From the Site of the Empty Tomb: Approaching the Hidden Grief of Prenatal Loss

by Susan Bigelow Reynolds

On a chilly Saturday evening in March, I lost my first child in the womb at seven weeks. The loss was bewildering. For months I could do little else but grieve the blueberry-sized flesh of my flesh I had both never known and known more intimately than I had known anyone. I later remarked to a friend that losing a baby changed my life more than having a baby would have. When, after two more miscarriages, we finally welcomed our daughter, my hypothesis was confirmed. The birth of a child, at least in the best cases, is an event that enfolds a woman into a deep river of community and memory. Casseroles delivered, diapers gifted, advice solicited and unsolicited: all seem like echoes of the voices of mothers rising up from ages past, whispering. “We have done this before.”

The death of a child in the womb brings with it no such community of memory. The isolation my husband and I felt in the wake of our loss was both assuaged and compounded by the realization that we knew many women, including both of our mothers, who had experienced miscarriages. But what did they do afterward? Did they grieve? We knew nothing of these losses, only that they had occurred and hung like shadows in the unlit corners of our family histories. A kind of death as ancient and expansive as humanity itself had visited us, and we knew nothing.

Questions of loss find a particular home within the Christian tradition. Christianity abounds with images of suffering and death. Its sacred texts echo with cries of lamentation and its soteriological claims involve a confrontation with suffering and meaning. Its symbols—a wooden cross; ashes; a crucified God whose head is encircled by crown of thorns; flesh and blood turned bread and wine, broken and poured out—whisper of death. Where, in this religion of passion, death, and resurrection, did my suffering belong?

Estimates indicate at least 15 to 20 percent of clinically recognized pregnancies end in miscarriage, the involuntary loss of a baby in the womb before twenty weeks’ gestation.1 Roughly one in three women will experience at least one miscarriage in her lifetime.2 Stillbirth, a loss at or after twenty weeks’ gestation, occurs at a rate of about six in

---

1 According to the National Institutes of Health, roughly half of fertilized eggs die spontaneously, often before a woman is aware that she is pregnant. (http://www.nlm.nih.gov/medlineplus/ency/article/001488.htm). A clinically recognized pregnancy refers to a pregnancy that has been “visualized on an ultrasound or that pregnancy tissue was identified after a pregnancy loss” (UCLA Obstetrics and Gynecology, obgyn.ucla.edu). Thus, the actual rate of miscarriage is likely higher than this reported number.

one thousand live births. Yet despite the prevalence of prenatal loss, surprisingly little sustained theological attention has been given to the experience of death before birth. This theological lacuna reflects an even more critical pastoral one.

The neglect of prenatal loss is felt perhaps most palpably in feminist theology, a field concerned with giving voice to silenced narratives of female suffering. Why have theologians in general, and feminist theologians in particular, continuously overlooked the experience of prenatal loss? What is missing from our communal theological consciousness when such experiences remain hidden from view? And where in the Christian tradition can we retrieve stories and symbols that can bear the pain and mystery of such loss—stories and symbols that help us to construct rituals and ministries that bring comfort to women and families grieving the loss of a child in the womb? This paper is an exercise in practical theology that emerges from the tears of women whose wombs have become tombs and unites them with the tears of Mary Magdalene before the empty tomb of Jesus. I suggest that a critical lacuna exists in theological reflection and pastoral practice with respect to the statistically widespread, socially silenced experience of prenatal loss. While Catholic teaching is unequivocal in its opposition to abortion and embryo destruction, the sparse and improvisational nature of theological, pastoral, and liturgical responses to women who experience the loss of a pregnancy calls into question the depth and breadth of its commitment to the conviction that all unborn life is sacred and, when it ends, worthy of public mourning. I begin by briefly mapping the contours of feminist theological discourse on pregnancy, motherhood, and suffering, arguing that the neglect of prenatal loss impoverishes feminist theological insight with respect to these themes. Identifying three areas of social and theological contestation that have contributed to this neglect, I suggest that a retrieval of the Mary Magdalene/empty tomb tradition in John’s Gospel (Jn 20:1–18) provides a promising hermeneutical lens through which to approach in a theologically and pastorally adequate way women’s experiences of death before birth. I conclude with an example of the use of the empty tomb narrative in practice, drawn from a parish-based service of healing and remembrance for women grieving the loss of a child through miscarriage or stillbirth.

Pregnancy, Motherhood, and Loss: Identifying a Lacuna in Feminist Theology

Pregnancy and motherhood have long represented contested terrain in feminist theological reflection. Feminist theologians have problematized in critical ways theological accounts of motherhood that essentialize womanhood and childbearing, spiritualize or idealize the trials of motherhood, and confine motherhood (including notions of the “motherhood of God”) to stereotypical feminine attributes such as nurturing and compassion. While feminist deconstructive work on motherhood is plentiful, somewhat less so are substantive (re)constructive efforts. Among the first major attempts at a cross-cultural feminist theological consideration of motherhood was the 1989 volume

---

3 It is important to note that striking racial disparities exist in stillbirth rates in the United States. For non-Hispanic white women, the rate is 4.88 per 1,000 live births. For black women, that rate more than doubles to 10.53 per 1,000 live births. American Indian, Alaskan native, and Hispanic women all experience stillbirths at higher rates than white women. CDC/HCHS National Vital Statistics System. National Vital Statistics Report 64, no. 8 (23 July 2015).

