

SUICIDE SITUATIONS: ROLE OF THE PSYCHOLOGIST WITH BEREAVED PARENTS¹

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ABSTRACT. With the topic of clinical psychology in situations of suicide, more specifically, of the role of the psychologist with bereaved parents, we aimed to defend that training in psychology can favor knowledge and experiences differentiated from other formations. To reach our goal, we analyzed how these parents are affected by the event, in publications, reports and interviews. Thus, themes such as death, bereavement, missing and clinical psychology were developed by a narrative review of the scientific literature. In conclusion, we defended the possibility of a psychological practice not restricted by manuals, which prescribe the behaviors to be expressed in such situations. Going beyond manuals means being able to follow the experience of grief without jargons or merely technical symbolisms, that is, being able, in the experience of one's own grief in a serene and patient attitude, as developed by Kierkegaard and Heidegger, to remain close to pain or suffering, sustaining the possibility of an epiphanic moment, as shown by Clarice Lispector.

Keywords: Grief; suicide; clinical psychology.

SITUAÇÕES DE SUICÍDIO: ATUAÇÃO DO PSICÓLOGO JUNTO A PAIS ENLUTADOS

RESUMO. Com o tema da clínica psicológica em situações de suicídio, mais especificamente o da atuação do psicólogo junto a pais enlutados, pretendemos defender que a formação em psicologia pode favorecer conhecimentos e experiências diferenciados de outros saberes. Para alcançarmos nosso objetivo, analisamos publicações, reportagens e entrevistas com pais afetados pelo acontecimento. Assim, temas como a morte, o luto, a saudade e a clínica psicológica foram desenvolvidas mediante uma revisão narrativa da literatura de publicações científicas. Em conclusão, pretendemos defender a possibilidade de uma prática psicológica para além dos manuais, os quais prescrevem ao profissional os comportamentos a serem expressos nas situações referidas. Ir além dos manuais significa poder acompanhar a experiência de luto sem jargões ou simbolismos meramente técnicos, ou seja, poder, na própria experiência de luto, em uma atitude serena e paciente, tal como desenvolvida por Kierkegaard e Heidegger, permanecer junto à dor ou ao sofrimento, sustentando a possibilidade de um momento epifânico, como nos mostra Clarice Lispector.

Palavras-chave: Luto; suicídio; psicologia clínica.

¹ Support and funding: Fundação de Amparo à Pesquisa do Estado do Rio de Janeiro – FAPERJ.

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SITUACIONES DE SUICIDIO: ACTUACIÓN DEL PSICÓLOGO CON PADRES EN DUELO

RESUMEN. Con el tema de la clínica psicológica en situaciones de suicidio, más específicamente el papel del psicólogo con los padres en luto, queremos argumentar a favor de la formación en psicología que puede pasar un conocimiento y experiencia distintos de otros conocimientos. Para lograr nuestro objetivo, analizamos publicaciones, informes y entrevistas con los padres afectados por el evento. Así, se desarrollaron temas como la muerte, duelo, anhelo y la clínica psicológica a través de una revisión bibliográfica de publicaciones científicas. En conclusión, queremos defender la posibilidad de la práctica psicológica además de los manuales, que prescriben los comportamientos de profesionales de cómo deben expresarse en esas situaciones específicas. Ir más allá de los manuales, es ser capaces de seguir la experiencia de dolor sin jerga o simbolismos simplemente técnicos, es decir, poder, por propia experiencia de duelo, en una actitud tranquila y paciente, como desarrollado por Kierkegaard y Heidegger, quedar lado a lado con el dolor o el sufrimiento, sosteniendo la posibilidad de un momento transformador, como nos muestra Clarice Lispector.

Palabras clave: Duelo; suicidio; psicología clínica.

Introduction

Suicide situations: role of the psychologist with bereaved parents

A situation that occurs in relation to suicide and that is also very alarming concerns survivors. According to the Conselho Federal de Psicologia [CFP] (2013), survivor is the usual name in suicidology to refer to those who attempted suicide in such a way that they did not die, or even to family members who survived despite the voluntary death of a family member. Statistical data released by the Organização Mundial da Saúde [OMS] (2017) inform that, for each suicide attempt, five to ten people are affected both in social, emotional and economic terms. The Associação Americana de Suicidiologia [AAS] (2018), concerned with this situation, have manuals for the work of therapists involved with bereaved family members.

