

## Historical Review

## When a Child is Murdered: Angela's Story

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## Abstract

Nothing is more devastating to a family than the death of their child. A sudden death due to an accident or due to a violent crime can be life shattering. According to socially prescribed and predictable scripts, children are supposed to outlive their parents. When a child dies before the parent, the script, or blueprint for behavior, is backwards, leaving no prescribed plan to continue through life. This article explores the backward script of a child dying before his or her parents and the resulting journey the family typically takes. Therapeutic implications are considered throughout, including the effects of the legal system, the role of the mass media system, and the psychological experience of these families. This journey is demonstrated through the story of Angela, a 12-year-old child who was murdered and the experience of her family.

Her name was Angela. She was only twelve years old. When she left for the mall with her two girlfriends, she was excited about buying a new CD. Her long dark hair bounced along behind her as she walked out the door of her suburban home where she lived with her mom and two brothers. "Get home early, Angela," her Mom shouted behind her. "Okay," she said as she giggled and chatted with her girlfriends.

The next time she saw her daughter was twelve hours later. She was lying in the woods, a half mile from their home. Her face, neck and arms were grotesquely distorted; she had been beaten to death. There was blood all over. She was lying in mud; the sparkle in her eyes was gone. The police never found Angela's murderer nor did they learn why she was murdered. To this day her family wonders and watches.

Nothing is as inappropriate, unnatural and unacceptable to a mother and a father as the death of their child. Youthful deaths in our society, particularly of infants and young children, are regarded as "Ultimate Tragedies" [1]. The death of a child is said to be the most devastating death; it is the one we least expect, the one we deny and fear the most [2]. The idea of children dying before their parents is philosophically unintelligible and incomprehensible. It defies the natural order. It is a backwards script; a pattern or event that does not follow the socially predictable pattern. Scripts or blueprints specify who will be part of our lives, what behaviors we will engage in, when certain life cycle events will happen or are expected to happen and what meaning we give to the behaviors and events. A life script is one such blueprint. Life scripts dictate that children are to outlive their parents. When they do not, the order of things is backwards.

When this occurs, the dominant beliefs and scripts of the family are uprooted, leaving the family in a state of disequilibrium. The parents' thoughts, judgments, considerations and beliefs are left swirling; the order of life's events, reversed. Because a child dying before his or her parents is not the typical or dominant script, many significant adjustment problems are present; the death of a child thrusts those who are left into a reevaluation of everything in their lives-its meaning, its purpose [3]. The events, ideas, thoughts, expectations, hopes and dreams that once fit into their script no longer do. The parents and family members must now create new individual and family scripts from the ruins of their old scripts.

## Incidence

Every year in the United States hundreds of thousands of families must cope with the sudden death of a young member. Some children die as a result of accidents, some as a result of illness, some as a result of self and other inflicted injury. In 2012 in the US, over 420,000 children died, leaving approximately 840,000 bereaved parents and a great number of bereaved siblings (Center for Disease Control, 2013). Every year, researchers estimate, several thousand apparently healthy infants and children in the United States die suddenly and unexpectedly. In spite of the high incidences of child deaths [4,5] there has been relatively little attention given to it in the literature [6,7]. The research that does exist has focused primarily on the impact of loss where the deaths have been anticipated through chronic illnesses. In addition, there has been little research on the impact of sudden death on surviving family members. This is problematic since the loss of a child is probably one of the most devastating experiences a family ever endures. Jalmseil (2015) [8] found that the grief reaction in the surviving family is more severe than that associated with the loss of an adult sibling, parent or spouse. The overall mortality rates in mothers increases with the highest rate recorded during the first three years post death of their child. Because there are unique stresses placed on the marital relationship, the siblings and on the parents, this grief reaction is a particularly difficult one from which to recover [9,10].

To complicate the matter further, because relatively little is known about the impact of sudden death upon surviving family members (especially siblings) and their relationships with one another, bereavement researchers [10-12] have focused on the grief reactions of one surviving family member, typically a spouse or a parent. However, a death in a family is also a shared stressor. The individuals must deal with their grief both as individuals and as a family unit. In addition to the lack of attention given to child deaths, bereavement researchers have focused primarily on the immediate or short-term effects of the loss of a family member. Hence, little is known about the long-term consequences of such events [13]. For example, studying 54 parents whose children died of cancer, Rando (1983) [14] found an intensification of grief over time. It is crucial in light of the above findings that research on bereavement expands into focusing upon the effects of this type of bereavement among the surviving family. This gap in the literature served to seriously impede our understanding of the complex dynamics associated with this type of family issue, as well as the efforts of clinicians and victims service personnel who seek to intervene effectively in such situations. A child's death is unexpected in our society today, and the nature of the parent-child affective bond is such that the loss is experienced with severe consequences in terms of the psychological well being of the parent. The adaptive task is not to change the reality of the loss, but to adjust to this reality.

It is the purpose of this chapter to explore the impact of the

sudden death on the family, to present the issues that impact on the psychological experience of the surviving family members and to present implications for therapy.

## The Legal System

Family members of murdered persons are victimized twice: once by the criminal and second by the criminal justice and legal system. For example, murder trials usually occur at least 2 years after the crime. For many families, the resolution of their grief cannot be completed until the trial is over. If the perpetrator is not caught, the family may experience overwhelming fear, which may also prevent resolution of the grief. They fear that maybe the murderer is watching the house or planning to hurt the other children. Often times, families of murder victims may feel victimized by the police investigation and the ongoing police and court proceedings. Until the murderer is found, only a minority of family members report feeling that the death is behind them and the grief phase is at hand.

Some of their complaints concerning the legal system include: denial of access to their dying or deceased child's body to hold or to touch him/her because of the need to protect the crime scene area; inadequate information regarding the status of the investigation into their child's murder; extended delays in returning items of the victim's personal possession add to the traumatic stress symptomatology, especially intrusive thoughts, during the police investigation; delays and continuances in scheduled court appearances; lack of information concerning structural and operational aspects of the legal system; fear of retaliation from the offender; loss of time from work to attend court proceedings and the associated financial difficulties; poor treatment from district attorneys and/or public defenders; lack of suitable waiting areas; and failure to receive notice of scheduled sentencing dates or parole hearings. In addition to logistical problems with the legal system, there are psychological problems as well. For example, police may also imply that the victim caused the problem or set him or herself up. One woman reported that she received a call from the police morgue. The police officer stated, "Your son's been fatally shot. Please pick up his belongings." Belongings of the victims could be held for trial, and then after the trial, could be sent through the mail many months later only to have family members open up the package to see their child's blood [15].

