


Rev. Jan Dziedzic

Pontifical University of John Paul II in Krakow

jan.dziedzic@upjp2.edu.pl

 <https://orcid.org/0000-0002-7229-8657>

The Family After the Prenatal Death of a Child. Theological and Moral Aspects

 <https://doi.org/10.15633/ps.26409>

Rev. Jan Dziedzic – dr hab., prof. UPJPII, dean of the Faculty of Theology of the Pontifical University of John Paul II in Krakow, head of the University of the Third Age at UPJPII, presbyter of the Archdiocese of Krakow. He coordinates international scientific cooperation and student exchange with the Ruhr University in Bochum. His scientific research focuses on theology and pastoral psychology as well as thanatology.

Article history • Received: 28 Aug 2022 • Accepted: 3 Oct 2022 • Published: 30 Dec 2022

ISSN 1428-5673 (print) • **ISSN** 2391-6575 (online) • Creative Commons Attribution 4.0 International (cc by 4.0)

Abstract

The Family After the Prenatal Death of a Child. Theological and Moral Aspects

The article is aimed at introducing the reader to the issue of the death of a child in the prenatal period and explaining difficult theological and moral aspects. The following issues are discussed: (1) The death of a child in the prenatal period, (2) The moral dilemmas of the mother after her baby's death (3) The duty to respect the body of a deceased child, (4) The moral duty to support the bereaved family. Miscarriage is most often due to a chromosomal abnormality (approximately 60–80% of cases) or other embryo/foetal problems and is rarely based on choices made by women. After the death of the child, one must remember to respect the corpse. The basic moral obligation towards the deceased body is its dignified burial. The funeral of a stillborn child is not only an expression of the respect for the deceased child, but also is important for the family. It is very often the key to going through the mourning, and the basis of Christian comfort. The presented article will help the reader better understand the problems of the family after the loss of a child, provide answers to the moral dilemmas arising in this context and to teach the right attitudes towards people experiencing mourning after the loss of a loved one.

Keywords: death of a child, moral dilemmas, funeral of a child, mourning, pastoral care

Abstrakt

Rodzina po śmierci dziecka w okresie prenatalnym. Aspekty teologiczno-moralne

Prezentowany artykuł przybliży czytelnikowi problematykę śmierci dziecka w okresie prenatalnym i wyjaśnia trudne kwestie teologiczno-moralne. W artykule zostały omówione następujące zagadnienia: (1) Śmierć dziecka w okresie prenatalnym, (2) Dylematy moralne matki po śmierci dziecka, (3) Powinność szacunku wobec zwłok zmarłego dziecka, (4) Powinność moralna wsparcia osieroconej rodziny. Poronienie najczęściej wynika z nieprawidłowości chromosomalnych (w około 60–80% przypadków) lub z innych problemów występujących w zarodku/płodzie i rzadko na podstawie wyborów dokonywanych przez kobiety. Po śmierci dziecka trzeba pamiętać o szacunku do jego zwłok. Podstawowym zobowiązaniem moralnym wobec zmarłego ciała jest jego godny pochówek. Pogrzeb dziecka martwo urodzonego jest nie tylko wyrazem szacunku do zmarłego dziecka, ale pełni również istotne znaczenie dla rodziny. Bardzo często jest on kluczem do przepracowania żałoby i podstawą chrześcijańskiego pocieszenia. Zaprezentowany artykuł pomoże czytelnikowi lepiej zrozumieć problemy rodziny po stracie dziecka, udzieli odpowiedzi na powstałe w tym kontekście dy-

lematy moralne oraz nauczy właściwych postaw wobec osób przeżywających żałobę po stracie kogoś najbliższego.

Słowa kluczowe: śmierć dziecka, moralne dylematy, pogrzeb dziecka, żałoba, wsparcie pastoralne

The discussion about the death of a child in the result of a miscarriage or stillbirth has been continued for many years. It focuses on medical-legal, psychological-ethical and theological issues. Until recently, there was a problem with the law regulations regarding the procedures that concern the remains of the children, especially in the case of miscarriages occurred in early pregnancy. The questions would arise in the situations when the parents asked for the body of their miscarried baby to be able to arrange the individual burial. The other question was how to proceed when the family is not interested in collection of the dead body.

Additionally, there are moral dilemmas related to feeling guilty of the miscarriage and to going through the mourning after such a severe loss as the death of the child, who had been, in many cases, long awaited. The surrounding people are obliged to help and must not remain unresponsive. This applies to the close relatives, to professional psychological supporters, if necessary, and also to the parish environment.

The article is aimed at introducing the reader to the issue of the death of a child in the prenatal period and explaining difficult theological and moral aspects. The following issues are discussed: (1) Death of a child in the prenatal period, (2) Mother's moral dilemmas after her baby's death (3) Duty to respect the body of a deceased child, (4) Moral duty to support the bereaved family.

