Innovations in Counseling: Working with Minority Populations- Part 7
Session 5: Treating Grief in Black Women With Infertility and Reproductive Loss

Webinar Follow-up Question and Answer Session with Dr. Kristy Christopher-Holloway

**Question from Felicia Gatewood**
Is infertility in women of color linked to age?

**Answer from Presenter**
Infertility in WOC is not well researched. I have not found anything linking it specifically to age. However, it is known that fertility in women in general can decrease with age. Factors such as diminished or low ovarian reserve, as well as egg quality and quantity can contribute to fertility issues.

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**Question from Felicia Gatewood**
Is there a data on women of color choosing to adopt to mitigate being childless?

**Answer from Presenter**
Not in high numbers of research. However, some of the research that exists does discuss “other-mothering” and adoption being a route taken to fulfill a desired role of motherhood.

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**Question from Janelle Jones**
Dr. Christopher-Holloway, thanks for this presentation it has given me so much to consider for clients. One question I have pertains to preparing for disenfranchised grief responses of clients while working within legal systems. Some women may choose/need to have an abortion for numerous reasons (even if it goes against their religious beliefs) and may experience disenfranchised grief. Do you have suggestions of how we as counselors and advocates in states like Georgia and Alabama where there are increasingly restrictive abortion laws, help our clients prepare for/face their grief as they potentially deal with the added stress and fear of trying to navigate newer abortion laws that may jeopardize their physical or mental health?

**Answer from Presenter**
Janelle, thank you for attending the training. Whew—this is a great question with many layers. One of the things I do with women who have to experience an abortion for whatever reason is to first help them process for them what this means. Sometimes a lot of guilt and shame work is needed, even if the abortion was for medical or survival reasons. We then term or phrase the term “Abortion” in a manner that is receptive for the client, such as calling it a “release”. Many cultures have belief systems about babies being born, choosing parents, choosing the vessel to birth them, etc. It is important to take a look at it from the client’s held worldview and belief system. We can choose to openly grieve in session and in safe spaces. It is important to not assume that all women who choose to have an abortion will experience some type of grief. To help women in states with restrictive laws, it’s important to encourage the client to educate themselves on the laws, as well as ourselves be
educated on them. This question though is difficult because we as counselors have a different professional standard than the state laws at times.

**Question from Latoya Moss**
What is the rationale for including adoption as a form of grief?

**Answer from Presenter**
Some adoptions take very long and the mother is in limbo or in waiting. Also because of failed adoptions and the fear that is sometimes associated with the legal aspects associated with adoption making it difficult to go through certain stages of grief/tasks of grief.

**Question from Roxanne Roybal de Diaz**
Would you also include women who give birth to a child with a severe disability in the group for grief?

**Answer from Presenter**
I personally would not unless the client does so. Perhaps they need to grieve what they thought would be there “ideal” pregnancy/birth or even what they thought was going to be “normal”. I would let the client lead on that one. If the severe disability was a result of some type of birth trauma or negligent birth experience, I may explore this with the client and see how they want to process this.

**Question from Angel Shaw**
Are there specific recommendations for women who are unable to have kids to lessen the impact of how they may feel about it?

**Answer from Presenter**
Support groups, helping them decide on how they want their path to motherhood to look (adoption, fostering, volunteering, godparent, etc). But grief is a process and individualized. I would ask why do we need to lessen the impact of how they may feel? Can we be ok with how they feel, however impactful and hurtful? We can allow them to give themselves the permission to experience all of their feelings and grieve however is best appropriate for them.

**Question from Angel Shaw**
What does the research show as the cause for such high mortality with AA women during childbirth?

**Answer from Presenter**
Implicit bias, racism, cultural encapsulation, medical neglect, mistrust of providers are just a few.
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