

# A Mother's Tears: Contemplating Black Grief

*Khaliyah A. Johnson, MD<sup>1,2</sup>*

<sup>1</sup>Pediatric Palliative Care, Children's Healthcare of Atlanta, Atlanta, Georgia

<sup>2</sup>Department of Pediatrics, Emory University, Atlanta, Georgia

## ABSTRACT

As we have traversed the last 2 years of the COVID-19 pandemic juxtaposed against an increased awakening to the realities of racial inequities in society and health care, the grief of Black individuals and communities has largely been underrecognized. This reflective essay explores the grief experience of Blacks in the wake of continual losses and acknowledges the impact of racism in these losses. I speak from my experiences as a Black mother, survivor of sibling loss, and pediatric palliative care pediatrician to examine this complex issue and what the medical community can do to stand with Black patients and families in their grief experience.

*Ann Fam Med* 2022;20:381-382. <https://doi.org/10.1370/afm.2822>

Originally published as *Annals* "Online First" article

It was the one-week anniversary of George Floyd's death. I put my 4-year-old son to bed and walked out to the porch to water some hanging flowerpots in desperate need of rain fall. My mind flashed to the moment that morning when my boy asked me on the drive to daycare, "Mama, are you sure it is safe for us to leave the house? Are the angry police going to come and kill us? Mama, did you hear me? Mama? Mama!" I had gripped the steering wheel and stared blankly at the red stop light ahead, paralyzed by his words that rang in my ears like a fire alarm. My child, as any child would, called out for me in his moment of need. The word, "Mama", continued to clamor. That same word George Floyd, a 46-year old Black man, gasped aloud as he struggled for his final breaths with a policeman's knee on his neck. I lifted the watering can up to the plants above my head and then watched it fall to the ground. ...the weight of my own body followed shortly thereafter. I felt so heavy. In that moment, my tears were endless. They were not enough to water those dry flowers, but somehow sufficient to provide a salient moment of clarity. A profound knowing rose up from the pit of my being. It was grief.

The pain of this loss extends not just from the death of George Floyd, nor the loss of Black children's innocence as they try to make sense of a world that often seems to hate people who look like them. This pain has visited every Black parent who has lost a child to the asphyxiating hands of racism over 4 centuries. It has also touched each one of us who has borne witness. As Black people, we stand together. Historically, we have often been the only ones to hold this pain publicly and privately for one another. These losses are etched in our DNA.

As a pediatric palliative care physician, I am humbled to have held the grief of countless parents who have lost their children to serious illnesses. Many of us who choose palliative care as a specialty are called to our work through a personal experience that ordered our steps in that direction. I myself am woven into a story of parental loss. Growing up, my parents affectionately called me, "the first to come and stay." The bittersweet nickname made me ever aware that there were precious little lives that shaped my parents' world before me. Through the loss of 2 sons, one in infancy and one in the toddler years, our hearts and spirits as a family unit were forever altered. My father held his memories of my brothers close to his chest. I believe it was his way of keeping them eternally safe, of protecting the memory of their innocence forever. My mother's grief I remember most vividly to this day. It was palpable. She would say the name of my eldest brother, Syeed, as though it was a mantra of comfort when there was nothing else for her to reach for. Throughout the course of their grief experience, my parents asked themselves on numerous

*Conflicts of interest: author reports none.*

## CORRESPONDING AUTHOR

Khaliyah A. Johnson  
Children's Healthcare of Atlanta  
1001 Johnson Ferry Road NE  
Atlanta, GA 30342  
[Khaliyah.Johnson@choa.org](mailto:Khaliyah.Johnson@choa.org)

occasions, "Would the outcomes for our sons have been different, might they have received different care and lived, had they not been Black?" There was no palliative care or hospice for my parents then, to support them in processing the complexity of their loss and how to live beyond it. In their early 20s, they were raising children and losing them while trying to reconcile the meaning and value of Black lives. In recent years, my mother once shared, "Maybe I can find peace in knowing they left this earth so young, before they could feel the pain inflicted by the world just because they are Black men...or perhaps worse, lose their lives because of it."

