The Ties That Bind

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Dedication

In loving memory of Rowan Christopher Williams, the boy who made me a mom.

And to all the mothers who are missing the weight of their children in their arms and are instead carrying the memory of them in their souls.

Blessed be.
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I felt lucky to have my mom with me at my OB/GYN appointment for my final pregnancy check-up; she had arrived four days earlier to stay until late January or February to help me with the baby after delivery while my husband was still away on deployment to Cuba with the Navy. Warm gel. Swollen belly. Doppler. Silence. "Do you remember where we caught the heartbeat last week?" asked the doctor. "Not exactly," I said, wondering why he asked, yet at the same time—somehow—knowing. I had mentioned during the previous two check-ups that I was worried about a nagging cough I had developed which was especially problematic at night and reported the baby’s movements were slowing down. Dr. Rosenthal, my physician, attributed this to the decreasing amount of room in the womb as the Christmas due date drew nearer.

I was sent back into the waiting room until the ultrasound tech could finish up with another patient. I was horrified. I knew. Somewhere deep inside of me, I knew. And within ten minutes, my deepest, darkest fears were confirmed. My son did not have a heartbeat. The child I had carried to full-term after three years of fertility treatments and numerous miscarriages—my precious miracle—was gone. I remember very little after looking at the tear-stained face of the ultrasound tech (who just one week ago had cheerfully chatted with me about how healthy my baby looked) as she slowly shook her head no to the doctor. My mom stared at the screen in silence as I lie there on the exam table staring at the ceiling barely illuminated by the glow of the machines. After being informed by the lead nurse that a Red Cross call had been made to my husband's command in Cuba by the leaders of his duty station in Newport where we lived, my mom and I left in silence. I walked like a zombie through the waiting room filled with
expectant women. Was this really happening? Could it be true? My husband called home knowing something wasn't right because the Red Cross had left a voicemail informing him his command in Cuba was sending leaders to his room to speak with him. In short bursts of anguish and disbelief full of shock and pain, I told him: “Our son is dead.”

Later that night, my father arrived to join us in Newport, Rhode Island after arranging a last-minute flight from Mishawaka via Chicago’s Midway Airport. By the next morning, my husband was strapped in for safety to a pallet of military mail containing, no doubt, various letters declaring love, sadness, eagerness, worry, hope and despair, aboard a cargo plane; like the letters he sat upon, he was being delivered on his 15-hour journey from Cuba’s Guantanamo Bay Prison to our military home in Newport to unexpectedly witness the birth of his dead child. Had the situation been different, had our son lived, his father would have missed his introduction to the world. My husband arrived Friday morning at 2 am.

At some point during the day of the fateful final exam, a Wednesday, I was scheduled to report to the hospital on Friday, two days later, at 7 am, but I desperately wanted more time to talk, mourn, and plan with my family for my son’s birth. To be attended by my own doctor, who would be out of town during the Hanukkah weekend, my only option for delivery was Monday, December 17. I had to go to the hospital Friday night for blood work to make sure waiting was a viable option, knowing that regardless of the results, my body could go into labor on its own at any time which is possible under the circumstances. The results of the blood work were good; we agreed to wait the extra days. They were days filled with grief. I moaned and wailed like a trapped animal; the cries were so primal, the couple with whom we shared our duplex felt compelled to take
their two young daughters to a nearby hotel for the weekend. I insisted all mirrors in our home be draped with towels or blankets because I couldn’t bear to see my oh-so-heavy, swollen belly. At night, I was awakened by the sensation of movement in my womb—a dirty trick. The inertia created by the fluids in my son’s watery tomb facilitated his small body’s bumping against me revealing a foot here or an elbow there—just as he had done when he was alive. It was a cruel and tortuous reality for me. I began to believe they were wrong and sobbed, begging God for all of it to be just a nightmare. My family held me. I vowed not to be angry or bitter. I wrestled with the urge to blame and question God but wanted so fervently to cling to the faith that my utter sadness would be lessened, that my grief would be assuaged if I rested in the promises of my Savior.

Monday morning came; the day I was to give birth to my son. It was the second most difficult day of my life, knowing my miracle baby would be born—dead. The first? The day his heart stopped. One day, I’m falling asleep singing the song I connected to his name “Row, Row, Row Your Boat” and to the full-term, kicking and tumbling boy in my womb, the irony of which came crashing down on me the next day when I’m barely able, in a state of total shock, to hear the words, “Tara, there is no heart beat.” Life truly became but a dream, a nightmare. I wanted to cry out, to scream my fucking head off, but nothing. I was numb. I was a living zombie. We stoically headed to the hospital at 6am knowing when it was all over, with an empty car seat in the back of our Subaru, we would return to a home with an empty crib surrounded by cuddly stuffed delights our boy would never snuggle with, blankets that would never keep him warm, adorable outfits he would never wear, and bottles from which he would never drink. With empty arms and empty hearts, we would enter a new type of prison, one filled with anguish, longing, and
an indescribable loneliness. A dear friend living in Hungary at the time sent me a message that has remained vivid in my mind these several years. It was both an encouragement and a statement of truth for loss mothers: "You will mourn your beautiful child. You and Chris brought him into your womb and his life has been cut terribly short. You are a mother. You can do this. Even this. You can labor and sweat and cry and moan and bear his small body into the light. You can do this. And you will honor him all the days of your life."

My doctor suggested heavy pain meds and even offered sedation to make it through the delivery unaware of what was going on yet somehow, I wanted to stick to my original birth plan which included no epidural. Taking the physical pain away would not lessen the pain in my heart; I wanted to fully experience the birth of my son. I used an "om" or humming breath to make it through contractions, with the idea that a pleasant hum would release endorphins to lessen the pain. When active labor began, the humming breath joined a grief-stricken howl as I struggled to deliver my sweet angel into the world.

