list-style-type: none"> • My Christian friends offered me inept and hurtful condolences, such as "Your baby's in a better place" or "God took him to teach you a lesson." What kind of God kills a baby to teach his mother a lesson? And what is the lesson? I have never been able to reconcile [NAME]'s death with any faith in God. • Things said were, "You'll have another one," not understanding my severe adrenal issues that played into this late-term loss, and another said, "Things will never be the same again." Thanks a lot, guys ;)

their faith had enabled them to not only cope with their grief but also enabled them to be able to process it, as indicated by this quote and the other exemplar quotes reported in Table 2.

I've always had a strong faith base and believe it has helped me immensely in my grief and healing.

Only eight participants indicated in their comments that their faith had not been helpful. Two exemplar quotes from this group are:

My faith is very confusing and was not comforting to me.

I cannot understand how God would let this happen.

There was a subtheme that we labelled “doctrine and belief,” which further described some of the ways and means that participants found their faith helpful. There were 29 comments within this subtheme, more than a half of these ($n = 18$) drew comfort from their belief that God had a plan or knew the reason for their baby’s death. Several ($n = 5$) indicated they had found comfort and healing in prayer. The following is an example quote, with other exemplar quotes provided in Table 2.

I haven’t had a faith base, but I found comfort in prayer and the idea of heaven after losing my daughter.

My Faith Is Changed

Of participants, 33 indicated in their comments that their faith had been changed as a result of their loss. More than a third ($n = 14$) of these used words such as *shattered*, *shaken*, and *lost*, but some others ($n = 5$) used words such as *gained* or *regained*. Some mentioned they felt stronger and supported by their faith whereas others questioned or re-evaluated their faith or felt their faith had changed but did not indicate in their comment the direction of that change. One participant said:

I no longer have one [faith]. I used to believe as long as you prayed hard and did right by God that everything would be fine.

Other exemplar quotes from this theme are included in Table 2.

Heaven

A belief in heaven (an afterlife) was mentioned in 72 comments. Some indicated this belief provided them with reassurance that their baby was with family and friends who had passed. Many used the word “safe” in their comments. Most indicated this provided them with a sense of comfort that they would be reunited with their baby again, for example:

Believing in a place after life and the belief that my baby is with Jesus brings me comfort and peace.

Anger

A total of 25 comments included the word “anger.” Exemplar quotes indicate this anger was mainly directed at God. “I was always taught to pray and believe in miracles. That didn’t save my baby. I was angry God took my baby from me!”

However, one participant indicated she did not feel angry towards God:

Initially I had thought I would be mad at God but from the moment I was up and about, God kept bringing a message to me, telling me it was OK, my baby was safe, my life was changed

but I could carry on and when it got to be too much, He would be there for me, to carry me. It was an amazing time and experience.

Role of Faith Community

Role of the person’s faith community was further subdivided into four sub-themes: clergy helpful, clergy unhelpful, faith community helpful, and faith community unhelpful.

Some participants specifically mentioned the role of clergy in their comments. Most ($n = 17$) indicated clergy had been helpful and mentioned that this help was provided through “support” and/or “counselling.” For example, “Pastors were very supportive. They offered counseling with the counseling pastor and grief support group at our church.” Clergy officiating over rites such as the baby’s baptism and funeral were opportunities for them to be perceived as either very helpful or not at all helpful. For example:

I begged for a priest to be present when my son was born because I wanted him baptized. He showed up briefly, gave me last rites, and said he had to go say mass. When I begged him to baptize my son, he told me the church didn’t baptize stillborns. To stop me from screaming and to shut me up he finally told my husband how to baptize him left holy water and left.

Several participants specifically mentioned the role of people from their faith community. The majority indicated they had been assisted after their baby’s death with physical help such as provision of meals, babysitting for other children and/or taking their other children to school: “We had meals provided daily for 6 weeks, we were prayed for in church, our children were helped in school, we had rides offered, errands done and friends to come and sit and talk.” Only two mentioned their faith community as unhelpful and this was because they gave them unhelpful platitudes such as “You’ll have another one” or “Be thankful for the children you already have.”

Discussion

When people of faith are exposed to loss, trauma, and grief, it inevitably leads to a shift in their theological thinking (Fowler, 1995). This may be a “crisis of faith,” which may lead to an expanded spiritual perspective that can be beneficial to the healing process or it may actually move people back to their previous stage of thinking about their faith (Fowler, 1995). This was seen in our findings where many of our participants encountered such a “crisis” and had subsequently benefitted from faith-based support from their pastoral care giver, faith community, or indeed their own belief. However, others found the very faith stance that

helped some participants cope with their trauma became a burden, which may have led to a loss of faith. Therefore, there cannot be a "one-size-fits-all" response to providing spiritual care to the bereaved family, and anyone offering spiritual care to these families should be cognizant of this dichotomy and able to work within it to help these families find healing whatever happens to their faith base as a result of their bereavement.

Our findings show a wide array of responses to the stillbirth of their baby related to the participants stated "faith base." These responses ranged from anger at a higher power (God) to a total reliance on God that participants say "got me through." Some participants seemed to be able to use their faith base to arrive at healing and peace, whereas others narrated a state of chronic anger, which seemed to be depriving them of peace and healing even years after their baby's death. It is not clear from our findings what might facilitate a person of faith to "get through" and find healing versus what barriers might need to be broken down to alleviate extended suffering. Although Harris et al. (2008) suggest there are two disparate "dimensions" of spiritual coping, it is not yet clear the type of people who seek "religious support" and those who suffer "religious strain," and further research in this area with stillborn parents is warranted.