4 I use the term “prenatal loss” in this paper to refer to experiences of miscarriage and stillbirth. While the language of “pregnancy loss” is a more common way of referring to these experiences, I believe that “prenatal loss” better captures what many women experience as the full reality of what is lost when a child of any gestational age dies in the womb. It is not only the condition of pregnancy that is lost but, for most women, also the reality of another person existing within one’s very self. My use of a singular blanket term to refer to all experiences of prenatal loss is not meant to overlook the many distinctions that exist between and among such experiences of loss. Rather, this paper seeks to bring greater theological and pastoral attention to all forms of prenatal loss.

5 It should be noted that the effects of miscarriage and stillbirth extend beyond mothers. As little clinical and pastoral attention is devoted to women who have suffered pregnancy loss, still less is given to fathers, partners, and families affected. Unfortunately, this paper will do little to remedy this imbalance. My analysis here centers primarily around the embodied experiences of women who have experienced the loss of a child in the womb, advancing a practical theological vision for the formation of communities of memory and hope over and against social silencing and pastoral inattention that accompanies pregnancy loss. Greater attentiveness to pastoral care for fathers, families, and other loved ones affected by pregnancy loss represents an important area of growth.
Motherhood: Experience, Institution, Theology, a relatively early contribution edited by Anne Carr and Elisabeth Schüssler Fiorenza. The diversity of voices, perspectives, and themes treated by the volume’s contributors set the stage for subsequent theological investigations into images of mothering in church and society and the relationship between motherhood and ecology. The same year, Cynthia Rigby published an article appropriately entitled “Exploring Our Hesitation,” in which she identifies ambivalences toward a vocational understanding of motherhood in feminist theological literature. She ultimately advances a feminist vision of the vocation of motherhood that reclaims its “inclusive, life-sharing, and self-fulfilling” dimensions.

In the decades that have followed, feminist theologians across fields and traditions have engaged with pregnancy and motherhood in ways that reposition motherhood as a unique, embodied locus of theological and spiritual knowing and social and theological critique. Notable is the work of practical theologian Bonnie Miller-McLemore, whose emphasis on the distinctly bodily and uniquely maternal dimensions of knowing is grounded in lived experiences of pregnancy and motherhood, such as birthing, lactation, and the experience of working motherhood. In Christian Theology in Practice, Miller-McLemore maps the terrain of feminist theory and practical/pastoral theology, within which she offers a comprehensive essay tracing the development of contemporary maternal feminist theological epistemology. Here and elsewhere, she seeks to locate, or relocate, the spiritually revelatory dimension of motherhood not in a realm apart from the chaos of ordinary life with children but rather deep within it.

Tensions emerge in feminist wrestling with spiritual and embodied dimensions of maternal suffering. Like Miller-McLemore, Julie Hanlon Rubio grounds her reflection in the embodied particularities of everyday maternal existence, from breastfeeding to sleep deprivation to the myriad lifestyle changes that accompany the transition to motherhood. While attempting to resist pitfalls associated with an overly sacrificial notion of maternal love, Rubio draws out bodily dimensions of maternal self-sacrifice. For Rubio, the clearest example of this sacrificial love is pregnancy, wherein “the child takes over the mother’s body (eating from her food, drinking from her drink, moving within her, causing her pain and discomfort, and distorting the shape of her body). If this is not sacrifice, what is?”

The philosophical work of Julia Kristeva also engages Christian understandings of the unique pain and divided subjectivity of motherhood that follows from the intimacy of a mother’s connection to her child. It is a pain that “comes from the inside” and “never remains apart.” Kristeva critiques the tendency of feminism to “identify motherhood with [an] idealized misconception” and, through its rejection of the real experience of motherhood, ultimately—and ironically—reinforce this misconception. A mother, Kristeva writes, is a “crucified being”; she is “always branded by pain.” While some have critiqued Kristeva’s early treatment of maternal suffering, her em-

---

10 Bonnie J. Miller-McLemore, In the Midst of Chaos: Caring for Children as Spiritual Practice (San Francisco: John Wiley and Sons, 2007).
phasis on relational subjectivity, focus on the maternal body, and attempt to take seriously the love and suffering bound up in maternity represent a critical contribution to feminist discourse on motherhood and embodiment.

