professional, as psychiatrist Robert J. Lifton points out, origin-
inated with the idea that one advocates (or "professes") on
behalf of the client's total needs. When the people in medical
positions do understand and respond to the needs of parents,
they make it easier to cope with a very troubling experience.

As one nurse described the role of medical staff: "If we can
reach parents while they are still here, and if decisions and
problems are handled well from the start, then we can help
parents avoid long-term problems. What we're doing is really a
form of preventive medicine."

13

Religion

Baptism, Funerals,
and the Role of the Clergy

"It had been an hour since we came out of the delivery room, leaving
our dead baby behind. The nurse approached us with forms to sign and
the startling question, 'Who is your undertaker?' We were totally at a
loss. We were young and had just moved into the area, so we were
astonished at the thought that we should have an undertaker just as
one would have a doctor. We were angry that the hospital staff needed
to know how to dispose of our baby so quickly. But it forced us to
realize that our baby was really dead and that some action needed to be
taken to bury her.

"We never thought for a minute that instead of a crib we'd need a
casket. Instead of reading our books on child rearing, we would be
reading prayers and sympathy cards. We were young, our kids were
young—who thinks about cemetery plots and undertakers?"

Almost immediately after their baby's death, parents are faced
with the awful necessity of deciding something they usually
know nothing about. As a young couple, they are unlikely to
know an undertaker or even to have attended many funerals.
They are bewildered—to whom can they turn for guidance?

The hospital staff may try to make it easier for a family—
particularly after a miscarriage or stillbirth—by offering to re-
lieve them of any planning; they offer to "take care of it" for the
parents. At first this may be a relief to the parents, but later they
may wonder whether they could have had a service for the baby
and regret that they did not.

The funeral service is one of the rituals that traditionally
accompany major turning points in people’s lives. At birth and at death especially, the community joins with a family in religious rites either of celebration or of mourning. Even without formal religious ceremonies, such significant events as a birth or a death are still announced and marked in some public fashion.

Yet when these two events occur together, there is seldom any ritual. Even if an infant lives for several days or weeks, the ceremonies are brief or nonexistent. There is not enough coming together of family and community in a way that offers hope and comfort. The psychological and social benefits of birth and death rituals are withheld from the family; once more they are given the message, in yet another way, that their loss isn’t very important, that their baby wasn’t a real person. But it is precisely at such a time that a family may find religious beliefs and practices and the assistance of clergy and funeral directors to be of greatest help.

One of the first questions that parents may have regarding religious practice is whether a baby should be named or baptized. When a baby is born and is well, there are a variety of practices to celebrate his or her arrival. Catholics and some Protestants baptize an infant, either as a welcome into the Christian community or to ensure entrance into heaven. Other Protestant churches have a dedication service or a christening for naming a newborn. Jews have a naming ceremony for girls and a service for the circumcision and naming of boys.

When an infant dies before birth, there is usually no baptism or other ceremony. The major exception is the Catholic church, in which a dead fetus is almost always baptized. In traditional Catholic belief, an unbaptized infant cannot get into heaven and therefore goes to Limbo. Because of fear for the infant’s fate, doctors and nurses, especially in Catholic hospitals, are often prepared to baptize a dead fetus rapidly in the case of a miscarriage or stillbirth.

Recently some Catholic theologians have disputed the idea of Limbo. They claim that the origins of baptism emphasize the initiation into the community, and it is therefore not essential for a dead infant. According to one Catholic scholar, a younger priest would be more likely to disregard the idea of Limbo and

instead would say, “We really don’t know what the fate of people is. We should stop talking as if we had a hot line to Heaven. If God is merciful, He’ll take care of it.”

But “just to be sure,” and since anyone can administer the rite of baptism in Catholic practice, it is carried out automatically by a parent or by hospital personnel. For instance, a mother who miscarries at home may baptize the expelled embryo. If she is Protestant, however, this is not necessary, since Protestants consider baptism to be a ritual for the living, having no effect on the fate of the child’s soul. Some Protestant parents choose to baptize a stillborn fetus anyway, a procedure that is ordinarily not forbidden.