At 6:39 pm, Rowan Christopher arrived: 7 lbs. 5.8 oz. and 19 inches long. Button nose. Dark hair. Sweet little lips that wrinkled in the center, softly curled hands, perfectly formed feet, fingers, and toes. Although a midwife friend from back home in Mishawaka had prepared me to expect blackened lips and nail beds, he was completely newborn-baby pink—a fact that both comforts and haunts me to this day. He was, in all ways agreed upon by those who have adored the vision of such a blessing, a gorgeous baby boy. I held him close. I kissed his forehead, his nose, his lips, his hands. For hours I fawned over him, his sweetness, his innocence. His daddy held him close and cried upon
his soft cheeks. His nana and papa held him; they were so proud, yet so heartbroken. I
lied in that hospital bed in the Labor and Delivery wing of the Newport Hospital well past
midnight after holding him in my aching arms next to my broken heart nearly non-stop
all day (the exceptions being during the shower they made me take, and allowing his
daddy and grandparents a turn) before the representative from the local funeral home
took him from me. The man spared me the pain of watching Rowan’s beautiful, fragile
little body being put into a transport vessel (which for some loss mothers is a cardboard
box—yes, a cardboard box—or a weaved basket); instead, he gently carried my baby
from the room in the blanket in which I had swaddled him. Small mercies. The next time
I would see him, he would be in a tiny white coffin 873 miles away. They were flying
him home to Indiana the next day in the belly of a plane; I would be flying home to
Indiana in a different plane with an empty belly...and empty arms.

Although I had had five days to let my new reality sink in, how in the hell was I
supposed to deal with this? They told me I would need counseling. They told me it would
get easier with time. They told me I would be able to have other babies. They told me
everything happens for a reason. There was a placard on my door depicting a leaf floating
on water with a few drops of rain beaded on top to inform passers-by the mother in this
room was grieving. It’s a sensitive way to announce: Behind this door is the mom of a
dead baby, so as you ooooh and ahhhh over the baby you’re visiting, try to keep it down
for her sake. It all sounded and felt like bullshit to me. I could not move. I was frozen in
time. His death filled me with a sadness, an emptiness I will never understand nor be able
to explain. Yes, his life, his very existence made me a mother. Yet through it, I also gave
birth to death. December 17, 2012 is a day I will never forget; it is the day I brought my
precious son into the light—simultaneously the most horrific and most beautiful day I had ever known. I became a statistic that day, a member of an exclusive club to which no one wants to belong. I’ll spend the rest of my days in two worlds—with one foot in the land of the living and one foot in the land of the dead.

Language of Grief

Soon after, we began attending grief groups whenever and wherever we could find them; there weren’t many. The Compassionate Friends and an infant loss group met weekly in Providence, Rhode Island some forty minutes away, but I needed an outlet to feel less alone; my husband attended with me to support my seemingly endless sorrow, yet his own grief manifested itself very differently. To outsiders, as well as to me, it appeared as though he experienced no grief at all. He had returned to Newport from his deployment to Cuba a month early; although he was home with me, I was still alone. Over time, this disconnect created an unbridgeable chasm between us, one that left me feeling invisible in my grief. Unacknowledged for what I had gone through, alone for nearly nine months while carrying Rowan in a city far from home with various struggles along the way, I sat through many grief counseling sessions with my husband while he recounted the sadness and pain of his childhood which dominated every meeting, instead of receiving the help I needed to make it through my darkest days. I learned a great many things about the language of grief in those early days, most especially from these meetings. In my reading, I discovered there was an element of the loss community that could get a little ugly at times; the ugliness sprang from an emotional comparison or argument, if you will, of who among us had it the worst.
Trembling, I shared my loss and was met with relative silence. After all, these parents had lost a child they had known, truly known. They had seen their eyes, heard their voices, laughter and cries, they had spoken to them and heard a response, however small. In their looks of pity, I saw myself as the lucky one. The one who lost a child I didn’t even know. It was easier for me, wasn’t it? After just one meeting, feeling like a fraud in my grief, I never returned. The bereaved parents present at those meetings looked upon me with a combination of mild sadness for my loss (an “Oh Dear, there, there” kind of look) and a “Really, Dear? That’s all you’ve got?” kind of judge-y look.

And then I attended meetings with parents who had also lost infants; this is surely where I’d fit in. Most were both dealing with loss and deciding whether they would try again to have a child. We had both this type of loss—the dreaded death of an unborn or newborn child—and the desire to try again in common. As I listened to the stories of parents knowing a child was not compatible with life from the second month of gestation to deaths from SIDS at a week old to the third full-term loss in a row for one set of parents, this time, I saw myself as the lucky one; though I thought I’d fit in, the air was occupied by the language of sickness and illness, neither of which I could relate to in my loss experience. Our son was not ill in utero. We had no fatal diagnosis; one day he was alive, the next day he was not. I didn’t know what I didn’t know until it was upon me. Rowan’s death caught me by surprise. It was a silent, swift barrage of grief and pain I never expected. After attending two of these meetings and again feeling like a fraud, I never returned.

It is a universal struggle for women who are mothers, both of living and deceased children, to work through the reality of motherly love to understand their role in the
world. While some fully embrace the thickness of this type of love, still others are in constant search of their identity as it connects to this love. The devastation of loss can lead to a beautiful interconnectedness—unbreakable bonds, ties that bind—among mothers. I never realized how much I needed others until my child died. It was a time of intense emotion and unfathomable pain for me. The isolation one feels when no one seems able to relate to this type of loss becomes so very heavy it is easy to lose sight of our place in the world. Healing, for me, has been an on-going process and it includes sharing my story and re-living my experience; in this way, I also participate in helping my community (other bereaved mothers) heal. In my own grief journey, it is the memories and storytelling that continue to bring me the most healing and relief. I have found storytelling is what sustains me during the most difficult times of the year, most especially December (the month in which my son died and was stillborn). Putting my thoughts out into the universe in a less judgmental space such as my blog has helped me overcome my fear of scaring people away while keeping me true to my own need for healing and growth when it comes to the loss of my child. Although it has been just under seven years, in that brief time, I have come to understand I am on the longest march of my grief journey.