1. Death of a child in the prenatal period

The death of a child may occur at various stages of life development. The most common cases are: miscarriage, stillbirth, death of a newborn and sudden infant death syndrome (SIDS)¹. Stillbirth should be distin-

¹ Cf. H. Lothrop, *Gute Hoffnung, jähes Ende*, München 2016, s. 30; G. Magill, *Threat of Imminent Death in Pregnancy: A Role for Double-Effect Reasoning*, „Theological Studies” 72 (2011) nr 4, p. 848–878.

guished from miscarriage. Time decides whether we are dealing with a miscarriage or a stillbirth. Stillbirth refers to the situation when the foetus is extracted after the 22nd week of pregnancy. In this case, the foetus does not show signs of life such as muscle contractions or heart rate. Miscarriage is the expulsion of the foetus from the mother's body before the 22nd week of pregnancy. This could be self-expulsion or expulsion requiring medical attention².

Gynaecological practice shows that „about 50–60% of pregnancies are lost spontaneously and most of these miscarriages occur very early in pregnancy”³. A miscarriage of a diagnosed pregnancy is called a clinical miscarriage. In Poland, there are about 40–45 thousand diagnosed spontaneous miscarriages each year, which in relation to live births is over 10%⁴. The death of a child may also occur as the result of premature birth, during the timely labour or post-partum. The death of a child before birth also happens as a result of an accident, the influence of toxic substances or due to a disease, various types of developmental disorders, including chromosomal pathologies, and for many other reasons, which could not have been recognized⁵.

It should be emphasized that as many as 20% of pregnancies are unsuccessful each year— they end with miscarriages, premature births or the diagnosis of a lethal defect. In most cases, parents are unprepared for the information about their child's death. Mothers who have not felt any physical signals yet are completely taken aback by a routine examination during which, for example, the baby's heart rate can no longer be detected⁶. Unfavourable termination of pregnancy, regardless of the fact whether there has been a miscarriage, stillbirth or termination of

2 Cf. K. Śpiewak, *Urodzenie martwego dziecka—uprawnienia z tego wynikające*, 18.06.2021, <https://adwokatspiewak.pl/urodzenie-martwego-dziecka/> (06.08.2022).

3 B. Chazan, M. Troszyński, *Wczesne niepowodzenia prokreacji*, w: *Rozpoznawanie płodności. Materiały edukacyjno-dydaktyczne dla nauczycieli NPR oraz zainteresowanych zdrowiem prokreacyjnym*, red. M. Troszyński, Warszawa 2009, p. 48.

4 Cf. B. Chazan, M. Troszyński, *Wczesne niepowodzenia prokreacji*, p. 49.

5 Cf. U. Dudziak, *Sytuacja rodziców doświadczających śmierci dziecka przed urodzeniem*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 182–183.

6 Cf. Sekretariat der Deutschen Bischofskonferenz, *Wenn der Tod am Anfang steht, Eltern trauern um ihr totes neugeborenes Kind*, Bonn 2005, p. 21.

pregnancy due to the medical indications, causes serious and irreversible consequences in the life of the woman, her family and environment⁷.

The following psychological symptoms characterizing loss of the child are listed: affective disorders, persistent mourning, problems with the emotional bond with the next child, unrealistic expectations, excessive feeling guilty, constant re-enactment of the tragedy, psychosomatic diseases, unstable relationships, alcohol abuse⁸. According to Clinton and Langberg „many women describe the emotional torment of the miscarriage as one of the most intense pains they have ever experienced in their lives”⁹.

2. Moral dilemmas of a mother after her child's death

Moral fault in miscarriage is very rare. However, the study conducted by the scientists from Montefiore Medical Center and Albert Einstein College of Medicine in 2013 indicates that as many as 47% of women, who had experienced miscarriage, were convinced of their guilt¹⁰. Quite often, feeling guilty is not the result of their moral misconduct, but perceiving the miscarriage as the personal failure. Moral offence means the violation of moral requirement, therefore guilt after a spontaneous miscarriage is a psychological category rather than a moral one.

Miscarriage is most often due to a chromosomal abnormality (approximately 60–80% of cases) or other embryo/foetal problems and is rarely based on choices made by women¹¹. Other factors, that women are not responsible for directly, are hormonal problems, structural defects of the uterus, infections and the mother's age.

7 Cf. A. Bubiak, J. Bartnicki, Z. Knihinicka-Mercik, *Psychologiczne aspekty utraty dziecka w okresie prenatalnym*, „Pielęgniarstwo i Zdrowie Publiczne” 4 (2014) nr 1, p. 70.

