Recognition, Ritual, and Remembrance:

Exploration of the Jizo ceremony's wisdom to address the gap in care for families experiencing early pregnancy loss

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Abstract

Comprehensive care, including the emotional and spiritual, has become the gold standard for families experiencing later pregnancy loss. But for people who experience early pregnancy loss, complete care is often lacking, even though research describing best practices is available. The wisdom of the Jizo ceremony (as it is now known in the West), a Buddhist ritual called Mizuko Kuyo that originated in Japan after World War II, reveals ways to address this gap in care. This exploration focuses on three themes: recognition, ritual, and remembrance, all relevant to both health care providers and chaplains. Current evidence-based care around pregnancy loss aligns well with these themes. Providing holistic care to early pregnancy loss families has a beneficial impact on the experience of miscarriage itself and offers pathways to reduce suffering in the long-term.

Table of Contents

Introduction 5

Background 7

Early Pregnancy Loss Background 7

A Gap in Care 8

Challenges in Caring for these Families 11

Evidence-based Practices in Early Pregnancy Loss 12

Jizo Bodhisattva: A bodhisattva for pregnancy loss, a brief background 14

Jizo's Ceremony: A brief history of Mizuko Kuyo 16

Cultural Considerations 17

Introduction of Mizuko Kuyo in the West 18

Adaptation of Mizuko Kuyo in the United States 19

Elements of the Jizo Ceremony 21

Ritual in the Modern World 22

The Power of a Dedicated Infant and Pregnancy Loss Ritual 23

Themes and Applications 25

Exploration of the Jizo Ceremony's Wisdom in Addressing the Gap in Care for Early Pregnancy Loss Families 25

Recognition 26

Applications of Recognition for Health Care Providers 26

Applications of Recognition for Chaplains 28

Integration: How my care has changed through chaplaincy training 30

Ritual 31

Applications of Ritual for Health Care Providers 31

Applications of Ritual for Chaplains 33

Integration: Ritual in a Health Care Setting 35

Remembrance 36

Applications of Remembrance for Health Care Providers 36

Applications of Remembrance for Chaplains 37

Integration: How my care has changed through chaplaincy training 38

Conclusion 39

References **41**
Appendix A: Jizos in Japan **43**
Appendix B: Altar **44**
Appendix C: Jizo Ceremony by Yvonne Rand **45**
Appendix D: Example of Jizo Ceremony **46**
Appendix E: Introduction to and Example of Jizo Ceremony **47**
Appendix F: Ceramic Heart **51**
Appendix G: Banner from "A Service of Hope, Blessing, and Remembrance **52**
Appendix H: Patient Education Resource **53**
Appendix I: Jizo Bodhisattva photo **55**
Appendix J: Jizo Bodhisattva photo **56**
Acknowledgment and gratitude **57**

Introduction

As a nurse-midwife, I often work with families experiencing early pregnancy loss, which has traditionally been defined as occurring at less than 20 weeks gestation. Within my healthcare setting, I see a gap in care for these families. My healthcare system, and indeed many across the United States, offers a much more developed care protocol and resources for later pregnancy loss (≥ 20 weeks gestation). For early pregnancy loss, we address the immediate medical decision-making around miscarriage, ectopic, or molar pregnancy, but don't provide consistent follow up that includes the emotional and spiritual aspects of these losses.

The Jizo ceremony (also known as Mizuko Kuyo or Water Baby ceremony) was brought to the United States in the late 1960s from Japan and has been adapted for Western culture. Through the exploration of the Jizo ceremony and its pertinent wisdom or themes, my hope is to offer both health care providers and chaplains methods to address this gap in care. The themes of recognition, ritual dedicated to pregnancy loss, and tangible remembrance (as with a Jizo garden), reflect current evidence-based care for early pregnancy loss.

At the outset, I want to specifically recognize that a person who experiences pregnancy and pregnancy loss may have a different gender identity than female. My intention is to use inclusive language whenever possible when this use does not compromise clarity or change quoted material. I will use the word "partner" to describe the pregnant person's significant other but recognize that a partner is not necessarily involved. I use the term "families" in referring to the pregnant individual and their support people. Additionally, whenever discussing pregnancy health related issues in the United States, it is imperative to acknowledge that sharp racial disparities exist and persist, burdening especially Indigenous, Alaska Native and Black women (Hill et al., 2024). While my capstone does not specifically address reproductive justice as an

issue, it is critical to hold this in mind when serving families from all backgrounds and to continue working for system change to rectify the pressing and significant inequities.

As the origin of Mizuko Kuyo was to specifically address the aftermath of abortion in post-WWII Japan (described in detail below), I also want to acknowledge that abortion is a highly polarized issue in the United States. Because of this political polarization, those who have an elected abortion are not given a place for their often-complex emotions including grief, that may follow the procedure (Gandhi, 2021). My hope is that regardless of political stance, the reader will bring an openness to the range of emotional and spiritual experiences related to both abortion and early pregnancy loss.

Finally, as a way of introduction, I want to offer a sense of my connection to Jizo Bodhisattva which is both professional and personal. One of my chaplaincy training cohort members acquainted me with the Water Baby ceremony at the beginning of the program. She thought I might be interested due to my work as a nurse-midwife. Her introduction set into motion a deep connection to Jizo, my capstone project, and the discovery of an area in my clinical practice within which I can integrate chaplaincy training. This opportunity to make a connection between the chaplaincy training and my lifelong work dedicated to reproductive health and pregnancy care has re-energized me as a health care provider.

While I have not experienced pregnancy loss, the archetypal energy of Jizo Bodhisattva has been one of healing in my own life. I am moved by the energetic qualities of Jizo including fearlessness, optimism, determination, love for all beings, capacity to span realms and come alongside even in the worst difficulty. The energy of Jizo travels the entire range of the human condition including “the dark underside” to “light the way out” which “takes faith off the meditation cushion into the night of the soul, wide-eyed and open-handed into humanity’s griefs,

mistakes, broken hearts, and hurting wounds" (Bays, 2002, p. XIII). Along with almost two-thirds of adults (Swedo et al., 2023), I sustained an "adverse childhood experience" in the form of sexual trauma. In the therapeutic work of reprocessing and integrating trauma, I realized Jizo was present all along even though I hadn't had a name for this being and support. I began to recognize the felt sense of this archetypal energy present in the "hell realm," giving no fear, never abandoning, and lighting a path of restoration. These are qualities I have called forth in myself to enact healing and yet that does not feel like a complete understanding. A fuller understanding includes a sense of the sacred and mystery in the sheer generosity of this profound and love-infused support. Jizo Bodhisattva has come to represent for me the work of inner and outer chaplaincy and engaged practice. This is the aspiration and practice dedicated to embodying these qualities and building the capacity for being in a courageous, wise, and compassionate relationship with all that arises in my own life and in service to others. Jizo Bodhisattva is compassion with "a singed robe" and "its sleeves rolled up" (B. Lahn, personal communication December 7, 2024) and in this case, ready to accompany early pregnancy loss families.

Background

Early Pregnancy Loss Background

Pregnancy loss prior to mid-point in pregnancy happens more often than most people are aware. According to Mayo Clinic (2023), between 10-20% of recognized pregnancies end in miscarriage. "Approximately 80% of all cases of pregnancy loss occur within the first trimester"(ACOG Committee on Practice Bulletins, 2018). "Miscarriage is defined as an unintended loss or interruption of pregnancy up to the 20th week of pregnancy in the United States" (Lee et al., 2023, p. 52). Common risk factors associated with early pregnancy loss

include chromosomal abnormalities, advanced maternal age, compromised parental health, and substance use. Chromosomal abnormalities are the most frequent cause and account for about half of these losses.

A Gap in Care

In my OB/GYN clinic setting, we often care for families experiencing early pregnancy loss. To manage the scope of my capstone project, I will focus primarily on miscarriage, but want to acknowledge that this gap in care is also relevant for those who seek abortion. As a clinician, the lack of complete and holistic care around early pregnancy loss has felt dissatisfying and, at times, distressing. We meet a pregnant person, often for the first time, when they have symptoms (e.g., vaginal bleeding or pain) or receive unexpected news at the first ultrasound that the pregnancy is nonviable. The clinician's role in that moment is to help families understand the situation, evaluate the symptoms if present, and address medical decision making. Unlike our program supporting families after later pregnancy loss, we do not have a developed care protocol for early pregnancy loss beyond the clinical aspects. Since expectations are not defined, these families are often deprived of acknowledgment and communication around the emotional and spiritual impacts the loss may have, as well as support and resources available.

To give a human face to the statistics, I offer a story of a recent patient who experienced an 11-week pregnancy loss. Sandy and her husband Rick (all patient names in the paper have been changed to maintain confidentiality) had a long journey to conception and eventually became pregnant through in vitro fertilization. Despite having a normal early pregnancy ultrasound in the 7th week, she experienced vaginal bleeding at the end of the 10th week of pregnancy. She called the nurse line to report menstrual-like cramping and vaginal bleeding, so another ultrasound was ordered. The ultrasound showed the baby had grown as expected and had

a normal heartbeat. She felt reassured by these results. Her symptoms increased overnight, and the next day she experienced a miscarriage at home. Again, after communication through the nurse line, they decided on chromosomal testing of the fetus, so Rick brought the baby and pregnancy tissue to drop off at the lab. I met with them two weeks later for their scheduled follow up.

