



Suicide Prevention Resources for Survivors of Suicide Loss



This sheet lists a selection of organizations, websites, and materials that can help people who have lost someone to suicide. Many of these resources were developed by survivors of suicide loss. Although not the focus of this sheet, many of the organizations listed also provide guidance on becoming involved in prevention, advocacy, and support for other survivors.

Organizations and Websites for Survivors

Alliance of Hope for Suicide Survivors

<http://www.allianceofhope.org/>

This organization for survivors of suicide loss provides information sheets, a blog, and a community forum. Through the forum, survivors can contact others with similar losses, share their stories, and discuss healing from a loss by suicide. The forum operates like a 24/7 support group with a team of trained moderators and a mental health clinician who contributes regularly.

Friends for Survival

<http://www.friendsforsurvival.org>

This organization is for people who have lost family or friends to suicide and professionals who work with people who have been touched by suicide. All of the staff and volunteers have been directly impacted by a suicide death. The organization produces a monthly newsletter and runs the Suicide Loss Helpline (1-800-646- 7322), which is available 9 a.m.–9 p.m., seven days a week. It has also published the guide *Pathways to Purpose and Hope*, which provides comprehensive information on building a community-based suicide survivor support program.

HEARTBEAT: Grief Support Following Suicide

<http://heartbeatsurvivorsaftersuicide.org/>

This organization has chapters providing support groups for survivors of suicide loss in Colorado and some other states. Its website provides information sheets for survivors and a leader's guide on how to start a new chapter of HEARTBEAT.

National Suicide Prevention Lifeline 9-8-8

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. An online chat option is available at <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

Parents of Suicides and Friends & Families of Suicides (POS-FFOS)

<http://www.pos-ffos.com/>

This website provides a public message board called Suicide Grief Support Forum, a listserv for parents, a separate listserv for others, and an online chat room for survivors of suicide loss.

Suicide: Finding Hope

<http://www.suicidefindinghope.com/>

This website provides information sheets, a resource list, and a few brief videos for survivors of suicide loss and also for suicide attempt survivors.

Key Suicide Prevention Organizations with Information for Survivors

American Association of Suicidology (AAS)

<http://www.suicidology.org>

AAS addresses many aspects of suicide prevention, intervention, and survivor support. Its website has a section called "Suicide Loss Survivors" (<http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>), which includes newsletter articles, personal stories, and a directory of support groups for survivors of suicide loss. There is also a section for clinicians who have lost a patient and/or family member to suicide. AAS, in collaboration with AFSP (below), organizes the one-day Healing After Suicide conference for suicide loss survivors and those who help them.

American Foundation for Suicide Prevention (AFSP)

<http://www.afsp.org>

AFSP provides a wide variety of services related to suicide prevention and coping with suicide. Its website has a section called "I've Lost Someone" (<http://www.afsp.org/survivingsuicideloss>), which offers information for survivors, as well as personal stories and a directory of support groups for survivors of suicide loss. AFSP provides a training program for support group facilitators and a survivor outreach program. AFSP also sponsors the International Survivors of Suicide Day, an event where the survivor community comes together for support and healing.

Suicide Awareness Voices of Education (SAVE)

<http://www.save.org>

SAVE is an organization that focuses on public awareness and education about suicide and suicide prevention. Its website has a section for suicide loss survivors called "Grief Support" (<https://www.save.org/what-we-do/grief-support/>) which contains information sheets, personal stories, and a directory of support groups for survivors of suicide loss.

Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org>

SPRC provides information, training, and technical assistance related to suicide and suicide prevention. Its online library has a large number of materials for survivors of suicide loss at <http://www.sprc.org/resources-programs?type=All&populations=155&settings=All&problem=All&planning=All&strategies=All&state=All>

Key Guides for Survivors

After a Suicide Resource Directory: Coping with Grief, Trauma, and Distress

<http://www.personalgriefcoach.net/>

This extensive online directory contains resources for survivors of suicide loss as well as for people who want to support survivors. It includes links to websites, booklets, online discussion forums and chat rooms, support groups, and resources for some specific populations and settings.

After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances

<http://www.sprc.org/sites/sprc.org/files/library/aftersuicide.pdf>

This booklet helps community and faith leaders plan memorial observances and provide support to survivors.

SOS: A Handbook for Survivors of Suicide

http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/SOS_handbook.pdf

Available in Spanish at http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/SOS_Espanol.pdf

This is a brief handbook to help people who have experienced a loss by suicide cope with their emotions and questions.

Suicide: Coping with the Loss of a Friend or Loved One

<http://www.save.org/product/coping-with-the-loss-of-a-friend-or-loved-one/>

This is a brief guide to understanding and coping with emotions and questions that arise from losing a friend or loved one to suicide.

Surviving a Suicide Loss: A Financial Guide

http://afsp.org/wp-content/uploads/2016/02/survivingasuicideloss_afinancialguide.pdf

This brief guide was developed to help survivors of suicide loss deal with personal financial issues, especially if the person who died was the primary bread winner or financial decision maker in the family.

Resources for Survivor Support Groups and Programs

Pathways to Purpose and Hope

<http://www.friendsforsurvival.org/pathways.html>

This is a guide for creating a support program for survivors of suicide loss that offers a variety of services on a long-term basis. It is designed to help any lay person start a new program or enhance an existing one. It provides instructions for developing an agency brochure, database, and website; welcoming new families; facilitating support meetings; compiling a newsletter; and other services. It also includes chapters on communications, finances and fundraising, training, governance, and evaluation, as well as sample forms and handouts.

Preventing Suicide: How to Start a Survivors' Group

http://www.who.int/mental_health/prevention/suicide/resource_survivors.pdf

This manual discusses the needs of suicide survivors and the ways in which self-help groups can help. It also provides guidance on how to establish and run a survivors' support group.

Training Program: Facilitating a Suicide Bereavement Support Group

<http://www.afsp.org/facilitatortraining>

This two-day training program uses lecture, interactive discussion, and role-playing to prepare participants to create and facilitate a survivor support group. There is one training on facilitating support groups for adults and another on facilitating support groups for children and teens. Trainings are offered throughout the year across the United States.

SurvivorVoices: Sharing the Story of Suicide Loss

<http://www.theconnectprogram.org/sites/default/files/site-content/docs/SurvivorVoices-BACK.pdf>

This two-day, in-person training program teaches suicide loss survivors how to speak safely and effectively about their loss—both publically and privately. It is usually provided to a group of no more than eight survivors to allow time for each person to share and get support.

The Basics: Facilitating a Suicide Survivors Support Group

http://www.sprc.org/sites/sprc.org/files/library/The_Basics_Facilitator_Guide.pdf

This guide provides information on survivor issues and starting and facilitating a survivor support group, handouts and resources that can be used by group facilitators, and reflections from a survivor's perspective.

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Suicide Prevention Resource Center

Web: <http://www.sprc.org> | E-mail: info@sprc.org | Phone: 877-GET-SPRC

For Loss Survivors

Tips of What Might Help and What Might Not Help

What Might Help

- **Expressing your feelings and thoughts:** finding ways to let out your feelings and having people who can listen to you and accept you and what has happened.
 - **Making opportunities to remember:** this may mean talking about the person, looking at pictures, and videos of them, going to places that remind you of them, creating a box with physical memories (tickets, cards, pictures, etc.), writing a journal or blog about them, or continuing to do activities you did together.
 - **Developing 'rituals':** having a way of marking their life, for example by visiting a special place, by creating a lasting memorial or by a simple act as lighting a candle at the same time each week.
 - **Participating in activities:** continuing to do things you have previously enjoyed, such as sports, social events, or music.
 - **Putting your feelings on paper:** you may not feel ready to talk to anyone, but writing down your thoughts and feelings may help you.
 - **Looking after yourself:** eating well and getting sufficient sleep.
 - **Spending time outside:** getting out of the house for a change of scene, connecting with nature or doing exercise.
 - **Meeting, speaking with or reading the words of other people who have been bereaved by suicide.**
 - **Developing an 'emotional first aid kit':** collecting together some things that can help when you are feeling sad or mad or even bad (a music play list, your favorite chocolate, a ball to kick, good reading books, spa candles and some form of cd's that play relaxing sounds or that have healing music).
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What Might Not Help


- **Avoiding talking about what happened:** although it may be really difficult to start with, talking to someone you can trust can make all the difference.
- **Drinking more, taking drugs:** it can be tempting to try and blot out the pain of what happened, but the short term oblivion doesn't take away the sadness and is likely to make you feel worse.
- **Hurrying to make big decisions:** it may be better to let some time pass before making major changes to your life.
- **Taking risks:** after someone close has died you may feel 'what's the point?' and take risks with your own health, for example driving too fast. Try and talk to someone you trust if you think you are risking your safety or that of someone else.
- **Not seeking help:** you may feel you can't ask for help as you are worried it will make you seem weak, or that you shouldn't bother other people when they are grieving (such as members of your family), or when they are busy (such as your doctor). But how you are feeling is very important, and there are people who want to help.



Beyond Surviving: Suggestions for Survivors

Iris M. Bolton

1. Know you can survive: you may not think so, but you can.
2. Struggle with “why” it happened until you no longer need to know “why” or until YOU are satisfied with partial answers.
3. Know you may feel overwhelmed by the intensity of your feelings but that all your feelings are normal.
4. Anger, guilt, confusion, forgetfulness are common responses. You are not crazy, you are in mourning.
5. Be aware you may feel appropriate anger at the person, at world, at God, at yourself. It's okay to express it.
6. You may feel guilty for what you think 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. Remember to take one moment or one day at a time.
9. Find a good listener with whom to share. Call someone if you need to talk.
10. Don't be afraid to cry. Tears are healing.
11. Give yourself time to heal.
12. Remember, the choice was not yours. No one is the sole influence on another's life.
13. Expect setbacks. If emotions return like a tidal wave, you may only be experiencing a remnant of grief, an unfinished piece.
14. Try to put off major decisions.
15. Give yourself permission to get professional help.
16. Be aware of the pain in your family and friends.
17. Be patient with yourself and others who may not understand.
18. Set your own limits and learn to say no.
19. Steer clear of people who want to tell you what or how to feel.
20. Know that there are support groups that can be helpful, such as Compassionate Friends or Survivors of Suicide groups. If not, ask a professional to start one.
21. Call on your personal faith to help you through.
22. It is common to experience physical reaction to your grief, e.g. headaches, loss of appetite, inability to sleep.
23. The willingness to laugh with others and at yourself is healing.
24. Wear out your questions, anger, guilt, or other feelings until you can let them go. Letting go doesn't mean forgetting.
25. Know that you will never be the same again, but you can survive and even go beyond just surviving.