While the police and the court system is properly charged with providing the justice the parents seek, within the criminal justice system, the family often finds they have no legal standing because the case is the state versus the accused. The system is designed to protect the rights of the accused, while the survivors in fact often feel like they have no legal rights. The burden of proof rests with the prosecution. In addition, the legal system for many is a procedural labyrinth for which family members do not often have sufficient guides and often hold unrealistic expectations. Until the legal process has been completed, often taking at least one

to two years, the parents tend to be unable to resolve their grief [16]. When the end of that process results in acquittal or short term sentencing or trial reversals, which lead to second trials, the family grief is compounded. It is in this sense that the family has problems resolving their grief and their fears of an unsafe world and not trusting people or the justice system are reinforced.

## The Mass Media System

Parents report also that the mass media affects them in many negative ways. Generally, reporters sensationalize the crime. Often there is a lack of assistance with efforts to locate a missing child prior to death, combined with an apparent eagerness to cover the story after the murder was discovered. Even after the funeral shock, the reporters may bombard the family. Often the family members are notified of the death of their child by a news broadcast or reporters. The reporters may intrude into their home in the immediate post murder period, and/or often attend the funeral/memorial services. The media frequently adds to the stress of the family by reporting inaccuracies in the details of the crime, suspicion about the victim's character, and by repeated airing of the footage of the crime scene or the victim's body.

## The Social Role

The parents of a murdered child are thrust into a new and unknown social role. They search for a way to cope and survive without the benefit of role models. The taboo nature of the death cuts them off from the usual support systems. For all these reasons, self help groups have arisen to assist these families. In response to the lack of supports, Parents of Murdered Children, a national self-help group that assists the family with problems of living in the world without the child, began. In the group, the grief is shared. The emotional attachment formerly invested in the child is transferred to the group in a way that allows the inner representations of the child to be transformed. The powerlessness, the drive for revenge, the maze-like justice system, which may have produced anger and rage are channeled into and through the group. The political savvy which some have developed in their own encounter with the law is put at the disposal of all. The group maintains a close relationship with the Victim-Witness Department of the Prosecuting Attorney's Office. If needed, strong political pressures can be exerted to gain members their rights. Recently, because many members believe that the system does not seem to work for justice, POMC is becoming an action group working for reform. State legislators have been invited to POMC meetings as has prosecuting attorneys and local police chiefs.

## The Psychological Experience

Our culture and society often have silent but very powerful scripts that affect and greatly influence the behaviors, thoughts and feelings of those individuals and families who are trying to cope and work through the grieving process. One of the socially scripted messages is that grief should not last "Too Long." This

script leaves those who are grieving with the belief that there must be something wrong with them if they are unable to pick up the pieces of their lives and move on shortly after the death. Another is that the family and friends of the grieving family will take care of them for a short time after the death. The myth is that after two weeks the bereaved are supposed to be "Over the Worst" and "Should be getting on with their lives." Unfortunately, at this time, not only are persons not through with the grieving process, all too often they have not yet begun. Persons often continue in a state of numbness immediately following the funeral and acute grief for well over a year [17]. Many parents experience the event as a challenge to basic existential assumptions. Li, et al. (2005) [18,19] found that bereaved parents are at risk for suicidal ideation. Kazak & Noll (2004) [20] found that recovery was related to the psychological resources parents had before the tragedy.

Homicide involving a child is the ultimate violation that one person could inflict. The cruelty of the act adds to both the depth of pain and extent of the grieving. In addition, the surviving family members are confronted with their own mortality with proof positive that any moment they may without warning be deprived of their lives. This phenomenon combined with society's inability to acknowledge or understand the length of crisis resolution and lack of knowledge regarding how to respond, often leaves surviving family members feeling isolated.

Frequently, friends and relatives of the family may become uncomfortable and exasperated by the intense mourning. As the months go by, they may begin to admonish the family members to get on with their lives. When the admonishments prove fruitless, the friends and relatives often begin to withdraw, compounding the isolation and loneliness of the family. One woman stated that she felt her friends avoided her like her peril was contagious. Responding to these socially created ideas about bereavement, many grieving people cut off their pain. Johnson (1987) [21] believes this can be very detrimental to individuals. This theorist believes that grieving individuals need to feel their pain. When distracted or dissuaded from their grief by well-wishers, their recovery may be hampered.

## The Development of a Script for Death

Using a Piagetian framework, Johnson (1987) [21] separates the development of individuals' death beliefs and bereavement scripts into five stages. During the first stage, infancy to two years, the child experiments with concepts of presence and absence. At this age, the idea that people exist even though the infant cannot see them is difficult to master. Until approximately six months of age, the child's belief system is governed by, "Out of sight-Out of mind." Around seven to ten months, separation anxiety peaks in the infant. At this age, the child becomes anxious when an object is removed from his or her view. Once the child "Understands" object permanence (that a thing continues to exist even if it is out of view) and experiences separation anxiety, s/he has mastered the



notion of presence and absence. A child who is three years old or younger, however, does not comprehend the difference between absence and death, although separation anxiety and object and person permanence are probably the rudimentary beginnings of the concept of death and fear of death. In his study of separation anxiety in young children, Bowlby (1960) [22] describes three responses to separation: protest, despair and detachment. Bowlby's (1960) [22] work is important because it indicates that young children of this age respond to loss with these feelings much earlier than they understand the concept of death.

Johnson's (1987) [21] second stage describes children between the ages of two to seven. This stage is highlighted by the child's tendency to mix magic and reality when thinking about the causes of death. This "Magical Thinking" about death is exemplified in the idea that death is reversible. Unfortunately, this idea is often supported in cartoons and other media. A child sees a character explode or be killed in one scene only to see it reappear in another seconds later. The child then concludes that people die but they will return later. Unfortunately, this concept is also present in many adolescents who take their own lives. Magical thinking at this age may influence the child's inability to understand the difference between reality and fantasy, lending the child to possibly believe that they had the ability to cause the death of a loved one. In this case, the resulting guilt and pain may be acted out in other areas of the child's life and may have a negative influence on the child's psychological development.

In the third stage, ages eight to adolescence, children become aware that death is permanent, irreversible and universal. Here, because of cognitive and emotional growth, they are better able to develop a concept of the permanence of death. The child in this stage is able to utilize logic and reason as they process information. At this age, when someone in a child's life dies, s/he will give a "Logical" concrete answer or reason for the death. For example, "He was a mean, uncaring person and that is why he died." The problems in this stage arise when a person dies who does not fit into the child's logic or meaning system around death. Here, the child may say, "I do not understand why Mary died. She was a really nice person". Adults will give similar reasons, indicating that chronological age is not necessarily indicative of cognitive or psychological age. Adults may also exhibit child-like questions about death when there is no answer or reason for the loss.

