

obituaries

**ANNA E. MISCH**  
Mrs. Misch, 89, of Farmington Hills died March 21 in the Farmington Hills Home.  
Born in Germany, Mrs. Misch was a bookkeeper for an insurance company. She was a member of the Women's Benefit Association.

Survivors include her son, Carl; daughters, Maxine Riegler and Dorothea Cosans; nine grandchildren; and 16 great-grandchildren.

Services were March 31 at the Thayer-Rock Funeral Home, Farmington, with the Rev. Richard J. Alberta officiating. Burial was in Gethsemane Cemetery, Detroit.

**L. SOPHIA FAIRCHILD**  
Mrs. Fairchild, 79, of Farmington Hills died March 27 in Mt. Carmel Mercy Hospital.

Born in Pawtucket, Rhode Island, Mrs. Fairchild was a homemaker. Survivors include her husband, Edward; sons, Edward and Thomas. Mass was celebrated March 27 in St. Fabian Catholic Church, Farmington Hills.

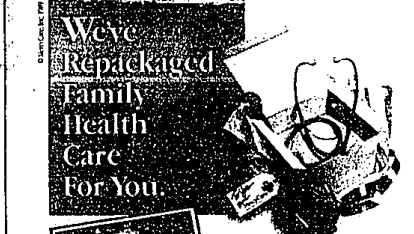
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**ALICE L. NIESTROY**  
Mrs. Niestroy, 75, of Farmington Hills died March 28 in Georgian Bloomfield Center.

Mrs. Niestroy was a sales clerk. Survivors include her daughters, Shirley Luttman and Beverly Rath-bun; brother, Harvey Knapk; sister, Doris Bauserman; eight grandchildren and five great-grandchildren.

Services were March 31 at Our Lady of Sorrows Catholic Church, Farmington, with the Rev. Roon Cronin officiating. Burial was in Holy Sepulchre Cemetery, Southfield.

Arrangements were made by the Heene-Sundquist Funeral Home, Farmington.

**RONALD CALVIN KIELTY**  
Mr. Kielty, 58, of Livonia died March 29.

Born in Littlefield, Minn., Mr. Kielty was a pilot for Northwest Airlines. Survivors include his former wife, Shirley; sons, Craig and David; a daughter, Linda; mother, Alice Kielty; brother, Mark; sister, Sharon.

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Parents train child for a dry night's sleep

When the Wilsons first realized they had a problem, Billy was 5 years old. Now he is 10.

"Don't worry, he'll outgrow it," the doctors kept telling them. That was five years ago.

But Billy was still wetting his bed. He would wake up in a dry bed perhaps two days a week. "Five doctors had tried their best. The family doctor had prescribed some medicine which stopped his bedwetting; but then he had a relapse as soon as the drug was discontinued," says Billy's mother. "Our pediatrician examined Billy and found nothing physically wrong. He referred us to a psychologist whose comment was Billy was a little hyperactive, but not abnormally for his age." An internist and an urologist put Billy through many tests. Nothing seemed to work.

"Over the last 5 years, we felt fortunate if the bed was dry two nights in a row," says the boy's father. "Billy would go to the night and he might wake the whole time, because he was too embarrassed and did not want to wet the bed."

Then several weeks ago, the Wilsons heard of the Michigan Children's Center. They sent away for the free literature and saw their own son's story being played out. What had hit them hardest was an earlier story that linked bedwetting to a change in personality.

"My son tried to set our cat on fire. That's when I said I am tired of hearing 'don't worry, he'll outgrow it.' Also, I found out bedwetting is harmful physically and emotionally. If bedwetting can be stopped, why should we put our son through such a horrible experience. We did not hesitate when our daughter needed braces. The expenses have nothing to do with it."

Many don't outgrow bedwetting

Bedwetting is not life-threatening, so it's not a disease. But it endangers a child's mental health, so it's more than an inconvenience. Its symptoms are not known, so it can't be called a discovery. It does not fit into any recognizable category as a psychological phenomenon, so it's treated as a physical nuisance. A nuisance that the child hopefully would outgrow.

But children don't always stop bedwetting. One report showed an incidence of 40 percent at three years, 22 percent at five years, 10 percent at ten years and 1 to 2 percent at twenty years of age. Girls do not wet their beds as often as boys. Bedwetting is about twice as common among boys as among girls. In 14 years the Center has successfully treated thousands of bedwetters with an enviable rate of success, and receives a great number of inquiries from adults who still have the problem.

Quite often a doctor will say, "Don't worry, your child will outgrow it." That's because most doctors don't want to worry the parents. And if we look at the

Services were April 1 at the Heene-Sundquist Funeral Home, Farmington, with the Rev. Michael L. Dunkelberger of Northbrook Presbyterian Church, Birmingham, officiating.

**LESLIE ALEXANDER THOMAS**

Mr. Thomas, 86, of Farmington Hills died March 30 in Mt. Carmel Hospital.

Born in St. Paul, Minnesota, Mr. Alexander was a machine operator in the automotive industry. He was a member of Masonic Universal Lotus Lodge 593-Livonia.

