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August 1982
Final Report

DOT HS-806-316

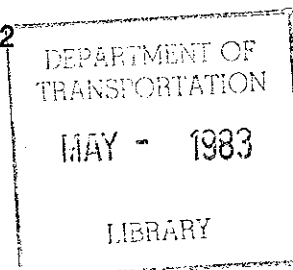


Children in Automobile Accidents: The Effects on the Family

Lorrie R. Rubin, M.S.W., A.C.S.W.

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Contract No. DTNH22-81-07052



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Technical Report Documentation Page

1. Report No. DOT HS 806 316	2. Government Accession No. DEPARTMENT OF TRANSPORTATION	3. Recipient's Catalog No.
4. Title and Subtitle Children in Automobile Accidents: The Effects on the Family	MAY - 1983 LIBRARY	5. Report Date August, 1982
7. Author(s) Lorrie R. Rubin, M.S.W., A.C.S.N.	6. Performing Organization Code	
9. Performing Organization Name and Address Lorrie R. Rubin, M.S.W., A.C.S.W. 4381 Americana Dr., #202 Annandale, Va. 22003	8. Performing Organization Report No.	
12. Sponsoring Agency Name and Address Department of Transportation National Highway Traffic Safety Administration Office of Contracts & Procurement 400 7th St., S.W., Washington, D.C. 20590	10. Work Unit No. (TRAIS)	
	11. Contract or Grant No. DTNH22-81-07052	
	13. Type of Report and Period Covered Final Report- 5/82 - 8/82	
15. Supplementary Notes	MAY - 1983	14. Sponsoring Agency Code
16. Abstract <p>When a child dies, the surviving family members experience a myriad of changes within themselves and the family system. The purpose of this research is to explore the emotional costs following the death of a child in an automobile or pedestrian oriented accident and the resulting long-term consequences of the loss.</p> <p>Using the case study method, nine families were interviewed following the deaths of their children. The research describes both the qualitative and quantitative perspective to surviving family members and the social and psychological damage which ensues. The case studies reveal a high incidence of marital and family erosion, alcohol and drug abuse, psychological instability and prolonged disability as several resulting factors after the deaths.</p>	LIBRARY	
17. Key Words Family Impacts Automobile Safety Transportation Psychological Consequences Fatalities of Children	18. Distribution Statement Availability is unlimited. Document is being released to the National Technical Information Service, Springfield, Va. 22161, for sale to the public.	
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages 72
22. Price		

METRIC CONVERSION FACTORS

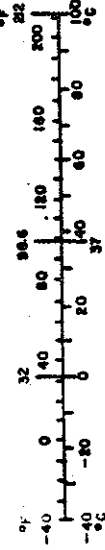
Approximate Conversions to Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
in	inches	2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
AREA				
in ²	square inches	6.5	square centimeters	cm ²
ft ²	square feet	0.09	square meters	m ²
yd ²	square yards	0.8	square meters	m ²
mi ²	square miles	2.6	square kilometers	km ²
	acres	0.4	hectares	ha
MASS (weight)				
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons (2000 lb)	0.9	tonnes	t
VOLUME				
teaspoon	teaspoons	5	milliliters	ml
Tablespoon	tablespoons	15	milliliters	ml
fl oz	fluid ounces	30	milliliters	ml
c	cup	0.24	liters	l
pt	pint	0.47	liters	l
qt	quart	0.96	liters	l
gal	gallon	3.8	liters	l
fl	cubic feet	0.03	cubic meters	m ³
yd ³	cubic yards	0.76	cubic meters	m ³
TEMPERATURE (exact)				
°F	Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C

* 1 in x 2.54 (exactly). For other exact conversions and more detailed tables, see NBS Mon. Publ. 286, Units of Weights and Measures, Price \$2.25, SD Catalog No. C13.10.286.

Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
AREA				
cm ²	square centimeters	0.16	square inches	in ²
m ²	square meters	1.2	square yards	yd ²
km ²	square kilometers	0.4	square miles	mi ²
ha	hectares (10,000 m ²)	2.5	acres	ac
MASS (weight)				
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	st
VOLUME				
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m ³	cubic meters	35	cubic feet	ft ³
m ³	cubic meters	1.3	cubic yards	yd ³
TEMPERATURE (exact)				
°C	Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F



PREFACE

My sincere appreciation to Carol MacLennan, James Besser, Dr. William Haddon, Jr., M.D., and Louis Rubin for their individual contributions and assistance in this research.

Primarily, I offer my thanks to those families who volunteered their homes, hearts, and personal tragedies so that this research could help others in similar situations.

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I.A. INTRODUCTION

"When you lose a parent you lose your past, when you lose a child you lose your future."

The subject of death is inevitably an uncomfortable, anxiety-provoking component of life. As a result, we tend to acknowledge death as an abstract concept, but minimize its connection to us as individuals. We have developed a "better he than me" attitude that protects us from recognizing our own ultimate deaths and superstitions that suggest acknowledgement leads to occurrence; if we talk about death, it will happen to us or one of our family.

Because of our aversion to discussing or dealing with the subject of death, we are unprepared to cope with those who have experienced deaths in their own families, or who are themselves terminally ill. In 1969, Elizabeth Kubler-Ross broke ground in this area with her book On Death and Dying, which desensitized readers, explored the humanistic aspects of living with people who are dying and explained the emotional stages of dying, an understanding of which helps the terminally ill in the acceptance of their deaths. Kubler-Ross gave readers "permission" to grieve over the deaths of those close to them by emphasizing the importance of the grieving process.

Dr. Kubler-Ross' published work led the way for doctors, mental health professionals, and researchers to further explore the complexity of death and the affects of our knowledge of death on our lives. A staggering majority of the population, however, is still governed by values which express the axiom: "What I don't know won't hurt me."

The fact is that surviving members are significantly more vulnerable to pathological effects (depression, self-destruction), life-threatening and malignant diseases (heart attack, cancer), and life crisis disruptions and role transitions (job loss, divorce). 1, 2, 3, 4, 5, 6

1. Cain, Albert & Irene Fast. "Children's Disturbed Reactions to Parents Suicide." American Journal of Orthopsychiatry. October, 1966. pp. 873-880.
2. Frederick, Jerome F. "Psychological Reactions Induced by Grief." Omega II. 1971. pp. 71-74.
3. Krupp, George. "Maladaptive Reactions to the Death of a Family Member." Social Casework. July, 1972. pp. 425-434.
4. Parad, H. J. & Gerald Caplan. "A Framework for Studying Families in Crisis." Social Work. July 5, 1960. pp. 3-15.
5. Tietz, Walter et al. "Family Sequelae After a Child's Death Due to Cancer." American Journal of Psychotherapy. Vol. XXXI. No. 3.
6. Vollman, Rita R. et al. "The Reactions of Family Systems to Sudden and Unexpected Death." Omega II. May, 1971. pp. 101-106.

Professionals concerned with auto safety have only recently begun to explore the repercussions of automobile accidents. There has been an emphasis on statistical data that implicitly distances researchers from controversial and emotional material. Our understanding of the effects of automobile accidents in which children are killed is limited by reporting of primarily quantitative data. For instance, over 21,000 children between the ages of birth to 24 have been killed in highway accidents between 1975-1979.⁷ Research that addresses the emotional costs to families and society, the high incidence of family erosion and decay and role transitions that occur within the family is negligible. The July, 1980 U.S. Department of Transportation report on automobile occupant crash protection confirms the lack of information on accidents and their emotional costs and the need for such crucial data.⁸

I.B. PURPOSE AND METHODOLOGY

The purpose of this research is to introduce information on the emotional costs for families following the death of a child in auto or pedestrian accidents and the resulting long-term consequences of the loss. Research was conducted from the perspective of the social work profession, with a foundation in the literature on family response to death and dying and the author's own previous research on bereaved families.⁹ This perspective offers one of the few avenues towards delineating the after-effects of sudden death upon whole families and therefore provides a useful tool in auto safety research directed at an understanding of the non-quantifiable social costs of automobile accidents.

The primary objective of this study, through the case study method, is to offer in-depth information on the emotional costs to families who lose children in auto accidents, and to use this information in analyzing the types of social costs. For example, in the case of the Marcus family, the death of their seven year old son precipitated such an intense emotional reaction that Mr. Marcus has been unable to return to work almost three years after the death.

No researcher can truly capture the personal tragedy that occurs to the informants. It is only through the case study method that a researcher can impart both qualitative and quantitative perspectives to the family reactions following the death of a child. Thus, nine families in the Washington Metropolitan area whose children had died between the ages of 2-18 volunteered their assistance to ensure the accuracy of the study. The range of the children's ages is derived from the premise that children reach "personhood" at approximately two years of age¹⁰ and that children conclude their childhood status legally at eighteen years of age.

7. U.S. Department of Transportation, National Highway Traffic Safety Administration, Automobile Occupant Crash Protection-Progress Report No. 3, July, 1980, H.S. 805-474; p. 2.
8. U.S. Department of Transportation, National Highway Traffic Safety Administration, Automobile Occupant Crash Protection-Progress Report No. 3, July, 1980, H.S. 805-474; p. 2.
9. Rubin, Lorrie R. "Family Reactions to a Child's Death". University of North Carolina, Chapel Hill. Masters thesis. Copyright July, 1980.
10. Weisman, Avery D. "Coping with Untimely Death." Psychiatry. Vol. 36. November, 1973. pp. 366-379.

Each interview lasted 2-3 hours and generally between one and three people participated. (In each case at least one parent was present.) All interviews were tape recorded with the families' written permission and all names, places and other identifying information have been changed to ensure the families' confidentiality.

The families were recruited from three major sources. A display ad was placed in a range of local newspapers, including publications that attract minorities (e.g. The Afro-American, The Catholic Herald). The ad read:

BEREAVED PARENTS

If you have lost a child between the ages of 2 to 18 in a traffic accident and are willing to participate in a research project sponsored by the Department of Transportation so that others may be helped, please phone Lorrie Rubin, A.C.S.W. at _____.

There were 47 contacts made to locate families; 9 of which had deceased children between the ages of 2-18. The three eliminating factors were the ages of the deceased children (either under 2 or over 18 years of age), the local agencies' lack of eligible bereaved families, and/or the families unwillingness to volunteer, either due to emotional strain or lack of interest.

