

50
Ways to Cope
with your
Child's Death

A Guide for
Grieving Parents



OTHER BOOKS OF INTEREST FROM MARQUETTE BOOKS

John Wheeler, *Last Man Out: Memoirs of the Last Associated Press Reporter Kicked Out of Castro's Cuba* (forthcoming 2008). ISBN: 978-0-922993-84-0

Steve Hallock, *War Stories from Great American Journalists of the Late 20th Century* (forthcoming 2008). ISBN: 978-0-922993-85-7

Eric G. Stephan and R. Wayne Pace, *Seven Secrets of Successful, Happy People* (2008). ISBN 978-0-922993-75-8

Dan Robison, *Death Chant: Kimo's Battle with the Shamanic Forces* (2006). ISBN: 0-922993-52-1

Phillip J. Tichenor, *Athena's Forum: A Historical Novel* (2005). ISBN: 0-922993-27-0

Melvin DeFleur, *A Return to Innocence: A Novel* (2005). ISBN: 0-922993-50-5

Dan Robison, *Wind Seer: The Story of One Native American Boy's Contribution to the Anasazi Culture* (2005). ISBN: 0-922993-27-0

Ray Edwards, *Justice Never Sleeps: A Novel of Murder and Revenge in Spokane* (2005). ISBN: 0-922993-26-2

John M. Burke, *From Prairie to Palace: The Lost Biography of Buffalo Bill* (2005). ISBN: 0-922993-21-1

Dan Robison, *Kimo's Escape: The Story of a Hawaiian Boy Who Learns to Believe in Himself* (2005). ISBN: 0-922993-28-9

Tonya Holmes Shook, *The Drifters: A Christian Historical Novel about the Melungeon Shantyboat People* (2005). ISBN: 0-922993-19-X

David Demers, *China Girl: One Man's Adoption Story* (2004). ISBN: 0-922993-08-4

50
Ways to Cope
with your
Child's Death

A Guide for
Grieving Parents



Norma Sawyers-Kurz

Marquette Books
Spokane, Washington

Copyright © 2008 by Marquette Books

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without permission of the publisher.

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

Sawyers-Kurz, Norma, 1943-

50 ways to cope with your child's death : a guide for grieving parents /
Norma Sawyers-Kurz.

p. cm.

Includes bibliographical references and index.

ISBN 978-0-922993-24-6 (pbk. : alk. paper)

1. Grief. 2. Children--Death. 3. Parents--Psychology. 4. Adjustment
(Psychology) I. Title.

BF575.G7S29 2008

155.9'37--dc22

2007035670

Marquette Books LLC

3107 East 62nd Avenue

Spokane, Washington 99223

509-443-7057 (voice) / 509-448-2191 (fax)

books@marquettebooks.com / www.MarquetteBooks.com



Dedication

To Neal, Hunter, and Landon,
my three grandsons, who have been
a great blessing in my life



Lilies of the Valley
“Return to Happiness”



Contents

| | |
|---|-----|
| INTRODUCTION | 9 |
| 1 COPING WITH SHOCK AND DENIAL | 19 |
| 2 COPING WITH EMOTIONS & LONELINESS | 31 |
| 3 COPING WITH DEPRESSION | 39 |
| 4 COPING WITH PANIC | 51 |
| 5 COPING WITH GUILT | 59 |
| 6 COPING WITH ANGER | 69 |
| 7 COPING WITH PHYSICAL ASPECTS OF GRIEF | 77 |
| 8 COPING WITH LIFE CHANGES | 85 |
| 9 ENGAGING IN MEANINGFUL ACTIVITY | 97 |
| 10 AFFIRMING REALITY | 107 |
| FINAL COMMENT | 115 |
| WEB SITE RESOURCES | 117 |
| BIBLIOGRAPHY | 119 |
| INDEX | 123 |



Introduction

I had just finished with a customer at my beauty salon when one of my daughter's friends came running into the shop, screaming that Karen had been involved in a motor-vehicle accident.

Lewis, my husband, was next door at his barber shop and also had just gotten the news. We both ran into the street toward the scene of the accident, which was one block away. Someone tried to restrain me when I got to the scene, but I broke away. I had to see my daughter, who was lying unconscious on the street. Her eyes were fixed, staring, as bystanders were administering cardiopulmonary resuscitation to her still body.

