

Attachment Grief

Living with the Loss of a Child

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MAGAZINE ISSUE

July/August 2022



When I was in the third grade, a new family moved to my street. They had a daughter about my age. The first time I visited her house, I noticed a framed black-and-white photograph of a young toddler on the living room table. "That's my brother," she told me. "He passed away." I remember feeling scared and very sad. Over the years we were friends, every time I saw that picture, I felt a pang in my heart. Now, in my home, I'm surrounded by pictures of another precious little boy who died much too soon. This time, it's my son.



On a Friday night in 2014, a taxi driver made a left turn in front of my New York City apartment building and hit my nine-year-old son, Cooper Stock, who was walking with my husband on their way home from their favorite barbecue place. They were walking hand in hand in the crosswalk, with the walk sign on, when they were struck. The driver claimed he'd been distracted and didn't see them. Cooper died from his injuries. My husband was left to live with the agony of seeing his son killed. The driver walked away with only a traffic ticket and small fine.

Since then, I've been living on a planet where I don't feel at home anymore and oxygen is in short supply. Even at the home of a dear friend who was hosting a fundraising event in honor of Cooper a few months after the crash, I felt alien in my grief. As two women talked by the patio, I saw one of them point at me as the other looked over with horror. Now I am her, the one it happened to: I am a mother who lost her child.

As a psychotherapist of almost 30 years, I can't help but reflect on this experience of grief and what I'd failed to understand about it before. Quite simply, when your child dies, you die with them. The person I was before Cooper's death no longer exists. I've become a prisoner in a world that's betrayed me. I endure torture day in and day out.

The Myth of the Grief Journey

I've come to realize that Americans tend to avoid conversations about grief. We're a death-denying culture, with an expectation that people should recover from loss swiftly—and then move on.

I believe it's why so many books and articles describe the grief experience as a journey. But the word journey fails to describe the reality of surviving the death of your child. People use it to describe everything from buying a car to opening a bank account, and its ubiquity not only diminishes its impact when used to describe grief, but is completely misleading. Describing grief as a journey perpetuates the myth that, eventually, there's an end point. It assumes that outliving your child is a kind of trek, a linear odyssey, when it's more like a nightmare that haunts you every day. It feels as if you've lost a part of your body, as if your arms and legs have been severed but nobody can see it. I look the way I always have, but my inner experience is completely different.

Some literature about grief acknowledges that the loss of a child is the worst loss a person can sustain because it's completely out of the natural order. The late civil rights activist Reverend William Coffin lost his 24-year-old son, Alex, in a car crash. In an interview with Bill Moyers, he tells the story of an ancient Chinese emperor who sent a wise man to find out the meaning of happiness. The wise man came back and said, "Happiness is when the grandfather dies, and then the father, and then the son."

It seems to me, this is true.

Diagnosis and "Treatment"

The first four years after Cooper was killed, I often experienced moments of absolute terror thinking about him. Where was he? Was he alone? Was he safe? The worst agony was thinking about his little body under the ground. I'd made sure Cooper was safe his whole life, but now he was missing. In his absence, it wasn't the fear of dying that tormented me, but the fear of living.

In search of validation, just so I could breathe at times, I started to do some reading and found there was a diagnosis—a **disorder**—for the pain I was experiencing. In fact, there were several disorders, often used interchangeably: persistent grief disorder, prolonged grief disorder, persistent complex bereavement disorder, unresolved grief, and pathological grief. I'd heard of complicated grief, but these were new to me. Now I was being told that my grief was **pathological?**

One symptom that came up again and again in the literature was “persistent and pervasive yearning or preoccupation with the deceased accompanied by intense emotional pain, lasting **six months** or longer than expected social or cultural norms.” What kind of social norms only allow a person six months to resolve grief over the death of loved one? How can the loss of a child be clumped together with other losses? And why is there an expectation that it should even be resolvable? I will never stop longing for my son. There will always be a hole in my heart.

In March, the **DSM-V** officially recognized prolonged grief disorder as a mental illness. At a time of unprecedented death in our world, I simply cannot understand a system that insists on pathologizing a perfectly natural reaction.

Parents are charged with keeping their children safe—so when their children die, they often report intrusive feelings of failure and a belief that they're somehow responsible for the death, or that they should've been the ones to die. To suggest that their grief is abnormal is disgraceful and shaming. I don't agree that my grief is complicated or prolonged. It's natural and appropriate.

