



*Bereavement Support Services*

# **BEREAVEMENT FOR YOU**

# **Beaumont**





# BEREAVEMENT FOR YOU



## THE HEALING PROCESS

It takes time to recover from the loss of an infant. While time is a great healer, the following suggestions may help in your recovery.

**Accept the grief.** Grieving is a normal, natural process that leads toward healing. But remember, everyone feels and shows their grief differently. There is no “right” way to grieve.

**Talk about your feelings.** Although talking about your feelings might be uncomfortable at first, you need to let your family and friends know what you’re going through and what you feel comfortable talking about. Talking about your feelings and your loss will help you deal with both. Remember however, that no two people express their feelings the same way or at the same time.

**Keep busy.** Attempt tasks that will occupy your mind. Avoid frantic activity but do try to do what you think you can handle. Keep realistic expectations for yourself. Don’t let yourself become overwhelmed by all the things you need to do or minor details. Try to concentrate on the task at hand, one thing at a time.

**Watch your health.** Bereavement may cause you to neglect your health. Eat well. Your body is still recovering from your physical and emotional loss. Good nutrition is key in helping you cope with your grief. It will give you the extra energy needed for handling the emotional rollercoaster ahead. Try to minimize your intake of caffeine, high fat foods, sugar, alcohol and nicotine.

**Get enough sleep.** Having enough rest will help you have the energy to face the feelings ahead. Some suggestions for getting a good night’s sleep are: try not to discuss upsetting subjects late in

the evening, cut out caffeine containing products after dinner, try not to go to bed angry, reduce mental and physical activity at least a half hour before going to bed and don’t go to bed before you are tired. You might also want to take a hot bath or drink a glass of warm milk before going to bed.

**Record your thoughts.** Write a journal or make a tape of your feelings, thoughts and memories. Some parents write letters to their babies, sharing feelings they never had the chance to express.

**Talk with others who have had similar experiences.** Having the opportunity to talk with others, either individually or in a group, can help you feel less isolated and unique in your loss.

**Postpone major decisions.** You may be better equipped to make a major decision once your grief has begun to ebb and you’re more comfortable with your feelings. Decisions about sterilization, immediate pregnancy, major career plans, or a move should be postponed, if possible, until you can give them your full attention.

**Practice your faith.** Try to use God and your faith as a source of comfort rather than the cause of this misfortune. You are not the first to ask God “why.”

**Seek professional help.** Do not allow crippling grief to continue. There comes a time to stop crying and live again. Sometimes a few sessions with a trained counselor will help you handle your feelings.

### Bibliography

Isle, Sherokee and Linda Hammer Burns. *Miscarriage: A Shattered Dream*. Lakeland Press, 1985.  
Jensen, Any Hillyard. *Healing Grief*. Medic Publishing Co., 1980.

## BE PREPARED FOR DAYS WHEN...

- ...you receive phone calls or mail offering you baby services (e.g. diapers, pictures, magazines, etc.)
- ...you see other pregnant women or infants who would be about your baby's age
- ...your due date arrives
- ...you visit your obstetrician for your six-week checkup
- ...there are family gatherings or special holidays
- ...you see TV commercials or programs relating to babies
- ...you shop at the supermarket and start down the aisle with baby products
- ...well-meaning friends "drop in" unexpectedly
- ...baby announcements arrive from friends/relatives
- ...you read news events relating to infants or children
- ...you think things are going well and you feel that you're doing a good job of coping and progressing and suddenly you have a bad day – you feel weepy
- ...you meet people who don't know what happened

*There will always be the day that you never thought about.*

*Don't be afraid of having the "right" answer or of doing the "wrong" thing.  
Understanding family and friends will help you through these times.  
Local support groups can also offer different ideas on how to cope  
with these difficult days.*





## DEALING WITH THE HOLIDAYS

For those who are in mourning the approaching of a holiday season (whether it is Thanksgiving, Hanukkah, Christmas or a “personal anniversary”) may be met with ambivalence, anxiety and depression. While it cannot be denied that the holiday exists, feelings of sorrow may seem at direct odds with the rest of the world. There is no “right” or “wrong” way to constructively cope, it is important to create a path that is personally helpful and appropriate. The following thoughts are offered as guidelines or suggestions to assist in coping effectively.

Grieving, which is a normal, natural and necessary healing process, may be intensified at the holidays.

### Try to prepare yourself:

- It takes great physical and emotional energy to grieve, so use your energy wisely and try to relax (avoid planning every detail – let some of it evolve for you).
- Know there will be memories, “triggers” such as scents, sounds and sights that will evoke tears. Let them flow.
- It is difficult to be joyous when you hurt inside—try to surround yourself with people who understand this; be honest about your feelings. Take an honest look at the holiday and what is truly significant for you and your family (religious significance and personal feelings can get lost amid societal pressures and commercial expectations).