Johnson's (1987) [21] fourth stage involves adolescents and their concepts and meanings surrounding death. During adolescence, individuals are continually searching for self and developing emotional and intellectual tools. At this age, persons may vacillate. While they may be strongly influenced by cultural mores, at times they can also exhibit thinking, which indicates their belief in immortality. In other words, during this stage, even though adolescents may fantasize about death, they often believe they cannot be touched by it. If faced with death, they may tend to believe that they will be rescued at the last minute, often given as a factor in the shockingly high adolescent suicide rate in this country [23].

The final stage, adulthood, brings with it an internalized comprehension that death is universal, irreversible, permanent and a certainty to all. These beliefs, while often accompanied by deep feelings of grief, can also be manifested by death-denying behaviors. Here, the concept of death is intellectually understood, but the emotional process-the feelings and reactions-is denied.

The development of persons' concepts of death and bereavement scripts is continually changing throughout the life cycle as the individual physically, emotionally and mentally matures. When individuals develop their beliefs about death, they are not looking for truth but merely for a "Fit" in their attempts to understand the world [24]. When a piece is found, which does not fit the overall puzzle, either the person will discard the piece rendering it as unimportant (if they noticed it in the first place) or the possibility for growth emerges [25].

## Five Grief Scripts

Johnson (1987) [21] presents five scripts frequently utilized by families dealing with death. They are: 1.) The scapegoating script; 2.) The conspiracy of silence script; 3.) The detachment script; 4.) The guilt script; and 5.) The masochism scripts. Maintaining these scripts over a long period of time can be detrimental to healthy bereavement.

The scapegoating script refers to a process of singling out one or more persons to bear the brunt of the family's dissatisfaction. In this type of situation, further exploration of the family of origin typically reveals that the family has used scapegoats in the past as a means of coping with difficult situations. The scapegoating script utilizes two primary defense mechanisms: projection and displacement. Projection occurs when a feeling or attitude is emotionally unacceptable in oneself, is unconsciously rejected, and then attributed to another. Displacement permits emotions or reactions to be transferred from the original object to a more acceptable substitute. If the family has adopted a scapegoating script, they should be encouraged to and given permission by the therapist to express their anger appropriately so that this script is not perpetuated.

Generally speaking, persons who have suffered a death of a loved one eventually develop a primary and fundamental need to talk about their experience, to reveal their sadness, to release their anger, to allay their guilt, and to have others understand their reactions. In some cases, though, persons feel unable to discuss their losses and feelings at a time when such a discussion would be most appreciated, and needed, such as at the time of death. This inability generally stems from either the persons' reluctance to upset others or from the refusal of other significant people to enter into a meaningful and helpful discussion of the event. The longer the silence continues, the more difficult it is to deal with. Persons in this situation often report feeling alone, isolated, and guilty. This "Conspiracy of silence script" may lead to the terrible fears so often verbalized by bereaved persons that everyone is forgetting

about the dead person, that people's memories are fading. It may produce a burning desire to keep the memories alive by vowing never to forget [26].

The "Detachment Script" refers to the process whereby people "Pull Away" from each other because of their own bereavement pain. This script usually happens with people who have had a close bonding prior to the death of the family member. The primary reason given for the incorporation of this script is that people are in such pain that they are incapable of administering support to others. The detachment script can assist persons through the bereavement process if it is not "Lengthy." Once persons feel more healthy and strong, they can be encouraged to reattach and they may appear to be more willing and able to provide support to others [21].

The "Guilt Script" is one most commonly associated with the grieving process. This script is often a difficult one to deal with in that it must be contended with on a continual basis. When a die, they do not die from old age or from a "Natural Death." Parents "Know" that their child died from some "Cause" and this often leads to overwhelming inescapable feelings of guilt that they have failed to eliminate or recognize early symptoms or signs, or if they had been more perceptive in regard to some of the dangers all children face while growing up, or if they had made one decision rather than another, their child might still be alive. Here it would be helpful to encourage parents to openly deal with their guilt. If buried, it can greatly complicate a healthy grieving process [1].

The final script, the "Masochism Script", refers to the process whereby an individual learns and is reinforced through various external stimuli, that suffering, submission, and self-punishment are ways to respond to, internalize, act, and interact with others. Other behavioral characteristics often manifested in individuals following a "Masochism Script" are: 1.) a desire for approval; 2.) fears of offending others, fears of authority, and fears of abandonment; 3.) self-doubt; 4.) self-punishment; 5.) nightmares of helplessness and flight; and 6.) a sense of being the center of critical attention [27].

In the case of a death of a loved one, the love object is gone and the family member often feels helpless, defenseless, powerless, and physically and emotionally ill. In some cases, there is a refusal to go on with life or to give up his or her grieving. For these persons, the grief will be as potent today as it was ten years ago. Long standing masochistic scripts can lead to health and life-threatening situations. For example, unresolved grief and continued mourning has been linked to ulcers, colitis, and arthritis as well as noticeable physical, emotional and relationship deterioration [20,21,27].

## Anticipated versus Sudden Death

Individuals' or families' bereavement scripts also depend on the occurrence of the death; Was the death sudden or expected? As stated earlier, most research suggests that sudden loss is initially

more difficult to cope with and is more likely to lead to long term problems than a death that is anticipated [28,29]. Also, Knapp suggests that the sudden death of a child often results in "Shadow Grief" in which parents are "unable to completely close and return to prior levels of functioning" (1986, p. 15).

## Anticipatory Death

When the family or individual is anticipating the death of a child, their lives are lived in the present; all future plans are canceled. Their relationships and all interactions become laden with overtones of feelings, both positive and negative [1]. The bereavement process begins as soon as the individual or family learns the child is going to die. They begin to mourn the loss of their child and along with it the death of their dreams for a future with their child [30].

Understanding and support is crucial at this time for it helps to maintain open lines of communication for both the parents, the ill child, and other siblings. Often, the child who is dying knows that s/he is dying. This creates a unique problem in that the child must deal with his or her own feelings as well as the family's feelings. In the anticipatory bereavement script, there is the opportunity to openly discuss, share and deal with the child's feelings. The ideal psychological situation is that the child and the family work toward the final stage of acceptance of death together and before it occurs. Problems can occur when communication is blocked and the parents and child are not moving through the stages of death together [1]. For example, a child may have reached the acceptance stage of their own death while the parents are still in denial. The stages as put forth by Kubler-Ross (1969) [31] are part of the socially defined bereavement script: denial, anger, bargaining, depression, and acceptance. However, not everyone goes through these stages nor do they necessarily go through them in this order. They are part of the socially defined bereavement script.