In the psychological care provided to these family members, we found that they insist on asking what they did wrong, why they did not see the warnings, how they should have proceeded etc. Some also refer to shame and the difficulty of resuming their work tasks. In unsuccessful suicide attempts, many family members take upon themselves to monitor, control and even police the survivor. As a result, their life projects are left behind. These behaviors indicate that it would be necessary not only to psychologically accompany those who think about suicide, but it is also necessary to pay more attention to family members.

The purpose of this study is to show that we can psychologically accompany the bereaved beyond the procedures dictated by the manuals. Going further means being able to follow the grieving experience without jargon or merely technical symbolism, that is, being able, in the grieving experience itself, to remain in a serene and patient attitude, as

developed by Kierkegaard and Heidegger. In a clinical proposal from a phenomenological-existential perspective, we remain close to the pain or suffering of the parents of those who committed suicide and we monitor how they are affected by the event.

We intend to elucidate a clinical management from a phenomenological-existential perspective that articulated with the surviving parents differ qualitatively from what the Organização Mundial de Saúde [OMS] (2017) guides. We then went on to explain how phenomenologically we understand the themes: death, grief and psychological clinic to make our way of acting comprehensible.

World Health Organization reports

First, we consider it important to show the alarming statistics on the increase in the rate of suicides of OMS (2017) in order to justify the urgency of creating centers to care for suicide situations. The OMS says that in each suicide death, there are an average of six close people, whether family members, friends or those who witnessed the scene, who are affected in its different areas: affective, emotional, social and economic. Considering that approximately 804 thousand people die from suicide annually and that in 2020 this rate may grow by up to 50%, exceeding in large numbers the deaths due to homicide and resulting from war, we are facing an alarming public health problem. Since in 2020 approximately 1,200,000 people will die from suicide and around six people for each death will be affected, we conclude that around 7,200,000 individuals will suffer the sequelae resulting from voluntary deaths.

There is an entire effort by the scientific community and even lay people to prevent suicide and its consequences. The Department of Mental Health and Substance Abuse and Management of Mental Disorders and Nervous System Diseases of the Organização Mundial de Saúde (OMS, 2017) recommends promoting self-help groups for survivors in order to share useful information about suicide and the experience of bereavement. The groups have, in front of them, therapists who not only offer comfort but also an opportunity for the bereaved to process their feelings of guilt, anger and deep sadness. In addition, they must inform them about care after suicide, so that there is an understanding of mental illness as something that enhances the suicidal act, thus providing them with relief from stress and guilt. In this way, therapists work towards a healthy recovery for survivors, reducing the tendency to imitation and contagion (OMS, 2017).

Certainly, therapists who receive training to accompany those who survived the suicide of a close person are of great help for two reasons: 1- we do not yet have professionals from different areas of study to deal with the issue of suicide and its surroundings; 2 - the care centers are still insufficient to meet the demand, given the large contingent of people affected by the suicidal act. These same reasons can be found in the project to create a Clinical Care Center (NAC) for those who think about suicide (Feijoo, 2018). In this project, psychology professionals and undergraduate students were prepared to provide clinical care with the theoretical and methodological bases of psychology. This work was developed to promote studies on the possibility of a psychological practice aimed at survivors, more specifically to parents. We sought the bases of a practice based on qualitative studies and research in order to be able to support a clinical work with psychology professionals duly prepared for psychological care to parents. We are interested not only in saying what we do and for what we do it, but also how we do it, explaining in detail how this practice works with phenomenological-existential bases, always emphasizing the rigorous character of the results obtained.

Parents: explosion of feelings

Sousa, Santos, Silva, Perreli and Sougey (2017, p. 3106), after a literature review on childhood suicide, concluded that family conflicts are closely related to suicide in this age group. The authors add that the factors that trigger suicide among children under 14 years old include: “[...] family conflicts with dynamics permeated by tensions, rigidity and absence of dialogues; parental separation or divorce and a history of sexual abuse”. We believe that, before we share this conclusion, it is necessary to investigate what precisely are called family conflicts. After all, what about those who do not attempt suicide? Should we infer that there are no conflicts in their families? Statistical data if, on the one hand, inform us about the contingent of an occurrence, on the other hand, they can contribute to the tendency to find an offender, a cause, a founding element of a behavior. For these reasons we intend to analyze the phenomenon carefully and, for that, we need to get closer to the one who is totally involved in this experience.