Since May 2019, I have awoken many a night in my own Black body with several questions on my mind. "Why is our grief so hidden? How is it possible for the world to overlook our anguish? How do we process and heal from generations of structural racism that has led to loss after loss, while the losses continue?" Our grief cannot be ours to bear alone. It must be acknowledged out loud and held openly, for true healing and restoration to occur. This acknowledgement is perhaps one of the most compelling and important forms of reparations that must take place before we can move forward in building a reality in which Black lives truly matter...in which we are regarded and genuinely empowered by individuals, systems, and structures to move through the world as equals. Our dead, lost at the hands of injustice and hatred over centuries, must be empathically recognized beyond our living rooms, funeral homes, cemeteries, and communities.

Within medicine, we can work to correct the historical practices that have minimized Black people's experience of pain and loss. Within our own hospital systems and practices, we can have critical conversations in open forums about grief in Black patients, considering in particular recent attacks on Black lives and the triggers this might incite for some patients. We can critique what services are available to patients and families experiencing grief and loss, and consider the specific needs of Black patients against the historic backdrop of racism and discrimination in this country. In turn, we can examine contemporary frameworks for grief and consider how they do or do not address Black experience. As I contemplate the 5 Stages of Grief framework that has been my foundation for supporting many families through illness and loss, I question how they fit.<sup>1</sup> We are not afforded the stage of denial because the recurrent inequitable death of our people is just so blatant. Stereotypes inherently define us as angry, which may limit our ability to exist within or push past that particular stage in our bereavement. What deal is there for us in any bargain? And we cannot remain depressed for too long, when everyone—our children, families, communities, and workplaces—are waiting for us to keep moving and keep doing. Finally, how can we accept *this* reality?

Family clinicians have the undeniable opportunity to tend to the grief of their Black patients by bearing witness to their lived experience. Start in your bedside and clinic encounters with simple questions. "How are you holding up through the loss of Black lives, whether it is relevant to the pandemic, police violence, and/or your own family stories? What has sustained you as you work through your grief? How can I be here for you?" We can pull up a chair, sit down, and take time to create space for the stories others have carried on their hearts across generations. In my own practice of palliative care, I am particularly thoughtful about the experience of loss in the Black families I care for, and I maintain a consciousness that their grief is undoubtedly complicated by the painful effects of racism at a personal and societal level. As relevant, we can respectfully take what we learn from our patients' stories to advocate for improvements in how our systems address their grief and loss using a patient-centered approach.

For me personally, the love of my family and community, as well as the unconditional support and acceptance of my non-Black friends and colleagues has bolstered me through these trying times and given me hope for restoration. As my people experience loss, I want there to be room for us to share constructs and frameworks for grief that are rooted in African American legacies of healing, triumph, and resilience and have our allies support in dissemination. Another Black woman clinician and healer once said to me, "Black (people) hold up the sky for one another." My hands will continue to stretch high and reach for the hands of allies, in efforts of ensuring that we can be whatever we need to be and experience what we must at any given moment of our healing, while celebrating our collective voices through this experience of hurt. This is who we are as a people...we find hope and possibility through the chaos and perpetual bruises. Ultimately, it is my belief that these shared efforts will create a new history in how we honor Black lives and support generations of Black families through their experience of loss.

But for tonight, I will simply be a mother. I will allow the tears to fall as they may. I will go into my son's room while he is peacefully sleeping. I will climb next to him, wrap him in my arms, give thanks for his precious life...and simply breathe.



[Read or post commentaries in response to this article.](#)

**Key words:** grief; community/public health; parental loss; systemic racism; African American health

Submitted February 2, 2021; submitted, revised, February 14, 2022; accepted March 2, 2022.

## Reference

1. Kübler-Ross E. *On Death and Dying*. Routledge; 1973.