



Suicide Contents

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Preface

Someone close to you has completed suicide. You are undoubtedly experiencing one of the most traumatic and painful events of your life. The "whys" and "if onlys" are beyond perception, and the shock that you feel numbs you to people and the world around you. The healing process will be painful and often seem unnaturally slow. Understanding your emotions, as well as learning something about suicide in general, may ease your grief.

The 30,000 suicides that occur in the United States every year cut across all sex, age, and economic barriers. People of all ages complete suicide, men and women as well as young children, the rich as well as the poor. No one is immune to this tragedy.

Why would anyone willingly hasten or cause his or her own death? Mental health professionals who have been searching for years for an answer to that question generally agree that people who took their own lives felt trapped by what they saw as a hopeless situation. Whatever the reality, whatever the emotional support provided, they felt isolated and cut off from life, friendships, and etcetera. Even if no physical illness was present, suicide victims felt intense pain, anguish, and hopelessness. John Hewitt, author of After Suicide, says, "He or she probably wasn't choosing death as much as choosing to end this unbearable pain."

Were there financial burdens that couldn't be met? Marriage or family problems? Divorce? Scholastic goals that weren't achieved? Loss of a special friendship? The death of a close friend or spouse? A combination of these or other circumstances could have precipitated suicide, or it could have been a response to a physiological depression. Although many people face similar problems and overcome them, your loved one could find no solution other than death.

But sometimes there are no apparent causes. No matter how long and hard you search for a reason, you won't be able to answer the "WHY" that haunts you. Each suicide is individual, regardless of the generalizations about the "whys", and there may be no way you will completely understand the suicide victim's thought process.

As you look for answers and understanding, you also need to deal with your feelings of shock, anger, and guilt.

When someone close to you dies, deep and meaningful emotional attachments are permanently severed. A person whom you have loved, who has shared your life and seemed a part of you, has chosen to leave your life and will not return.



When that person takes his or her own life, these attachments are violently and suddenly broken, and this heightens your sense of loss and disbelief. You may feel a deep sense of personal rejection. Your reactions may be more intense and last longer than for a death from natural causes, because the death was a violent one. You may feel responsible for the suicide, because the death was the result of your loved one's own act, which compounds the emotional difficulties you have at this time.

Everyone is different, and your reactions to the suicide of a loved one are as unique as you are. Some reactions, however, have proven widespread enough to characterize phases or stages of grief. These phases are not the same for everyone. Not everyone goes through all the phases in sequential order, but you may find yourself returning to ones you have experienced before, or encounter more than one of these phases simultaneously.

These phases are not dependent on "time" for their resolution; you may work through some of them quickly, or find that you have dwelled so long in one of them that you have come to think of yourself in these terms, i.e., you will be forever angry; guilt and despair may immobilize you, or total acceptance of the loss of your loved one does not come.

The general observations that follow may help you to deal with your grief.

Phases Of Grief

Shock – Disbelief

Shock is a first reaction to death. You may feel numb for a while, perhaps unable to follow a normal daily routine. This shock can be healthy, protecting you from the initial pain of the loss, and it may help you get through funeral arrangements and services. It may last a few days or go on for several weeks. Take some time to be alone, if that's what you want, but it is also important to be with other people and to return to your normal routine.

When this shock begins to wear off, you often experience a flood of intense emotions, which can cause you to question your very sanity. These are strong feelings, which include anger, denial, guilt, fear, and sadness. You may handle them well initially only to have them return for no apparent reason. These feelings, and the helplessness that comes with them, will pass. Try to understand and accept the things you feel. It's okay, it's healthy, and it is all part of the healing and coping process.

Anger

Anger is one of the immediate, intense reactions most of you will have to the suicide of someone close to you. At first, it is unfocused and directed against



many different people and things, because you have not had time to sort out all that has happened. As you begin to process these events, the objects of your anger become more clearly defined.

Your anger with the deceased is normal when the manner of death is suicide. The deceased has thrown your emotions into turmoil, and caused pain for you and for others you care about.

Less anger has been expressed in parent-child relationships, perhaps because our love for our children is less conditional.

Anger with the medical or mental health profession can occur if the suicide victim was receiving treatment or therapy. Though you may have had experience with someone unable to help, the professionals are dedicated and well-trained, providing help for many people. These professionals will be the first to recognize that your anger is a valid emotion.