Another valuable element of the anticipatory bereavement script is the parent's ability to involve themselves in a support group which can afford them the opportunity to express and work through their feelings with other parents who are in a similar situation [30]. The more the parents can work through their own emotions, the better able they are able to assist their child. Dealing with a terminally ill child is without doubt one of the hardest ordeals any family will experience. Even so, there are some benefits to this experience that parents who are faced with a sudden and unexpected loss do not have. The parents involved in an anticipatory death script have the opportunity to adjust to the impending death of their child. These families have less difficulty accepting the loss when it occurs; they tend to show less evidence of guilt or self-blame; less extreme emotional or stressful reaction at the time of death; less anger; far fewer depressive symptoms; a greater tendency to formulate some way of handling the event that makes it more real; less likelihood of reacting with disbelief and shock; greater tendency to involve themselves in after-death ceremonies

as grave visits; fewer problems with role functioning; and less likelihood of developing a fixation to the past [32].

## Sudden Death

Unlike the anticipatory death script, the sudden death script leaves no time for preparation. There is no warning, no plan, no known words, feelings or behaviors [33]. One day the family's script is intact and the next day it has crumbled. The sudden death script is a "Surprise" attack on every one's psyche, a frontal assault on every one's ego [1]. A person faced with the sudden death of their child experiences many different feelings and behaviors than those in the anticipatory death script. They were unable to say good-bye to their child so there might be more unfinished business than where families had preparation time. They have difficulty accepting the loss; there is a lot of self-blame and guilt; they experience intense physical and emotional pain; and they are in shock. Denial can become the dominant reaction. Behavior in this script is disorganized and confuse. Feelings of anguish, despair, shock, anger, guilt, sadness and immense pain have not previously been worked through. They are just beginning. A problem unique to the sudden death script is the question of "Why?" Every parent asks, "Why did this happen to my child?", "Could I have prevented it?", "Why am I being punished this way?" These feelings can persist 4-6 years after the initial bereavement [34]. These questions are basically unanswerable and impinge on the thought patterns of many parents for weeks, months and all too often, years. They riddle the mind and complicate the grieving process [1]. The pain is continually renewed as the parents face a future without the child [35]. It appears that parents' sense of well being prior to the child's death enables them to more effectively handle the grief [36].

Parents of murdered children sometimes experience an overwhelming anger and drive for revenge. The majority of murders are committed by relatives, friends or acquaintances. Therefore, the survivors often know the murderer who may have even been a trusted family member. The anger has an immediate focus and can transform itself into revenge. Often, the parents believe that their power to protect the child has been challenged and as a result they wish to reassert that power by diminishing the power of the perpetrator.

## Post-Traumatic Stress Disorder

Parents of murdered children often suffer from symptoms of post-traumatic stress syndrome. Symptoms of Post Traumatic Stress Disorder generally begin approximately one week after the child's murder and persist as long as 1 to 2 years thereafter. The author believes that as a result of the death itself (homicide) and the associated survivor tasks (dealing with police, the legal system, and the media) and the related psycho-social stressors, are in large part a result of societal reactions to victims and co-victims. In addition, survivor tasks in the case where a child was murdered are often accompanied by a felt sense of immediacy. These constituted

tangible actions, which enables parents to feel they still are able to do something for their deceased child, thereby maintaining their identification with him or her. This provides a means by which these parents could validate the life of their deceased child, and allows for the externalization of some of the painful affect associated with the murder while delaying the internal work of mourning and loss. The prevalence of PTSD following violent death of a child can persist even five years later [37,38].

Other symptoms include:

- **Recurrent and Intrusive Recollections of the Event**

Rinear (1985) [39] found that parents of child homicide victims frequently reported recurrent and intrusive thoughts of their child's murder. These manifested in their concern with a focus on the extent of brutality or suffering associated with their child's death. "I keep thinking of my son lying there with his head all bloodied, I was told he died instantly, but I still fear that he may have suffered. It's been almost a year now, and these thoughts continue to haunt me" [39]. Family members report recurrent dreams of this event. Typically they follow three themes: 1) Wish fulfillment dreams where they dreamed of the child alive and well; 2) Dreams associated with a desire to undo the murder, in which the parent attempted to warn the child of the immediate danger or to intervene physically to protect him or her but was in some way thwarted by his or her efforts to do so, and 3) Dreams which focus on some particularly painful aspect of the event in which the parent relived this occurrence, e.g. notification of the event or identification of the body. Parents experienced more depressive symptoms, poorer well-being, and more health problems and were more likely to have a depressive episode and marital disruption than were the comparison parents in the control group [9].

- **Diminished Interest in Significant Activities**

There is marked diminished interest and involvement in one or more previously significant activities. "Once an avid churchgoer, I rarely attend anymore".

- **Feelings of Detachment and Estrangement from Others**

Often the parents report feelings of detachment, estrangement, or alienation from others. "I always feel like I am on the outside looking in [40]".

- **Constricted Affect**

The majority of parent's report feelings of numbness or emotional anesthesia. These feelings persist in some cases as long as five years after the murder. Many parents report an inability to feel emotions of any type, especially those associated with intimacy, tenderness, and sexuality. "I feel like I'm dead inside. I am unable to respond to the other children."

- **Sleep Disturbances**

Parents often report sleep pattern disruptions, early morning awakening, difficulty in falling asleep at night, and sleeping more



often than usual. "I feel tired all the time. It just hurts too much to be awake."

- **Avoidance of Activities that Arouse Traumatic Recollections of the Event**

Often the parents report that they avoid situations that they define as associated with the child's murder. "I rarely go to church anymore because when I go, I look up and see my child's coffin up there."

- **Memory Impairment or Trouble Concentrating**

Parents generally report that they forget things or that they have trouble focusing. Activities do not seem important to them. "My husband's employer terminated him without his pension. He said he was preoccupied with the murder."

- **Intensifications of Symptoms by Events That Symbolize or Arouse Traumatic Recollections of the Event**

"I hate Halloween. My son's body was found in a deserted area and his body was badly decomposed. The skeletons at Halloween remind me of how he must have looked."

It is important to note, however, that the effects of the homicide are not confined solely to those who directly experienced such atrocities or their immediate surviving members; but rather, that they extend outward into the lives of countless others, impacting upon the mental health and social structure of entire communities and even of society at large. In a violent society, we are all victims.

## **Impact of a Child's Death on the Marital Role**

Angela's parents divorced after her death. The pain was too much for them to bear. Every glance at each other only became a reminder of the child they once had. Angela's brothers never spoke of her again. It was as if they had a secret pact with each other not to mention her name. Angela's mother never remarried and buried herself in her work. She rarely went out and managed to avoid contact with anyone or anything that reminded her of Angela.

