

FINDING YOUR WAY

WEB SITES

Bereaved Parents of the USA offers information and support to parents and families who are struggling with the death of a child; (708) 748-7672; www.bereavedparentsusa.org

The Compassionate Friends provides grief support after the death of a child; (877) 969-0010; (630) 990-0010; www.compassionatefriends.org

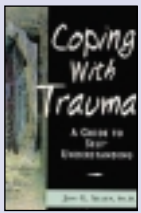
Mothers Against Drunk Driving (MADD) is an organization working to stop drunk driving, support the victims of this violent crime, and prevent underage drinking; (800) GET-MADD; www.madd.org

Parents of Murdered Children provides resources, support and advocacy information to parents of murdered children; (888) 818-POMC; (513) 721-5683; www.pomc.com

National Donor Family Council of the National Kidney Foundation provides organ donation information and to families; (800) 622-9010; (212) 889-2210; www.donorfamily.org

National Organization for Victim Assistance provides information on victim's rights, assistance and services; (800) TRY-NOVA; (202) 232-6682; www.try-nova.org

BOOKS



"Coping With Trauma: A Guide to Self-Understanding," by J. Allen (American Psychiatric Press, 1999; \$26)

"Living with Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke," edited by Ken Doka (Taylor and Francis, 1996; \$16.95)

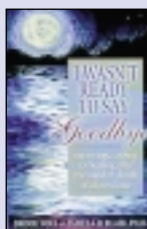


"No Time to Say Goodbye: Surviving the Suicide of a Loved One," by Carla Fine (Main Street Books, 1999; \$12.95)

"No Time for Goodbyes: Coping With Sorrow, Anger and Injustice After a Tragic Death," by Janice Harris Lord (Pathfinder Publisher, 1991; \$11.95)

"Remember Lee: The End Is the Beginning — A Touching Story About the Unexpected Loss of a Child," by Linda Musser (Centering Corp., 1996; \$7.95)

"I Wasn't Ready to Say Goodbye: Surviving, Coping and Healing After the Sudden Death of a Loved One," by Brook Noel, Pamela D. Blair (Champion Pr Ltd., 2000; \$14.95)



"Healing After the Suicide of a Loved One," by Ann Smolin (Fire-side, 1993; \$12)

"What Will We Do? Preparing a School Community to Cope With Crises," edited by R. Stevenson (Baywood Publishing Co., 1995; \$34.95)

For more resources, go online to www.findingourway.net

ABOUT THE AUTHOR

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Unexpected ends

Deaths that are violent or sudden leave a trail of 'secondary victims'

BY CHARLES A. CORR

At 10:30 p.m. on April 29, 1997, Cheryl and Joe Wieromiej became "secondary victims." The call to their Albany, N.Y., home was from a family member who rushed to tell them — before they might hear it on the evening television news — that their two grandchildren were dead in a small town some 30 miles away.

Because her first grandchild, Kevin, had died of sudden infant death syndrome in 1991, Cheryl's first reaction was: "No, no, I can't go through this again. Not two more grandchildren."

In fact, it was even worse. On that terrible evening, Cheryl's son-in-law, Ken Ogert, had used a shotgun to kill his wife, Sharon, Cheryl's 26-year-old daughter, and their son and daughter, 5-year-old Kenneth Jr. and 22-month-old Chyenne, before taking his own life.

Cheryl believes Ken had never been able to come to terms with Kevin's death six years earlier. Something snapped in Ken that night, the anniversary of Kevin's burial.

That night, Cheryl and her family were flung headlong into sudden and violent circumstances that tore their worlds apart. Unexpected deaths administer a powerful shock — like a cosmic slap in the face — to those left behind, allowing little time for survivors to take in, much less deal with, the magnitude of their loss.

Professionals call them "secondary victims." At best, survivors not only will cope but also reach out in a way that changes their lives and those of others around them. At worst, the loss comes to dominate their lives by draining them of meaning and joy.

As Cheryl said, "I wouldn't wish this on my worst enemy. I wouldn't want anybody to go through this."

Like a deadly game of dominoes, it has been estimated that each sudden and unexpected death directly affects 10 other people. At that rate, more than 4,100 new secondary victims are created every day in U.S. society as a result of accidents, suicides and homicides.