Although some participants expressed anger, more were reassured by their hope of being reunited with their baby, which seemed to bring them comfort and healing. Those who are providing spiritual care to families bereaved by stillbirth may be reassured that for those with a faith base, religious teachings such as the concept of heaven is reassuring and helpful to most parents. However, as seen above, care should be taken in trying to address anger by providing theological explanations for the loss. As one participant said, "I don't want people to tell me that it's in God's plan. I'm pretty angry at God right now."

Several participants pointed to the role of their faith community in assisting them with their grief and healing. Although usually perceived as helpful, clergy should be careful to avoid implying the baby was not a person because they did not draw breath. Flexibility with offering baptism to stillborn babies is also recommended, as not doing so can cause deep upset and challenge faith. The role of the extended faith community in providing both physical and spiritual support was universally appreciated and reported as "comforting." Platitudes such as "he is in a better place" or "God wanted another flower in his garden," or worse, "God is teaching you a lesson," were all distressing and traumatic. Comments such as this imply there is not a reason to grieve, essentially dismissing and disenfranchising (Doka, 1999) their grief, and thus saying such things are best avoided.

Harris and colleagues (2008) indicate that reliance on religious teachings may help people to understand tragic or traumatic events. They identified a range of teachings

that may be helpful or unhelpful and that there may even be dysfunctional forms of religious coping, such as a belief in divine punishment or demonic influence. Our participants also gave examples of each of these; they generally identified that belonging to a faith community, or identifying higher levels of purpose or meaning associated with the death of their baby, was comforting. Whereas engaging in those religious practices that might indicate "religious strain," such as avoiding a relationship with God, blame, anger, doubt, and shame, generally did not provide comfort and peace and may therefore indicate families would benefit from referrals to pastoral counselling, chaplaincy, or similar services.

Implications For Those Providing Pastoral Care Following Stillbirth

This research indicates that parents may often experience a challenge to their faith-base following stillbirth. However, these findings indicate the ways parents themselves felt their faith and faith community helped them, or not. Therefore, those who are able to provide pastoral care to parents and their family may be able to assist them in "keeping faith" by:

- personalizing and humanizing the baby by using the baby's name;
- offering to bless/baptize the baby;
- offering to pray with and/or for the family;
- gently inquiring about and supporting the parents' belief in an afterlife;
- reassuring the family it is okay to be angry;
- coordinating practical offers of help such as childcare (school drop off and pick up) and home-cooked meals; and
- avoiding unhelpful platitudes such as "It's God's will" or any sentence that starts with "at least . . ."

There are a range of resources available that a practitioner might use to develop their own theological thinking and pastoral repertoire, and/or recommend as helpful reading for the family. Although these texts are not addressing stillbirth per se, there are many common themes in different situations of trauma, suffering, and faith colliding that may be useful.

- Stickney, D. (2010). *Waterbugs and Dragon flies*. Pilgrim Press. A very helpful resource explaining death to children.
- Bowler, K. (2019). *Everything happens for a reason – and other lies I've loved*. Random House. Written from the perspective of a cancer journey but has good sections about questioning prosperity gospel and faith community who were helpful or not.

- Wallace, P. (2015). *Stars beneath us*. Fortress Press. A book that inspires the reader to engage with the natural world in new ways and find God, as it turns out, everywhere.
- Kearney, R. (2010). *Anatheism: Returning to God after God*. Columbia University Press. Not for the beginner but this book does address new ways of thinking about God in times of suffering and poses not only that return to God is possible, for those who seek it, but also how a more liberating faith can be born.

Conclusion

In a large group of mothers asked to indicate if their faith base had been helpful in their healing following their baby's loss to stillbirth, a variety of responses were received. Whereas some reported their faith was very helpful in their healing after their baby's death, particularly finding the concept of Heaven and reunion with their baby comforting, we also noted responses to the things these mothers did not find beneficial or even perceived to be harmful.

As offering a faith-based support/pastoral care for every bereaved family is not routinely offered in most secular maternity services, we suggest that exploring ways and means of providing such service would be beneficial. Ways that a faith community can be more supportive of faith-based healing when a family loses a baby warrants further investigation, as do enablers and barriers to assisting families to find spiritual healing following stillbirth.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Jane Warland  <https://orcid.org/0000-0002-9390-787X>

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Donna Murphy founded Heaven's Gain with her partner Jim in 2008. Donna and Jim are the parents of eleven

children: three in Heaven, and eight on earth. Their ministry, Heaven's Gain, provides help to those suffering a death of a baby, either during pregnancy, due to premature birth, or newborn death. The goal of the ministry is to support the family in their time of grief, to provide dignity for the baby, and assist in closure for the family.

Pat Flynn is the founder and CEO of 1st Breath, an organization committed to providing education, advocacy and public awareness of stillbirth, in addition to assisting families and professionals dealing with the death of a baby. She has been a leader and organizer in the baby loss community for over 25 years and can be credited with many contributions while serving families and professionals dealing with the death of a baby. As a bereaved parent herself, she has

helped bring a united voice and positive change while promoting prevention and awareness in the fight against Stillbirth.

Jane Warland is a registered midwife and Associate Professor at the University of South Australia. Since suffering the unexplained full-term stillbirth of her daughter Emma in 1993, she has been a passionate researcher into preventative and modifiable risk factors for stillbirth as well as promoting public and maternity care provider awareness of stillbirth. She is regularly called upon to present her research at national (Australian) and international conferences. She has more than 100 publications, including the Australian Christian Children's Book of the year for 1995 "Our baby died."