There is an element of the grief journey that those who have never experienced the loss of a child can never understand. I’ve met women who have lost their children in countless ways, but one thing is true about all of them: they would have died for their children. Being able to share one’s loss and subsequent grief journey via storytelling is empowering. The death of a child takes away so much from a parent but being able to reclaim agency afterward is a slow process that takes many, many years. What details
will I remember after 18 years? What emotions will flood my memory each year I celebrate his (still)birth? What manifestations of guilt will irrationally pop-up long after I’ve pushed them down? The unknown is infinite.

Grief Visits Again: Liz’s Story

“I remember thinking, Thank you. Thank you, God, that it wasn’t me.” These words were spoken to me by my cousin, Liz, only four short weeks later when we spoke on the phone after I heard from my dad that she had lost her third child, her first son, on his due date: January 9, 2013. The guilt that had built up inside over feeling relieved upon hearing the news of Rowan’s death came spilling out in the emotional phone call connecting us by more than blood relation now. Deciding to work at least a half day at Menominee Elementary School in Plymouth where she taught first grade the morning of Hudson’s due date, Liz went about her morning with her young students excitedly awaiting his arrival. By mid-morning, her water broke and she called her husband, Andrew, to let him know they needed to head to the hospital. Once there, what seemed like a normal progression toward giving birth played out before her as it had before in the births fifteen years earlier of her daughter Isabelle and six years earlier of Sophia Grace. The outcome, however, was very different. Inexplicably and without warning or complications, Hudson was born still. Her recollection of certain details has always been and remains a blur. One moment she was joyous to be giving birth to her first son, and the next, she was bearing the weight of a full-term dead child in her arms.

Hudson defined perfection; from his sandy blonde hair to his ten perfectly formed toes, nothing told the adoring eyes of his parents that this was an infant that had died. All present were understandably stunned. How does this happen in the most prosperous,
medically advanced nation in the world? How do medical professionals begin to rationalize missing something that would have warned them something was wrong with this child? His death was later attributed to an undetectable hemorrhage—exactly where in his body or why it happened remains unknown.

While Liz and I shared such similar experiences, we dealt with our grief very differently. I was one who wanted to talk about it, to share every detail that I could as I was able, while my cousin struggled to share anything at all. The only reason she felt she could share with me was because, in her mind, I came the closest to knowing what it was like. Even then, with the guilt of being relieved it wasn’t her son who died just a month earlier, she struggled to articulate anything more than utter despair. Eventually, she was one of the main catalysts for me becoming passionate about expanding my reach with my story, my healing process, and my desire to make meaningful connections with and between other women who knew the taste of such grief—the putrid gall of losing a child. One expects to lose their parents, perhaps, or even a spouse or a sibling, but it goes against the natural order of things to bury a child.

An Unexpected Connection: Sarah’s Story

Those with whom I could connect meaningfully in the early days, weeks and months were few and far between. I was surprised by the effort put forth by women from back home who had also experienced stillbirth; they were few, but their empathy was a beacon of hope for me. These were women I had known in some capacity for years, yet I never knew of this pain they carried deep inside until it happened to me and they reached out to share their own stories. The way a person feels and deals with grief is very personal. Hand in hand with the intimacy of grief is the reality of sharing it with a trusted
other. When my former student and athlete on my volleyball team during my first year of teaching, Sarah, reached out via Facebook Messenger to offer comfort, I knew she had lost a child several years prior, yet I did not know the circumstances. Her attention to every blog post I had written was scrupulous as she offered words of encouragement and remembrance privately rather than posting a public comment. One Thanksgiving, she sent a greeting and thanked me for including her angel daughter’s name in my posts. It was a lengthy message that included a story of how they chose her name.

When she was a teenager, Sarah babysat for a little girl whose name was Emelia and they called her Mia. She remembered thinking, even as a young girl, what a beautiful baby she was and how much she loved that name. The young girl had striking dark hair and Snow White skin. When her own daughter was born, she also had dark hair and porcelain skin. Mia and Claire were her two favorite girls’ names. She and her husband, David, debated which to give her the whole first day of her life. The next day they settled on both: Amelia Claire. She asked how we had chosen Rowan’s name. I told her it was at the top of a short list of names we had compiled over the months prior to his birth and we loved the idea of calling him Ro. I shared that when I was three months pregnant (and before I knew whether he was a boy or a girl), I went to my brother’s wedding in Colorado and met his boss’ son, Rowan. He was four and a half. I said, “If our baby is a boy, we’re going to name him Rowan!” and the biggest smile spread across his precious freckled face; he cried out, “Thank you!” and touched his hand to his heart. His mom just laughed. He was the sweetest little boy who had no problem conversing with adults. He played the fiddle and was bright beyond his years. I knew right then there was something extra special about the name. I also shared with Sarah that Rowan is a type of tree that
can grow nearly anywhere. Rowan trees have been found growing out of rocks, out of hulls of ships, and in places with very little fertile soil—like a miracle tree that thrives in less-than-ideal conditions. That sure described my Ro! I had had such difficulty getting pregnant with him. He was my first successful full-term pregnancy after several years and failed IUI (Intrauterine Insemination) procedures which are a type of fertility treatment that involve placing sperm inside a woman’s uterus close to the fallopian tubes in order to increase the chances of conceiving. My pregnancy with him was the result of my very first IVF (In-vitro Fertilization) procedure whereby my viable eggs retrieved surgically after weeks of hormone and drug therapies were fertilized by sperm in a test tube outside my body. Were I in a better frame of mind at the time, I might have noticed Sarah was aching for a segue to talk about her own pain; it was evident in the personal anecdotes she offered to me. Only after we corresponded for a couple more months did she share the soul-crushing details of her grief.

