Parents and Suicide

Sergio A Pérez Barrero

Corresponding author: Sergio A Pérez Barrero, Founder of Suicidology Section of the World Psychiatric Association, Founder of the Global Network of Suicidology, Cuba, Tel: 5323 481449; E-mail: serper.grm@infomed.sld.cu

Received date: February 04, 2014, Accepted date: March 06, 2015, Published date: March 10, 2015

Keywords: Parent child relationships; Suicide risk

Introduction

Among the main causes of suicidal attempts in children and adolescents in any social context are familial conflicts, particularly interpersonal relationships with some family members, especially the parents. These conflicts may become a suicidal risk factor in children and adolescents and may be caused by parent-child relationships [1-3]. Among these disorders are competitive relationships between one of the parents and the offspring to get the other parent's attention and affect. This competition is more overwhelming when it takes place between a stepmother or a stepfather and a lonely child [4,5].

Parent-child relationship disorder is what has been called living parents' parentless children because the parents are too absorbed in their working routines or too busy with problems supposedly more important than to dedicate a few hours to intimate with their children. This is the case of professionally successful parents who leave their homes early in the morning when children have not awakened yet and return back home when their children have already gone to bed and fallen asleep. As a rule, children are taken care of by their grandparents or domestic employees. [11-14].

Living parents' parentless children are also those whose parents are unconscionable, insecure, pusillanimous, unsuitable, unable to satisfy their children spiritual needs; parents who, literally speaking, their children cannot rely on to solve the problems that life poses before them. These children do not have a pattern to imitate. In both cases the feelings of loneliness that living parents' parentless children experience may lead them to a suicidal act [15,16].

Unreachable parents is another kind of parent-child relationship disorder that can lead to suicidal risk because the parents do not play their role as a pattern to imitate by their offspring. It happens that the extraordinary achievements attained by the parent of the child's same sex constitutes a pride first, then it becomes a challenge and, finally, a frustrating model when the child does not possess the required aptitudes to achieve similar results. In this case suicide can be a consequence of the child's feelings of unsuitableness, poor self-esteem and self-sufficiency for not having been as successful as his father or her mother[17-20].

Some parents have a very traumatic relationship with one child who is considered “the chosen one” and upon whom the family deposits the trust and hope that when he or she finishes his or her career and finds a good job will be able to help the family to solve their economic problems and become prosperous. This responsibility may be a time bomb for some “chosen ones,” especially if they are not able to meet those expectations.

As they strive to achieve the expected goals, children may engage in lifestyles and practices that are very prejudicial for their health as, for instance, prostitution in the case of female chosen ones or delinquency in male chosen ones. If the chosen one does not engage in any of these lifestyles and is not able to meet the family's expectations, he or she may consider that the duty assigned to them has not been fulfilled and may decide to carry out an altruistic suicidal act because if he or she does not commit suicide, it might mean a disgrace for the individual and/or his or her family, being suicide the last resort to save their honor [22,23].

Another anomalous parent-child relationship may lead to a suicidal act is when the parents' demands are beyond their children's capacities. It may be related to their studies or their adaptation to certain school rules, as for instance boarding schools, or in situations they are not able to cope with—an engagement against their will, living in a place they cannot adapt to, etc. In such cases suicidal behavior may result from lack of adaptation or as sabotage to the parents' decision or the unacceptable model imposed on them.

A very abnormal parent-child relationship takes place when the parents try to achieve their own personal realization through their offspring, that is, they aim at having their children achieve what they were not able to. This out-of-historical-context realization eagerness produces a very demanding and tyrannical behavior on the parents that often demands something that may be quite different from the child's vocation. In such cases suicidal acts may be acts of rebelliousness, inconformity and dissatisfaction on the part of the offspring because they feel that they are being used by their parents to achieve their own purposes, not the suicidal child's [ 24- 27].