Loss Survivor Support Resources

American Foundation for Suicide Prevention: Healing Conversations

<https://afsp.org/find-support/ive-lost-someone/healing-conversations/>

American Foundation for Suicide Prevention: Find a Support Group

<https://afsp.org/find-support/ive-lost-someone/find-a-support-group/>

American Association of Suicidology & A Voice at the Table Toolkit for Families and Friends Impacted by Suicide Crisis

<http://www.avoicetothetable.org/store.html>

Tragedy Assistance Program for Survivors (TAPS): Veteran Resources

<https://www.taps.org/>

To order more suicide loss survivor packets or additional loss survivor materials, please visit: www.healthtools.dhw.idaho.gov

Idaho Suicide Loss Survivor Support Groups

Boise Area

Facilitators: Keisha Harrison and Jake Davis
Where: First United Methodist Church
Cathedral of the Rockies, 717 N. 11th
Street, Boise
When: Second Thursday each month from
7:00 - 9:00 pm
Contact: Keisha Harrison, 208-484-5639 or
HarriKeish@gmail.com

Burley Area

Facilitators: *Simply Hope
Where: 1323 Oakley Avenue, Suite 20, Burley
When: Second Tuesday each month at 7:00
pm
Contact: Healing Grieving Hearts, 208-679-9401
Audience: Residents of Cassia County

Twin Falls Area

Facilitator: Donna Stalley
Where: Episcopal Church of the Ascension 371
Eastland Drive North, Twin Falls
When: Third Wednesday each month at 7:00
pm
Contact: Donna Stalley, 208-420-9208

Wood River Valley Area

Facilitators: *NAMI
Where: Flourish Foundation, 1030 Airport Way,
Hailey
When: Third Monday each month from 5:30 -
7:00 pm
Contact: programs@NAMIWRV.org

Pocatello Area

Facilitators: *Idaho State University Counseling
Where: Zoom online
Register: [https://www.isu.edu/counselingcenter/suicide-
prevention/survivors-of-suicide-loss](https://www.isu.edu/counselingcenter/suicide-prevention/survivors-of-suicide-loss)
When: Second Monday each month from 4:00
- 5:00 pm
Contact: Rick Pongratz, rickpongatz@isu.edu
Audience: for students/faculty/staff

Facilitator: Matt Hardin and Jan Eastman
Where: Hope and Recovery, 1001 N 7th Ave.,
Pocatello
When: 3rd Tuesday each month from 6:00 -
7:30 pm
Contact: Hope and Recovery, 208-821-0716

Idaho Falls Area

Facilitators: Jeni Griffin and Taylor Graff
Where: Idaho Falls Public Library, Room 4
457 W. Broadway, Idaho Falls
When: First Thursday each month from
7:00 - 8:30 pm
Contact: Community Suicide Prevention, 208-
243-9411 or
communitysuicideprevention@gmail.com

Facilitators: *Center for Hope
Where: Center For Hope, 530 East Anderson,
Idaho Falls
When: Thursdays from 5:15 - 6:15 pm
Contact: Center for Hope, 208-538-1888

* = General grief/loss support group.

Idaho Suicide Loss Survivor Support Groups

Coeur d'Alene Area

Facilitator: Valerie Phillips
Where: Panhandle Health District, 8500 N. Atlas Road, Hayden
When: First Wednesday each month at 6:00 pm; virtual attendance is available
Contact: Valerie Phillips, 208-415-5285 or spanofni@phd1.idaho.gov

Teton Valley Area

Facilitators: *Teton Valley Mental Health Coalition
Where: 76 N. Main Street, Suite 206, Driggs
When: Last Tuesday each month at 6:00 pm
Contact: TVMHC, 208-354-6198

Lewiston Area

Facilitators: *Willow Center for Grieving Children
Where: 1714 G Street, Lewiston
When: First and Third Tuesday each month
Contact: Willow Center, 208-791-7192 or office@willow-center.org
Audience: children/youth

Facilitators: Kris Sal Dana
Where: ID Dept. of Labor, 1158 Idaho Street, Lewiston
When: Third Wednesday each month from 5:30 - 7:00 pm
Contact: Kris Sal Dana, 208-553-060 or 2022hope4you@gmail.com
*Messages and email checked 2x/week

Throughout Idaho or Online

Facilitator: *GriefShare
Where: Faith-based locations – search by zip code
When: Various schedules depending upon location
Contact: <https://www.griefshare.org/findagroup>

Facilitator: AFSP, American Foundation for Suicide Prevention
Where: online
When: various schedules
Contact: <https://afsp.org/find-a-support-group>
The Alliance of Hope for Suicide Loss Survivors was created by survivors for survivors. The online forum is available for loss survivors 24/7.

* = General grief/loss support group.





Healing Conversations

Personal support for suicide loss

Healing Conversations gives those who have lost someone to suicide the opportunity to talk with our experienced volunteers. Our trained volunteers have experienced suicide loss themselves, and know firsthand the pain associated with this type of loss. They can help provide guidance and empathy, and share useful community resources.

Available in person, on the phone or by video chat.

afsp.org/HealingConversations



**American
Foundation
for Suicide
Prevention**



Dear survivor,

We are so sorry for your loss and grieve with you at the passing of your loved one. This folder of information was prepared in the hope that it will bring you comfort, clarity, peace and healing. You are now a “survivor” or what is called a “survivor of suicide loss” and you are not alone.

Most survivors find the loss of a loved one to suicide the most intense and difficult experience of their lives. It doesn’t make sense and you may feel a lot of emotions- including shock and disbelief. Know that others have walked this difficult path before you and understand what you are going through right now. Reach out to those who have survived a suicide loss. Move forward step by step at your own pace and do not allow anyone to rush or criticize your grieving process. You are not alone.

Suicide loss survivor groups in Idaho are playing vital roles today in helping survivors of loss begin healing. Facilitators (group leaders) often respond early to families and close friends after a suicide and can provide invaluable information. For group meetings, go to <https://afsp.org/find-support/ive-lost-someone/find-a-support-group/> for more information on survivor groups. Additional support can be found through Healing Conversations, an AFSP survivor support program. This program gives a person who has lost someone to suicide the opportunity to talk with experienced volunteers who can offer understanding and guidance in the weeks and months following a suicide death. <https://afsp.org/find-support/ive-lost-someone/healing-conversations/>

What we knew as “normal” never returns but we eventually realize that we can find meaning and happiness in our lives. We learn that sadness and joy can exist together and are not mutually exclusive.

Know that there are those who are silently caring,

Carmen Stanger-Barney, survivor of loss of her daughter

Brandi Daw, survivor of loss of her brother

Jeni Griffin, survivor of loss of her son and nephew

Kirby Orme, survivor of loss of his daughter and son

Catherine Perusse, survivor of loss of two sons

Karen Petit, survivor of loss of brother

Mary Pierce, survivor of loss of brother

Stewart Wilder, survivor of loss of son

IDAHO CRISIS CENTERS

Idaho's Behavioral Health Community Crisis Centers provide services to adults, 18 and older, in need of mental health and/or substance use disorder crisis services. Centers are open 24 hours, seven days a week.

If you or someone you know is in crisis
or emotional distress please call
1-800-273-TALK (2733) or
1-208-398-HELP (4357)
Idaho Suicide Prevention Hotline



1 North Idaho - Crisis Center
2195 Ironwood Court, Suite D, Coeur d'Alene, Idaho 83814
(208) 625-4884 www.nicrisiscenter.org

2 Rural Idaho Network
Clearwater, Idaho, Moscow, and Lewis County
7192 Potomac Drive, Boise, Idaho 83704
(877) 897-9027 www.livebetteridaho.org

3 Western Idaho - Community Crisis Center
524 Cleveland Blvd., Caldwell, Idaho 83605
(208) 402-1044 www.widccc.org

4 Southwest Idaho - Pathways Community Crisis Center
7192 Potomac Drive, Boise, Idaho 83704
(208) 489-8311 www.pcccsi.com

5 South Central Idaho - Crisis Center
570 Shoup Avenue West, Twin Falls, Idaho 83301
(208) 772-7825 www.ccosci.org

6 East Idaho - Behavioral Health Community Crisis Center
1650 N. Holmes Avenue, Idaho Falls, Idaho 83401
(208-522-0727) www.eastidahocrisis.com

7 Southeast Idaho Behavioral Crisis Center
1001 N. Seventh Avenue, Pocatello, Idaho 83201
(208)909-5177 www.seibcc.com



IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



You don't have to go through this difficult experience on your own. Suicide affects millions each year, and the American Foundation for Suicide Prevention offers resources to help loss survivors cope, connect, and heal.

Resources

Healing Conversations

Our trained volunteers have experienced suicide loss themselves, and are available to visit with you by phone, through video chat, or in person to help guide you in the aftermath of a suicide. Learn more at afsp.org/HealingConversations.

International Survivors of Suicide Loss Day

On Survivor Day, people all over the world gather at local events to find comfort, gain insight, and share stories of healing and hope. Learn more at afsp.org/SurvivorDay.

Suicide Loss Survivor Support Groups

AFSP maintains an online directory of support groups so you can easily find groups in your community. Learn more at afsp.org/SupportGroups.

Loss Survivor Documentaries

AFSP's documentaries show that through resilience and support, loss survivors can find hope, meaning, and even joy in their lives while celebrating the lives of those they've lost. Watch all our films at afsp.org/SurvivorDayFilms.

Books about Suicide Loss

Find recommended books about suicide, suicide prevention, and suicide loss at afsp.org/books.

Lifekeeper Memory Quilts

Our memory quilts – both physical and digital – allow suicide loss survivors to share stories of their loved ones through individual memorial squares. Visit afsp.org/quilt to learn more.



American
Foundation
for Suicide
Prevention

After a Suicide



American
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for Suicide
Prevention



**Know that you
are not alone.**

The Immediate Aftermath

There are common realities you may have to address in the first few days after your loss, such as assisting the police, making preparations for a funeral or memorial service, arranging an obituary, and talking to people (possibly including children) about what happened.

This is a lot to take on, especially as you do your best to process so many difficult feelings.

For practical information on what to do in the immediate aftermath of a suicide loss, please visit afsp.org/immediately-after-a-loss.

Understanding Suicide Loss

Everyone experiences suicide loss in their own way. In addition to common grief responses such as sadness and shock, you may also feel anger, shame, disorientation, relief, and guilt.

Allow yourself to feel what you feel and understand that healing takes time. If you are struggling to cope or experiencing suicidal feelings, reach out to a mental health professional.

Understanding the Why

Though research shows that most people who take their own life have a mental health condition at the time of their death, the reasons behind any suicide are complicated and answers may be hard to find. It's natural, at first, to dwell on how a loved one died (or even why they died), but focusing instead on the time you shared together may help you move forward in your healing journey.

Healthy Healing

Be Patient

Know that everyone grieves at his or her own pace. Give yourself time.

Take Care of Yourself

Eat nutritiously. Get sleep and exercise. Even a 10-minute walk can make a difference.

Seek Professional Help

Many people find that counseling helps them deal with their grief in healthy ways.

Learn about Suicide Loss

Knowing what to expect often helps you get through the more difficult times.

Connect with Other Suicide Loss Survivors

Find comfort by reaching out to people who understand what you're going through.



Recovering From Suicide Loss

A Self-help Handbook
For Those
Who have Lost
Someone to Suicide



Survivors of Suicide, Inc., Folcroft, PA

Phillysos.tripod.com

June 2004

Updated June 2013

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Some Books About Suicide Loss

About Survivors of Suicide, Inc. (SOS)

Suicide Loss Support Groups and Meeting Locations

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This booklet was written in loving memory of Paul A. Salvatore 1968-1996

Survivors of Suicide, Inc. (SOS)
Suicide Loss Support Groups and Meeting Locations
(July 1, 2013)

--- Continued ---

Wednesday

Montgomery County, PA

Bryn Mawr Hospital, Clothier Auditorium

Bryn Mawr Ave & County Line Rd

Bryn Mawr, PA

1st Wednesday 7:30 PM

Chester County, PA

Paoli Memorial Hospital

Paoli Medical Building I (behind hospital), Willistown Room

Route 30, Paoli, PA

2nd Wednesday 7:30 PM

For additional Support Group Locations that may be closer to you please go to the Helpful Links Page and click on the American Foundation for Survivors of Suicide/Survivor Information or American Association of Suicidology Survivor Information Links

Survivor of Suicide, Inc.