On Saturday, June 25, her oldest son, Graham, woke up with a crossed eye that alarmed Sarah. She immediately called their pediatrician and then a college friend, also a pediatrician, to inquire as to what may have caused his eye to cross overnight. She and her husband took Graham to the ER and spent most of the day getting a CT scan and awaiting the results to rule out a possible tumor. He was only two and thrashed and screamed during the entire procedure. The doctor said it came back clear but acknowledged it was not an ideal scan because of all the thrashing about. All day Sunday, Sarah was on the phone with family and friends, still worried about Graham’s eye. A special education teacher she worked with, who also happened to be an optometrist, said Sarah and David should get him into the Strabismus Clinic (where they specialized in the
condition characterized by inward or outward misalignment of the eye or eyes) near their home as soon as they could.

Early Monday morning, the nanny arrived, and Sarah headed to the gym. She came back from the gym and called the clinic to inquire about an appointment; they told her if she rushed in, she could catch the doctor before she left for her other office. Because the nanny couldn’t stay, Sarah packed up Graham and Mia to get to the clinic quickly; her husband David would meet them there. She was stressed, but Graham’s eye looked a little better by this time. The doctor at the specialty clinic informed them they could wait before doing anything in case his eye continued to improve on its own. The relief she and David felt was palpable. David considered going back home with her to decompress but elected to return to work instead.

By this time, a little stress had returned because both kids desperately needed and were late for their naps when Sarah returned home with them. Graham was taken upstairs to his crib where he settled down quickly for a nap. Sarah changed Mia’s diaper, nursed her, and put her down for a nap in the bassinet attachment they had installed in her pack-and-play a couple weeks prior in the room adjoining their family room where she would be closer to Sarah. Because Mia was so young, she fit perfectly and safely in the bassinet, nicely swaddled, asleep face up. Sarah recalled thanking God for her children that afternoon being overcome with relief and gratitude Graham didn’t have cancer.

When Graham woke up, Sarah told him they would go to the park within walking distance from their townhome. She decided to wake Mia because it seemed as though she had taken an unusually long nap at this point. When she walked into the room, the first thing she noticed was that the bassinet attachment had somehow come unhinged in one
corner and Mia, swaddled, had slid down; wedged between the corner inside mesh wall of the pack-and-play and the unattached corner of the bassinet feature, Mia had been unable to breathe. Frantic, Sarah began screaming like a woodland animal snared by a ferocious metal trap. She called 911, pulled Mia out of the pack-and-play, and began CPR. Emergency services arrived and their attempts to revive her infant daughter continued for what felt like hours—to no avail. Nothing could be done. Unfathomable grief mixed with intense guilt mixed with horror and disbelief filled Sarah's heart. Mercifully, her mind blocks these moments for the most part, but even talking to me, she felt her chest constricting. For a long time, she explained to me, she wanted to die, too. Having Graham helped her to hold on. She knew it wouldn’t be fair to him if she left him motherless. Reminding herself all she could do now for her poor, beautiful girl was to take care of her brother, she spent months crying in despair, rarely leaving their new home; they sold and moved out of the townhouse where Mia died shortly thereafter. She struggles with these torments, emotions and guilt, to this day, eight years later. In her fragile and distraught mindset, Sarah has found it difficult to share even this brief version of Mia’s story with others. Intimate details are known to a select few because the grief and guilt are an enormous burden. Finding the strength to attend to her living child and subsequent two children born after Mia’s death was and remains a challenge for Sarah.

For many women, motherhood becomes the pivotal event that sets them on the lifelong journey of dealing with the overbearing realities of loving another human being more than one loves oneself. Within this reality, lie the joys that come with this love, yet also the guilt and responsibility one undoubtedly experiences over the course of their children’s lives—or the lives that should have been. Loss mothers wrestle with this even
more acutely because of their unrealized hopes and dreams and milestones—the first
tooth, the first steps, the first day of school, and many, many others, all of which are lost
when a child dies. Grief is a dark reminder of not only what the mother has lost or will
miss out on, but what the child himself or herself will miss out on.

A Mother’s Nightmare: Lauren’s Story

When he ran by me in the church community room, his brown curls bouncing and
his toddler giggle bubbling, I reached out to feel the silky softness of his fine hair.
Getting Hulk-like face paint was his one and only goal that morning. My Rowan would
be about his age, had he lived. I struggled with visions of what I was missing even though
I had a beautiful, healthy newborn baby boy cradled in a sling on my chest. I don’t recall
ever being envious of other mothers after losing my first child, but I certainly felt the
longing to know what he would have been like at each stage of his life. Caleb’s vivacious
energy intrigued me and his mother’s outgoing personality is what initially drew me to
her when we first moved to Virginia. Upon the recommendation of the priest from my
hometown parish, whose niece, also a military wife, attended St. Mark’s with her family,
we made the 30-minute drive on Sundays for mass and I made the trip once during the
week with baby Homer, born nearly two years after the death of Rowan, and after three
more rounds of IVF (two with frozen embryos and one with fresh) and two miscarriages,
to attend a mom’s group.

Military life can be so taxing on the wife because of the frequent moving and
reestablishing of relationships with other women with children, so getting involved with
the weekday meeting of moms held at the Parish Center was important to me. Most of the
women were younger than me by 10-12 years, but our common bond was a realistic
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understanding of military life with its complications for spouses, children and active duty members themselves. Beyond this bond, side friendships were borne from common interests, shared passions and the ages of our children. Caleb’s mom, Lauren, was one of the funniest women I had ever met. Nervously trying to soak in the vibe, I found myself listening and learning the ways of the group. Most were wives of officers; I was the only wife of an enlisted sailor. A natural divide often forms when this is the case, but because I was close to Emily’s uncle (the priest mentioned earlier), I was brought into the fold rather warmly.