While their appointment was in the middle of a busy clinic day, I set the intention to slow down and offer whatever amount of time and attention they needed. At the outset of the visit, I acknowledged their pregnancy loss and my hope that the visit would be a safe space for them. After we talked through Sandy's physical recovery, I asked if they wanted to share anything that could have made the experience feel more supported. Sandy described how she felt wholly unprepared for the experience of miscarriage itself. She described a lot of pain which felt like what she imagined "labor" would feel like, surprise at the amount of bleeding, and the emotional difficulty in passing the tiny baby and sac. The triage nurse described that a miscarriage would feel like a "bad period." This did not match Sandy's experience, and she described both grief and feeling adrift by the intensity of the physical and emotional experience. She also reported recurring thoughts about what she might have done to cause the miscarriage, that her mental health was suffering (she has a history of anxiety and depression) and that not having a connection until the follow-up appointment was challenging.

Her husband Rick described a negative experience bringing the baby and pregnancy tissue into the lab. He came to the lab as instructed by the nurse line, but the lab staff did not know why he was there initially. He said the lab employee was gruff with him and told him to sit down while she figured things out. The lab employee then took the container he had brought the baby in without any acknowledgement of his loss. He described that his focus since the

miscarriage was waiting for the chromosomal results and problem solving about what they could do “next time.” We reviewed the chromosomal results, which did show a triploidy (a type of chromosomal abnormality) which is not thought to be recurrent. This provided them some relief but both Sandy and Rick were still palpably struggling in the aftermath of the pregnancy loss. In reflecting on their experience, I know we can do better for these families and create conditions that would result in less suffering.

My sense of missing an important opportunity mirrors research on early pregnancy loss families’ experiences with health care. *Toward Optimal Emotional Care During the Experience of Miscarriage: An Integrative Review of the Perspectives of Women, Partners, and Health Care Providers* (Lee et al., 2023) describes a study that aimed to synthesize research (sixty articles met inclusion criteria) on miscarriage care including the perspectives of the person experiencing the loss, the partner, and clinicians. Both those experiencing miscarriage and their partners felt their loss was not treated as significant, emotional pain was often not acknowledged, and information and communication were difficult or absent.

> Dissatisfaction with care in the initial stages of treatment is an important finding because the quality of care, emotional support, and interactions with HCPs (health care providers) can positively or negatively influence the experience of miscarriage. Evidence has shown that women and their partners who report satisfaction with their care following miscarriage are less likely to experience depression, anxiety, and perinatal grief. (Lee et al. 2023, p.52)

Areas of care that patients named as beneficial, included acknowledgement of the loss, sensitive language and mode of information delivery, detailed and written information about diagnosis and treatment options, time to process the diagnosis, privacy, individualization of care, discussion of

memorial services and follow-up care. Improved care for these families can have short and long-term impacts on well-being.

Challenges in Caring for these Families

The evidence reflects my own experience that lack of perinatal loss-related training, emotional bandwidth, adequate time, and institutional constraints are all barriers to integrated care for early pregnancy loss families. In my health care setting, because the nurse practitioners are the ordering providers for the first pregnancy ultrasound, we see the majority of those who are diagnosed with a non-viable pregnancy. Barriers to comprehensive care are multi-fold. Due to the frequency of early pregnancy loss, a risk exists that this type of visit becomes "routine" in which the provider is disconnected from the impact of the experience on the patient. These visits are booked for a short amount of time amid an already busy clinic schedule. It is also common that these visits are "worked in" (added onto an already full schedule) when an ultrasound shows an unexpected outcome or if someone has symptoms like pain or vaginal bleeding. While we are trained in the clinical management of miscarriage, familiarity in emotional and support aspects of perinatal loss are lacking in advanced practice nursing and medical education. Training in effective and sensitive communication around pregnancy loss is inadequate. We lack the developed skillset to create a "care container" for people who are often in shock and experiencing grief. Creating this container requires slowing down, which can be a near-impossible task in a health care setting. While we have written patient information in my health system about the diagnosis and treatment options for miscarriage, patients do not consistently receive pregnancy loss resource information. We do not have a set expectation about follow-up, so this aspect of care also varies provider-to-provider. In my experience, care cannot be complete without a follow-up appointment.

Evidence-based Practices in Early Pregnancy Loss

Acknowledgment and recognition of the pregnancy loss has been cited in multiple sources as important to the pregnant individual and partner.

> Women rated care favorably when they felt that HCPs treated them as individuals experiencing something meaningful and distressing, acknowledging both the emotional and physical components of the loss. Women reported they were not looking for specialized counseling skills, but rather that HCPs were just present, actively listening to their experience, and taking the time to identify their feelings and needs. This offered a sense of validation for their thoughts and feelings. (Lee et al., 2023, p. 54)

Determining the meaning of the pregnancy loss to the individual or couple is foundational to providing appropriate care. “Groundbreaking research by Limbo and Wheeler (1986) uncovered a key factor of miscarriage experience that continues to underpin contemporary care. Some women did not view their miscarriage as a significant loss (25%) and others were deeply bereaved” (75%) (Limbo & Hensel, 2022, p.53). Clinicians need to evaluate how the loss is perceived. This informs what language to use (e.g., end of pregnancy vs loss of a baby) and how to individualize care. Recognition also includes exploring and normalizing potential differences in response between partners.

For those who are bereaved, research suggests that memorials, an expression of ritual, can be an important aspect of healing. “Some women reported memorials as a potentially powerful way to validate their loss and identified such experiences as significant in helping them cope. Remembrance services were often sought out by families who had experienced miscarriage” (Lee et al., 2023, p.56). As health care providers, we can offer the suggestion for a memorial from something quite simple to a more formal expression (e.g., October Memorial services, a Jizo ceremony, or connection to Spiritual Care to help create a ritual). Memorials

recognize both the parenthood of the person who has experienced the loss as well as the "personhood" of the baby. "If you hear the word "baby," acknowledge parenthood by encouraging rituals that exemplify parenthood" (Limbo & Hensel, 2022, p.53).

Respectful disposition refers to how the fetus/pregnancy tissue will be handled and acknowledges both the parenting relationship and "personhood" of the baby. It also supports a path for processing the loss and yet, is often not communicated directly for those who experience a miscarriage at home. This discussion is the standard of care if a patient opts for a procedure like a dilation and curettage (D&C), as the hospital needs to follow parental wishes for fetal disposition. Yet, families choosing miscarriage at home are often left out of this information and on their own to figure out fetal disposition. "The significance of personhood, place, and protection merits respectful disposition of early pregnancy loss as a standard of care" (Limbo & Hensel, 2022, p.106). Women have described a lack of guidance and uncertainty in what to do with the fetus/pregnancy tissue when having a miscarriage at home. Often people flush the fetus/pregnancy tissue down the toilet in not realizing other options exist. While this is a reasonable option if chosen deliberately, it has been described as creating significant distress and regret (*Bereavement Training: Perinatal Death*, 2024). Health care providers need to include direct discussion and options for respectful disposition. This includes (following specific state laws) the choice for toilet flushing, burial in one's yard (if an outdoor space is available), returning the remains to the hospital to go to a local cemetery (e.g., Hillside Cemetery in the Twin Cities accepts such remains) for group cremation and distribution of ashes in a communal burial area, or an individual arrangement with a funeral home. Respectful disposition supports both memorial and remembrance.

Remembrance has been cited as important to those who have experienced an early pregnancy loss (Limbo & Hensel, 2022). Memory making is more challenging in early pregnancy loss due to the less tangible nature of the loss. Parents may have an ultrasound picture, but don't have the opportunity for photos, or for hand and footprints that are created in later loss. My clinic offers a ceramic heart (see Appendix F) to these families as something concrete and as an encouragement for memory making in the way that feels right to the individual or couple. Some families have created a specific place in their home or garden or have jewelry made as physical remembrances. The other aspect of remembrance is the normalization and invitation for ongoing relationship in whatever way that is supportive and meaningful to the individual. In the past, the advice was to not see, name, or keep the baby or pregnancy loss in mind. Dojin Sarah Emerson, a Zen priest, and grief counselor offered the following, "the prevailing wisdom now is finding your way to ongoing relationship with the person who died…an integrated loss means you stay in relationship" (S. Emerson, personal communication, April 11, 2024).

Jizo Bodhisattva: A bodhisattva for pregnancy loss, a brief background

A bodhisattva is one who is dedicated to the well-being of others and puts off their own enlightenment until "every single being has also crossed over out of needless suffering and been brought to freedom" (Bays, 2002, p.7). "In Mahayana Buddhism, the term "bodhisattva" can refer to both ordinary people who have taken the bodhisattva vow…and to primordial bodhisattvas who epitomize particular spiritual values" (Buddhism A-Z, n.d., Section Bodhisattva). Jizo Bodhisattva is one of the primordial bodhisattvas whose qualities are "equanimity, benevolence, no fear, fully responsible, engaged in life and unquenchable optimism" (Bays, 2002, p.225-227). Jizo is one of the four great Mahayana bodhisattvas, and the one with "the greatest vows" which includes not becoming a Buddha until "the Hells are empty"

(Bays, 2002, p. XII). Jizo has come to be known, among other duties that include "a protector of travelers and a guide to the afterlife," as the protector of children including the deceased (Leighton, 2012, p. 211).