Fifteen responses were received, five of which were appropriate informants (Smith, Simpson, Norton, Jones, and Compton).

Local agencies concerned with facilitating healthy bereavement (e.g. Haven, Inc., mental health centers, churches, etc.) were contacted by letter and/or telephone asking their cooperation in referring appropriate families. (See Illustration I) Twenty-five contacts rendered two appropriate referrals (Marcus and Brooks).

Finally, two of the families were referred by personal contacts who were aware of the project (Myerson and Nielson).

Without exception, every family interviewed, both in this research and in my previous research at the University of North Carolina, showed a great deal of enthusiasm and appreciation for being given the opportunity to talk about their child's death and to help other families in similar situations. One family reported that volunteering their time was analagous to a memorial to their dead child. Another family became incensed at the idea of being paid for their participation in a study because, as they said, "You can't put a price on sharing your life with someone." It seemed that being able to talk without the concern of sounding pitiful or making the listener feel uncomfortable was a great relief to most participants.

I.C. RESEARCH FRAMEWORK

Three general points underlie the use of the case studies presented below: the comparative emotional effects of unexpected versus expected death; the individual reactions of family members; and the overall family dynamics that may ensue after a death. This section reviews the literature on the emotional affects of trauma on family members in order to place the current research in context of what we already know.

Avery Weisman hypothesized three categories of death that are useful to this analysis. Premature death refers to situations in which life processes are interrupted by chronic illness or deteriorating medical conditions. Unexpected death is unpredicted death caused by events such as accidents or heart attacks. Calamitous death is unexpected death with a demeaning or degrading component, as in murder or suicide. ¹¹

Premature death allows the family to prepare for the impending event, and leaves the family largely free of personal or socially-applied blame for the death. In the event of unexpected or accidental death, the intensity of the grieving is magnified by the shock or suddenness of death. After a child has been killed in an automobile accident, questions are often raised about the parents' role in the death (e.g. lack of supervision, poor parental advice, parental leniency, etc.) and how the accident would have been prevented "if it was my child." Soon the family may be convinced of its guilt, and the already-difficult emotional adjustment is complicated.

Each family member faces a unique and individual way of coping with the death of a child/sibling because each human relationship is unlike any other. Therefore, the reader should be aware of the typical bereavement patterns of grieving fathers, mothers, and siblings.

Grieving Fathers:

American men are often taught early in life that emotion is a sign of weakness and femininity. Thus, these males' range of emotion is narrow and dichotomous, resulting in a stifled repertoire of emotional expression. Tears and sadness may translate into anger, withdrawal, and sublimation, (e.g. overinvolvement at work), which will then produce isolation from one's family and an inability to gain and offer support to that family. ^{12, 13, 14} As a potentially weak link in a chain, the grieving father's withdrawal reflex may cause a ripple effect which leaves the family with disequilibrium and compounded stress. Often the family is left fatherless, either literally or figuratively. This phenomenon is most prevalent in the Compton and Brooks families, where the husbands' absences later resulted in divorces.

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11. Weisman, Avery D. "Coping with Untimely Death." Psychiatry. Vol. 36. November, 1973. pp. 366-379.
 12. Vollman, Rita R. et al. "The Reactions of Family Systems to Sudden and Unexpected Death." Omega II. May, 1971. pp. 101-106.
 13. Anonymous. "Coping with Death in the Family." Business Week. April 5, 1976. pp. 42-45 (Reprint).
 14. Cain, Albert C. & Irene Fast. "Children's Disturbed Reactions to Parents Suicide." American Journal of Orthopsychiatry. October, 1966. pp. 873-880.

As mentioned, grieving fathers, as part of a whole family system, are models of behavior for their children. Avoidance or denial of one's grief may result in unhealthy modeling for children because of the negative connotation connected with emotional expression. Avoidance, in turn, may be construed by the surviving siblings as not caring for the deceased.¹⁵ Of equal importance, those same surviving siblings will likely respond in a similar fashion in the future if faced with their own personal crises. Ultimately, repression and avoidance can lead to physical and emotional consequences (e.g. ulcers and depression). For example, the seven-year-old son of the Simpson's acted out his grief behaviorally instead of verbally. Of note is the fact that the father in that family was very repressive and unwilling to discuss the death with other family members.

Grieving Mothers:

In contrast with males' emotional training, females are sanctioned and, often encouraged by society to express their feelings freely and to utilize their "maternal instincts" as family caretaker. The grieving mother is equally susceptible to modeling behavior for her children¹⁶ as shown in the Smith family. As the reader will note, both Ms. Smith and her daughter suppressed their emotions at the time of Sue's death which resulted in the daughter's suicidal ideations.

Another reaction experienced by the grieving mother refers to a replacement phenomenon, as in the Nielson family, where additions to the family (e.g. their youngest child) are a response to the empty place the deceased child left behind.^{17, 18} Generally this coping mechanism is coupled with an immense need to talk about death,¹⁹ and a difficulty in reintegrating back into society following the death,²⁰ as Ms. Compton experienced when she was unable to return to work.

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15. Greenberg, Lois I. "Therapeutic Grief Work With Children." Social Process. 1968. pp. 159-169.
 16. Whitis, Peter R., M.D. "The Legacy of a Child's Suicide." Family Process. 1968. pp. 159-169.
 17. Whitis, Peter R., M.D. "The Legacy of a Child's Suicide." Family Process. 1968. pp. 159-169.
 18. Fischhoff, J. & N. O'Brien. "After the Child Dies." The Journal of Pediatrics. Vol. 88. No. 1. pp. 140-146.
 19. Nolfi, Mary W. "Families in Grief: The Question of Casework Intervention." Social Work. October, 1967. pp. 40-46.
 20. Towman, Walter. "Loss of Family Members." Family Constellation. Third Edition. Springer Publishing Co. New York. Copyright, 1976. pp. 41-52.

Grieving Siblings:

Our beliefs as a society toward children who have mourned the loss of a sibling rely on the premise that children are not as affected by death as adults and can depend heavily on their instinctual resilience. Because of this basic assumption, surviving siblings are often ignored and left in a state of confusion regarding their missing brother or sister. Although children under the age of nine may not comprehend the concept of death, even infants are aware of presence and absence.^{21, 22, 23} This is well illustrated in the Norton family; Pamela Norton was 2½ years old when her fifteen year old sister died.

The vulnerable child syndrome suggests that, generally, children express their grief behaviorally instead of verbally.²⁴ As the reader will notice in nearly every case study, although most of the parents reported a lack of verbal expression following the death, a range of deviant behaviors such as alcoholism and drug addiction, psychosomatic complaints, suicidal ideations, depression, nightmares, and school difficulties appeared. Several children experienced anniversary reactions,²⁵ either near the death date or when the surviving sibling reached the age of their deceased family member. One child (Myerson) became over-reactive to minor accidents (e.g. a bicycle fall), and feared dying due to his sister's death.

Many siblings have extremely ambivalent feelings about one another due to a natural display of rivalry and competition. Therefore when a sibling dies, the child can feel responsible for the death (magical thinking) and a sense of guilt concerning the negative feelings expressed when the child was alive. For example, the youngest child in the Smith family had an argument with her sister and told her, "I hope you die." Following her sister's actual death, the sibling felt as though she had magically willed her sister to die.

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21. Roberts, Albert R. (Compiled and Edited). Childhood Deprivation. Springfield, Illinois. Copyright, 1974.
 22. Nolfi, Mary W. "Families in Grief: The Question of Casework Intervention." Social Work. October, 1967. pp. 40-46.
 23. Carey, Ann. "Helping the Child and the Family Cope With Death." International Journal of Family Counseling. Spring, 1977. No. 1. pp. 58-63.
 24. Tietz, Walter et al. "Family Sequelae After a Child's Death Due to Cancer." American Journal of Psychotherapy. Vol. XXXI. No. 3.
 25. Cain, Albert C. & Irene Fast. "Children's Disturbed Reactions to Parents Suicide." American Journal of Orthopsychiatry. October, 1966. pp. 873-880.

A final consideration concerns the shifting of sibling order following a death. Although the loss of any child is going to be a traumatic experience, one author suggests "that the loss of a sibling older than oneself is psychologically harder to take than the loss of any sibling younger than oneself".²⁶ In many of the case studies, the reader will note the next to oldest sibling attempting to assume their roles and responsibilities in addition to those of their deceased sibling; which can in turn lead to pathological stress and anxiety.

Grieving Family as a Unit:

Previous work in the area of family bereavement suggests the rarity of families that can become or remain mutually supportive following the death of a child.²⁷ There must be an understanding and acceptance that each individual grieves at a different pace, in a different way, and with limited experience. Mutual support requires an ability to be aware of one's own needs and, in essence, support oneself, in addition to assessing and supporting other's needs, both in a verbal and non-verbal manner. Indeed, accomplishing this task in the throes of crisis in normal life is difficult enough and bereavement merely adds to the difficulty.

There are several reasons why families often can not support each other. It is clear that family members become introspective and retrospective when a child dies, thereby leaving individuals to fend for themselves. In addition, we are generally taught that the stronger person is one who can handle his problems himself. Therefore, attempting to communicate one's feelings may be perceived as a sign of weakness. Also, we are not taught that there are stages of bereavement that we can expect and experience following a loss (e.g. Kubler-Ross' stages - denial, anger, bargaining, depression, and acceptance), so that we are left to our own confused, frightening devices. The family, then, is isolated, uncommunicative, eroded, and vulnerable; not surprisingly divorce and splintering often ensue.

I.D. ORGANIZATION OF REPORT

The value of the case study approach to social research is well established. Often, detailed examination of a limited number of first-hand reports yields more significant information than empirical, large-scale methodology. Further, this technique conveys the subjective emotional content more effectively than statistical analysis.

26. Towman, Walter. "Loss of Family Members." Family Constellation. Third Edition. Springer Publishing Co. New York. Copyright, 1976. pp. 41-52.

27. Rubin, Lorrie R. "Family Reactions to a Child's Death". University of North Carolina, Chapel Hill. Masters thesis. Copyright July, 1980.