It was one meeting day that Lauren was commenting on feeling judged because of her affinity for wearing workout gear daily when she had no intention of ever “working out.” She classified herself as dumpy, frazzled, and unfashionable because she didn’t fit into any of the mom categories floating around social media. “What would you call this look?” she asked me looking straight at me. “Well, maybe activewear mom?” I responded with a look of hopeful optimism. Immediately, she began repeating it: “Activewear mom. I’m ACTIVewear mom.” It was a mildly humorous moment, but that was all it took to make a connection. In the weeks to come, she asked me more about Rowan; she wanted to know what it was like to lose a child, what it was like to now have a baby after such a loss and how it had changed me. The most interesting part? She was 8 months pregnant with her daughter Aria at the time. Up to this point, I had found that not only were other mothers afraid of me, if that’s the right way to describe it, but pregnant women were terrified of me—as if having a stillborn child was contagious. Now, I was spending time during the week and on Sundays with a woman about to give birth who was not shy in asking me about the most devastating moments of my life. I had been
writing about my experience, my grief, my subsequent joy at having another child, but I still wasn’t talking about it much. While the anonymity of blogging and online discussion boards made it much easier to write my pain than face-to-face conversation, I knew one day I wanted to be able to share more readily in-person. However, at the time, I couldn’t overcome the desire to blend in rather than stick out as the woman whose baby died just before birth. I wanted to make friends, not repel them. I consider myself fortunate to have been connected with the mom’s group at St. Mark’s; it was the catalyst for becoming more comfortable talking about my pain and grief with other women—both those who had and had not lost a child themselves. Not only that, but I now know there was a very specific reason I was there that goes beyond normal understanding. There was a very specific reason my uninspired answer to the question: “What would you call this look?” sparked a connection that would lead to me being a part of the most devastating moments of Lauren’s life.

Within the year, I had returned to my hometown in Indiana with my young son because my troubled marriage, exacerbated by military life, could not survive the negative effects of grief and the lack of communication typical of a grieving couple. I remained in contact with many of my mom friends from Virginia, but the frequency of our contact was obviously not the same, so I was excited to see Lauren’s name light up my cell screen as I sat outside watching Homer play with his large plastic trucks in the sandbox. What followed was a conversation I will never forget.

Caleb had been exceptionally clumsy recently; stumbling when he ran, looking as if he were off balance and appearing to lean as he walked, at times. With growing curiosity, and eventually concern, Lauren had taken him to the doctor. Surely it was just
toddler awkwardness she was noticing. After all, he played hard and was naturally goofy and full of silliness. An ensuing scan, after all other considerations were made, revealed a lemon-sized mass behind his eye—medulloblastoma—a brain tumor; a family’s worst nightmare: cancer. They were just about a month into the treatment at St. Jude’s Children’s Hospital. She asked me what she should do; as the mother of three (one daughter older than Caleb, one daughter younger), how should she be preparing for the worst possible outcome—the death of her son? Initially, being asked such a harrowing question scared me; what did I know about losing a son I knew, held in my arms, heard laugh and say my name, cared for during infancy illnesses and watched run and play? She was struggling with the guilt of spending most of her time at the hospital with him while family and friends rallied to care for Ellie and baby Aria. How was she to parent them all faced with such a dire diagnosis as brain cancer? How would they remember their brother and how would they feel about their mother afterward? These were the questions that plagued her. They were the questions I could not answer; I could only listen and offer encouragement and kindness in reassuring her the girls would understand—somehow. Though young, Ellie knew her mom was doing the right thing by being with Caleb and away from them. One day, she would be able to share this with Aria so she, too, would know the sacrifices they all made in the hope Caleb would somehow be cured. Sadly, in 2016, approximately 1,200 children died of pediatric brain cancer. Caleb Aaron Shaffer, age 3, was one of them.

Greens, oranges, yellows and blues are the bright colors of Lauren’s half-sleeve Lego and dinosaur tattoo that will fade with time, but the memories she shares via social media throughout the year as she wrestles with his death at three years old make an
impact for all who know the Shaffer family or have heard their story. In addition to Lauren’s tattoo, the once anti-active activewear wearer participates in marathons in various cities to help raise money and awareness for St. Jude Hospital and childhood cancer. Her husband, Jake, a Navy Seal, joins her when he is able.

In the Blink of an Eye: Sarah D.’s Story

Surrounded by the splashing of several children in my former mentor and colleague’s pool, several teachers from the high school where I taught for fifteen years gathered for a mid-summer celebration of the completed academic year. The hustle and bustle scene of camaraderie that floated from the backyard overlooking the St. Joe River near the Capital Avenue bridge echoed off the still water that had reached a record-low and the familiar aroma of grilled burgers and hotdogs wafted in the air. This was relayed to me by Mary, whose home was the scene. With her older sister Peyton a little over an arm’s length away, six year old Piper began to struggle in the water. To lookers on, including their mother Sarah D., she seemed to be playing along with her friends in a game of splashing and diving to retrieve water rings. Once she realized her sister was, in fact, not playing around, Peyton reached out to try to pull her sister to safety, but it was too late.

When the call from my former colleague, Jodi, lit up my cell phone, I was with my own family around our backyard pool enjoying the late afternoon heat. Sarah D., Piper’s mother, was in a state of shock, as she was mere feet away from her youngest daughter as she drowned with several pairs of eyes watching, unaware. All present at Mary’s home kept returning to the idea of calling me. They wanted to know how they could help her. “Better yet,” Jodi asked, “how can you help her?” It wasn’t the first time I
had been asked to step in to support a grieving mother; the only difference this time was that this mother’s child had died within the hour after drowning in a pool surrounded by her friends at play and several adults watching all around. What did I know about such a tragedy? Of what solace could I be?

The paramedics had attempted to revive her for what felt like forever, yet inexplicably sweet Piper was gone. Wide-eyed, smiley, softball-loving girl with her whole life ahead of her—gone in an instant. How could I begin to empathize with the anguish Sarah was facing when my own child had died in utero? I had never seen his eyes, heard his laugh or cry; I had never watched him crawl, walk or run; I had never truly known him. Yet, as in the past, I felt compelled to provide comfort, guidance, and connection for this mother who was so utterly broken and overwhelmed by guilt—the most pressing demon for a loss mother. After advising my former colleague to write down a few resources to give to Sarah’s husband including names of two loss counselors I knew who specialized in child loss and the offer to help with anything in the days, weeks and months after—the time when it seems that many well-intentioned friends and family drop away.