8 Cf. A. Bubiak, J. Bartnicki, Z. Knihinicka-Mercik, *Psychologiczne aspekty utraty dziecka w okresie prenatalnym*, p. 70.

9 T. Clinton, D. Langberg, *Counseling Women*, Michigan 2011, p. 198 (quoted in: A. Hussman, *A Pastoral Approach to Counseling Believers in Pregnancy Loss*, Mequon, Wisconsin 2015, p. 40, file:///C:/Users/Jadwiga/Downloads/Hussman.pdf).

10 Cf. S. Clark Miller, *The Moral Meanings of Miscarriage*, „Journal of Social Philosophy” 46 (2015) nr 1, p. 150–151.

11 Cf. S. Clark Miller, *The Moral Meanings of Miscarriage*, p. 150.

Would-be mothers feel guilty because they believe to have failed to live up to the expectations, being not able to give birth to the child. Even if it is a matter of chromosomal abnormalities, the pregnant woman is at least indirectly related to the miscarriage. Despite having no intention of abortion, the actual goal she desires, namely having a baby, has not been achieved, and the child has died¹².

After the miscarriage or stillbirth, mothers are convinced that they have failed in an ethical sense as well as in emotional and psychological ones. They also experience the feeling of having let down the foetus growing inside them. In addition, they may feel that they have disappointed their loved ones. A woman also can no longer trust her competencies as a potential mother because she has failed herself¹³.

After the miscarriage, many women say they have been betrayed by their bodies. At the decisive moment of pregnancy, their body failed by not doing what it should have. Thus the chance for the new life ceased¹⁴. A miscarriage can also undermine the self-confidence that women have in their ability to get pregnant again and have a baby¹⁵.

Making a moral judgment of the miscarriage requires a careful determination of the causes. The man is fully responsible only for the actions that he takes consciously and voluntarily¹⁶. In the case of a spontaneous miscarriage, there is no moral responsibility as the miscarriage was not caused on purpose. However, it should be remembered that „a direct termination of pregnancy, that is, intended whether as the aim or as the method, is always a serious moral disorder, since it is the act of voluntary killing an innocent human being. [...] No circumstances, no goal, no law in the world can justify the act that is unjustifiable by itself because

12 Cf. M. E. Beutel, *Der frühe Verlust eines Kindes: Bewältigung und Hilfe bei Fehl-Totgeburt und Plötzlichem Kindstod*, Göttingen 2002, p. 125.

13 Cf. S. Clark Miller, *The Moral Meanings of Miscarriage*, p. 149.

14 Cf. M. Frost, J. T. Condon, *The Psychological Sequelae Of Miscarriage: A Critical Review of the Literature*, „Australian and New Zealand Journal of Psychiatry” 30 (1996), p. 57.

15 Cf. S. Clark Miller, *The Moral Meanings of Miscarriage*, p. 148–149.

16 Cf. K. Smykowski, *Poronienie z perspektywy teologicznomoralnej*, in: *Prawa poczętego pacjenta. Zagadnienia interdyscyplinarne, teoria i praktyka*, red. B. Kmiecik, Warszawa 2018, p. 112–117.

it contradicts the Law of God, that is written down in the heart of each human, recognised by reason and preached by the Church”¹⁷.

John Paul II clearly states that „the attitudes which allow the direct killing of innocent human beings through abortion or euthanasia, are in total and irremovable contradiction to the inviolable right to life, applying to all people”¹⁸.

3. Duty to respect the body of a deceased child

The adverse termination of pregnancy is an extremely complex and delicate matter¹⁹. Dead embryos and fetuses, due to the fact that they became human beings, entered the community of persons and this gives them the title to a proper burial. This is not always possible, for example in the case of early embryos that die on their own and are excreted from the mother’s body beyond any human control. However, when it is possible, it is very important from the moral point of view to arrange a burial²⁰.

3.1. The obligation to respect the body of a deceased child

The death of a man is associated with the obligation to bury a dead body. A dead human body is called a corpse. This term refers directly to the past state, to the period when the body was not dead, but was simply a human body²¹. From the moment of death, the body ceases to function as a living organism and becomes a corpse. Life processes cease and are replaced with various post-mortem changes and decay processes. This is due to the arrest of cellular metabolism²².

¹⁷ John Paul II, *Evangelium vitae*, 62.

¹⁸ John Paul II, *Evangelium vitae*, 72.

¹⁹ Cf. S. K. Stadnicka, A. Bień, P. Gdańska, J. Piechowska, Poronienie i ciąża obumarła w aspekcie prawa — udział położnej w opiece nad pacjentką w sytuacji utraty ciąży, „Journal of Education, Health and Sport” 9 (2016) nr 6, p. 380.

²⁰ Cf. G. Hołub, Godność osobowa dziecka nienarodzonego, w: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 21–22.