The following nine cases will be presented individually, with a discussion of the emotional responses following the deaths and both the functional and dysfunctional responses. Specifically each case study will address the details of the accident, the emotional and behavioral reactions to the fatality, and the effect the death had on the entire family. Following each, the reader will note two Life Space Diagrams. The purpose of these illustrations is to present a visual picture as drawn by each family, depicting the closeness (distance) and importance (size) of the members prior to and after the death. Life Space Diagrams are a commonly used tool when working with families in therapy because it visually illustrates the direction and movement the family is making. For example, if an adolescent is acting out and rebelling against his parents, in a Life Space Diagram the adolescent would draw a circle representing himself, placing it significantly further away from his parents than the other siblings. As treatment of the family becomes successful, the adolescent would place his circle closer in to other family members until he regains his part in the family unit.

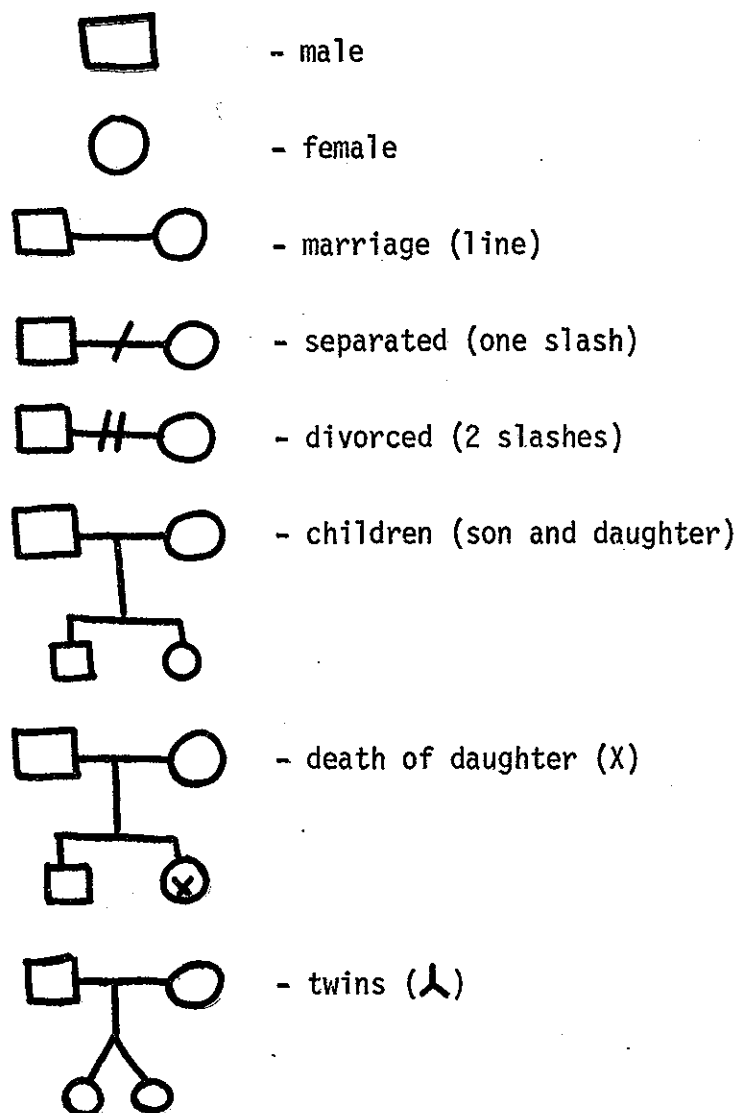
In nearly each case study, there is a significant or noticeable shift outward, away from each other. This is important because both in a North Carolina study (Rubin, 1979)²⁸ and in this study, those families who became closer after the death of a child were the exception to the rule.

28. Rubin, Lorrie R. "Family Reactions to a Child's Death". University of North Carolina, Chapel Hill. Masters thesis. Copyright July, 1980.

I.E. SUMMARY OF CASES

Brooks Family #1	Nielson Family #2	Simpson Family #3	Smith Family #4	Compton Family #5	Norton Family #6	Marcus Family #7	Jones Family #8	Myerson Family #9
Date of Accident	1965	1966	1974	1976	1977	1978	1978	1979
Location of Accident	Massachusetts	Virginia	Virginia	Virginia	New York	Virginia	Maryland	South Carolina
Age/Sex of Child	6/Male	17/Male	15/Female	17/Female	15/Female	7/Male	16/Female	9/Female
Marital Status Before/After	Married/Divorced	Married/Divorced	Married/Divorced	Married/Divorced	Married/Divorced	Married/Divorced	Divorced/Divorced	Married/Divorced
Number of Siblings Prior to Accident	5 Son-10 Son-6 Son-3 Son-2 Son-9mo.	4 Son-17 Son-16 Son-13 Son-11	6 Son-13 Son-12 Son-10 Son-7 Son-5 Son-1	3 Son-21 Son-19 Son-17	3 Son-15 Son-8 Son-2	2 Son-7 Son-7	1 Son-16	2 Son-9 Son-7
Cause of Accident-Oriented	Pedestrian	Auto	Auto	Auto	Auto	Pedestrian	Pedestrian	Auto
Major Sequences of Accident	Erosion of marriage, oldest child schizophrenic, drug abuser, new baby born, mother's constant unsettledness	Erosion of marriage, new baby born (to assist in mother's coping of death), mother attempted suicide, mother hospitalized for alcoholism, father lost religion	New baby born, 7-yr. old sibling experienced psychosomatic episode on funeral day, father withdrew from family, father abruptly retired from military service	Father left military and became more self-oriented, youngest sibling had emotional difficulties which later resulted in suicide attempt, middle sibling abusing alcohol as a reaction to sister's death, oldest sibling abusing drugs and had difficulty maintaining employment, family friends withdrew	Husband withdrew, erosion of marriage, mother not able to keep a job, mother became born-again Christian	Stopped doing father's part, oldest sibling experienced school problems and nightmares, mother emphasized family communication and cohesion, 2-yr. old sibling learned to understand the meaning of death	Erosion of marriage, father unable to drive and maintain employment, went on extended mental disability, father became more religious	Mother bought a house and lived with grandmother, mother lost possible future securities with daughter and began saving for retirement, physical reactions, grandmother had several heart attacks, mother began smoking more, developed tumors, and had back injury

I.F. FAMILY MAP KEY

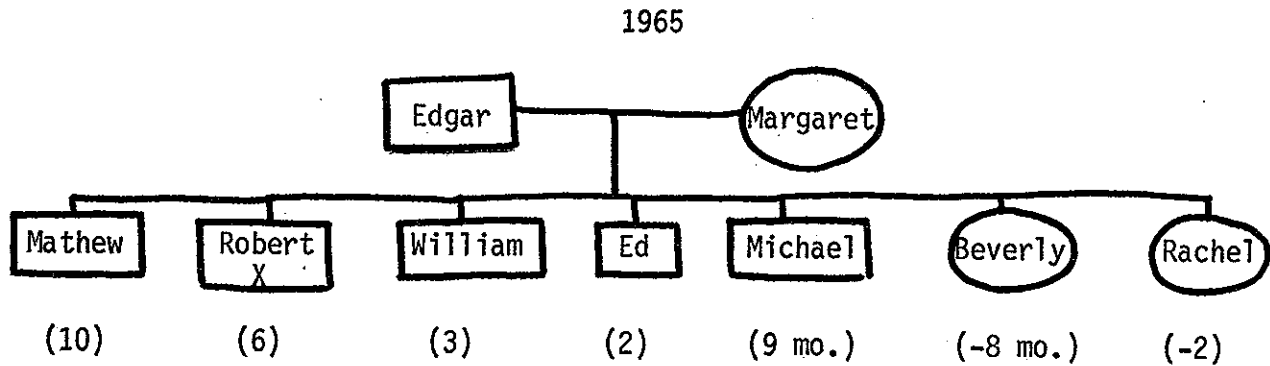


I.G. FAMILY MAPS AND SYNOPSES

FAMILY #1 - BROOKS FAMILY

When their son Robert (6) died, the Brooks' were a white, middle class Catholic family living in Massachusetts. Edgar and Margaret lived with five children, ages 10 years to 9 months, and Margaret was one month pregnant. On May 2, 1965, Robert was on a major highway walking home from school when he was hit by an oncoming car driven by a teenager, who later had his license revoked repeatedly for driving charges. Robert did not survive long after he was taken to the hospital.

The aftermath of Robert's death contributed significantly to the erosion and eventual complete disintegration of Edgar and Margaret's marriage, Margaret's consistent unsettledness, and another son's psychological breakdown.

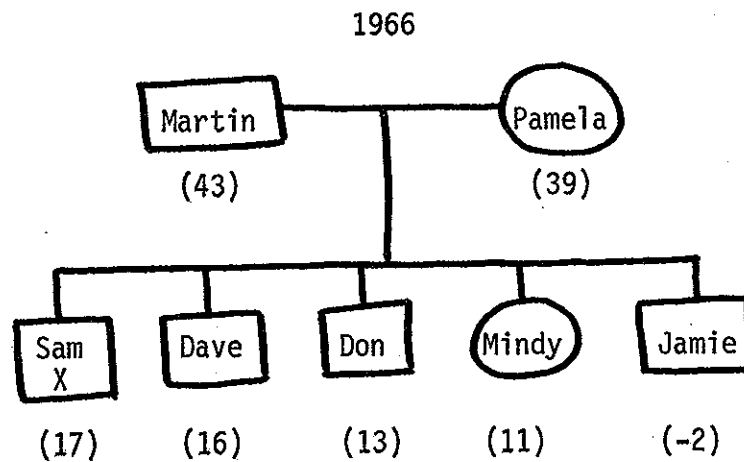


d: 5/2/65
Massachusetts

FAMILY #2 - NIELSON FAMILY

Martin and Pamela were a white, middle class Episcopalian couple living in Virginia with four children ranging in ages from 17 to 11 when on July 6, 1966, Sam (17), their oldest son died. On a rainy afternoon, Sam was a passenger in a car that skidded and went off the road. Both the driver and Sam were killed instantly.

The Nielsons experienced a series of crises after Sam's death which related specifically to the loss. Incidents to take note of are the birth of their fifth child two years after the accident, Pamela's battle with emotional instability and addiction, and the divorce that ensued due to irreconcilable differences.

