

# Social Atom Repair after Parental Suicide

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## *ABSTRACT*

This paper addresses the nature of, and conditions for, resilience and hope after parental suicide. The author presents her understandings regarding the young child's experience of parental suicide, and identifies a number of phases, or stages, that children experience in their social atom when coping with this traumatic event. She describes how her analysis of the shifting sociometric patterns in the family system influences the way in which interventions are made to facilitate social atom repair. The ideas are illustrated with three case studies from practice.

## *KEY WORDS*

social atom, social atom repair, sociometric pattern, parental suicide, family system, child therapist, play therapy, intervention

## **Towards an Understanding of the Stages Children Experience in their Social Atom, Before and After Parental Suicide**

Two of my friends' partners committed suicide when their children were very young. I have watched these children grow up to be vital, generous and independent young people, and this has enriched my life and been a source of inspiration. Through this experience I have developed a better understanding about some of the components of generativity that exist after extreme loss and trauma. It is not that I have used these children's situations as a model, but rather that their stories have given me hope.

In my practice, I have worked with children whose parents have committed suicide. I have listened to the observations and experiences of the adults involved, and noticed similarities in the phases of a child's social atom during these traumatic times. These

similarities are borne out by the children's experiences, as related through play. These stages, identified here, occur for many children where there are events involving separation or loss.

### ***Stage 1 — A Sustaining Social Atom***

During this first stage, the child benefits from a sustaining social atom with a number of strong, mutually positive relationships.

### ***Stage 2 — A Diminishing Social Atom***

Prior to the suicide, less people are present in the child's social atom. Some of the positive telic relationships become weaker while some of the negative links become stronger.

### ***Stage 3 — Absence in the Social Atom***

The death of a parent or parents produces a gap.

### ***Stage 4 — Expansion and Disruption of the Social Atom***

Immediately after the suicide the children are highly chosen by many people. For some of the protagonists, this produces an experience of being over-chosen and they cope in a variety of ways. They experience too much change, too fast.

### ***Stage 5 — Regeneration of the Social Atom***

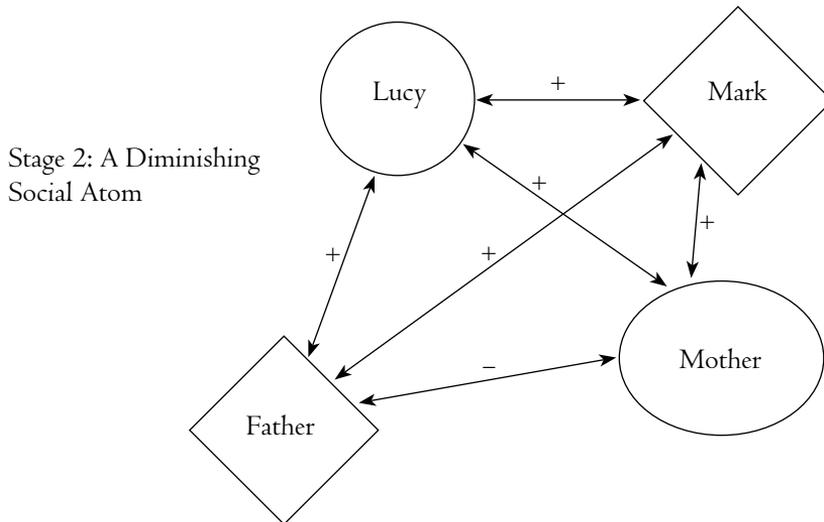
At this stage I am called in to participate in social atom repair. I become an auxiliary in the family system, usually just as the child's social atom is re-forming.

To illustrate my premise, I will describe the work that I have undertaken with three children and their families over a number of years. I have changed the names and descriptions to protect the identities of the people involved.

## **Lucy**

Lucy arrived in my rooms shortly after both her parents had committed suicide within weeks of one another. She and her brother Mark had experienced many changes and moves in their young lives. They had had less contact with their grandparents during the previous year, the year that their parents separated. It seems that the family's social atom was ebbing. The following diagram reveals Lucy's diminishing social atom at Stage 2, just prior to parental suicide. The paucity of relationships is evident.

