

SURVIVORS OF SUICIDE

ABSTRACT

The suicide of a parent can be described under the aspect of „psychotrauma“. Many of the bereaved children show symptoms of posttraumatic stress disorder (8,9).

The suicide of a parent can also be described under the aspect of „grief and mourning“. How and to which extent trauma and mourning are connected or interfere is hardly described (18).

The concept of death develops during childhood and youth. A child's actual concept of death is a mixture of his or her personal observations, his or her fantasies and the information he or she got (6). The capacity of accepting the irreversibility of the loss to a certain extent is a precondition of the mourning process and the psychological process following the loss of a beloved person. In such a moment (of loss) a child needs the support of a familiar person to share his or her fears, feelings and fantasies (6). And of course, the basic needs of the child should be guaranteed as well, so that the child has enough energy to mourn and to do the psychic work after the loss of a beloved person (6). Finding or reconstructing good and conciliatory inner pictures of the deceased person is a basis for a successful mourning process and is supported by a variety of cultural and religious rituals. The success of the mourning process is in danger, when it is difficult or impossible to find good enough reminiscences of the deceased person and when negative pictures and affects are predominant.

I would like to conclude with the history of the famous Belgian painter, René Magritte (36-38).

Key words: Parental suicide, psychotrauma, mourning process, conciliatory inner pictures, the painter René Magritte.

When we are talking here about survivors of suicide, we are not talking about people who survived an attempted suicide. We are talking of the bereaved people who have lost somebody by suicide. It is said that a suicide produces on average 6 or more survivors : family members, friends, colleagues, class mates, psychotherapists, copatients and so on (1-5).

Children can be survivors of suicide, too. They are particularly affected if they lose a parent or a sibling. Regardless of the cause of death, any child who loses father or mother suffers under severe emotional distress threatening his or her further development (6,7). Daily life and care may not be guaranteed any longer.

I remember a single mother (widow) who lived together with her three children aged 15 to 17. The mother was addicted to drugs and eventually committed suicide. The bereaved children had no closer relatives and continued living on their own in the family's apartment, went to school and so on. Nobody took care of them until the day one of the siblings took an overdose of benzodiazepam and was brought to the emergency department of a nearby hospital. Only then the youth welfare office and a psychotherapist got involved.

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The suicide of a parent can also be described under the aspect of „grief and mourning“. How and to which extent trauma and mourning are connected or interfere is hardly described (18).

Infants and young children have their own conception of death. They do not understand that death is irreversible, that it affects all human beings and that it cannot be avoided (10,11). The concept of death develops during childhood and youth. A child's actual concept of death is a mixture of his or her personal observations, his or her fantasies and the information he or she got (6). The capacity of accepting the irreversibility of the loss to a certain extent is a precondition of the mourning process and the psychological process following the loss of a beloved person. In such a moment (of loss) a child needs the support of a familiar person to share his or her fears, feelings and fantasies (6). And of course, the basic needs of the child should be guaranteed as well, so that the child has enough energy to mourn and to do the psychic work after the loss of a beloved person (6).

Especially after the suicide of one parent, the care for the child by the other parent is more difficult because this parent has to deal with his or her own sorrow. He or she may therefore not realise sufficiently the child's distress and needs, and may not be able to care enough for the child (13-16).

Finding or reconstructing good and conciliatory inner pictures of the deceased person is a basis for a successful mourning process and is supported by a variety of cultural and religious rituals. The success of the mourning process is in danger, when it is difficult or impossible to find good enough reminiscences of the deceased person and when negative pictures and affects are predominant. This can be the case, when the traumatic situation of a parent's death is dominated by severe feelings of guilt.

I remember a young man who lost his father by suicide in early childhood and who thought this had happened because he had stressed his father too much when he was a young child.

The mourning process can also be blocked by horrible observations during the traumatic situation, for example mutilations, as they can occur in suicides. Even just hearing about suicide and mutilations can be traumatising.