Why in this study did we choose psychological therapy only for parents and not for children, siblings or other family members? Firstly, because studies and research on the subject tend to point to family conflicts as one of the factors present in suicidal behavior. Second, when following different reports on the topic, which in addition to focusing more on parents than on any other family member, the expression of their pain at the suicide of their children is astonishing. They make it very clear, in their reports, that they want to do the same as the child and refer to the fact that life has lost its meaning. They feel guilty, resentful, lonely and failed. The risk of contagion becomes evident, that is, when a family member commits suicide, he/she mobilizes the other to wish to do the same. We can follow the situation of parents bereaved by their children’s suicide in excerpts from the following reports.

In *Época Magazine*, of April 16, 2018, we found a story entitled *The pain without a name*, which reported that the survivors of suicide live with a peculiar suffering, full of loneliness and guilt. Tavares (2018) addresses the issue, reporting the guilt of a mother, Terezinha, of a 19-year-old girl who committed the act six months ago, in a short moment when her parents went to a funeral. She had promised that she would not do so on the grounds that she did not want to feel pain. She said: “[...] hanging and cutting me hurts, throwing myself out the window hurts” (p. 62). After the episode, the mother reports feelings of failure, loneliness and the separation from friends and family. She says: “The worst part is not seeing the child in the coffin. It is learning to live without him/her” (p. 63). And in another moment: “Now I understand why I am a survivor. You feel like a failure, you have a series of feelings you can’t deal with. Look to the side and you are alone” (p. 63). Later Terezinha, showing guilt, says: “Why did I trust that she was fine?, Why didn’t I realize?”. “If I had the chance to go back in time to appreciate more the signs she was giving, which was not just an age problem, but a real suffering, I would go back” (Tavares, 2018, p. 47). It is not surprising that this mother feels this way, because scientific research after all points to family conflicts as one of the causes of suicide. And even more so because the suicide prevention manuals categorically state that the act can be avoided in most cases, it is enough for family members to be attentive to the evidence, as most suicides leave clues. The indication is to maintain a constant monitoring. Terezinha refers to her willingness to do what Marina did. On the other hand, the resentment of the parents for the suicidal attitude appears in another interview, as we can see in the following report: “Could it be that I was not enough for the person to want to stay alive?” (p. 47).

In *Isto É* Magazine, of May 2, 2018, the article entitled 'Dreams interrupted', a report by Vicente Vilardaga and Georgia Cavicchioli (2018), with the subtitle 'Hidden feelings', reports the suicide of two young people aged 16 and 17 years. Neither was a victim of bullying, both had friends, parents were present in their lives and were good students. Therefore, everything that is scored as a risk factor was not present in the boys' behavior. We assume that this is why the story is subtitled 'Hidden feelings'. We also think about what is still needed to know about the phenomenon. We insist on saying that when we work with a priori indicators we lose sight of other mobilizers of the act.

Another element that needs to be revised is the information that most suicides leave clues. Ivo, referring to the suicide of his daughter at the age of 18, says:

That day, we normally had lunch at a restaurant. The only thing she did differently was to order a mango juice instead of orange. She gave no sign that she intended to take her own life, she was normal, she had finished high school and was taking an entrance exam for Law (Vilardaga & Cavicchioli, 2018, p. 48).

The above reports, when bringing the report of the bereaved parents, as well as the experience of the psychologist Karina Okajima Fukumitsu (2016) with bereaved parents, make it clear that the bereavement for the death of their children by suicide is a more complex phenomenon than a simple description of signs to be observed and that exercising constant vigilance is insufficient to deal with the issue.

By carefully analyzing the theme of bereavement in family members of suicide people to make considerations about what other studies say, we saw that Botega (2015, p. 168) refers to "[...] the explosion of feelings and reactions, usually of a contradictory nature: concern, fear, anger, accusation, frustration, trivialization, hope, guilt, availability, overprotection, tiredness, irritation and hostility". Fukumitsu (2016) states that suicide by a family member can have consequences for up to four generations.