On the other hand, the work of ethicist Christine Gudorf represents a countercurrent against the urge to bind too tightly maternity and suffering. Against a one-way portrait of maternal sacrifice, Gudorf points out the often-unacknowledged mutualistic and reciprocal nature of the mother–child relationship. Elevating the values of sacrifice and self-denial to a place of primacy in maternal identity, she argues, instrumentalizes the mother and ultimately impedes the development of mother and child alike.15

Many women theologians of color have also challenged the notion of redemptive maternal suffering from positions of marginality and histories of oppression and racism. Womanist theologian Delores Williams proposes the image of Hagar, the biblical mother of Ishmael, as illustrative of black women’s experiences of slavery and abuse, surrogacy and survival. Drawing on the forced surrogacy of Hagar as an image emblematic of the suffering of black women, Williams argues that suffering can never be understood as redemptive but is always the result of sin, oppression, and the destruction of right relationship.16 Importantly, womanist, mujerista, and Latina theologians have also tended to emphasize the communal, relational, and familial importance of motherhood—emphases that serve as a critical corrective of first-wave, white liberal feminist thought that tended exclude the voices of women of color and disregard or overlook such themes.17

These varied explorations, critiques, and constructions represent the range of feminist voices that have addressed experiences of motherhood and pregnancy in their work. However, they are nearly unanimous in their omission of the phenomenon of prenatal loss. Though feminist theologians have problematized the Christian tendency toward the idealization of motherhood, such analyses nevertheless operate within a paradigm that neglects the voices and experiences of women who have lost children in the womb.

Pastoral resources are more plentiful than theological ones.18 A notable exception to this neglect is the collection Hope Deferred: Heart-Healing Reflections on Reproductive Loss. The collection comprises theological and pastoral essays by five female theologians from various Christian denominations, each of them grounded in personal experiences of infertility, miscarriage, and stillbirth.19 The collection’s origin is a testament to the widespread yet remarkably hidden nature of prenatal loss. As noted in the collection’s introduction, the five contributors—the only women present at a small theological conference—realized through a chance conversation in the women’s bathroom that they had all been personally touched by miscarriage, stillbirth, and/or infertility. The volume grew out of a shared recognition of the paucity of theological literature devoted to prenatal loss and infertility. Its goal is to “explore resources of the Christian tradition that offer comfort and corrective” in the face of destructive social and theological narratives that contribute to self-blame and shame, the spiritualization of suffering, and the disordered glorification of pregnancy and motherhood. In one essay, Serene Jones powerfully weaves together the stories of

two miscarriages—her own and that of a friend—that revealed to her the aching need for liturgical response that holds and gives voice to the desolation and grief of women whose bodies have become the sites of death.20

With the important exception of Jones and her co-authors, the near silence of feminist theologians on miscarriage and stillbirth is surprising. Despite general early feminist discomfort with maternal themes, contemporary feminist theological writing evinces a strong desire to grapple with the embodied, broken, and nonidealized dimensions of contemporary motherhood. The exclusion of prenatal loss from feminist theological explorations of pregnancy and motherhood is unfortunate when one considers that many such explorations seek to take seriously women’s embodied realities and subvert disempowering, shaming, or exclusivist understandings of motherhood. Yet reviewing feminist theological accounts of motherhood leads one to believe that either all women’s bodies carry all babies to term, or that experiences that fall outside of this norm are either theologically insignificant or so anomalous that to address them directly would be unwarranted. In reality, at least one in five pregnancies end in miscarriage. Though women experience prenatal loss in a vast multiplicity of ways, few would relegate the experience to the realm of insignificance. If, as Mary McClintock Fulkerson argues, practical theology can be understood as a response to the scene of a wound,21 the deep hiddenness of the wound of pregnancy loss in church and society invites and demands theological reflection.

**Theologizing from a Wound: Silence, (Dis)embodiment, Polarization**

The absence of narratives of miscarriage and stillbirth from feminist theology highlights the contested and ambiguous nature of these experiences. Both socially and theologically, women who have lost children in the womb are propelled into a liminal space that defies categorization. As such, this dimension of human experience—an experience shared by hundreds of millions of women throughout the world, and one as intimately connected to the human condition as birth and death—“belongs” nowhere. The voice of a woman who has experienced the pains (physical, psychological, emotional, spiritual, social) of prenatal loss can be viewed as insufficiently maternal, especially when she does not have other, living children. Her way of knowing does not emerge from the act of raising her child but, primarily, from mourning the death of her child’s brief and mysterious life within her. Yet neither does her grief qualify her to speak theologically as one who suffers, as her loss is frequently dismissed as common and natural, or, in its hiddenness, ignored altogether. If, as Victor Turner notes, liminality is often illustrated through symbolic imagery of pregnancy and womb, pregnancy loss is an even more ambiguous and liminal experience.22 It is an experience of “both/and” and “neither/nor.”

I would suggest that theological and pastoral silence surrounding prenatal loss reflects the intersection of three factors: cultural taboos surrounding miscarriage; longstanding theological and ecclesial ambivalence with respect to women’s embodied experiences of reproduction; and polarizing, vitriolic rhetoric of the US abortion debate that co-opts theological discourse and pastoral practice while undermining women’s attempts to construct meaning when confronted with the pain of death before birth.