Jizo Bodhisattva adapted to new countries and cultures as Buddhism spread, initially along the Silk Road and more recently to the West. While often portrayed as a simple male monk, Jizo is at times portrayed as female with a long-standing connection to the feminine and women's concerns. Jizo is viewed as accessible and engaged in daily human life. Jizo is also known as Earth Store Bodhisattva, Ti-tsang in China, and Kshitigarbha in India.

> In English Jizō means "Earth Storehouse" or "Earth Womb." In many ways Jizō relates to the ground and to our earth…we might conceive of Jizō symbolically as the earth mother bodhisattva…Jizō expresses many aspects of mothering, as well as of male nurturing and protective functions. (Leighton, 2012, p.212)

Due to Buddhism's adaptability, the religion including Jizo "assimilated into the new cultures…through intermarriage with indigenous religious practices and folk beliefs he also assumed new powers and functions" (Bays, 2002, p.96). Jizo is considered the guardian of those "in difficult or potentially dangerous transitions such as pregnant women and young children. In the last three hundred years he has come to be seen as a particular caretaker of infants and children who have died" (Bays, 2002, p. 4).

> Jizō's role as a protector of women dates back to the *Sutra of the Past Vows* and appears through East Asian history up to the present…Jizō has continued to have a special relationship with women, sometimes as a healing figure for women's ailments, and also a protector of children in Japan…in modern Japan, Jizō is much revered by women and has

gained prominence in ceremonies to aid the spirits of abortions and deceased children. (Leighton, 2012, p.221)

Jizo's Ceremony: A brief history of Mizuko Kuyo

In Japan, Jizo Bodhisattva is revered for a variety of protective activities including being the guardian of babies who die before or shortly after birth. This includes miscarriage, stillbirth and particularly abortion around which the Mizuko Kuyo developed. The word Mizuko translates in English as water baby. Water baby "is a description of the unborn, beings who float in a watery world awaiting birth…includes not only fetuses and the newly born, but also infants up to one or two years of age whose hold on life in the human realm is still tenuous" (Bays, 2002, p.38). The term Kuyo means memorial rite, so together the words Mizuko Kuyo translate as Water Baby ceremony. Traditionally in Japan, as part of the Mizuko Kuyo ritual "a family may purchase a small statue of Jizo to place in an area especially designated for Jizo statues, often containing rows of hundreds of Jizos (Bays, 2002, p.50). People make offerings to the Jizo statues, as acts of caretaking, including toys, knitted hats and red bibs (see Appendix A). "Cemeteries behind Japanese temples house many stone Jizōs, which often have red bibs around their necks and are surrounded by toys and candy left in commemoration of and for the benefit of the spirits of specific deceased children and aborted fetuses" (Leighton, 2012, p.222). The sight of a Jizo cemetery can be enormously powerful in the sheer number of statues.

Mizuko Kuyo is not "an ancient practice" but developed post WWII as a response to a specific experience of human suffering. In this case, the suffering was related to women's reproductive experience and a lack of reliable birth control in Japan, additionally fueled by economic hardship in the 1960s that led many women to have abortions. Due to several factors in Japan, "abortion became and still remains a primary form of birth control…one in three

pregnancies ended in abortion in 1989. In 1960 it was two in three" (Bays, 2002, p.43). Access to effective birth control is still a challenge today. "Japan lags other developed countries on reproductive rights beyond sterilization. Neither the birth control pill nor intrauterine devices are covered by national health insurance…The most common form of birth control in Japan is the condom" (Rich & Notoya, 2024).In the context of Japanese women's reproductive reality, Mizuko Kuyo developed to address the psychological and spiritual impact abortion had on women.

> The popularity of mizuko ceremonies indicates that many people feel sorrow or shame over abortion. It is a great consolation to those who suffer over abortion to believe that Jizo Bodhisattva protects and guides all children, those who die early and those who live. (Bays, 2002, p.53)

Cultural Considerations

Before moving on to the adaptation of Mizuko Kuyo in the West, it is important to recognize that this ceremony has not been without controversy. Having a sense of the differences between the Buddhist concept of death and the Western perspective is a helpful building block in understanding the controversy. "In the West, we view life as a discrete, personal event…Our life has a start, and a stop point. The Buddhist concept of life is different…death is not the end of life but one step in a dynamic of change that has no beginning or end" (Bays, 2002, p.55). An abortion, in the Buddhist view, is more like a pause button where the fetus returns to the "watery world awaiting birth." A second point in understanding is the Japanese Buddhist belief that the aborted fetus "may cause harm to the living, especially to its mother or her family…a chief concern of Mizuko Kuyo, one represented in both the primary sources and much scholarly work on the ritual, is to prevent spirit attacks (*tatari)*" (Wilson, 2009, p. 8). Many physical ailments

and misfortune of all kinds have been blamed on tatari and Mizuko Kuyo offers a solution, a way to formally appease the fetal spirit. “In these ceremonies the mothers and sometimes the fathers and siblings of aborted fetuses petition Jizō to help aid the child spirits to find peace and happy rebirths (Leighton, 2012, p.222). This fear has been taken advantage of and for some temples Mikuzo Kuyo became a big business. “At its worst, the Mizuko Kuyo has become a vehicle for deliberately enhancing and exploiting the feelings of guilt people have after abortion” (Bays, 2002, p.44). While important to understand potential harm generated by Mizuko Kuyo, the ceremony has provided solace for many and a way to reconcile the common experience of abortion.

Introduction of Mizuko Kuyo in the West

“Mizuko Kuyo came to the United States in the 1960s” originally through Japanese American Buddhist temples (Wilson, 2009, p.52). Seeds were planted in the North American Zen community through Suzuki Roshi, the founding teacher of the San Francisco Zen Center, when he introduced Jizo to his student Yvonne Rand. This introduction happened through a simple funeral ceremony in 1969 for a friend who had died in a train accident. A few years later, she had an abortion for an unintended pregnancy. “I suffered after the abortion, but it was not until some years had passed that I came to understand fully either my grieving or the resolution to which I eventually came” (Lekshe Tsomo, 2010, p. 86). Rand then spent time in Japan learning more about Jizo and the Water Baby ritual. In the 1970s and 1980s, she began offering simple memorials, based on requests from women dealing with difficulties after an abortion or miscarriage. Hoka Chris Fortin, a Zen priest and one of the women who Yvonne asked to carry on the Jizo ceremony said,

> I always feel, in a deep and abiding way, indebted to Yvonne Rand. My sense is that everything flowed out of Yvonne. Flowed from her life experiences, practice with Suzuki Roshi, and a trip to Japan where she witnessed Jizō rituals. Yvonne brought back the traditional ceremony and westernized it in ways that made it accessible to people from different cultural backgrounds. (C. Fortin, personal communication, April 4, 2024)

Primarily through female Zen priests, at first learning from Yvonne, the Water Baby ceremony has continued and is offered throughout the country. Chozen Bays, the Abbess of Great Vow Zen Monastery in Oregon, was one of the priests introduced to Mizuko Kuyo through Yvonne Rand. Her book *Jizo Bodhisattva: Guardian of Children, Travelers & Other Voyagers* introduced Jizo and the Water Baby ceremony to a wider audience. Great Vow Zen Monastery continues to offer the Jizo ceremony multiple times per year and has a dedicated Jizo garden. In North American Zen communities, the Water Baby ritual's continued presence has relied on the transmission from "warm hand to warm hand" through relationship and connection and meeting an expressed need.

Adaptation of Mizuko Kuyo in the United States

Like Buddhism's adaptability, Mizuko Kuyo has evolved in its new geography. The ceremony continues to be informed by women's reproductive experience and additionally by Western culture, psychology, and the historic particularities of the late 20th and early 21st centuries in the United States. A complete and more academic description of how the ceremony has adapted is beyond the scope of this paper but it is important to describe several ways the ritual has changed. First, there has been a shift in focus from appeasing fetal spirits (Wilson, 2009) and petitioning Jizo "to help aid the child spirits to find peace and happy rebirth" (Leighton, 2012, p.222) to recognizing and processing grief after abortion, miscarriage, stillbirth, and infant loss. This adjustment in focus highlights the experience of the person after pregnancy

loss and has broadened its scope to include all types of pregnancy and infant loss, even loss of adult children.

> We have people come who have had abortions, miscarriages, still birth, sudden infant death, and now, these days, we always have somebody with a suicide. They all seem to do fine together. I think it helps widen people's awareness of grief. (C. Bays, personal communication, May 6, 2024)

Second, the emphasis is on Jizo as an archetype and energy instead of an actual being interceding on the infant's behalf. "The archetypal qualities that Jizo embodies—fearlessness, protection, and fierce love— are the very same qualities we call forth in ourselves whenever we turn fully toward the complexity of grief" (Emerson, 2019, para. 9). Third, traditional Mizuko Kuyo is often male priest led and formal. In contrast, in North American Zen communities, the ceremony is led primarily by female priests and is more actively participatory with an art therapy component in which people make an offering as part of the ritual. The other participatory aspect is that spectators are not allowed. Everyone present in the ceremony needs to be a participant. Finally, part of the adaptation has been to deliberately make the ceremony inclusive.