### Consider the following:

- Loss and grief can cause us to re-evaluate our priorities – formerly “important practices and traditions” may not be significant at this time.
- Design a holiday that meets your needs at this time, not one that fulfills the expectations of others.

- Share your “design” with those important to you, that they may participate.

Examine your personal expectations, set priorities, reconsider your “duties.” Eliminate unnecessary stressors this year.

### Some of the following suggestions may help:

**Shopping and gift giving** – Shop by mail, by phone or by computer and scale down or eliminate list.

**Cooking** – Must all the goodies be “home baked?” Can a menu be changed if the traditional turkey dinner is painful?

**Entertaining** – Office parties, business obligations, neighborhood, social or family gatherings can be scaled down. Be selective.

**Christmas or greeting cards** – Sending them can be comforting for some, painful for others – nothing wrong with sending a personal note mid-winter instead.

**Decorating** – The Christmas tree, wreath, lights – comforting or painful? It can be done differently this year.

**Events** – Attend special or traditional church services (remember to observe the holiday in its appropriate meaning for you)

**Quiet time** – Find quiet-together time with special, comfortable people (it helps!) Also find quiet-relaxing time for YOU (it’s a necessity!) “We cannot deny that the holidays exist, but we can commit ourselves to (attempting to) cope with them constructively” by Bruce H. Conley, from his booklet *Handling the Holidays*.

*Courtesy of:*

*Marilyn K. Gilbert, MA*

*A.J. Desmond & Sons Funeral Directors*

## THIS IS WHAT I DO WITH KERIN MARION COHEN

On December 20, 1977 I was a happy expectant woman. Very happy and very expectant. Actually, there were two things I was expecting, a baby and a book. A publisher was considering for publication what to me is my most important writing, my "Motherhood book," and their attitude was encouraging. With respect to the baby, things also looked encouraging. I felt great, had behind me two full-term pregnancies, two short labors, and with me now two healthy children bouncing around the neighborhood. And I was ecstatic about the prospect of the third, which was now nine days overdue.

My ecstasy must have showed, too. "You look so happy," said the man sitting across from us in the cafeteria. "I am happy," I answered. "That's really good," he said. "Not many people know how to be happy."

We all smiled at each other, he, my husband, and I. For the umpteenth time, I hugged my belly. Kerin inside contentedly shifted. Somehow I always thought of the baby as Kerin, even though we planned to name it Kerin only if it were a girl.

On December 21, I was still happy and expectant. Just not quite as expectant. A letter from the publishers had arrived, saying they'd decided not to publish the book. I cried, clung to my belly, and twelve hours later was happy again.

On December 22, I wasn't happy and I wasn't expectant. Kerin (yes, a girl, Kerin) was born uncrying. The reason, so we were told, was that she was so overdue that the placenta had aged and she had passed and inhaled meconium. Post-maturity; that's the technical word for it. Now Kerin lay in the intensive care nursery, still uncrying, and unsmiling.

Perhaps it's inaccurate to say that I wasn't happy or expectant. After all, I'd just had a living baby, and although the doctors told me not to, I couldn't help expecting her to keep on living. And, amidst the tapes and tubes, Kerin's tiny fingers and toes were sources of wonder.

On December 24, I stopped being happy or expectant in every sense. At 3:15 p.m., as we were on our way to the hospital to visit her, just as we were walking out the door, just as I was thinking, "No matter what happens, I'll still get to see her now, at least one more time", just then the phone rang. Jeff answered. Then he didn't answer.

It was the worst minute in my life. I screamed. I just kept on screaming. Finally I sobbed along with Jeff, but then I screamed again. Only fatigue could stop my screaming. If it wasn't for fatigue, I sometimes think I'd be screaming still.

For weeks I walked around in a silent scream. I didn't want to do anything. I especially didn't want to do anything that didn't have anything to do with Kerin. I didn't want to eat, sew, or make supper. It actually hurt, physically, to do these things. I just wanted to think about Kerin. If I was too fatigued to scream, at least I wanted to think screams. And I wanted time alone with my dead baby, as I would have wanted time alone with a living baby. And I wanted time to be (or seem to be) the only mother-of-a-dead-baby, and yes, to indulge in self-pity. Also, the seemingly contradictory feeling, hope – hope that it hadn't really happened after all; I wanted to give God a chance to wake me up from the nightmare.

Intellectually I knew this time would pass, but intellectually I also knew I had to have that time in the first place. I still believe it was a good thing that I took it.