215-545-2242

SOSPhilly.org

Survivors of Suicide, Inc. (SOS)
Suicide Loss Support Groups and Meeting Locations
(July 1, 2013)

Tuesday

Philadelphia County, PA
3535 Market St., Phila., PA - Rm 2037
1st Tuesday 7:30PM

Central Bucks County, PA

St. Paul's United Methodist Church
2131 Palomino Drive, Warrington, PA
2nd Tuesday 7:30 PM

Camden County, NJ

Barrington Municipal Building
229 Trenton Ave., Barrington NJ
2nd Tuesday 7:00 pm

Philadelphia County, PA

Aria Health, Torresdale Campus
Conference Room #4
Knights & Red Lion Rds., Phila., PA
2nd Tuesday 7:30 PM

Delaware County, PA

Main Line Health Center, Comm. Rm. C
3855 West Chester Pike,
Newtown Square, PA

Just west of the Route 3 (West Chester Pike)/Route 252 intersection. Enter through the Main Entrance on the side of the building that does not face West Chester Pike
3rd Tuesday 7:00 PM

Lower Bucks County, PA

Aria Health/Bucks County Campus
Development Office,
Ground Floor, Conference Room D
380 N. Oxford Valley Rd, Langhorne, PA
4th Tuesday 7:30Pm

About this Handbook:

Losing someone that you loved or cared for to suicide is the absolute worse loss that anyone can endure. No one is prepared for it and only those who have experienced it can know what it involves and how it feels.

This handbook provides some basic information for those who are bereaved by a suicide. It is based on the self-help philosophy of Survivors of Suicide (SOS). It covers topics frequently discussed at SOS support group meetings and concepts from the suicide loss literature.

We have used a question and answer format because the grief journey that a suicide loss sets you on is often driven by a search for answers. This booklet can be read in order of the questions that most interest you.

This booklet is not a substitute for the mutual self-help offered through SOS or other support groups. It is a supplement to such support. It may be a resource for those in settings or communities without such services.

Suicide loss is psychologically and physically traumatic. You should see your health care provider as soon as possible after your loss. This booklet is not meant to replace the advice of qualified health care professionals.

A list of local suicide loss support groups is in the back of this booklet. Contact SOS at 215-545-2242 (phillysos@hotmail.com) with any questions or for information about help in the greater Delaware Valley. You may find resources in other areas in the Human Services Section of the phonebook or by calling a hospital, hospice, or grief counselor in your community.

What do you mean by recovery? What does that have to do with loss?

Recovery means, "to regain," "to get back," or "to restore." It has a lot to do with loss and with you.

Recovery is not "healing" or "getting over it" or "closure." Those terms do not apply to what you have experienced. Suicide loss does not go away, and it cannot be left behind.

You have not only lost someone dear to you; you have lost a part of yourself. You have lost your normality. You can't get back your loved one or your friend, but you can get back, recover, that sense of things being normal that you felt before your loss.

You can't get back to who you were before your loss. A suicide, to some degree, changes those that it affects. However, you can get to a different normal, a "new normal." You will always feel your loss, but you can move beyond its abnormal consequences. That is what recovery is all about.

Recovery is a process of learning to deal with each day's challenges. It is adding coping skills, and to getting to where you are living with your grief rather than only grieving. Self-help aids recovery.

In regard to suicide loss, a significant lessening of most of the emotions that you are feeling right now marks recovery. The anxiety, the sadness, the depression, the stress, and the pain gradually become manageable and eventually move into the background. Your personal, social, school, or work-related activities become less of a strain and more routine.

Recovery is not passive; it is not just letting things take their course. It is active, something that you have to work at and work towards. It is how you get back your well-being and quality of life. Recovery is the goal of your journey through suicide grief.

About Survivors of Suicide, Inc:

SOS is a nonprofit, all-volunteer organization. It started in the Philadelphia, PA area in 1983. Two mothers who had experienced a suicide in their families were separately looking for other people who had suffered this tragedy. They sought a "safe place" with people who had "been there."

No such resources was available, but they "connected" through contacts with the Self-help Clearing House in Philadelphia started our first support group. Soon after, a second group opened in Chester County. This group, based in West Chester, was continuously active for many years.

In 1987, an SOS group was formed in Delaware County. The group has now been in existence for 15 years. Groups followed in Bucks County, Montgomery County, southern New Jersey, and adjacent areas. SOS offers conferences on suicide loss and a newsletter.

We believe that sharing our experiences and feelings with each other is the best form of help. We feel that all who have suffered a suicide loss can help others comprehend the incomprehensible. We strive to assure the availability of a safe place to give and receive support.

Our mission is to offer support to individuals and families suffering from the trauma of losing someone to suicide. We accomplish our Mission by:

- Providing monthly support group meetings in the tri-state area facilitated by volunteers who are survivors of suicide.
- Promoting the increased availability of grief support resources.
- Providing community information and education on suicide loss and survivorship.

**SOS, INC. WELCOMES DONATIONS
AND ACCEPTS CONTRIBUTIONS IN MEMORY OF LOST LOVED ONES**

SOS participates in the E-Scrip program through Safeway and Genuardi's Markets. You may designate SOS for your United Way contribution. Our number is 09449. Our address is: Survivors of Suicide, Inc., 2064 Heather Road, Folcroft, PA 19032

Rita Robinson (1989) *Survivors of Suicide*, Newcastle Publishing

Ann Smolin and John Guinan (1993) *Healing After the Suicide of a Loved One*, Fireside Book Simon & Schuster, NY

Eleanora "Betsy" Ross (1986) *Life After Suicide - A Ray of Hope for Those Left Behind*, Lynn Publishing, Iowa City, IA

Danielle Steel (1998) *His Bright Light, The Story of Nick Traina*, Delacorte

David C. Treadway (1996) *Dead Reckoning: A Therapist Confronts His Own Grief*, Basic Books, NY

Gloria Vanderbilt (1996) *A Mother's Story*, Random House, NY

Alison Wertheimer (1991) *A Special Scar, The Experiences of People Bereaved by Suicide*, Tavistock/Routledge, New York

Susan Wesner (1999) *Survivors of Suicide; A Support Group Leader's Handbook*; STAR Center Publications, Pittsburgh, PA

Adina Wroblewski (1991) *Suicide Survivors: A Guide for Those Left Behind*, Afterwords Publishing, Minneapolis, MN

Some Books About Grief in General

Kenneth J. Doka (Ed.) (1996) *Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke*, Hospice Foundation of America, Washington, DC

Kenneth J. Doka (Ed.) (1989) *Disenfranchised Grief: Recognizing Hidden Sorrow*, D.C. Heath, Lexington, MA

John W. James & Russell Friedman (1998) *The Grief Recovery Handbook*, Harper Collins

Teresa A Rando (Ed.) (1988) *Grieving: How to go on Living When Someone You Love Dies*, Lexington Books, Lexington, MA

What do I need to get started on recovery from my loss?

In the short-term, that is in the first weeks and months of your bereavement, you may need any or all of the following: to see that what you feel is normal; to get support; to learn more about suicide; to gain insight into your loss; and to minimize your risk of adverse grief reactions.

You are probably asking yourself, how can what you feel possibly be considered "normal"? It is what happened to you and the one that you lost that is abnormal. Suicide is the most abnormal death; suicide loss is the most abnormal loss. Your emotional response to them is perfectly normal.

Support is a term that you will see a lot of in the pages to follow. This may not be something you've needed with past losses. This is because those were probably comparatively normal deaths. They may have involved old age, natural causes, and may have been expected. You felt the loss but you recovered quickly. The present situation is very different. You may be able to go it alone, but it will be much easier with support.

Suicide is not something that most of us knew anything about before our loss. We knew that it happened, but it couldn't or wouldn't ever happen to us. We know better now. We now need some fundamental knowledge of what suicide is and why it occurs to begin to relate to our loss. We also need knowledge to fend off ignorance about suicide that we may find hurtful.

Probably one of the last words you want to hear right now is risk. Nonetheless suicide loss makes you vulnerable to a wide range of problems. You may experience some or none of them, but you must be aware of them and alert for their signs in yourself and those who share your loss. Depression and severe anxiety reactions can occur. Complicated grief reactions can occur. Worst of all, suicidality can occur.

We will discuss these needs and concerns. We all grieve differently and what we are trying to provide is more of an orientation than a roadmap.

Why do I feel like things are out of control?

You have suffered the greatest and most horrible emotional shock of your life. Suicide is a severe traumatic loss. It is the worst traumatic loss of all. It is sudden. It is unexpected. It may also have been violent.

Suicide loss is the worst loss that anyone can suffer. It not only tears someone that you loved or cared for from your life, it also temporarily shatters you and leaves you forever changed in many ways.

You may feel betrayed, angry, out of control, disoriented, and hurt. You may feel that the one you lost has let you down by leaving you behind to mourn. You may feel anger that he or she never gave you the chance to help. You may feel guilt or responsibility because you feel that you should have or could have done something to prevent this. You have lost your emotional bearings and you can find nothing in your past experiences to help you cope. Most of all you feel a searing and growing pain in your heart and in your soul.

This is what happens after a suicide. This is what all of us who have been where you are felt at some point. Nobody is ever ready for the aftermath of a suicide. No one can ever be ready. It overwhelms anyone whom it directly affects. Suicide is not "painless." Suicide loss is utterly incomprehensible to anyone who has not lived it.

However, for all but a very few people, what you are feeling will pass in time. How long this takes depends on you, your resilience, and the support that you give to and receive from those who share your grief. You will recover and arrive at a "new normal" in which you come to terms with what has happened. You are taking some of the first steps in this process right now by learning some things that will hopefully help you on your way.

Some Books About Suicide Loss

Victoria Alexander (1991) *Words I Never Thought to Speak: Stories of Life in the Wake of Suicide*, Lovington Books

T.W. Barrett (1989) *Life After Suicide: A Survivor's Grief Experience*, Richtman's.

Lois Bloom (1986) *Mourning After Suicide*, The Pilgrim Press, Cleveland, OH

Iris Bolton with Mitchell C. Bolton (1983) *My Son, My Son: A Guide to Healing After A Suicide in the Family*, Bolton Press, Atlanta, GA.

A.C. Cain, (Ed.) (1972) *Survivors of Suicide*, Charles C. Thomas.

Trudy Carlson (1998) *Ben's Story: The Depression, ADHD, and Anxiety Disorder That Caused His Suicide*, Benline Press, Duluth, MN

Trudy Carlson (1995) *The Suicide of My Son: A Story of Childhood Depression*, Benline Press

Sue Chance (1997) *Stronger Than Death: When Suicide Touches your Life*, W. W. Norton & Co., NY

Corinne Chilstrom (1993) *Andrew, You Died Too Soon*, Augsburg Fortress

E.J. Dunne, J.L. McIntosh, and K. Maxim-Dunne (Eds.) (1987) *Suicide and its Aftermath: Understanding and Counseling the Survivors*, Norton & Co., NY.

Carla Fine (1997) *No Time to Say Goodbye: Surviving the Suicide of a Loved One*, Doubleday, NY

Mariette Hartley (1991) *Breaking the Silence*, Mass Market, NY

John H. Hewett (1980) *After Suicide*, Westminster Press, Philadelphia, PA
Christopher Lucas and Henry M. Seiden (1989) *Silent Grief: Living in the Wake of Suicide*, Bantam Books

What are some things that may complicate my grief?