> We put figures on the altar (see Appendix B) like the Virgin of Guadalupe to try to be inclusive of different traditions so that anybody can enter and feel welcomed and at ease…We provide a form and ritual…and primarily it is about creating a space where people can bring their grief and feel safe to feel what needs to be felt in a shared container with others who have also experienced loss." (C. Fortin, personal communication, April 4, 2024)

Such inclusive practices serve to create an environment where people from a variety of backgrounds— religious or not religious— feel welcome.

Elements of the Jizo Ceremony

In North American Zen communities, the Jizo ceremony, or Ceremony of Remembrance for Children who have died, does vary but retains certain core elements (see Appendix C, D and E). The first core element is an intentional gathering around pregnancy and infant loss, although this scope has broadened to include other types of loss. Second, the officiant creates and sustains the ritual container which includes welcoming, orienting the gathered group, holding space for grief that arises, conducting the ceremony itself, and the closing. The third element is being in silence for most of the experience. The Buddhist practice of "Noble Silence" during the ceremony creates a safe space for the expression of grief without having to describe and make cognitive order of it. Fourth, each person spends time creating an offering or token of remembrance. This includes the choice to sew a traditional red hat or bib. If people do not know how to sew, other art supplies are available to make things like a beaded necklace, a crown, a written message, or prayer/wind flag. In the interviews I conducted, there was a trust that participants, even if not artistic, would find a way to create the offering that they needed to make.

In the ceremony itself there is generally an invocation and chanting. An example of an invocation is "calling on Jizo and beings of Compassion and Wisdom to be with us in this ceremony, to witness our grief, and to help hold us…" (see Appendix D). During the ceremony, each person fragrances their crafted remembrance token with incense and then makes the offering either at an altar or in the Jizo garden depending on the setting. Also depending on the setting, the offering is made fully in silence with the priest reading the names of those being remembered or with an invitation to say the name of the person who has died and speak directly to them with any expression or wishes. Part of ritual takes place outside after a procession to a garden space. Being outside helps connect the experience to the Earth itself holding the human experience of grief and to Jizo as the Earth Womb Bodhisattva. Lastly, the ritual has a closing.

The closing helps people transition out of the intensity of the ceremony. After the closing, the group is invited to continue to spend time in the garden and leave when they feel ready.

Ritual in the Modern World

Before examining the power of the Jizo ceremony as a dedicated pregnancy loss ritual, I will touch on the general state of ritual in United States. This brief exploration will hopefully serve to provide background to approach and communicate about "ritual" as a practice more effectively. In the Eurocentric culture of this current era, many of us live in a "ritual wasteland" (B. Lahn, personal communication, April 29, 2024). As a society, over the last century, there has been a steady decline in religious affiliation (Jones, 2021). Regular religious service attendance has dropped from 54% in 2007 (Smith et al., 2019) down to about 30% according to a recent Gallup Poll (Jones, 2024). This phenomenon has been described as "de-churching" and has removed an opportunity for regular connection to ritual practice. Wolfelt (2006, p.12) in *Introduction to Companioning the Bereaved*, describes the deritualization of North American culture:

> beyond the loss of death symbols, the bigger issue is that we as a culture appear to be forgetting the importance of rituals surrounding life and death. Death rituals and ceremonies have been with us since the beginning of humankind.

In addition to the phenomenon of "de-churching," medical life-saving treatments have developed significantly (although inequitably accessible) over the last century, which has shifted the amount of contact people have with dying and death. "Many people now live into their 40s and 50s before they experience a close personal loss" … Around the turn of the 20th century, "aging, illness, and death were an everyday part of family life" (Wolfelt, 2006, p. 10). Most people at that time were born, cared for, and died at home; the buffer of the medical system was

much more limited. As maternal, infant, and childhood mortality rates declined throughout the 1900s and with more deaths occurring in hospitals, people have had increasingly less contact with death and the accompanying ritual practices which aid in grief and transition.

As a society, regardless of religious affiliation or unaffiliation, refamiliarizing ourselves with the practice and power of ritual may offer connection and healing. As more Americans -- now close to one third -- report themselves to be “nones” with no religious affiliation (Smith et al., 2019), describing and creating ritual in a way that is welcoming and open seems imperative.

> Recovering this fundamental skill (ritual) would help us better tend the needs of our soul and culture. For us to enter the healing ground, we need to become educated in the ways of ritual. It is a language that we have forgotten, but one that we are designed to understand and speak. We need to recover our ritual literacy.”(Weller, 2015, p. 73)

Without the opportunity for ritual, a forgotten and potent aspect of healing to mark major transitions or loss, people may continue to carry unresolved grief. Reminding people of their capacity for and offering suggestions to create ritual can open a pathway for integrating a loss. Roshi Joan Halifax describes, “ritual around loss is setting things right in the transition of grief” …and “allows us to metabolize loss into something that is generative” (Upaya Chaplaincy training November Core 2024).

The Power of a Dedicated Infant and Pregnancy Loss Ritual

A ceremony dedicated to abortion, pregnancy, and infant loss is powerful in its potential for acknowledgement, connection, healing, and integration. What makes this ritual effective? A starting point for this question is the lack of ritual related to abortion or pregnancy loss in the United States.

> When a pregnancy loss of any type occurs, it seems that a large number of Americans feel culturally unprepared and bereft of indigenous religious resources to help them deal with their pain…It is here that rituals like *mizuko kuyo* appear to offer a society with little history of ritualization of pregnancy loss a way to actively deal with grief. (Wilson, 2009, p. 183)

Just the idea that a pregnancy loss specific ritual exists has been reported to be therapeutic. For a wider audience, exposure to Mizuko Kuyo has come in part through popular media like the New York Times and National Public Radio or online pregnancy loss forums (Orenstein, 2002; Prichep, 2015; Wudunn, 1996). The healing effect is in the recognition that this particular experience of loss matters enough to have its own dedicated ceremony. There is healing and meaning making even in the recognizing and naming.

The priest and chaplain interviews I conducted for this project also offer observations and suggestions in relation to understanding the capacity of the Jizo ceremony. Part of the ritual's power is the coming together in an intentional and collective space to process grief specific to pregnancy and infant loss. The ritual helps create movement from feeling separate or private in grief to one of shared experience. "There's something visceral and embodied that just happens with entering a room where other people are experiencing grief, and you are not alone and isolated anymore" (C. Fortin, personal communication, April 4, 2024). Ritual recognizes the reality of loss that is often invisible in day-to-day life. "In this ceremony there is a relief in getting to hold the whole truth of our lives" (Emerson, 2019, para. 13).

Second, the ceremony involves creating an offering with the hands. This creating is a therapeutic aspect of the ritual. Making a remembrance token engages "the full self, both right and left sides of the brain" and "allows people to tell the truth about their grief" (J. Block,

personal communication, December 5, 2024). Third, the ceremony is non-discursive. “The physical doing…does something for our heart that no amount of talking is going to do” (S. Emerson, personal communication, April 11, 2024). While grief groups and therapy are critical aspects for many people in the healing process, the ceremony offers a unique opportunity for nonverbal processing of the complexity of emotions that often accompany grief. Silence grants the rare gift of sharing the loss with others without receiving advice, feedback or comfort that often falls short in the experience of grief.

Fourth, the ceremony offers an invitation and normalization for ongoing relationship. The site of the ceremony/Jizo garden is a physical place to return and be in connection with the baby or person that died. The ceremonial experience encourages finding a unique path to memorialize and continue to be relationship with the loss in one’s own heart and life. People are invited to leave the offering or bring it home and find a place for it on a created altar or outside. Ultimately and maybe mysteriously, the Jizo ceremony is effective medicine.

> Each of those who attend our ceremonies has suffered the death of one or more small beings. Strangers assemble with their grief and unresolved dismay. Over time I have been struck by how successfully the ceremony has provided a container for the process of acknowledging what is so, for encompassing what is difficult, and for bringing resolution and healing. (Rand, 1993, para. 9)

Themes and Applications

Exploration of the Jizo Ceremony’s Wisdom in Addressing the Gap in Care for Early Pregnancy Loss Families

In the following section, I will explore how training clinicians and chaplains to approach the themes of recognition, ritual, and remembrance can support more complete care for families experiencing early pregnancy loss. In health care, the clinical aim is to provide evidence-based

care. Current evidence-based care around pregnancy loss as earlier described aligns remarkably well with the themes of the Jizo ceremony. As health care has become increasingly complex with added demands on clinicians, a fair question is how much can realistically be covered by a health care provider in an early pregnancy loss visit both in terms of time and scope of practice. My sense is that with systems support in place, offering holistic care is possible. This would include setting expectations for follow-up care as well as increased awareness of specific communication skills and comprehensive care as described by research. Addressing both the medical and emotional-spiritual aspects of pregnancy loss is healthier for everyone including the medical team. In my experience, the health care provider is often the point of contact for early pregnancy loss families as many do not end up seeking formal spiritual care. Attending to this point of contact with intention and compassion matters both in immediate and continuing ways. How care is provided not only affects the experience of miscarriage itself but also contributes to ongoing health-related outcomes and may reduce mental subsequent health struggles.