This denial-isolation stage of grief would and will continue to come and go in various forms over the months and years and the rest of my life, and is not spoiled by outside contact. But the original period of constant wallowing was important to me. I needed to be alone – alone with my husband, alone with my baby, alone with my two other children, alone with my writing, and just plain alone. And so, although the counselor at the maternity center where I bore Kerin told me about an infant-death support group called UNITE, and although she gave me the name and phone number of a contact person for the group, I decided not to call – at least not yet.

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## “GRIEF IS UNIVERSAL”

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“Grief is universal,” my mother reminded me during that horrible, horrible week, but I didn’t feel very universal. And as usual, I resisted her intellectualism and her culture. I didn’t like it when she told me, once again, all about how tragedy breeds art. I’d been a good poet before my tragedy. I thought bitterly, and it wasn’t art I’d wanted to breed this time. And I didn’t want to think about the others, whose tragedies had bred art (like Mahler with his *Kindertotenlieder*), or those whose tragedies hadn’t bred art. I didn’t want to think about the others, not just yet. I wanted to be alone, unique, self-pitying, moody, depressed, and mad. “Kerin-grief is not like other grief,” I later wrote in a poem.

Then, too, I remember envisioning the group as being something like the local PTA. A bunch of typical organization-type supermothers. “After all, I’m a feminist,” I thought, “a PhD and a poet.”

I’ve never before fit in with a group of people just picked at random. Why should this be any exception? And why should I confide my Kerin thought to people with whom all I have in common are circumstances. (Looking back, I feel annoyed and ashamed at myself for feeling that way, I who believe in solidarity. I’m glad and proud, however, that I don’t feel that way any more.)

I also felt slightly resentful, on the defensive. “Why should the fact that my baby died mean I need psychological help?” I asked. “It’s not my fault the baby died.” I didn’t realize that the psychologist, like the other group members, are there to help us over unexplored territory, and to reassure us that what might seem to us like crazy behavior is really part of the normal grieving process. Also, just in case there was somebody in the group who really did need psychological help, it was important to have it available. There were quite a few things I didn’t realize then that I realize now, and so I stayed private for awhile. Relatively private, that is. Looking back, and having compared notes and memories with others in the group, I see that I didn’t exactly lock myself in the bedroom. True, I tried to make my nights as long as possible, and spent most of my days crying, writing, or napping, and grocery-shopping only when absolutely necessary. But I also went thrift-shopping a few times, when I felt it might be possible to cheer myself up, those rare hours when I thought there might actually be such a thing as being cheered up. And I made Elle a slumber party, filled out the copyright forms for the woman’s poetry anthology I’d co-edited, taught math one evening a week (telling the class what had happened to me, and yes, crying in front of them. They were very sympathetic, and one of the women students raised her hand. “The same thing happened to me,” she said.) and little by little, I talked to good friends, always long sincere conversations about Kerin and me.

"Is there anything I can do?" they'd ask. "Yes," I answered. "Talk with me about it. Talk and listen. Just talk baby-talk."

So they did. Told me about their past labors, too. As they would have if Kerin had lived. It helped somehow. Eased the pain. Oh, so temporarily, but very definitely. I waited to tell it over and over again, what had happened, how I felt. And as time went by, and as my good friends staggered their condolence calls (I'd get two or three a week), I got to talk about it anew to each one, ease the pain each time. But of course, only temporarily.

Eventually friends and time wore thin. Not that my friends ceased to call and talk and listen. But it hadn't happened to them; they had their own lives and interests, interests similar to what mine had been before. They didn't want to talk about it ad infinitum. And I could tell.

So as the weeks passed I decided, one morning when I was feeling especially blue, to phone the UNITE contact person. Well, Carol was so responsive, so honest, so caring, and had so much time for me. She'd had a stillbirth three years before, and a healthy baby since, so we talked about her as well as me. We talked all morning long. If all we had in common were circumstances, that was enough. We talked about things I hadn't been able to talk about with my good friends. And I asked questions, mostly about what it felt like, three years and a healthy baby later. Again, it eased the pain, more successfully and less temporarily. And, upon learning that my house was on her way to the hospital where the UNITE meetings were held, I told her I wanted to go to the very next one.