Situations like these may worsen your loss experience:

- Inability to express your grief - You may be in a setting (e.g., prison, the military) where open grieving is not possible or you may be around others who discourage your grieving or deny your loss. If you can't control your circumstances grieve as you can in private. You have a right to grieve and you must do what you can to exercise this right for your own sake.
- Witnessing a suicide or discovering the body - Being present when your friend or loved one's suicide took place or coming across her or his body may increase the trauma you experience. You must be concerned about possible Post-traumatic Stress Disorder (PTSD). Try to replace the image in your mind with that of a past pleasant memory or photo.
- Not being in the area when the loss occurred may intensify your sense of responsibility or guilt. Also, being apart from those who share your loss may cause you to feel isolated and alone in your pain. It is important to find a way to pay your respects even if you are unable to attend the funeral or memorial service. Hold a personal memorial if you must.
- Controversial suicide - Most suicides are relatively private and only known to a few people. Others may be "newsworthy" because of the method or public stature of the victim. The media can be insensitive to the bereaved and their questions may be hurtful. It may be best to avoid reporters or ask a trusted friend to speak for you.
- Legal issues - The police, the medical examiner, and the coroner are part of every suicide (which is treated as a homicide until determined to be otherwise). Their investigations and your cooperation are necessary but painful. As with other unwelcome intrusions, you may need to literally grieve around them until they resolve their concerns.
- Problematic relationship - You may have been estranged from your lost friend or loved one at the time of her/his death. You can't change that, but you can try to set it aside and connect with the memory of a time when things were better. Such a "virtual" reconciliation will make it easier for you to get on with recovering from your loss.

These are all complex factors that can't be fully considered here.

Why did this happen?

This is the \$64 Billion question. You may be fixated on it for months or even years. You need an answer and the search starts even before the tears have left your eyes. Sometimes an answer is found, but more often than not we just reach a general understanding.

Every suicide is different and the circumstances leading up to it are always unique to the individual involved. However, many studies of suicide suggest that it comes about because of intense psychological pain and extreme feelings of hopelessness on the part of the individual taking his or her life.

Psychological pain is something that many of us may have felt to some degree from time to time (and may be feeling right now), but most of us are not familiar with it. It comes about when there is some seemingly irresolvable and totally frustrating situation on our life. This may be a compelling personal, interpersonal, financial loss and/or problem, or something else.

Whatever the nature of this loss or problem it is something that we find devastating and something that we cannot resolve. Our coping and problem-solving skills do not suffice and our self-esteem and sense of control over our lives diminish significantly. This brings about hopelessness. We may never really know the source of the pain that our loved one felt. If we do, we may not understand why he or she found it to be so troubling.

Sometimes this psychological pain becomes so severe and unbearable that those enduring it believe that it can only be stopped by death. This is when and how a suicide may happen. The tragedy of suicide is that those we have lost cannot see that their pain was only temporary. Suicide is also greatly facilitated by drinking or using drugs, which lessen inhibitions and increase impulsiveness. This heightens vulnerability to thoughts of suicide and make things much worst.

Why didn't I know?

This is another question that you may struggle with for a long time and settle for something that may be less than conclusive. It is difficult to determine when someone is at very high risk of suicide. This is partly because most people just don't know the symptoms of depression or the warning signs of extreme hopelessness or suicide.

Many of those suffering depression may make some effort to hide it. This is especially the case with male teenagers and men. Some may not have realized that they were suffering from depression. Others may have feared seeming weak or incurring shame or stigma if they asked for help. It is also sometimes difficult to tell depression and hopelessness from "the blues" or "being down." Even when we ask we may be told "Oh, I'm just a little sad but I'll be okay."

While there are several distinct warning signs, not all suicidal individuals show any signs of their risk or danger. Even when there is concern it is very hard to accept that someone you know so well is in mortal danger of suicide.

Being life-affirming and non-suicidal makes it hard to recognize the opposite states in others. It is hard for anyone to believe that someone that they care for dearly, someone that we would do anything for may be suicidal.

This may even be the case with those who have made previous suicide attempts. We wanted to believe that our loved one or friend was not at risk and we did. In reality, few of those who attempt suicide go on to complete suicide, but some do, and no one can tell for sure who will.

What will I need later to help my recovery?

What you do early on in your grief experience is crucial to how well you do later on. However, your work isn't over when you are able to finally put these first seemingly endless weeks and months behind you. You still have a long road to travel before you will feel that you have recovered from your loss. Here we'll briefly look at some tasks that you will get to later.

In order to recover from your loss, you must maintain recovery as your goal. You must be ready to deal with "triggers". These are events or things that may rekindle your grief and possibly cause you to lose ground on your movement towards recovery.

The most common triggers are occasions that may forcibly remind you of your loss. Chief among these is the first and subsequent anniversaries of your loss. The first holidays after the loss and the traditional holiday's thereafter may be problematic, especially if they were "family days" or involved family get-togethers.

The best way to handle these occasions is to not go it alone. Draw on the support of those you trust. If this is not an option, avoid the "empty chair syndrome" by going out for dinner rather than eating at home or at a relative's, if that was your custom.

Another trigger may occur when you experience the death of someone close or even a much-loved pet. You may find yourself taking the loss harder than you might have expected. This is because you still have some open grief issues. Don't be reluctant to seek help if you may need it.

Lastly, it cannot be overstressed that we all grieve in our own way. Likewise, we each have our own path to recovery from our loss. Proceed at your own pace. Don't set impractical goals or let others impose unrealistic expectations for you.

What is a self-help support group?

Mutual self-help is the process of helping yourself through helping others. Being a member of a group facilitates this process and provides a sense of belonging, acceptance, and normalization. Support is critical to recovery from suicide loss and groups are an effective way to provide support.

Participation in a support group is empowering and enhances self-esteem and coping ability. Information sharing and self-education are key elements. Many suicide grievors describe support groups as "safe places" where they know they are with others who understand their loss and their feelings.

Most grief support group meetings simply involve participants introducing themselves, saying what they are comfortable in saying about their loss, and sharing thoughts and feelings on grieving. Facilitators may share copies of materials for possible discussion. Some groups may have guest speakers.

Grief support groups may take one of two forms. Some, like those run by SOS, are "open-ended." This means that there is no fixed agenda or time frame and you can join the group at any time. Other groups may be "closed ended" in structure. This means that they cover a preset agenda over a set period of time, usually 8 to 10 weeks.

Some support groups are peer-led, which means the facilitator is a suicide griever. This is the case with groups sponsored by SOS. Volunteers or professionals who are not suicide grievors may also lead groups. Most grief support group leaders act as facilitators rather than chairpersons. They try to assure that each meeting is meaningful and effective for all in attendance.

Individuals or organizations seeking to fill a need in their community start most groups. While there is no firm rule, most group leaders who are suicide grievors have found the role easier to handle after they have had some time to come to terms with their own loss. The best way to start is to attend a group to see what's involved.

Why didn't my loved one or friend tell me?

Some individuals may find it very hard to ask for help. This is felt to be part of the reason that more males than females complete suicide. Other suicidal individuals may not want to burden others, in particular those whom they most care for, with their problems or cause them to worry.

Some may feel shame at being suicidal. While suicide bears less stigma than in the past many suicidal individuals stigmatize themselves.

Personal and religious beliefs may cause them to keep their feelings to themselves.

Psychological pain is not conducive to open communications. Intense pain of any kind is distracting and consuming. It makes its sufferers self-centered and apart from those around them. Severe pain is alienating. It takes away the sense of control and the sense that anything can be done about it.

Being suicidal is a tremendous psychological burden that may distance those bearing it from those who care about them. Most suicidal individuals do not really want to die. They just want to end their pain and hopelessness.

Many of those who complete suicide struggle with this ambivalence to the end. It is becoming increasingly clear that suicide is strongly related to changes in the brain and to chemical imbalances in the body. These factors may override the individual's ability to reach out.

Just because the one we lost didn't or couldn't share their anguish doesn't mean that he or she didn't care for those now suffering because of the loss.

Tunnel vision is part of being suicidal.

Why didn't somebody do something?

Suicide is not predictable. To some degree it can be determined that someone may be at risk of completing suicide. However, there is no way to definitively project if or when a particular individual may complete suicide.

Sometimes suicidal individuals do share their intentions with others. Those whom they tell may simply not believe them or may just not know what to do.

Often those around someone who has a history of self-injury or even multiple suicide attempts come to be less concerned over time. They may not realize that risk is growing as the suicidal behavior continues. Consequently, they may let down their guard and just stand by.

Perhaps the most tragic situation is when a suicidal individual binds others to secrecy about her or his plans. This often happens among teenagers who remain silent out of loyalty. They may fear losing a friendship and not realize that they may lose a friend.

Even professionals have a hard time seeing that someone's suicidal. Many suicidal individuals had contact with a health care provider shortly before their deaths. However, inadequate depression screenings and suicide risk assessments may cause these conditions to go unrecognized.

Mental health professionals may also be shortsighted about risk. Misplaced concerns about privacy and confidentiality may deter warnings to others.

Overall, suicides happen because suicide prevention efforts are limited where they exist at all. Crisis intervention services are inconsistent and unevenly available. And postvention or aftercare for suicide attempters or those who have experienced other suicidal behavior is almost nonexistent.

Can the Internet help with my grieving?

As we have indicated throughout this booklet, coping with suicide loss and working towards recovery require information and support. Both of these can be found on the Internet.

There are thousands of websites offering information about suicide and suicide loss. Most sites dealing with suicide are intended for general audiences. This means that they may not necessarily approach the topic in a manner that meets your needs as a suicide griever.

Some site may offer misinformation or reflect perverse personal, political, philosophical, or religious views about suicide or its victims. There are also sites containing graphic images or copies of suicide notes. Obviously sites of this nature will be of little help.

Here are three good places to visit for information about suicide:

Suicide Prevention Resource Center (www.sprc.org)
American Foundation for the Prevention of Suicide (www.afsp.org)
American Association of Suicidology (www.suicidology.org)

In regard to suicide loss, there are hundreds of personal sites memorializing a lost loved one. There are fewer resources sites about suicide loss. These can be found by searching for "suicide survivors" or "survivors of suicide".

Our advice is to proceed with the same degree of caution and common sense that you would apply to using any such interactive communication resource. Remember that all the participants are as sensitive and vulnerable as you may be, and some may need much more help than can be found on-line.

A comprehensive site for suicide grieverers that also offers some moderated on-line support resources is "1000 Deaths" (www.1000deaths.com).

(A listing of books that may be of interest is at the back of this booklet)

What can I do to help myself get through these phases?

During the dissonance phase, the period of total personal and interpersonal disruption and turmoil, you can do two things to get your bearings. The first is to acknowledge your loss as a suicide and avoid denial. Don't adopt a mentality of silence. Talk about what happened in so far as you can do so. The second is to seek out support, particularly from among those closest to you. Offer them your support and understanding.

In the debilitation phase, you need to adopt a damage control mode. It is almost impossible to stand against the emotional forces overtaking you. But you should try to control your reactions as much as possible. An example would be to strive to resolve any feelings of anger that came with your loss. Try to neutralize or at least move away from any sense of guilt. Maintain outside support. You can also start to try and learn more about suicide and to answer some of your "why" questions, but this may be difficult.

The desensitization phase is amenable to self-help because your capabilities in this area are coming back. Learning will come easier. You will be less encumbered by the raw emotion that you felt earlier. You can more objectively examine your feelings of guilt, blame, or responsibility. If your self-worth and self-esteem took hits early in your grief now is the time to rebuild.