Angela's father, Jim, remarried a few years after the divorce. He came to therapy with his second wife because he was experiencing extended bouts of depression over Angela's death. It was affecting the couple in that they rarely engaged in sex and had hardly any social life. Jim reported that he "just went through the day," with little excitement or joy, and little focus on the future. His new wife was about ten years younger and wanted to have a child. Jim could not even bring himself to consider such an idea.

## **The Marital Relationship**

The couple who once laughed together, vacationed together and parented together realize suddenly when their child dies that they are two separate individuals who must mourn individually and alone. They may expect to lean on each other in this time of

crisis, but quickly learn that their mate is equally devastated and absorbed in his or her own pain. Although these couples have shared tragedy, disaster and grief, these emotions do not necessarily create a bonding. Bereaved parents experience a higher rate of marital disruption than had the non-bereaved parents [9].

Loss of a child appears to threaten the marital relationship in a way other losses do not. There appear to be many reasons for this. In many life crises, there is only one partner who is in pain and in need of support. When a couple loses a child, however, both partners may experience tremendous grief, leaving little energy to provide emotional support for the other. When addressing the impact of a child's death upon the family, a number of issues arise. First, what is the effect of the loss of a child on the parents' relationship? The literature is conflicted at this point.

In some cases, the marriage bond becomes so taut that it snaps. Individuals grieve differently and couples may have different ways of grieving, making it more difficult for the couple to support each other. One parent may feel better one day and feel resentful that the other is "down in the dumps." One parent may want to discuss the dead child; the other may not. One may want to socialize; the other may refuse. One may become very protective; the other may be resentful and feel smothered. One may refuse to participate in sex. One may turn to religion for comfort; the other may begin drinking. One may become depressed; the other may become obsessed. It is important for the therapist to be aware of the many issues that the couple experiences. They are extremely vulnerable and frightened. On the other hand, if the couple can recommit to their marriage, they will be better able to grieve together. Thus, the marital relationship can polarize, improve or worsen considerably, or become more psychologically intimate. Lehman, Lang, Wortman & Sorenson (1989) indicate that a polarization effect with respect to the marital relationship: generally, either dissolves or strengthens after the death of a child.

## **Impact of A Child's Death on The Parental Role**

When parents have a child, they also have a major functional role, which is a major component of their identity. The loss means that their daily caretaking roles change radically. It further can threaten their sense of being an adequate parent, having not been able to fulfill parental duties of protection and nurturance [41]. Kubler-Ross (1983) [31] argues that guilt is heightened for couples when a child dies suddenly. This guilt may be unrelated to any objective responsibility for the child's death. This guilt is even more heightened if the child dies suddenly because in this case the parents do not have the benefit of time to prepare and begin to heal. Without this time for reflection, undoing of things regretted, and concentration of love energy on the dying child, it may be even more difficult to work through feelings of guilt and shock.

Parents respond in many ways. When a die, the unique dynamics of the parent-child relationship, may cause parents to feel that they have not only lost a child but also a part of themselves

[35]. Often parents may believe they did not protect their child and they sometimes may feel unable to protect themselves or their other children from a similar fate. Often, they may report feeling incapable of providing love for the other siblings, could barely stumble through household chores. Fathers in the study were rated as overtly calm stoic, and functioning. They let themselves cry when no one was witnessing, were dazed, preoccupied, and heart-sick, all the while being overtly intact, hearing little of what was said to them, and forgetting things. Mothers tended to withdraw and reported depression and preoccupation with reworking the details of their child's death [42]. They mainly blamed themselves. Some alternatively assured themselves that they loved the child but felt guilt at past harshness's. Others experienced severe anxiety, insomnia, and nightmares, Incessant talk about the death and the dead child, auditory hallucinations, and rage filled agitation were not uncommon. Hospitalization for mental illness among parents increases after the death of a child [43]. Murphy S, et al. (2010) found the risk of psychiatric hospitalization was increased among parents, especially mothers. They found it took 3-4 years to put their children's death into perspective and go on with their own lives. Li, et al. (2005) [19] found that depressive episodes tend to follow the death of a child and that these parents are at a higher risk for health problems and marital problems.

## Impact on the Surviving Children

Parents own grief experiences may diminish their ability to provide support to their surviving children [44-46]. There is some evidence to suggest that when a die, the surviving parent is often more concerned about bad things happening to them or their children in the future [28]. Consequently, it may be that the parent becomes overprotective of their surviving children. Adults unwittingly in their efforts to "protect" the children, may deny them the opportunity to grieve openly. Their grief is often complicated by their equation of "death wish" with the deed and self-blame. The remaining children are often the forgotten ones in the family mourning process [31].

Parental reports sometimes suggest that the death of a sibling is overwhelmingly negative for children and extremely so for a significant percentage. It is only recently that people have begun to study post traumatic stress in children. Siblings who lose a brother or a sister to sudden death are at risk for PTSD. In this study, 45% of the surviving siblings met the criteria for PTSS. Although parents rated their child's stress as lower than their own, children may attempt to hide their stress from their parents and parents who are grieving themselves may be so absorbed with their own reactions that they are unable to notice the grief in their children.

The literature indicates that the impact of childhood bereavement may be quite strong. For example, anecdotal evidence suggests that surviving children may develop severe depressive and somatic symptoms and behavioral and school problems [47-50]. Additionally, there is some evidence to suggest that the effects of

childhood bereavement may be long lasting. If the effects on children are consistent with findings from studies of adults, one would expect sudden unanticipated deaths to have an even greater impact upon children. It is clear that when a sibling dies, the child loses an important object at a formidable period in his or her life. The complex, ambivalent feelings inherent in the sibling relationship can complicate the child's mourning.

## Disturbed Reactions

Fried (2014) [51] found that most of the children studied reported feeling guilty. They also reported trembling, sadness, crying, and sadness upon mentioning of the child's name. Some children said they felt responsible for the death and others felt it was their fault or felt they should have died instead. They also believed they should enjoy nothing and deserved only the worst. Some reported suicidal thoughts and wishes, wanted to die, or wanted to join the dead sibling. Often, the child's parents would not allow the child to talk about the event. Some parents keep the details vague. Many times, clinicians join in this effort, and, because of their own fears or reservations, do not explore even the simplest aspects of the death [52].

## Distorted Concepts of Illness and Death

The siblings of the dead child often have confused distorted concepts of illness, death, and the relationship between illness and death. Children are typically told that they will not die until they are very old. Now, however, after their sibling's death, they have to cope with a redefinition of this. This could shake their confidence in adult's pronouncements. For example, they could think, "You can't die until you're at least nine," "Only if you're a girl," "Only at night," etc. "Growing up and growing older means you could die." "Dead sister is up in heaven. Heaven is up in the sky. Birds fly in the sky. Will the birds eat her?" In some cases, children begin to question God as benevolent. "How could God let this happen?" Some children think God was the murderer.