And so, on February 22, exactly two months after the birth of Kerin, and two months minus two days after her death, I attended my first UNITE meeting. Carol and I had some more good talk on the ride over, mostly about when I could expect to start ovulating again (For simultaneous to my grief over Kerin ran fears concerning the next baby.) It turned out that she also had waited and worried and made temperature charts. In the lounge at the hospital, there were some 15 to 20 people (both mothers and fathers, one nurse, one psychologist) sitting around on various chairs and sofas. I thought a whole maze of thoughts, felt a whole maze of feelings. There was a sense of unreality. It especially struck me how, although I knew that they, as I, felt like death itself, and although we were making no attempts to hide that fact, here we all were, also doing more worldly things like smiling, shaking hands, introducing each other, and talking about all the traffic we'd encountered on the way. And it wasn't forced. We weren't talking small-talk. We were actually, all of us, saying just what was on our minds at the time. Life in the midst of death. And a sense of unreality. "This can't be me," I thought. "It's not really a UNITE meeting I'm at; it's a Nursing Mothers meeting." And once the meeting got formally started, and as everyone, clockwise around the room, took their turns at telling their stories – everything from miscarriage to crib death – I couldn't help divorcing myself from it all, as though watching a sad movie, as though feeling sorry for the heroines, and thinking, as in the old days, "But of course things like that don't happen to me."

Then it was my turn to talk. "I'm Marion Cohen" – No, this couldn't be me. – "and my baby girl died on Christmas Eve." It reminded me a little of movies I'd seen about Alcoholics Anonymous. Coming to the group was definitely a step toward



the “acceptance” stage of grief (i.e., finally realizing, at least more than before, that yes, it really did happen).

Another vivid memory of that first meeting was all the big bellies, women who had lost their babies long before me and who were now pregnant again. It moved me. And how I envied them. Ever since we’d gotten that bloodcurdling phone call from the hospital, I’d been thinking, almost chanting, “another baby, another baby”. I couldn’t wait. I won’t say that seeing all the big bellies gave me hope or courage; it didn’t. They were they, and I was me. They just moved me, that’s all. Pregnant women always move me, and these women were extra-special.

Mainly, at the meeting, I felt just the way I’d felt when talking on the phone with Carol. Here they were, a whole roomful of them, people who wanted to talk about nothing else but their loss. Whether it was me talking, or they, whether about my baby, or theirs, it made no difference. There was that need to talk, and that need was being fulfilled. We talked about our families and friends’ reactions, we talked about autopsies and funerals; the big bellies talked about fears. I remember feeling the talk more superficial than I would have liked, but it didn’t occur to me then, that the topics I wanted to cover (e.g., anger and guilt-feelings) would come up at subsequent meetings. And, as in my phone conversation with Carol, my pain was eased. I emerged from that meeting refreshed, regenerated, almost on a high – a relative high, that is. I got back my perspective. Time would pass; I’d get through this somehow. It was the beginning of control. Mainly, the pain stopped throbbing. And that was sufficient.

I found myself looking forward to the next meeting with an urgency bordering on hunger. For the first time since it happened, I was actually

looking forward to something. And this is the way I continued to feel, over the weeks, over the months (until I got pregnant again). And over the years, as I continue to attend meetings (as a “survivor”, and as a “UNITE graduate”), over and over again, newly bereaved parents express the same feelings. “I live from meeting to meeting,” they say, and “The only people I’m interested in getting together with right now are UNITE people.” We laugh – not funny haha but funny-familiar. It’s so true: As my mother pointed out, meetings are where we can talk about what we really want to talk about. Meetings are where people understand – understand, mostly, the intensity, and the duration, of our grief. Understand that weeks, and months, are not enough time to “get over it.” Understand that buying a new hat, or getting a new job, won’t begin to cheer us up, that in fact it makes us feel worse, lends a kind of nightmarish quality to life, fills our eyes with new tears as it reminds us of the good ol’days. And, once it’s over, or becomes routine, brings on a let-down to end all let-downs. UNITE people understand the specialness, and the difficulties, of grief for a baby as opposed to grief for an older person. For one thing, it’s a kind of double tragedy, since the expectations were so high. For another, a death which is connected to the process of giving birth is an insult to a woman’s body, a kind of rape. For yet another, a grief with no memories is not easy to accept. Perhaps, as my UNITE friend, Allison, pointed out in one of our many evening-long phone conversations, this is because, before we say goodbye, we have to first say hello.

At meetings, people understand. We try to be frank, to acknowledge what we feel, not what we think we should feel. We cry, we laugh, we’re not afraid of contradictory feelings. Often certain topics are temporarily, and on the subconscious level, taboo. Then suddenly somebody will make

a comment, and everyone starts running out of the closet as though the door were just unlocked. Like the autopsy procedures. "What do they actually do?" somebody asked, and suddenly everyone else started voicing their worst imagining. Or the nittygritty of getting pregnant again. For a while there everyone was either suddenly and miraculously showing up pregnant one evening, or else making vague statements such as "I guess we'll have another baby when we feel ready." But when I started coming to the meetings, I just up and stated, "I'm going to start trying as soon as I start ovulating. I'm going to get pregnant as soon as I can. And I can't wait. I just can't wait." I could swear I saw Holly's eyes light up. "Me neither," she said. "It seems like we've been trying forever."