**Social Silencing.** Prenatal loss is the site of multiple intersecting cultural and gendered taboos. A miscarriage itself is a visceral collision of taboos: (in)fertility and death; blood and tissue; bathrooms and hospitals. The silencing

---


22 In his classic treatment of liminality, Victor Turner notes, “the attributes of liminality or of liminal personae (“threshold people”) are necessarily ambiguous, since this condition and these persons elude or slip through the network of classifications that normally locate states and positions in cultural space. Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial.” See Victor Turner, *The Ritual Process: Structure and Anti-Structure* (Chicago: Aldine Publishing, 1969), 95; emphasis added.
that occurs around pregnancy loss serves to obscure the reality of a woman's grief, isolate and compartmentalize her suffering, and cultivate around what is a widespread occurrence a myth of anomaly. Newly pregnant women are encouraged by medical professionals and social convention to wait until their second trimester, when the risk of miscarriage decreases, to tell others they are expecting a child. Such advice, while sound on some level, implies that a miscarriage, should it occur, is logically something that is supposed to remain secret, even to friends and loved ones. While the death of a loved one brings with it a network of support, the loss of a child in the womb often brings isolation. Somehow, it is communicated to women who have miscarried that the thing they are supposed to do after miscarrying—even while in the process of miscarrying—is to proceed with their lives as if nothing had happened: go back to work, get on with life, try again.

Miscarriage is indeed personal. However, as Walter Brueggemann notes, social conventions often serve to suppress the public expression of pain, containing it within the realm of the private. Yet, according to Brueggemann, it is precisely the public processing of pain that reveals most clearly what it is that societies and communities of faith value most. Undoubtedly, there are women who have no desire to tell anyone about their loss or to enter into a community of support or healing, however informal. What is dangerous is when women are made to believe that they cannot grieve in public, that their grief is inappropriate or unworthy of communal recognition. Such neglect undermines the possibility of community and hope and leads instead to isolation, numbness, and despair. A cursory Internet search reveals the existence of massive online networks and communities constructed by and for women who have lost children in the womb—hundreds of thousands, perhaps millions. Many of them, it becomes clear in their blog posts, message board comments, and status updates, lack robust communities beyond the virtual realm where they feel able to name their losses and speak honestly and openly about the reality of their grief. The deeply personal nature of much of this writing—much of it authored by women using their real names and identifying information—discredits the notion that such grief is somehow too private to share. Rather, society imposes upon prenatal loss a myriad of taboos, silencing and suppressing narratives that otherwise beg for communal recognition.

Contested Terrain of Women’s Embodied Epistemology. The phenomenon of prenatal loss reveals the need for epistemological openness to embodied dimensions of knowing within theological reflection. Women who experience the death of a child in the womb can experience a profound sense of alienation from their own bodies. The body once trusted to nurture and defend the fragile life within can suddenly seem like a traitor, an antagonist, a failure, perhaps even a murderer. It has failed in its mission to protect. Jones, recalling the miscarriages of herself and a friend, writes,

> Her body, my body, we were graves... This death-site was inside us, deep in us. It was in a place even unknown to our own eyes, in a cavern from which we had believed a future would spring forth but from which only loss had issued. Not even death, for death supposes life and life was what we couldn't give. It was a tomb for the never-to-be: our bodies, ourselves.

Prenatal losses are sometimes discovered or confirmed through the use of ultrasound, in which the womb and its contents are projected in stark, grainy detail and interpreted by a medical professional. The subject in the womb—the life that both was and almost-was—becomes an object of clinical translation. Women experience the deep intimacies of their own bodies as profoundly other when these are re-presented and reinterpreted back them

---

24 Jones's essay explores the complex dynamic of powerlessness, guilt, and self-blame that she and her friend both experienced during and after their miscarriages. See “Rupture,” 51–53.
in the jarringly objective grammar of modern medicine. A hoped-for child becomes a “spontaneous abortion.” A shattering loss becomes the mere failure to detect a heartbeat.

Miller-McLemore identifies several issues at stake in taking seriously from a theological perspective women’s experiences of pregnancy and motherhood. Feminist theology operates at the complicated intersection of celebration and suspicion of the role of distinctly female bodily experiences, especially those surrounding fertility and reproduction, in dynamics of knowing and theological insight.26 Indeed, Miller-McLemore notes the inherent difficulty in arguing “from bodies to knowing without overestimating biology and nature.”27 Reclaiming the embodied dimension of women’s epistemology (even, to some extent, positing the existence of anything like women’s epistemology) risks, on one hand, overestimating or essentializing biological givenness and identifying childbirth as the exclusive or best source of a woman’s fulfillment.28 Cultural and religious identifications of “good” femininity with motherhood, and “good” motherhood with suffering and self-sacrifice, is symbolized most saliently in Catholic imagination in the uneasy comparison of all women with the dual maternity and virginity of the Virgin Mary.29 Such narratives serve as the basis for gendered, complementarity-based ecclesial and anthropological models that can subordinate women’s voices and experiences and spiritualize or cast as redemptive their real sufferings. However, it would be equally dangerous to ignore or reject embodied ways of knowing that emerge from women’s unique experiences, including those of pregnancy and motherhood. Attempting to set the body aside spiritually and epistemologically only reinforces the conspicuous and chronic absence of women’s (real) bodies from Catholic theology, imagination, and pastoral discourse.