If the baby is alive at birth but gravely ill, the decision about baptism depends on the usual practice of the family’s church in regard to all babies. On occasion, parents request the ceremony for a dying child even if their church ordinarily opposes infant baptism. The ministers who comply do so because they consider the parents’ needs to be more important than a strict interpretation of church tradition.

One minister described his approach to baptism of dying infants:

I try to make the baptism as elaborate as if we were in a church, even if it is in an intensive care unit. I try to find out first what the ceremony means to the parents and what their concerns are. For example, if a parent is feeling guilty about the child’s condition, I would say in the service that we wonder what we might have done, and how it could have been different, and ask God to grant relief from these feelings. The minister should be a family’s spokesman to God, and too often we miss the opportunity to build ritual that reflects the needs of the situation.

This minister’s view suggests one of the ways in which a ritual can be helpful to parents.

Another ceremony that some members of the clergy offer is a farewell service once an infant has died. This may replace a funeral service, as in the experience of one rabbi who tries to perform the service while the family and the baby are present in the hospital. During it he speaks of their hopes and dreams
for the baby. A minister described a different kind of farewell in which he places his hands on the child's forehead, inviting the parents to do the same if they choose, and blesses the baby. In Catholic practice, where there is the sacrament of anointing the sick, the dead or dying child is dabbed with oil that has been blessed by the bishop and special prayers are said. Such ceremonies give the family the chance to say good-by to their precious baby with the help of a supportive pastor.

Much too quickly after the death, the family must consider what to do about a funeral. But a parent in shock from the sudden unexpected loss of an infant is not likely to know what he or she wants or to be able to express it. One father recalled his state of mind after his wife's miscarriage:

At that point you are kind of led around like a sheep. I had enough problems to worry about that I just didn’t care what was done about the burial.

Because of the parents' bewilderment and the lack of any clear direction from most religious denominations, the majority of miscarried and stillborn infants are buried or cremated by the hospital. Later, parents may wonder what was done with their baby but are afraid to ask. If they do ask a hospital representative, they may discover that the laws of their state require that every dead fetus be buried in an individual grave.

The parents may also later regret not having had the chance to bury their own baby and to have a ceremony performed at the burial. Such an example is this account of a mother whose child was stillborn:

We contacted the rabbi, who said that he would take care of everything. He told us that, according to Jewish tradition, there are no rituals for a stillborn. We had no funeral, no mourning period, no opportunity to say the prayers for the dead. The baby was buried by the rabbi, and I don’t even know exactly where she is. I don’t like the fact that she’s buried in a corner of the cemetery as if she had done something wrong and been ostracized from the community. At first I was relieved not to have to face a public ritual which I knew would have been very difficult, but now I feel that it would have been more helpful to have the usual practices. It was like we were illegitimate mourners.

This family followed their religious practice but sorely felt the lack of any ceremony. Judaism is just one of many religious traditions throughout the world that have not historically had a formal funeral for a fetus or young infant. These practices appear to arise from a situation where fetal and infant death were so common that a child was not considered to be part of the community unless there was an indication that he or she would survive. Increasingly rabbis as well as other clergy are having religious services for babies in accordance with the families' wishes.

It seems ironic that religious laws do not require the full funeral service for an infant even when they define the fetus as a person from the time of conception for other purposes. For instance, the Catholic antiabortion stand is based on the belief that the fetus has the same status as a person, and Jewish law states that if a woman has miscarried, her next child does not need the ceremony that is usually performed for a firstborn.

The explanation generally given for not performing the usual funeral rites is that a fetus or infant does not "need" them. The funeral is, in some traditions, a rite of purification to insure the deceased's return to God. The infant, being already in a state of purity, does not require these ceremonies.

Funerals are not so much a benefit to the deceased as they are a source of psychological aid for the family. They help promote a healthy recovery from grief by bringing family and community together to provide support for the bereaved and to give mourners a chance to express their overwhelming feelings of anger, guilt, and sorrow. Funerals help make the fact of death a reality. They also offer a spiritual context in which to help explain the meaning of the terrible event. And they give the bereaved something concrete to do in a time of bewilderment.