While the more shocking acts of violence — from the shootings at Columbine High School in Colorado to the Oklahoma City bombing — rate prime-time TV coverage and front-page headlines, in reality they are few and far between. In the sphere of violent death, motor vehicles take the biggest toll.

Motor vehicle accidents are the most common cause of violent death in the United States, killing nearly 43,500 people in 1998 and accounting for 28.8 percent of all injury-related deaths. Firearms are the second leading cause of injury-related deaths. In 1998, 30,700 people were killed by guns. The death rate from motor vehicle accidents and firearms has declined in recent years, but the United States continues to lead all civilized countries in all of these categories.

And long after the police, reporters and cameramen leave, families and friends spend years trying to piece their lives back together.

For her part, Cheryl Wieromiej was angry. As she waded into the aftermath of the multiple deaths, "the only thing that kept me sane," she said, was the conviction that her son-in-law "couldn't do this in his right mind."

Funeral arrangements had to be made for four people simultaneously. And two weeks later, on Mother's Day, the family had to face the horrific task of cleaning up the bloody apartment where the deaths occurred.

"These are things people never think of," Cheryl said.

Because Cheryl lived out of town and did not share the same last name as those who died, she was spared some of the initial flood of media inquiries. But some in her community did criticize the family for including her son-in-law in the same funeral services as the three people he had killed.

Other secondary victims often find their mourning is delayed when legal proceedings against the perpetrator — over which they have little influence — drag on. One bereaved father was even sub-



In 1997, Cheryl Wieromiej's son-in-law, Ken Ogert, killed his wife, Sharon, and their son and daughter, 5-year-old Kenneth Jr. and 22-month-old Chyenne, before taking his own life. "I'm better because I'm not numb," Cheryl says. "I'm still working on it. This doesn't go away. You learn to live with it."

WILL WALDRON/KRT

Coping with bereavement

If you suddenly lose a loved one to a violent or unexpected death, you can expect to go through what professionals call "traumatic bereavement" — strong reactions of shock, pain, deep sadness, confusion, guilt and anger.

Here's what may happen and how to deal with it:

Any major loss from violence will affect family and friends differently. Remember all relationships have their own distinctive features and all losses are unique. Expect that these relationships may change in unexpected ways.

Insist on your right to be yourself and do what you need to do to deal with what has happened. Don't let others impose their own path or timetable for bereavement; this is your loss and your grief.

Realize you may never fully fit this terrible event and its implications with the assumptions you

might have previously held about the world, faith and society.

When criminal or civil proceedings complicate bereavement, seek help from individuals and organizations skilled in victim advocacy. They can help you find ways to be informed and involved, while also preparing you for the inevitable frustrations of dealing with the legal system.

Be patient with yourself and others as you mourn. Especially at first, be content with just getting through a minute, then an hour, then part of a day.

Try to be tolerant of others who withdraw from you, who don't know how to help you or what to say, or who are afraid of the intensity and duration of your grief. You might have behaved in similar ways before this happened to you.

Share your needs with others. Ask them for help and give them

specific things to do for you.

You may discover the most comforting support and most helpful guidance will come from those who have experienced similar losses.

Don't neglect yourself. Eat nourishing meals, drink plenty of fluids — but not much alcohol — and get the rest and exercise you need.

Traumatic bereavement leads some people to think they are "losing their minds" or "going crazy"; remember that it may take time and effort to develop "new normals."

You can move from being a victim to being a survivor. You will never be the same and you are likely to experience strong surges of grief from time to time, but you will be better than you are now.

— Charles A. Corr

poenaed by lawyers defending his son's killers, not to actually testify in the trial but simply to keep him out of the courtroom, away from the sympathetic eyes of the jurors.

When those left behind turn to others for help, they often find that support for the bereaved has become less available because of the decline of extended families whose members live near each other, as well as of the strong bonds formerly found in neighborhood, religious and other communities.

Cheryl sought help from a therapist but didn't find it useful.

"Everywhere I go, I'm the horror story," she said. Her grief was compounded by the earlier death of her infant grandchild and by the fact that four people died by her son-in-law's hand.