²¹ Cf. J. Meller, Moralny aspekt wykorzystania zwłok ludzkich, „Studia Gdańskie” 21 (2007), p. 428–430.

²² Cf. P. Aszyk, Zwłoki, in: *Encyklopedia Bioetyki*, red. A. Muszala, Radom 2007, p. 652.

One of the differences between persons and human corpses is that a person has full rights and a corpse has only some of these rights, namely, the right to respect and the right to take into account the deceased person's last will²³. Respect for the dead is a consequence of the respect that we must show for every human being, because everyone was created in the image and likeness of God²⁴.

It should be noted that there is no difference between the corpse of an adult and that of miscarried and stillborn children²⁵. The Holy See has spoken on this subject many times. The Congregation for the Doctrine of the Faith teaches that „the corpses of human embryos or fetuses, coming from whether voluntary termination of pregnancy or not, should be respected like those of other human beings” (*Donum vitae* No. I, 4).

What's more, the Pontifical Council for the Pastoral Care of the Health Service, in the *Healthcare Workers' Charter* (No. 146), states that „an ultimate dead foetus deserves the respect that is a privilege of every deceased person”²⁶. A living human embryo in the early stages is also someone, not something, so after death his corpse requires the same respect as the bodies of other deceased people²⁷.

3.2. The burial of an unborn child

The death of a child in the result of a miscarriage or stillbirth involves the problem of burying the body²⁸. Since „a man becomes a man” from the moment of the conception, he should be treated with dignity at every moment of his life, also before birth, and once dead given a dignified fu-

23 Cf. J. Bremer, *Szacunek wobec ludzkich zwłok. Spojrzenie filozoficzno-prawne*, in: *Pedagogiczna refleksja nad życiem i śmiercią*, red. B. Grochmal-Bach, Kraków 2012, p. 23–44.

24 Cf. *Szacunek dla zmarłych*, <http://www.parafiabobola.pl/node/5985> (11.08.2022).

25 Cf. M. Wacker, *Abschied nehmen von meinem Kind. Wenn Willkommen und Abschied zusammenfallen—ein Kind kommt tot zur Welt*, in: *Abschied nahmen am Totenbett. Rituale und Hilfen für die Praxis*, München 2006, p. 66–67.

26 Pontifical Council for Healthcare Pastoral Care: *Healthcare Workers' Charter*, Vatican 1995, 146.

27 Cf. T. Biesaga, *Spór o moralny status człowieka w okresie prenatalnym*, „*Ginekologia i Położnictwo*” 6 (2006), p. 4.

28 Cf. B. Chazan, *Nieudane rodzielstwo—współczucie dla rodziców, szacunek dla ciała dziecka*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 209.

neral. For after death, a person has the right to a funeral, that is an expression of the respect for him²⁹.

The moral obligation to bury a human corpse has its natural justification, which arises from the belief that „it is not something, but it was Someone”, that it is not matter but the body remaining in a personal context, even if we cannot speak adequately of his personal dignity because he is no longer a person³⁰. The Instruction *Ad resurgendum cum Christo* of the Congregation for the Doctrine of the Faith from 2016 shows the theological sense of organizing burials of the bodies of the deceased: „By burying the bodies of the dead faithful, the Church reaffirms the faith in the resurrection of the body and intends to emphasize the high dignity of the human body as an inseparable part of the person whose history this body shares”³¹.

The obligation to bury the dead body of a person who died in the prenatal period also flows from the teaching of the Church’s Magisterium on reverence for human corpses. The Catechism of the Catholic Church indicates the duty character of the Christian funeral and defines it as an act of mercy on the body of the deceased: „The bodies of the deceased should be treated with respect and love flowing from faith and hope of the resurrection. The burying of the dead is a deed of mercy with respect to the flesh”³².

Although dead embryos and fetuses do not possess full personal dignity, they still partially participate in it. Due to the fact that they became human beings, they entered the human family, the community of persons, and this gives them the title to a proper burial. This is not always possible, as in the case of early embryos that die on their own and are excreted from the mother’s body beyond of any human control.

29 Cf. U. Nowicka, *Prawo do pochowania dziecka utraconego w wyniku poronienia wedle ustawodawstwa polskiego i kanonicznego*, „Łódzkie Studia Teologiczne” 26 (217) nr 4, p. 149.

30 Cf. P. Morciniec, *Pogrzeb nienarodzonego — między bólem straty a zobowiązaniem, in: Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, p. 111.

31 Kongregacja Nauki Wiary, *Instrukcja Ad resurgendum cum Christo dotycząca pochówku ciał zmarłych oraz przechowywania prochów w przypadku kremacji*, 3.

32 *Katechizm Kościoła katolickiego*, 2300.

However, if possible, the arrangement of the burial is a matter of the utmost importance³³.