Recognition

Applications of Recognition for Health Care Providers

The opportunity for recognition begins before the patient is sitting with the clinician. In my clinic setting, the initial care is often done through the nurse line when the pregnant person calls with symptoms like vaginal bleeding or uterine cramping, or anxiety related to their prior pregnancy history. I am part of a nurse-clinician work group in the OB/GYN department that is focused on "improving the patient experience" related to early pregnancy loss. Part of this work has been to define the expectations for getting a prompt appointment— same day or next day—with a health care provider when symptoms arise or after unexpected ultrasound results. While this can mean that a patient is added onto an already busy schedule, having a clinician touch point, in addition to the nurse line support, is a concrete way to demonstrate care and that

their situation and concerns are a priority. One of the protocol updates we made in my work group is the expectation that an early pregnancy ultrasound should be paired with an appointment with the health care provider. This way the patient has prompt face-to-face review of their results, and the clinician is afforded the time to have this important communication.

The foundation for recognition is based on *how* we interact. A compassionate style, from the entire healthcare team, in addition to high quality medical care, makes a positive difference as described in research. “Many women further reported empathic communication with their HCPs to be paramount in effective care” (Lee et al., 2023, p.54). While health care is fast-paced, slowing down is a way to acknowledge the significant circumstances and allows for processing when people are often in shock due to unexpected information.

An equally important foundational aspect of recognition is taking the time to understand the meaning of the pregnancy loss to the individual or couple. A statement like “I want to understand how you are doing with this news. There is no right or wrong way to feel” creates space for a wide variety of responses (*Bereavement Training: Perinatal Death, 2024)*. Before moving ahead with the medical management options, knowing what the pregnancy means helps tailor appropriate and sensitive communication. Additionally, normalizing differences that might be present between partners is helpful anticipatory guidance.

Having high quality written patient materials in multiple languages is another way to offer recognition and from a systems perspective, as it supports both the family and the clinician. These materials need to include information about what to expect physically with the process of miscarriage, when to seek emergency care, 24-hour nurse line contact information, medical management options, fetal disposition options, and support resources. I helped update the support resource handout (*Resources for Families who Have Lost a Baby,* see Appendix H) as

part of my involvement with the early pregnancy loss process improvement team. In updating this handout, we included mental health, community-based, and spiritual care resources.

No matter which choice a patient makes for early pregnancy loss management (e.g., expectant (a watch and wait approach), medication, or procedural like manual vacuum aspiration or D&C), information on respectful fetal disposition is important to include during counseling. If the plan is for a procedure, documentation and consent for fetal disposition are required by the clinic. The two options for fetal disposition in pregnancies that are less than 20 weeks (in my system) are either hospital disposition with group cremation and ashes distribution in a certain area of a local cemetery, or family disposition through a funeral home or cremation society. If a patient is planning expectant management (i.e., planning to miscarry at home), fetal disposition is often not addressed. It is critical for families to know they have choices including formal and home disposition options as well as testing of the fetal/pregnancy tissue.

Finally, recognition allows time for processing information and decision making. Since there are often multiple medically acceptable pathways through early pregnancy loss, providing detailed information (verbally and in written form) and then giving patients time to consider their options is vital. This often provides patients with a sense of agency in a difficult situation. My practice is to review all pertinent information and then encourage patients to take their time (unless clinically acute) in figuring out which option is most appropriate. I offer a phone call later the same day or following day to touch base about any additional questions that have arisen and about the preferred plan.

Applications of Recognition for Chaplains

Recognition from a spiritual care perspective depends on the ability to truly come alongside these families. “In my experience across many realms— social, religious,

psychological, even in communities of hospice workers— child loss makes people squirm" (Emerson, 2019, para. 13). Anecdotally, I've heard chaplains describe a sense of dread in being called to Labor and Delivery. Perinatal loss is deeply painful, at odds with the expected life and death sequence, and unfamiliar terrain for many people including chaplains. For chaplains, developing a knowledge base and comfort level in working with pregnancy loss families is essential for recognition. Seeking perinatal bereavement training opens a path for confidence and courage in providing spiritual care to these families. Both a team approach with clinicians or nurses and familiarity with research about what parents find helpful after pregnancy loss strengthens the opening towards recognition.

The embodiment of recognition is supported by calling on and developing the qualities of Jizo Bodhisattva. Chaplains support themselves and early pregnancy loss families through the energetic qualities of benevolence, optimism, determination, fearlessness, and Great Vow. An interpretation of Jizo's Great Vow is "may I gladly enter every hell realm guiding myself and everyone to liberation" (Martin, 2024). In other words, as a chaplain, I commit to building capacity through dedicated aspiration and contemplative practice to enter the realm of early pregnancy loss with families. By entering with an open heart and without fear, recognition becomes a living quality. This can be as simple as the way we are present in conversation with attentive listening and bearing witness to whatever arises for parents as they navigate pregnancy loss. Regardless of religious or spiritual background, embodying these qualities, may give families encouragement, sustenance, and bravery for the painful work of "being with what is so" (Rand, 1993) in the processing and integrating their loss.

Integration: How my care has changed through chaplaincy training

I saw Julia and her partner Chris again during their second 8th week miscarriage. After receiving counseling about options, Julia decided to pursue fetal/pregnancy tissue chromosomal testing to get more information. She strongly preferred to avoid a procedure and miscarry at home. The process in my system for those desiring testing and planning expectant management is not well-oiled in terms of communication with the lab staff or having the home kits readily available. This is relevant for process improvement in creating system support in these circumstances. Through my coordination with the genetic counselor, she was able to pick up a home kit. The genetic counselor also planned to meet her at the lab when she dropped off the kit to facilitate communication with the staff. The information she got from testing showed a chromosomal issue that is most likely not recurrent, which offered some reassurance. Unfortunately, I just saw Julia and Chris again for their 3rd miscarriage. She desired medication to aid her in miscarrying at home and to do chromosomal testing again through the home kit. This time the coordination with genetic counseling was much easier as the process improvement groundwork had already been mapped out.

My clinical care for Julia and Chris during their three miscarriages has changed due to the Upaya chaplaincy training. The theme of recognition has supported me to offer more holistic care. In our visits, which have been amid difficult circumstances, I have been able to offer them – from the perspective of a health care practitioner and from the perspective of a fellow human alongside them on their journey – a clear sense of their story of early pregnancy loss being known and recognized. Having the same clinician through the miscarriages offers continuity and prevents the distress associated with bringing a new provider up to speed on their journey. When we meet, I include direct acknowledgement of what they have been through. I have developed more specific communication to normalize potential differences that may be present between

partners in how they are coping with early pregnancy loss. I also ask about what support resources they are engaged in. In this case, Julia and Chris are both seeing therapists. I include information about respectful fetal disposition recognizing an aspect of miscarriage that is often omitted unless planning a clinic or hospital-based procedure. Through discussion, parents become aware of their choices and ways to handle the fetal/pregnancy tissue if they are miscarrying at home. For Julia and Chris, including this information allowed them the choice for home kit chromosomal testing and led to process improvement in my practice. Finally, recognition is the coming alongside with compassionate presence. Through the chaplaincy program, I feel much more equipped to recognize and be present with families in the terrain of early pregnancy loss.

Ritual

Applications of Ritual for Health Care Providers

For clinicians there is a lot of content to cover in limited time with early pregnancy loss visits. Given these constraints and the scope of the health provider, ritual is not routinely brought up, although research suggests memorials can aid in meaning making and healing. Holistic care would include concise information about ritual, memorials and grief, as well as available resources to explore these in greater depth. These topics can be included in the initial and follow-up visits.

In my practice, we offer a small ceramic heart (see Appendix F) for those experiencing early pregnancy loss. This could be a moment to offer information about ritual. Some clinicians report not knowing how to bring the ceramic heart into the conversation so have stopped giving it out. As we offer the heart (not everyone wants to take it), we can introduce the idea of memorial, how this can be helpful in processing the loss and finding solace.

> One of the reasons miscarriage can be so hard is that to others, it is an invisible loss…there may have been no baby to bury, no grave to visit, no photographs to cherish…you can still honor this baby and this loss with ceremony. Ceremony can be healing because it helps us embrace the reality of loss. It gives us space to recall and share parts of our story. It is a forum for giving and receiving needed support. (Wolfelt, 2015, p. 53)

While the health care provider would not be the one to help create the memorial, connection to other resources can be encouraged. These include a patient's own religious or spiritual community if they have one or connecting with spiritual care at the hospital. Recognizing that there are more people who identify as a "none," with no religion affiliation, ritual or memorial is available and can include people from all backgrounds, including those who are non-religious. Pregnancy loss support forums are an excellent resource for ideas to create a do-it-yourself or non-religious ceremony.

Another important element in early pregnancy loss comprehensive care is basic grief information. Because many people in the reproductive age group have not necessarily had a death of someone close to them or other significant personal loss, grief in a more concentrated way can be unfamiliar and frightening. In Western society, grief has been pathologized. Sharing with patients the fact that grief is normal, what the common effects of grief are and that for most people, grief does not require clinical treatment, can be therapeutic. "The vast majority of people can cope with sadness by human companionship, by self-soothing, by exercise…and social connections" (Tippett, 2020). Ritual is one of the tools for processing grief. Making referrals to mental health services in those that need or want professional support is also an important part of care.

