

The relationship of the deceased to the bereaved also matters a great deal. For example, I was sad at the death of my ninety-year-old immigrant grandmother because we had shared so many loving moments and she had taught me about strength from stories of her life in Hungary. However, she had endured Alzheimer's Disease for fifteen long, painful years, and my relief that she no longer suffered lightened my sadness. The fact that she was my grandmother and I was an adult grandchild also put her death into perspective. My grief was vastly

different when my fortyfour-year-old brother died in a small plane crash,



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and mourning him was a crushing experience for years. He was only eighteen months older than me and my childhood companion.

While it's important not to compare grief as if one loss is more important than another, there are special challenges with certain losses. One type of grief that can be especially difficult to address is that of a bereaved parent. According to grief expert and psychologist Dr. Joanne Cacciatore (2017): "Traumatic death provokes traumatic grief. And traumatic death refers to any sudden and unexpected death, violent or disfiguring death, death following prolonged suffering, suicide, homicide, and the death of a child at any age and from any cause" (emphasis mine, p. 37). I italicized the phrase about the death of a child because its important to understand that parents suffer differently when their child dies. A child's death violates natural expectations of a life where parents die first and children get to live long, healthy years into happy old age. It



doesn't matter how old the child is; if parents are alive, they have significant challenges to address from the loss.

There are many types of child loss. Among these are such reproductive losses as stillbirth, neonatal death, and Sudden Infant Death Syndrome (SIDS). In the not-too-distant past, stillborn infants may not have received all the burial rites; however, because the medical profession now recognizes the importance of holding, dressing, burying, and mourning a stillborn child, funeral professionals likely see more of these bereaved parents.1 Parents will have formed pre-natal relationships with stillborn infants that require grief and mourning rituals and ceremonies. The family's hopes and dreams of life with the child have been shattered without the infant drawing a breath.

Parents whose infants are premature or who have congenital defects or life-threatening disabilities experience uncertainty about their child's survival from the time of birth or even earlier. They may feel frustration and futility, yet they must remain focused enough to make difficult decisions—decisions that they may question forever. The infant's death is shocking no matter how ill he or she was. For previously healthy infants who die from SIDS, the shock is different still. Parents may come to the funeral professional completely devastated and in deep

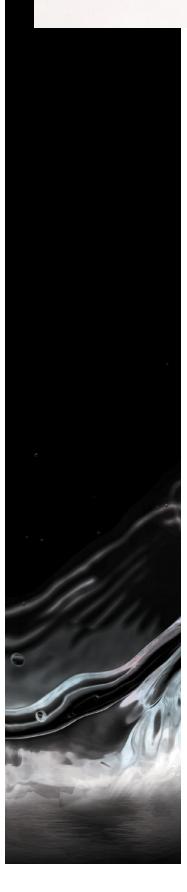
disbelief; their child was healthy and there were no signs of impending death. They ask themselves and everyone else: What happened? Moreover, any of these parents may be young and may never have experienced death intimately, adding to their confusion and pain. These kinds of deaths may cause parents to question their decisions and behaviors with the infant. They may forever ask themselves: *Did I cause this?* 



To add to their consternation, a hospital's work must go on and parents will be billed for the experience of losing their precious infant. Furthermore, parents whose infants die from neonatal diseases, birth defects, and SIDS will have formed attachments to the child and shared memories of a life on Earth, however brief. These attachments must be mourned, and a funeral is recommended as a means for beginning healthy mourning. Yet, the funeral will cost thousands of dollars not likely in their budget. These financial challenges compound parents' emotional stress.

The death of an older child or adolescent brings its own difficulties.

<sup>1</sup> Although such deaths as from miscarriage, elective abortion, infertility, sterility, and adoption typically don't have a body to bury, rituals of grief and mourning are critical for these reproductive losses as well.



As with infant deaths, such losses lead parents to experience the death of their dreams and hopes for their child, regret for their child's unfulfilled life, self-doubt and guilt regarding their parenting abilities, questions about the myriad possible causes of the death, and an ongoing yearning for the child. Yet, because they have had a longer relationship with the child and many more memories, the parents' grief is different. Additionally, deaths of an older or adolescent child often are caused by accidents, which add to the parents' possible beliefs that the death was preventable. Other distressing causes of death at this age include lifethreatening illnesses, accidental drug overdoses, and suicide. Any of these causes of death are against the natural progression of life, and they trigger especially deep pain.

The death of an adult child has still other features that shade parents' grief. Certainly, it's an unnatural death to the older parents who expected to die first. However, because the child is an adult, he or she has important roles that will never be fulfilled in the family. For example, the loss of the adult child means the older parents potentially have lost a caregiver for their final years. When one parent is dead or if there was a divorce, the remaining parent may suffer a "perpetual sense of bereavement" and a profound loss of sense of self (DeSpelder & Strickland, 2011, p. 428). Single parents of deceased only children may see themselves as alive and alone, an especially challenged subset of bereaved parents.