## Death Phobias

Children frequently experience death phobias, "I'm going to die also." or the opposite, feelings of immortality, "I can't die or I can't be killed." Sometimes they identify with the dead child. Not only will they die, but at the same age in the same way. Heightened awareness of death, feeling it could strike at any moment, at the other siblings, at the parents, as well as him or herself are frequent fears. Notions of their parent's vulnerability become salient as their all-powerfulness, their strength as protectors come crashing down. The parents' phobic vigilance can heighten the child's death phobia. Children can begin to become generally immature, passive dependent and fearful, feeling small, inadequate, and vulnerable in an ever-dangerous world. The parental attitudes sometimes may focus on one child: "The only girl we have left" so they treat her with combined favoritism and indulgence. Parents try to make up their guilt about the murdered child with this child.



## Comparisons, Identification, and Misidentification

There could be anniversary hysterical identifications with the dead child. These children become the parent's substitute for the dead child. In some extreme cases, parents changed the living child's name to correspond with that of the dead child. Consistently unfavorable comparisons between the live siblings and the dead child happens. Surviving children wonder if they could ever measure up. Many immerse themselves in school performance; others start daydreaming.

## Disturbances in Cognitive Functioning

Otherwise intellectually intact children may display profound cognitive distortions, pseudo-stupidity, seeming lack of knowledge for the child's own age, and/or reversing concepts of old and young.

## Indirect and Miscellaneous Effects

A child's death may also have both direct and indirect effects upon his remaining siblings by its disruption of internal balances of interrelated roles and functions in the family structure or by shifts required in the family dynamics. The remaining siblings lost a playmate, an older brother or sister who ran interference, a protector, a scapegoat, and a baby who sister needed to be mother. At the extreme end, some fathers who needed a son could masculinize the remaining daughter.

Cobb (1956) [53] studied parents' definitions of their children after a brother or a sister died and noted loss of appetite, fear of separation from the parents, and extreme reactions to minor illness. The fact that the child simultaneously loses the sibling and the parent's availability appears to be particularly relevant. In many cases, the parents or the siblings are never the same [6]. Another major factor that negatively influences the remaining children's long-term adjustment is the tendency of the parents to think of the lost child as perfect and then compare the surviving children to the deceased. Such comparisons almost always leave the surviving children feeling inadequate and further serve to compound feelings of guilt and anger that they may have over the sibling's death (Turkington, 1984). Parents tend to be remarkably similar in their refusal to acknowledge that the death might be contributing to current family problems.

## Phases of Grief and Therapeutic Implications

Families who experienced the death of a child are especially in need of psychotherapy and at the same time can be extremely difficult to treat. The wary parents consciously or unconsciously look upon therapy as a Pandora's box. The extraordinary pain involved in examining what is going on in the family and uncovering the buried grief can cause parents to avoid coming for treatment or to leave it prematurely. Failure to address the death of a child

often results of the lingering presence of a ghost from the past working mischief in many ways. The goal of psychotherapy for grieving families is to help them turn the ghost of the lost child into a memory freeing the energies of parents and siblings for loving relationships, further psychological development, and creative living. Therapeutic treatment will not eliminate the inevitable occurrence of painful memories but it can serve to strengthen and provide individuals with new resources to confront the pain. The importance of purpose in life as a predictor of long-term functioning is key to resilience and recovery from grief [3].

The cause and nature of the death, the social cultural ethnic and religious background of the survivors, and the sex role conditioning of the survivors influence the grief response [54]. Failure to consider these factors can result in an inadequate assessment of the grief status. Through a better understanding of individual grief reactions and how these variables influence the emotions of the survivors, professionals can develop a therapeutic environment that can serve to assist the bereaved through the grief process.

A loved one's religious beliefs can help or hinder their grief work. A major loss such as this pushes the survivor to search for the meaning of the loss as well as the mourner's life. The murder of a child can evoke a crisis in faith. The person may re-examine their belief that God protects good people. Generally, religious people are better able to accept and cope with the death than non-religious persons.

A person's past experiences with death may engender expectations about the grieving process that have a positive or negative effect on coping strategies. Unresolved past issues can return and have an effect on resolution of grief. In an attempt to avoid the pain of dealing with the painful past issue, the person may avoid dealing with the current one. An individual who experienced many deaths in a family may feel emotionally depleted. On the other hand, a person who knows that intense grief will diminish will be more willing to yield to the grief process than someone who has learned to deny and to avoid pain [55].

It is also important to note that families who have experienced the death of a child may come to treatment for unrelated reasons and often the therapist will collude in the silence that often surrounds such a loss. In so doing, the resistance may threaten the establishment of a therapeutic alliance may not occur and may cause families to withdraw from treatment prematurely.

## Normal Grieving Processes

Experts have identified phases or stages of normal grieving that may help the therapist explore possible grief reactions. Kubler-Ross outlines five stages of grieving. They are: (1) denial and isolation, (2) anger, (3) bargaining, (4) depression, and (5) acceptance. Doyle suggests that grief occurs in three stages: (1) shock protest anger and disbelief, (2) intense emotion, and (3) final adaptation. Westberg offers a comprehensive model for grieving in

his list of 10 stages in the grieving process (1) shock, (2) emotion, (3) depression and loneliness (4) physical symptoms of distress, (5) panic, (6) guilt, (7) hostility and resentment, (8) inability to return to usual activities, (9) hope, and (10) affirmation of reality. Basically, these stages can be seen as attempts to limit awareness, that is shock, denial, and isolation; awareness and emotional release; guilt anger and resentment; depression, and acceptance resolution and adaptation [56].

## Shock, Denial and Isolation

Shock is a universal feeling that is found to exist in all individuals who have lost someone close to them. Here, the bereaved person suffers emotional confusion and tenseness [57]. Initially, these feelings of numbness or shock protect the person so that s/he may "Slowly" process the reality that the child has died [21].

In the first stage the person is unable to understand what has happened and often refuses to accept the reality of the situation. Memories will often be distorted and vague. Shock protects the mourner from experiencing the reality of the event. Shock is considered healthy after a significant other's death.

Denial acts as a buffer against sudden unexpected news and allows the bereaved to maintain a certain degree of sanity. It is usually a temporary defense that is eventually replaced with at least partial acceptance. When a murder occurs, this period of numbness and defense is usually much more intense. Due to the violent and unexpected nature of murder, it may take the survivor months to come to grips with what has occurred. Moreover, the shock may be re-experienced on birthdays, anniversaries, or other special occasions. Isolation usually accompanies shock and denial and serves as an attempt by the survivor to avoid reality and deny the death.