Applications of Ritual for Chaplains

For chaplains, being aware of and offering information about the Jizo ceremony is important when meeting with early pregnancy loss families. Even if the chaplain is not able to offer this in their setting, introducing the idea of a pregnancy loss-specific ritual can be therapeutic. For parents to realize there is a dedicated ritual for their type of loss can be transformative even if they never take part in a Jizo ceremony. Introducing the ceremony, chaplains can share information about Jizo Bodhisattva's role as protector of babies who have died before birth and Jizo's energetic qualities. Both the adaptable ceremony and Jizo as an archetype can be described in a way that people from all religious/spiritual backgrounds or those who identify as "none" can relate and may find to be a sense of support in grief. If chaplains are offering this ceremony, symbols or figures from other religions can be included on the altar (see Appendix B) to create an inclusive environment and "so wide a welcome" (J. Block, personal communication, December 5, 2024).

Chaplains are in a unique position to explore the question of "Why ritual?" and to remind people that ceremony is an ancient tool for counteracting isolation and processing grief. "We are creatures of ritual. We have been using ritual for tens of thousands of years…it helps us shift the weight of the pain and emotions we are carrying, allowing us to set down portions of the burden" (Weller, 2015, p.77-78). Traditionally grief has not been a private experience and ritual has taken place in community, creating a sense of connection and a wider space for loss to be held and processed. Offering this background can aid people in understanding the function of the Jizo ceremony as a ritual container for sharing collective grief and a pathway of integration related to pregnancy and infant loss.

Chaplains are also in a unique position to encourage people to take part in or create ritual for themselves after early pregnancy loss. This can range widely in terms of formality. Formal

ritual includes creating a remembrance ceremony through a spiritual/religious community or at home. The options for informal ritual are many. Sharing basic examples of ritual and common elements in them invites people to find an authentic expression. While not exhaustive, elements of ritual include: the environment; setting an intention/offering an invocation; being attentive and present; connecting to the sacred (whatever that means to the individual); and closing the time with gratitude (Babauta, n.d., Section the Elements of Ritual). Using natural elements like fire (lighting a candle) or water, music, poetry, or prayer all aid in creating ritual. Examples chaplains can share are making a home altar, setting aside time for journal writing, creating art, tending a plant, among others. As humans, we have evolved with ceremony. Ritual is in our bones and belongs to everyone, and yet we often feel disconnected from this practice in modern life. Specific suggestions and support can be a catalyst for imagination and the creation of ritual. When empowered and encouraged, "people make the ritual space they need" (Connelly, 2024).

> I approach rituals by recognizing everyone has the freedom to create them, because each person has the power to create meaning…healing rituals are concrete acts of compassion that can guide us through our lives, helping to decrease fear and anxiety and to increase our awareness and connectedness. Such rituals flourish in the messiness of life conditions. They are not about right or wrong, nor are they exclusive to any particular tradition. Rather, healing rituals are driven by thoughtful intent and engage our deepest love." (Aria, 2023, p. 6)

In spiritual care, we have a profound opportunity to offer back to people what they already instinctively know how to do by participating in or creating ritual.

Integration: Ritual in a Health Care Setting

While it may be challenging for health care providers to include conversations about ritual beyond suggesting a memorial or connection to spiritual care, we can develop or be part of a multidisciplinary team dedicated to care for these families. My work on the capstone was an impetus for connecting with my health care system's labor and delivery fetal loss coordinator and the Spiritual Care department. We enhanced communication internally, updated the *Resource for Families who have Lost a Baby* (see Appendix H), and took part in the annual "Service of Hope, Blessing, and Remembrance." This ceremony is offered annually in October, which is pregnancy and infant loss awareness month. This is an example of how a dedicated pregnancy loss ritual can be offered in a health care setting in a way that is accessible to people of all spiritual/religious and non-religious backgrounds. The invitations go out to all families who have experienced pregnancy loss over the last year. One of the hospital chaplains led the service, which included both music and poems. Then three of the labor and delivery nurses present and I took turns reading 270 names of babies that died prior to delivery, including stillbirth at term, as well as many who were lost in early pregnancy. As each name was read, we pinned a paper leaf that had received collective blessing at the beginning of the ceremony onto a hanging quilt (see Appendix G). For the families that were present, they were invited to pin a leaf when their baby's name was spoken. Even though I see these families on most of my workdays, I was frankly surprised by the number of names we read. The coming together of the health care team and the Spiritual Care department to create this ritual moved me. The sense of shared loss felt palpable during the ceremony. While I don't know what the experience was like for the families present, my hope is that they felt recognized, compassionately witnessed in the reality of their loss, and safely held in a space to allow for processing grief. I also hope the ceremony diminished any

sense of isolation. Participating in this ceremony validated the idea that pregnancy loss specific ritual can be offered in a meaningful way in a health care setting.

Remembrance

Applications of Remembrance for Health Care Providers

Remembrance is supported when the expectation for follow-up is part of standard care. Follow-up care is critical on multiple levels including evaluating physical recovery, reviewing any test results since the last visit, discussing family planning or pre-conception care, and evaluating for any mental health concerns. “The medical provider can explore grief-related issues, validate common grief experiences, and make referrals as necessary” (Limbo & Hensel, 2022, p.128). Follow-up offers the opportunity to touch into remembrance practices that the person may be engaged in either at home or through a local community resource.

Remembrance is also about appropriately tailored support in a future pregnancy. Continuity with known clinicians who are aware of a patient’s and family’s story, the baby’s name (if named) and details of the loss is often helpful. Actively involving the patient in adapting the regular prenatal visit schedule to include earlier and added visits as needed can also provide a sense of agency. This adaptation can include inviting the patient to call and request a same day appointment to listen to the baby’s heartbeat if feeling stressed or worried. It can also be helpful to ask the patient directly how they would like the previous loss discussed during visits, and to record this fact in the patient’s medical chart, to improve the continuity of appropriate and patient-centered care. This serves to normalize on-going relationship with the loss including how it may be affecting the experience of the current pregnancy. It is further essential to understand the patient’s support system, screen for mental health concerns and refer to community or professional resources as needed.

Applications of Remembrance for Chaplains

Concretely, chaplains can offer local community and home options for physical remembrance. Being up-to-date on what is available in one's specific community – including the cemeteries with a dedicated location for ashes from early pregnancy loss and gardens or public spaces that remember babies or children who have died as part of their existing programming – is pertinent information to share. Examples of this are Garden of the Sleeping Angels in the Minneapolis area (www.gardenofthesleepingangels.com), the Jizo garden at Green Gulch Farm outside of San Francisco (https://branchingstreams.sfzc.org/home/continued-from-home-page-jizo) or The Jizo garden at Great Vow Zen Monastery in Clatskanie, Oregon (https://zendust.org/great-vow-zen-monastery/jizo-the-jizo-garden/). Remembrance options include making an altar, creating and framing a poem or art, wearing specific jewelry, caring for a plant, or planting a tree if the space is available.

Chaplains can also be a resource for these families in providing information about the grief process and how to work with grief as a pathway to integrate the loss. This work lays the groundwork for remembrance. Many people still have the misconception that grief is linear, happens in stages and is something that "we get over." We now know that "very few people experience the orderly progression of stages" (O'Connor, 2023, p. 73). This information can be reassuring. Part of grieving is finding a way to ongoing relationship with the loss and learning to knit the story of the loss into one's life. This will be a unique process for each person and family that has experienced an early pregnancy loss. Chaplains can offer support and language to what may feel chaotic and unbearable, by exploring ways to live amid grief and describe, through skillful dialogue, what integration might look like based on other families who have traveled a

similar path. Supported grief and integration allows for remembrance that goes beyond functional and becomes generative and resilient.

Integration: How my care has changed through chaplaincy training

I recently met with Sandy and Rick as they are pregnant again after their 11-week miscarriage. We have had two visits: one shortly after a 7-week ultrasound through their IVF clinic that confirmed pregnancy viability and then another at 10 weeks for the first prenatal visit. Remembrance for me has taken a few forms in their pregnancy care. First, in seeing them again, I asked both about how the current pregnancy is going and how they are feeling in the context of their prior loss. This invitation allowed Sandy to share that she is not yet feeling attached to the current pregnancy and has been concerned about her lack of attachment. I was able to help her understand that her feelings are normal, and she expressed a sense of relief to be able to share this worry aloud. Second, I asked about specific ways they are remembering the pregnancy loss. They named the 11-week loss baby, so we are able to use her name in our communication. Sandy reported still feeling overwhelmed when she thinks of the experience of the miscarriage itself. I actively listened to the details she shared with me and encouraged her to continue processing this with the therapist she has been seeing since the miscarriage. Third, I remembered and paid attention to the specific pregnancy milestones that may be difficult and offered any adaptation to the routine prenatal care schedule that feels helpful. They decided not to have an extra visit at 11-weeks as they had heard the heartbeat the day before the miscarriage, so did not think this would provide reassurance. I let them know that they have an open invitation for extra checks if they need concrete reassurance before their next scheduled appointment. I also added information to her medical chart indicating that I am willing to add her on to my schedule if a same-day need arises, as she has expressed that continuity with her regular care team is helpful.