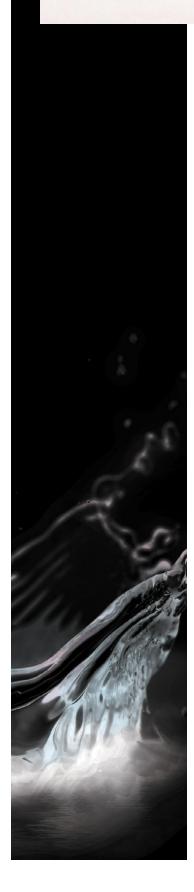


Pragmatically speaking, where the deceased adult child had a spouse and/ or children, parents may not receive the attention that they need for their own grief. Ideally, everyone affected would receive support, but when the deceased adult child had a spouse and/ or children, parents may suffer alone in their grief, not wanting to insert themselves into the newly bereaved nuclear family or to press for their own needs when their child's family is suffering.

Clearly, the death of a child at any age and under any circumstances—as Cacciatore (2017) stated—is traumatic.

Responses to child death include:

- depression
- ongoing grief
- anxiety-related intrusive thoughts and images
- flashbacks regarding the circumstances of the death or even regarding once-mundane disagreements with the child
- great yearning for what has been lost in terms of the actual person and the relationship





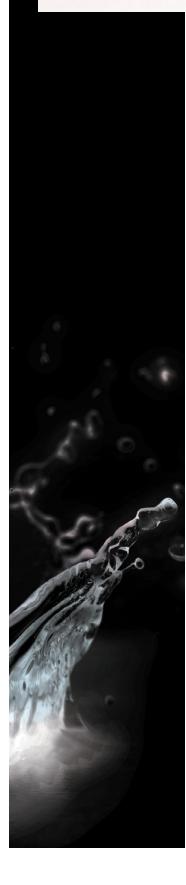
Some parents feel as if they've lost a spouse as well as the child—for at least a period—because each parent is unique

and has had a different relationship to the child to grieve (DeSpelder & Strickland, 2011, p. 418). They naturally may grieve out of synch with each other, experiencing their own mourning processes and doing it in their own timeframes. For example, a husband may feel more able to reinvest in work after a few months, while the mother may need more time; either one may then experience a grief crisis a year later, leading to a sense of being alone in the marriage with their grief. According to his ethnographic study with parents in self-help groups, Dennis Klass (1988) indicated that because of their grief experience, bereaved parents work to redefine their sense of who they are and who they are related to others. The dead child has an ongoing presence in their lives, which is soothing to bereaved parents. Such continuing bonds with their deceased children can be quite healthy and, as Klass (1999) reported later, indicate that such attachments are beneficial in linking the parents to a spiritual sense of the next world. It's important to understand, therefore, that bereaved parents will never meet America's oft-expressed expectation of forgetting about the loss and

"moving on" from the death of their child. Regardless of how the parents structure and live the rest of their lives, their dead child will be a part of their existence, which is natural and normal.

Everybody is someone's child. The likelihood that a bereaved parent will be part of the deceased's family is very high. To this end, it's helpful to understand that:

- Bereaved parents have unique and special needs for the funeral professional's attention.
- Bereaved parents should not be offered platitudes about their loved one's death. God did not need another flower in His garden. The child was not too beautiful for this Earth. Mom and Dad need their child here! (You may overhear visitors saying these unhelpful things.)
- Bereaved parents need to understand the realities of their child's current condition. When asked difficult questions about donating organs, for example, it's critical for funeral professionals to be honest about the time and conditions of the death regarding whether such a possibility exists.
- Bereaved parents may need additional time and opportunities to be with their child's body, or with a body part if the entire body is not available.



- Bereaved parents need to be able to change their minds about viewings, clothes, and other issues that may allow them to feel readier to move forward with a funeral or memorial service. It's especially important to be flexible with them.
- Bereaved parents will always grieve their child, so they may be retraumatized when other family members or friends die—a circumstance that reintroduces them to funeral professionals, who will want to learn some of their grief history.

My experience of funeral professionals is that they are kind, compassionate, and caring of all bereaved individuals. In their interactions with bereaved parents whose children died at any age and from any cause, these basic approaches to the bereaved seem even more critical. Although the parents may not be ready immediately, it will be helpful to offer a brochure that lists local bereaved parents' groups like Bereaved Parents of the USA and Compassionate Friends, grief coaching providers, and helpful books like Bearing the Unbearable (Cacciatore, 2017) and More Good Words: Practical Activities for Mourning (Hewett, 2015).

## References

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