Even so, in the midst of my suffering, I learned about a treatment that some people have found to be very effective. Back in 2017, it was called Complicated Grief Treatment. Now it's called Prolonged Grief Therapy. I decided to give it a try.

In my first session, just listening to the therapist describe the protocol made me uncomfortable. It included prolonged exposure techniques, and I was told I'd have to describe the details of Cooper's death, record the recounting, and then listen to it repeatedly. It seemed sadistic.

I returned to the therapist's office for a second session with great trepidation. As soon as I sat down, I felt an excruciating, sharp pain on the left side of my body, descending down my neck. My throat began to close. I could barely speak. By the end of the session, the pain had filled my whole body, and I was sobbing hysterically. Afterward, I limped back to my apartment and got into bed, still feeling the ache on my left side. I didn't continue treatment after that experience, but later, I did learn more about my localized pain.

It turns out that most women hold their baby's head on the left side of their body, which is known as left-cradling bias. Held this way, the baby's face is positioned in the mother's field of vision, and visual information is transmitted to the right hemisphere of the mother's brain, the part responsible for perception and expression of emotion. This is the foundation of the neurological relationship between mother and child.

Sitting in that therapist's office, I'd been feeling distress exactly where my connection with Cooper had begun. It had felt like I was being forced to expel the only thing that was remaining between us—our psychic bond. My mind and body had been pleading: ***Don't take him away from me.***

Attachment Grief

How do you mark the one-year anniversary of your child's death? I chose to spend it with friends, many of whom had spent the previous year helping me survive. It was a rainy, dreary day, but at one point a few people noticed a rainbow stretching across the sky and agreed that it was a sign from Cooper. In his honor, I'd chosen to play a song called "Anything" by The Animals. I distributed the lyrics printed on pieces of paper and asked everyone to listen to the song as we stood together in my living room.

Looking around afterward, I was crushed. My guests had left the lyrics strewn all over the apartment. It felt like a punch to the gut. Didn't they understand this song was a part of Cooper? It made me feel like no one cared anymore, like my internal process was completely at odds with the external world. Rather than let him go, I desperately needed to hold on to him, to keep him with me in any way possible, in any form.

During the pandemic, I decided to write about my experience, to try to put words to what I was feeling. In doing some research, I discovered that Freud's daughter Sophie had died during the 1918 influenza pandemic while pregnant with her third child. Approximately nine years after her death, Freud received a letter from a colleague whose child had also died. He wrote back:

We know the pain we feel after a loss will continue; it will also remain inconsolable, and we will never find a replacement. No matter what we do, the pain is always there. That's the way it should be. It's the only way to perpetuate a love we don't want to give up.

Although Freud never said it directly, I believe he was expressing his experience of attachment grief. He knew it was impossible to give up his daughter and move on.

In 2020, I spent many days at home alone. I had time to think about and pay attention to my experience. Early one morning, I noticed a fawn partially camouflaged in my garden. I spent the entire day watching her body rise and fall as she breathed and drifted in and out of peaceful sleep. When she saw me looking at her, she returned my gaze.

I learned that it's common for deer to leave their babies in a safe spot while they forage. But as it grew dark, I became anxious. Twelve hours had passed, and the fawn was still alone. I went to bed but awoke at four in the morning and ran down the steps, desperately hoping I wouldn't see her. Seeing that she was gone, I breathed a sigh of relief that mother and child had been reunited.

But then a thought entered my mind: what if the fawn had wandered off and the mother had returned to find it gone? This is what happened to me. Cooper is gone, and I can't find him. I remain in a state of indefinite longing.

The next morning, as I sat down to write, I felt drawn to revisit the basics of Attachment Theory, particularly the work of British psychologist John Bowlby, who'd spent the 1950s studying interactions between mothers and infants. He was curious about the reactions infants would have when separated from their mothers, and he helped bring to light the intense emotional bond between them.

Attachment grief, a concept I developed, borrows from Bowlby's findings and gives language to the experience of remaining connected to one's child after their death. You can even see evidence of it in the animal world. In 2018, news outlets reported that an orca had carried her dead calf on her back for 17 days, swimming more than a thousand miles. A whale calf's gestation period is approximately 18 months, and the baby had survived only minutes, but the mother instinctively kept her baby with her for as long as she could.

