

SUGGESTIONS FOR SURVIVORS OF SUICIDE

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1. Know you can survive. You may not think so, and you can.
2. Struggle with “why” it happened, until you no longer need to know why; or you are satisfied with partial answers.
3. Know you may feel overwhelmed by the intensity of your feelings; know that all your feelings are normal.
4. Anger, guilt, confusion and forgetfulness are common responses. There is nothing wrong with you, you are mourning.
5. Be aware that you may feel appropriate anger at the person, at the world and/or yourself. It is okay to express it.
6. You may feel guilty for what you did or did not do. Guilt can turn into regret, through forgiveness.
7. Having suicidal thoughts is common. It does not mean that you will act on those thoughts.
8. Don't be afraid to cry, tears are healing.
9. Find a good listener with whom to share. Call someone if you need to talk.
10. Remember to take one moment or one day at a time and give yourself time to heal.
11. Expect setbacks. If emotions return like a tidal wave, you may be experiencing a remnant of grief, an unfinished piece.
12. Try to put off making major decisions.
13. Give yourself permission to get professional help.
14. Be aware of the pain of your family and friends.
15. Set your own limits and learn that it's ok to say no.
16. Steer clear of people who want to tell you *what* or *how* you feel.
17. Know that there are support groups in your local area; people who are there to help you process your feelings.
18. Call on your personal beliefs to help you through.
19. It is common to experience physical reactions to your grief, such as headaches, loss of appetite, inability to sleep.
20. Know that you are working through your feelings, allow yourself to feel; it will help you to heal and go on with your life in a healthy and productive way.

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(Dunne, McIntosh, Dunne-Maxim, Norton et al., 1987).

THE GRIEF CYCLE

Grief is not a sign of weakness. Grief is necessary to bearing your sorrow honestly; to accepting its reality. Realize that grief is an inevitable and fitting reaction; a tribute to the loss of some one very precious. That realization is a sure sign of recovery from grief. Grief is something you cannot run away from nor repress; and try not to cling to it too hard or too long. Let grief have its way for a while; then gradually and gently, you will release yourself from its grip. For most people there is a pattern to grief. The following issues are part of the pattern. Each one of us is different. Some of us do not go through all the stages. We do not experience them in the same order; nor for equal lengths of time; nor with equal depth. This may help you identify your pattern and be aware of where you are and what you will probably go through.

Shock: Temporarily stunned; in a trance as a response to the death. Perhaps you may feel relieved at the end of your loved one's suffering. This can last for minutes, hours, or even days. You may feel a tendency to let others make decisions. Shock wears off; one must face up to the reality of death with all of its emotions; one must try to regain control of oneself and begin to make decisions.

Facing Emotions: One must confront, analyze, and deal with one's own emotions. These emotions provide motivation for action; if not understood, they may endanger future actions. Use help of others to understand emotions. During this period, one should not make major decisions too soon. Emotions may lead to mistakes; it is better to wait until grief is worked through at least partially.

Depression: Loneliness and depression are a normal part of grief. They affect all of us, and in varying degrees. They, too, will pass. Recognize the difference between loneliness and aloneness. Loneliness can be accepted. Be careful not to ascribe all depression to the loss of your loved one; it may be due to other stresses. Do recognize that you can control your depression by reaching out to others.

Physical Symptoms: Your thoughts can cause physical distress. In addition there may be a tendency to resort to excessive drinking, smoking, little exercise, bad eating habits and other behaviors. These physical symptoms can be the results of unresolved grief. There is a relationship between illness and loss. One must examine the cause of the symptoms and deal with them.

Panic: One begins to panic in the face of the unknown and fear going it alone; can't concentrate nor accept finality of death. Tendencies: to run from life; find excuses to be alone; fear of doing new things and facing people; difficulty in coping with children. Unresolved grief can play tricks on one's mind; stage doesn't last too long unless one continues to deny it.

Guilt: Almost everyone experiences some feeling of guilt in the loss of a loved one. Normal guilt is due to doing or not doing something while the loved one is alive. But neurotic guilt is feeling guilty out of proportion. This type of guilt can cloud and affect health and behavior. In such cases one should examine one's image of self; seek assistance from a qualified person to examine guilt feelings.

Hostility: Resentment, hostility and anger are not uncommon feelings to those working through grief. There is a desire to fix blame for one's condition on God, doctors, clergy, members of the family, the deceased, or oneself. Often we ask the wrong questions. Don't ask "Why" (you may never know that answer), rather ask "How can I live through this and help others?"