Several messages passed between us after this nightmare of a day. Feeling completely unable to appropriately empathize with her intense guilt at having been the parent with Piper when she had her swimming accident, I searched for someone with whom to connect Sarah D. to walk with her more knowingly on this journey. It didn’t take long before I thought of Mia’s mom, Sarah, and Caleb’s mom, Lauren, knowing both mothers wrestled with unimaginable guilt and helplessness. Because of the connection of both Sarahs being the sole parent present at their daughters’ final moments,
it felt natural to ask permission to connect them during Sarah D.'s darkest moments. Having another who more readily empathizes with the specific feelings that emerge from not only the loss of a child, but the overwhelming guilt of feeling like there is something one could have done better or differently to prevent such an outcome is crucial. Certainly, everyone deals with grief differently and every story, regardless of how similar they may be, elicits different reactions and emotions. Meaningful connections make all the difference for a distraught mother who already feels isolated for one reason or another. Both Sarahs had one older child at the time of their daughters’ deaths. Dealing with that child’s grief, as well as their spouse’s and their own often becomes more than one can handle.

Tying It All Together

Chicago Sarah went on to have two more children after losing Mia while Sarah D. went on to have one more. Though difficult to understand, even this reality is part of the grief, guilt, and struggle. Many times, the decision to have more children becomes a source of interest to those outside the family unit. Children born after loss, or “rainbow children” as they are called, are often seen as replacements by the outside world. Intrigue and judgment are often hurled at the loss mother at a rapid pace. “Oh, you must be over your grief now. Good for you!” or “I was wondering if/when you’d move on.” The quips and well-meaning words of congratulations cut like the sharpest of knives. It is when a loss mother (one who has lost a child of any age via miscarriage, stillbirth, disease, accident or natural death) can make a meaningful connection with another loss mother that significant healing can take place. Such a wound is never fully healed, but empathy and understanding go a long way to soothe the anguish of child loss.
Connecting Lauren and Chicago Sarah after Caleb's death was somewhat natural because both had living children to console after their sibling's passing. Both experienced a tremendous amount of guilt (for different reasons) and both felt isolated and cut off from their previous rich social lives with friends. Like me, both experienced alienation from long-time friends who found it difficult to relate to the pain and grief. Many who initially stuck around to support them eventually stepped away, something I experienced as well when friends could no longer understand why grief and sadness lingered or became more intense at a certain time of the year. Few provided a reason for falling away from the friendships by commenting, "I thought you'd be over it by now," or "I thought you'd be better after a little while."

Chicago Sarah is an avid workout person, visiting the gym daily; it is her way of dealing with self-image issues she has struggled with since Mia's death. Although she had never been a runner, Lauren's "activewear mom" uniform is now more than just her personal style; she has taken up running as a way of both dealing with her grief and honoring Caleb's memory. Various 10k races (and even marathons) across the country attract her, and her family and friends who have all become passionate about raising money for pediatric brain cancer research. Likewise, Sarah D. holds an Annual Piper Dwigans Memorial Softball Tournament each year in memory of her daughter. The proceeds go to the Piper Dwigans "Heart of a Champion" Scholarship Fund. The dedication of these mothers to activities based in either something their child loved, such as softball, or something that brings them solace and physical health, such as running or working out, also connects them from a personal standpoint. Rather than retreating inward and remaining there, which would be so easy, they project their grief outward to
find a sense of relief. Motherhood itself allows each woman to release the internalized anguish over the realities of their history as mothers. The wound is healing, but it’s going to leave one hell of a scar at my journey’s end.

In the meantime, I continue to share my story, to listen to the stories of others, to strive to understand what the meaning of it all is anyway. Although it has been a relatively brief 2,534 days since my story of loss began, my quest for inner peace continues. Being able to maintain a healthy connection with these women and the other women with whom I share this unwanted experience is vital to my mental and emotional well-being. Interviewing the Sarahs, Lauren, and even my cousin, Liz, whom I’ve known her entire life, was difficult. Knowing what I know about the aftermath of loss—loneliness, isolation, guilt, worry, fear…all of it—didn’t make it easier asking each of them what losing their beloved child was like. Asking Lauren about walking into Caleb’s bedroom and touching the toys he would never again play with or fold the clothes he would never again wear—there’s no easy way to do that. Listening to Sarah’s voice weaken as she squeaked out the unbelievable—that she pulled her daughter’s lifeless body out of her bassinet and began to scream herself dizzy, or seeing Sarah D. look off to her right avoiding eye contact so she could tell me she was standing within a few yards of a pool as her youngest daughter drowned in it—there’s no easy way to hear their answers. Watching my beloved cousin, who is like a sister to me, crumble before me, arms splayed out on the dining room table, sobbing into her long blonde hair that cascades around her face, choking on the words, even now—there’s no easy way to see that. Yet, I am reminded of the power of story, the power of a mother’s story.
While it has been a healing outlet for me, it is not the outlet chosen by these women; the responsibility to get their stories right for others to read weighs on me heavily, but it is a weight I carry with joy knowing their stories will touch others in a soulful way. In sharing their stories, I see myself as a surrogate voice for these mamas. I have been trusted to tell them because they do not choose to honor their pain through storytelling. Instead, they have given me a glimpse into various moments in time and allowed me to make of it what I see and hear in their words. The element of trust becomes paramount in that each of them knows I have been through the unfathomable loss of a child; therefore, sharing their stories with me, while difficult, appears to have offered a type of release for them. Flowing from them were the emotionally charged words, and reactions to all they had gone through to get to this point of sitting before me being asked to recount perhaps the most traumatic moments of their lives. What a precious honor to be given to me.

