

Grief work: After a child dies

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When my wife and I see news reports about the deaths of young people, as we did after the grisly slaughter at Virginia Tech last April, we inevitably think back to June 1999, when we lost our son, Daniel. He was a healthy, jovial and playful boy, and his sudden, unexpected death was devastating. Because of our own bereavement, our reactions to the deaths of children inevitably include a deep sympathy for the surviving parents.

We think about the horror that the parents will be facing in the weeks, months and years to come. It is possible to look at the parents who agree to be interviewed and to detect the numbness that accompanies survivors in the days after such a tragedy. We think to ourselves: “Those poor parents. They have no idea how hellish their lives are probably going to become in the next few years.”

I suppose this sounds pretty dark. But having lived through the trauma, I can testify that I had no wisp of a clue what the subsequent years would feel like. Parental grief is grueling and can lead to all sorts of mental hell.

One has to work through multiple myths about this ordeal. People will say, for instance, that time heals all wounds. But about two years after Daniel’s death I was feeling not better but markedly worse. I was so discouraged and often so physically and emotionally anesthetized that I began to do research on the clinical findings about parental grief. I undertook this research mostly as an attempt to figure out if I was losing my mind and if I would ever start feeling better about life.

The findings of clinical psychologists helped me to understand several things. First, my reactions were normal and predictable. I was not losing my mind, but experiencing what the vast majority of bereaved parents experience. Feeling numb and short of breath, thinking incoherent thoughts—this is common. Looking around and expecting Daniel to run in at any moment is not a sign of mental illness. Seriously questioning the nature of God is not unusual for people of faith. My emotional and physiological responses were quite predictable.

Another piece of bad advice I heard was to “let go of the dead child and go on with your own life.” This sort of advice has its roots in the modern theories of grief that considered extended and grueling patterns of grief to be pathological. In *Mourning and Melancholia* (1917), Sigmund Freud makes a famous distinction between mourning, which is the normal reaction to the loss of a loved one, and melancholia, which is a form of mental illness. According to Freud, grieving people need to break free from the deceased, let go of the past and reassert their individualism by charting a new course for life. A healthy grief experience, according to Freud, is one in which the deaths of loved ones will not leave “traces of any gross change” in the bereaved.

But Daniel’s death left very intense and never-ending changes in my wife and me. More than eight years later we still think about Daniel every day, miss him a lot and refuse to let go of him. Clinical workers are now discovering that this is not only predictable but probably much healthier for the bereaved. For decades, counselors for the bereaved urged them to let go of the dead and get on with their lives, an approach that has been called the “breaking bonds” method. Oddly, this approach is still common, in spite of an abundance of clinical evidence showing it to be misguided. In reality, research has consistently shown that lifelong grief is normal in cases of the loss of close family members, especially children.

Psychologists are recognizing the importance of maintaining bonds with the dead. In my own case, I still feel a deep connection with my son, and I have no intention of ever trying to break that bond.

Parental bereavement brings about a crisis of meaning. Losing a child challenges one’s view of the world, leading frequently into a kind of despair and hopelessness. A child evokes a connection with the past, an investment in the future and an extension of self. To say it another way, a child is a concrete expression of hope in the future, and when a child dies, much of a person’s hope dies as well. In my case, I wandered around in a sort of hopeless trance for at least a couple of years, if not more. I did my duties, taught classes and graded papers, even went to church, but somehow I felt as if none of it really mattered very much. Days and weeks went around and around.

And since Daniel was our only child, Hiroko and I felt forlorn in not having a legacy for the future—and still do, in many respects. Our loss challenged our previous assumptions about the purpose and meaning of life. Since Daniel was such an

important part of the meaning of our lives, what was left for the future?

One of the most disturbing clinical studies I came upon showed that this psychological state of “overwhelming life meaninglessness” does not necessarily change with time. In other words, there is clinical evidence that the adage “Time heals all wounds” really does not fit parental bereavement. (I was also beginning to realize that healing itself is a Freudian metaphor based on the mistaken idea of grief as illness.) Actually, the opposite might be more accurate: there may be an intensification of pain, especially in the third and fourth years after the loss.

To put it in even grimmer terms: studies show that parental grief actually gets worse with time. I recall discovering that stunner in about the second year after Daniel’s death, and it was pretty depressing to realize that I might not have bottomed out yet. My wife had, however. She suffered a nearly complete meltdown approximately 18 months after Daniel died. At first, Hiroko had seemed particularly numbed, and I wondered why she was so unemotional about our loss. Meanwhile, I was hyperventilating, having trouble sleeping, and frankly asking God why he hadn’t just taken me instead. I was also feeling tremendous guilt, though it was nowhere near the sheer horror yet to come.