**DIAGRAM 1: LUCY'S DIMINISHING SOCIAL ATOM PRIOR TO PARENTAL SUICIDE, SHOWING A PAUCITY OF RELATIONSHIPS**



Lucy and Mark were now living with their maternal grandparents, Louise and Eric. Lucy coped by moving away, asserting that she did not miss either of her parents nor did she feel sad or angry. She did not want to recount memories or make decisions about keepsakes from her parents' home. Lucy was very anxious and, with the exception of school, was unable to let her grandparents out of her sight. As the grandparents learned to communicate their whereabouts and movements, her anxiety gradually subsided. Mark coped by moving towards. He was an excessively sweet and loving little boy, adored by all. Lucy enjoyed parenting him, and loved to dress and feed him. Louise suspected that Lucy had become the main caretaker of her brother in the months leading up to the suicides. My initial work involved supporting Louise and Eric to attend counselling, to apply for financial assistance and to seek legal advice regarding the complexities of competing family interests. For them, these matters were potentially shameful and they were not at ease asking for help. As Louise and Eric developed their abilities to receive support from loving friends, they began to enjoy the parenting roles which had initially been both terrifying and daunting.

Lucy came to her sessions and played, relentlessly sorting and tidying the dolls' house. Eventually, she began to create stories whereby the big sister looks after the little brother and rescues him from all sorts of perils. There were always lots of pets involved in these imaginary games. After a break in the sessions, Lucy asked to see me again because she was sad and missed her Mum. By this time I had moved premises and had my dogs, Tansy and Pagan, in the consulting room. Lucy was thrilled and

asked to do some training with Tansy. From then on, Lucy used Tansy as her therapist. She told Tansy her dreams and worries, and let me know what Tansy said to her. We would end the sessions with her demonstrating Tansy's obedience and intelligence to Louise, Eric and Mark when they came to collect her. When Eric was taken seriously ill and made redundant, Lucy's fears about being left alone resurfaced. I asked her what Tansy thought. Tansy said 'Don't be silly. . . Grandad and Grandma will always make sure you and Mark are looked after'.

At this time I initiated a meeting between the grandparents and the children's paternal Aunt Margo and her partner Sandy, who provided respite care for Louise and Eric. We had decided that this meeting would help to reassure Lucy and Mark — that it would help them to know that the adults had made good plans and were going to abide by them. This was the first uninterrupted opportunity that the four adults involved in Lucy's and Mark's care had had, to talk about the future. To begin with, the atmosphere was tense. Margo expressed her concern that Louise did not trust her to look after the children properly. Louise admitted that she was probably 'too fussy'. She also expressed her hesitation when asking Margo to do extra care-giving. We discussed different parenting styles and the effect of the 40 year age gap between Margo (19) and Louise (59). The four adults began to express interest in one another's experiences. The men, Eric and Sandy, discovered a mutual interest in rugby refereeing and became visibly relaxed. This meeting was followed by another family meeting in which the children were involved. The discussions were progressive with Lucy asking questions and Mark listening intently. After the absence and disruption of the social atom following parental suicide, this family's work is in progress towards regeneration.

## Alice

Alice was seven years old when her mother, Lisa, contacted me. Lisa and Alice's father, Dennis, had been separated since she was a baby. Dennis' depression had become increasingly debilitating over the last two years and he had lived with his parents. He was unemployed and had withdrawn into himself. At our first meeting, Lisa told me that Dennis had taken a drug overdose six months ago and had died. She had not been surprised. Lisa was concerned about the way in which Dennis' parents were dealing with their grief at losing their only child. She was afraid that they were harming Alice by continually wanting her to talk about her father. I quickly realised that I was entering a highly complex family system in which it appeared that Alice might be a vulnerable pawn.

Lisa indicated that she had contacted me because she wanted Alice to have someone to talk with. She could then tell Dennis' parents to 'butt out' because Alice was seeing a counsellor. However, Lisa was adamant that Alice should not be compelled to talk about her father, and should do so at her own choosing. Ideally, Lisa would have liked me to intervene to prevent the grandparents from pressuring Alice. I suggested that I meet Alice and discover ways that I might support her. Lisa maintained that her partner Mark should attend as well, as he was suspicious about counsellors. She wanted to

reassure him that the interventions of a counsellor would not worsen the situation. I noted that this family had reached the fourth phase, the expansion and disruption of the social atom after parental suicide. I realised that one aspect of my work would be to support Lisa to feel empowered and confident in her abilities as a parent.