## Emotional Release

As the shock begins to diminish, the mourners enter the second stage, emotional release. The degree of emotion felt at this point may be related to the circumstances surrounding the death. A person's emotional response may be complicated by the brutality involved in the murder and the slow workings of the court system. Support is needed here, but is often not given. Support is usually given during the funeral but the weeks following are usually spent alone. Feeling a need to justify the murder or explain the cruelty of the murder and being unable to do so, friends may feel uncomfortable and consequently may avoid the family members of murder victims. If no support is given at this time, the bereaved family member may be unable to survive the loss.

## Guilt, Anger, and Resentment

While some person's experience numbness and shock, others experience anger. Individuals may manifest anger in different ways. Anger may be directed outward toward others or inward toward oneself. Anger is a normal and healthy emotion if ex-

pressed appropriately [21]. Anger outbursts are aroused by frustrations resulting from futile yearnings and searchings for the lost person [57]. As stated earlier, guilt is another feeling experienced by grieving individuals. Guilt is a complicated feeling in that it is learned through socialization. Therapists can assist persons in expressing their guilt feelings so that they can eventually move toward responses, which will help them undo their guilt [21].

Anger usually emerges when denial can no longer be maintained. Anger results from the survivor's frustration over his or her loss of control or inability to change the situation. Family members of murder victims may struggle for years with issues of control in their efforts to regain control over their lives. Sometimes persons may feel a need to avenge the person's life.

Guilt plays a major role at this point. Family members often feel guilty for not protecting their loved one. Some how they feel they could have prevented death. Also blaming the deceased is common: "That would never have happened to me. I would have..." This sends a message out to the surviving members that the murder could have been prevented if only they would have done something different. These types of statements only serve to perpetuate the isolation and guilt felt by these families. Resentment may also occur at this stage. Depression and loneliness occurs as the individual realizes the hopelessness of his or her situation. The realization that death is irreversible usually causes the survivor to feel intense sadness and to mourn. The individual experiences isolation and may feel these feelings will last forever. The intensity of the emotions usually diminishes over time. At this point the individual feels unable to function in society and to resume normal activities. Sometimes society views the display of grief unacceptable, which may cause the mourner to stay within the bounds of his or her home.

## Acceptance Resolution and Adaptation

Family members may live with the horror of the crime forever. Many never recover. Many never achieve full acceptance. The mourner walks away from the murder a changed person. Normal must be redefined as s/he realizes that things will never be the same [58]. After the individual or family works through the immediate grieving process, the family's new developing script is never the same as the script the family had before the death. Although most bereaved parents claim that the intensity of their grieving lessens over time, the impact of their loss is such that many parents resign themselves to never being the same again. Often, changes in fundamental life values and philosophical beliefs are reported as a consequence of experiencing the death of a child [57]. Resolution and final adaptation are achieved when the bereaved is able to return to some form of normalcy. The individual is able to discuss the deceased without extreme emotional outbursts. Daily routines return. The mourner begins to feel hopeful for the future and becomes involved in new activities and relationships.

## Feelings of disorganization

Feelings of disorganization, sadness, and despair usually result from the bereaved person's realization that attempts to recover the lost child are hopeless. At this time, there is a painful lack of capacity to initiate and maintain organized patterns of behavior [57]. Persons often express that they feel as though there is no hope left in life; that there is nothing left. Persons may also experience helplessness and terror, overwhelming rage, guilt and an intense yearning for the child who is dead. As the bereavement process continues, hope begins to slowly grow and the person gets closer to the time when s/he starts to think and talk about his/her life continuing [21]. Individuals and families who have had to cope with a child who had a long terminal illness often experience anticipatory loss and may feel relief at the time of death. This relief is often followed by feelings of guilt as they wonder how they can feel relief over death [57].

Anxiety is a universal feeling that is often felt by individuals who have experienced a death of a loved one. Here, individuals experience symptoms such as restlessness, difficulty concentrating, difficulty sleeping, diarrhea, vomiting, sudden increased heart rate, dizziness, frequent urination, and sweaty palms and feet. Anxiety is a normal feeling in any bereavement script. At this time, the therapist can assist the person with the anxiety so it will not become debilitating. If the individual is helped to verbalize, resolve, and make sense of their feelings, they will be able to move toward reorganization. Then the bereaved individuals can first begin to accept their loss as permanent [57].

## Script Immediately After the Death

Immediately after a child's death, the parents and family are at a loss as to what to do next. The family is usually in shock even if they were aware of the impending death [21]. Their individual and family's script has been pulled out from under them; they are left for the time, "Script less", in a state of anomie or disorganization. This is not the way it was supposed to be. How each person copes at this time depends on the individual's unique coping skills. How each family copes at this time depends on the particular family's coping skills. There is no one way to grieve and no one "Grief Script." Families and individuals are social systems with their own internal structure of positions, norms, roles, values, and beliefs. They also have their own set of defensive techniques for coping with problems that they encounter [1].

Although there is no single script or single way to grieve, there is a "Pre-Scripted Script" for behaviors immediately after a death. The first scripted behavior is to inform family and friends of the death. Johnson (1987) [21] believes it is important to encourage families and individuals to find a helpful person who can assist with arrangements and provide comfort. It is important, however, that this person does not become "Too Helpful." The helper should not feel the need to rescue or overprotect the family

members. If the immediate family wants to inform other family and friends about the death, they should do so. This can be very helpful because it is a chance to tell and retell the story. The more often the story is told, the more "Comfortable" the family members then become with it. It can also assist in promoting the reality of the loss. The family should also be encouraged to participate in the making of the funeral arrangements [21]. Encouragement can help, pushing does not.

The funeral need not be a tragic time for parents and the entire family should be involved. Parents and siblings must eventually come to deal with the reality of the death. By enabling family members freedom of choice with regard to the funeral arrangements and by being open and truthful with them at all times, therapists can assist families in decreasing some of the stresses that are usually present at this time [1]. The family can be encouraged to discuss memories, both good and bad; to think of special music or verses for the service; and to assist in any of the tasks to make the funeral as meaningful as possible. Important components of the behavioral script following a death are the rituals. The writing of the obituary, the ordering of the flowers, the planning of a memorial, and the visitation of the grave are all important scripted ritual behaviors that occur in the event of a death. These scripted ritual behaviors assist the family through healthy bereavement [21].

Therapy begins by reinforcing skills and activities that follow calming and transcendence (guided imagery relaxation techniques, recovery of positive images of the deceased). At the same time, the reenactment imagery becomes a shared experience with the therapist and together the patient and therapist examine the dying (Not only through words but with the patients drawing of the imagery) in order to reconstruct or restore a mutually enacted survival of the dying experience. Group therapy offers a rich format or the exchange and mutual survival of death imagery. Family members can be offered a weekly support group. Empathic awareness and efforts to help others master death imagery have also been supportive. Pharmacology may also be indicated in some cases to modulate anxiety insomnia and depression.