It was March 5, 1982. Karen was only fifteen. She had been riding on the back of a motorcycle driven by a friend. She was going to cut his hair. They were riding from school to our businesses when a truck struck them at an intersection. The impact threw both of them toward a car

waiting at a stop sign. Karen's helmet came off, and her head struck the pavement. The boy's helmet remained intact. He suffered a severe concussion and multiple fractures but later recovered completely.

Glancing at Lewis, I saw terror on his face. He began crying and moaning, "She's gone! She's gone!"

I don't believe it, I thought. It's not true! Karen would be all right. My daughter and I were fighters. I would stay by her side until she recovered. She would be all right.

In a stupor, I watched as she continued to receive first aid. *This is unreal, I kept thinking. Any moment now I will wake up and find this to be a bad dream.*

A large, quiet group of bystanders—friends and relatives—gathered around us. Our 16-year-old son, David, had come upon the scene and now was standing with his head leaned against a parked truck. He was sobbing, shaking. My heart cried out to him and my husband. But I was numb—too numb to even cry.

As we waited for the ambulance to arrive, time seemed to stand still. *What is taking them so long? Don't they know my daughter could be dying?* Finally, the ambulance arrived and the medical attendants transported our daughter to a small, nearby hospital. I rode in the ambulance. Lewis and David took our car as we all headed for the medical facility.

Again and again, I tried to convince myself that Karen was going to be all right. Yet I was frightened. My mouth became so dry that my tongue felt like cotton. I watched as the paramedics worked on my daughter. *Just keep at it. Keep working with her. She'll come through.*

The ride to the hospital seemed to take forever, but at last we arrived. Breathing heavily, I followed the attendants as they rushed Karen into the building. After a short period of time, a doctor came to inform us that Karen's condition was critical, and she was to be transferred to larger hospital facilities in another city.

We followed the ambulance transporting our daughter to the hospital until mechanical problems with our car forced us to finish the trip with relatives. The ride seemed endless. Karen was in the ambulance, and we had no idea what was happening to her. We didn't even know if she was still alive. Lewis' brother and sister-in-law tried to comfort us during the trip. We sat silently in the back seat. Our thoughts and our feelings could not be turned into words.

After arriving at the hospital, we were taken to a room to wait for the doctor's report. A short time later a physician came to give us his prognosis. He said Karen was in a deep coma from the severe head injury, not breathing on her own, and unresponsive to all stimuli. She was "clinically silent."

Head scans had been taken, and they were flat. More scans would be performed later to see if there was any change, but the outlook wasn't good. We were informed that machines were sustaining our daughter's life. Drugs administered through her veins were keeping her heart beating and maintaining her blood pressure, and a respirator was pumping oxygen into her lungs.

The doctor was trying to gently tell us Karen's condition was terminal, but I couldn't accept that

prognosis. My heart could not hear him. Staring at me strangely, the doctor asked, “Do you understand what I am saying, Mrs. Sawyers?” Although I could hear myself answering, “Yes,” I found it difficult to believe I was actually speaking. How could I utter a word that seemed to signify the collapse of my family’s world?

Many of Karen’s friends joined us at the hospital to await news of her condition, and we were glad they were there for support. That evening and the following days were a blur of faces and embraces as our family and our friends sought to comfort us.

As we waited, I was haunted with many questions. *Why had this senseless calamity befallen our little one? Why did it have to be Karen? It wasn’t fair! Karen was so beautiful—her life so full of hope and promise. Why was life being stolen from her just as she was beginning to blossom and to taste life’s joys?*

The three of us were finally allowed into Intensive Care to see Karen. My daughter’s chest moved up and down as the mechanical respirator breathed for her. She was completely still. Her eyes were partially open and staring.

A nurse explained that everything possible was being done for our daughter. I took my daughter’s hand and softly spoke to her. “I love you Karen. We all love you.” We all spoke loving words as if she were listening. But there was no response. She seemed lifeless, withdrawn.