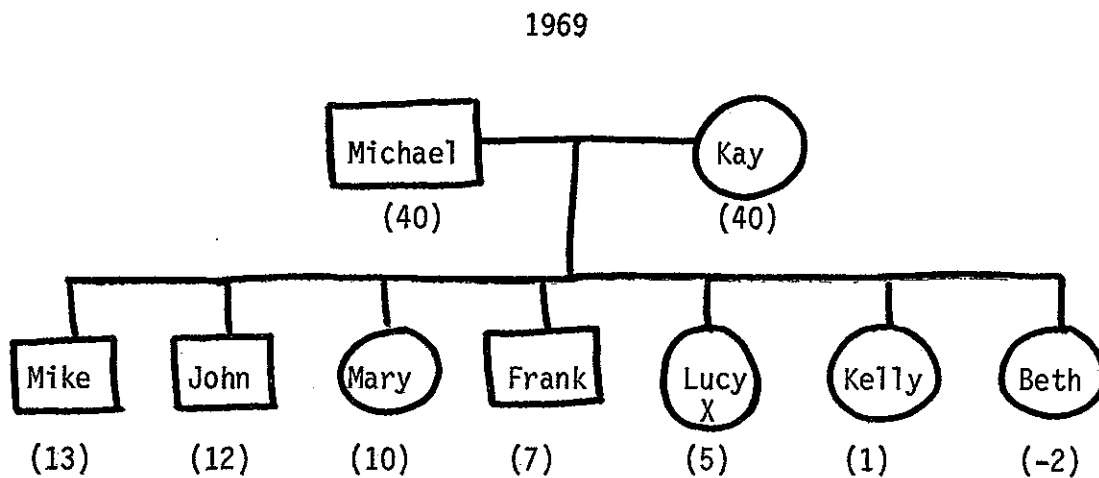


d: 7/6/66
Plymouth, Va.

FAMILY #3 - SIMPSON FAMILY

The Simpsons were a white Catholic military family living in Twin Forks, Ohio. In January, 1969, Lucy (5) was walking home from kindergarten when she was hit by a car and killed in front of her home, while her mother was watching her cross the street.

Kay, the only informant, spoke of her husband's inability to talk about Lucy or the death, her seven year old son's psychosomatic reaction to his sister's death, and the birth of their youngest child, Beth, after the accident. In addition, the reader will note that Kay was the only interviewee unwilling to have a home interview, possibly due to her desire to withhold knowledge of her participation in the study from her family.



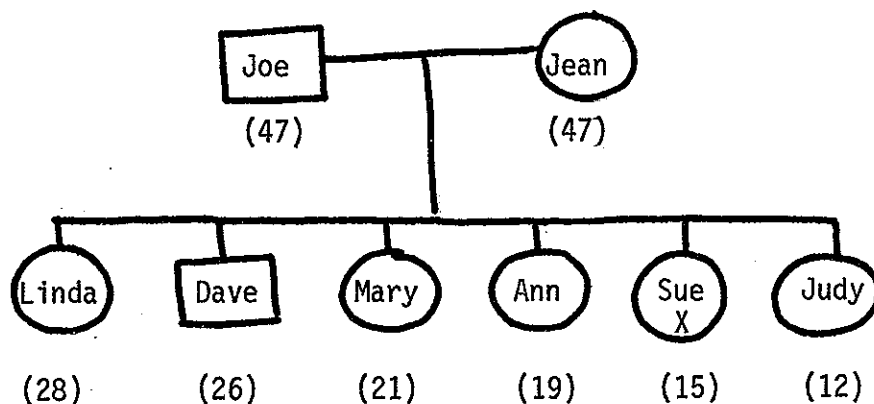
d: 1/24/69
Twin Forks, Ohio

FAMILY #4 - SMITH FAMILY

The Smiths are a white upper-middle class Unitarian family residing in Hemphill, Virginia. On December 7, 1974, Sue (15) had been a passenger in a car which was drag racing with another car on the left-hand side of the road. Their opponent turned off to the right leaving Sue's car careening toward a telephone pole. Both right-hand side passengers were killed instantly.

In general, those interviewed (Joe, Jean, and Judy) reported that Sue's death was a traumatic shock to the family. The father became more distant and assumed a less active role in the family and the siblings resorted to more self-destructive measures of coping.

1974

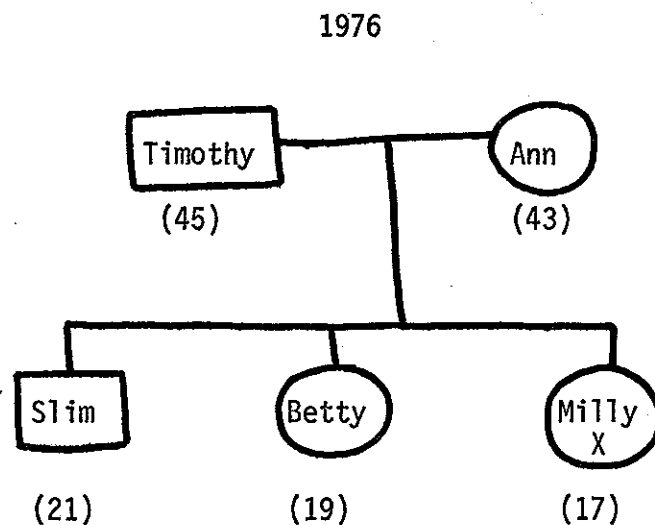


d: 12/7/74
Hemphill, Va.

FAMILY #5 - COMPTON FAMILY

At the time of Milly's (17) death on April 10, 1974, Timothy and Ann Compton were living with their three children ranging in ages from 17 to 21. Following a party given by one of the children at the Compton's house, Milly (the youngest daughter) and a friend left late at night. En route, Milly presumably saw an animal, braked, and ran into a stationary trash truck. Milly was killed instantly and her friend survived with extensive plastic surgery.

Significant in this case study is the separation and divorce following Milly's death, Ann's inability to reintegrate back into society, and the religious conversion Ann experienced after the loss.



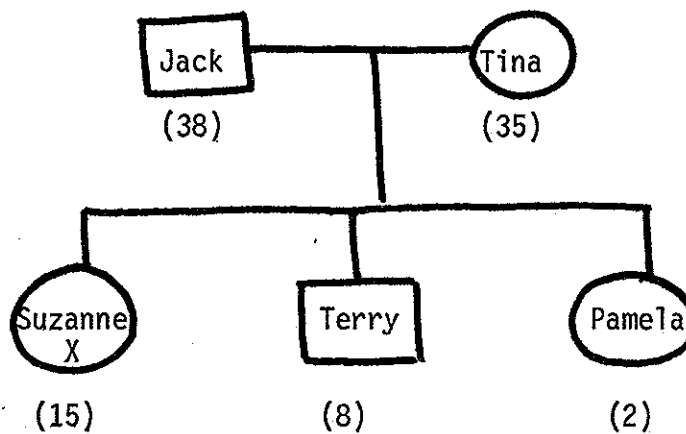
d: 4/10/74
Cheyenne, Va.

FAMILY #6 - NORTON FAMILY

Jack and Tina Norton lost their daughter Suzanne (15) in a traffic accident on July 13, 1977. Suzanne and a friend were being driven by the friend's mother to a drum corps show they were participating in. En route, they were hit by a truck carrying blacktop. All occupants of the car were killed instantly.

The Norton's case is significant in that it highlights the effect death has on young children and the way they communicate that loss.

1977

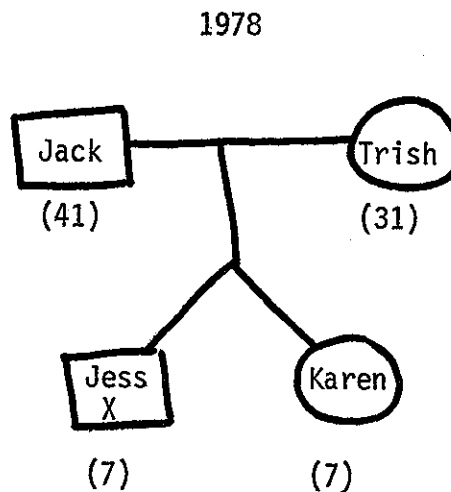


d: 7/13/77
Buffalo, NY

FAMILY #7 - MARCUS FAMILY

Jack and Trish Marcus, a white lower class couple, parented a set of fraternal twins, Jess and Karen (7). On May 10, 1978, Jess was walking home from school with friends when he was hit by a speeding car. Jess died soon after he reached the hospital.

The Marcuses' lives changed drastically after the death. Jack could no longer work due to emotional disability, which in turn left the family in financial instability. The couple suffered severe marital problems and eventually decided to end their eleven year marriage in October of 1980, which Jack attributed partly to Jess' death.



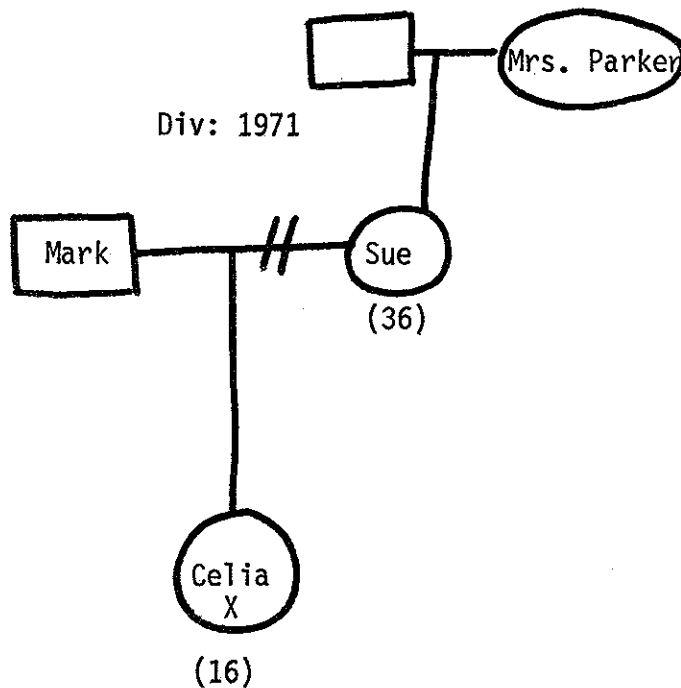
d: 5/10/78
Pineview, Va.