Drifting: There is sometimes an inability to return to usual and even necessary activities. One feels it difficult to grieve in the presence of others; doesn't want to bother anyone; fantasizes about the loved one; daydreams about what was and what might have been, rather than face what is.

Hope: Hope does finally glimmer through and then things brighten. One achieves the ability to express emotions without fear of being thought different; able to control emotions and to feel warm affection for, and be a source of encouragement to others. One is able to go out and make decisions. Even in the deepest gloom, we should expect that we will again feel hope.

Reaffirmation One will ultimately affirm the reality about oneself and learn to live within a "new normal." A new complete person must emerge with much to give; capable of helping others through their grief; able to use one's untapped potential; building on the new strength which adversity has engendered; gaining a new self-esteem and a positive image.

UNDERSTANDING GRIEF

1. Grief, with its many ups and downs, lasts far longer than society in general recognizes. Be patient with yourself.
2. Each person's grief is individual.
3. Crying is an acceptable and healthy expression of grief and releases built-up tension for everyone. Cry as freely as you need.
4. Physical reactions to death may include loss of appetite or overeating, sleeplessness and sexual difficulties. People also find they have trouble concentrating. A balanced diet, rest and moderate exercise are especially important at this time.
5. Avoid the use of drugs and alcohol. Medication should be taken sparingly and only under the supervision of your physician. Many substances are addictive and can lead to a chemical dependence. In addition, they may stop or delay the necessary grieving process.
6. Friends and relatives may be uncomfortable around you. They want to ease your pain but do not know how. Take the initiative and help them learn how to be supportive to you. Talk about your loss so they know that this is appropriate.
7. Whenever possible, put off major decisions (changing residence, changing jobs, etc...) for at least a year.
8. Avoid making hasty decisions about your loved ones' belongings. Do not allow others to take over or to rush you. You can do it little by little whenever you feel ready.
9. You may feel that you have nothing to live for and may think about a release from this intense pain. Be assured that many feel this way, but that a sense of purpose and meaning does return. The pain does lessen.
10. Guilt, real or imagined, is a normal part of grief. It surfaces in thoughts and feelings of "if only". In order to resolve this guilt, learn to express and share these feelings and learn to forgive yourself.

THE CRISIS MONTHS

Several weeks have passed since the funeral. Few friends talk about the deceased, and everyone has gone back to work or school or old routines. This is a difficult time when the survivor of a sudden death seems to be suffering alone.

A major struggle in the first six months is with depression. The bereaved may experience overwhelming feelings of helplessness, guilt, hostility and sometimes the strong desire to commit suicide.

The survivor must be encouraged to express her/his hostility in anger, but that is only the first part. They must adapt to a new reality, and find new meaning and structure in life. Here are some suggestions and thoughts for helping an individual through the months of crisis.

1. **A Need for Companionship**

It is important for close friends to maintain personal contact. Even if they feel they have nothing to say, often just being available is a help. Often the bereaved have to be urged to call one of these friends, and given the encouragement to face new situations.

2. **A Need for Privacy**

Some people feel embarrassed and just unable to express strong emotions in front of others. Give them permission to seek privacy.

3. **An Understanding of the Physical Effects of Grief**

It is necessary for the bereaved to pay attention to diet and exercise. It is helpful for the individual to know that stress and depression are physically exhausting, and that others respond to similar ways.

4. **A Need to be Needed**

Activity is necessary to counteract all the hopeless feelings. Regular employment is one way, and a volunteer commitment serves the same purpose. Some bereaved say that their family responsibilities are all that is holding together. Sometimes a pet can be a wonderful source of comfort. There is danger in too much activity if it is used as a tool to escape from feeling.

5. **A need for New Associations**

The individual should be encouraged to form new friendships and interests. Activities and organizations that offer human contact will be necessary for the bereaved to rediscover meaning of life.

COMMON PSYCHOLOGICAL SYMPTOMS THAT OCCUR IN NORMAL GRIEF

- Anorexia and other gastrointestinal disturbances
- Loss of weight
- Inability to sleep/Sleeping more than usual
- Crying
- Tendency to sigh
- Lack of strength
- Physical exhaustion
- Feelings of emptiness and heaviness
- Feelings of “something stuck in the throat”
- Heart palpitations and other indications of anxiety
- Nervousness and tension
- Restlessness and searching for something to do
- Shortness of breath
- Panic attacks

SUICIDE SURVIVORS

WHAT HAPPENS AFTER A SUICIDE IN THE FAMILY

General Information for Family, Caregivers and Friends of Those Who Have Lost
Someone Close to Suicide

IMPACT OF A SUICIDE: Survivors experience many feelings that other sudden death creates such as **shock, disbelief, protest, disorganization, yearning**, as well as **depression, grief, anger, anxiety, guilt and extreme physical symptoms**.