These elements of remembrance in their care cannot take away the heartache of the prior loss or anxiety related to the current pregnancy but hopefully will offer a sense of being accompanied on their journey with conscientiousness and compassion.

Conclusion

Jizo Bodhisattva has traveled and evolved through history, lighting a path of transformation and the end of suffering. This being and energy dedicates him or herself to some of the most vulnerable, including the unborn. Jizo enters the worst circumstances – psychologically, spiritually, or physically – to protect and accompany. Yvonne Rand encountered Jizo and creatively adapted the Water Baby ceremony as a response to her own need and a need expressed by women. From Japan to the United States, this need arose in the specific landscape of reproductive experience and the life imprint this can create. Her loving and dedicated engagement with this ritual flourishes as it is adapted and carried on by others. The ceremony continues to offer healing ground for those who have experienced bereavement associated with abortion, pregnancy, infant, and other types of loss.

In my experience as a clinician, early pregnancy loss families do not receive holistic care. A deeper exploration of the Jizo ceremony's wisdom themes of recognition, ritual, and remembrance offers methods to address this gap in care for both health care providers and chaplains. Evidence supports the idea that the way care is provided during early pregnancy loss can significantly affect the experience itself and future well-being. Recognition occurs when clinicians slow down enough to provide an empathetic approach to care and compassionate and detailed communication at a pace that patients and families can absorb it. Holistic care includes information about grief and the powerful role of ritual in processing grief. As clinicians and chaplains, we have the opportunity to reacquaint people with ritual and encourage them to

engage with this lost art for many in the modern era. Having a pregnancy loss specific ritual can be particularly medicinal in the pathway of healing. Remembrance is made possible through follow-up care and continuity in future pregnancies. It includes connecting people with tools to process and integrate the current loss as well as inviting ongoing relationship.

One of the gifts of this project has been to discover a place within clinical practice where chaplaincy training is profoundly relevant with a direct result of improving the care that I am able to offer these families. My hope is that I will continue to build these skills, share them with the rest of the OBGYN department and serve as a resource to early pregnancy loss families as part of a multi-disciplinary team. Our aspiration, hearts, and hands are necessary to continue the work of Jizo Bodhisattva. This work is compassionate action that enters all realms: my own, those of patients I see, and the world. This is the work of inner and outer chaplaincy grounded in the experience that the transformation of suffering is possible and available to us all.

> As chaplains, we come alongside that critical transformation landscape when loss is upon us. These transitions are sacred in nature and call for dignity and respect. We may not have the old rituals available to us, but we can foster an atmosphere of care and dignity. This deeply moves all those around (Roshi Joan Halifax, November 2024 Core Chaplaincy Training).

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Appendix A: Jizos in Japan

photo by Ben Connelly (used with permission)


武岡家

Appendix B: Altar

including a variety of religious figures and symbols for a Jizo Ceremony at Green Gulch Farm Zen Center (used with Jennifer Block's permission)



Appendix C: Jizo Ceremony by Yvonne Rand

In Japan, Jizo is the much-loved form of the bodhisattva of the underworld; he is the emanation of compassion who guides and protects transmigrators into and out of life. My first encounter with Jizo happened in 1969 after a dear friend of mine died and my teacher, Suzuki Roshi, suggested that we mark the spot where we buried the ashes with a small stone figure of Jizo. This first meeting affected me deeply.

For some years afterward, I felt a strong pull to the figure of this sweet-faced monk with hands in the mudra of prayer and greeting. Subsequently, I began spending time in Japan and became reacquainted with Jizo. On a three-month pilgrimage on Shikoku Island, I encountered the evidence of countless people turning to Jizo in the face of born and unborn children who had died.

Back home, in the 1970s and '80s, women began asking if I could help them with their suffering in the aftermath of abortion or miscarriage. I began doing a simple ceremony for people who had experienced the deaths of fetuses and babies. Initially I did the ceremony primarily with women. Now I include men and children as well. Strangers assemble with their grief and unresolved dismay. Over time I have been struck by how successfully the ceremony has provided a container for the process of acknowledging what is so, for encompassing what is difficult, and for bringing about resolution and healing.

The ceremony is as follows: We sit in silence, sewing a bib or hat for one of the compassion figures on the altar. The figures are from different cultures: Jizo, Mary with Jesus, "Spirit entering and leaving" from the Eskimo people, or a mother and child. Once I have a sense that the group has settled, I then invite people to speak if they wish to do so. Our commitment is to listen to those who wish to talk without attempting to give advice or comfort. The principle of no cross-talk provides safety from uninvited comforting and solicitude, and many find it to be the most healing of possible attentions.

After this, we form a circle and go through a simple ceremony of acknowledging a particular life and death. One by one, each person says whatever is in his or her heart while offering incense, placing the sewn garments on one of the altar figures, and bowing. I then chant the Heart Sutra mantra, give the unborn beings Dharma names, and say goodbye to them. Prayer sticks are made and inscribed with prayers for forgiveness and for the well-being of those who have died. No names are signed; this is all done anonymously. The prayers are hung from the bushes and trees in the meditation garden, thus committing our messages to the wind and the rains. Afterward we have a cup of tea, walk in the garden and go home with a quieter heart.

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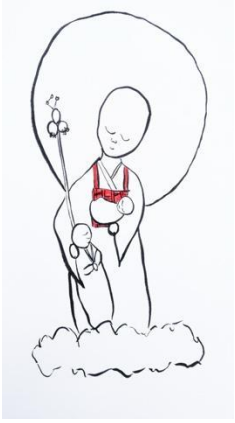
Appendix D: Example of Jizo Ceremony

performed at Green Gulch Farm Zen Center (used with Dojin Sarah Emerson's permission)

Jizo Training- Ceremony Outline



Jizo Ceremony

as each person enters, she/he lights a candle on side altar for loved one
takes a seat on zafus or chairs

Welcome and orientation to the ceremony
Expression of why we have come together, intention for ceremony

Explaining sewing together
The How-to of making offerings: what grief is and does, how this ceremony meets it. How to hold quiet together (not a tight silence, but spaciousness/ intimacy that's different when we don't need to connect with words...). Take your time, find what needs to be expressed and how. Not to worry about time, we will keep track.

Crafting of offerings
quietly clearing center towards end of hour

Logistics of the Ceremony
The How-to of ceremony: standing in semi-circle, each person in turn coming up, bowing, fragrancing offering, saying words-either silently or out loud to loved one; finding place/ being for offering to rest on altar, bowing and rotating circle

Invocation
Calling on Jizo and beings of Compassion and Wisdom to be with us in this ceremony, to witness our grief, and to help hold us...

Offerings made at Altar- Everyone in turn
Each person approaches the altar and offers incense or flower petals.
Each takes time to make the offering, place the day's making on/with a compassion figure, and to express, either out loud or silently, wishes for their loved one who has died.
As they move away from the altar, into the far side of the circle, each person is handed a chant card.
When the last offering is made, assembly chants together in semi-circle around altar.
Then, in silence, pick up prayer flags, get on shoes, etc. come together outside to begin procession to outdoor offering place.

Procession to courtyard/ garden
Opening Words in the Courtyard/ Garden Closing Eko/ Dedication
Ceremony is now complete, orient people to taking their time in garden

Appendix E: Introduction to and Example of Jizo Ceremony

performed at Great Vow Zen Monastery (used with Jan Chozen Bays' permission)

CEREMONY OF REMEMBRANCE for CHILDREN WHO HAVE DIED

Introduction:
The ceremony involves the Buddhist practice of "Noble Silence." Through silence we are able to listen deeply to our self and to others. The ceremony involves being present with each other, being able to express our feelings in safety, without any "cross talk", or anyone telling anyone else how they should feel. The ceremony creates a container for whatever is appropriate for each person, whether it is remembering, grieving, letting go or saying goodbye. As we make our token of remembrance for our child, we will work in silence except as people who wish to may speak to share a brief memory of the child they have come to honor. You do not have to speak or share if you do not wish to. You can remain silent or write memories and feeling in the remembrance book.

I then explain the various statues and images we have in the room and garden: Jizo, who is the guardian of travelers (on physical and spiritual journeys), women and children; Kannon , who is the embodiment of compassion toward all beings, and the Christian Madonna . Jizo and Kannon are two Bodhisattvas in Buddhist cosmology. Bodhisattvas have made a commitment to put off enlightenment (or heaven) for themselves and instead to help relieve the suffering of everyone and everything else. I explain that these images are not to be worshiped, but to help remind us of aspects of ourselves. Thus Jizo helps us focus on and develop that part of our self which shows compassion toward travelers, women, children and anyone needing extra help along their life path.

We spend 60-90 minutes making small garments, toys, bead necklaces, or wind bells for the children. Then we process, carrying the things we've made, to the Remembrance Garden where we have a service with chants that are dedicated to the (list of) children we have come to remember. (We chant the most basic Buddhist sutra, the Heart of Perfect Wisdom, which is about the impermanence of all phenomena, and the Kannon Sutra, which is about remembering to be compassionate "with the morning mind, the evening mind, and every moment.")