Finally, we want to present the psychological practice with bereaved parents in a phenomenological-existential perspective free of a moral regarding the responsibility and blame of the parents. Botega (2015) refers to the insecurity, tiredness and emotional exhaustion that overwhelm the relatives of those who attempted suicide and were unsuccessful. The relatives of those who consummated the act are mourning and in addition to the pain of the loss, there is also the suffering of guilt for not having noticed the signs. There are still those who are resentful, angry and indignant at the act itself. Undoubtedly, all this affects a lot the lives of those close to the suicide. Hence the importance of the preparation and consequent care of professionals for this type of service. With this study, we aimed to train psychology professionals to provide clinical care to parents in situations of suicide of a child. And thus, contribute to the training of professionals who work with the proper preparation in these situations.

Feijó (1998), a scholar of the suicide phenomenon, reports his experience as a psychiatrist while still in the medical residency, when he accompanied, for several months, a person with a delusional condition. The psychiatrist says that, despite spending all his effort accompanied by anguish and despair at the situation, the 28-year-old patient ended up taking his own life. This experience made him reflect on some considerations that were placed in the scope of his medical residency. The medical team's dread of suicide attempts made the person considered dangerous to himself. Faced with this, Feijó asked: "What does such dread say? Why judge the person as dangerous? What is the danger?" (Feijó, 1998, p. 7). It was clear that the young resident did not just want to stay with what is formally said, he wanted to reflect on the phenomenon. He then comes to other conclusions: "Institutions are unable to prevent, impede suicide, at most, they manage to reduce the risks, that is,

through exhaustive surveillance” (p. 7); “[...] you cannot talk about mental illness in all cases of attempted suicide” (p. 8); “The therapeutic indication is not for the suicidal act itself, it aims at the disease” (p. 8); “Does suffering always mean illness?” (p. 8).

The considerations above proposed by Feijó (1998) make us analyze this issue more rigorously. The number of researches on suicide has increased significantly in recent years, as has the number of care centers for suicides and their families. However, the prediction is that in 2020 there will be a significant increase in the number of suicides. Feijó concludes: “We think that maybe our research is on the wrong path” (p. 11), so he wants to go deeper into the investigation of the meanings of death for patients at risk of suicide. To this end, he proposes that before we discuss suicide, we reflect on death, investigating how it is understood in different societies.

For the reason explained above is that we want to study the theme of death not only through scientific positions, but also literary ones, making it possible to understand how death gains the status of interdiction in the modern world. With this, it becomes something that should be hidden, especially when it occurs as a result of suicide, since in these cases shame and guilt appear. The language of science, then, places life as a supreme good and death, on the other hand, as evil. The public starts to search for the culprit so that the death has occurred. On the other hand, poetic language refers to death as a phenomenon totally intertwined with life.

The way we proceeded in this investigation, with the objective of providing clinical care to parents, follows the same path taken by Feijó (1998) of questioning the established truths. We want to depart from what is commonly said about parents, for example, that they should be in a state of overt surveillance; that they should see the signs of a possible suicide; which, in a way, makes the blame fall on them. From these considerations, the following questions arise: how can parents remain in close surveillance? Minois (1995) reports the limits of surveillance by bringing the example of a man who was at risk of suicide and, therefore, was placed in a room where everything that threatened his life was removed. This man then cut his tongue with his teeth and died of hemorrhage. With that, we can see that we cannot radically control the monitoring.

What to do then? Do we ask that parents stop taking care of their projects and start taking care that their children do not die? What happens when they can't see the evidence? Do these become easy to be seen only after the act took place? What about intra-family conflicts as one of the factors that facilitate suicide? Are there families without conflict? Is there a normative standard for what to do to avoid them? Finally, how can we provide clinical care to parents, taking another path of research to approach the experience of parents affected by the suicide of their children?

Narrative literature review

Based on a narrative literature review, we will locate, analyze, synthesize and interpret critical investigations on the way in which Psychology, in particular, and the Human Sciences in general, have thought about the phenomenon of suicide in families, both those who completed the act as well as those who survived it. It is also important to become aware of how the assistance programs for survivors are being developed. For that, we consulted virtual libraries databases for a literature review on the theme of death, bereavement, suicide and bereaved parents. Other topics, such as guilt and suicide, resentment and suicide were included in the review because they are directly related to the main theme.