The funeral of a stillborn child is not only an expression of the respect for the deceased child, but also is important for the family. It is very often the key to going through the mourning, and the basis of Christian comfort³⁴. This is pointed out in the *Healthcare Workers' Charter* from 1995 by the Pontifical Council for the Pastoral Care of the Health Service. The document says: „A foetus that is ultimately dead owes the proper respect like each deceased human being. It follows that it must not be destroyed as if he were a sort of waste. If possible, he is entitled to a proper burial” (KPSZ 146)³⁵.

4. Moral duty to support the bereaved family

After the death of a child, the family most often needs some support. Although in most cases the problem of grief resolves itself, in the event of the child's death, the grief may become more complicated and develop atypical (pathological) symptoms. The mourning family should be accompanied by a friendly person, a therapist or a priest. The idea is that the mourner could accept the child's death, work through his emotions and start his life anew.

4.1. Accompanying the bereaved by the relatives

Parents who are in pain after the loss of their child can work through their grief on their own or with the support of a therapist or the parish community³⁶. Yet, it is not advisable to mourn alone. Being open to

33 Cf. G. Hołub SDB, *Godność osobowa dziecka nienarodzonego*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 21–22.

34 Cf. H. Sławiński, *Duszpasterska opieka i głoszenie Dobrej Nowiny Chrystusa rodzicom dzieci zmarłych przed urodzeniem*, „*Polonia Sacra*” 37 (2014) nr 4, p. 141–157.

35 Cf. J. Dziedzic, *Wsparcie psychologiczno-pastoralne w przeżywaniu żałoby po stracie dziecka*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 167.

36 Cf. B. Miernik, *Poronienie samoistne jako doświadczenie rodzinne — psychopedagogiczne aspekty straty dziecka w okresie prenatalnym*, „*Fides et Ratio*” 29 (2017) nr 1, p. 262.

others helps you enter your new reality faster and reorganize your life. Accompanying in mourning should not be limited to the family, relatives, or friends, but be undertaken by the entire community³⁷. The real help means avoiding mistakes in the form of slogans, persuading that nothing has happened, indifference, aggression or escalating further difficult experiences³⁸.

First of all, the helper should be present standing by the bereaved. The presence at the side of the suffering person is a gift. It may be physical closeness, a prayer, a supportive gesture³⁹. There are many ways to be in contact with the mourning person: a visit, a walk together, a phone call. Sometimes it is important just to send an SMS or write a letter⁴⁰.

The ability to sympathize and cooperate, as well as to accompany the suffering person silently, is essential⁴¹. Sometimes, however, telephone advice is the only way to find someone to talk to anonymously and free of charge 24/7. Many clinics, especially such as „Open door”, also provide such personal advice⁴².

The person in mourning should be helped at all stages of its duration⁴³. In the early stages, the environment should help the bereaved to carry out their daily duties and make them feel not alone. The care should not go too far, because the mourner must not be incapacitated, he must continue to live independently. In the phase when intense emotions arise, it is important to share the experience with the bereaved, listen to him and be actually present. In order to be able to overcome grief successful-

37 Cf. W. Haunerland, *Das Begräbnis — eine wichtige pastorale Chance?*, „Pastoralblatt” 10 (2003), p. 302–308.

38 Cf. U. Dudziak, *Sytuacja rodziców doświadczających śmierci dziecka przed urodzeniem*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzek, Kraków 2013, p. 176.

39 Cf. P. Kelley, *Trost in der Trauer. Ein Begleitbuch*, München 1997, p. 149.

40 Cf. Ch. Zacker, *Richtiges Verhalten im Trauerfall. Kondolenzbriefe, Todesanzeigen, Trauerreden und Beileidsbezeugungen*, München 2005, p. 35–36.

41 Cf. U. Dudziak, *Sytuacja rodziców doświadczających śmierci dziecka przed urodzeniem*, p. 176; Ch. Zacker, *Richtiges Verhalten im Trauerfall*, p. 35–36.

42 Cf. Sekretariat der Deutschen Bischofskonferenz, *Wenn der Tod am Anfang steht Eltern trauern um ihr totes neugeborenes Kind*, p. 29.

43 Cf. D. Charles-Edwards, *Bereavement and Work*, „Bereavement Care” 20 (2001), p. 41–42.

ly, one must endure expressive emotions patiently, because this is the only way to return to stable life⁴⁴.

4.2. Therapeutic support for the family after the loss of a child

The loss of a long-awaited new family member affects everyone at home. It depends on the significance of this loss, their attitude towards the child and their roles within the family⁴⁵. The research has shown that it is normal for a family to feel grief after the loss of a child⁴⁶. For a long time. A therapist may begin the therapy by asking particular family members questions about the impact that the death of the loved one has had on them⁴⁷.