I remember a boy, ten years old, who was the first person to find his dead father in the garage. The father had shot himself in the head and therefore had a terribly disfigured face.

After the death of a parent, a child is confronted with consequences in every day life and has to mourn. These processes are made more difficult, when father or mother dies by suicide, that is on his or her own will. This makes the complexity of feelings bigger: grief, anger, disappointment, pity, guilt, helplessness or fantasies about how it could have been stopped (17).

After a suicide, a lot of painful questions arise : why had this to happen, what is the sense of all this? (19-21). On the other hand, there are reports stating that suicide may be seen as a relief (22,23).

I let it open if the aspect of relief is actually predominant in the beginning or if it is resulting throughout the mourning process.

Dealing with suicide is also made difficult for survivors by the fact that in many cultures this kind of coming to death is badly accepted. This fact influences relationships to relatives, friends and other people on several levels (21,24,25).

Children who lost somebody by suicide are pre-disposed to psychiatric symptoms and to a reduced social adaptation (9). They have higher risk of suicidal tendency (4, 32-34). Therefore prevention and early diagnosis are important.

I remember a 17 years old boy who lost his father by suicide. Three months later he had to be treated (in a clinic). He had a severe suicidal tendency. He missed his father and wanted to follow him.

Mental health specialists play an important role in the field of suicide and suicide survivors (20,35). They can treat affected people and/or act as mediators between survivors and the society.

However, even if the consequences of trauma and loss are well handled: for the individuals affected, reality is no longer the same. They have to live on with a new reality and, to a certain extent, with scars.

I would like to conclude with the history of the famous Belgian painter, René Magritte (36-38). He was born in 1898 and died in 1967. René was the first child of his parents and had two brothers, born in 1900 respectively in 1902.

René Magritte's mother was depressed and suffered from severe mood disturbances. She undertook several suicide attempts. Sometimes the mother slept in the same room with her younger son. One night in February 1912 this brother (of Magritte) noticed that the mother's bed was empty. He called the family. The family members searched for the mother and could not find her in the house. They then discovered footprints outside the house. They followed the footprints. These led to a bridge over a nearby river. The mother had jumped into the river. When her dead body was found, her night dress was wrapped around her head.

Magritte never cared for his biographical chronology.

Terr (39) wrote that René Magritte had had difficulties with the concept of time, as it is typical for traumatized children. It is also said that he was fascinated by coffins.

On the other hand it is said that René Magritte had denied that he was traumatized by his mother's death. He told his biographer, Suzy Gablik, that he had forgotten all about it except the love and care he got by others at that time.

René Magritte avoided psychoanalysts all his life. He created pictures with the title „Therapist“: the one showing a person without head and a birdcage in the thorax, the other one with an empty thorax.

René Magritte's wife told that her husband had never been interested in the past nor in the future, but only in the present. She further told that there are no symbols in her husband's pictures, and that he would have got very upset, if anybody had claimed that he would paint symbols.

As specialists we know that projective tests or drawings can give us important hints about the inner world of a person and about his or her strategies to manage life (40,41).

The question is : are we, on the basis of this background, entitled to interpret Magritte's pictures? We can be pretty sure that Magritte would have rejected both: our impulse to interpret his pictures and the content of our interpretation.

Psychodynamic interpretations are then constructive and useful, if they can be discussed with the person concerned , so that they can be verified or not. In our situation this is not possible. Therefore and in order to respect Magritte's point of view, I propose that we suppress our impulse to make interpretations and try to concentrate on what feelings Magritte's pictures / provoke in ourselves.