FAMILY #8 - JONES FAMILY

Sue Jones was a white, divorced, Seventh Day Adventist woman living with her only child, Celia (16), in an apartment in Maryland when the accident occurred. Celia was bicycling home from her ex-boyfriend's house following an attempt to break up with him. Approximately midnight, she was hit by a car which left the scene, leaving Celia in the street. Eye witnesses said a second car approached. The driver did not see Celia in the street and hit her again, dragging her for several hundred feet. Celia was mutilated beyond recognition.

Two unique aspects of the Jones family are the consequences of a single parent losing her only child and the future effects of no longer having financial or emotional support to depend on in one's old age. Both areas have caused Sue to change her entire outlook on life. Sue is presently living with her mother, Mrs. Parker, in a house in Maryland where she is attempting to recuperate from the loss.

1978

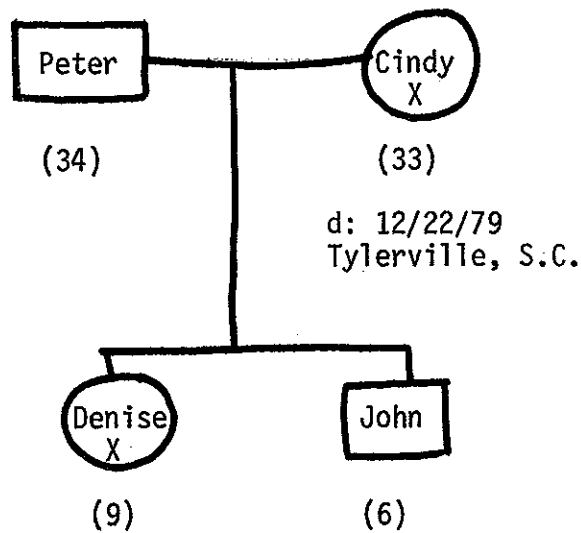


d: 8/20/78
Sea Pine, Md.

FAMILY #9 - MYERSON FAMILY

Peter Myerson and his son John survived an auto crash which killed Peter's wife Cindy (33) and their daughter Denise (9) on December 22, 1979, in Tylerville, South Carolina. The Myersons had been driving all night to Cindy's parent's house for Christmas when a car without headlights entered the road from a field and collided with their car head-on. Following the accident, John received some short-term counseling to assist in overcoming a fear of death, and Peter attempted to overcome the transition from part of a two-parent two-income family to a single parent guardian. Of note is the ability of two people to survive a multiple death and the consequences that follow.

1979



d: 12/22/79
Tylerville, S.C.

I.H. SUMMARY AND CONCLUSION

Throughout history, the American culture has prided itself on close kinship and respect for one's immediate and extended family. However during the last few decades, families have become diffuse which subsequently leads to isolation in times of crisis. In the early 1900's the American family in crisis would call all family members together for family conferences in order to gain support and assistance in decision-making. Now, with the high divorce rate and children scattered across the east and west coasts, family conferences are an impossibility and support is difficult to find. It is for this reason that this research is so vital.

The intent of this research is to introduce information through the case study method on the emotional effects and social costs suffered by families who have lost children in automobile or pedestrian oriented accidents. In addition, the families reveal the isolation and withdrawal that most families in crisis experience today.

The nine case studies display several typical patterns that may occur following the sudden death of a child. First, there is an unusually high incidence of family erosion and marital decay. This research does not necessarily represent the typical family experience. Rather, it exposes us to the probable range of emotional effects experienced by different family members when a child is lost. In this sample, approximately 50% of the families divorced after the child's death and each of those families felt the break-up was caused by not being able to cope with the loss of their child. Illustrative of that trend were the cases of Ms. Compton and Ms. Brooks, who both felt extremely helpless watching their marriages erode as their husbands began to pull away from their families. This reaction was an attempt to escape from the pain by establishing new families. Communication between the women and their husbands decreased at a rapid rate until there was little common ground left. Significantly, both wives had poor support systems and few friends, which further decreased their opportunities for rallying much-needed support. Similarly, Mr. Marcus and Mr. Nielson experienced breakdowns in communication which lead to the eventual demise of their marriages.

In addition to the spouses withdrawal, many of the surviving siblings began to use drugs and alcohol and experience poor school performance, suicidal impulses, and depression. By pulling away from the family, each child decreased his/her resource network dramatically; such behavior denied them access to help from other family members. In one case, Judy Smith withdrew for 4 years until a suicide attempt snapped her back to reality. In the case of Mathew Brooks, it is doubtful if he will ever be able to return to a normal life due to his extensive drug use, which may have caused irreparable brain damage, and inability to cope with his brother's death emotionally. Therefore, the splintering of these families happens often and the adverse consequences a natural result.

Second, many of the families reported losing contact with friends, family, and the community in general. Several families found themselves feeling "contaminated", as if the event of losing a child could be transmitted like a

disease. The Smith family complained of receiving little of the support they so desperately required from relatives and friends. The Norton family felt the poignant isolation of both spouse's extended families refusing to attend their daughter's funeral despite their plea for assistance. In addition to the intrafamily isolation, many family members experienced an inability to regain their part in society. Both Mr. Marcus and Ms. Compton were unable to maintain employment due to the emotional changes that occurred after the deaths. The Brooks family moved away from the scene of the accident and became unwilling to establish close relationships for fear of experiencing future losses. In each one of these cases, it is evident that each family felt they had lost their niche in the world and struggled to retain a place for themselves.

Finally, as mentioned in the theoretical framework, most of the nine families found the grieving fathers withdrawing from the family either physically or emotionally. Many of the fathers expressed a feeling of no longer being needed, as if the family had outgrown them. In addition, the grieving fathers seemed to carry a burden that magically they should have been able, as heads of the households, to prevent the tragedy from occurring. For this reason, they seemed to feel the pain of the loss a little more personally and could not talk about the death due to the supposed grave errors on their parts. For example, Mr. Brooks felt that by moving his family to Massachusetts, he held some responsibility for Robert's death. Although the grieving mothers seemed to feel similar guilt at times, the fathers could not seem to reach out and take the support their wives enthusiastically offered in order to work through their destructive feelings. Subsequently they withdrew into themselves or other relationships with the hope of escaping the guilt that plagued them. As the fathers withdrew, the mothers reached out to them more vehemently and the children were left to their own coping devices. This pattern is one of the major leading characteristics of family erosion; it is impossible for all three stances to work in harmony together.

As mentioned in the introduction, society tends to insulate itself from the reality of death and its repercussions. This study points to a need for consideration by the helping professions and auto safety professions of the types of emotional effects that follow serious accidents. Some questions to be considered are: How can the auto safety professionals help those families cope more effectively with the death of a family member so that family erosion can be decreased or prevented?; and finally, How can the National Highway Traffic Safety Administration use the general public to assist in this area (e.g. families who are willing to volunteer their time to assist other families who have lost children). Without the answers to these questions and the development of programs and research to combat the problems, the deaths of our children and the deterioration of our families will continue.

In conclusion, this study represents a small step in bringing together the general field of auto safety with the specific personal consequences of auto accidents. Through an understanding of the consequences of the death of a child in an auto accident, the public can be educated about the need for auto safety, both on an individual basis and through Government programs.

FAMILY #1 - BROOKS FAMILY

The Brooks family was referred to the project by a psychologist at a Maryland mental health agency where they were receiving family therapy. Their therapist read my letter requesting referrals from local agencies and encouraged the family to participate. Margaret Brooks made the initial contact. Those who participated in the interview were Margaret and her son Mathew while the two youngest girls looked on.

In 1965, Edgar and Margaret Brooks were a white, middle class Catholic family residing in Massachusetts with their five sons ranging in ages between 10 years to 9 months. On May 2, 1965, Robert was killed in a pedestrian-accident. He was running across the street to greet a friend when a speeding car hit him at full force and left him unconscious with severe internal injuries. Robert never regained consciousness.

Margaret did not remember what charges were filed against the teenage driver. However, she was told that his drivers license had been suspended indefinitely before the accident. She learned later that he was arrested for driving without a license after he had his license returned and revoked again (after the accident) for another driving charge.

Margaret felt that her husband, Edgar, began pulling away from her the night Robert was killed. He seemed to withdraw and become introspective about his son's death and life in general. Margaret remembered Edgar saying that he blamed himself for taking a work transfer from Virginia to Massachusetts; if they had remained in Virginia, he felt Robert might still be alive. Edgar grew more distant from Margaret and the family as the months progressed, as if attempting to wipe his family and the pain connected to it out of his mind.

In 1973 Edgar began an affair with a woman in Connecticut, which lasted through his separation in 1974 and divorce in 1975, and eventually resulted in his remarriage later that year. Margaret attributed the new relationship to an attempt to replace the empty space left by Robert's death.

At the time of Robert's death, Margaret was one month pregnant with her first daughter, Beverly. After her birth, Margaret found herself unable to rally resources in order to cope.

"The thing that happened after Beverly was born...
was instead of post partum blues, I just seemed to
have a complete nervous breakdown."

The nervous breakdown caused Margaret to begin taking tranquilizers. Medication lasted about a year and a half, until she noticed no improvement. Nothing seemed to anesthetize the internal pain that Margaret was experiencing. In the interim, the Brooks moved regularly from Massachusetts to Virginia and back in an attempt to find somewhere with the fewest difficult memories. Although the couple liked Massachusetts better than Virginia, the memories of Robert and the accident caused them to flee back to Virginia. Then they would become dissatisfied again and would move back to Massachusetts. This process occurred about four times.

As mentioned, Edgar left in 1974, leaving Margaret to single-parent with seven children. The same year she met her second husband, remarried in July of 1975, and separated again in January, 1980.

"I think that I have not been myself since my husband left me even after I was remarried because that happiness didn't last there very long."

The sibling that was most significantly affected by Robert's death was his older brother Mathew. Mathew complained of nightmares soon after the death which most likely were connected to seeing his younger brother lying in the street after he had been hit. As Margaret recalls:

"He and this... other little boy ran out of the house when we ran out. We just forgot everything and they ran down there too. So they did see him lying there in the street."

As Mathew matured, his behavior became erratic. Mathew became addicted to drugs and found it impossible to keep a job. He lost his license while driving under the influence of drugs. Mathew had been institutionalized several times for drug use and schizophrenia and was, at the time of the interview, receiving counseling from a psychologist, Dr. Wickers, at a local mental health center.