It is assumed that using the photos of the deceased in the therapy may help control painful emotions. In case of the child's death during the labour, the baby's belongings received from the hospital may be an impulse to facilitate conversation during the therapy⁴⁸.

The therapist can recognise the signs of feeling guilty, angry, or responsible by enabling individual family members to present their version of the death. The conversation helps him get to know better what abilities to cope with a difficult situation the family members have and what relations prevail between them⁴⁹.

In the therapy, it is important to know the bond between the spouses. Allowing both sides to present their version of the loss can make easier to understand the different ways of expressing grief⁵⁰. By listening to

44 Cf. T. Schnelzer, „Die Liebe hört niemals auf“ (1 Kor 13,8). Religionspsychologische und theologische Aspekte des Trauerprozesses, „Lebendiges Zeugnis“ 57 (2002), p. 207–209.

45 Cf. J. Ponzetti, *Bereaved Families: A Comparison of Parents' and Grandparents' Reactions to the Death of a Child*, „Omega” 25 (1992), p. 63–71; J. Dziedzic, *Wsparcie psychologiczno-pastoralne w przeżywaniu żałoby po stracie dziecka*, p. 163.

46 H. K. Bush Jr., *Grief work. After a child dies*, „Christian Century” 11 (2007), s. 36.

47 Cf. M. A. Sedney, J. E. Baker, E. Gross, „The Story” of a Death: Therapeutic Considerations with Bereaved Families, „Journal of Marital and Family Therapy” 3 (1994), p. 283–296.

48 Cf. J. Mc Bride, S. Simms, *Death in the Family: Adapting a Family System's Framework to the Grief Process*, „The American Journal of Family Therapy” 29 (2001), p. 59–73.

49 Cf. J. Oikonen, K. Brownlee, *Family Therapy Following Perinatal Bereavement*, „Family Therapy” 29 (2002) nr 3, p. 136.

50 Cf. J. Dziedzic, *Wsparcie psychologiczno-pastoralne w przeżywaniu żałoby po stracie dziecka*, p.164.

would-be mothers' accounts, men can better understand the magnitude of the pain and suffering women experience after losing the baby⁵¹.

The therapist acts as a guide in the family, helping them with the difficult task of sharing pain with all family members. The primary goal of the therapy is to strengthen family bonds, which are necessary to support each other, because the support received from outside is usually insufficient and weakens quickly⁵².

4.3. Pastoral care during mourning

Pastors and parishioners should be committed to helping those in mourning. The loss of a child is particularly acute, therefore such people should be given special pastoral care. The starting point should be the priest's sensitivity to the attitude and expectations of the family in which the miscarriage took place. Any concrete pastoral assistance is difficult when the parents want to keep the fact confidential and do not want to talk about it. The chaplain must respect their decision⁵³.

The information about the miscarriage, given by the spouses, becomes the basis for a dialogue and help. It should be emphasized that the first conversation about the loss of a child requires a lot of tact and pastoral sensitivity. You cannot be put under the time pressure. If necessary, dialogue should be continued in the parish office or in the family home. Being empathetic with the suffering spouses, one should find adequate words of comfort and encouragement. First of all, it should be a meeting between the priest and the both parents, and should not concern only the mother who has had a miscarriage, but also her husband. For the

51 Cf. J. Oikonen, K. Brownlee, *Family Therapy. Following Perinatal Bereavement*, „Family Therapy” 29 (2002) nr 3, s. 135; J. Dziedzic, *Wsparcie psychologiczno-pastoralne w przeżywaniu żałoby po stracie dziecka*, p. 164.

52 Cf. G. P. Koocher, *Preventive Intervention Following a Child's Death*, „Psychotherapy” 3 (1994), p. 377–382.

53 Cf. B. Mierzwiński, *Duszpasterstwo rodzin w kontekście śmierci dziecka nienarodzonego. Stan obecny i postulaty na przyszłość*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 123.

parents should be going through the painful experience of miscarriage together⁵⁴.

The key point in this pastoral dialogue is to look at the difficult event in the light of faith. A miscarriage is the death of someone who has not been born yet but has already passed away. Pastoral care should also apply to the funeral of the deceased child. The pastor or the parents may come up with the proposal, but the decision is taken ultimately by the parents. The value of this liturgical act of the Church must be emphasized. When discussing particular moments of the funeral, it is essential to explain its content and meaning to the spouses and other family members. If parents wish to do so, it is worth enabling them to choose readings and prayers, and to prepare their own common prayer⁵⁵.

Support for the mourners by the parish community should be a specific attitude expressed as the service of charity. For this reason consolation becomes understandable as a Christian task of faith, realized through service rooted in “God of all consolation” (2 Cor 1:3)⁵⁶. We should do everything in our power to reduce suffering, relieve pain, and help overcome mental suffering⁵⁷. The criterion inspiring the action should be the statement from the Second Letter to the Corinthians: “The love of Christ urges us on” (2 Cor 5:14)⁵⁸.