Some survivors of suicide have also reported being angry with people around them for their lack of support and sensitivity. Many persons who have been our friends withdraw because they are afraid or unsure of how to respond to our grief and sorrow. This absence of support and sensitivity can significantly alter a long relationship.

If you're angry with God, share your feelings with a sympathetic clergyman even if you don't have any close religious ties. Hewitt says, "If you're ticked off at the Almighty, for His sake, tell Him. God is the only one prepared to handle all your anger."

Don't deny your anger. Talk about it, think about it, and constructively deal with it.

Guilt

Perhaps the most intense anger you experience will be the way you feel about yourself. This anger is closely linked with feelings of guilt. "But I just talked with him!" "Why didn't I listen?" "If only I ... ", etcetera. You'll think of a lot of others.

If the deceased was someone with whom you had regular, close contact, your guilt possibly will be intense. And if the death came as a complete surprise, you will be desperately searching for reasons. A person who completes suicide has usually given out some clues, and as you look back on the last few months (or years), maybe you can now see some hints you missed earlier. You'll wish you'd recognized the problem early enough to do something about it.

Perhaps you were aware of the deceased's suicidal feelings and you did try to help. You may have thought you had because, in the time preceding the death, you noticed he or she seemed to be feeling a lot better and you relaxed your



concern. You need to know it's not uncommon for a suicidal person to feel better once the decision to die has been made. The problem has not been resolved, but the victim has found an answer -- suicide.

As you are trying to cope with your guilt feelings, try not to criticize yourself too harshly for your behavior toward the victim while he was alive. Are you now wishing that you could have found the right solutions or offered more support? Thoughts like "I shouldn't have gone to the movie," or "I should have been there," may constantly be running through your head. If you had stayed home, or if you had been with him, the suicide could, and possibly would have, happened at another time. If you feel your presence at a particular time could have prevented the suicide, you are assuming too much. Of course, we all like to think we can help our troubled friends and families, and we do try. But, the person determined to complete suicide is likely to accomplish it.

If you realistically feel there was something you could have done, face it, think about it, and accept it. Your loved one can't be helped any more, and you need to go on with your life. You can learn from, and grow with, your experience.

Some people believe an individual has a right to end his life. The term "rational suicide" is used to describe a suicide that has been thought about, and planned, perhaps as a way of dealing with a painful terminal illness. This is an area of controversy, and whether you accept it or not, what you need to think about is that the suicide was an individual decision -- rational or not. It was his/her choice, not yours. You may accept this intellectually long before your emotions accept it.

What value does your anger or guilt have in the healing process and beyond? Rather than letting the hurt isolate you, share your time and understanding with someone else who is hurting. You can provide friendship and support. Get involved with others; actively support suicide prevention services in your area, or any worthwhile cause or issue that means something to you.

Relief

If you were closely involved with the deceased, perhaps his/her pain and suffering had become an emotional drain for you. You may have felt unfairly burdened, or just exhausted from being involved with an intense situation. Now you may be feeling a sense of relief that you don't have to worry any more, or perhaps relief that the deceased's pain has finally ended. A sense of relief when a difficult situation ends is normal. When the "end" is an unhappy one, the relief can still be there, but now it is colored with guilt. Remember, don't expect perfection of yourself...accept your relief and don't let it grow to inappropriate guilt. The late psychiatrist, Dr. Theodore Reik, said, "One can feel sorry for something without feeling guilty." Remember, too, that the suicide victim saw death as the only relief possible at that particular time.



Physical Reactions

Survivors of suicide group members report experiencing a wide range of physical reactions, which they have attributed to the suicide of someone close to them. It has been common to see their normal sleeping patterns disrupted and recurring dreams form. To awaken in tears many times is a common occurrence as they relive the suicide and the period of shock and catharsis. John Hewitt states, "These dreams are quite normal and will subside in time; dreams will show you a lot about yourself, often allowing you to express feelings that you're unwilling to admit to yourself while awake."

Other physical reactions experienced by survivors are weight gains or losses. Crying, sometimes unexpectedly, has been another frequent reaction. Survivors report a real need for the catharsis effect of weeping over an extended period of time. Also, reactions such as extreme fatigue, headaches due to tension and stress, insomnia, loss of physical strength, and difficulty in verbalizing thoughts due to mental preoccupation are reported.

Emotional Scars

The survivors of suicide often carry deep emotional scars, which may last for years and influence subsequent relationships. Feelings of guilt and anger may endure interminably, and many report that risk and vulnerability become important issues for them. Survivors report being hesitant to allow others to become emotionally involved with them because they do not want to risk the price of loving and caring, which is pain.