An abnormal relationship that leads to a high suicidal risk among children is when the father is a physical, psychological and/or sexual abuser. This kind of abuse is an attempt against the sufferer's dignity because it is humiliating and degrading. In the case of sexual abuse, including a daughter's rape, manifestations of post-traumatic stress...
disorders are commonplace and a suicidal act may result from poor self-esteem and the damaged self-image of the victim who feels dirty, impure and repulsive.

Another event that may trigger a suicidal act is the death of a good father, especially in young adolescent sons who had an excellent interpersonal relationship with the deceased. In the authors’ experience, when the family is deprived of the paternal figure by death, divorce or abandonment during children’s early adolescence, they tend to suffer from depressive disorders with behavioral signs that may lead to frank delinquent behaviors, mainly in males, while the mother’s death during that same period of a child’s life may bring about depressive disorders with prevalence of affective signs.

The number of unhappy people coming from mother-led broken homes is significant. If the only adult family member that provides support, safety and comprehension in a chaotic family environment dies, the child or adolescent may commit a suicidal act to die with the purpose of reuniting with the deceased. When children are taken care after permanently by their grandparents, suicidal risk may appear because the grandparents do not have enough energy left to bring them up and their rearing patterns may range from limiting overprotection to total permissiveness and these patterns conspire with an adequate personality formation. Children may have a suicidal behavior that stems from a feeling of being neglected or rejected by their parents or as a sign of an early personality disorder [28,29].

When children are abandoned by their parents they start living miserable lives because they may turn to be social waste, the called “street kids” whose aftermath is drug addiction, juvenile delinquency and death since they can be killed by other street kids or by adults that eliminate them as if they were guilty for their situation and not what they really are: victims. In this case suicidal behavior can appear secondary to these children and adolescents’ living conditions characterized by hopelessness, the depressive effects of drugs, particularly alcohol, or by an ill management of violence that can be hetero-destructive or self-destructive.

Divorce is another factor that can bring about suicidal risk in children for two main reasons. There can be a tumultuous rupture with constant aggressions between both parents and the use of children as weapons in their fights. This chaotic environment is an aggression to the mental health of their offspring who may commit a suicidal act out of despair for being involved in a situation they cannot help, a blind alley. Often children are the most vulnerable part in this type of conflict.

Some other times divorce occurs in a friendly manner before the astonished eyes of the offspring who cannot see why their parents have to separate. In this case, a suicidal behavior may be aimed at trying to reconcile their divorced parents or due to the sadness that produces thinking that nothing will be the same in their lives from now on since both parents will not be together at home and they will not be a family any more [30-35].