About death

The idea that before we study and draw conclusions about suicide, we need to have discussions about death stems from the fact that we believe that the way in which, in each historical moment, death is thought is essential to understand the singular man's deal with the finitude of existence. For this reason, we follow the studies of Feijó (1998), who, before talking about suicide, researched how different cultures and societies understood death. The interest in this research is about how death gains the character of interdiction in the modern world. Kóvacs (2015, p. 39) calls attention to this specificity of our time when he affirms: "[...] the 20th century brings death that is hidden, shameful death. Death no longer belongs to the person; it takes away its responsibility and then its conscience. The current society expelled death to protect life". Feijó (1998) refers to the death interdiction as something that presents itself in the modern world in its different expressions: trivialization, not accepting to talk about the topic, not keeping it as part of our routine. The scholar affirms that all this is in vain, we cannot prevent its proximity and urgency, that is why he says that we do many things so as not to concern ourselves with it; we try to make pathological any behavior in which death presents itself with its strength as in suicide and bereavement; we are terrified, desperate, restless and what we want most is to avoid situations that terrify us, such as the bereavement of others and suicide.

In the course of thought that deals with the meaning of death in its epochal character, we take Heidegger's thought (1998) about how death appears in the daily life, that is, as understood in impersonality: it is a phenomenon that we can postpone, hence saying: not yet. This is something that we can control over all technical procedures; and finally, something understood as affecting the other, but not me. And so, based on Heidegger's thought about the experience of death as something of the order of the irredeemable, imponderable and insurmountable, we can think about it, resisting the dominant ideas of failure and punishment. For purposes of clarification, literature is another way of thinking about the finitude of life. As for example, when Clarice Lispector (1997) reports the experience of epiphany in *Macabéa*, making it clear that finitude can be present when we are full of hope for the future, thus showing its imponderable character.

About grief

Regarding bereavement, there was a significant change in the transition from DSM-IV (American Psychiatric Association [APA], 1995) to DSM-V (APA, 2014). Grief was excluded as a diagnosis of major depression. With this change, it is no longer medicated. Undoubtedly, this change brought a deep discussion on the topic. Freitas (2018), when referring to current studies bereavement mourning, makes the following reservation: "The understanding of bereavement has undergone profound changes in its theoretical and practical aspects, with important repercussions in the recent version of the DSM" (p. 50). The author refers to two important impacts in this new version, they are: normal grief and committed grief. This scholar adopts a critical attitude towards the positioning of the manual and argues that there is no way a priori to understand the experience as out of the ordinary. Studies on bereavement are essential for us to understand their specificities in suicide bereavement. Freitas reports how the psychological literature presents this experience: "[...] as a reaction to significant losses" (p. 97). The author, imbued with a phenomenological perspective, submits a comprehensive proposal of the experience of bereavement and refers to the experience as that of a me without you (p. 99).

The idea of mourning and loss can also be found in another scholar on the topic, Esslinger (2008), referring to the bond that breaks irreversibly, that is, recognizes it as something of the order of existence and, therefore, should not be accompanied as a disease to be treated by medication, however, what matters is the experience of grief.

Brice (1991), an American phenomenologist, student of the experience of bereavement, investigated maternal grief, suspending all previous theories that talk about the theme, whether they come from the natural sciences or from the psychodynamic theories. Brice questions that grieving should be placed in the category of a pathology, using time as a criterion, which, according to current theories, is six months. From that period on, bereavement is interpreted as pathological. The American phenomenologist, when carrying out his investigation with three bereaved mothers, concluded that maternal grief is something that cannot be determined by time, that is, something that is not a disease and, therefore, has no cure and positions the units of meaning that appeared in the three reports of bereaved mothers. They are: the experience of an interrupted project; the impression that the child can arrive at any time; the feeling of imputation, among others.

Martins and Leão (2010) state that the bereavement resulting from death by suicide has very peculiar characteristics. Family members refer to guilt, shame and revolt at the suicidal act of one of the family members.

To think about bereavement, we will take the human experience as in the literature. Adélia Prado (2012) interprets bereavement from the perspective of memory, not as a representation, but as an experience of absence of the other.