In an interview, the psychologist said that Mathew's problems were compounded by his brother's death, a relationship corroborated by Mathew himself. It was for this reason that Dr. Wickers referred the family.

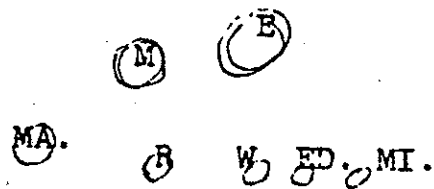
During the interview Mathew seemed sullen, withdrawn, and very disoriented. When asked a question, he smiled and replied, "I don't know," as though he didn't understand the words.

The Life Space Diagrams show Mathew slightly removed from the family prior to Robert's death and even further excluded following the death. Several hypotheses to consider regarding Mathew's withdrawal may be his painful associations connected to his family after the loss of his brother, the drug and alcohol abuse which often removes a child from his surroundings, and/or his emotional instability which caused Mathew to appear confused and unresponsive.

The other five siblings appeared to have few abnormal adjustment problems related to Robert's death. The younger siblings were told that they had a brother who died but were either too young to feel the loss or were unborn at the time of the accident.

The shock of Robert's death reverberated through the Brooks family. In summary, Edgar and Margaret distanced emotionally, the family moved several times from Massachusetts to Virginia in a span of two years, Edgar had an affair which eventually lead the couple to divorce, Margaret remarried and later separated from her second husband, and Mathew was in and out of psychiatric hospitals battling a drug abuse/psychological problem.

BEFORE



M - Margaret
E - Edgar
MA - Mathew
R - Robert
* W - William
ED - Edward
MI - Michael

* William (not included in "after" picture due to Margaret's oversight)

Diagrams drawn by Margaret Brooks

AFTER

MA. M
ED. MI. B. R
O O O O

M - Margaret
MA - Mathew
ED - Edward
MI - Michael
B - Beverly
R - Rachel

* W - William (not included due to Margaret's oversight)

FAMILY #2 - NIELSON FAMILY

Martin Nielson was referred to this project by his second wife Nina, a social worker whom I had interviewed regarding her research in the field of death and dying. Both Martin and Nina were present at the interview.

In 1966, the Nielsons were a white, middle class, Episcopalian family residing in Virginia. Martin (a Government worker) and Pamela (a nurse) were raising four children ranging in ages from 17 to 11 years old. Martin and Pamela had been having sporadic marital problems in conjunction with their adolescents' confusion and rebellion. The couple fought frequently and began to lose common interests. Sam had dropped out of high school and had been somewhat depressed, possibly due to the home atmosphere. After a year, Sam returned to school and was in the process of completing his requirements for graduation.

In July, 1966, Sam was killed in an auto crash. At 5:00 pm a friend (the driver) and Sam were riding on a straight-away highway. It had been raining, the car went into a spin, rolled over, and crushed both teenagers.

"They called me about seven o'clock. My wife and I were having a drink before dinner, waiting for him to show up. And there was a knock at the door. It was the father of the other boy. And, I answered the door and he suggested we step outside and then told me that his son was dead. And he said that there was another boy in the car that was also dead, that he hadn't been identified. And that there was a possibility that it was Sam. So then we had to go out to the funeral home and identify the body."

"... Dave came with us. And I remember the shock on Dave's face when I told him that Sam was possibly the other boy that was killed. The three of us went out to where the bodies had been taken."

"And the two of them waited upstairs while I went down this basement stairs going into this kind of a dungeon where they had the body. You know, it was this gruesome place and there he was. It was kind of hard to recognize him in a way, ... and I almost didn't want to believe that it was him because it didn't really look like him."

Following Sam's death, the responsibility for decision-making within the family fell entirely on Martin - making funeral arrangements and taking over Pamela's maternal roles (child-rearing, house cleaning, etc...). Pamela was in emotional shock and found herself unable to cope with little more than existing in day-to-day life.

"Things that have to go in the newspaper and where are you going to bury your child, and whether you're going to have a heavy concrete liner for the casket and all this kind of stuff drives you crazy. But anyway, there're just so many things to be done that when it's over, there is a certain relief at having completed it and you can begin... to accept it. That is certainly a strange, strange existence that you have for those days..."

Pamela appeared to lack the ability to accept the fact that the tragedy really occurred.

"... And she would say that she could not accept the fact of Sam's death and she continued to say that for many years until finally she was in psychotherapy, probably around 1973 or so, when she finally for the first time said 'I realize I have to accept the fact of Sam's death'."

In 1967, Pamela convinced Martin that she would be happier with another child. Although Martin said that he objected to "replacing" Sam, he felt it might improve his family situation. In 1968 their son Jamie was born who was moved into Sam's old room. Jamie seemed to be more responsibility than Pamela could handle, leaving Martin to take on even more responsibility.

"And in 1970, this was in about early 1970, about three and a half years after Sam died, suddenly she was saying she could not take care of Jamie. I would be ready to go to work in the morning and she'd tell me she couldn't take care of the child. And it was an extremely difficult period."

"I suppose I became the parent most involved in his upbringing. Just when he first came home from the hospital, I was the one that got up in the middle of the night and fed him and so on."

"... Finally we put her into a psychiatric hospital."

Later in 1970, Pamela attempted suicide by attempting to drive her car into a solid object. The attempt resulted in a minor accident and another four or five month hospitalization. The hospitalization was attributed to a mental breakdown associated with the loss of her son. In mid-1971, Pamela was driving to work and she hit and killed an elderly man walking into the street, which again led to resumption of psychotherapy. In 1973, Pamela admitted to being a closet alcoholic for many years and was institutionalized in an alcoholic rehabilitation hospital for five weeks. In June, 1975, Pamela went back to work as a nurse. However, because of her addictive tendencies, she began abusing drugs and was released from her employment and was once again institutionalized. Since 1975, Pamela has remained free from institutions. In February, 1978, she met her second husband through Alcoholics Anonymous. Her second husband is only a couple of years older than her deceased son, Sam.

Martin admitted to "some feelings of guilt about where he (Sam) was at that point in his life." As mentioned, Sam was depressed and confused and had recently dropped out of high school in order to make sense out of his life.

As Martin was forced to take sole responsibilities for the maintenance of the household, the once-rocky marital relationship became more unstable. Finally, in 1975, Martin separated from Pamela and retained joint custody of the children. Eight days after the separation, Martin lost his job, which caused a series of job changes and further emotional transitions. Once a religious man, Martin no longer believed in religion after Sam's death.

A final major change in Martin's life was the courting and marriage to Nina, his second wife. Interestingly, Nina was a Social Worker who specialized in death and dying counseling. She was widowed and finds her marriage to Martin to be a mutually supportive relationship. Although Martin has resumed some sense of normalcy, the death of his son has affected his life permanently.

"It goes on forever. ...It's a terrible thing to have happen. You know, it seems, it does violence to your sense of the way the world operates."

Dave (the next to oldest child) became rebellious after Sam's death. Dave ran away from home in 1967, graduated from high school in 1969, again left home and enrolled in college. Dave felt very undirected in college and eventually dropped out in his sophomore year. Martin attributed Dave's depression and lack of direction to the loss he felt at the death of his older brother. At 19 years old, Dave began psychotherapy which eventually led him to years of psychoanalysis in Sweden.

"I think that the fact that he was so restless, he was so unsure of himself and so on, and dropped out of college when he did, may very well be a result of his taking on the burdens of being the oldest son."

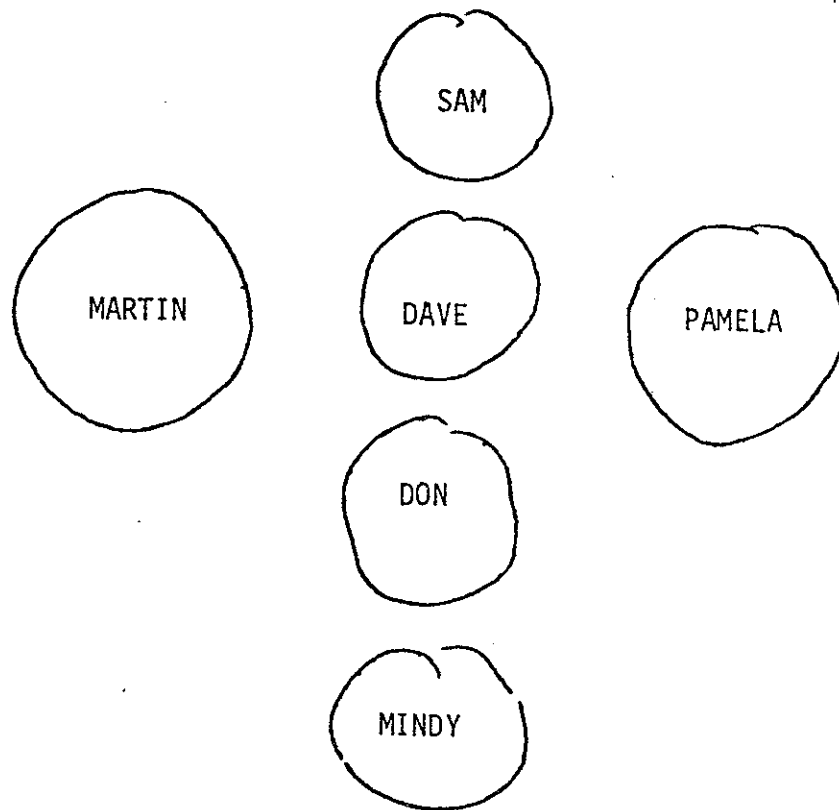
In 1975 Mindy also dropped out of college and did not return.

Martin regretted being unavailable for the children and felt that he may have contributed to their residual lack of direction following the death.

"They should have given the children more of an opportunity to show their grief. That's one thing I would do differently."