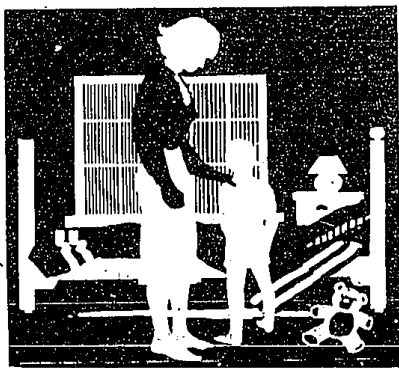
Survivors include his wife, Frances; a daughter, Lois Rohr; a brother and two sisters; three grandchildren and six great-grandchildren.

Services were April 2 at Nardin Park United Methodist Church, Farmington Hills, with the Rev. David R. Strobe officiating.

Memorials may be made to Nardin Park United Methodist Church. Arrangements were made by the McCabe Funeral Home, Farmington Hills.

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"To offer a child a reward for stopping something while he's asleep, is a no-win situation. It sets him up for failure."

statistics between the ages of five and ten, he has a better than fifty-fifty chance to be correct. A history of bedwetting in the family can reduce the chances a child will outgrow it. Also, Psychologist Dr. Warren Baler of the University of California at Los Angeles writes, "Evidence accumulated casts doubts that children outgrow bedwetting. Most bedwetters have the feelings. Shame and embarrassment are their constant companions. Correcting their affliction often produces remarkable results in family relationship, behavior, schoolwork and peer contact."

Billy was dry nine weeks after the Wilsons sent for the Center's literature, and eight weeks without a wet bed, they started to notice other changes.

"My son has always been very quiet, very withdrawn. He seldom talks to us. I guess that's because he was teased a lot when someone who'd let him stay at his home let the cat out of the bag," says his father. Today Billy reaches out for affection from his family in a way they've never known. He also appears much more confident and less argumentative.

Harmful physical and emotional effects

Billy follows the pattern of many "nocturnal enuretics" as the condition is medically known. For them, the problem is more than just a "wet sheet nuisance." Unfortunately it's still a closely cloistered problem. Few people are willing to discuss openly let alone seeking help. As a result, socially these children can develop poorly. Their bedwetting problem makes it difficult for them to join the crowd, making friends and learning the skill in a healthy relationship. They live in constant fear of ridicule—that somebody will uncover their problem. Bedwetting is not an accepted thing to do.

The resulting shame from bedwetting during the sensitive age of a child can be devastat-

**ROY F. SELLERS**  
Mr. Sellers, 79, of Farmington Hills died March 29.  
Born in Leroy, Missouri, Mr. Sellers was an industrial lathe operator.

Survivors include his wife, Mary Lou; daughters, Carrie and Suzanne;

brother, Ralph; four grandchildren. Cremation was in Evergreen Crematory, Detroit. Arrangements were made by the Thayer-Rock Funeral Home, Farmington.

Memorials may be made to Angela Hospice Home Care or the American Cancer Society.

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accomplishing something when he's sleeping is a no-win situation."

He notes that a 3 1/2 year study at the McGill University in Montreal, Canada, concludes that deep sleep, not the child, is the No. 1 cause of bedwetting.

Causes and effects

Bedwetting can cause serious psychological problems in a child if not being looked after quickly. After a while, the child develops some strongly ingrained habits and negative self-expectations which in turn make it even harder to overcome the problem.

Early symptoms of this taking place are: Temper tantrums, putting things off, avoiding responsibilities, afraid to be alone, difficulty in making friends.

Self psychotherapist at the Center, Arnold Keller says that the worst so-called solution, without a doubt, is for parents to wait for the children to outgrow the problem. Since toilet training points out the difference between right and wrong, clean and dirty, success and failure, bedwetting naturally reinforces negative feelings and can lead to a poor self-image.

Most bedwetters hide their feelings in shame," says Keller. "They pretend that it doesn't bother them, and they stop talking about it. And when parents don't think it affects the child, and everything seems to be alright, that's when things can become serious."

"The majority of bedwetters don't work to their full potential," he says. "They often have difficulty communicating with their parents because of the guilt associated with bedwetting. One study showed three of every four institutionalized juvenile delinquents were or had been bedwetters."

Fortunately, bedwetting can be corrected in almost every case. The Center enjoys a success rate of over 97 percent of those accepted into the program. Using the Dry Bed Training method pioneered by the Center over the past 14 years, parents can stop their child's bedwetting problem right in the privacy of their own home.

For additional information, and to find out why your child wets the bed, send for our free brochure. Call or write Michigan Children's Center, 870 Griswold, Northville, Michigan 48177. Telephone in Detroit 861-4844 or Toll Free 1-800-285-0802.

The concerned parent

Bedwetting can leave emotional problems both on children and on parents if the problem isn't treated quickly and corrected before attending school. "So the majority of our inquiries come from parents of pre-school children looking for a solution prior to starting school."

Some parents try rewarding their children for a dry night or scolding them when bedwetting occurs. But Cline-Smith says, "To offer a child a reward for

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