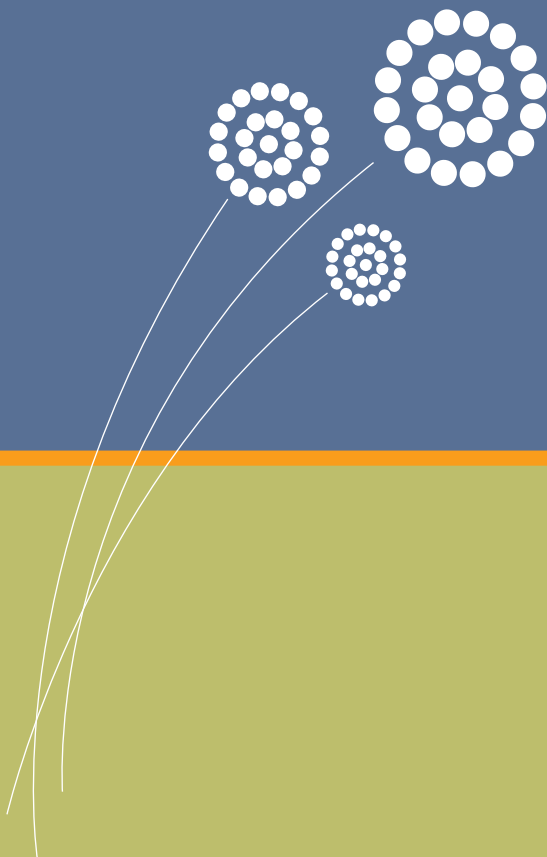


Survivors of Suicide

Coping with the Suicide of a Loved One



Supported by



By Edward Dunne, PhD. and Meryll Maleska Wilbur

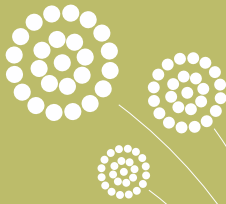
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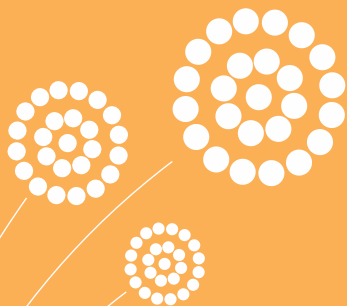
For all the talk about it,
suicide is still a fairly rare event....

But if you've lost someone to suicide, there
are some things it might help to know....

Most people won't ever know anyone who ended his or her own life. So most people don't think very much about it. Most people don't have to. And most people have never thought about what it is like to "survive" the suicide death of a loved one, relative or friend. If you're like most people, you probably didn't think that much about it either. So it's little wonder now, in addition to your sorrow, you are confused and uncertain about many things. What to say to others, especially children. What to do about religious services. What to expect as you grieve. What to expect from others who are grieving at the same time. How to explain this to someone else. How to explain this to yourself.

It might help to know that this mixture of sadness, bewilderment, and uncertainty is common among people who have lost someone to suicide. Unfortunately, most people grieving a loss to suicide don't know this.

This pamphlet was prepared by people just like you, people who have lost someone to suicide. It was prepared for people like you, ordinary people confronting a very difficult and unusual event. It doesn't offer any easy solution to the difficult situations you face. It doesn't take away pain, or anger, or sorrow. It just tells you what we know about surviving a suicide from our own experiences.



First some facts...

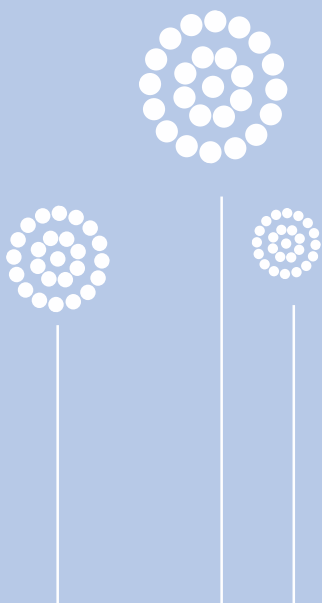
Every suicide affects many people – family members, friends, peers, co-workers and the community at large. With an annual average of 2,300 deaths in Australia recorded as suicide in recent years, at least 100,000 people in this country have been touched by the suicide of someone they know during the past decade. That is equivalent of a full house at the MCG on Grand Final Day. Yet until recently, most of us didn't know each other and didn't know that there were others like us out there. Fortunately that's changing now and that is good because it holds out the hope that understanding and help are at hand.

Surviving a suicide is a slow, step-by-step process. You usually don't notice the first few steps; they are so tiny. But they're there. Just holding onto this pamphlet is one. Something within you wanted at least to have it, if only to know it was available. Reading this page is another tiny step. These small steps add up one by one.

Although they may seem trivial, they are actually the blocks you will use to build your own road back to a life no longer dominated by grief. When survivors talk about the first moments of recovery, it is these tiny steps we recall. Things like getting dressed on the day after the funeral...or picking the clothes up off the floor. Like opening the mail...or answering the phone. Cutting the lawn. Watching the news. Making dinner. Making a phone call. In the beginning you take very few of them. And most perplexing of all, what is a tiny step for some is a giant step for others. What's easy for one father (like returning to work, for example) may seem to require all the energy in his being for another. Grief itself is exhausting and keeps you from moving too quickly. Still, most of us recall a day when we looked back and were surprised at just how far we had come. What got us through those first few hours, nights, weeks, and months was probably different for each of us and will be unique for you as well. But when we later talked to each other about our experiences, we did have some things in common. It's those common experiences we now want to share with you.