What becomes more complicated, then, is the question of how it is possible to “read” bodily experience as a distinct and credible source of knowing, holding biological givenness in tension with the socially and culturally mediated dimensions of bodily experience and its interpretation. As Miller-McLemore asks, “Can we not uncover an experience of motherhood that lies somewhere between the extremes of oppressive traditional discourse and avant-garde feminist protest that totally rejects this but offers nothing in its place?”30 How, in other words, is it possible to stand conceptually, experientially, and theologically “in the ‘no-man’s-land’ between this either/or and grapple with the potential power of woman’s experience of reproduction and relationality”?31 I would argue that the experience of pregnancy loss exists precisely in this “no man’s land,” this liminal space “betwixt and between”32—and, as Miller-McLemore suggests, begs to be grappled with.

Conception and Natural Death: The Silencing Effect of Polarized Rhetoric. The spectrum of natural psychological responses to prenatal death is vast.33 For many women, profound grief, anxiety, confusion, guilt, and depression persist months and even years after their losses. One large-scale study found nightmares and flashbacks to be common among women even years after a miscarriage. In the same study, more than one in ten women reported

29 John Paul II’s apostolic letter Muliieris Dignitatem is often cited as an example of the Magisterial tendency to frame in a narrow and essentialized way the “dignity and vocation of women.” Among feminist theologians, Mary Daly issued perhaps the strongest critique of the identification of women with the Virgin Mary as a representation and perpetuation of patriarchal repression, control, and ownership of women. See Daly, Beyond God the Father (Boston: Beacon Press, 1973). Rosemary Radford Reuther, on the other hand, attempts to recover Mary as a liberating symbol for women, communicated most saliently in the Magnificat. See Ruether, Sexism and God-Talk (London: SCM Press, 1983).
33 See Corbet-Owen and Kruger, “The Health System and Emotional Care,” 411–27. See also Kristen M. Swanson, “Research-Based Practice with Women Who Have Had Miscarriages,” Image: The Journal of Nursing Scholarship 31, no. 4 (1999): 339–45. The study concludes, “Responses to miscarriage are closely tied to the deeply personal meaning individuals and couples hold about what it is like to be expectant and to abruptly lose that pregnancy. . . . [T]he events of expectancy and loss are uniquely experienced in the context of each woman and couple’s lives” (344–45).
having contemplated suicide after their loss. Indeed, emerging psychological research suggests that a significant percentage of women experience miscarriage and stillbirth as a psychologically traumatic event, and many exhibit symptoms of post-traumatic stress disorder in the aftermath of their loss. Yet such reactions, while widespread, are not universal. Other women, particularly those for whom news of their pregnancy was unwelcome, can experience its sudden loss as relief. Yet even such feelings of relief can sometimes be accompanied by traces of shame, guilt, and regret.

In all of these cases, women face the challenge of understanding the meaning of their losses. Yet I would suggest that in the United States, where public discussions of life in the womb typically occur within the highly polarized context of the abortion debate, politicized and often volatile rhetoric surrounding the nature of unborn life tends to co-opt—and in co-opting, stifle—women’s abilities speak openly and honestly about this unique and mysterious kind of death. Writer Ellen Painter Dollar notes that US discourse on the unborn evinces an incapacity to deal with the liminal, in-between space occupied by such burgeoning life. As the debate goes, she writes, “either embryos are the same as babies or they are merely bunches of cells subject to their parents’ choices.” Numerous studies suggest that most women, including those who have had early miscarriages, understand their loss as the loss of a baby. Yet even for this majority of women convinced of the personhood of the unborn life they have lost, there exist numerous practical differences between the death of a baby before birth and the death of a child who has been born—differences that become painfully obvious in the kinds of questions that arise in the wake of such loss. Such questions, and the ambiguities they disclose, can be particularly pronounced in the case of early loss: Is it my child I am mourning or my own lost hope for a child, or both? Should I name my baby? Whom should I tell about the loss? Can I mourn publicly? How publicly? Where can I be open about my grief? Do I bury the remains? Where? How? What if I have no remains to bury? At Mother’s Day Mass, should I stand to receive a blessing, too? Is that blessing meant for me? When people ask me if I have children, or how many children I have, what do I say?