Despite these benefits, there are many reasons, other than the lack of usual religious practice, why a family would not have a funeral for an infant. One reason is that the mother who is still hospitalized would not be able to attend. One way to lessen this problem is for the minister to tape the service and then visit the mother to play the tape for her right after the burial. In some hospitals a service is arranged in the chapel.
hospital takes charge of arrangements, it is possible in some cases for the parents to dress the baby in preparation for burial.

If the parents are young and possibly newly settled in a community or considering moving somewhere else later, they are often unaffiliated with a church. For any of these reasons, the young couple may not own or wish to purchase a burial plot. One man who decided to buy a plot for his stillborn daughter reflected on the strange feeling this purchase evoked:

We picked an area that we thought was pretty where there was a cemetery. It was weird, though; we had to buy four gravesites, because in our community, you can only get them in fours. It really brought home to us that we were making a decision that this was where we wanted to be buried too.

To avoid such a permanent commitment, to simplify the decisions, and to protect themselves from pain, many parents agree to have a funeral director place the baby in a corner of the local cemetery. A mother whose daughter died after four days is glad that she had no ceremony:

My husband took care of everything. At first I was upset because I wanted to know where she was buried, but he wouldn’t tell me. I realized later that it was for the best. There’s more of a break that way. If I did know where she was, there would be more of a chance of my brooding over the death.

Every parent has different needs; the most difficult problem is determining what they are. Most parents prefer the usual practice of a brief gravesite ceremony that dispenses with most ritual and is limited to the immediate family. If this service lacks the advantages of community support and seems to diminish the sense of importance of loss, it does provide the parents with a known burial site and helps make the death a reality. This practice is more common for the infant who lived a short time, but it is sometimes also done for a stillborn. Rarely is there a funeral in the case of a miscarriage, even though it would be helpful for many parents.

Only Catholic ritual includes a special Mass for an infant who dies, a celebration of the Eucharist in honor of the angels. Some priests discourage its use, insisting that the child was a human being, not an angel, or because they are worried that the parents will be too distressed by a special service. If the child lives for a short time, there may be a funeral mass. Otherwise there is only a private interment service.

Cremation is an increasingly common practice in the United States for people who die at any age. It is preferred by many people because the ashes can be kept at home or taken to another state without legal complications. It is also simpler and less costly than finding a plot and having a burial. Cremation is a very ancient tradition still practiced in many parts of the world. In the United States, some churches forbid it while others allow it and still have the usual funeral service.

Since in so many cases a funeral is either not required or is greatly abbreviated, the parents must know what they want and then find a sympathetic member of the clergy who will cooperate. In some churches, the parent who requests a service has a great deal of flexibility in planning it. Parents can write their own service or the minister can help to create a ceremony that best responds to the needs and feelings of the family.

Many families prefer to dispense with any formal religious ritual. They may wish, however, to create their own ceremony and to bury the infant’s remains in a special place. Jared Massanari writes of the burial of his son Caleb, who died in an intensive care nursery after having been there all of his five and a half months. Jared and his wife, Alice, decided that Caleb should be cremated so that they could take his ashes to a favorite spot in another state. Jared recalls:

Neither of us wanted to put the ashes in the ground, and in the process lose our last physical contact with Caleb. We didn’t want to bury him and say our last good-byes. But the mountain called us. The mountain was where Caleb had to be . . .

Special friends and relatives were invited to participate in the burial. Each spoke about his or her feelings for the baby and for
the parents. One read a biblical verse, and they all sang together.
Then, Jared wrote,

... I reached for the shovel and shook some dirt over the ashes. Alice followed. Each person proceeded past the grave to cover the ashes with fresh dirt. We lifted the tree into the hole, planting new life where death would always be. Roses were thrown onto the dirt. Then Alice and I started down the hill. The silent procession ended where it had begun.

