



# Maternal courage : how a mother survives the killing of her child to rebuild her family against the odds

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## Introduction

Losing a child is the strongest predictor of developing enduring grief (Kark et al., 2023), with depressed feelings often accompanied by intense emotions of despair, hopelessness, loneliness, and a wish to die (Sanders, 1989). Recent evidence suggests maternal grief is associated with alterations in brain neurobiological changes and functional connectivity (Gündel et al., 2003). Closure in maternal grief is a misnomer, almost offensive (Christ et al., 2003) – for the loss is permanent and irreplaceable, like an “amputation metaphor” (Klass, 1989) wherein the parent loses a part of self. A traumatic grief experience brings on an added layer of complexity, as evoked feelings of terror can lead to avoidance of reminiscence that is necessary for grief processing (Nader, 1997).

How do women who survive this enduring grief go on to rebuild their motherhood identity. What can be done to help them heal from the horror of witnessing their child's terror and suffering. How can care systems manage the anxiety of another lost child, even as they support a vulnerable mother in rebuilding her life. Research into such cases are rare, fortunately, following the rare occurrences and the sensitivity of these stories. This case study aims to share a real-life story that demonstrates hope and shows healing is possible.

## Aim

A narrative case study describing maternal experience following the traumatic experience of witnessing the killing of child.

## Narrative Case Study

Sara witnessed her previous husband hurl her then 5 year-old first daughter against the wall, killing the little girl. Sara held on to her son, then only 2 years-old, to protect him, but could do nothing to stop the violence. The months that followed were a hazy memory - her husband was imprisoned for 15 years. She lost the custody of her son, for she was in a poor psychological state and could not tend to his needs. She had grown up in an impoverished family for her own father was ill, and in her own words, she was more immature than her younger siblings.

The local social and health authorities arranged for her to receive psychiatric care, and she was started on antidepressants. Her psychiatrist and counsellor also provided the supportive therapy for her to pull past a very dark period in her life, when she lived in a shelter as her own family had distanced themselves. As she had mild learning disability, and was simple-minded she was not offered trauma-focused therapy which was a limited resource in her locality. In the ensuing years following the traumatic loss, Sara developed symptoms of multiple sclerosis, and struggled with pain, tingling and visual blurring. She learnt soon that the antidepressants kept her symptoms under control, for when she skipped her medications, she would experience a flare.

She found healing and support in her second marriage, with a man who himself had survived childhood trauma and understood the pain and fears she had. Sara gave birth to two more children, battling the recurrence of depression perinatally, and her underlying multiple sclerosis. The care and support provided by the local home visiting programme, and her active engagement in perinatal mental health care has enabled her to move beyond the trauma of the past.

The journey was not easy for her though, for the social service authorities were monitoring her closely, and tended to be more cautious. It was hard for her each time when her children were put on observation, or even temporarily removed to foster care, when her husband had a relapse of his own mental illness, or when her youngest son had sustained injuries when he fell at the playground. Sara had to work harder to prove herself capable of attending to her children's needs and safety. When she found herself dwelling on the dark thoughts and memories, she would turn to her faith, and find strength to get past the difficult moments. The joy and delight on her face when she showed a video of her second son's birthday celebration was uplifting, and with courage, she gave consent to sharing her story for this case study.

## Discussion & Conclusion

Child homicide invariably creates a dramatic collective response to avert recurrence - parents feel stigmatized by their situation, become isolated, and find outreach difficult (Christ et al., 2003). For vulnerable mothers whom themselves have survived adverse childhood traumatic experiences, the climb out of this dark valley can be almost unsurmountable – Sara may not have had the intellectual capacity for psychotherapy, but her courage in picking up the pieces, and her wish to be a mother again, gave her a chance to rebuild her family. The subsequent pregnancies were challenging, with the ensuing stress and anxiety about trauma repeating or having her child removed from her care resulted in her developing perinatal depression. Her multiple sclerosis, an autoimmune disease, was most likely driven etiologically by stress. Her story, shared with her consent, is shared to give encouragement and inspiration to care providers, just as this author has benefitted deeply from. The story yet to be told belongs to her son – for he survived the killing of his sister.

1. Kark SM, Adams JG, Sathishkumar M, Granger SJ, McMillan L, Baram TZ, Yassa MA. Why do mothers never stop grieving for their deceased children? Enduring alterations of brain connectivity and function.

2. Sanders, C., *Grief: The mourning after*. 1989. New York: John Wiley & Sons.

3. Gündel H, O'Connor MF, Littrell L, Fort C, Lane RD. Functional neuroanatomy of grief: an fMRI study. *Am J Psychiatry*. 2003 Nov;160

4. Christ GH, Bonanno G, Malkinson R., Rubin S. Bereavement experiences after the death of a child. Institute of Medicine (US) Committee on Palliative and End-of-Life Care for Children and Their Families; Field MJ, Behrman RE, editors. *When Children Die: Improving Palliative and End-of-Life Care for Children and Their Families*. Washington (DC): National Academies Press (US); 2003. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK220798/>

5. Klass, D., *Parental grief: Solace and resolution*. 1988. New York: Springer

6. Nader, K., *Childhood traumatic loss: Interaction of trauma and grief*. In: *Death and trauma: The traumatology of grieving*. C. Figley, editor; , B. Bride, editor; , and N. Mazza, editor. , Editors. 1997. New York: Hamilton Printing Company, Pp.17–41