

5 Ways To Reframe Pregnancy Loss

Letting go of self-blame, avoiding comparisons and other tips from a psychologist who specializes in women's reproductive and maternal mental health.

By [Dr. Jessica Zucker](#)

EDITOR'S NOTE: October 15 is Pregnancy & Infant Loss Awareness Day.

There is no one “right” way to feel after experiencing pregnancy loss. The trauma continuum is vast and varied. Every woman comes to this loss with different maternal hopes, reproductive histories, pregnancy fantasies, relationships with their bodies, interpersonal support, psychological and spiritual resources and mental health landscapes. However, in my clinical practice — I’m a psychologist who specializes in reproductive and maternal mental health — I have witnessed an overriding shame-laden thread that invariably weaves through the stories I am privileged to hear. Why are women blaming themselves for something over which they have zero control? My hunch is that the pain of wanting something so badly and not knowing if it can be attained, or having no control over something so elusive as fetal development, is too terrifying to sit with. So we scurry around, desperate for definitive answers and when there are none, blame ends up settling in.

Whether it has happened to you or someone you love, here are five ways we can revolutionize how we think about pregnancy loss and its aftermath, with the aim of unraveling the thread of shame:



Jessica Zucker, Ph.D.

1. Try To Let Go of Self-Blame. I have heard countless stories of pregnancy loss and a subsequent rush toward self-blame. Here’s a sampling of ruminating what-if’s: *What if I miscarried because I don’t deserve to experience the mystery of motherhood ... exercised too*

much ... am too old, too young ... wasn't sure if I wanted a child ... had a sip of wine ... stopped believing in God when I was a kid ... had too much sex while pregnant? What if I miscarried because I so desperately wanted to be a mother — maybe I wanted it too much? What if I was too obsessive ... too invested ... too aloof ... too attached?

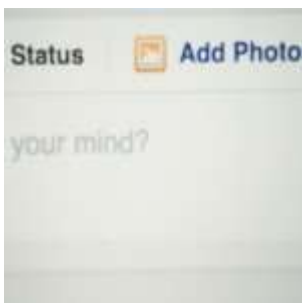
All of these thought patterns underscore how steadfast the mind/heart can be in trying to make sense of the dizzying despair that can accompany pregnancy loss. It might be difficult to resist chasing every line of thinking, every possible pregnancy indulgence, every behavioral regret, every everything. But, here's the thing: self-blame spirals into shame in a millisecond. As researcher [Brene Brown](#) has aptly said, "Shame is lethal. And I think we are swimming in it deep. Here's the bottom line with shame. The less you talk about it, the more you got it. Shame needs three things to grow exponentially in our lives: secrecy, silence, and judgment." Can we disband self-judgment and rest in the unknown?

2. Forfeit Control. There is an illusion that by pinpointing a reason why this happened, a solution can be harnessed for next time. Why? Because we prefer to act than to feel, to strive rather than to be, and to problem "solve" as opposed to wading through psychological discomfort. But, do we really have control over our fertility? Over something as minuscule as chromosomes? Reproductive technologies often provide further confusion over what we can control. But even when technologies assist women in getting pregnant, the health and development of a fetus is out of everyone's hands. The American Congress of Obstetricians Gynecologists reports that [10-25% of pregnancies end in miscarriage](#) — a glaring statistic that further serves to inform us that no matter how driven, accomplished or psychologically sturdy we are, we can't necessarily escape the unfortunate numerical facts.

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3. Honor Uniqueness. Even if your sister, best friend, colleague or neighbor had a miscarriage too, trauma reverberates, hibernates and maybe even evaporates differently for everyone. Rather than comparing and contrasting stories and possibly projecting our own experience elsewhere, we might simply ask how a woman who has miscarried is feeling and inquire about what her emotional temperature is at any given moment. Checking in again, even months after the trauma, might be the very thing she was yearning for. Every day is different and grief knows no timeline. It might be tempting to compare, by minimizing or magnifying, the pain of a loss at six weeks versus 20 weeks, but why go there? Loss is excruciating, no matter how far along we are in days/weeks/months. “Well, at least you were only six weeks. You can always try again in a few months,” doesn’t necessarily help assuage the sadness, the numbness or the fear of the future.

4. Lean Into the Trauma. Despite how counterintuitive it seems, leaning into trauma might be the very antidote to drowning in it. Most people are poised to eschew trauma at any cost rather than excavate it, with the determined hope that avoiding/denying will magically whisk away dark experiences. In Dr. Mark Epstein’s New York Times article [“The Trauma of Being Alive,”](#) he writes: “In resisting trauma and in defending ourselves from feeling its full impact, we deprive ourselves of its truth. The reflexive rush to normal is counterproductive. In the attempt to fit in, to be normal, the traumatized person (and this is most of us) feels estranged.” We benefit from disbanding the notion that mourning is avoidable and has a finite end point.

5. Acknowledge the Courage. The courage it takes to try to conceive again after trauma is noteworthy. I’m in awe over the millions of women who experience pregnancy loss and muster the physical and psychological wherewithal to enter into the unknown yet again. I am equally amazed by the courage it takes to declare that one is opting not to wade back into potentially painful or potentially joyful waters. It takes a certain kind of self-understanding to know when to stop, to understand our limits and to honor them.

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