Accompanying requires patience on the part of the helper. It takes time to work through the mourning. Coming out of it can be easier than the contact with the Church community. Therefore it is important for pastors to invite people in mourning to participate in parish or diocesan prayer groups, to promote recreational and community events and to develop a conference program on mourning with the participation of specialists in various fields.

Visiting bereaved people in their homes, especially in the critical phase of the pain following the loss, can turn out to be very useful⁵⁹.

54 Cf. B. Mierzwiński, *Duszpasterstwo rodzin w kontekście śmierci dziecka nienarodzonego*, p. 123–124.

55 Cf. B. Mierzwiński, *Duszpasterstwo rodzin w kontekście śmierci dziecka nienarodzonego*, p. 124–125.

56 Cf. Benedict XVI, *Deus caritas est*, 39.

57 Benedict XVI, *Spe salvi*, 36.

58 Benedict XVI, *Deus Caritas est*, 33.

59 Cf. J. S. Turner, D. B. Helms, *Rozwój człowieka*, Warszawa 1999, p. 625.

It can be fruitful to involve gradually in parish activities those who have experienced bereavement in order to make them feel useful and enable them to exercise their abilities. It is also important to coordinate practical assistance initiatives for people and families in need. Through the indicated activities the parish helps mourning people, accompanies them in re-arranging their further life and working out new opportunities for their presence in the community life⁶⁰.

Conclusion

The death of a child is a traumatic experience that the whole family have to face. It results not only in mourning, but in a number of other complicated existential problems that need to be solved by the bereaved parents, relatives, therapists and pastors.

The loss of the child does not affect exclusively the parents, who often feel guilty for the child's death, but also the environment that is obliged to help the parents. They should be reassured that a spontaneous miscarriage does not violate the requirements of the moral law as it was not induced intentionally and there was no intention to cause death.

After the death of the child, one must remember to respect his corpse. The basic moral obligation towards the deceased body is its dignified burial. One cannot forget about the obligation to support the bereaved parents. Mourning should not be experienced in isolation, but in the community. The supportive group can be created by the closest people, therapists, and the members of the parish.

The article presented above is mentioned to help the reader in better understanding the problems of the family after the loss of their child, to provide answers to the moral dilemmas arising in this context and to teach the right attitudes towards people who are mourning after the loss of the most loved one.

⁶⁰ Cf. A. Pangrazzi, *Il lutto: un vaggio dentro la vita*, Torino 1991, p. 144.

References

- Aszyk P., Zwłoki, in: *Encyklopedia Bioetyki*, red. A. Muszala, Radom 2007, p. 652–657.
- Barton-Smoczyńska I., *Metoda pięciu kroków. Przekazywanie informacji o śmierci dziecka lub chorobie dziecka w czasie ciąży – komunikacja z ciężarną pacjentką*, „*Życie i Płodność*” 4 (2009), p. 43–49.
- Benedict XVI, *Deus caritas est*, Vatican 2005.
- Benedict XVI, *Spe salvi*, Vatican 2007.
- Biesaga T., *Spór o moralny status człowieka w okresie prenatalnym*, „*Ginekologia i Położnictwo*” 6 (2006), p. 1–5.
- Bremer J., *Szacunek wobec ludzkich zwłok. Spojrzenie filozoficzno-prawne*, in: *Pedagogiczna refleksja nad życiem i śmiercią*, red. B. Grochmal-Bach, Kraków 2012, p. 13–44.
- Bubiak A., Bartnicki J., Knihinicka-Mercik Z., *Psychologiczne aspekty utraty dziecka w okresie prenatalnym*, „*Pielęgniarstwo i Zdrowie Publiczne*” 4 (2014) nr 1, p. 60–78.
- Bush H. K. Jr., *Grief work. After a child dies*, „*Christian Century*” 11 (2007), p. 36–39.
- Chazan B., *Nieudane rodzicielstwo – współczucie dla rodziców, szacunek dla ciała dziecka*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 207–214.
- Chazan B., Troszyński M., *Wczesne niepowodzenia prokreacji*, in: *Rozpoznawanie płodności, Materiały edukacyjno-dydaktyczne dla nauczycieli NPR oraz zainteresowanych zdrowiem prokreacyjnym*, red. M. Troszyński, Warszawa 2009, p. 48–52.
- Clark Miller S., *The Moral Meanings of Miscarriage*, „*Journal of Social Philosophy*” 46 (2015) nr 1, p. 141–157.
- Clinton T., Langberg D., *Counseling Women*, Michigan 2011.
- Dudziak U., *Sytuacja rodziców doświadczających śmierci dziecka przed urodzeniem*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 175–198.
- Dziedzic J., *Spór o eutanazję*, Kraków 2005.
- Dziedzic J., *Kontekst pastoralny śmierci dziecka przed urodzeniem*, „*Polonia Sacra*” 25 (2021) nr 2, p. 77–92.