## Rebuilding the Family and Individual Scripts

During this time when the family is rebuilding their script, they generally will search for some cause or rational reason for the loss. They have a need to make the loss intelligible. They search for assurances that the loss was not in vain. This frantic search influences the creating of the new family script. Many families turn to their religious faiths for answers and comfort. This may occur even in those who had not placed much credence in religion in their old family script. In some cases, religious revitalization may be incorporated into the new developing script; for others, it may take the form of a belief in some sort of reunification with the child after the parent's own death or in an afterlife of sorts.

Another change in the family's new script may be in their values. New commitments and more intangible values may be



brought into the new script. Many families may no longer have the need to strive in the way they did to in the past. Family goals as opposed to individual ones may become primary. Parents may tend to become more concerned with cultivating and strengthening family relationships and remaining family members gradually may be viewed in a different light, with new emphasis on their importance as people. Doing things with the family rather than for the family and taking a genuine interest in each other may become the new values incorporated into the family's new script. Many parents become less concerned with appearances and with materialistic things. The family concerns in the new script may move toward caring about the family's health and happiness. Not only may the family's internal script change, but the script that they use to interact with society may also be affected. Loss of a child may tend to make parents more tolerant of other people outside of the immediate family. Here, they may be more willing to listen to others express their problems and more willing to develop a sense of understanding [1].

During therapy, Angelo recounted his experiences and memories of Angela's death. His overwhelming pain and feelings of powerlessness often left him sobbing uncontrollably, even after all these years. After a while, it became evident that Jim believed that if he let himself feel involved in the new marriage that he would be being disloyal to Angela- - that by focusing on his wife, he would be psychologically turning a page in his life, psychologically putting Angela to rest- - something he refused to do. During therapy, we explored the possibility that he could hold both images: that he could involve himself in his new marriage and think about the possibility of another child AND that he could hold Angela's memory in his heart.

## Discussion

It is important to distinguish the circumstances that strengthens or destroys bereaved couples, leading some to social and affective withdrawal and others to enhanced social bonds. Social support may serve as a differentiating factor. Although the marital couple itself needs support following loss, individual family members who are grieving may not be able to provide adequate support to one another during this time, thus precipitate the breakup of the family. In future research, it would be especially interesting to see if an asynchrony of coping styles leads bereaved couples to be more likely to have marital difficulties. Most bereaved adults report more stressed in daily activities as a parent but most reported feeling closer to their children after the death. The relationships between parents and children appear to become stronger after the death of a child.

The death of a child from any cause has long been recognized as constituting a particularly difficult form of bereavement and one that involves multiple losses of both an actual and symbolic nature. This occurrence once considered a common and even expected event in the life history of the family now is viewed a

violation of the natural order of life in which parents are survived by their offspring [60].

Parents often report the presence of intrusive repetitive images of the homicide that preoccupy them because of their vivid detailing of the child's death. Generally, these images focused on the terror and helplessness of the victim and intruded during sleep, containing vivid recurring nightmares of the murder, with the parent often trying to save the victim.

One of the parents of a murdered child writes her wishes for relatives. They are:

- I wish you would not be afraid to speak my child's name. My child lived and was important and I need to hear her name.
- If I cry and get emotional, if we talk about my child, I wish you knew that it isn't because you have hurt me, the fact that my child died has caused my tears. You have allowed me to cry and I thank you. Crying and emotional outbursts are healing.
- I wish you wouldn't kill my child again by removing from your home her pictures, or other remembrances.
- I will have emotional highs and lows, ups and downs. I wish you wouldn't think that if I have a good day my grief is all over, or that if I have a bad day I need psychiatric counseling.
- I wish you knew that the death of a child is different from other losses and must be viewed separately. It is the ultimate tragedy and I wish you wouldn't compare it to your loss of a parent, spouse or pet.
- Being a bereaved parent is not contagious, so I wish you wouldn't shy away from me.
- I wish you knew that all of the crazy grief reactions that I am having are in fact very normal. Depression, anger, frustration, hopelessness, and the questioning of values and beliefs are to be expected following the death of a child.
- I wish you wouldn't expect my grief to be over in six months. The first few years are going to be exceedingly traumatic for us. As with alcoholics, I will never be cured or a former bereaved parent, but will forevermore be a recovering bereaved parent.
- I wish you understood the physical reactions to grief. I may gain weight or lose weight, sleep all the time or not at all, develop a host of illnesses and be accident-prone, all of which may be related to my grief.
- Our child's birthday, the anniversary of her death, and the holidays are terrible times for us. I wish you could tell us you are thinking about our child on these days, and if we get quiet and withdrawn, just know that we are thinking about our child and don't try to coerce us into being cheerful.

- It is normal and good that most of us reexamine our faith, values and beliefs after losing a child. We will question things we have been taught all our lives and hopefully come to some new understanding with our God. I wish you would let me tangle with my religion without making me feel guilty.
- I wish you wouldn't offer me drinks or drugs. These are just temporary crutches and the only way I can get through this grief is to experience it. I have to hurt before I can heal.
- I wish you understood that grief changes people. I am not the same person I was before my child died and I never will be that person again. If you keep waiting for me to get back to my old self, you will stay frustrated. I am a new creature with new thoughts, dreams, aspirations, values and beliefs. Try to get to know the new me- - maybe you'll like me still [61].

It is twelve years since Angela was murdered. Her parents divorced and her father remarried. Her brothers are grown and have children of their own. The family has moved on but they have not forgotten. The hole in their lives remains constant even if they do not hurt as much. Not a day goes by where they don't think of their little sister or daughter coming home from school or telling them about some event. Birthdays and holidays are especially painful but they live on. The new little children in their lives have taken some of their focus and absorbed some of their pain. Angela's murderer is still free and Angela's father believes that until he is caught, Angela cannot be at peace.

## Therapist Comment:

This was the first case where I assisted a family with a murdered child. Before therapy, when the marital couple interviewed me, they asked if I had any experience in this area. I said no, and that it might be difficult for me because my own son was around the same age as Angela when she was murdered. After a few more conversations, they decided to go ahead with the therapy and I agreed to give it a shot.

During the year that the couple was in therapy, every human emotion that could be experienced was - - by myself and by my clients. I could only offer them safety and my compassion and in the end, that was enough. We cried together; we laughed together. There were times when I asked them what they needed from me; they told me, and as much as I could, I responded. After a while, it got easier. They started to heal and move forward. I will always remember them for their courage and for allowing me the honor of joining with them on their healing journey.

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