Parents who choose to have a funeral often do so because it allows them to do something for the baby. Some worry that this opportunity will be taken away from them. One mother who was able to plan a funeral after her miscarriage knew what she wanted only because she had had a previous miscarriage. Both occurred in the fifth month. Both times she delivered a tiny infant at home and then went to the hospital with the baby:

The first time we had no ceremony at all. By the second time, I had had a chance to think about what I wanted—a funeral and a gravesite that we could visit. People discouraged me but I insisted: "No, this is for me, I don't know why, but I just know I need to do it." We invited people we cared about. My husband spoke and I spoke. We talked about how much we had wanted this child, how we didn’t understand why he was taken, that we assumed there was an answer that we just didn’t have yet. Later we put a marker on the grave with his name on it.

Parents who have had a miscarriage may have to be very insistent, as this mother was, about having a ceremony, with or without a burial, if that is what they want.

Sympathetic support is especially crucial for the parents who have decided to abort a deformed fetus and wish to have a religious burial. If abortion is forbidden in their religion, finding a member of the clergy who will perform the service is extremely difficult. The religious person who is flexible can be a tremendous aid to these bereaved parents. One mother talked about her relief after the abortion: “The minister was great. He helped us arrange a private service and burial. I felt that was the least we could do for that poor little boy.”

Too often the mother is left out of any planning for a service or burial. She may have to insist on participating. For instance, the mother of a stillborn child recalled her concern at the time:

I was afraid that my husband and the funeral director would take over and do everything. This was my baby, and I wanted to be included in the plans, the flowers, the grave, the payment. I didn't want them to rob me of my child's funeral. I was grateful that the funeral director listened to me and let me do what I wanted.

This mother's desire to pay some amount toward the cost of the funeral is not unusual: it is part of the couple's desire to do something for the baby. Many others, however, resent additional expenses for a child they will never enjoy, especially when a funeral costs hundreds or thousands of dollars. They are appreciative of the many funeral directors who charge parents only for the costs of the casket and opening the grave. It is the undertaker's way of expressing sympathy and of maintaining the good will of the community.

Once the funeral is over, there is no further ritual and no recognition of the continuing grief and depression. Some churches do have an anniversary Mass or mention the recently deceased on All Souls' Day, but only those infants who were alive at birth are included. In Jewish practice there are seven days of mourning (Shiva) during which the family stays at home and is visited regularly by the community, extended periods of more limited mourning, and finally the recitation of the Kaddish prayer on the anniversary of the death. In accordance with Jewish tradition, none of these rituals are required for an infant who did not live thirty days. Nevertheless, some parents draw upon these practices to fill their own needs. One mother whose baby died mentioned her own experience:

Every year on December 3, no matter what is happening or where I am, I remember what happened that day nine years ago. It is my day of mourning, and so I say Kaddish for the baby.

Baptism, dedication, farewell, funeral, Kaddish. Rarely available and sorely missed. Other practices—the wake, the Shiva
mourning period—are all but nonexistent. When they do occur, they provide the family not only with the advantage of ritual and the support of the community, but also with an ongoing contact with sources of potential help—the funeral director, the minister, the priest, the rabbi.

In recent years, funeral directors have become more conscious of the ways in which they can help grieving families. Their national organizations, for instance, have been very active in the sponsorship of conferences on bereavement. In many cases, the family members never speak with a social worker or minister; the funeral director may be the only person they are in contact with who understands the grieving process and can provide counsel. Many are aware, for example, of the therapeutic value to the mother of including her in the decisions and preparations for the service and burial. When researchers in one study asked recently widowed women who was most helpful to them, they mentioned the funeral director more often than any other person.

The clergy can also help the bereaved family deal with their loss and make sense out of their confused feelings of anger, guilt, and sorrow. Members of the clergy who are aware of the process of bereavement can assure people that it is normal and not sinful to be angry at God, that anger is a natural part of the healing process.

The clergy can also help families draw on their own spiritual resources and beliefs in the attempt to reconcile themselves to a tragic and senseless event. Some people may find comfort in thinking that the death was God’s will or a test of their faith. They may believe that they have a little angel in heaven watching over them or that death is the beginning of a new life.