It got to the point, said Cheryl, where "you don't even know who you're grieving for."

A friend of Cheryl's in Pittsburgh saw an ad in a local paper for The Compassionate Friends, a self-help group for bereaved parents and grandparents. Cheryl was not aware there were organizations like this when her friend suggested that she seek out a chapter in the Albany area.

"I was desperate at that time," she said. "I would have done almost

anything." The group gave Cheryl an opportunity to share her experiences, even though most of the members had lost children younger than her daughter and few had experienced four deaths at one blow. It was "one of the most helpful organizations I could find."

Every survivor of violence has to cope with death and loss in his or her own way. For Suzanne Villaggio and her husband, John, who lost their 28-year-old son, David, in a car crash, "There is no one closer to me than my husband, but still we are grieving differently."

The Villaggios' lives changed with a phone call from an administrator at a hospital in Fargo, N.D., who spoke the words every parent dreads: "Your son has been in an accident. He is in surgery right now. You had better get here as soon as possible." David died that night when the pickup truck he was riding in skidded on an icy interstate highway outside Fargo and rolled over several times.

Just before David died, John and Suzanne had moved from Georgia to New Jersey, where John had accepted a position with a new engineering company. When David, who had started a successful electronics business in Fargo, died, his family hadn't been in the commu-

nity long enough to make any strong connections and they had to deal with a death that occurred thousands of miles away.

Still, help and compassion were there for the Villaggios that night. A friend drove them to the airport at 4 a.m. so that they could get the first flight out. A ticket agent cried when she learned why they were in such a rush to depart. David's friend, Chris, who had been driving the pickup, was sobbing and crying when the Villaggios reached the hospital in Fargo. And the Villaggios learned that other drivers had immediately stopped to help when they saw the accident.

A neurosurgeon and a physician at the intensive-care unit in Fargo, though, were distant and insensitive. Suzanne, a nurse who had worked in emergency rooms, later said, "It was as if they were saying, 'You just need to get on with this.'"

Donating some of David's organs and tissues for transplantation helped the Villaggios find some good in their tragedy. Still, taking leave of David at the hospital that night while knowing that his organs would be retrieved in the morning — even though they understood that he was already brain dead — left the Villaggios with "the toughest night we've ever had."

Later, Suzanne found comfort in sharing stories about David with her 80-year-old mother. Suzanne also treasures her memory of the last meal David hosted for them at an expensive restaurant in Fargo the summer before his death. And she remembers fondly his closing words to her in their last telephone conversation: "I love you, Mom."

The Villaggios also welcomed the support of The Compassionate Friends chapter, where Suzanne was surprised to discover at their first meeting that nearly all of the other participants had lost a child through a motor vehicle accident.

A few months after David's death, Suzanne said, "What I want to do is to have healing, to feel better, but how do I do that?"

Kenneth J. Doka, professor at the College of New Rochelle (N.Y.) and editor of "Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke," notes "each type of unexpected, violent death poses its own unique problems, but all intensify and complicate the survivor's grief. Deaths like these also heighten a survivor's sense of vulnerability and anxiety."

Lula M. Redmond, a family therapist who founded the first homicide survivors therapy group in the United States and author of "Surviving: When Someone You Love Was Murdered," gives each of her new clients a spiral-bound notebook and tells them to "date it and start writing, even if you can only write a few words each day."

Over the years, Redmond has learned that keeping a journal helps survivors achieve some sense of control over what has happened to them. It also helps to vent strong feelings, prepare for legal proceedings that might arise and prevent some of the confusion that creeps up in later years.

Redmond advises those who want to help friends and family members who have lost someone unexpectedly "just to be available and to be willing to listen. Try to understand the needs that motivate the survivor's behaviors and the profound loneliness and emptiness that he or she is experiencing. It won't last forever."

And that is what Cheryl Wieromiej is discovering. Four years after the deaths of her two grandchildren, her daughter and her son-in-law, she said, "I'm better because I'm not numb. I'm still working on it. This doesn't go away. You learn to live with it."

For more resources and contacts on end-of-life issues, go to www.findingourway.net.