When a child dies, social scripts, liturgical rites, and pastoral practices exist that seek to comfort grieving parents. These give, among many things, a sense of validation to the magnitude of what was lost. When a child dies in the womb, no such social or pastoral protocols exist. Women are left to work out, often in isolation, the meaning of their loss. Dollar points out that the English language lacks a word for a miscarried baby, giving attempts at naming these losses, particularly early losses, a sense of inadequacy. When a pregnancy ends spontaneously, we find

ourselves at a literal loss for words.³⁹ It instead places attempts at meaning-making at the mercy of the only readily available cultural lexicon for discussing unborn life: the one provided by the abortion wars, a lexicon that makes up in vitriol what it lacks in nuance and compassion.

It is a distressing irony that the Church's vocal defense of life in the womb in the context of the abortion debate is not matched by pastoral or liturgical support when this life ends spontaneously. This dissonance does real violence to grieving women and families while rendering the Church's pro-life message incomplete and undermining its credibility. Indeed, Catholic pastoral responses to miscarriage, where they exist, are typically improvisational at best. In a recent issue of Commonweal, historian Agnes Howard recalled the painful absence of ritual and pastoral resources from the days that followed her miscarriage:

We were visited by our priest. With warmth and prayer, he gave care there in the hospital and later at the gravesite, but there was a provisional sense about his gestures, as though he were improvising out of his own kindness rather than acting on long liturgical practice that the church had devised in meeting these crises from time immemorial.⁴⁰

Some church cemeteries reserve burial grounds specifically for miscarried or stillborn babies. Some parishes and dioceses hold annual masses of remembrance or offer support groups for women and families affected by pregnancy loss. But rarely is information about such services, where they exist at all, widely disseminated. Women, like Howard, are perhaps implicitly invited to call a priest, plan a mass or prayer service, or start a support group, but few pre-existing structures exist for those who find themselves unable or unwilling to coordinate a liturgy or construct a ministry from the ground up. While the Church is outspoken in its opposition to abortion and embryo destruction in procedures such as in vitro fertilization and certain types of stem cell research, the ad hoc, improvisational nature of pastoral responses to spontaneous pregnancy loss that Howard points to calls into question its practical pastoral commitment to the sacredness of life from conception to natural death.

When they collide, these three areas of social and theological contestation function to privatize and silence the experience of miscarriage and to render even more ambiguous its already contested meaning. Such forces also inhibit the creation of community among women and families grieving this loss. When the creation of communities is suppressed, the possibility of articulating memory, constructing meaning, and envisioning hope is also constrained. In the next section I suggest that a retrieval of the Mary Magdalene/empty tomb tradition in John's Gospel provides a promising hermeneutical lens through which to begin to make space theologically and pastorally for communal practices of lament and hope in the face of death before birth. Establishing what Schüssler Fiorenza calls an “ambiguous ‘open space’”⁴¹ of absence–presence, death–(re)birth, memory–hope, the empty tomb tradition represents a confrontation with suffering that does not identify it as redemptive per se but rather allows one to envision pastoral praxes of accompaniment that promote the cultivation of communities of memory and hope.

³⁹ Many scholars, including Dollar, have contrasted the absence of Western language or ritual surrounding fetal death with the Japanese Buddhist ritual of Mizuko Kuyo, a memorial service for a miscarried, stillborn, or aborted baby. In Japanese, a deceased fetus is called a mizuko, meaning “water child.” Writer Peggy Orenstein writes, “Historically, Japanese Buddhists believed that existence flowed into being slowly, like liquid. . . . A mizuko lay somewhere along the continuum, in that liminal space between life and death but belonging to neither” (Orenstein, “Mourning My Miscarriage,” New York Times Magazine [April 21, 2002]).


Confronting the Empty Tomb: A Relational Epistemology of Loss

Miller-McLemore identifies the relative paucity of literature that focuses on issues of women’s embodiment in Christian theology. Against this trend, she contends that “[w]omen’s embodiment, specifically the experience of pregnancy and birth, represents a distinct perspective and may evoke particular ways of perceiving and thinking.”42 This is not to suggest, she clarifies, that “all birthing, nursing women inherently share one distinct mode of knowing.”43 Rather, what Miller-McLemore seeks to offer in her essay, and what I would argue can be gained from a similar consideration of the situated epistemology of women experiencing the loss of a pregnancy, is a “view from a body” that is “always a complex, contradictory, structuring, and structured body” (here she borrows language from Donna Haraway).44 If, as she argues, pregnancy and childbirth represent epistemologically distinctive and significant embodied experiences, then it is reasonable to suggest that miscarriage and stillbirth, too, represent such experiences.