Six years and 344 days ago, I gave birth to death. The time flies yet stands still. Someone once said, the years are short, but the days are long, and while this adage is true for most parents (I know because it applies to my living child), it is more acutely accurate for a parent whose child has died. Time passes for us, yet the moment our child left us feels only moments ago. Some days I wonder how I’ll make it another 50 years, God willing, without Rowan. How does anyone make it? When will Liz find the strength to speak of Hudson and not crumble? How does Sarah block out the moment she saw Mia lifeless in her sleep space? When will Lauren look into the faces of her living children and not see their brother’s weary smile? How will Sarah D. have the strength to put away Peyton’s precious things to use her room for another purpose? The layers of grief are
much deeper than these stories for each of these mamas. The journey through the experience of loss is a ceremony—during which I find myself revisiting the past so I don’t forget, then returning to the now so I don’t miss out on what’s to come. It’s a delicate balance with one foot in the land of the living, and one in the land of the dead.
On Writing “The Ties That Bind”

When I began writing about child loss during my graduate program, I focused mainly on details of my experience to communicate the depth and breadth of this type of loss. Author John Kotre said, “...the individual self—knowing how the story is coming out—selects its earliest memories to say, ‘This is who I am because this is how I began’” (qtd. in Miller and Paola 4). Kotre sums up exactly why I chose to write about my child loss experience in the first place: to make my new self fully known to others. Over time, I began to include more universal truths about grief and how they applied to my situation. Eventually, when I began to use this theme in Dr. Kelcey Ervick’s W615 course, Writing Creative Non-Fiction, I included stories of other mothers, friends, who have experienced the loss of a child by interviewing them. Over the course of the project, I focused on developing and revising the elements of structure, description, and both sensory and figurative language. Typically, my details focused on, as Brenda Miller and Suzanne Paola feature at the beginning of their work Tell It Slant: Creating, Refining, and Publishing Creative Nonfiction, “the body of memory.” Mainly, the earliest memories and sensory memories of these mothers. Miller and Paola’s text, along with others, and feedback from Dr. Ervick, aided me in pulling together a cohesive thesis exploring the depth and importance of connection to others during my grief journey.

My main goal from the beginning was to share my authentic voice hoping that by doing so, I would make meaningful connections with and help other grieving mothers. Miller and Paola assert “a personal narrative must be written in such a way that the author reaches beyond the self and connects to more communal concerns” (17). This speaks to my purpose of writing about my own experience and including the shared experience of
others. While it seems impossible one could ever forget the loss of a child, the details certainly blur with time. It was important for me to capture the essence of what I know to be true about those moments before time had its way with my memory. Miller and Paola define these as: “The memories that can have the most emotional impact for the writer are those we don’t really understand, the images that rise intuitively in our minds” (5). In speaking with these mothers, I began with one statement: share with me your memories of that day—the time leading up to your child’s death. It seems such a detached statement to put out there, but it focused on their memory of it looking back. Time gives a perspective that allows us to feel things we may not have realized at the time. Other than that, I didn’t have a set of prepared questions. I wanted the conversations to be organic and led by the women themselves. I wanted them to decide what details to share and how to share them. This is the essence of what I wanted from them—the unfiltered expression of what they were feeling in their initial darkest moments. Because we were friends (and family) before their experience with child loss, while difficult to communicate, each shared with the rawness of wanting to be heard. For me, having my story on paper makes the remembering easier. Perhaps the same is true for these mothers, as well. The value of their story being in print commits it to time and preserves the details before they fade.

I worked through the senses when writing and editing “The Ties That Bind” with direction provided by Tell It Slant. Details concerning hearing, for example, include the howl of despair alluded to in the section where I share the events of the five days between learning Rowan died and giving birth to him; our neighbors, separated only by the thin walls of the military duplex in which we lived, took their young daughters to a hotel to avoid listening to my cries in the throes of grief later described by someone who was a
friend of our neighbors as an eerie “howl.” I tried to draw attention to the voices of children (both heard and unheard), the splash of pool water, deafening silence, and imagined cries, as further examples. The taste of fear, the smell of items my baby’s skin had touched, and the weight of my dead son’s body were also sensory details I worked on conveying.

My biggest challenge was tying together the stories I shared in a meaningful way to emphasize the interconnectedness that evolved from our losses and connection. The stories themselves weren’t as much of a challenge, though I wanted to do justice to each mother’s story which is as unique as the pain of loss itself. It wasn’t until the final edits that I realized I never shared the story of my cousin, Liz, whose loss, less than a month after mine, became the catalyst for me wanting to share with other women in person (rather than on-line). An introvert by nature, when my cousin could finally sit down with me to talk about our shared grief, she repeatedly said she wished she could share her heart the way I was able to share my own. Because she couldn’t, she asked me to use my voice for her and others like her—women who grieved deeply but could not fully communicate what it was like to others.

When I proposed this project, I saw it as a braided essay where I would weave the separate stories together around the theme of loss. However, structurally, it evolved into more of a meditative shared memoir in that I told each mother’s story separately, then tied them together with the common themes of loss, pain and guilt. With such a task, I wrestled with what Miller and Paola refer to as emotional truth versus factual truth. They begin by asserting, “If we allow imagination into memory, then we are naturally aligning ourselves with a stance toward an emotional or literary truth” (Miller and Paola 158).
Being removed from the actual moments of our loss, each of us is retelling our story after the passage of time, intensification of feelings and understanding, and fresh information about the perspectives of others. Regardless, Miller and Paola declare, “You still need to use your own history as a scaffolding for the emotional truths you will uncover” (159). Beginning with my own story, raw even now many years later, enabled me to write the other women’s stories more readily and with an elevated sense of understanding of what it all meant to them even though I wasn’t physically there for the worst of it. One of the key elements I took away from my creative writing classes and my pre-thesis meeting with my committee was to share my experience with my heart and connect it to the larger world; for me, that larger world is made up not only of women who had experienced the loss of a child, but also anyone, who had experienced loss of any kind (parent(s), sibling(s), spouse(s), friend(s), or other treasured people). Grief and loss are universal facts; how we allow ourselves to heal and connect with others takes time and effort.