The approximation of poems and poetry helps us to see bereavement as the absence of the other. An absence that hurts, but nevertheless gives joy. Grief is something difficult to define, explain and clarify by science, so scientists usually explain it objectively, however, let us take what the philosopher Eduardo Campos (2018, p. 6) tells us:

The absence of the other is ontological, it is the genesis of experience, it is the crowning of the bud, it is the sting of possibility. As an unexpected moment, it suddenly arrives without ads, touching us decisively. So, without asking permission, this joy that is sadness stirs us when it is remembered, breaking the gap of the absence of the other.

If we ask ourselves what is the absence of the other, we all know, however if we ask for a definition, no one can do it. The absence of the other, here understood as what is most original in bereavement. For this reason, we resort to literature, poetry and philosophy, since to define it implies losing sight of what really happens in bereavement. For clarification purposes other than science, we can follow the way the project *Estúdio Raposa* is presented: "Here, in this space, the words are pulled from the paper and they are said, breathing life into them, making them float in loud sparks of light. Reciting accomplishes, by breaking the silence, what silence intends and cannot achieve" (Adélia Prado, 2012).

The psychological practice with bereaved parents

Clinical work, as we understand it, that is, in a phenomenological-existential perspective, requires that we first conquer all non-moralizing views about suicide. There is no place for us to think of the person who commits the act or his/her family members through pathological categories or stereotypes (Feijoo, 2017). In this aspect, we approach what Critchley (2015), inspired by Hume, defends that suicide is taken without moral judgment and without despair.

The psychological practice as positioned here, that is, in a phenomenological-existential perspective, does not occur through an attempt to deny pain or find a subterfuge.

On the contrary, all action takes place in order to confirm the pain of the other, to understand him/her in his/her pain and to wait for another possibility to arise from pain. We try in an essential speech to confirm something that he/she, the bereaved, already knows from his/her own experience in which he/she sees, feels and thinks pain as something he/she cannot avoid - in fact, the more he/she tries, the more it hurts. Therefore, it is up to the psychologist to be close to the bereaved, patiently, waiting for his/her thinking, aloud, his/her pain. Bereaved parents speak of the lack, the absence of the child, amputation and vulnerability. It is up to us, then, to sustain the space of pain so that it can show itself in all its potency. And so, when the bereaved perceives him/herself understood, he/she can see that he/she has a space to share his/her pain. The clinical relationship supports the possibility of a power-will that is made listening and obedience.

It is up to the psychologist to follow what the bereaved has to say so that he/she can break the bonds of illusion, after all, he/she can let him/herself know that pain is inevitable. The insane struggle in an attempt to escape pain is suffering and it ends when stop fighting and accept that life and pain are inseparable. Parents often do not accept having their projects interrupted. At other times they are overcome with guilt and resentment, indignation, frustration and talk about all this in the midst of lamentation. We have here a clinical space in which the clinician's speech is an exercise in the awakening of what, in this case, the parents, is asleep, because they are used (asleep) with the idea of death as not yet; as being only of others; something of the impersonal order, subjected to control and postponement. The will of the parents is a will that is seen as sovereign, without surrender, without listening in obedience. It is necessary to evoke the experience of listening, of delivering to destination. All this through the interpretation that, as Heidegger (1998) says, is the art of asking well. It is necessary for parents to learn to see, as Fogel teaches us (2017, p. 104):

This knowing how to see, the pure or simple feeling ... is the very thing that puts on and exposes [...] For that, however, it is necessary not to have the soul dressed. In fact, it is about not wearing it too much. The rest, which dresses the soul, is culture, knowledge, information, theories and interpretations already in force or proposed - there must be no overload of interpretations.

Finally, in clinical situations with bereaved parents, the role of the psychologist requires the achievement of the power to be in patience so that the patience itself can be appropriated by the parents. Regarding patience, Ferro and Carvalho (2007, p. 38) comment on the following passage from the *Discursos edificantes em diversos espíritos*:

But what then is patience? Is it not precisely courage that freely accepts suffering that cannot be avoided? The inevitable is precisely what wants to break the courage. There is that one who suffers the traitorous resistance that allies with the terror of the inevitable and, together, they want to crush it. But despite this, patience conforms to suffering and, through this, freely conforms to inevitable suffering.

Ferro and Carvalho (2007) tell us that, through courage, the man in courage, facing the inevitable, allows himself to be imprisoned freely. Through patience, the free man allows himself to freely accept suffering.