The differentiation phase centers on coming to terms with your loss and on your acceptance of your personal changes. You develop a perspective on your loss that you can live with. At first you may be more conscious of this accommodation; it may even make you feel uncomfortable. Your task is to see that your arrival at a "new normal" is the return of wellness and normalcy to your life. You are not leaving your loved one or friend behind. You are outgrowing some of the more dysfunctional aspects of your loss.

What role does mental illness play in suicide?

Mental illness is involved in some way in about 90% of all suicides. This is often misunderstood to mean that mental illness causes suicide or that only those who are mentally ill complete suicide. Neither is true.

Studies linking suicide to mental illness are mostly based on interviews after the suicide. The data for each individual is reviewed and a determination is made if the signs of a diagnosable mental illness are present. Depressive disorders are the most common illnesses found to be associated with suicide.

So, what does this mean? Mental illness in general, and depression in particular, are risk factors for suicide not causes. Untreated or under-treated mental illness is a serious source of stress and can bring about psychological pain and hopelessness, which may lead to suicide. Also, mental illness in combination with some adverse life event may lead to suicide.

Ignorance or misinformation about mental illness causes suicide. The stigma still strongly associated with any type of mental illness keeps many who could be helped from seeking help. Teenagers, adults, and elders alike may unnecessarily increase their risk of suicide by letting what they think others may think of them stand in the way of doing something about their problems.

Those bereaved by a suicide may come to learn how ignorant some people are about mental illness firsthand. It is not unusual for us to be beset by unkind and unfounded comments about our loved one's mental health.

Even in cases where our loved one had a serious mental illness it was not that alone that caused their death and our loss. Mental illness is often chronic and sometimes disabling, but it doesn't have to be fatal.

What about suicide loss and mental illness?

A suicide loss may definitively affect the mental health or wellness of someone without mental illness. It can also have a negative impact on the well-being of someone with a mental illness.

Children and adults who have experienced a significant interpersonal loss from any cause have been found to have an increased short-term and long-term vulnerability to mental illness. In adults, major depression, anxiety disorder, and other illnesses have been linked to traumatic loss. When the traumatic loss is caused by suicide the vulnerability is greater.

For some any mental health consequences of the suicide loss may pass as they recover from their loss. For others, problems brought on by a suicide loss may persist or even worsen. That is why you must see your health care provider. There's no medication for grief, but treatment is available for some of the problems that may accompany it.

Individuals with a history of mental illness may be very seriously affected by the loss of a relative or friend (or therapist) to suicide. At the very least one's support system may be weakened or totally lost. This plus the emotional turbulence set off by the loss may make an existing illness worse or trigger a relapse in someone who had things under control.

Suicide loss influences attitude and motivation. It is hard to feel positive after a suicide and it's often hard to do anything but grieve. It is especially hard sometimes to care about yourself. Treatment routines and efforts to maintain sobriety may be casualties.

Here's a reality check: The more you let your loss impact your mental wellness the more you are increasing your own exposure to the risk of suicidal thoughts, suicide attempts, and possibly completing suicide. You may feel so bad that you don't care, but suicide is like that bunny in the battery commercial - it keeps on going. The one that you lost didn't have any idea how you would be affected by his/her death. But you know how a suicide feels to those left behind. Take care of yourself.

Does suicide loss follow any pattern?

There doesn't seem to be a standard grieving process that we all go through. It is different for each of us in terms of what or when things happen. However, there seems to be some phrases that we each experience. These do not necessarily unfold sequentially but it is easier to discuss them that way.

We all seem to face what can be called the dissonance phase. This is the initial period after the loss when nothing literally fits. It is the time that has been called a "personal holocaust" because of the devastation and the extent of anguish and emotion that sweeps over you. It can be a time of panic, blame, and incrimination.

It may be followed by a debilitation phase, a time when you may feel that you are breaking down emotionally and psychologically. The acute pain that you feel along with stress and depression brings this about. You feel disaffection from those who do not share your loss. You may also feel a loss of control over your life, a sense of powerlessness.

These phases may last some months or a year or more. Gradually, and often imperceptibly, you rebound emotionally. The acute nature of your grief subsides. The emotional pain stops worsening and holds at a level you can more readily bear. We call this the desensitization phase. You seem to have more energy and some interests that were set aside, may come back. This is a kind of pre-recovery stage. You are still vulnerable to relapses, falling back on more troublesome feelings, but you are moving in the right direction.

We call the last step the differentiations phase because by the time you reach this, you are truly a different person. You are not "better" or "stronger" just different. Your personal beliefs and values are affected by what you have experienced. Part of this is the emergence of a "new normal".

You can function better and, except for that residual sense of loss that will always be with you, you feel normal again. Different, perhaps renewed, but normal.



A handbook for coping with **suicide grief**

by Jeffrey Jackson



solace

support hope listen talk comfort heal

a support group for
survivors of suicide loss

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Someone you love has ended their own life—and yours is forever changed. Your emotional survival will depend on how well you learn to cope with your tragedy. The bad news: Surviving this will be the second worst experience of your life. ***The good news: The worst is already over.***

What you’re enduring is one of the most horrific ordeals possible in human experience. In the weeks and months after a suicide, those left behind ride a roller coaster of emotions unlike any other.





Suicide is different. On top of all the grief that people experience after a “conventional” death, you must walk a gauntlet of guilt, confusion and emotional turmoil that is completely unique to those coping with suicide grief.

“How long will it take to get over this?” you may ask yourself. The truth is that you will never “get over” it, but don’t let that thought discourage you. After all, what kind of people would we be if we truly got over it, as if it were something as trivial as a cold? Your hope lies in getting through it, putting your loss in its proper perspective, and accepting your life as it now lies before you, forever changed. If you can do that, the peace you seek will follow.

Suicide is different

Death touches all of our lives sooner or later. Sometimes it's expected, as with the passing of an elderly relative; sometimes it comes suddenly in the form of an accident.

But **suicide is different**. The person you have lost seems to have *chosen* death, and that simple fact makes a world of difference for those left to grieve. The suicide griever faces all the same emotions as anyone who mourns a death, but they also face other unique and painful feelings on top of their grief...



-  **Guilt.** Rarely in other deaths do we feel responsible. Diseases, accidents, old age... we know instinctively that we can't cause or control these things. But with suicide — even if we were only on the periphery of the deceased's life — we invariably feel that we might have, could have, or should have done something to prevent the suicide. But this is a mistaken assumption. (See page 15.)
-  **Stigma.** Society still attaches a stigma to suicide, and it is largely misunderstood. While mourners usually receive sympathy and compassion, the suicide griever may encounter blame, judgment, or exclusion.
-  **Anger.** It's not uncommon to feel some form of anger toward a lost loved one, but it's intensified for those coping with suicide grief. For us, the person we lost is also the murderer of the person we lost, bringing new meaning to the term “love-hate” relationship. (See page 19.)
-  **Disconnection.** When we lose a loved one to disease or an accident, it is easier to retain happy memories of them. We know that, if they could choose, they would still be here with us. But it's not as easy for the suicide griever. Because our loved one seems to have made a choice to leave us, we feel disconnected from their memory. We are in a state of conflict with them, and we're left to resolve that conflict alone.

The emotional roller coaster





The challenge of coping with a loved one's suicide is one of the most trying ordeals anyone ever has to face. But make no mistake, you must confront it. If you attempt to ignore it — sweep it under the rug of your life — you may only be delaying an even deeper pain. There are people who have continued to suffer for decades after a suicide, because they refused or were forbidden to ever talk about it.





Time heals, but time alone cannot heal suicide grief. You have to use that time to heal yourself and lean on the help and support of others. It might take years to truly restore your emotional wellbeing, but you can be assured of one thing: **it will get easier.**

But some of the difficult emotions you should expect include...

-  **You may “backslide” from time to time.** You might have a few days or weeks in a row where you feel better and then find your sadness return suddenly — perhaps even years later. This is natural, so don't be discouraged. Grief is not a linear progression. You will have ups and downs, but generally, coping with your loss will get easier over time.
-  **You will encounter painful reminders unexpectedly.** A song on the radio... the scent of their favorite dish... a photograph. Any of these could bring on sudden feelings of sadness or even the sensation that you are reliving the experience of the suicide. When it happens, stay calm. Get away from the reminder if you can and focus on positive thoughts.

The American Psychiatric Association ranks the trauma of losing a loved one to suicide as “catastrophic” — on par with what survivors of concentration camps experience.

-  **Friends and relatives may not offer the support you need.** You will truly learn who your friends are during this crisis. A casual acquaintance may turn out to be your most reliable supporter, while a lifelong friend might turn a deaf ear. Lean on the people who are ready, willing, and able to help you and, rather than suffer the anger, try to forgive those who can't. And remember, that relatives and friends are suffering through their own guilt, but their experience may be very different from yours.
-  **People may make insensitive remarks.** Suicide is generally misunderstood, and people will feel inept at offering you comfort. This is simply human nature and, while it would be wonderful if people rose above it, try not to be too hard on those who can't. If you encounter someone who seems determined to upset you with morbid curiosity, their own self-important theories, or some form of a guilt trip, simply sidestep them by saying "I'd rather not talk about it right now," and, if possible, avoid giving them the chance to upset you in the future.
-  **Your fear of people's judgment may haunt you needlessly.** It's common to project our own feelings onto others by assuming that they are judging us in their minds. Give people the benefit of the doubt and remember that you're not a mind reader.
-  **Others may tire of talking about it long before you do.** Talking through your feelings and fears is essential for recovery from your trauma. Unfortunately, while your closest supporters may be willing to listen and share with you for a few weeks or months, there'll likely come a time when their thoughts move on from the suicide while yours are still racing. This is why support groups are so valuable. (See page 30.) Fellow grievors understand what you're feeling in a way that even your closest friends cannot. Your fellow group members will never grow weary of offering supportive words and sympathetic ears.

-  **You may feel bad about feeling good.** You'll laugh at a joke, smile at a movie, or enjoy a breath of fresh air, and then it will hit you: "How dare I feel good?" It's common to feel guilty when positive emotions start resurfacing, as if you're somehow trivializing your loss. Don't feel guilty for enjoying the simple human pleasures of daily life. You are entitled to them as much as anyone, if not more. There will be plenty of time for tears. Take whatever happiness life sends your way, no matter how small or brief.
-  **Holidays, birthdays, and the anniversary of the suicide are often difficult.** Generally, the first year, with all its "firsts" will be the toughest, but these events may always be difficult times for you. Rest assured that the anticipation of these days is far worse than the day itself. Any day is only twenty-four hours, and it will pass as quickly as any other day.
-  **New milestones may bring feelings of guilt.** As our lives naturally move forward, each new milestone — a wedding, a birth, an accomplishment — may be accompanied by new feelings of guilt and sadness. These events remind us that our lives are moving forward — without our lost loved one. This may even taste of betrayal, as if we are leaving them behind. But what we need to learn is how to **leave their suicide behind** while still bringing positive thoughts of our loved one forward with us in our lives.
-  **You may entertain thoughts of suicide yourself.** The risk of committing suicide is far greater for those who come from a family in which suicide has been attempted. This may be due to the fact that the idea of suicide is now far more real in our lives. However, you must balance your fear of this with the knowledge that suicide is most often preceded by a history of emotional illness. If you share this trait with your loved one, then you may have a reason to seek professional help. However, you now know better than anyone the pain and destruction that suicide causes in the lives of those we love. The very fact that you are reading a book like this one shows that your desire to heal and live far outweighs any desire you have to end your life.