Alice presented as a watchful and cautious child. She loved to draw and quickly let me know that this was her preferred means of communication. She informed me that she did not like being questioned and would prefer that Mum wait outside while she played in my room. During the second session, Alice declared that she did not like visiting Grandad and Grans now that Dad was not there. She also told me that she did not want to be sad all the time. Over the next few sessions Alice and I wrote a guide book for grandparents. We agreed that I would read this book to Mum. My guess is that Alice was testing me to see if I would insist that she read the pages out loud to Lisa. From her play and especially her drawings, I gathered that Alice had loved her weekend visits with her father during the time that he lived alone. Dennis had obviously been a playful and nurturing companion to Alice. They had played music together. When Dennis moved into his parents' home, the rules had changed. There were more restrictions and Alice was expected to talk to her grandparents and answer questions. She felt intruded upon and the relationship with her father had weakened. Given his escalating depression, it is probable that Dennis was less available and less fun as well. She started to dread these visits and invent reasons why she should not go.

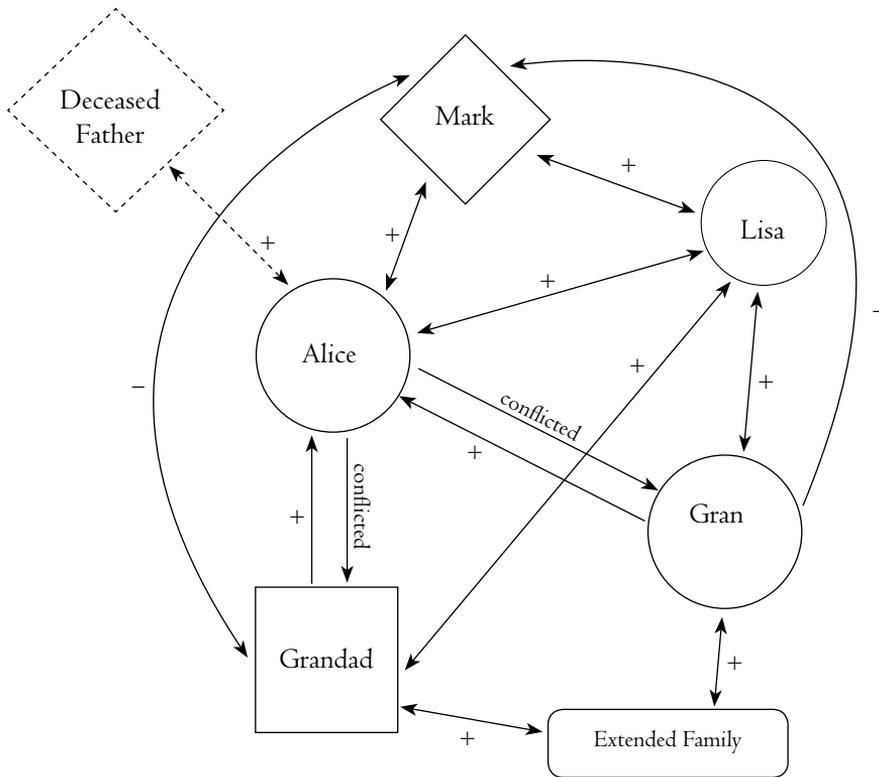
Although her mother had told her that it was not her fault, Alice was deeply puzzled by her father's suicide. Through her play with the 'Wild Things' puppets and the character of Max, she enacted rage and fear. I surmised that Alice was angry that her father had left her alone with her grandparents. She seemed to think that she would have to be very good to them, to compensate for his absence. The more she attempted to comply, the more withdrawn she had become. This had prompted Dennis' parents to question their grand-daughter, and to advise Lisa that Alice needed to talk more about Dennis. Alice, however, was adamant that she did not want to talk to her grandparents about her father. She wanted Mum to protect her, to tell Dennis' parents that she should not have to talk to or visit them.

At about this time Alice's grandparents requested a meeting with me, saying that they were worried about Alice. I suggested that the grandparents, Lisa, Mark and I meet to discuss and address Alice's needs. Alice declined an invitation to attend. However, Dennis' parents did not want to attend a meeting where Lisa and Mark would be in attendance. Lisa was relieved, saying that she would much rather I meet them on my own. Unexpectedly, the lift where I work and my dog Tansy provided a means of connection with the grandparents. Alice's grandfather, keen to educate me about lift safety, expressed his approval of the unusual design of our lift. He noticed Tansy, and shared a story about a similar dog on the farm where he grew up. He was obviously relieved to have discovered some common ground. Over the next few months, I operated as a go-between to prevent an all-out war between Lisa and Mark and Alice's grandparents. Dennis' parents did not want to explore their feelings of loss and they had little ability to imagine Alice's world. There was a clash of values regarding the

best way to deal with grief, with both parties reluctant to concede that another world view was possible. As often happens for children following parental suicide, Alice was experiencing an expansion and disruption in her social atom. Diagram 2 shows the complex web of relationships in her life at this stage.