As we continued the vigil, more questions tortured me. *Does she know what’s going on? What if she is suffering and can’t tell me?* Oh, how could we bear this

torment? I wished to be home so I could just run down the road and scream. *Would it help to do that? Where was my help? What was my help?*

On Saturday we conferred again with the neurologist. “I’m sorry to have to tell you that the head scan shows no improvement,” he reported. “The readings are flat. Another brain scan will be taken tomorrow to see if there is any change. If there is no change, after the period of time required by law, your daughter should be taken off the machines maintaining life functions. To leave her on the life-supporting machines would only prolong her present condition artificially. Medically we have done all we can. We don’t expect you to make the decision. After the prescribed period of time has passed, we will decide.”

That evening, in the waiting room, we managed to get a little sleep. But I woke often and went through the list of “if-onlys.’ *If only I had told Karen that she couldn’t cut the boy’s hair—If only I had not given her permission to ride on the boy’s motorcycle—If only I could turn back the clock and make this stop ...*

We had always been so careful with our children, never taking chances on their health or safety. When they were sick, we immediately took them to visit the doctor. Once David had broken his foot, and Karen had hurt her knee in sports. We took both to specialists where they received the finest care. Now—after all the years of care and concern—this horrible tragedy.

Two days had passed since our daughter’s tragic accident. It was Sunday morning, March 7, 1982. That morning Karen’s physicians informed us there was no

hope for her recovery. It was apparent to them that our daughter's brain had been irreversibly damaged. Karen had lost her higher brain functions—she could no longer think, she could no longer feel. In other words, Karen was no longer Karen. And, the doctors said, Karen never would be again.

We knew Karen wouldn't want such a condition to continue. The feisty, fun-loving girl we had known and loved for fifteen years would not want any part of that sort of helpless existence. For Karen's sake, the doctors felt that the best thing to do was to cease artificial life-support. Further treatment was hopeless. We had to let go of Karen. We had to let our precious daughter die in peace.

As I awoke the following morning, the realization that my daughter was gone washed over me like a tidal wave of grief. Despair engulfed me. From that moment, each day meant facing the paradox of the unfaceable. Across the bed and in the next room, I knew my husband and my son were experiencing their own profound grief.

In the mournful days, weeks, and months right after her accident and death, I was an emotional basket case, nearly paralyzed by my suffering. It took extreme effort for me to function even at the simplest level. At home, my legs dragged as I mechanically went through the motions of cooking, cleaning, and laundry washing.

At my beauty salon business, apprehension filled me each morning as I thought of facing my tasks. From the moment I had seen Karen lying unconscious on the street after her accident, I had difficulty communicating with others. It was difficult for me at work because I was

experiencing so much trouble concentrating. My customers went out of their way to offer me sympathy, and I couldn't have survived without their support, yet it was hard during those days for me to appear interested and attentive in what was occurring around me. As customers chatted with me, I hoped I was nodding at the correct times and saying the right things. I wasn't very good company.

I couldn't seem to escape from my sorrow. I found it impossible to become absorbed in a book or in television because my attention span had become so short. Feeling disassociated from my surroundings and from the concerns of the world, I found it difficult to socialize with family or friends. Food no longer attracted me because now my appetite was gone; it was difficult for me to even consume an entire sandwich. While other people were on diets to lose weight, I was losing weight without even trying. Sleep wasn't an escape either. I intermittently woke up with a start, with an empty feeling in the pit of my stomach. Day and night, the realization of the loss of my daughter weighed heavily upon me.

In my worst moments, I panicked. I worried that the quicksand of my grief would pull me down farther and farther down until I lost my mind. I longed to flee, to somehow escape from the pain of my grief. But life did not spare me. There was no way to disengage from the suffering. And, the fact is, I did want to live. I knew my remaining family, whom I deeply loved and cared about, needed me. What I wanted most then was to somehow incorporate this terrible loss into my life so I could become

a whole person again. It was tough, and it took many years of struggle, but with the support of others and my faith in God, I succeeded in rebuilding my life. I was able to meet my daughter's death on its own anguishing terms, grieve over it, ask questions, and in time allow it to become a part of my life's complex pattern.

Competent doctors and psychiatrists have written many books about the grieving process. I encourage you to read them. What makes this book unique is that it is written by someone who has experienced what you are now experiencing — the loss of a child.