Exercise: Write yourself a script.

Suicide grievors are often faced with uncomfortable questions. It will help if you can anticipate some of these and write yourself a “script” of answers that you can mentally keep at the ready.

For example, when someone probes for details of the suicide that you’re not comfortable discussing, you might simply say, “I don’t really want to talk about it right now,” or “I’m sure we can find something happier to discuss.”

But it’s also perfectly okay to be frank with people, if that’s what works better for you. Don’t worry about other people’s discomfort with the topic if being open and honest about it helps you to cope.

When new acquaintances learn of your loss, they may ask, “How did they die?” You should have no reservations about saying plainly, “They took their own life,” or a straightforward “They died by suicide.”

But if this is a casual acquaintance that you wish to deny this information, you would be equally justified in saying, “They suffered a long illness,” which may very much be the truth.

The more these kinds of unwelcome questions worry you, the better a prepared “script” of answers will serve you.

Terminology

There are some that take exception with the phrase “committed suicide,” thinking that it’s too similar to “committing a crime” and invokes a similar, negative judgment of the victim.

Sometimes suicide grievors are referred to as “suicide survivors,” but some feel this incorrectly implies a person who has attempted suicide themselves.

But there are no hard-and-fast rules, and you should use whatever language and terminology works for you.

“It’s like a bad dream.”

“I feel like I’m walking in quicksand.”

“I feel like they’re going to walk through the door any minute.”

“I feel like they’ve killed me, too.”

“All I do is cry.” “How will I ever be happy again?”

The shock and grief that consumes us after we lose someone to suicide is overwhelming. It feels like a hole out of which we cannot possibly climb. But these are natural feelings that will dull as you pass beyond the early stages of the grieving process.

The best thing you can do is simply let yourself feel this way. Don’t feel that you have to “hold it together” for anyone else — not even for the benefit of children. If you need to talk about it until you’re hoarse, then do it with anyone who will listen. If you need to cry, then cry. (In fact, think of a day in which you cry as a good day.)

It is never too early to start healing. Find a support group or a qualified therapist as soon as possible. (See page 30.) Even the longest journey begins with a single step, and you’re taking that step now simply by getting up each morning and living life.

Guard your physical health!

Your own health may be the last thing on your mind as you attempt to cope with your tragedy. However, you’re at risk and should take extra care. Shock erodes your body’s natural resistance to disease and you’re probably not getting enough sleep and nutrition. Some sleeplessness and loss of appetite is normal; but if it persists, you should consult your doctor.

Stages of grief

You may have heard or read about the classic “stages of grief,” but it’s truly different for each person. Some of the common emotions experienced by all mourners are listed below. You may encounter some or all of them, and in no particular order...

Shock. The daze one feels immediately after a tragedy is actually the mind’s first line of defense. It insulates you from having to process the entire magnitude of it, allowing you to function until you can get your bearings. (See page 9.)

Denial. Death is the most difficult of all realities to accept. It is common to feel a sense of impossibility, or that it’s all just a bad dream. In time, our minds become more able to analyze the tragic event in a rational way, allowing denial to give way to less troubling emotions.

Guilt comes from the mistaken belief that we could or should have prevented the death from happening, or from regret over irreconciled aspects of the relationship. In truth, we all do the best we can given our human limitations. We cannot predict the future, nor do we have power over all events in our universe. It’s human nature to subconsciously blame oneself rather than accept these truths. (See page 15.)

Sadness. Once the “reactive” emotions have either passed or become manageable, the basic sadness that accompanies any loss moves to the forefront. This may be felt more acutely when confronted with reminders or special occasions. As we gradually learn to accept our loss and embrace happy memories of our lost loved one, we make room in our hearts for happiness to re-enter.

Anger. It is common to feel anger toward the person you have lost. Many who mourn feel a sense of abandonment. Others feel anger toward a real or perceived culprit. (See page 19.)

Acceptance. This is the mourner’s goal, to accept this tragic event as something that could not have been prevented, and cannot be changed. Only with acceptance, can you move on with your life. (See page 25).

“Why?”

Why did they do it?” This is the question that will occupy much of your thoughts for some time. And if you think you know the answer, you should think again, because chances are you’re only seeing part of the picture.

The Condition vs. The Catalyst. Most suicides are occasioned by a *catalyst* event: the breakup of a relationship, losing a job, or some other emotional trauma. But we often *mistake these events for the cause* of the suicide. Instead, it’s more likely the “straw that broke the camel’s back.” Scratch the surface and you will likely find years of emotional distress that comprise the suicide victim’s *condition*.

Up to 90% of people who die by suicide may suffer from a mental health condition. The American Psychiatric Association is even considering classifying “suicidal behavior disorder” as a distinct diagnosis. This condition can appear in the form of...

- Prior attempts.** Often disguised as reckless behavior, many suicide victims have a history of prior attempts.
- Morbid thoughts.** Many suicide victims are unusually comfortable with notions of death, or convinced that a dark fate awaits them.
- Hypersensitivity to pain.** Suicidal people often exhibit extreme emotional reactions to problems and hardships — sometimes even to those of others. Some expend great effort helping others because they simply can’t bear the idea of pain, even someone else’s.
- A chronic need for control.** Many suicidal people exhibit an obsessive need for control — what some might call a “control freak.” Their natural inability to cope with pain compels them to try to prevent it by orchestrating the events in their world to an extreme degree.

The presence of any of these factors demonstrates that *suicide is rarely a sudden occurrence*. It is far more often the result of a long, debilitating breakdown of an individual’s emotional health.

The Suicidal Mind. Attempting to decipher the thoughts of the suicide victim is much like trying to understand a foreign language by eavesdropping on a conversation. You can analyze the sounds and syllables, but it’s not likely you’re going to understand much of what was said.

Based on the accounts of those who have attempted suicide and lived to tell about it, we know that ***the primary goal of***

suicide is not to end life, but to

end pain. People in the grips of a suicidal condition are battling an emotional agony that, to them, is so severe as to make dying a less objectionable alternative than living. One likened the feeling to “being at the bottom of a deep, dark hole and, rather than fighting to get out, wanting to burrow deeper into the bottom.”

One of the more painful emotions felt by grievors comes when we try to empathize with the severity of this pain. We try to envision what we would have to feel to make the same choice, and when we imagine our loved one in that kind of pain it’s almost too much to bear.

But there is a flaw in this thought process. You are imagining what a suicidal crisis looks like through your eyes — the eyes of a rational, healthy mind. ***The suicidal person has a distorted view of their world.*** Problems that seem solvable to us seem impossible to them. Pain is amplified beyond reason and death appears to offer the only possible relief. In fact, it is not uncommon for depressed patients to stop taking an anti-depressant as soon as

Suicide is not a desire to end life. It is a need to end pain.

This is the ***single most important thing*** for you to remember about suicide. People who take their own life have been suffering — through no fault of their own — from a condition that amplifies and sustains emotional pain to a degree that makes life unbearable.

its beneficial effects start to kick in. This may be caused by a fear of drug dependency, but some theorize that it comes from a fear of having to face the world now that a tool for doing so has been provided. The disease is preferable to the cure. Instead of being a last resort, the severely depressed person may view suicide as a plausible “Plan B.” It is this skewed vision that once caused someone to wisely describe suicide as “a permanent solution to a temporary problem.”

Because of this, it’s inaccurate to even think of suicide as a “choice.” In the words of Adina Wroblewski, in her book, *Suicide: Why?*, “Choice implies that a suicidal person can reasonably look at alternatives and select among them. If they could rationally choose, it would not be suicide. Suicide happens when... no other choices are seen.”

Suicide notes, when present, can mislead more than they inform. By looking for answers in a suicide note, we assume that the victim fully understood everything that was happening to them, which is very unlikely.

Chase the “Why?” It’s okay to want to understand as much about your loved one’s suicide as possible. Seeking these answers is a natural part of your grief. Some people dissect the circumstances of the suicide with the zeal of a detective. Examine and re-examine

your loved one’s suicide as much or as little as you need to. But be prepared to face the distinct possibility that many of the answers you seek may be unknowable.

There will come a time when you will accept that the only reasonable explanation for your loss is the emotional illness that your lost loved one suffered. Once you can ***let go of “Why?”*** you’ll take great strides toward acceptance — the key to healing your wounded heart.

A Theory: The Accumulation of Pain

In this author’s observation, suicidal depression is pain that seems to “accumulate” from many past experiences.

The human mind — which is a function of our brains — is where we truly experience life and process its events. We all experience emotional pain from time to time. It can be great, or small or in-between and comes when we suffer loss, failure, disappointment, heartbreak and other negative emotions. Fortunately, we also experience a range of emotional joy like love, success, friendship and good times.

Throughout our lives, our brain continually processes these various experiences. Some of us have more hardships than others, but generally, their effects either fade with time, or we find ways to cope with them, file them away, and move forward.

Some pains are traumatic and they naturally remain with us much longer, perhaps even for the rest of our lives. But our greatest joys work the same way and their positive effects linger, too, hopefully balancing things out.

But for suicidal people, their brain chemistry — for unknown reasons — works differently. For these people, the emotional pains of life do not dissipate with time and cannot be effectively processed. They stick. Both the large and the small. Even after years have passed, they continue to feel the acute pain from each negative event as strongly as the day it happened. Joys seem to have only a fleeting effect and don’t take hold or balance out the negatives. Any joy is eventually crowded out by the gathering pain.

As years go by, the emotional pain continues to collect, never going away, never dulling or dissipating. In time, pain accumulates until it blocks out all other thoughts and emotions, making life unbearable and seemingly without hope.

Guilt is the one negative emotion that seems to be universal to all suicide grievors, and overcoming it is one of our greatest obstacles on the path to healing. Guilt is your worst enemy, because ***it is a false accusation.***

You are not responsible for your loved one’s suicide in any way, shape, or form. Write it down. Say it to yourself over and over again, (even when it feels false). Tattoo it onto your brain. Because it’s the truth.

Why do suicide grievors tend to blame themselves? Psychiatrists theorize that human nature so strongly resists the idea that we cannot control all the events of our lives that we would rather fault ourselves for a tragic occurrence than accept our inability to prevent it. Simply put, we don’t like admitting to ourselves that we’re only human, so we blame ourselves instead.

One of the most unusual aspects of guilt after a suicide is that it is universal. Each person grieving the same lost loved one tends to take some blame upon themselves. If they were the one closest to the deceased then they theorize, “I should have known exactly what was going on in their mind.” If they were distanced from that person, they feel, “If I’d only been closer to them...”

But if any one person is responsible for a suicide, it has to primarily be the victim. But that’s a tough pill to swallow, so instead of ascribing responsibility to our suffering loved one, we nobly sacrifice by taking it on ourselves.

It’s understandable to feel such love and empathy toward the person we lost that we are loathe to blame them. The key lies in understanding ***the difference between blame and responsibility.*** Blame is accusatory and judgmental, but assigning responsibility need only be a simple acknowledgment of fact.

It's unclear how much control, if any, suicide victims have over their actions. **The vast majority of suicide victims are believed to be suffering from a debilitating mental health condition.** If so, then we could easily think of suicides as victims of disease, just like cancer victims.

Acknowledging this simple fact does not mean that you're judging them negatively. It simply means that you're looking at a tragic event clearly and accepting it for what it is.

A guilt-busting exercise: Make a list of all the things that you did to help and comfort your lost loved one. You'll probably find the list is longer than you realized.

Guilt is anger turned inward.