Elective Affinities



The Lovers



Collective Invention



Le thérapeute



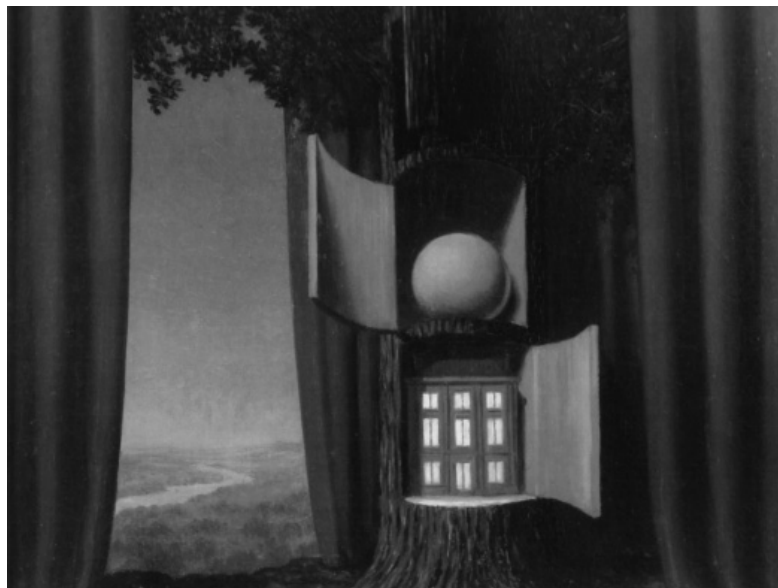
Golconde



The Meaning of Night



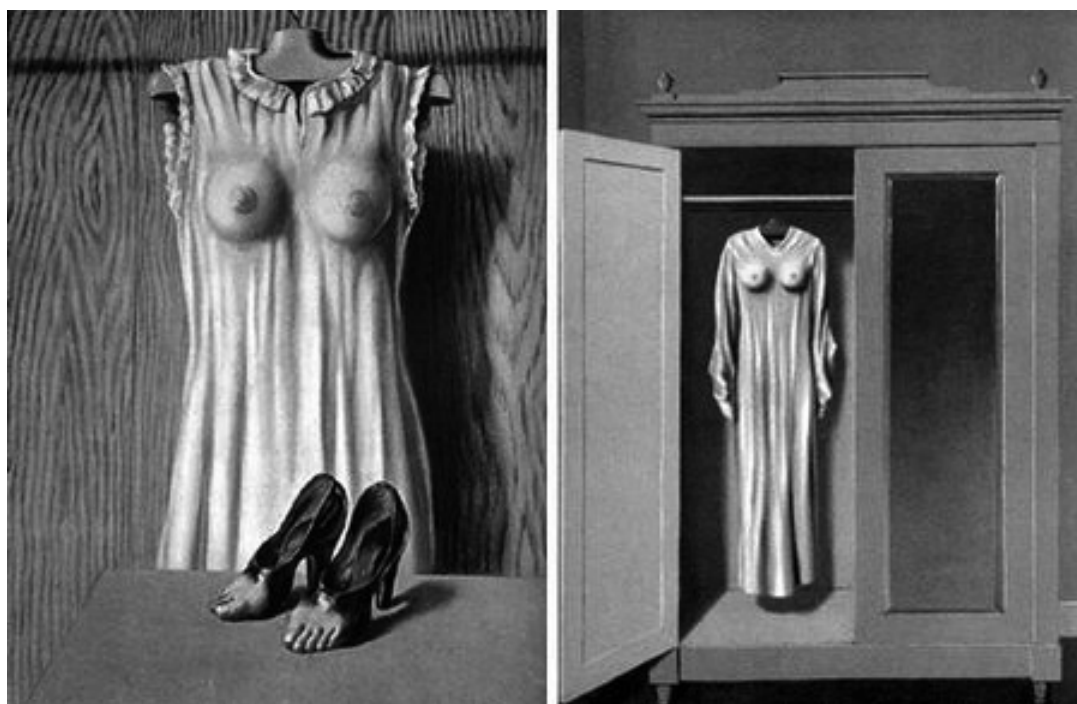
The Menaced Assassin



La Voix Du Sang



Madame Récamier



La Philosophie dans le Boudoir

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