

Life After Death: Surviving Suicide

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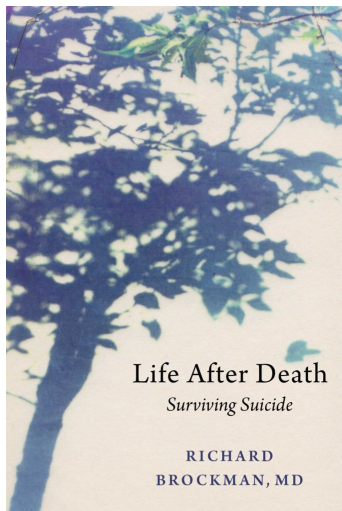
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Author: Richard Brockman, MD

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In order for narrative to be regenerated, biology must be restored. Only
then can narrative progress.

—(p. x)



Navigating the complexities of the human experience, Richard Brockman's *Life After Death* interlaces the intricate biology of trauma with the profound power of personal narratives. Brockman sheds light on the underbelly of grief, illustrating how trauma-induced biological changes intertwine with individual stories, by painting a vivid picture of his personal journey in the aftermath of his mother's suicide.

Brockman's meticulous examination of the physiological repercussions of trauma corroborates decades of research.^{1,2} His training and medical discipline in psychiatry provide expertise as he demystifies the convoluted neurochemical pathways, the disruptions in the immune responses, and the gamut of somatic symptoms that often trail in the wake of profound loss or trauma. This biological discourse extends his previous writings in brain mapping to the neurological changes and physical manifestations that stem from deep-seated emotional pain.³

However, Brockman's work does not stop at the biological. Recognizing the limitations of a purely scientific discourse, he masterfully weaves in the narrative story. Drawing from the heart-wrenching personal experience of grappling with the void left by suicide, Brockman accentuates the therapeutic potential of personal narratives. This story, raw and unfiltered, emphasizes that behind every clinical presentation, every chart, and every diagnosis, is an individual narrative, an intricate tapestry of experiences that has shaped the patient's health journey.

The beauty of *Life After Death* lies in Brockman's ability to demonstrate the symbiotic relationship between the biological and the narrative. He paints a compelling picture where physiological changes due to trauma are not isolated phenomena but are intrinsically linked to the individual's personal story.

For the clinician, the implications of Brockman's insights are real. By understanding the physiology of trauma, clinicians may be better equipped not just to diagnose but to empathize—to contextualize physical symptoms within the larger narrative of the patient's life. This holistic approach might lead to more tailored therapeutic interventions and the gold standard of individualized, patient-centered care.

Moreover, Brockman's emphasis on the power of narrative pushes the boundaries of traditional medical practice. He subtly urges clinicians to adopt a more active listening approach, recognizing that health can be found not just in medical interventions but in the act of sharing and acknowledging one's story. The author uses detailed descriptions of childhood memories of his mother, with the core memory of finding her body after her suicide, as a plea to engage with patients and their stories as a vital part of their medical journey. He continues to emphasize the importance of the patient narrative by recalling his own therapeutic journey through suicidal ideation, drug abuse, and psychiatric treatment.

As a reader and clinician, I found the author's argument convincing: The narrative story has a significant impact on a person's biological composition.

Yet, Brockman's synthesis in *Life After Death* does not come without critique. The detailed, often graphic nature of the personal narrative, while instrumental in elucidating the book's core themes, can be emotionally taxing for readers, especially those with personal ties to the subject. Additionally, while the biological insights are invaluable, clinicians seeking a more hands-on, practical guide might find the book leaning more toward the theoretical than the applicative.

Life After Death provides a nuanced exploration of biology and narrative and offers a multidimensional perspective on the aftermath of trauma. The book is transformative in challenging clinicians to integrate the biological with the narrative, to see the patient beyond the symptoms, and to recognize the therapeutic potential that lies within every story.

REFERENCES

1. Kolk VD, Ba. The trauma spectrum: the interaction of biological and social events in the genesis of the trauma response. *J Trauma Stress*. 1988;1(3):273–290.
2. Wolf EJ, Schnurr PP. Developing comprehensive models of the effects of stress and trauma on biology, brain, behavior, and body. *Biol Psychiatry*. 2016;80(1):6–8.
3. Brockman R. *A Map of the Mind: Toward a Science of Psychotherapy*. Psychosocial Press; 1998.