One of the oddities of the research on parents who lose children is the differences in spiritual reaction that survivors can experience. Some parents turn completely and permanently away from church, God and belief of any sort. Others turn even more toward God and find their religious faith rejuvenated and strengthened. And then there are some who experience a little bit of both responses—they seemingly deal with both increasing doubts about God and increasing faith, however strange that might sound.

One of the greatest consolations in my own experience has been the realization that I actually do believe in God. I have been reminded over and over of the powerful ending to the Sermon on the Mount in Matthew 7, where Jesus describes a storm hitting two different kinds of houses, one built on sand, the other on solid rock. Over these eight years, I have been thankful so many times to realize that there was a little bit of rock underneath my life.

At times I have even wondered why Hiroko and I have continued to believe. My short answer is in two parts: you cannot deny what you know to be true, and ultimately it is God who is in control. And the amazing reality is that, for whatever reasons, we

did evidently know something, and we do still believe in the reality of God and his kingdom.

It is very hard to say all that without sounding arrogant, but there it is. I often ask why were we fortunate enough to have something real underneath our feet, while so many others discover, when challenged by similar disasters, that their beliefs were no more real to them than fairy tales. Here the arrogance dies away, because I really do not have the slightest clue. Nevertheless, I am thankful that something real remains for us. As with our view of gravity and similar phenomena, denial has simply not been an option for us.

A great deal of research indicates that both parents sustain powerful bonds with the dead child. Ironically, Freud was never able to get beyond the loss of his 27-year-old daughter Sophie, and later, of Sophie's four-year-old son. Freud's personal experiences with profound grief indicate the dilemmas created by his own theory. Though his ideas suggested that one must cut ties with the dead, he was unable to do so. Freud's actual response trumped his own theory.

The Freudian fixation on cutting ties with the dead is rooted in an obsessive atheism that demands that one reject the possibility of reunion and realize that the loved one is no more. Much clinical evidence has rejected a good deal of the Freudian method. Grieving parents have generally tended to reject it in their own reactions, too.

Time after time, surviving parents describe how the dead child will continue to live on in their hearts, and thus act as a motivation for the survivors to give back to society. The focus on a continuing bond with the dead reveals a belief in the possibility of human redemption in the face of tragic circumstances. This redemptive aspect of tragedy is documented repeatedly in the stories that parents tell about the memory of their child. Much evidence, for example, shows how survivors often become more compassionate and merciful after losing a child. Often, memories of the dead have spurred surviving parents on to good works that benefit humankind, all done as a legacy to the lost child. One small example of this is the Daniel Foundation, a charitable trust that we set up in our son's memory. Among other things, the foundation supports ministries and charities that work with urban at-risk youth. We hope that our bond with our son will live in perpetuity through the Daniel Foundation.

I recall listening to the father of Reema Samaha being interviewed about his beautiful daughter, a bright student at Virginia Tech and a skilled creative dancer. As he spoke, images of Reema dancing on stage were broadcast. Joseph Samaha emphasized how he and his family would keep Reema alive forever in their hearts, and that her life would continue to have meaning. “She did not die in vain,” he said. Her life committed to art and beauty would continue to reap redemptive benefits.

In these moving comments, it is clear that parents do recognize that the bonds with the dead child continue even after death. They know that the legacy of their child does not need to dwindle away into oblivion. Though some people might like to dismiss these sorts of sentiments as wishful thinking, melodramatic affectation or worse, they actually emerge from deeply held beliefs about the power of suffering, the motivational memory of the beloved, and ultimately the hope of a potential reunion. “I keep her in my mind,” Samaha said. “Her face is in my mental vision. It keeps me going.”

Losing Daniel was a thunderclap of a blow. The trauma of parental grief is horrific and long-lasting. Now over eight years later, my wife and I are managing to breathe deeper, and we have managed to continue our journey. But like Joseph Samaha, I sense that the presence of my child is always there to keep me going, as corny as that might sound. I am also comforted that somehow, miraculously, we still remember God, the one who holds all things together by the word of his power (Heb. 1:3). And I am thankful that something real was underneath it all.

Finally, since we are also told in scripture that “the spirit will return to God who gave it” (Eccles. 12:7) and that he will most assuredly “wipe away every tear” (Rev. 21:4), we do hold out hope for a reunion with our son. Soon enough, I suppose, we will know the truth about these matters. Until then, and hopefully for long after, our bond with Daniel will continue.

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