It is important to realize that many survivors have found themselves incapacitated by their loved one's suicide. Even with supportive people to rely upon and professional counseling, the anguish and loss of separation have proven difficult problems to surmount. And, though it is common for survivors to come to accept the event of a loved one's suicide and be able to speak about it, few report they ever really "get over it"

Catharsis

Catharsis means the purging of emotions that follows shock in most grief experiences. This "purging" takes the form of tears, telling "our story," expressing fear, denial, guilt, anger, relief, and depression all at once. The expression of these emotions is vital for survivors during the healing process after suicide. Survivors have found the need for catharsis very intense in the first days and weeks after losing a loved one to suicide. Gradually, the intervals of time between periods of uncontrollable weeping, sorrow, depression, guilt, etcetera, will lengthen, but the need of survivors of suicide for catharsis will remain for an extended period of time.



Survivors caution against the impulse to block out the pain and become "too busy" to experience the emotions of grief. If you don't release these feelings and emotions, they will surface without your consent, and at inconvenient times. Survivors have reported awaking from sleep in uncontrollable tears after a sustained period of "being in control." Others recall that a seemingly insignificant incident will "trigger" a flood of emotions that is completely overwhelming. Remember, to grieve is normal and very human. If we were not capable of grieving, we would not be capable of loving.

Stigma

The stigma, or shame, you may think others associate with suicide, stems in part from its historical and religious interpretations. Early Roman and English laws established suicide as a crime because it was thought a person ended his life to avoid paying taxes! Though the Bible itself contains no prohibition against suicide, the early Christian church equated suicide with murder. Today, very few laws exist that equate suicide with crime, and those few are rarely invoked.

If your friends seem uncomfortable talking about the death, or even being with you, it's most likely the type of discomfort felt when facing death of any kind, or a reaction to your discomfort. And if you're not comfortable relating the circumstances to others, don't. Your close friends will already know. Let the others simply respond to the death of your loved one. You don't need to share the complete story with those not close to you any more than you would share all the details of a recent surgery with them.

However, it is very important that you do confront the word "suicide." Practice thinking, hearing, and saying it. Don't try to do this alone. You need someone, or several people, with whom you can share your feelings. For a few days – possibly a week or two – you may want to isolate yourself and take time to recover by yourself. But don't cut yourself off for too long. Let friends and relatives help you. No one will have any magic answers for you. No one will be able to make you hurt less. But the healing and coping process requires that you talk about your feelings – about all the sadness, anger, hurt, and guilt you are carrying around inside of you.

Friends may provide all the emotional support you need, or you may want to join a mutual support group and meet with others who have experienced the suicide of a loved one.

Interaction Of Survivor With Friends

The suicide death of a loved one suddenly changes your life and you view everything in a different light. You look at your friends with a new awareness, need, and appreciation.



Special friends can listen in confidence as you unabashedly pour forth your feelings of misery, anger, hurt, frustration, and abandonment. To harbor these thoughts in your heart, hoping they will go away, may add to your adverse condition through physical and mental problems. You need to recognize these feelings, know they are normal, and work through them by verbalizing, not just once, but often, many times.

What seemed to be simple and automatic activities in the past may now appear to be impossibilities. Grocery shopping for a shrunken family or visiting the cemetery for the first time may be too difficult to do alone. Even God, our church, and its people now seem different.

The following are suggestions for interactions with friends:

- 1) When friends ask, "What can I do for you?" Tell them your needs and let them "be there" for you.
- 2) When people ask you how you're doing, don't always say "Fine." Let some people know how you truly feel.
- 3) Talking with a true friend or with others who've been there and survived can be very helpful. Those who've been there speak your language. Only they can really say, "I know; I understand. You are not alone."

Interaction Of Survivor With Casual Acquaintances

Because your circumstances are unique, casual acquaintances and co-workers are often at a loss for comforting words; consequently, they may say the wrong thing, or worse -- nothing at all. You never have to answer a prying or ill-timed question. A simple, "It is difficult to talk about that" should be enough to end an unwanted conversation.

The worst times usually are not at the moment a tragic event takes place. Then, you're in a state of shock or numbness. Often, you slide "into the pits" 4-7 months after the event. Strangely, when you're in the pits and tempted to despair, may be the time when most people expect you to be over your loss.