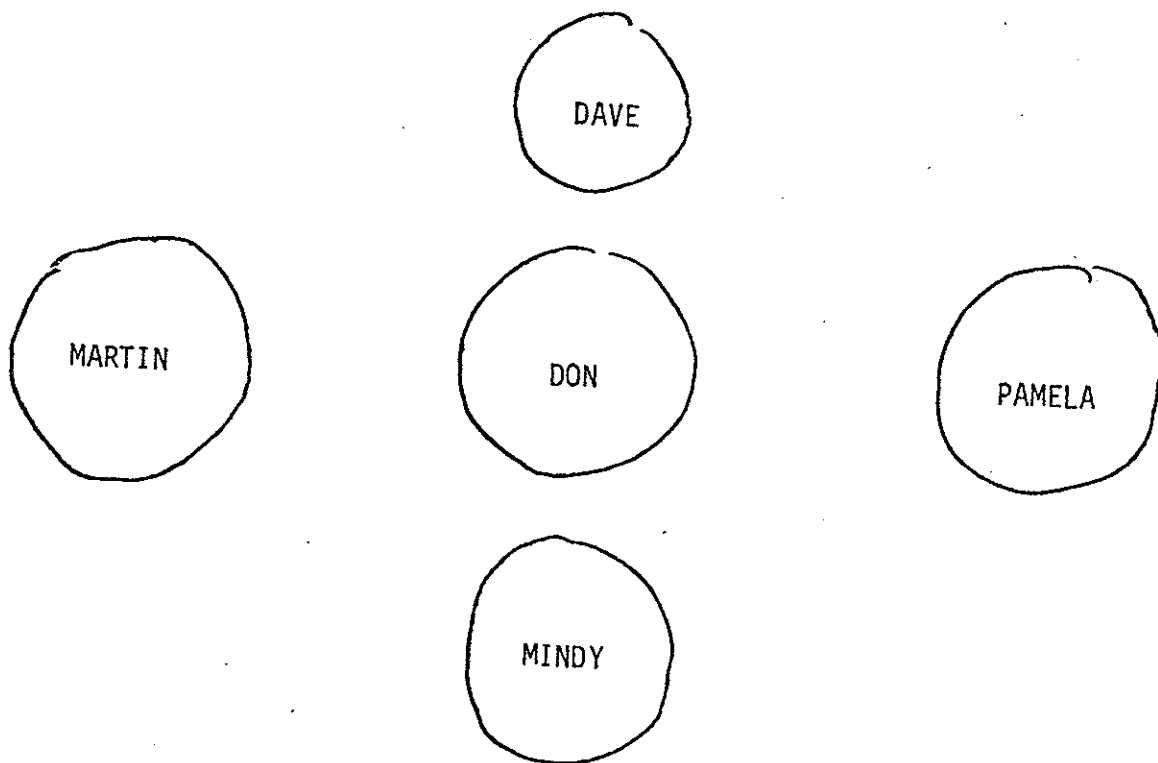
The Life Space Diagram was insignificant in this family because Martin did not visually reproduce all of the turbulence and movement he expressed verbally. One possible cause for this was Martin's protectiveness of Pamela and his desire not to show her in a negative light.

BEFORE



Diagrams drawn by Martin Nielson

AFTER



FAMILY #3 - SIMPSON FAMILY

The Simpsons are a white Catholic military family living in Virginia. Kay responded to a display ad in the Catholic Herald for assistance from bereaved parents. Kay decided to keep the interview a secret from her family and thus was the sole presenter of information.

In 1969, Michael (a military officer), and Kay Simpson (a homemaker), were stationed in Twin Forks, Ohio, with six children ranging from 13 to 1 years of age. In the winter of 1968 Michael was shipped to Viet Nam, leaving Kay with the children to continue life in the States. (See Life Space Diagram and distance between Michael and family - Kay was not explicit about whether the distance was purely geographical or emotional).

Lucy, 5 years old, attended kindergarten at a local school within walking distance from her home. On January 24, 1969, Kay Simpson watched her daughter Lucy crossing the street in front of her house. Lucy was hit by a speeding car and killed instantly. Kay ran out to her daughter and stayed with her until they reached the hospital, where Lucy was pronounced dead.

"They gave me her clothes. And I could tell from her little panties, you know, that the organs had come out of her body when she was smacked and all, I thought 'I'm glad you didn't have to live with hurt'."

The driver, a man in his 20's, was later hospitalized due to emotional stress caused by the accident. In the meantime, Kay handled the children alone until Michael returned from Viet Nam three days later for the funeral.

Michael was unwilling to discuss Lucy's death with Kay or other family members. However, he expressed a tremendous amount of anger directed at the driver. "His feelings were very wild inside him although he kept them in check," Kay said. Michael stayed in the States for approximately two weeks after the funeral and then returned to duty in Viet Nam. During those weeks, the family noticed that Michael devoted a great deal of attention to Kelly, the one year old even though he was not generally an affectionate man. Kay hypothesized that Michael was using Kelly as a "life preserver" to fill some of the void left by Lucy. In other words, by devoting his attention and affection to Kelly, Michael could unconsciously deny or avoid the overwhelming loss connected to Lucy's death, and thereby create a diversion for himself.

As the years progressed, Michael did not mention Lucy's name or the tragedy that had occurred. In May, 1975, Michael retired from the service abruptly, a change which Kay surmised might be related to Lucy's death.

Kay described her reactions to Lucy's death as being "in the eye of the storm", feeling surrounded by turbulence yet needing to continue the daily responsibility of parenting. The calm lasted until after the funeral.

"One evening, it was maybe on the weekend after she was killed, my husband was home. We were in the bedroom in bed together and not really talking about Lucy, but just experiencing the problems of having gone through her burial a day or so previously. And I broke down in that deep, wrenching sobbing that comes with intense pain... just called out of your guts. I think then and especially after he left, I was very lonesome at night, very lonesome."

Michael and Kay decided to have another baby after Lucy's death. Beth was born in 1971.

"Because you want to touch. I still miss not being able to go to the grave. I think that's part of death. What you miss when a person who's sweet to you dies, is that you can't touch them any longer. Lucy's death is one of the reasons that we have Beth. But we both felt the need to have a child. You know, it was sort of a renewal for us. We lost so many children."

Prior to Beth's birth, Kay had four miscarriages. Although prone to miscarriages, (7 live births and 13 pregnancies), Kay had never had multiple miscarriages between children before, which may be attributable to Lucy's death and the trauma it evoked.

Regarding the surviving siblings, Kay remembered being "irritated" with her sons for reacting so coolly to their sister's death. If the sons were modeling after Michael, then it seems as though the males in the family were not given permission to react to the loss. Frank, who was two years older than Lucy, suppressed his feelings, which may have evolved into a somatic ailment. Kay recalled,

"He (Frank) became ill. He got some sort of an infection. I think it was real because he ran a fever. And I remember one of the gals from the post stayed with him when we went to mass and the day we buried her. All the rest of us went to church and to the graveyard, but he couldn't come. And I still think that was emotional."

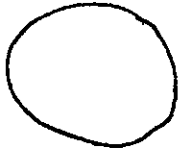
Three months after his psychosomatic reaction, Frank tried to run away from home because of his distress and anger. As Kay recalled, Frank was very close with his sister and felt the loss of her attention and rivalry, in addition to confusion concerning his mother's inability to protect Lucy from the accident. Surviving siblings often blame parents for lacking the foresight or premonition to prevent family tragedies.

Mary, the ten year old, later confessed to Kay that she felt guilty about the death due to her naturally ambivalent feelings towards her sister. Mary remembered having periodic arguments with Lucy, and later felt she might have been in some way responsible for Lucy's death.

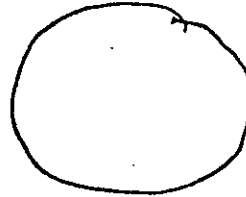
Mike's decrease in size in the Life Space Diagrams was Kay's way of depicting his geographical distance from the family not emotional distance. Mike was in the Army and living in Germany at the time of the interview.

Two major reactions of note were Michael's withdrawal from the family and the example he set for his sons, which left them unable to express their feelings outwardly. For this reason, Frank was forced to suppress his feelings, which resulted in a psychosomatic episode - a reaction which occurs far too often in surviving siblings.

BEFORE



MICHAEL



KAY



MIKE



JOHN



MARY



FRANK



LUCY



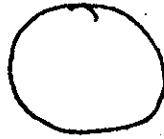
BETH

Diagram drawn by Kay Simpson

AFTER



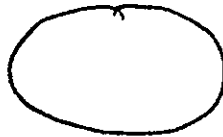
MICHAEL



KAY



MIKE



JOHN



MARY



FRANK



KELLY



BETH

FAMILY #4 - SMITH FAMILY

Joe and Jean Smith volunteered to be interviewed after reading a display ad in a local newspaper calling for the assistance of bereaved families. Also present at the interview was their daughter Judy. Their son David was invited to attend but did not do so. The general interview was reviewed by Mary and Ann, the couple's middle daughters. They could not attend because they lived out of state but did respond by letter.

In 1974, the Smith family consisted of Joe, Jean, and their six children ranging in ages from 28 to 12 years old. In July, Joe (a military officer) and Jean (a homemaker) and their three youngest children had returned to Virginia from a year's military duty in England. By wintertime the Smiths, an active family, had settled into normal daily routines.

On December 7, 1974, the Smiths lives changed dramatically. Sue, their 15 year old daughter, attended a basketball game with a girlfriend at the local high school. When the game was over, Sue decided to socialize a little longer, and consequently was driven home by friends. En route the driver began drag racing with another car.

Mother: "The driver of Sue's vehicle had only had his driver's license for two months. He was on the left-hand side of the road. The other car turned off to the right and he continued on and when the road bent to the left, he couldn't make the curve and hit the pole. The police estimated that he was going somewhere between 70 and 90 in a 25 mile zone."

Father: "He climbed right up the telephone pole. Climbed right up the guide wire and they found a piece of the front bumper nine..."

Mother: "Nineteen feet off the ground."

Father: "Nearly 20 feet off the ground."

Mother: "The two teenagers then on the right-hand side of the car, were killed, the police said, instantly. The driver and the boy behind him were fine and they observed the other two kids and realized there wasn't anything they could do to help them in any way. Apparently they were very obviously dead."

None of the riders were using their seat belts at the time of the accident.

At approximately 2:30 am the police called Joe to tell him of the accident and ask that they report to the police station to identify the body. After Joe confirmed Sue's identity, he and Jean decided to donate her body to medical research. Sue was later cremated and the ashes returned to the Smiths. The family constructed a memorial rock garden in their back yard.