In the pages that follow, I will try to help you understand what is happening to you and will provide you with appropriate ways for coping with grief so that you, too, can rebuild your life as I have. At this point, you may not feel that you can overcome your child's death. You may feel, like I once did, that there is no escape from grief. Yet I escaped. It didn't happen overnight. It took many years of prayer and interaction with family, friends and professionals to cope with the death of my daughter.

But I survived and, in this book, I will share with you some of the ways in which you, too, can cope with and survive your own child's death. The 50 suggestions provided in this book are drawn from my own personal experience as well as from the expertise of many doctors, professors and others who have studied the grieving process. They are organized into 10 chapters that roughly parallel what experts call the stages of grieving:

- 1 COPING WITH SHOCK AND DENIAL
- 2 COPING WITH EMOTIONS & LONELINESS
- 3 COPING WITH DEPRESSION
- 4 COPING WITH PANIC
- 5 COPING WITH GUILT
- 6 COPING WITH ANGER
- 7 COPING WITH PHYSICAL ASPECTS OF GRIEF
- 8 COPING WITH LIFE CHANGES
- 9 ENGAGING IN MEANINGFUL ACTIVITY
- 10 AFFIRMING REALITY

Of course, I cannot guarantee that reading this book will help everyone. But I hope some of the suggestions provide comfort to you and help heal your soul.

Norma Sawyers-Kurz

Fall 2007

Chapter 1



Coping with Shock and Denial

When your child dies, you can feel as if your whole life has been shattered and nothing will ever be the same. Whether your loss came unexpectedly or after a long-term illness, you and your family are likely to experience shock and denial, according to experts on death and dying. You will find it difficult to accept the fact that it happened.

Such sorrow, experts say, often “anesthetizes” us, preventing us from having to face the grim reality all at once. In other words, we know intellectually that our child has died, but emotionally we don’t want to believe it, so unconsciously we set barriers in the way, making complete acceptance a slow process. Shock and denial give us time to accustom ourselves to the terrible facts.

The shock-and-denial stage may last anywhere from a few minutes or hours to a few days or weeks.¹ But it happens to most people. And contrary to popular belief, this stage is a good thing. It offers a temporary mental escape that sustains us until we are emotionally ready to move on to the next stage of grief.

1. Ask for Assistance in Dealing with Details Such as Funeral Arrangements

When we are numb with shock, everyday activities of life can seem like enormous tasks. It can take all of our strength, for example, just to take care of our physical needs, such as food preparation and grooming. More complex tasks, like making funeral arrangements, are even more daunting.

In *Surviving Grief and Learning to Live Again*, Catherine M. Sanders, a psychologist specializing in bereavement, notes that “the rituals of death require a lot from us, not the least of which is that first awful, wrenching trip to the funeral home to make the arrangements.”² She adds that at a time when we feel least prepared for decision making, we are bombarded with numerous questions, leaving us feeling overwhelmed.

¹See Granger E. Westberg, *Good Grief: A Constructive Approach to the Problem of Loss* (Minneapolis: Augsburg Fortress Press, 1979) for an excellent listing of the stages of grief.

²Catherine M. Sanders, *Surviving Grief and Learning to Live Again* (New York: John Wiley and Sons, Inc, 1992), p. 48.

If you find that taking care of these responsibilities or even thinking clearly is difficult, enlist the assistance of friends or relatives. Most of the people closest to you would like to lend a hand, so let them know how they can aid you during this extremely difficult early period. Perhaps you need assistance for such tasks as writing the obituary, answering the phone, preparing the meals, and so forth. Don't be ashamed to ask or receive much needed help with these tasks.

2. Accept Emotional Support from Friends, Relatives, and Other Parents

The heartache and pain associated with losing your child is so traumatic that just getting up in the morning to face the day can be a challenge.

To help you through this process, accept emotional support from friends and relatives. In addition to loyalty, they provide love and sympathy and can help you share the pain. Talk to them.