For Miller-McLemore, maternal knowing “refers to thinking particular to women who have known another inhabiting themselves and have maintained this very interior link by suckling, carrying, sharing bed, body, and soul, and, finally, letting loose to live.”45 Women who have mothered a child in the womb but not in the world share some but not all of the experiences of motherhood that Miller-McLemore identifies. However, their particular motherhood is situated at the inverse of what we typically consider to be true of the mother–child relationship: death before birth, loss before life, womb and tomb combined. In the case of a later miscarriage or stillbirth, a woman may eventually hold in her hands or arms the body of her child. When loss occurs early in the pregnancy, it can be nearly impossible to distinguish embryonic or fetal remains from tissue and blood from the mother’s own body. In an unexpected way, the experience of prenatal loss magnifies, not severs, the relational dimension of maternal epistemology to which Miller-McLemore points.

The distinct perspective that emerges from the particular bodily experience of prenatal loss evokes a unique and relational way of theological knowing. As such, it calls forth from the Christian tradition memories and symbols able to contain pain, ambiguity, and mystery. In Jesus: Miriam’s Child, Sophia’s Prophet, Schüssler Fiorenza posits the empty tomb as a liminal space—an appropriate image to characterize the ambiguity and in-between-ness of death before birth. The empty tomb that Mary Magdalene encounters, Schüssler Fiorenza suggests, can be understood as an ambiguous and imaginative “open space.”46 The empty tomb bears the capacity to hold in tension the presence and absence of the resurrected Christ, the grief and hope of Mary Magdalene, her desire to dwell with the lost and the necessity of continuing to live.

The empty tomb is an illuminating symbol for interpreting theologically the wound of prenatal loss because, as Schüssler Fiorenza suggests, “the texts of the empty tomb tradition take suffering and death seriously but do not see them as having the ‘last word’ or a religious-theological value in themselves.”47 The empty tomb interrupts theological tendencies to view the cross in soteriological isolation and thus to regard suffering and obedient self-sacrifice as redemptive, salvific, or “revelatory’ of a higher, more important reality.”48 Yet it also does not cast suf-

46 Schüssler Fiorenza, Miriam’s Child, Sophia’s Prophet, 125.
47 Schüssler Fiorenza, Miriam’s Child, Sophia’s Prophet, 125.
48 Schüssler Fiorenza, Miriam’s Child, Sophia’s Prophet, 127.
ferring into the realm of meaninglessness. Instead, within the space of the empty tomb, the ultimate meaning of suffering and pain is woven together with the gentle hope reaffirmed by Christ’s resurrection.

Jones imaginatively explores the significance of the cross and tomb within the context of miscarriage. On the cross, Jones writes,

[t]he whole of the Trinity, , , takes death into itself. Jesus doesn't die outside of God but in God, deep in the viscera of that holy tripartite union. Because the union is so full, no part of God remains untouched by this death. It seeps into every corner of the whole body of persons. If this is true, then, yes, God becomes quite literally the site of dying.”49

The experience of prenatal loss reveals in the language of human bodies the deeply, divinely relational nature of Jesus’s death, a dimension of the crucifixion that is often overlooked. The pregnant woman becomes a communion of persons, one making room and one dwelling. When her child dies, the communion of her body does not cease. Her body, like the body of the Trinity, takes death of her child into itself. Among her organs and bones, she contains death. Her womb becomes a tomb, and yet she remains, somehow, alive.

Jones suggests that for Jesus’s disciples, the tomb represented not only the death of their friend but also of the hope they had placed in him, their hope in the kingdom: “In that cave where he is buried, that womb outside Jerusalem’s walls, we find not only the body of Jesus, his flesh torn in tortured death, but also the tissue of a future that would never be. Buried with him is a dead hope.”50 When Mary Magdalene finds the tomb empty, she finds not only Jesus resurrected but also, with him, her hope arising from its tomb within her soul.51 It is for this reason that, as Schüssler Fiorenza argues, “the empty tomb does not signify absence but presence: it announces the Resurrected One’s presence on the road ahead, in a particular space of struggle and recognition.”52

Like the empty tomb, the womb of a woman who has lost her child challenges facile or obvious interpretations. Both womb and tomb, in such cases, are holy spaces of in-between-ness—of the comingling of absence and presence, death and life, memory and hope. When womb becomes tomb, a woman may find herself like Mary Magdalene, weeping, quite literally beside herself. Her grief socially silenced and pastorally ignored and the nature and meaning of her loss replete with unanswerable questions, she, like Mary Magdalene, experiences alienation in multiple ways from self and society. Drawing an imaginative connection between the womb and the empty tomb, as the site of life, death, and resurrection, is not to draw a misleading soteriological link between a woman’s womb and the possibility of her redemption. Rather, the empty tomb is a rich symbol precisely because it helps to locate the theologically revelatory dimension of such loss not in the pastorally inadequate exhortation to “take up one’s cross,” to measure the assurance of salvation by the severity of one’s maternal suffering, but instead suggests the presence of an accompanying Christ who calls his friend by her name (“Mary!”53) precisely within her experience of hopelessness and disjunction. The empty tomb, the site of death and loss, becomes at the same time the site of re-membrance, re-cognition, re-incorporation. The tomb as a site of the encounter between life, death, and resurrection also reveals that any constructive pastoral or liturgical response to women who desire to mourn the loss of a pregnancy must take seriously its unique bodily and relational character. Mary’s transformation from despair

