



# When a Child Dies

Martha Manning

Death is the one certainty of life, and loss is its inevitable result. This statement is pure fact, a universal occurrence. But knowing about death and loss on an intellectual level never prepares us for the emotional upheaval of the actual experience. Death leaves in its wake a reservoir of grief deep enough to last a lifetime. Some people emerge from that reservoir chilled and soaked to the bone but intact. Some drown. Others stand by the edge of the water, refusing to put a toe into that pool of sorrow for fear that it will drown them too. For such a common event, grief is an intensely unique human experience. When we mourn those we have lost, we are also aware, at least on some level, that this will be our fate as well.

While it is presumptuous to say that some deaths are more difficult to bear than others, many consider the loss of a child to be the most devastating. We are reminded in Scripture that we "do not know the hour" of our death, but most of us hold to the general theory that there is a specific progression in life: children outlive their parents. In many shattered hearts and homes, however, just the opposite is true. It is estimated that 228,000 children and young adults die each year in the United States. This figure does not include miscarriages, stillbirths, or adults over forty. A major study by The Compassionate Friends, an organization at the forefront of supporting bereaved parents, included all child loss and found that "19 percent of the adult population...has experienced the death of a child." It was estimated that 22 percent had experienced the death of a sibling.

When we think of a "full" life, often it is not just the quality of life on a day-to-day basis but the

achievement of milestones over the course of many years from the major ones—graduating, getting a job, being married, or having a family—to the minor ones—sleeping over at a friend's house, getting a driver's license, scoring soccer goals, restlessly anticipating Christmases and birthdays.

The death of a child mocks our sense of the natural order of things. It tests and sometimes breaks our faith in a loving God. It is capable of pulling the surviving parents and siblings into grief more intense and more lasting than most can even imagine. To lose a child is literally to lose a part of oneself. Years after the death of a child, many parents talk about the loss and pain much like those who have had an amputation speak of phantom limb pain.

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Depending on the cause of death, parents may suffer the added burden of self-recrimination: "Why did we let him get in the car with that kid?" "I wasn't looking when she fell." "What if I had noticed the lump on his leg earlier?" Parents of a child who was killed in a violent way—whether he or she was found lying on the street with a chest full of bullets or in a shallow grave—experience the added trauma of not knowing what their child's last moments were like. These particularly harrowing experiences leave parents in a haunting

search for that piece of footage that bridges their child's journey from life to death. I've spoken with many people over the years about their greatest fear in a nuclear disaster. For many parents it's not death; it's being separated from their children if it were to occur. The anguished parents of the children who died in day care in the Oklahoma bombing reflected that combination of grief and trauma. Not knowing is, in some ways, worse than knowing.

Parents who have walked the long road of illness and its treatment with their children know grief before death. To watch a child in pain, to see what he or she must endure in the search for a cure, to endure the raised hopes and the disappointments, is an exhausting and tumultuous process. It puts tremendous pressure on the survival of the family. Marriages become stressed. Single parents are inundated. Financial resources are strained. The time and attention that siblings are accustomed to receiving is decreased dramatically. In addition, they are often expected to rise to the occasion, which is difficult in a situation they don't fully understand. The six-year-old sibling of a seriously ill four-year-old, who at the moment was in stable condition, provoked a number of stern comments when she boldly said, "I wish I was in the hospital."

One adult quickly responded, "No, you don't." Another labeled her "selfish" and warned her never to say anything like that again. These people were the girl's relatives. But they were also in pain over this boy's illness. It is as if paying attention to the ambivalence of one child will compromise the feelings for the child who is ill. When children are made to feel that they have done an evil thing in speaking their feelings truthfully, it can contribute to the sense of isolation they already feel. To understand, one only had to ask to hear the rea-

sons behind the six-year-old's wish: "I'd get lots of presents, and everyone would come and see me, and Mommy would sleep over with me every night." They would know that she was saying something about what she needed for her own well-being.

One of the biggest mistakes we can make when trying to support someone who is grieving is to assume that we know how that person is feeling. In my years as a psychotherapist and then taking up temporary residence in my own circles of hell, I've arrived at one firm conclusion regarding support: when people say they know exactly how you feel, they don't. Those who have been cut by the jagged edge of grief and have traversed that long journey of loss learn a humility about what it means to understand. In the midst of deep suffering, one feels totally alone. In that isolation, which I believe is a natural part of grieving, people feel their grief diminished by those who tell them they aren't alone or that they'll get over it. They'll never get "over" it. At some point in our history we have been seduced by the idea of "closure." When disaster strikes it seems as though people start talking about "healing" even before the final death count has been completed. We speak of closure as if it were an intellectual exercise and of healing as something we can start and stop at will. Losing a child changes a parent forever. Time may be divided into Before and After.

The Compassionate Friends' research found that the groups least supportive during the grieving period were friends, coworkers, and funeral homes. Friends and co-

With 575 chapters in the United States, The Compassionate Friends provides support to families who are grieving the death of a child of any age and information to help others be supportive. Visit [www.compassionatefriends.org](http://www.compassionatefriends.org) or call toll-free 877-969-0010 for more information.

workers are usually supportive in the short run but are unable to sustain that support over the long haul. Parents can feel abandoned by the very people they earlier found helpful. This is why support groups for bereaved parents tend, over time, to be extremely useful. Some go under the broad umbrella of child loss such as Compassionate Friends. Others deal with specific types of child loss, such as miscarriage, stillbirth, and death as a result of violence. Grief is a feeling. But it is also a story that must be told over and over—a story grieving parents need to tell and a story that others need to be open to hearing.

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The grief reactions of siblings of dying or dead children are highly influenced by age. Regardless of age, a child or adolescent will wonder how he or she will be affected. Sometimes these concerns are expressed in ways that sound less than altruistic or in situations that remind an already stressed parent that he or she is not giving enough. As she leaves for her shift at the hospital, a mother may be accosted by her twelve-year-old, who accuses, "You said you'd take me to the mall!" In many ways it sounds as if the child needs some empathy training. However, the child is simply articulating the prescription for her own way of coping.

Discussing with a healthy child what things are integral as the family drastically revises its resources is important for the long run. These are the things to remember when people ask, "Can I help?" A father could respond, "Yes, please take

Bobby to soccer practice on Tuesday and Thursday." A parent who is emotionally exhausted following the death of a child may be unable to supply all the TLC that children need. The good news is that the Rolling Stones were right: "You can't always get what you want...but if you try, sometimes you just might get what you need."

One of the things that marks childhood is that to one degree or another magical thinking prevails—especially in emotional situations. For example, if a child misbehaved and had angry feelings and then his baby brother died, the older child may believe he caused the death. Even adolescents, although they may not believe so strongly in the causation of death, believe that perhaps they can be good enough or bad enough to bring their parents out of their darkness. They need to be assured that this is not the case.

Young children lack one major concept integral to death: its permanence. In psychotherapy sessions with my child patients, I am forever made to die by all sorts of means. And then, moments later, I'm told to get up. "I can't get up, I'm dead," I protest. That is never a problem for them. I just become "undead."

Often these children need help in commemorating the lost sibling with words, memories, videos, and pictures. They may need it again and again as a comforting way of integrating the loss. The most important thing to communicate to children—and to ourselves—is that despite the pain of grief, it is a sign that we have loved. Therefore it is not something to fight against, run from, or seek distraction from. It is instead an agony that becomes tempered with time. Grief is one of the most natural elements in human existence. But to those who have known the heartbreak of losing a child, natural and easy are two very different things. ■

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