

Bereaved parents:

Feeling alienated from friends, family; they ask for compassion

Parents whose children die reach out for a special kind of compassion that often isn't found.

In most cases, their marriages turn rocky, their friendships dwindle and their grief lingers.

"They feel like they're going crazy. Their friends expect their grief to be over in six months, but it usually takes at least two years for them to be fully resolved to their loss," said William Fish, associate professor in the School of Human and Educational Services and Oakland University.

Fish and graduate student Sally M. Whitty, have spent the better part of the year interviewing parents whose children have died within the last five years.

"We found very little literature on the subject and found a great need for

This group of articles examines the frustration of parents whose children have died. The stories were researched and written by staff writer Suzie Rolins Singer.

the study," said Whitty.

They hope their study's results will be published in medical journals so professionals will recognize the special need for bereaved parents' therapy groups and counselors.

When people talk about a deceased father, recalling past events together, listeners are usually interested in hearing about the loved one. But when the subject is a dead child and his favorite sport and acquaintances and friends get uncomfortable.

"A loss of a child is different than a loss of a parent. In this society, you're supposed to bury your parents and when you outlive your child there's a great deal of guilt the parent harbors," Whitty said.

THEIR SAMPLING of 50 parents revealed that most men didn't even want to express their grief openly and often refused to admit they were suffering. In many instances they buried themselves in their work which caused intense marital problems.

"A lot of fathers were not willing to participate (in the interviews)," Fish said. Requests for study subjects were made via newspaper articles.

"Many men think the best way to handle emotional programs is to get on with business as usual," he added.

"During our interviews, 76 percent of the parents we spoke with reported signs of marital stress, communication problems and sexual problems."

Whitty noted, "Women needed to talk about their grief more."

Couples, especially the women, reached out to their friends for comfort, but unfortunately weren't met very graciously, she explained.

"They had a feeling of social isolation from friends and families, because as if he were a member of the family, Whitty explained.

"Parents don't want to forget those children," she added.

Grieving for infants, stillborns and miscarriages is very important for parents who lose their young children, Fish said.

"Psychologically, it's tougher losing a preemie (child born prematurely) than losing an 18-year-old, because the parents never really got the chance to get to know the child," Fish said.

"Grieving for a preemie is most misunderstood, because society has people telling the parents, 'It's only a baby, you can have another one,'" Fish said.

"The trauma is very severe," he added.

In Fish and Whitty's study, 70 percent of the children died in accidents and 30 percent from illness.

SIBBLINGS react quite strongly to the loss and their parents' mourning

period. Many times they find their parents idolizing their dead brother or sister.

"The other kids feel very badly. A lot of the parents reported that they weren't able to celebrate Christmas and their other children suffered. Or if the child died of an illness he may have had a lot of attention before he died, and the other children felt neglected," Whitty said.

While Whitty and Fish are still looking for more participants for their study (call 377-4160), they've found that support groups can be the biggest source of help to parents whose children die.

"It's also very important to admit your grief and show your emotions," she said, adding that people "don't have to be strong."

3 parents talk frankly about the death of their sons

"Parents aren't supposed to bury their children," Ken, Juanita and Joan said.

While Ken and his wife, Juanita Harrett, don't even know Joan Smith (not her real name), they share her grief. All three outlived their children.

Smith's 18-year-old son Bill, was killed in a car crash five years ago. Mrs. Harrett's three sons all died of cystic fibrosis, one at six months, one at 9, and her middle son Rusty died last year at 18.

Smith watched her 20-year marriage dissolve as she spent time mourning for son Bill. Mrs. Harrett also divorced the father of her three sons after the second boy died. She remarried Ken Harrett 11 years ago.

The women said they mourned differently than their husbands, crying more often and displaying more emotion. They all wished that many of their friends hadn't shied away from them because they didn't know how to deal with their situations. They needed their friends and relatives and wanted to talk about their dead sons.

SMITH RECALLED how angry she was the night nurses at William Beaumont Hospital, Royal Oak, told her that Bill was killed.

"They put me in a little room, alone, with my husband and told me to wait there," the professional nurse said.

"I got panicky so I walked into the emergency room and finally found him. Then they (nurses) wanted to drug me. I wanted to cry and they wanted me quiet," she said.

Smith criticized hospital staffers for not coping with the situation correctly. She suggests hospitals provide trained personnel to talk to parents whose children have just been killed.

After the initial shock wore off and funeral arrangements were made, Smith's husband buried himself in his work, while she took long drives on I-75 and screamed.

As time progressed, the grieving period lessened, but it didn't end after several months as friends had expected, she said.

"You're always grieving. At some point it doesn't overwhelm you anymore, but you never forget," she added.

Smith's two other sons and her daughter didn't grieve for their dead brother until they were sure she was alright, she said.

"I dreaded birthdays and Christmas and the first anniversary was very bad," she remembered. "But I stayed there and celebrat-

ed everything. That's what I recommend, not running and hiding or going on a vacation during the holidays, but staying home and facing it."