Then each person burns incense, passes their remembrance tokens thru the smoke, and places their garment on a statue, or hangs their toys or bells in trees in the Garden. We end with tea and cookies, and let people leave as they wish. They usually choose to stay a while and wander the grounds meditatively. We have blank books for people to write memories in, and also a table with relevant literature from organizations like Compassionate Friends, the SIDS Alliance, and the Dougy Center. Because the ceremony is very personal and sometimes intense, we ask that no observers come, only people who are actively participating and remembering a child.

I am sending you copies of the chants and dedication we use for the service, and an article from the Yoga Journal about the ceremony. A relevant book is William La Fleur's Liquid Life which has pictures of Jizo cemeteries in Japan.

I hope this is helpful.
Jan Bays, MD

A SIMPLE CEREMONY of REMEMBRANCE
for CHILDREN WH HAVE DIED

This ceremony was created by Zen Master Yvonne Rand, who studied the Jizo tradition in Japan and thoughtfully adapted it to practice in the West.

Location

The ceremony usually is held in a remembrance garden, a place where Jizo statues can remain and remembrance tokens can remain undisturbed as they weather and fade away. Ideally the garden can be visited by families who wish to return and meditate there at a later time.

Who attends

Only people who are participating in the ceremony may attend. Observers like reporters are not allowed unless they participate fully, not taking notes, etc. Those who staff the ceremony must also participate, that is, make remembrances for a child who has died.

Staffing the Ceremony

Because the ceremony is related to a funeral or memorial service we have, as in Japan, an ordained priest direct the ceremony. We find it is best to have two people staff the ceremony jointly. Although rare, occasionally a participant becomes emotionally overwhelmed and needs help. The assistant can provide this while the priest remains with the rest of the group.

Preparations for the Ceremony

Preparations for the ceremony are held indoors, in a room where people can be quiet and comfortable together, where they can grieve, where intrusions will not occur. Any supplies for sewing or constructing remembrances, tissues, brochures from relevant organizations, and for a tea after the ceremony should be set out ahead of time so participants can be greeted and made welcome as they arrive.

Introducing the Ceremony

A brief explanation should be given of what will occur during the time of preparation and during the ceremony. This includes the reason for maintaining silence except for simple (and optional) statements by participants about who they are there to remember. A brief history of Jizo Bodhisattva and the ceremony of remembrance for children can be given.

Preparing Remembrances

About an hour is spent making small garments or simple toys for the children. If people finish

early they can sit quietly in the room or walk outside. A bell signals people to gather for the actual ceremony. Everyone walks together to the garden or forest location for the ceremony.

The Service

The service consists of several chants followed by a dedication which includes the names of the children being remembered. The leader can choose chants and a dedication that are appropriate to their own tradition. They may wish to reword chants to make them more accessible to participants who are not Buddhists. At some time during the service the participants offer incense and place the remembrance tokens they have made on or around the Jizo statues in the garden. A brief closing helps people transition out of the ceremony. Inviting participants for a quiet tea or letting them walk around the grounds until they are ready to leave on their own helps with any feelings of awkwardness at the end.

A CEREMONY of REMEMBRANCE
for
CHILDREN WHO HAVE DIED

Officiant:

Because of cause-and-effect reality appears in all its many forms.
To know this fully liberates all suffering beings.
All beings appear just as we all do, from the One, and pass away as we all do, after a few flickering moments or years of life, back to our Original Unborn Nature.

Truly our lives are waves on the vast ocean of True Nature which isnot born and does not pass away.

In gathering today, we remember children who have died and express our love and support for their parents, family, and friends. Here these children are in complete repose, at one with the mystery that is our own birth and death, our own no-birth and no-death.

All recite together: The Heart of Perfect Wisdom Sutra

All recite together: Enmei Juku Kannon Gyo (Sutra of Compassion)

All recite together nine times: The Jizo Dharani (Om ka ka ka bi san ma e sohaka)

Officiant:

Eternal Nature pervades the whole Universe
Existing right here now.

In chanting the Heart of Perfect Wisdom sutra, the Enmei Jukku Kannon Gyo and the Jizo Dharani we dedicate our love and prayerful thoughts to:

(List names of children)

And to all beings in the Dharma realms
May penetrating light dispel the darkness of ignorance
Let all karma be wiped out and the mind flower bloom in eternal spring
May we all practice, realize and manifest the enlightened way together.

Appendix F: Ceramic Heart

offered to early pregnancy loss families



Appendix G: Banner from "A Service of Hope, Blessing, and Remembrance"

at Methodist Hospital



Appendix H: Patient Education Resource

Resources for Families Who Have Lost a Baby

Coping with the loss of a baby can be one of the most difficult experiences in life. The following resources and websites provide information and support for you and your family.

Education and support

Many of the following sites provide online options including group support.

- **Compassionate Friends**
  compassionatefriends.org
  Assists family members grieving the death of a child through in-person meetings, online support communities and private Facebook groups.
- **GriffinCares Foundation**
  Griffincaresfoudation.org
  Peer-focused support services include education, support groups, mentors and recommended resources for families who have experienced a pregnancy or infant loss.
- **Halos of the St. Croix Valley**
  halosofthestcroixvalley.com
  Non-profit foundation run by parents who have lost a child. Provides financial assistance with funeral and memorial expenses, memorial keepsakes including photography, and support sessions.
- **K.O.L.T Foundation**
  Koltfoundation.org
  Keep Our Littles Ticking (K.O.L.T.) provides free care packages for bereaved parents who submit a request, tailored to the information you provide.
- **Lovecommadad**
  lovecommadad.com
  Free online, video-based support "care package" for dads and partners who have experienced pregnancy or infant loss, created by a dad who's experienced both.
- **MISSFoundation**
  missfoundation.org
  Nonprofit organization that supports grieving families, and sponsors volunteer opportunities, public policy and programs to reduce infant death through research and education.
- **Missing Grace Foundation**
  missinggrace.org
  Nonprofit foundation that provides education, resources and support including care packages, for families who have experienced pregnancy and infant loss.
- **PALS**
  PregnancyAfterLossSupport.com
  Support for women experiencing the challenging emotions of grief mixed with joy, during pregnancy after loss. Several online support groups and resources available.
- **Return to Zero: H.O.P.E.**
  Rtzhope.org
  National non-profit organization that provides holistic support, resources, and community for all who experience loss in their journey to parenthood, including BIPOC and LGBTQ communities.
- **Share Pregnancy & Infant Loss Support**
  nationalshare.org
  National organization to support families who experience the death of their baby. Phone, online support group, Facebook groups and resource packets offered.
- **Star Legacy Foundation**
  starlegacyfoundation.org
  Nonprofit national organization with multiple language options, dedicated to research, education, advocacy and support for stillbirth, pregnancy loss, and neonatal death. Telephone grief support and online video groups available.
- **Stillborn Still Loved Foundation**
  Stillbornstillovedfoundation.org
  Advocate for pregnancy and infant loss awareness. Website that connects grieving parents to online communities, grief programs and resources.

continued

Hospital and clinic support

- **Allina Health**
  Virtual pregnancy and infant loss support groups. Non-Allina patients are welcome. Pre-registration is required. Contact Nicole Stecker: nicole.stecker@allina.com or 612-241-6206
- **HealthPartners and Park Nicollet Spiritual Care**
  Chaplain can meet with you to provide compassionate support and resource referrals.
  952-993-6050
- **Maple Grove Hospital**
  Pregnancy and Infant Loss Group
  For more information or to register, contact Sue Steen: sue.steen@maplegrovehospital.org or 763-581-2223
- **Park Nicollet and HealthPartners Mental Health**
  Compassionate, personalized support with mental health experts who specialize in clinical care for complications of pregnancy or fertility.
  612-371-5400
- **Postpartum Support International (PSI)**
  Perinatal directory for mental health providers. Search by location for providers who specialize in grief and mental health challenges after miscarriage or loss of a baby.
  psidirectory.com
- **The NEST Clinic - Stillwater**
  Support available for grief, loss and isolation through in-person and telehealth appointments.
  thenestclinic.com/reproductive-mental-health
  651-425-9297

Retreat care

- **Faith's Lodge**
  Retreat center in Northwestern Wisconsin that provides hope, connection and support to parents and families coping with the death of a child. Financial assistance may be available.
  faithslodge.org

Healing gardens and memorials—Twin Cities

- **Park Nicollet Memorial Service**
  Methodist Hospital Chapel
  Service held each October during Pregnancy and Infant Loss Awareness Month, for those who have experienced the loss of a baby. Call our Spiritual Care department if you would like to attend or for more information.
  952-993-6050
- **Children's Memorial and Healing Garden**
  Gethsemane Cemetery, New Hope
  Resurrection Cemetery, Mendota Heights
  catholic-cemeteries.org/childrens-memorials
- **Garden of the Sleeping Angels**
  Healing garden in Orono where families can place an angel statue in the garden of their choice. An International Wave of Light ceremony is held each October.
  Gardenofthesleepingangels.com

Education Resources

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Appendix I: Jizo Bodhisattva photo

at Upaya Zen Center (by Amy Knox, January 2024)



Appendix J: Jizo Bodhisattva photo

at Tassajara Zen Mountain Center (used with Jennifer Block's permission)



Acknowledgment and gratitude

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The families I have the honor to walk along side.

My dad and his work on behalf of many mothers and babies over the years.

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