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## WE CAN'T COMPARE OUR GRIEFS

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We can't compare our griefs; we don't make it into a contest. Sure, those who lost two babies suffered more than twice as much as those who lost only one, but that doesn't negate the single tragedy.

And it's not like an encounter group. There's no mysterious format. No mysticism or religion. No formidable atmosphere. We simply talk. There is no tension, no pressure; some of us sit through entire meetings completely silent.

Little by little I came to realize that the others had also at first procrastinated coming into the group, for reasons both similar to and different from mine. They, too, had been too miserable to function, and too paralyzed by their own grief to handle that of others. Unlike me, they had worried

that the meetings would be "too depressing" (which they often are, but, as one woman said at the last meeting, "I keep coming back anyway; I'm drawn to it somehow..." "Because it's what you need," I finished. "Yes," she answered.) Also, many had been discouraged by well-meaning friends and relatives. "Whaddaya wanna make yourself even more miserable for?" they had asked (as though it were possible to be "even more miserable") and "What is it, anyway? A bunch o' people sitting around feeling sorry for themselves?" (Answer: Yes. And much more.) Like all good support groups, UNITE continues to reassure its members that we're sane, that we're not crying or grieving abnormally, that we're not freaks, that guilt feelings are not the same as guilt, and that not only does "life go on," but eventually we'll like having life go on. (It won't be just pretend, or stoical, or heroic.) I don't think most UNITE people had had my need to be unique. On the contrary, most were relieved to come to meetings and discover that they're not unique (not freaks, physically or mentally).

Then, too, many bereaved parents are fearful, fearful of confronting certain feelings, and certain problems, problems which may have existed all along but were forced to the forefront by the tragedy. (What comes to mind first at this point is marital problems, but problems relating to feelings of insecurity and inadequacy run a close second.) Perhaps they are fearful of the end of the denial stage of grief, which coming to a group like this signifies. Many well-meaning people would allow this denial stage over a newborn to go on forever and ever. They would encourage us to deny that our babies even existed in the first place. "After all, it's not as if you knew her," people say, or "You can always have another one" (as though that solved the problem, as though babies were



interchangeable, as though that would help the dead baby any, and as though time didn't have to pass before we could have another, and forgetting that maybe we can't have another). So it's very tempting to, and many parents do, simply ignore, or try to ignore, the tragedy. And many parents wind up waiting at least a few weeks before coming to UNITE, and we have one mother who waited six years, plus four healthy children.

We keep in close contact between meetings, too. We call each other up and talk for hours, especially during crises (e.g., pregnancy complications, births, and the anniversaries, meaning the anniversaries of the deaths). We visit each other in the hospital, and at home; we have formed individual friendships that will last all our lives. The group has been very supportive of my writing (mainly my Kerin-poems). I've read them at meetings; things said at previous meetings have inspired many a poem, which I usually dedicate to the person involved in the exchange. I'll also never forget announcing my "first ov" to the group, and my pregnancy, and that evening I brought five-week-old Bret. ("I usually can't bear to look at babies," members say, "but somehow UNITE babies are different.")

We have a real support system going, and it's not a closed system, certainly not a clique. It has meant so much to us that we want to share it. For anyone who has lost a baby, we know this is no time to be alone.

Groups like UNITE exist throughout the country. There is variation in purpose, format, and frequency of meetings, and of course what happens at the meetings depends on the members. Most of the groups have names like UNITE, HELP, SHARE. They're actually acronyms, e.g., UNITE is really U.N.I.T.E., which stands for Understanding Newborns in Traumatic Experiences. But we just say UNITE. That's what we really mean.

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## THE GROUP HAS BEEN VERY SUPPORTIVE

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A new member recently asked me, "Why do you still come to the meetings – after all... you have a new baby...?" No doubt she was fearful about the rest of her own life. Will she always need the group? Will she always be as miserable as she is right now? No, I assured her, she probably won't. And I gave her several reasons why I still go to the meetings. It's not that I'm miserable, I said. Quite the contrary. And it's not that I still have a lot of things to work out. At home later that night I put it all in the form of a poem, one of my list-poems. #1. I go to help the newcomers. #2. I go in order not to forget. #3. I go to be with Kerin. This is where I go with Kerin. This is what I do with Kerin. I can't take Kerin to the park or the zoo, so this is where I take Kerin. This is what I do with Kerin.

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