References
1. Castro Morales J (2009) Psiquiatría de niños y adolescentes. Universidad Peruana Cayetano Heredia.
2. Correa H, Perez Barrero S A (2006) El suicidio. Una muerte evitable. Editorial Athenae.
3. Crook M (1992) Please, listen to me! Your guide to understanding teenagers and suicide. Self-Counsel. Personal self-help, (2nd edition), Canada.
4. Dunne EJ (1992) Psychoeducational intervention strategies for survivors of suicide. Crisis 13: 35-40.
5. Fauman MA, Arbor A (1992) Cyber Bullying. Bullying in the Digital Age -- Crook, M.: Please, listen to me! Your guide to understanding teenagers and suicide. Self. Counsel. Personal self-help, (2nd edition), Canadá 165: 780.
6. Grootho B, Rossignon AM, Barrero SP, Alaghebandan R (2006) Suicidal behavior by burns among adolescents in Kurdistan, Iran: a social tragedy. Crisis 27: 16-21.
7. Kienhorst I (1995) Crisis intervention and a suicidal crisis in adolescents. Crisis 16: 154-156.
8. Mardomingo Sanz MJ (1994) Psiquiatría del niño y del adolescente. Díaz de Santos.
9. Mullarky K, Pfeffer CR (1992) Psychiatric treatment of a child suicide survivor. Crisis 13: 70-75.
10. Orbach I (1997) Suicidal behavior in adolescents. Italian Journal of Suicidology pp: 97-98.
11. Pérez Barrero SA (1996) Factores de riesgo suicida en la adolescencia. Rev. Psiquiátrica del Uruguay, 11: 318-325.
12. Pérez Barrero SA (1997) Significados del acto suicida en adolescentes y jóvenes sobre vivientes. Rev Psiquiátrica del Uruguay 61: 101-106.
13. Pérez Barrero SA (1998) Attitudes toward suicide in 107 first-and-second-year medical students. Italian Journal of Suicidology 1: 35-37.
14. Pérez Barrero SA (2001) Psicoterapia para aprender a vivir. Editorial Oriente. Santiago de Cuba Cuba.
15. Pérez Barrero SA (1994) Guía práctica para la evaluación del riesgo suicida. Revista Psiquiátrica Peruana 1: 33-36.
16. Pérez Barrero SA (1995) Psicoterapia didáctica en población con riesgo suicida. Experiencias de un quinquenio (1990-1994). Revista Peruana de Psiquiatria 2: 79-93.
17. Pérez Barrero SA (1996) Actitud ante el suicidio en 27 estudiantes de 5to Año de Medicina. Rev Psiquiátrica Peruana 3: 40-46.
18. Factores de riesgo suicida en niños menores de 5 años (1995) Revista Psiquiátrica Peruana 2: 18-22.
19. Pérez Barrero SA (1995) El suicidio y su atención por el médico de la familia. Rev. Cubana de Med. Gen. Integral 11: 319-326.
20. Pérez Barrero SA (1997) Actitudes hacia el suicidio en adolescentes. Rev. Psiquiátrica Infantoyjuvenil No 2 abril-junio: 102-106.
21. Pérez Barrero (1996) S: El suicidio, comportamiento y prevención, Oriente, Santiago de Cuba.
22. Pérez Barrero SA & García Ramos JC. El suicidio: Manual para la familia y el usuario. Ediciones Pangelia, Santiago de Cuba.
23. Pérez Barrero SA, Mosquera D (2006) El suicidio. Prevención y manejo. Memorias de un curso necesario. Ediciones Pleyades.
24. Imágenes Gráfica SA México DF (1999) Lo que usted debiera saber sobre... SUICIDIO,
25. (2000) Psicoterapia del comportamiento suicida. Fundamentos. Hosp Psq de la Habana.
26. Pérez Barrero SA (2002) La adolescencia y el comportamiento suicida. Ediciones Bayamo.
27. Pérez Barrero SA, Sereno Batista A (2001) Conocimientos de un grupo de adolescentes sobre la conducta suicida. Revista Internacional de Tanatología y Suicidio 1: 7-10.
28. Pérez Barrero SA. Cómo evitar el suicidio en los adolescentes?
29. Pérez Barrero SA (2004) Manejo de la crisis suicida del adolescente. BSCP Can Ped 1: 79-89.
30. Pérez Barrero SA, Begue M (2008) El suicidio: Preguntas y Respuestas. Editorial Akadia.
31. Pérez Barrero SA (2008) Confesiones de un psiquiatra. Editorial Oriente.
32. Perez Barrero SA (2009) Suicide Prevention: A resource for the Family. Iranian Journal of Psychiatry and Behavioral Sciences 1: 4-10.
33. Swedo SE, Rettew DC, Kuppenheimer M, Lum D, Dolan S, et al. (1991) Can adolescent suicide attempters be distinguished from at-risk adolescents? Pediatrics 88: 620-629.

34. Tovilla y Pomar M (2000) Factores de riesgo suicida en los adolescents. Rev. Internacional de Tanatología y Suicidio 1: 7-17.

35. Valente SM, Saunders JM (1993) Adolescent grief after suicide. Crisis 14: 16-22, 46.