

Losing a Child to Suicide: Trusting in God's Mercy

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The loss of a child to suicide is one of the greatest tragedies life can bring. The community often reacts with shock, guilt, anger, and depression. Parents may feel profound guilt and responsibility for the death. As a bereaved mother once said: "You think there should be a logical reason, so you're searching for it. . . . It's just like a thorn in your side, that you have to figure out the answer. Why? Why? Why? What did we fail to see? Why did she not ask us for help? What support did we not get for her?" Some parents have described their experience as having their hearts broken from devastating grief. Some express the feeling that a vital and core part of them has died or has been ripped away. In their book *A Child Dies: A Portrait of Family Grief*, authors Joan Arnold and Penelope Gemma describe the process that bereaved parents go through as "the ultimate deprivation." Suicide can feel like the ultimate failure of parenting.

Mental illness and suicide among children are serious problems in the United States. According to the National Institute of Mental Health (NIMH), half of all cases of mental illness begin by age fourteen. The American Academy of Child and Adolescent Psychiatry states that suicide is the third leading cause of death for fifteen- to twenty-four-year-olds and the sixth leading cause of death for five- to fourteen-year-olds.ⁱ

Studies show that more than 95 percent of young people who completed a suicide had been diagnosed with a mental disorder. Severe depression is the most prevalent of these disorders. Other psychological diagnoses that increase the risk of suicide among teens include bipolar disorder and addiction to alcohol and/or drugs. These conditions often cause young people distress, irritability, agitation, hopelessness, and feelings of worthlessness. Teenagers experiencing these emotions often tend to isolate themselves from parents and seem to reject any attempts of consolation and outreach. Given the strong correlation between

psychological conditions and suicide, it is important to recognize the early symptoms in order to seek professional help that could make a significant impact.

The American Academy of Child and Adolescent Psychiatry lists the following warning signs for parents concerning the risk for suicide in adolescents:

- Change in eating and sleeping habits
- Withdrawal from friends, family, and regular activities
- Violent actions towards self and others
- Rebellious behavior or running away
- Drug and alcohol use
- Unusual neglect of personal appearance
- Marked personality change
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- Frequent complaints about physical symptoms such as stomachaches, headaches, or fatigue, often related to emotions
- Loss of interest in pleasurable activities
- Not tolerating praise or rewards
- Complaining of being a bad person or feeling rotten inside
- Giving verbal hints with statements such as "Nothing matters. It's no use" or "I won't see you again"ⁱⁱ

It is important to note that most teenagers who killed themselves had been in treatment for these psychological conditions. Even for families who have lived with mental illness, the actual death comes as a profound shock. Whatever the circumstances surrounding the death, no parents are ever prepared for the suicide of their child. Parents tend to blame themselves for not preventing the event. This is understandable, but in most cases, the tragic end was beyond their control, beyond their responsibility.

The question of eternal damnation is another source of pain for parents of children who have killed themselves. The *Catechism of the Catholic Church* (no. 2282) states that grave psychological disorders

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may diminish the responsibility of the one who has committed suicide. Teenagers plagued with serious psychological diagnoses make impulsive decisions, clouded by feelings of worthlessness, hopelessness, and despair. They lack the ability to clearly and objectively appraise their life crisis. Their intellects are clouded, their emotions are in chaos, and their wills are weakened.

The hope of eternal salvation as it relates to suicide is well portrayed in an example from the middle of the nineteenth century. A woman was concerned about the salvation of her husband after he committed suicide by jumping off a bridge, and went to visit St. John Vianney in Ars, France. When the saint caught sight of the lady, whom he had never met, he approached her and said: “He is saved” and repeated to her:

“I tell you he is saved. He is in Purgatory, and you must pray for him. Between the parapet of the bridge and the water he had time to make an act of contrition. Our Blessed Lady obtained that grace for him. Remember the shrine that you put up in your room during the month of May. Though your husband professed to have no religion, he sometimes joined in your prayer. This merited for him the grace of repentance and pardon at the last moment.”ⁱⁱⁱ

Amidst grave suffering, there will always be a tendency to want to know why such tragedies occur. If there were a suicide note, it might shed some light on the motives. If the child had a troubled past or had been receiving mental health services, questions about the appropriateness of the medication and the quality of the services may become obsessive. As time goes on, though, parents realize that the answers may never come, and the *why* will grow less urgent. Eventually, our faith helps us to let go of the *why* and to look for the *who*. Who can heal us from the wrenching pain of having lost a child? The answer is Jesus.

Jesus Christ suffered a sorrowful and painful death, even though he was completely innocent. His death is the ultimate sign of his mercy and of his willingness to suffer with and for us. Neither we nor our children have done anything to deserve his unconditional love and compassion, but we who mourn can entrust ourselves to his mercy. His death gives us hope that meaning can exist in suffering. His resurrection also teaches us that there is life after tragedy, even the death of a child by suicide. A bereaved mother said:

“I finally made, again, a conscious decision that either I’m going to stay feeling like this or I’m going to allow God to help me. My choice. I can make the choice. So I decided to take a risk and see, and test God. I decided that I was going to open that gift of grace and I was going to allow Him to work in my life. And so that’s what I would pray, that He would give me what I needed for the day. That He would put the people in my path that I needed. That He would open my eyes so I could see the people in my path . . . that is the fight that He gave me.”

Every parent who has lost a child is free to make the choice to trust in God’s merciful love and to allow his grace to heal their deep wound. May each have the faith to trust in his love!

Dr. Sweeney is the founder and academic dean of the Institute for the Psychological Sciences, a graduate school in Arlington, Virginia, whose mission is to integrate sound science with the Christian understanding of the nature and dignity of the human person.

ⁱ American Academy of Child and Adolescent Psychiatry, “Teen Suicide,” *Facts for Families*; available at http://www.aacap.org/cs/root/facts_for_families/teen_suicide.

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ⁱⁱⁱ Abbé François Trochu. *Curé d’Ars: St. Jean-Marie-Baptiste Vianney* (Charlotte, N.C.:TAN Books and Publishers, 2009).