Attachment grief is the only concept that seemed to fit what I was experiencing. It's an acknowledgement that the attachment, feeling the presence of the loved one and the love for them, remains with you for your entire life. Adoptive parents, caretakers who are biologically unrelated, male caretakers, and women who've been unable to have children can also experience attachment grief.

The night Cooper was pronounced dead in the ER, I remember looking at his body and thinking, ***He's gone but somehow still here.*** Later, I'd assumed this was a form of shock or disassociation, but I now believe I was realizing there would never be an intrapsychic separation between Cooper and me. Never. Nor would I want there to be. Understanding this as part of attachment grief has made my relationship with him stronger and more complete.

How Grief Changed My Work

Six weeks after Cooper was killed, I went back to work. I desperately needed a sense of normalcy, a routine. The crash had been reported on the news, and hundreds of people had attended the memorial service, spilling out into the street. Newspaper reporters stood by, taking pictures. I noticed some of my clients in the crowd, all of them weeping. But with hundreds of eyes on me, I just wanted to disappear, to be out of the spotlight. As I left the chapel and walked through the crowd to the safety of the car that would take me to the cemetery, I got in, shut the door, and breathed a sigh of relief at having reached a quiet, safe place. But I realized I couldn't just flee, for my clients' sake. I got out, found every one of them, and assured them I'd be okay. Who could ever have imagined I'd be hugging my clients as they cried for ***me?***

Back in the office, sessions were difficult and strained. Some of my clients felt guilty for complaining about problems they felt were, in comparison to mine, meaningless. Many wanted to take care of me. I explained to them that the best way to help was by simply letting me be their therapist. Over the next several weeks, we cried a lot together. At the hardest time in my life, my clients showed their love for me and protected me.

Soon after, I began working with Jessica, a college student who'd been under the care of psychiatrists for years because of her panic attacks and crippling anxiety stemming from early childhood abuse and neglect. Ten minutes into hearing her story, I told her, "You seem to have been quite traumatized." She broke down crying, sobbing with relief. "No one's ever told me that before," she said.

In our second session, Jessica confessed that she'd googled me after her last visit and had found out that Cooper had been killed. Tears rolled down her cheeks as she said how ashamed she felt for coming to me for help. "You've been traumatized, and I have too," I told her. "Let's try to help each other figure this out together." I was relieved that I didn't have to pretend I was fine.

Several years into our work together, with Jessica's severe anxiety persisting, we both decided that sending her to an inpatient facility would be the best chance at getting her the help she needed. Her parents, however, strongly disagreed. After a frustrating session with Jessica and her parents, it seemed as if she'd never make it to the inpatient facility. As they were leaving, Jessica waited until her parents were several steps ahead, then turned to me. "If I leave this room, I'll never get there," she said in desperation. Impulsively, I shut my office door. "Stay here," I told her. "Call the clinic **now**." She did—and was admitted a few weeks later. I never spoke to her parents again.

I often wonder whether I'd have taken this risk if Cooper hadn't died. I knew I couldn't have saved him, but maybe I could keep Jessica safe. In the end, it saved her life.

Another client, Susan, had tried to avoid being around adolescent boys after her young son had died from a brain tumor several years earlier. In one session, she told me about a day when she'd been sitting on a bench and a boy who looked to be about her son's age had sat down next to her. When she saw the boy, her body began shaking, and she momentarily lost touch with reality as trauma took over her mind. Her instinct, she told me, had been to grab the boy and kidnap him. ***I will steal him so I can have my life back,*** she'd thought.

The desire to be reunited with your child activates your brain in ways that can hijack rational thought. Susan told me this experience made her understand the feelings of desperation that make people do these kinds of things.

I, too, have found myself engaged in fantasies born out of my own desperation. On several occasions after Cooper was killed, I went to the beach not far from our home. It's one of my favorite places. One day I saw a little boy playing in the water, having a blast. I squinted and pretended it was Cooper. I indulged myself in seeing my precious ray of sunshine, full of joy as always. I momentarily pushed away the torturous sight of the happy families camped on the beach, and, for a moment, I felt my heart inflate.

If anyone who's experienced loss mentions a moment like this, where they seem to separate from reality, just listen. It's not pathological—it's logical. And it's a natural part of the experience of attachment grief.

Working with Grieving Clients

In June 2017, I attended the Bay Area chapter of the Tim Griffith Foundation's Meadowlark Retreat for Bereaved Mothers. There were six of us, severely wounded strangers who bonded immediately. We started a text-message group to express our pain to one another and agreed that any of us could message at any time, day or night.