- Dziedzic J., Wsparcie psychologiczno-pastoralne w przeżywaniu żałoby po stracie dziecka, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 153–174.
- Frost M., Condon J. T., *The Psychological Sequelae Of Miscarriage: A Critical Review of the Literature*, „Australian and New Zealand Journal of Psychiatry” 30 (1996), p. 54–62.
- Guzdek P., *Rozpoznaj swoje dziecko we mnie. Rzecz o poronieniu samoistnym dziecka i jego pogrzebie*, Kraków 2017.
- Hołub G., *Godność osobowa dziecka nienarodzonego*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 11–22.
- Hussman A., *A Pastoral Approach to Counseling Believers in Pregnancy Loss*, Mequon, Wisconsin, 2015, p. 1–128.
- John Paul II, *Evangelium vitae*.
- Katechizm Kościoła katolickiego, Poznań 1994.
- Kongregacja Nauki Wiary, *Instrukcja Ad resurgendum cum Christo dotycząca pochówku ciał zmarłych oraz przechowywania prochów w przypadku kremacji*, Watykan 2016.
- Lothrop H., *Gute Hoffnung, jähes Ende*, München 2016.
- Magill G., *Threat of Imminent Death in Pregnancy: A Role for Double-Effect Reasoning*, „Theological Studies” 72 (2011) nr 4, p. 848–878.
- Makselon J., *Paradoks śmierci – Analiza psychologiczna*, „Communio” 3 (2012), p. 23–33.
- Meller J., *Moralny aspekt wykorzystania zwłok ludzkich*, „Studia Gdańskie” 21 (2007), p. 427–440.
- Miernik B., *Poronienie samoistne jako doświadczenie rodzinne – psychopedagogiczne aspekty straty dziecka w okresie prenatalnym*, „Fides et Ratio” 29 (2017) nr 1, p. 257–265.
- Mierzwiński B., *Duszpasterstwo rodzin w kontekście śmierci dziecka nienarodzonego. Stan obecny i postulaty na przyszłość*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, p. 117–126.
- Morciniec P., *Pogrzeb nienarodzonego – między bólem straty a zobowiązaniem*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. J. Dziedzic, P. Guzdek, Kraków 2013, s. 99–115.

- Nowicka U., *Prawo do pochowania dziecka utraconego w wyniku poronienia wedle ustawodawstwa polskiego i kanonicznego*, „Łódzkie Studia Teologiczne” 26 (2017) nr 4, p. 147–159.
- Pontifical Council for Healthcare Workers, *Charter of Health Workers*, Vatican 1995.
- Sekretariat der Deutschen Bischofskonferenz, *Wenn der Tod am Anfang steht, Eltern trauern um ihr totes neugeborenes Kind*, Bonn 2005.
- Sławiński H., *Duszpasterska opieka i głoszenie Dobrej Nowiny Chrystusa rodzicom dzieci zmarłych przed urodzeniem*, „Polonia Sacra” 37 (2014) nr 4, p. 141–157.
- Sławiński H., *Homilia podczas pogrzebu dzieci zmarłych bez chrztu*, in: *Od bólu po stracie do nadziei życia. Pogrzeb dziecka poronionego*, red. ks. J. Dziedzic, P. Guzdek, Kraków 2013, p. 127–152.
- Smykowski K., *Poronienie z perspektywy teologicznomoralnej*, in: *Prawa poczętego pacjenta. Zagadnienia interdyscyplinarne, teoria i praktyka*, red. B. Kmiecik, Warszawa 2018, p. 111–118.
- Stadnicka S. K., Bień A., Gdańska P., Piechowska J., *Poronienie i ciąża obumarła w aspekcie prawa – udział położnej w opiece nad pacjentką w sytuacji utraty ciąży*, „Journal of Education, Health and Sport” 9 (2016) nr 6, p. 379–390.
- Wacker M., *Abschied nehmen von meinem Kind. Wenn Willkommen und Abschied zusammenfallen – ein Kind kommt tot zur Welt*, in: *Abschied nehmen am Totenbett. Rituale und Hilfen für die Praxis*, Gütersloher Verlagshaus, München 2006, p. 66–80.
- Zacker Ch., *Richtiges Verhalten im Trauerfall. Kondolenzbriefe, Todesanzeigen, Trauerreden und Beileidsbezeugungen*, Wilhelm Heyne Verlag, München 2005.
- Zwoliński A., *Ars moriendi. Sztuka towarzyszenia umierającym*, Poznań 2016.