Grief has no timetable. Generally, it takes 18-24 months just to stabilize after the death of a family member. Realize that the grief process after a suicide death will probably take considerably longer than a natural death. Recognize the length of the mourning process. Everyone handles his or her sorrow in an individual way. Do not allow yourself to be placed on a grief schedule.

Effects On Children

Appearances are sometimes deceiving, especially in young or teenage children following a suicide death in the family. You should not be deceived into



complacency by their semblance of confidence and control over the situation. Many times, that's just what it is -- a semblance. Inwardly, they are just as angry and hurt as the adult, but don't know how to express it in healthful ways.

Children have the same emotional needs after a tragedy as adults, but they are often forgotten by those who come to comfort the surviving adults. Children may act out their grief by complaints of physical symptoms and illness; they may attempt to take the place of the dead family member. Occasionally, children may become delinquents or problem youngsters.

In explaining suicide to children, John Hewitt, in After Suicide, makes these recommendations:

- 1) Be honest. We are sending constant messages to our children about this death in our family. These messages need to be true.
- 2) Avoid using God to explain the death. Statements such as "It was God's will" can destroy a child's concept of a loving God.
- 3) Listen carefully. Our children have many questions to ask, and just as many strong feelings.
- 4) Be consistent in our version of the suicide. Stick to the simple truth and resist the temptation to soften or shade it.
- 5) Talk about the deceased family member. Constant ventilation of feelings will remind children that they can talk about the suicide instead of keeping everything bottled up inside.

Survivors have reported that the wounds of children do not heal quickly. Time, a good counselor, and many family conversations during which feelings are expressed all contribute toward the healing process.

If communication with the child is difficult, make it a point to talk with people the child has contact with, especially teachers. Teachers need to know what the child is reacting to, and they could help you pinpoint emotional responses that may be emerging, such as a change in behavior at school. They can help you reach the child and provide additional support.

Whether your children are pre-school or teen, be honest and listen to what they say as well as to what they do. Make time to be with them. Accept their feelings and share your own. When they ask questions you don't have answers for, don't ignore those questions or make up answers. Especially when the death is a suicide, a lot of "answers" will be "I don't know" or "I don't understand, either."



Suicide Is Not Inherited

Suicide may occur more than once within a family, but it is not something that is inherited. In a family, or even among friends, suicide may establish a destructive model or a behavior to imitate. Thoughts of your own suicide are not an uncommon reaction to the suicide of someone you love and may surface immediately, or years later. But extended depression and continuing suicidal thoughts need immediate attention. Don't hesitate to seek out professional help if your problems seem more than you can handle alone.

Looking Ahead

Your grief and sadness will eventually subside, and you will be able to pick up the pieces of your life and rebuild.

There will be times, however, when these feelings will surface very strongly. Holidays, or other special times, may renew your sadness. Especially for the first year, you'll need to decide if you want to maintain traditions you shared with the deceased or if you want new settings and activities to ease painful memories. On the anniversary of the death, you may want to be alone, attend church, or observe the day in a manner that means something special to you. You may prefer to spend that time with someone close to you or make plans for a family gathering. You can't avoid these periods of sadness, but whenever possible, try to plan ahead so that they won't be overwhelming.

Sometimes your loneliness and sadness may come back for no special reason. Be prepared to face this also. Ask for help from friends or a counseling service, if you need it. You can't expect to forget, but you will be able to cope.



Recommended Reading

Hewitt, John H.

After Suicide

Westminster Press, 1980

The book is one of the best books written on the journey survivor's travel after someone they love chooses to die. It will explain in detail what you will or may experience. It can be hard to find. Your local bookstore will be happy to order it for you.

Colgrove, Melba, Bloomfield, Harold H., Williams, Peter

How To Survive The Loss Of A Love

Leo Press, 1976

This book is small and easy to read. It is written with love and humor. Wonderful information is given on how to take care of you after any loss. It can be found in most bookstores.

Stearns, Ann Kaiser

Living Through Personal Crisis

Thomas More Press, 1984

This book is an in-depth look at our reactions to crisis and how we can learn to live through it and come out a survivor and not a victim. It can be found in most bookstores.

Kushner, Harold S.

When Bad Things Happen To Good People

Schocken Books, 1981

If you have trouble accepting your beliefs in a kind and loving God after the suicide of someone you love, some people have found a great deal of comfort in reading this book. It may not be for everyone, but we list it here because it has helped many. It can be found in most bookstores.