**DIAGRAM 2: THE COMPLEX WEB OF RELATIONSHIPS IN ALICE'S LIFE AT STAGE 4 — EXPANSION AND DISRUPTION OF THE SOCIAL ATOM**

Stage 4: Expansion and Disruption in the Social Atom



In the meantime, Alice's peer relationships at school improved and she developed an interest in playing sport. At our last session, she agreed that she would tell Mum when and if she wanted to come and see me again. I continued to negotiate with Lisa and the grandparents to find productive ways for them to stay in contact. I coached Lisa to

move towards the grandparents by providing them with copies of school reports and inviting them to school events. I coached the grandparents to suggest planned outings and activities that Alice would enjoy.

A few months later, I met Alice and her mother at the supermarket. Alice greeted me with warmth and direct eye contact, and was keen to stroke my dogs. I was delighted by the increase in her vitality. In retrospect, I realise that one of the factors that contributed to the regeneration of this family system was my willingness to act as a go-between and thus speak on behalf of Alice. This was the role that Lisa had taken up prior to Dennis' suicide.

## Harry

The process with Harry's family was very different. The first approach came from Harry's paternal grandmother, Patricia. She had cared for Harry and been actively involved in his parenting since his birth. She expressed a number of concerns as to how she could best support six year old Harry since his mother, Katrina, had committed suicide three months ago. Harry's parents, Katrina and Ian, had had a fairly volatile on and off relationship over the past four years. Katrina had taken the major caregiving and nurturing roles, while Ian provided Harry with sporadic care that included many adventures and outside activities. Patricia reported that she had maintained a positive connection with both parents, and had provided consistent support and help as a grandparent. However, in the days before her suicide Katrina had informed Patricia that she did not want her, Patricia, to see Harry any more.

Patricia described Harry as a unique and wise child. She felt inadequate about answering his questions, 'Will Mummy always be dead?' and 'Why did she kill herself if she really loved me?' She replied by saying 'It wasn't anything to do with you Harry' and 'Mummy must have been sick at the time'. Patricia was also having difficulties setting behaviour limits for Harry. She talked non-stop, appearing desperate to tell things from her perspective. She craved authentic doubling and she wanted answers. She was able to self reflect, and enjoyed a brief role training session which involved her doubling Harry and being curious about his experience. At the end of our second and last session Patricia informed me that Ian, her son, would contact me.

A month later, Ian did make contact with me. I heard a very different story, this time from his point of view. He was delighted to have finished work and was enjoying being a more active parent. He noted that Patricia, his mother, was now in the secondary parent role that he had previously taken, looking after Harry every second week-end. He was worried about Harry, because he was convinced that Katrina's death must have affected him. However, Harry seemed to be 'doing ok'. So far, Ian had enrolled his son in a new school in a different part of town so that Harry would be away from the suburb where he used to live with Katrina. Ian had also given Katrina's cat to her father to help cheer him up. I think Ian came to see me because he wanted to reassure himself that he was doing all the right things. He was worried that he might be criticised if he did not seek counselling help for Harry, and he seemed terrified of connecting with his

own feelings about Katrina. I explained the way that I would work with his son and left him to make the decision.