THE HARRETT'S situation was quite different. From birth, Mrs. Harrett knew her sons would die — it was merely a matter of time.

The majority of the family's lives were spent in a Cleveland hospital.

"We had a lot of friends who didn't even want to talk to us when Rusty was in the hospital. Most people appeared to want to run away from it," Mrs. Harrett recalled.

"Nobody could realize that he was going to die," she said of Rusty. "I wanted to shake people and say 'he's really dying'."

THE DEATH of her infant son Rusty in 1958 is unclear to her. It was so long ago and he was so young that she has lost sight of the incident. When Danny died in 1969 at 9, she was shocked because he died within four days after being admitted to the hospital. She and Ken were together the night Rusty died last June at 18.

"Even though I knew that cystic fibrosis was hereditary, I just set my mind to it that the boys were going to be OK," Mrs. Harrett recalled.

When discussing their grief, the Harretts focused on Rusty, the son they raised together.

"Rusty was an inspiration to me," his mother said. "He once told me he was glad he was born with cystic fibrosis, because he had gone places and done things he would have never done if he was well."

Despite the fact her sons suffered from terminal illnesses, she never treated them like sick children.

"AS A 14-YEAR-OLD, Rusty would get grounded just like any other kid. We didn't treat him differently because we wanted other children to like him," Harrett said.

Harrett, like other husbands, said the burden of holding the family together after Rusty's death was on him.

"A lot of people were concerned how I was going to handle Juanita. After he died and we all came back from Cleveland and Juanita was sleeping then I broke down and cried," he said.

Because the Harretts openly communicate with one another they said their marriage is stronger today than ever. But they both feel a great sense of loss.



DAVID FRANK/staff photographer

Juanita and Ken Harrett discuss the empty feelings they had after Mrs. Harrett's son died of cystic fibrosis last year. Har-

rett described the loss of his stepson who he lived with for 11 years as a "hunger that can't be satisfied."

It's hard to explain grief for infants, stillborns

When a woman has a stillborn baby, the young child is known only to her, her husband and several others in the delivery room.

Friends and relatives never see the baby, so it's almost impossible for them to talk about its physical appearance. But two women at Providence Hospital in Southfield, try to be on hand after a stillbirth so they can later relate to the grieving couple.

"We suggest to the couple that we take pictures of the baby so they'll have them later," explained Marcia Boehm, a co-leader for the hospital's support group of parents whose infants die.

"No one else sees the stillborns besides the couple — and many times us," added Sister Phyllis Sikora.

Since the parents usually have a great need to talk about the baby later, it's helpful when we make suggestions at the moment to them," she said.

THE GROUP for bereaved parents of stillborns, miscarriages and infant deaths began a year ago after several parents who were referred to other support groups complained that they were embarrassed for grieving for infants.

"The parents said they felt guilty as they sat with other parents who lost their children who were 10, or 18 or 20 years old, while they were grieving for children they may have never known or only known for a few days," Sister Phyllis said.

"After we heard that feedback, we decided to have a group especially for those people," she added.

Like other support groups, members share their feelings and experiences with one another.

"It doesn't help patients to hear that they can have another child, or that they had a miscarriage because something was wrong with the baby," Boehm explained.

WHEN A WOMAN delivers her baby at Providence Hospital and it is a stillborn or dies within a few days, Boehm and Sister Phyllis send a flyer to her home for three months following the death.

If the woman had her baby at another hospital she may be referred to the free support group.

"They usually come to the group within the first six months. We have a lot of couples coming together which is great," Boehm said.

"Many of them feel angry and cheated and the group helps them verbalize their feelings," Sister Phyllis said.

Probably the biggest mistake a husband can make, Sister Phyllis said, is shielding his wife from the reality of the infant's death.

"Husbands have to include their wives in all decisions. She doesn't need to be protected. She needs to be part of the funeral arrangements, the hospital bills and other decisions," Sister Phyllis added.

COUPLES who don't openly communicate often experience sexual problems, Boehm said.

"Although they want to get pregnant, they're very tense and afraid they'll have another stillborn," she said.

One of the biggest stumbling blocks women must overcome is blaming themselves for the stillborn, miscarriage or death, Sister Phyllis said.

"They say they did everything the doctor told them to do. They think they must have done something wrong to be punished this way," she explained.

Both Boehm and Sister Phyllis criticized doctors for recommending to women that they get pregnant soon after the death.

"They (parents) need to grieve for their loss and have time to get over it. Otherwise, some say they feel guilty about feeling happy when they're pregnant again," Boehm said.

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MINDY SAUNDERS/staff photographer

Marcia Boehm and Sister Phyllis Sikora lead a support group at Providence Hospital.

Parents whose children die as a result of miscarriage, who are stillborn or who die during their first few days of life have a special type of grief. Here, social worker