Suicide produces many painful and confusing emotions in those left behind, one of which is frustration at being so violently cut off from the victim — from the chance to help them, talk with them, or even simply to say goodbye. This frustration produces anger, and when we turn this anger upon ourselves, the result is guilt.

Guilt can also come from an unfounded assumption that others are silently blaming us. Many family members fear that the world at large will judge them badly because of the suicide. While some small-minded people may think or even speak such accusations, most will not, so don't project your negative thoughts onto others.

Parents of children who die by suicide often battle an added type of guilt. Even if they do not blame themselves for not directly intervening in the suicidal act, they often feel guilt over some perceived mistake in raising their children. "Where did I go wrong?," "I pushed them too hard" and "If we hadn't gotten divorced..." are just a few on the list of self-recriminations. But parents need to remind themselves that, while they have great

influence over their children's lives, they do not personally create every aspect of their children's being. Children are shaped by an assortment of outside influences beyond the control of parents. And an emotional illness they were likely suffering can be attributed to "nature," not "nurture" — imbalances of brain chemistry that have undetermined biological causes.

Spouses and partners also tend to feel acutely guilty for a suicide. Marriage and domestic partnership imply a mutual responsibility to look after each other. But we need to realize that the root cause of suicide — primarily emotional illness — are beyond the control of even the most devoted life partner. Even mental health professionals often fail to detect the warning signs of suicide.

"I'm glad they did it." If you suffered alongside the person you lost through their emotional battles, enduring traumatic episodes and prior suicide attempts, you may feel a sense of relief now that it's all over. To breathe easier because they — and you — are now spared from future torment is perfectly understandable. However, such feelings of relief are usually followed by a rush of guilt for having had them. If you have these feelings, recognize them as natural, and give yourself a break. Anyone who has had to witness the downward emotional spiral of a loved one would feel a measure of relief at that rocky road's end.

Moving forward with your life brings its own brand of guilt. Whether it's returning to the simple routine of daily subsistence or embarking on new journeys in life, we often feel as if this is some affront to the person we've lost. Your hope lies in understanding — as you now uniquely know — that life is a gift that we should cherish, and that we honor by living.

Mistaken assumptions

The suicide griever is prone to many self-defeating assumptions, all of which are likely to be mistaken...

- “**I know why they did it.**” The causes of suicide are complex and often hidden (see page 11). False conclusions about your loved one’s suicide may only add to your own pain. The true cause is not the outward circumstances or events of their life, but their underlying emotional illness.
- “**If I’d only done _____, they’d still be alive.**” Thinking that you (or anyone else) had could have prevented the suicide, is assuming that we all have far more power over the lives of others than we actually do. Furthermore, many suicide victims persist and succeed in ending their lives despite being rescued before.
- “**It’s their wife’s/parents’/doctor’s fault.**” Blaming others is a form of denial. Only by facing the truth of your loved one’s suicide — that they suffered from a mental condition that is very difficult to diagnose and treat — can you learn to manage your grief.
- “**I know what people think about me.**” While suicide grieverers are still often stigmatized, our fear of it becomes self-fulfilling when we mistakenly project negative thoughts onto others.
- “**I will never be able to enjoy life again.**” Don’t deny your mind’s natural ability to heal. While your life may be forever changed, it need not be forever painful. As the old saying goes, “Pain is inevitable. Suffering is optional.”

Anger & blame

Negative emotions surround the suicide griever, complicating our road back from sorrow. **Anger is a natural part of the grieving process**, but those coping with suicide grief experience more of it — and not without justification.

Anyone who mourns may feel anger — frustration at being powerless in the face of death, or rage at some real or perceived culprit. However, those who mourn a suicide know the identity of the responsible party — and who wouldn’t feel anger toward the person who ended the life of someone we love and who devastated everyone around us? Many will be loathe to view their loved one in such harsh light, but the concept is there in our minds, at the core of our despair.

At some point, that anger may surface. If you feel such anger, don’t try to repress it — let it out. It’s a natural part of your healing process. You won’t feel angry forever. Quite the contrary. Once expressed, it will be easier for you to let go of your anger and begin to embrace positive thoughts and happy memories of your lost loved one.

Blaming others. Some grieverers feel the need for a culprit, again out of a reluctance to place responsibility on the suicide victim. “It’s the doctor’s fault.” “His wife/mother/brother drove him to it.” “If only the government had a better program...” Some even pour their frustration into crusades against some perceived social evil that is responsible for their loved one’s suicide. While these people seem to have a productive focus for their grief, they may only be hurting themselves by making their road back to peace longer and rockier through this misdirected anger.

Learning from the stories of others

In the stories of others, suicide grievors may recognize common threads that help us understand that we are not alone in the confusing sorrow we face. Below are just a few of the more illuminating ones I've encountered...

The “Logical” Suicide. Sarah*, a woman of 65 was battling cancer and suffering great pain every day. While her husband was out one afternoon, she ended her life with a deliberate overdose. This seems like a somewhat logical act — except that, 40 years earlier, when still young and healthy, Sarah sank into a deep depression triggered by, of all things, a canceled luncheon appointment. She threatened to throw herself from the balcony of a hotel room. Is suicide, for some, a tendency that is “built in” — an inevitable fate? Was Sarah suffering from an undiagnosed and untreated emotional illness her entire life?

The Man Who Had it All. George*, a very successful businessman, killed himself the day after closing on a merger worth millions of dollars to his company. In his suicide note, he wrote that, despite his achievements, he had always felt like an impostor; that he was driven by the need to prove something, but inside, felt empty and unworthy. Further, he never felt he got sufficient attention from his parents who demanded his performance, then ignored his accomplishments. Throughout his life he never sought help to deal with these issues.

The “Sudden” Suicide. Phillip* was very depressed over being recently diagnosed with a serious — but manageable — illness. He shot himself with a starter's pistol that he and his wife used in their sporting activities. However, as far as his wife knew, they owned only blanks for the gun. Later, her son recalled that, years earlier as a small child, he stumbled across an envelope of bullets hidden among his father's belongings. This “recently depressed” man had planned his suicide — ten years earlier.

The “Suitcase.” Joan* took her own life despite years of medical treatment for her emotional problems, hospitalization, and several rescues from previous attempts. In her note, she described her pain as a “heavy suitcase” that she had been carrying her whole life. Whenever

something bad happened to her, she wrote “it was like a wheel had fallen off... then a buckle would break... then the handle.” Had emotional pain been “accumulating” inside this woman until it overwhelmed her?

The Holocaust Victim. One of the most famous stories of suicide is the death of Tadeusz Borowski, author and Holocaust survivor. Despite surviving the horrors of Auschwitz, Borowski ended his life five years later by gas poisoning — three days after the birth of his daughter. How could a man face down the trauma of the Holocaust and fail to cope with ordinary life? Was Mr. Borowski's suicide an echo of his earlier trauma? Were his emotional wounds so deep that their pain continued to resonate and build for years afterward?

“If only I had...” Two young women died by suicide, both about the same age, both after a years-long battle with emotional illness. Each had made several suicide attempts. They would refuse professional help and stop taking their medication just when it seemed to begin helping. The first woman's mother, fearing for her daughter's life, had her committed to a psychiatric clinic against her wishes. While there, despite being on “suicide watch,” the young girl asphyxiated herself with her bedsheets. The second woman's mother constantly urged her daughter to seek professional help. However, fearing that she would worsen her daughter's condition, she refused to force her into any kind of institutionalized care. One day, she killed herself with an overdose of medication. Afterwards, both mothers blamed themselves for not doing exactly what the other one did. The first mother felt that if she hadn't isolated her daughter in that institution, she wouldn't have lost her. The second was sure that if she only had committed her daughter, she would've been saved.

The Vengeful Survivor. Mary* attended my local support group and seemed to be having a harder time coping than any of us — despite the fact that five years had passed since her son's suicide. She spoke of her son as if he was a martyred saint, refusing to consider, even briefly, that her son suffered from any kind of mental illness. Instead, she focused on a list of culprits whom she felt were to blame — his employer, psychologist, and ex-girlfriend topping the list. It seemed, for Mary, that her healing was impeded by her quest for a scapegoat in her son's suicide, and by her unwillingness to accept the reality of the emotional condition he was likely suffering.

*not real name

Special circumstances

While all who are dealing with suicide grief face many of the same challenges, some may also face difficulties unique to their relationship with the victim...

Parents face the potential for unique forms of guilt. While they might forgive themselves for being unable to intervene in the suicidal act, they may blame themselves for some perceived mistake made in raising their child.

Parents need to understand that children — even young children — are not entirely of their parents' making. Outside influences from friends, school, culture, and the world at large also shape each child's psyche. And the emotional condition that made them vulnerable to suicide has neurobiological roots that are far beyond their control.

Spouses and partners often suffer additional guilt over a perceived failure of responsibility, or because of the perceived or actual accusations of others. (Families of suicide victims have been known to direct blame at the surviving spouse.) While life partners vow to care for one another, we must realize that even the most caring person cannot assume responsibility for their partner's suicide.

Spouses and partners may also feel a greater sense of abandonment and some may come to judge their entire relationship in the light of their spouse's final act. Guilt continues to resurface if surviving partners eventually move on to new relationships.

Again, we must remind ourselves of what is really the root cause of the tragedy — emotional illness beyond our control — not our shortcomings as partner.

Siblings often identify closely with one another, making the suicide of one especially painful for those left behind. It can be a reminder of our own mortality. (Older generations are supposed to pre-decease us, but not our own.) Siblings may not receive the same level of sympathy or support as parents, children or spouses.

Parents may overcompensate after the loss of a child by focusing uncomfortably on the surviving sibling(s) — or withdraw from them, seemingly having nothing left to give. It's essential that families pull together with mutual support and by sharing their feelings openly.

Explaining suicide to children. As confusing as it is to adults, think of the bewilderment suicide must produce in children. Their young minds are naturally inquiring and are likely to be less shy about asking questions than grownups. Others may need to be coaxed into sharing their feelings.

Above all, falsehoods should not be used to shelter children from reality. This will only create the potential for later (and greater) trauma when the truth is ultimately discovered, as it almost always is. Depending on their age, children can be taught that the person you've lost had an "illness inside their brain, and it made them so sad that they didn't want to live anymore." A careful balance must be struck between not portraying the suicide victim as a bad person but making it clear that their choice was bad, so as to clearly teach the child that suicide is not an acceptable course of action.

It is also important to explain that not everyone who gets sick or feels sad dies from it. Teach them that there is help available for people who get sick or feel depressed — help from doctors, friends, and from you, should they ever need it.

Many deaths leave griever with unfinished business, but few create more of it than suicide. It often brings special situations that complicate our grief...

Suicide “witnesses.” If you actually saw your loved one commit suicide or discovered their body, then you face the additional pain and shock of that experience. Often, that horrible vision of their final physical injury haunts us. Try your best to supplant that image. A photo, a memory, or even the funeral viewing may help to replace it with one that more truly reflects who your loved one was.

The public suicide. Suicide victims who end their lives in a public place potentially leave their loved ones with added complications. There may be unwelcome media attention and a greater level of involvement by the authorities. If you face this situation, make sure you enlist the services of an attorney who is both knowledgeable about and sensitive to suicide issues. And don't let legal or logistic battles distract you from the very private healing you need to do.