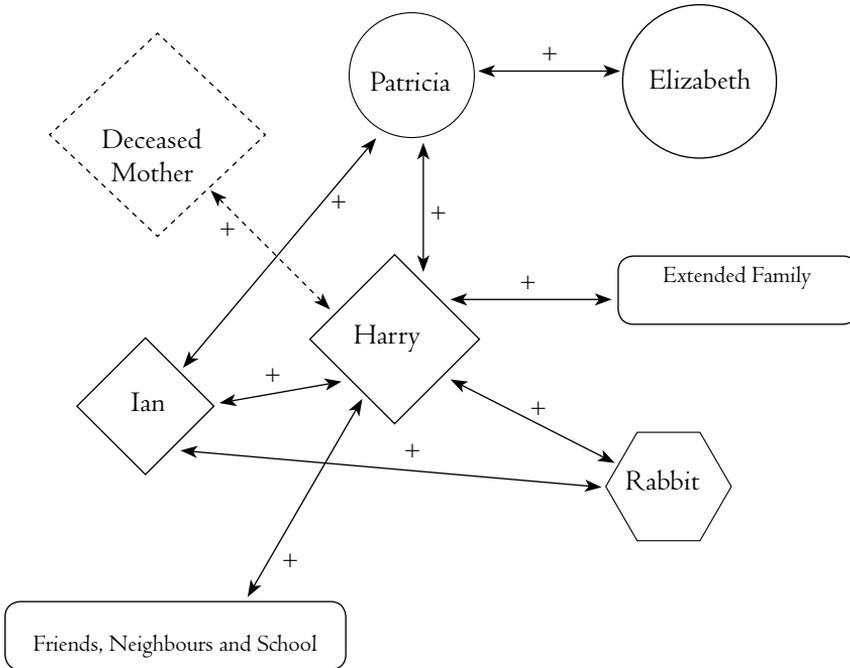
Ian did decide that Harry might benefit from play therapy. Thus soon afterwards I met Harry, who was keen to come and play. He was a friendly and engaging child. After the first session, Harry suggested that Dad went for coffee while he told me about his dreams and made up a story for him and Pagan, my elderly Doberman. Harry, saying that he hated his dreams, described to me a repetitive nightmare about his dead and scary looking mother. He said that he wanted her to be at peace. Over the next few months, Harry repeatedly made a safe and peaceful place for his mother to sleep. Choosing a baby doll to represent Katrina, he reassured her. 'You don't have to have anymore bad dreams . . . you'll wake up after a long time'. In this scenario, Katrina never responded. While he acted thus, Harry always kept me in his line of sight and maintained strong eye contact. The nightmares receded. He made a photo memory book about Ian and Katrina. He took great pleasure in designing the book and requested my help with the captions and some tricky cutting out. The photographs showed his mother as a loving, caring, fun-loving and vibrant young woman. This project provided solace for Harry.

In the meantime, I was challenged to engage Ian and involve him in Harry's play therapy sessions. He complained, with good humour, that Harry and I were 'ganging up on him' but he did begin to have some fun as well. I had some ongoing phone contact with Patricia. She was entering a new relationship and had worried that this might upset Harry. However, this was not the case. Harry did begin having problems at school though. I contacted his teacher and was challenged to establish a productive link with her. She expressed her difficulties in coping with Harry's intensive creativity and high level of energy, and I reported to her my knowledge about Harry's struggles. This exchange enabled us to develop a progressive working relationship.

I moved premises and brought my young dog, Tansy, into sessions. Harry was entranced. He and Tansy were energetically matched and Harry was very impressed by her easy ability to respond and to sleep. I often asked him what Tansy was dreaming about. He would show me, usually by running with outstretched arms. Having been characterised by the different phases before and after parental suicide, Harry's social atom was beginning to regenerate. He and his father were forming satisfying friendships with other families. Patricia and her new partner, Elizabeth, continued to enjoy Harry and he acquired a pet rabbit. Diagram 3 shows the re-creation of Harry's original sustaining social atom at the fifth stage.

**DIAGRAM 3: HARRY'S REGENERATING SOCIAL ATOM, SHOWING THE RE-CREATION OF HIS ORIGINAL SUSTAINING SOCIAL ATOM**

Stage 5: Regeneration  
in the Social Atom



I feel confident that Harry's ability to love life and make relationships will continue to develop. This ability, I hope, will enable him to tolerate the loss of his mother and the particular joys of his early years.

## Conclusion

In carrying out this work with children who have lost a parent or parents to suicide, I initially assist the adults who are involved to attend to their own needs. When these are met and there is mutual understanding and support, they are able to role reverse with the child. I model doubling, to help the significant others to develop the capacity to support the child's healing. This also involves ensuring that the child has access to a wide range of experiences to support the forming and sustaining of peer relationships, to support the regeneration of the social atom, and to encourage the emerging creative genius.

In summary, we can say that children's yearnings to return to times of connectedness and security after loss and trauma, are generally stronger than their desire for the return of the departed parent or parents. The support required for the rebuilding of a viable social atom is a complex undertaking, especially when there is a lack of understanding of the child's world and needs. There is a tendency for adults to expect children to grieve and feel loss in the same way that they do. It is possible that some adults return to the stage of the universal matrix during these times of trial, and are unable to differentiate their experience from that of others. It is vital therefore, that after the diminishment, absence, expansion and disruption that characterise the social atom before and immediately after parental suicide, the child and their family receive the support needed to regenerate a sustaining social atom.