At first, I was just another mother confessing the rage and desperation I'd had to conceal in my daily life. But as time went on, and I talked more with my fellow grievers, I realized that I was listening with my therapist's ear, and I realized how completely misunderstood **all** of us felt. The people in our lives—even family members—expected that we'd eventually morph back into our old selves. In our grief, we were being stigmatized as we tried to bear the unbearable, rather than being understood and accepted.

My experience has helped me see that inquiring about significant loss with clients is vital. Now, I take a loss history from new clients. I make a point of addressing the premature death of someone close to them. I don't assume a loss that happened many years ago isn't worthy of discussion. These conversations can be a critical part of a treatment, but thanks to our societal shame around long-term grief, they're often not thoroughly explored.

I also listen specifically for the experience of attachment grief, for moments when clients say they still feel attached to a lost loved one but aren't sure why they still feel so connected long after the person is physically gone, or they feel shame, anger, or confusion for still feeling attached. I validate what they're feeling. I tell them the attachment is normal—that it's the love that lives on. I encourage them to embrace the attachment in any way that will be of comfort to them. Hearing this

has been a revelation for those who've been suffering without understanding how this attachment continues. Some people may have never spoken with anyone about their sense of loss, their bodies holding on to mental or physical trauma. Learning about attachment grief can help people find the words to explain the inner experience of living with the deepest missing and longing.

It's important to specify that it's not just parents and children who experience attachment grief. Spouses and partners can experience it too. Another important point: the traumas of miscarriage and infertility often go unrecognized. We need to acknowledge and help clients grieve these losses. Women with late pregnancy losses and stillbirths are mothers too. Often, their unborn children have already been given a name. A client of mine described the agony of losing her daughter right after she was born. Incredibly, no one had bothered to transfer her to another floor in the hospital, and she was forced to listen to joyful families with healthy newborns in their arms while hers were empty.

As with any trauma, neurological changes take place in the brain when a person you love passes away. I believe losing a child is akin to a traumatic brain injury. The term ***grief brain*** is used to explain this phenomenon, in which the areas of the brain that control emotions are hit by tidal waves of crippling anxiety, causing symptoms like memory loss, changes in appetite, panic attacks, nightmares, insomnia, and fatigue. Sometimes it feels as if we're aging in dog years.

We should expect grieving clients to show these symptoms and do our best to normalize them. At a time when you're fragmented and in despair, when others seem ready for you to move on, having a therapist articulate their desire to enter your world is powerful and healing.

Parenting the Memory

I vividly remember my desperation and confusion as the days after Cooper was killed turned into weeks. "I am still his mother!" I remember screaming out loud. "What am I supposed to do now?" A wise therapist and bereaved mother told me something vital: "You will parent his memory." I held on to these words. They gave me a way to keep him with me.

Initially, parenting Cooper's memory came in the form of becoming a spokesperson for Families for Safe Streets, a national organization of which I'm a founding member. I was immediately connected with other parents whose children had been killed by reckless drivers. We found purpose and meaning in making sure our loved ones hadn't died in vain.

Traffic violence is a silent epidemic. It claims the lives of more than 40,000 Americans annually and remains the leading cause of death for children. In the United States, traffic fatalities are on the rise. Our organization calls attention to the lack of safety measures in underserved communities, especially communities of color, where children are killed disproportionately.

Eight and a half years after Cooper's death, I still feel the pain and agony of him not being here on Earth. I feel it every day. Birthdays, Mother's Day, and other holidays are part of a daily barrage of woundings. I see his friends getting older, going on to middle school and high school. How is it possible that life is moving on without him? Why me? Why him? Many grieving parents are tortured by these questions, for which there will never be satisfactory answers.

As time passes, I remain an amputee in ways that are invisible to society. I can't see, hear, smell, or touch my son. His absence still shrieks in my head. This is who I am now—a grieving mother. The death of a child at any age changes the course of

a family's life. I'll always need the support of those who took care of me after Cooper died. That won't change. I need this to be acknowledged, not pathologized, not in the DSM or our culture.

Still, regardless of any diagnosis, I know that even death can't separate me from Cooper. I carry his memory with me every day. I find ways to honor him where I can, in my work and in my personal life. I try to be a resource for my grieving clients, to help them find ways to parent the memories of their own loved ones. And when words fail, sometimes, just bearing witness is enough.

Let us know what you think at letters@psychnetworker.org.

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