After my own story was on paper, I needed to edit the other stories to bring in more sense of scene—to show instead of tell. Initially, this was a problem for me because, although these mothers had shared their stories with me, I wasn’t there, in-person, when they lost their children. I began by removing my emotions to be journalistically accurate, but what I neglected to remember was authenticity and emotion are exactly what attracted readers to my writing about my loss experience in the first place. In the process, I got carried away with metaphors at one point; I chalked this up to the desire to make a story not my own more vivid, and to add that emotion. It was a failure. Being able to reconsider my approach and revisiting the suggestions based on
"The Body of Memory" chapter of Miller and Paola’s text, and my conference with Dr. Ervick, I saw the trite nature of such metaphors, and they were removed.

Situating the other stories in concert with my own without trivializing the intensity of another’s grief was very important to me. To do so, I read aloud my notes from the interviews with my fellow loss mom friends; this gave me the sense of tone I needed to use to convey the richness of their stories as they might, were they telling it to the world. Obviously, this is an impossible task. No one can adequately or 100% accurately express the grief of another; I could only try. Janel C. Atlas discusses this in her own work entitled “Telling a Story of Stillbirth: Accepting the Limits of Narrative.” While her piece centers around writing her own story of losing her second daughter at 35 weeks, I found her description applicable to writing about child loss at any stage. Atlas says, “When a person writes a true story, especially a narrative about a personal trauma, she confronts the profound shortcomings of language” (38). And truly, there are no words that can ever adequately describe those initial moments of loss. Atlas describes beginning with “simple declarative statements” (38) and trying to move on with more emotive language, but it did not work for her. Like Atlas, I tried a similar approach in my early loss writing. I began writing exactly what I was feeling, and it became more natural to do so in the weeks to come. Adding to this was the anxiety of writing another’s story for them, or rather, their story from my perspective of what was shared with me.

In order to connect the stories meaningfully, I developed the motif of “the ties that bind”—stressing what unites us even in our darkest moments. This, too, was a challenge. When I began to think of all the intricacies of the ties, they felt more like webs. So many additional side connections existed between the women I wrote about (and the several I
do not mention at all) I began to doubt my approach. In the end, focusing on the ties remained the best creative decision. It allowed me to keep everything simplified without splintering off into sub-topics as the word ‘web’ may imply, visually. Yvonne Hogan, featured in the Irish news source, *Independent*, emphasizes that grief is individual, even though hearing or reading others’ stories can provide “solace.” Unlike myself, and the women I interviewed, she prefers *not* to hear her child’s name nor discuss any elements of her story in detail. Hogan says, “But the majority of experiences I read, while they did help me feel less alone, they also made me feel like an outlier.” Her decision to remain reserved and offer her voice as a mother who chooses *not* to share lends a different view to the one I hold. It was helpful to understand not everyone wants their story to be shared, yet it confirmed for me there are women who want to be heard, but do not know how to find the words to share their story. Moving forward, I want to further hone the craft of telling the stories of other women’s losses.

Upon completing “The Ties That Bind,” the words of the *Tell It Slant* authors became a mantra of sorts for my writing about grief: “These two poles—intimacy of voice and universality of significance—go to the heart of the personal essay tradition. The essay speaks confidingly, as a whispering friend, and these whispers must be made meaningful in a larger context—capturing a piece of larger human experience within the amber of your own” (Miller and Paola 104). My greater goal, moving forward, is to create a workshop that involves encouraging others to write about their grief through various exercises. During such a workshop, small groups would be formed, and individuals would be encouraged to share their pieces, ranging from poetry to letters to
scene sketches, with the hope meaningful bonds may emerge via connection to a shared grief experience leading to a healing connection.

While the ability and desire to express the experienced grief of child loss is different for every woman, I remain open to listening to the whispers around me and cherishing them along with my own story.
Works Cited


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EDUCATION
Bethel College, Mishawaka, IN
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Bethel College, Mishawaka, IN
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TEACHING EXPERIENCE
Indiana University, South Bend, IN Fall 2019 - current
Adjunct Instructor of Writing – W130
Collaborated on syllabus, created lessons for every class meeting, and administered all grades.

Bethel College, Mishawaka, IN Fall 2017 - current
Adjunct Instructor of English – ENG 100 and ENG 102
Collaborated on syllabus, created lessons for every class meeting, and administered all grades.

Adjunct Instructor of Education – Specific Methods
Collaborated on syllabus, created lessons for every class meeting, and administered all grades.

Penn High School, Mishawaka, IN 1997-2011
Teacher – High School English (grades 9 and 11), Creative Writing, and Yearbook Advisor
Developed syllabus, collaborated on curriculum and exam development, worked with students on publications, and graded all written work, including final exam papers.

St. Joseph High School, South Bend, IN 1994-1996
Teacher – High School English (grades 10 and 12)
Developed syllabus, collaborated on curriculum and exam development, worked with students, and graded all written work, including final exam papers.
RELATED EXPERIENCE

**Pear (www.pearenting.com)**
*Primary Contributor*  
October 2017 - present  
Development of online articles and material related to parenthood.

**Hello Twirl – (www.hellotwirl.com) Mishawaka, IN**
*Blogger and Content Developer*  
February 2017 - present  
Development of online articles and material related to motherhood, women’s issues, and entertainment.

**Pregnancy After Loss Support (PALS) – Bloomington, MN**
*Blogger and Contributor*  
2013-2016  
Development of online articles and material related to child loss, parenting after loss, and infertility.

PUBLICATIONS AND PRESENTATIONS

*“Writing a Mother’s Pain”*  
Paper presented at IU South Bend Multidisciplinary Graduate Conference  
2019

*Various Pieces*  
Contained in *Analecta*  
Indiana University South Bend’s Literary and Visual Arts Journal  
2018

*Various Pieces*  
Contained in *Hopping in Concentric Circles*  
A publication of the ITW Advanced Institute at the University of Notre Dame, Notre Dame, IN  
2006

*Various Pieces*  
Contained in *Wouldn’t You Like to Write Your Own?*  
A publication of the ITW Advanced Institute at the University of Notre Dame, Notre Dame, IN  
2005

*“Creating Starpeople”*  
Paper presented at the Indiana Teachers of Writing Fall Conference  
2005