Don't be disappointed, however, if some friends or relatives don't know what to say. People often have difficulty expressing themselves well or reaching out to each other during times of grief. Some people will lift you up with their encouraging words. Others have more difficulty expressing their support. In addition, be aware that some friends or relatives may avoid you during this time or refuse to talk about the tragedy for fear that it may bring either you or them too much grief.

Other parents who have lost a child can be another source of emotional support. Of course, your loss is unique, so no one else can say that they know exactly how you feel or what you are going through. But other parents who have experienced a loss are in a better position to understand what you are going through. Seek them out and share your story with them.

In fact, you may want to join a support group of other parents who have lost children. In *How to Go on Living When Someone You Love Dies*, bereavement specialist Therese A. Rando writes that “self-help groups can be wonderfully therapeutic in assisting you with your mourning.”³ She writes that support groups not only provide us with encouragement, they also provide practical suggestions for dealing with grief. These groups can help fill a gap when we find that others avoid us.⁴

Don’t expect that any one person will have all the insight and compassion you crave. But do accept whatever emotional support you can from those who have experienced the loss of a child.

3. Seek Guidance from A Minister or Skilled Counselor

In his book *Healing Your Grieving Heart: 100 Practical Ideas*, Alan D. Wolfelt says that “while grief

³Therese A. Rando, *How to Go on Living When Someone You Love Dies* (New York: Bantam Books, 1991), p. 311.

⁴For additional information on support groups, including some Web sites, refer to No. 18 in Chapter 3.

counseling is not for everyone, many individuals are helped through their grief journeys by a compassionate counselor.”⁵ He advises that, if possible, you should locate a counselor experienced in dealing with grief and loss issues. He adds that your pastor or spiritual leader also may be a good source of counsel at this time, but only if he or she understands your needs to mourn your loss and to search for meaning.

This doesn't mean that parents who lose a child shouldn't talk to friends or relatives. But a pastor or counselor usually has more knowledge and resources to help you work through emotions like anger and guilt. They also can validate your loss and provide a frame of reference as to what constitutes “healthy” mourning. Some people also prefer the safety and security of a therapeutic environment.

The choice of counselor will depend upon your needs. If you desire counseling from a religious perspective, seek out a member of the clergy. But some secular counselors, psychologists and psychiatrists also understand the importance of spirituality and have been trained to provide emotional as well as spiritual guidance.

In addition to ministers and psychologists, other resources include crisis centers that focus on coping with tragedy and sorrow and, as noted above, bereavement groups that help people work through the grief process.

⁵Alan D. Wolfelt, *Healing Your Grieving Heart: 100 Practical Ideas* (Fort Collins, CO: Companion Press, 1998), p. 67.

4. Write Your Feelings in a Journal

Writing is another way of releasing emotions during the early stages of grief. You can begin by attempting to answer the questions you have been asking yourself over and over again. “Why did this happen?” “How can I go on?”

You also may have feelings or thoughts you wish you had shared with your child while he or she was still alive. Write a letter in your journal to your child. Pour out your heart. Express your love and say all the things you wish you had said.

Identify any unfinished business or unresolved emotional issues in the relationship with your child, and then write down the words you wish you had said. “I love you,” or “I’m sorry,” or “I needed you.”

Rando says that “although you cannot have the actual interaction with your loved one ... there are ways that you can deal with unfinished business. ... Sometimes writing a letter to your lost loved one can be therapeutic.”⁶

Of course, you may also question your faith or your religion. Don’t be afraid to express yourself and talk with others.

⁶Rando, *How to Go on Living When Someone You Love Dies*, p. 252.

5. Be Gentle and Kind to Yourself

If you're like most people who lose a child, you are probably wondering how you will ever learn to go on with the rest of your life. But with the support of family and friends and perhaps God (if you are spiritual), you can nurture yourself into believing once again in your life.

Note that I said "nurture," because overcoming grief doesn't happen in days, weeks, or even months. It usually takes years for many parents to integrate the death of a child into the fabric of their lives.

Pay close attention to your emotional and physical well-being.⁷ You are emotionally vulnerable right now, so don't beat yourself up for any action, deed, or word from the past. The past is gone, so the best thing to do now is to focus on the future and on your eventual recovery.