51 In the Roman Catholic liturgy, the Easter Sequence, sung on Easter Sunday morning, beautifully connects the resurrection of Jesus and the resurrection of hope: “Speak, Mary, declaring / What you saw, wayfaring. / ‘The tomb of Christ, who is living, / The glory of Jesus’ resurrection; / bright angels testifying, / The shroud and napkin resting. / Yes, Christ my hope is arisen; / to Galilee he goes before you.”
52 Schüssler Fiorenza, Miriam’s Child, Sophia’s Prophet, 126.
53 Jn 20:16.
to suspicion to recognition to hope is an essentially embodied and relational transformation: she stands outside, bends over, looks; she weeps; she listens, speaks, turns, is recognized and recognizes. It is then that she proclaims to the disciples, “I have seen the Lord” (Jn 20:18).

**Conclusion: The Empty Tomb in Practice**

The grief that followed my first miscarriage felt, among other things, painfully directionless. I realized that I ached for ritual—for a space within the liturgical life of the Church to spiritually lay to rest the baby I had never met, to join my prayers and laments with those of the community. The liminal nature of my early loss manifested itself in liturgical ambiguity: a baby never born receives neither Baptism nor funeral. I learned, by chance, of another woman in the parish who had recently miscarried. We collaborated with a priest in planning a prayer service based on the Blessing of Parents after a Miscarriage or Stillbirth in the *Book of Blessings*, selecting the empty tomb narrative as the Gospel reading for the service.

As the service approached, it occurred to us that perhaps there were more of us out there: women and families who had lost children in the womb who wanted to grieve with others but did not know where to go, who were never told they could. We placed a bilingual announcement in the bulletin of our small parish. As it turned out, there were more of us than we thought. By the time we began, almost two dozen people, mostly women, had crowded into the chapel with us.

After the Gospel was read, the priest invited those gathered to offer their own reflections. At first, there was silence. Then, in Spanish, a woman began to speak. She told the story of her recent, unexpected loss of an even more unexpected pregnancy. Her youngest child was fifteen, and her grown daughter was pregnant, too.

After her, another woman spoke of her daughter, who had died from a terminal bone disorder hours after she was born. Her voice was quivering but determined as she recounted the death that had occurred more than a decade prior. Months after the stillbirth, she recalled, she dreamt that her daughter appeared to her in a garden. Like Mary Magdalene’s encounter with the resurrected Christ, she did not recognize the girl in the garden until the girl dried her mother’s tears and told her not to cry any longer.

One woman compared viewing the black, blank space of her uterus projected onto the ultrasound screen in the hospital, confirming her miscarriage, to gazing into an empty tomb.

Another, an unmarried parishioner, had miscarried that January. She later said that she had come to the service under the pretense of supporting others but had no intention of revealing her own loss. Hearing other women speak, however, moved her to share her own story.

One after another, the women there gave words to their hidden grief. The sharing occurred spontaneously and organically. Some had lost babies recently. Others had borne the weight their losses silently for years, even decades. The service concluded with the invitation for those gathered to write the names of the children they had lost on candles and to lay these at the foot of a large image of the Virgin of Guadalupe, which had been placed in front of the altar. The final scene was an arresting one: a gently glowing groundswell of memories that, until that night, had never been brought to light; real losses finally named, publicly remembered, and communally held.

---

The purpose of the ritual was not to provide facile “closure” to the grieving process or to dispense pastoral answers to the painful questions, both medical and spiritual, that haunt such loss. It did what Christian ritual does: it drew the women there together into a community of memory and hope through shared participation in the life, death, and resurrection of Jesus. As Jones observed, it allowed those gathered to place the many kinds of loss that accompany prenatal death within the space of God’s own loss, represented by the tomb. It made present the gentle hope embodied by Christ who, raised from the dead, returned with his wounds to the site of his hasty burial to wipe the tear-stained cheeks of his dear friend, a women bewildered by grief.

Miller-McLemore contends, “Women’s modes of knowing are unsettling; they fly in the face of qualities valued and judged superior within the academy.”55 Taking seriously experiences of pregnancy loss discloses this capacity to unsettle hegemonic theological discourses, name pastoral oversights, and subvert taboos that silence and marginalize women’s embodied experience. As importantly, it exposes and works to unseat unacknowledged assumptions and exclusions operating just below the surface in feminist theology. It is only by first exposing these hidden things that we can advance a constructive project that moves beyond critique and toward the envisioning of communities, ministries, and rituals that are formed at the site of this imaginative open space, this empty tomb. As Howard states, “Churches meet an aching need when they offer a service, a public place, recognition, and prayers for those who have lost children in the womb.”56 Perhaps we should not only hope for such communities. We should expect them and—in our sorrow—give life to them.