HOWEVER, the experience of losing a loved one to a suicide is more difficult, more complicated and more intense. These feelings arise even if the person who died had displayed many suicidal behaviors prior to the suicide, the suddenness will still shock anyone close to the person.

- **Death by suicide is often violent and graphic**
- **It leaves the family members with nightmares and severe anxiety, intrusive memories and other post-traumatic stress symptoms**
- **Feelings of abandonment and rejection are common**

- **It's common for survivors to:**
 - Ask “why” often needing to search and review, hoping to make sense of what’s happened
 - Feel the stigma and feel isolated in their grief
 - Feel suicidal themselves, spiral down into a deep depression, more than normal grief
 - Be left with tremendous guilt and anger

 - Ask often, “what if” and “if only”
 - Really believe for some time that they could have stopped the suicide, “If they’d only done this or that”

- Project their guilt onto others: therapists, lovers, other family members are often blamed
- When survivors fix blame on an outside sources, their intense anger may dismiss all sources of help, even for unrelated problems
- Lose all sense of trust, have severe issues of abandonment, which can cause hesitancy toward commitment to any subsequent relationship.
- Feel much shame and embarrassment
- Suicide survivors get less social support and experience more intense feelings of guilt than other modes of death
- Not every suicide survivor needs therapy and not every therapist should treat survivors.
- Survivors have different needs, some reach out for help, others wait for a while, and many never get help

It's important for the therapist working with a suicide survivor to understand how a person reaches the point of contemplating suicide, and to educate themselves about the depression that people experience prior to choosing to take their own lives.

Therapy is important when the suicide affects the family severely. Support groups with other suicide survivors help people feel they are not alone on this, sometimes lonely and isolated path, following a suicide. The exchange of experiences in the group helps teach group members a variety of coping strategies as well as the feeling of helping each other often helps relieve strong feelings of anger and frustration at not being able to help their loved one.

SUICIDE SURVIVORS SUPPORT DIRECTORY

AMERICAN ASSOCIATION OF SUICIDOLOGY

[\(http://www.suicidology.org/\)](http://www.suicidology.org/)

The American Association of Suicidology (AAS) is a non-profit organization dedicated to the understanding and prevention of suicide. The focus of the Survivors Division is to understand the issues of survivors of suicide and incorporate them into suicide prevention efforts. Resources on the AAS website include *SOS: A Handbook for Survivors of Suicide*, articles from *Surviving Suicide* newsletter, fact sheets, and personal stories.

AMERICAN FOUNDATION FOR SUICIDE PREVENTION (AFSP)

[\(http://www.afsp.org/\)](http://www.afsp.org/)

The American Foundation for Suicide Prevention (AFSP) offers valuable information for survivors, including how to help children cope and how to find a suicide survivor group. AFSP sponsors National Survivors of Suicide Day, the Survivor E- Network, and survivor support group facilitator training program. AFSP also publishes an extensive bibliography, a support group directory, information about suicide and mental illness and handbooks on suicide loss.

SUICIDE PREVENTION RESOURCE CENTER

[\(http://www.sprc.org/\)](http://www.sprc.org/)

The Suicide Prevention Resource Center (SPRC) provides prevention support, training and materials to strengthen suicide prevention efforts. The section of its website titled Survivors offers resources for survivor support, including information on how to locate support groups. Survivor Resources is a comprehensive listing (with links) of survivor support groups, bereavement groups, resources on coping with grief, web-based support groups (including those for parents of children who have died by suicide and for friends and family of people who died by suicide), training and conference opportunities, books, and additional resources.

SURVIVING SUICIDE

[\(http://www.survivingsuicide.com/#site\)](http://www.survivingsuicide.com/#site)

A website for healing after the loss of a loved one by suicide. It is a comprehensive website created by a suicide survivor who now facilitates support groups. Resources available on this site include reading lists and information on coping with the loss of a loved one, reducing stress, and surviving the holidays.

Valuable material for helping children cope with suicide can be found on this site at

[\(http://www.survivingsuicide.com/children.htm\)](http://www.survivingsuicide.com/children.htm)