Concentrate on your physical well-being as well. When grief is intense, the body uses up vast amounts of emotional and physical energy. Nancy O'Connor, author of *Letting Go With Love: The Grieving Process*, says we should go easy on ourselves during early grief, because "mental confusion and low energy levels are very common. Fatigue and exhaustion result from both expending the energy to cope and resisting the emotional responses that continue to surface."⁸

⁷See Chapters 2 and 7 in this book for more details about taking care of your health.

⁸Nancy O'Connor, *Letting Go With Love: The Grieving Process* (Tucson, AZ: La Mariposa Press, 1984), p. 19.

It is vitally important at this time for you to get proper nutrition and the best rest you can. Don't overdo it. Your most special need right now is to be gentle and kind to yourself.

6. Carry on with Normal Activities as Much as Possible

It is good for us to keep fairly busy with our usual daily activities during the first stage of grief. Although we may need help with some tasks early on, it is certainly not good to become completely dependent on others or to let them make all our decisions for us. There is therapeutic value in doing things for ourselves, because this will help most of us come out of the shock phase and move us into the grief process.

Staying busy is good because it also helps prevent us from dwelling too much on painful memories. In her book, *How to Survive the Loss of a Child*, Sanders says that “the search for some meaning in a child’s death is an ongoing rumination for survivors. It is as if we must unearth every detail surrounding the death, so we can begin to piece together this incomprehensible tragedy.”⁹

Intense thinking about the circumstances surrounding the death of a child is a natural response to the loss and a reflection of the internal grief. However, preoccupation with thoughts about our child’s death can

⁹*Catherine M. Sanders, How to Survive the Loss of a Child* (New York: Three Rivers Press, 1998), p. 17.

become obsessive. Mental images can run through our minds until they seem like a flood that can't be stopped. We can mentally ponder over details regarding aspects of our loss until we feel overwhelmed. At those times, when our minds are running in circles, there are some steps we can take to fix our minds on more pleasant thoughts.

First, we can recognize that memories can seem more profound in certain situations, and we can try to discover ways to stop these images in their tracks. The "triggers" that evoke these painful memories may be something like shopping in a particular store, driving down a certain stretch of roadway, dining in a particular restaurant, and so forth. After you identify these triggers, avoid them as much as possible, at least for the time-being.

Another way of overcoming painful memories is to look at the circumstances from a different perspective. This is sometimes called looking for the "silver lining in every cloud." It is a powerful way to keep our minds from dwelling too much on the pain and anguish we feel and to bring us peace in the midst of the storm.

Although negative and painful thoughts will continue to occur from time to time, you don't have to keep entertaining them. It will be difficult, but you can consciously make an effort to focus your mind on the good things in your life. Concentrate on whatever is true, honorable, right, pure, lovely, or good in your life and let your mind dwell on those things.

7. Try to Face the Reality of Your Loss as the Shock Begins to Wane

When a child dies, we, as parents, reason that such sorrow happens to other people, but it can't be happening in our lives. Shock forces us to retreat mentally until a later time, when we can get a grip on the reality of our loss.

The length of time we remain stuck in shock varies. This stage can last for an incredibly long time if we refuse to face reality and to deal with our grief. To remain in this stage for weeks or even months, most likely means that a person is suffering from unhealthy grief. So, as shock begins to wane, it is vitally important you allow yourself to face the reality of your loss and to begin to process all of the emotions you are feeling.

Wolfelt writes that “this need requires that we embrace the pain of our loss—something we naturally don't want to do. It is easier to avoid, repress, or push away the pain of grief than it is to confront it.”¹⁰ He adds that although the only way you can address your grief is by facing the pain, you will probably need to embrace your pain in small “doses,” because you could not survive if you were to experience all the pain at once.

¹⁰Wolfelt, *Healing Your Grieving Heart*, p. 4.

***8. Read Inspirational Materials
for Solace and Emotional Release***

Another way of obtaining solace or emotional release is to read works of poetry, written from either a secular or a religious perspective.

Poetry achieves its effects by rhythm, sound patterns, imagery and a loftiness of tone that not only provides comfort, but also brings, for some people, a release of emotions through crying. This can be especially helpful to bereaved parents in early grief because denial and shock sometimes prevent us from experiencing the intensity of our emotions or from shedding tears.