For people who do not share these beliefs, however, any effort to comfort them by saying it was God’s will may only produce anger. Phrases such as “God needed a little flower for his garden” are often said in kindness but may be resented by parents who wonder why it was their little flower that was taken.

Some members of the clergy have not been prepared to counsel the bereaved, especially in cases of infant death. In this they are like most other people; they are uncomfortable with death and rely on the standard forms for responding to it. Even those who are sensitive to the needs of grieving may not understand the significance of the loss of an infant. The lack of a religious tradition seems to reinforce this ignorance. In recent years theological schools and ministerial associations have begun to organize courses and discussions for clergy to provide them with an understanding of the grief process so that they can better help bereaved families. Miscarriage, ectopic pregnancy, stillbirth, selective abortion, and infant death, however, are still left out of most of these discussions.

This lack of understanding can lead to disappointment with the representatives of religion. For many people, the death of an infant also leads them to question their own beliefs, as seen in the following comment:

Believe me, if there is a heaven above and I go there, the first thing out of my mouth that I am going to ask is why my baby had to die that way, what purpose was there? It doesn’t make you a better person. Even if you wanted to punish me, why did you have to punish my whole family? He did nothing wrong, he didn’t ask to be born. How could there be a God who would do this?

Even nonbelievers find themselves questioning: Were they being punished? What is the meaning of such a senseless death? It takes a long time for the parents to find peace of mind.

Religion and ritual can help many families in their search for peace of mind. Even those who have no religious affiliations or beliefs can use welcoming and farewell ceremonies to mark the importance of their child’s existence.

After the burial, the feelings of grief for the baby are far from over. “What can I do for my baby?” one mother asked. Jared Massanare writes what he did after his son was buried:

I wanted to make something; what, I wasn’t sure. I spotted a small piece of wood and began to saw and chisel and sand it. Soon a car formed itself. . . . Every boy should have a toy car to play with. . . .

Up the mountain to Caleb’s tree. Alone I knelt and dug a small hole, placed the toy in the ground, and gently covered it with dirt. I remembered.
In some cases, it may take a long time before a parent finds the right way to memorialize the child. Some people have naming or farewell ceremonies for babies who died ten or twenty years ago. One woman asked her priest to say a Mass for a stillborn daughter, a baby who had been dead for seven years. When he refused, she kept looking until she found a priest who thought it was an excellent idea. The woman mentioned the upcoming Mass to friends in a support group and the word was spread. By the time the Mass was held, dozens of families had come forward to take part, to memorialize their babies, some of whom had died more than thirty years earlier.

Another woman, who was still in the hospital when her husband buried their two-day-old baby, remembers:

It took me two full years before I could bring myself to visit the cemetery. I guess I was afraid of breaking down there. But I always wished I could have made a service for him. One day I finally decided to go see where he was buried. It was terribly hard the first time. But I was also surprised to see what a beautiful shaded spot he's buried in. It was peaceful there, and I felt glad that at least he was in a pretty location. Now I go about once a year to visit and to bring flowers. At least I have this to hold on to.

Law

Considering a Malpractice Suit

"They killed my baby. It was all their fault. I'll never be satisfied until I have my revenge."

Parents are furious when their baby dies. They blame themselves, they blame fate or God, and often they blame the doctor for not having been all-powerful. Sometimes this anger leads them to consider a malpractice suit; it seems to be the only concrete step they can take in response to their frustration.

On some occasions, there is a basis for a suit; negligence on the part of a physician or hospital staff member did cause the infant's death. The parents feel that the trust they placed in their doctor during the months of pregnancy has been violated. Their suspicions of malpractice increase if the doctor responds with evasion or even hostility to their questions. They wonder why information has been withheld, what is being hidden. Disillusioned and angry, some couples seek out a lawyer. A lawsuit can never make up for the loss, but when malpractice has occurred, it is the parents' major means of legal recourse.

Bringing a malpractice suit is very difficult even when there is evidence of blatant misconduct. Families suffer the exhausting emotional trauma of reliving the experience of their baby's death for the years that litigation can take. In many cases, parents cannot find an experienced malpractice lawyer who will agree to represent them. If they do hire a lawyer and if they win the case