Accused! Sometimes, griever face more than the judgment of others — they face formal accusations of responsibility, either from fellow mourners or from the authorities. For the latter, bear in mind that police may be compelled to treat any apparent suicide as a murder until the facts are ascertained. If an unfortunate clouding of facts makes you a genuine suspect in a criminal investigation, again, an attorney who has specific understanding of suicide cases is imperative. Likewise if you face the rare (but not unheard of) harassment or legal action by someone who unfairly holds you responsible. Your greater challenge in this event will be not allowing a false accusation to undermine your knowledge that you bear no responsibility for the suicide of your loved one.

A *acceptance is the key to healing from suicide grief*, but it is a deceptively simple concept. First of all, most of us operate under the assumption that we are already “accepting” the suicide. After all, only a deluded few would fail to believe that the event actually happened. That’s “acceptance,” isn’t it? It may be the beginnings of acceptance, but it’s not the entire understanding.

Accepting a suicide means not only acknowledging the basic reality, but accepting the contributing factors and the ramifications of it — without embellishing them with invented ideas, either positive or negative.

For example, you might have to accept that your loved one lost a very long battle with mental illness. If you were to embellish this reality either positively (by denying the fact that such a severe condition could have existed within them) or negatively (by unfairly holding yourself responsible for not having “cured” them of it), then you are not truly accepting the suicide for what it is — a tragic event that, while wholly unwelcome, was beyond the control of you and those around you.

In this way, acceptance is not unlike the process of separating myth from fact. Here are some examples...

MYTH we must reject...

It’s my fault that this happened. or... It’s the fault of their doctor/ spouse/parents, etc.

FACT we must accept...

Suicidality is a severe emotional illness that often defies diagnosis and treatment. The external circumstances in their life were not the true underlying cause.

MYTH we must reject...

FACT we must accept...

If I had managed to stop this suicide attempt, they would've been okay.

I have no way of knowing what would've happened if events had played out differently. Many people go on to take their lives, despite repeated rescues, even while under the care of trained mental health professionals.

The person I lost is a bad person for having done this.

The person I lost was very likely suffering from an emotional illness, and shouldn't be judged.

The person I lost was a saint who could never do any wrong.

The person I lost, just like any of us, was a flawed individual who was fighting a losing battle against a debilitating emotional illness.

I should have seen this coming.

I cannot predict the future and did the best I could with the knowledge I had.

I should have been able to save them.

I am only human and can't control all the events around me.

I can never be happy again.

My life will be forever changed by my loss, but my life will go on.

L *ife goes on.* “*Time heals.*” “*Tomorrow is another day.*”

You may be offered these time-worn adages until they make you want to scream. But our discomfort when faced with these tiny kernels of truth may come from a reluctance to see our lives move past this tragedy, as if continuing to live is an affront to the memory of our lost loved one.

Conversely, one shouldn't try to “move on” until truly ready to. Trying to bravely brush aside your feelings of grief and pain will only prolong them.

When should we start getting on with life? The answer is different for each one of us. First and foremost, it's essential that we confront the confusing and troubling emotions that suicide has left in us. Some grievors might come to a reasoned and acceptable understanding of their tragedy fairly quickly, but most will take a year to get through the toughest parts, and a year or two more to truly feel ready to live again.

It's a good idea to ***refrain from making any major life decisions in the first year.*** (You are likely to regret rash choices made in an hour of grief.) However, life has a way of moving us forward, ready or not. New events and happenings unfold; new faces enter our lives. Sometimes the very arrival of these new developments only serves to remind us that our loved one is not here to share in them. It might even feel like you are “leaving” them behind. But you will never leave the memory of your loved one behind any more than you can take their physical being with you. With time and healing, you will be able to cherish fond memories of them, celebrating their life as you continue to live yours. Your goal is to carry positive thoughts of your loved one forward with you, while ***leaving their suicide behind.***

Suicide facts & myths

FACT: Over 40,000 Americans die by suicide each year, with well over 1 million attempts. Suicide is currently the 12th leading cause of death in the nation.

FACT: Male suicides outnumber female suicides by 4 to 1. However, nearly twice as many women attempt suicide. The reason for this is not certain, but many feel male tendencies towards greater aggressiveness makes their attempts more often fatal.

MYTH: Teenagers are more likely to kill themselves. A common misconception caused by media coverage of teen suicides. In fact, middle-aged men are the people most likely to die by suicide. However, the suicide rate for white males aged 15–24 has tripled since 1950, and has more than doubled for children aged 10–14.

FACT: Up to 90% of all people who die by suicide may suffer from a debilitating mental health condition.

FACT: Alcoholism is a factor in about 20% of all suicides. Up to 18% of alcoholics may die by suicide.

MYTH: If there was no note, then it couldn't have been suicide. Less than one in four people who die by suicide leave a note. The absence of a note does not indicate an accidental suicide, nor does the presence of one reflect the thoughts of a rational mind.

MYTH: People who talk about suicide, don't do it. Suicide victims often make their suicidal feelings and intentions known. While this does not necessarily mean that the suicide could have been prevented, anyone who threatens or talks of suicide should be taken seriously and urged to seek professional help as soon as possible.

FACT: Firearms are now used in more suicides than homicides. Guns are used in well over half of all suicides. The next most frequently-used methods are hanging/strangulation/suffocation (~20%); solid & liquid poisons/overdoses (~10%); gas poisons (~6%). The remaining number of suicides employ other methods including jumping

from a high place, cutting and piercing, drowning, jumping/lying before moving object, burns & fire, and crashing of a motor vehicle.

MYTH: Someone who attempts suicide will not try it again. Many suicide victims have made prior attempts, sometimes several. These attempts can be in the form of reckless behavior that is not recognized as suicidal.

MYTH: Suicide is hereditary. There is no "suicide gene." However, if you come from a family where someone has killed himself, you are at greater risk of suicide than the average person. The reason isn't clear, but part of it may be due to the example set by the relative, and part of it due to inherited factors such as mental illness.

FACT: Up to 15% of all fatal traffic accidents may be suicides.

MYTH: Once a suicidal crisis has passed, the person is out of danger. Many suicides occur during a period of perceived improvement in mood and state of mind. It is theorized that this is because the individual has regained the energy to put their suicidal thoughts into action.

MYTH: Most people kill themselves during winter or over the Christmas holidays. In fact, the most common season for suicide is spring, when the contrast between their painful thoughts and nature's annual rebirth may make life seem increasingly intolerable for the suicidal.

All data is from the Centers for Disease Control and Prevention and the American Foundation for Suicide Prevention and is current at the time of publication in September 2023.

Support

Don't try to go it alone. There are lots of people who understand what you're going through and are ready, willing, and able to help.

Support groups provide one of the most valuable resources for suicide griever. Here, you can meet and talk with (or just listen to, if you prefer) people who are in your shoes. You can openly express your feelings and experiences with a group of caring individuals who will never judge you, rebuff you, or make you feel awkward. In addition to receiving help, you'll find tremendous benefit in the help your sharing will undoubtedly offer to others. Some groups are run by mental health professionals, while others are run by peers.

To find one near you, contact...

The American Association of Suicidology

(202) 237-2280
www.suicidology.org

The American Foundation for Suicide Prevention

(888) 333-AFSP (2377)
www.afsp.org

Compassionate Friends

(877) 969-0010
www.compassionatefriends.org

The Link's National Resource Center for Suicide Prevention and Aftercare

(404) 256-2919
www.thelink.org

Books about suicide and healing in its aftermath offer great comfort and support for many griever. A list of the more popular ones includes...

After Suicide Loss: Coping with Your Grief by Jack Jordan, Ph.D. and Bob Baugher, Ph.D. (*Caring People Press*)

Healing After the Suicide of A Loved One by Ann Smolin and John Guinan (*Simon & Schuster*)

Life After Suicide: A Ray of Hope For Those Left Behind by E. Betsy Ross (*Insight Books*)

My Son... My Son: A Guide to Healing After Death, Loss or Suicide by Iris Bolton with Curtis Mitchell (*Bolton Press*)

No Time to Say Goodbye by Carla Fine (*Doubleday*)

Why Suicide? by Eustace Chesser (*Arrow Books*)

Mental health professionals can offer tremendous healing and guidance for suicide griever. Below are just a few of the organizations through which you might find a qualified therapist or counselor:

American Psychiatric Association

(800) 964-2000
www.psychiatry.org

American Psychological Association

(800) 374-2721
www.apa.org

National Board for Certified Counselors

(336) 547-0607
www.nbcc.org

The Suicide Griever's Bill of Rights

I have the right **to be free of guilt.**

I have the right **not to feel responsible for the suicide death.**

I have the right **to express my feelings and emotions**, even if they do not seem acceptable, as long as they do not interfere with the rights of others.

I have the right **to have my questions answered honestly** by authorities and family members.

I have the right **not to be deceived** because others feel they can spare me further grief.

I have the right **to maintain a sense of hopefulness.**

I have the right **to peace and dignity.**

I have the right **to positive feelings about one I lost**, regardless of events prior to or at the time of their death.

I have the right to retain my individuality and **not be judged** because of the suicide.

I have the right **to seek counseling and support groups** to enable me to explore my feelings honestly to further the acceptance process.

I have the right **to reach acceptance.**

I have the right **to a new beginning. I have the right to be.**

In memory of Paul Trider, with thanks to Jann Gingold, M.S., Dr. Elisabeth Kübler-Ross, and Rev. Henry Milan. Reprinted by permission of JoAnn Mecca, Center for Inner Growth and Wholeness, 123B Wolcott Hill Road, Wethersfield CT. ©1984 JoAnne Mecca. All rights reserved.

The Suicide Griever's Affirmation

Someone I loved very much has ended their own life. I will never truly know all that was happening in their mind to cause it. However, there are things of which I can be reasonably certain...

- If they were here, even they could not fully explain their mindset or answer all of my questions.
- In their state of mind, they could not have fully comprehended the reality of their own death.
- They could not have fully appreciated the devastating impact their suicide would have on the people in their life.

As such, by their last act, they unknowingly creating unparalleled pain in the hearts of those whom they most loved. The person I lost is beyond my help now in every way but one: **I can help them by working to ease the pain they've caused and by not allowing their most enduring legacy to be one of tragedy.**

As a result, each and every day, I can **help** the person I lost by...

...enjoying life.

...smiling and laughing.

...not dwelling in feelings of sadness or remorse.

...taking new steps in life toward positive new horizons.

...helping those who feel their loss to do the same.

...and, in short, not letting their suicide continue to create sorrow, neither in the world around me, nor in myself.

I will try to picture my lost loved one asking me to do this every day — to please help undo the damage they caused in whatever little ways possible.

And I promise that I will.

About this booklet

This handbook is for people who've lost a loved one to suicide, written by someone who has suffered the same kind of loss.

My wife, Gail, took her own life with a deliberate overdose of pills when she was 33. The emotional journey of the ensuing weeks, months, and years was the most difficult of my life. But I survived and have learned from my experience. Most of all, I have gotten my life back on a positive track and found peace again. **Impossible as it may seem right now, you will survive this, too.**

This book is not intended to be a complete volume about suicide grief—it only scratches the surface. There are many wonderful books on the subject (some listed inside) that I recommend heartily. However, I've written this book as a kind of “bite-sized” overview. It's deliberately short and to the point to make it more accessible. You may even find it useful to carry a copy around with you for awhile and refer to it during difficult moments.

This is also not a book about suicide prevention. There are many other publications that address that challenge.

This book is for you.



For the person you lost, their pain is over. Now it's time to start healing yours.



Solace is a peer-led support group that has been helping people cope with suicide grief since 2017. It is based in Los Angeles, CA, but welcomes members from all over the world to its free, weekly online meetings. For more information, write to solace4sas@gmail.com.



**MAKE AN
IMPACT**