Mother: "My son-in-law and I dug the hole and then Joe came home from work, he dug it a little bit deeper, I think, because he really wanted to have a hand in turning the earth. That was a very important thing. Joe and I did bury her, the box, and covered it with earth. ... dig a hole, and everybody cover up this person that belonged to them, and I had that sort of a feeling when we were putting the earth back into the hole on this box of ashes. I hadn't wanted to have a burial at a cemetery or funeral or anything and yet, here I was doing this very sort of personal ritual, and feeling good about it."

Joe recalled feeling overwhelming disbelief following Sue's death, until Monday morning, when he looked down the breakfast table at Sue's empty place. "That was when I really realized that there was never going to be anyone like that person in that seat again," Joe said. The following summer Joe retired from his military career, and took the family on a cross-country trip which sparked his desire to become a professional truck driver, "I'm in a completely different line of work... It's just become a different kind of world for me."

The change in profession seemed to symbolize a deeper psychological change in Joe's relationship to his family that may have resulted from the accident. Joe reported that he had been a very "other-oriented" person before but now thought of himself as more detached and self-oriented.

"I don't really need to be around them -- she's (Judy) grown up. What do I have to be here for? All I have to do is provide. This is not to say I don't like to be around them, cause I do. But when we are, I find I am very short tempered because I think that this is infringing upon my right to do what I want to do -- my right to happiness as I see it. And, consequently, this has brought about some instability. But I know I caused it. And, I'm not going to change it. I want it for me. But it doesn't stop me from loving each and every one of you and wanting to do the best for you. Even though there are some times when I feel like I'm being cheated.

As mentioned earlier, Joe felt less needed by his family and more independent and self-centered. He slowly began to develop a closer relationship to the outside world around him, using his truck driving as a vehicle toward that goal. Also, Dave became significantly removed from the family following Sue's death because of his drug abuse and difficulty in maintaining simple responsibilities around the house. (At the time of the interview Dave and his child were living with the Smiths while Dave sought steady employment). The Smith family attributes the decreased cohesion in their family primarily to Sue's death. The family map illustrates Joe's movement away from his family.

Jean described herself as handling Sue's death in a practical and methodical fashion. In order to avoid making "memorials" out of Sue's things, she immediately began throwing or giving away Sue's personal belongings (e.g. her toothbrush and jewelry). In a similar vein, Jean attempted to methodically control her emotions during bereavement, which affected her daughter Judy's reaction.

"I had a hard time keeping things in check when I was in church, for instance, with friends for the first few weeks. I don't know why I hesitated to just cry, I'm sure everybody would have accepted it very well, but I'm not that kind of a person."

"I don't wallow around with... feelings on the outside. And so, I had a hard time keeping it in control. And even now, sometimes I can, when I drive past the school... I get a lump in my throat or tears in my eyes. And occasionally, I'll be driving down the street thinking about her and I'll just, if I'm by myself, I just cry. I'm not sure why. I'm not sure if I feel any need to... Ministers have told me that because we didn't have a funeral that I would have to work it through and that that would have taken care of all of these feelings."

After the death Jean reported taking a more fatalistic view of the world. It is Jean's belief that Sue's death was part of her life plan and was meant to happen.

"... maybe it's a cop out. Maybe that's what I am doing, copping out and not taking responsibility. I'm saying that this is fate or I'm being guided to do this."

Sue's younger sister, Judy, was twelve at the time of the accident and describes possibly the most difficult experience in adjusting to her sister's death.

Daughter: "I was sitting down there in the bean bag chair the morning after, watching cartoons, and Mom came down and she was really, really tired looking. I said, 'Well, she probably didn't get any sleep.' And so, I said, 'Where's Sue?' Cause she's usually up by then. She said, 'Oh, she got in a car accident and died.' And she cried. And she said, 'You can cry if you want.' And I didn't cry for four years. Til the tenth grade."

Mother: "But do you know what you said?"

Daughter: "No, I don't."

Mother: "You looked at me and you said, 'But I got her a Christmas present, what am I going to do with her Christmas present?' "

Judy was labeled a "freak" by many of her acquaintances because she continued to emotionally deny the death. Finally, four years later, the denial broke down, leaving Judy devastated and confused. ("... I'd have recurring dreams that Sue was dead.")

"I just kept thinking about it and thinking about it. I'd go to school and I'd just say, 'My God, she died, you know, she's not here.' And I would just cry. And I couldn't do anything. I was trying to kill myself because nothing was going right and I kept hearing Sue saying, 'Come on, come on, it's not that bad. It's great out here.' I was just talking out of my skull."

After the accident, Judy attempted suicide twice - one overdose of Valium, and the second by slitting her wrists with paper clips in order to "scare myself into reality". It is significant to note that Judy may have unconsciously experienced an "anniversary reaction" at fifteen years of age because that was Sue's age when she died. Many times this reaction will occur when siblings are close, as Judy and Sue were. Judy thought of herself as similar to her sister, enjoying doing the same things that Sue enjoyed. In addition, Judy felt guilty for Sue's death, remembering the time she told her sister, "I hope you die!" during a heated argument.

Joe, Jean, and Judy spoke for the other members of the family in the interview. After Sue's death, Dave, 26 years old at the time, began abusing drugs and had a difficult time keeping a job. Mary, 21, wrote in her letter that "at times I felt she was in the house... I have thought about her a lot these past six years, wondering if I'll ever see her again." Ann, 19, found herself abusing alcohol after Sue's death. Eventually, she sought professional counseling. In summary, four of the five siblings reported unhealthy behavioral reactions to the death.

As a family unit, the Smiths continued to feel Sue's presence in the house. (See Life Space Diagram) In the interview, Jean mentioned that following Sue's death, they would find doors open that had been previously closed and sympathy cards that had been rearranged.

Finally, the Smiths expressed their feelings of being "contaminated" or isolated following the death of their daughter. Several of their friends broke contact with them and would not respond to their invitations to renew old bonds. Jean and Joe hypothesize that either their friends felt uncomfortable because they were unable to repair the damage done or were afraid that acknowledgement of Sue's death would be an acknowledgement of their own child's mortality.

Mother: "There was just one couple who had been close friends of ours for many years, at three or more duty stations. And they knew Sue well, too, and they lived close by here and they didn't write and they didn't call and didn't come over. And I called them several times to ask them to come over for dinner cause I knew they were going to get transferred away from the area and they never came. And I heard through a mutual friend that they were just so devastated."

Father: "They couldn't face us."

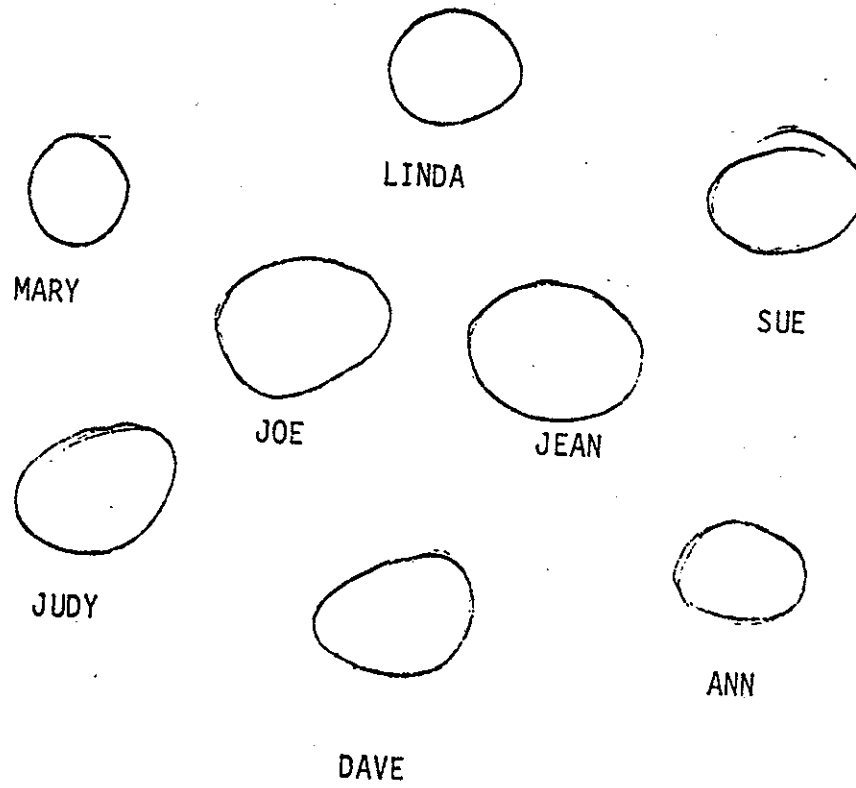
Mother: "They couldn't face us. And this happened to some other mutual friends of ours in England where they were and they had four girls and I suppose the whole idea was overwhelming to them. Just the possibility that they could lose children in an accident as well."

"Maybe they felt it was a jinx -- you don't want to have anything to do with people like that... in case it would rub off on you. This happened to a child and so that way everybody's vulnerable. It's not something that just happens to old people. It's when you lose a child, or when your friends lose children, then you know that that happens..."

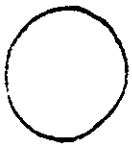
In most cases, following the initial month after one's child has died, there is a sense of being isolated by loved ones. One of the major reasons for this phenomenon is the discomfort that many people feel regarding what to say and how to behave around a grieving family member. Friends and family may appear awkward, uncomfortable, and impatient with the family member due to their own sense of inadequacy. Many of the families interviewed said that they appreciated the mere presence of those they loved, a phone call, or someone to have coffee with and hold their hand. It is important to note that when one is grieving, it evokes the fear that he is the only one who has ever experienced such emotional upheaval, which is an isolating feeling in itself.

Although six years have passed since Sue's death, the family still lives with an empty space where their fifth child resided - a space the family has accepted will never be filled again.

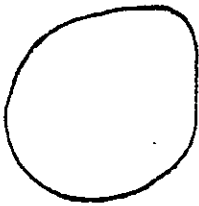
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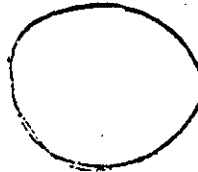
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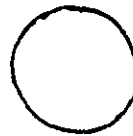
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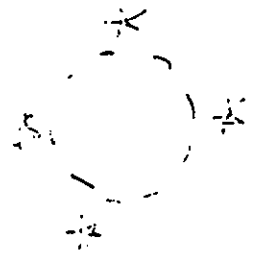
JUDY



ANN



DAVE



SUE