We defend the thesis that what reaches us in psychology offices, most of the time, is the suffering due to the non-acceptance of what somehow stains a certain existence. Still, most of the time, the one who seeks the psychological clinic wants the pain out. And it is precisely wanting to get out of pain, finitude, the unavoidable and not being able to get out of these situations by his/her own forces that constitutes suffering.

Regarding what to do and how to practice, we think that the one who wants to help the other to get out of the illusion, appropriates the addition, of a differential. For that, at least, he/she must follow the determinations of his/her world, to know them so that he/she can get away from what he/she deceives. It would be like not being enchanted by the siren song. And how to know what enchants, leads, leads to a cadence given by impersonality? It is in this respect that we need to go hand in hand with philosophy. Kierkegaard, Heidegger, Foucault among others help us to think, to meditate, to dwell on the things that come to us.

We walk side by side with Kierkegaard (2001) so that we can conquer the free being in patience and, thus, open a space for the conquest of the self in his/her situation of vulnerability. In patience, the clinician can conquer him/herself, opening a space so that the other can also conquer him/herself. Let us walk with Heidegger (2001) so that we can learn more about serenity, that is, to be able to be in the world without being his. Knowing what determines us, being able to take a step back. Patience and serenity to be achieved are related to the art of lingering. In doing so, we have already moved away from just following the fast pace, of excess productivity, and can then let the measure of each existence to appear. With simplicity to be able to give time for remembrance, to give time to time, to give time to existence which, in the end, is time.

Kierkegaard (2009), in his 1842 publication, entitled *Repetição*, refers to the experience of Job and that of the aesthetic poet to show us the possibility of starting over in an exercise in and from experience. Both, affected by grief, loss and, by pain, can resume life in another way - that means having faith in what is to come. And so, they support the possibility of the epiphanic moment, as suggested by the poem by Adélia Prado (apud Campos, 2018) when talking to us about the absence of the other:

After dying, he was resurrected
and appeared to me in dreams many times.
The same face without shadows, the bass of speech
in corners, the words unhurried,
unchanged, the quality of the blood,
flammable like that of bulls.
Followed by red garment, in procession,
a music band and sang.
Sing it, it was the nature of the dream.
That the song was loud and beautiful, it was his subject.
In the square, sun and pigeons
with white and brown wings that disbanded.
Like a horizontal graphed stroke,
his martial step behind the music,
the song, the red garment, the pigeons,
what I saw without error:
joy is sadness,
is the what punish most.

Final considerations

With the phenomenological-existential perspective, we defend that a clinical practice should take place in situations of suicide by suspending all the morals that circumscribe this act. With this we propose a psychological practice in addition to those presented in the manuals, and then we accompany the experience of bereavement without jargon or merely

technical symbolism, that is, in the experience of bereavement, being with the other in order to be able to sustain a serene and patient attitude towards what this other has to say.

In order to defend clinical practice with phenomenological-existential bases, we think of suicide in line with the ideas of Dapieve (2007). He is a journalist who refers to suicide in a very different way from how it is treated by the press in general: illness, despair or depression. The position that the journalist took in the face of suicide in what concerns the press is the same that we take with regard to psychology with phenomenological-existential bases, safeguarding the difference in approaches. Dapieve, in a social perspective, inspired by Marx, argues that suicide “[...] may appear as the only door left open by oppression, the only way out of a routine of objections and indignities” (Dapieve, 2007, p. 22-23). That is why it is not an unnatural act, since what is unnatural does not happen. He concludes by saying that it is the nature of society to generate many suicides. We, in our practice, do not want to follow the phenomenon as something abnormal, like courage or cowardice. We assume the act of ending life as a possibility. If it were not so, it would not occur. However, we affirm side by side with Feijoo (2018), that we do not want to fall into any of the poles, that is, the individual who becomes fully responsible for his/her acts, considering them in a biological or psychological order or, in the social pole, in which the individual from active changes to passive. What we defend is the co-originality of man-world, not abandoning the fact that it is up to each man to take care of himself and that this man, due to his original indeterminacy, tends at the beginning and most of the time, in his existence, to follow the cadence of the world.

It is in this perspective of man and world in a conjunctive disjunction that we defend another possibility, that is, phenomenological-existential, of psychological practice in *Suicide* ‘Situations with bereaved parents’.

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Received: Sep. 03, 2018
Approved: Apr. 06, 2020