This is a small gift: words, print, paper. But we know it must be small in order for you to feel able to take it. It's another of those tiny steps, and of course, it's up to you to know when you are ready to take it. Some of the things we're going to tell you are things we ourselves learned and then forgot when we were in the midst of our grief. You'll probably forget some of them too, every once in a while. That's okay for now. You'll get back on track soon enough.

So here are some things
we as survivors remember
about the grief process.



Regardless of how your loved one died, you have to go through a period of mourning and grief. Research now tells us that this can take a fairly long time for some people. There just isn't any gauge or measure of how long you will feel pain after your loss. It helps to think of it as something that might happen to your body after an operation or accident. Once the shock or anesthetic wears off, the most intense pain occurs. This usually passes fairly quickly, but a low level of pain will endure for some time as you slowly take the time you need to recuperate. You will probably not be able to function at full force while this recuperation is taking place. Grief is highly individual. Everyone grieves in his or her own way. We remember hearing people talking about the "stages of grief" or "normal mourning" and wondering how we were doing relative to these criteria. We didn't realise that these were just convenient ways for scientists to study grief. They were talking about average height and weight. If you're a woman and you are 170 cm tall, you're not average, but you're not abnormal either. So some of the things we present in this pamphlet may not apply to you. Some different things may not apply to your spouse or to others in your family.

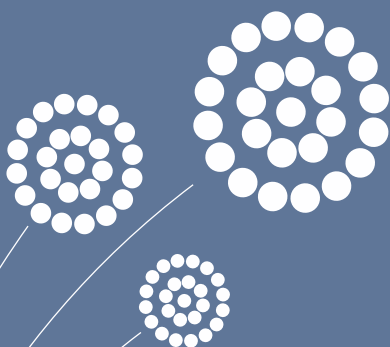
Another thing we remember is how surprised we were to discover that we did not recover in a simple way. Clear progress one day did not assure progress the next. Nor did all the gains we made one month stay with us the next. Some things never went away. Some disappeared for a long time and then came up again unexpectedly. We learned that this was typical of grief. It often proceeds along its own choppy, zigzag way, taking detours away from the main road to recovery.

We remember, too, that we often had no hope. It seemed an easy thing to lose at times. What was there to hope for? What could possibly get better? How could we betray our loved one's memory by looking forward to a future without him or her? But it was there often. Expressed in many tiny ways. Hope the kids will do okay in school. Hope the dinner will not take long to prepare. Hope I won't have to answer any questions today. These are little signs of hope, which eventually grow into the more recognisable kinds of hope – hope in a future that is no longer saturated with sorrow.

Shock

"We were in shock...just shock..."

Bob, father of Bob Jr.



The first thing most of us remember was the shock. Some say it was as if numbness took over their emotional system. Iris Bolton in her book, *My Son...My Son...*, describes her reaction after her son's suicide in this way:

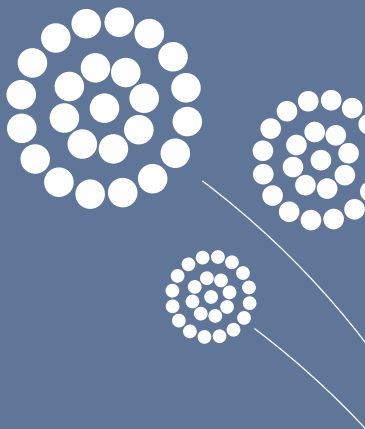
"As we drove to the hospital I'd begun to feel what I could only call the breath of death. I can't explain it but it struck me like a cold draft, maybe like novocaine strikes an exposed nerve, and it paralysed my tongue and blocked my hearing. If Norm and I spoke en route, I have no recollection of it. Emotions, I once learned, can perform a lobotomy as effectively as any brain surgeon's knife."

This initial numbness typically affects only the emotions and not the intellect. Thus, many of us remember making logical decisions such as calling the police or talking to the funeral director. We were able to do very complex things as if we weren't affected in the least. How odd this must have looked to others around us. Did they confuse this level-headedness with detachment? We ourselves did. We thought... "How can I be doing this when my child is dead? Maybe I don't really care. Maybe I didn't really love her?" But it didn't mean that at all. We were just in shock. Although you may find it to be a frightening sensation to lose your ability to feel, the numbness actually serves a useful purpose – it allows you to continue to function under overwhelming stress.

Denial

“After we came home from the hospital I began making the foods she liked. I thought that somehow if I made what she always liked she would be all right. Then I put the food on the table and waited...”

Anne, mother of Patrice



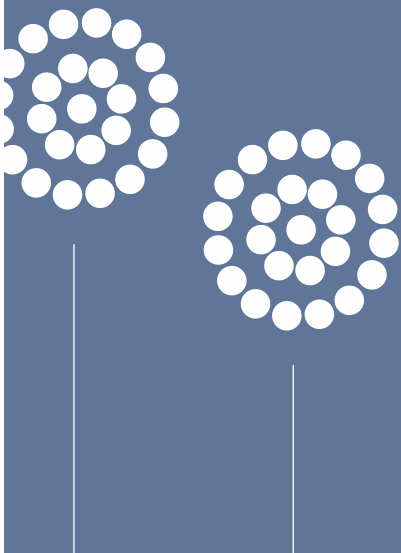
Just as shock is a normal protective reaction to trauma, denial - or not letting yourself believe what has happened - can also serve a positive function. For us it served to limit the amount of pain we had to handle at any one time. It helped to put off for a little while the effects of the terrible blow we had been dealt. Sometimes this can be comforting. The desire to be with Patrice again led Anne to be convinced that she saw her in unexpected places such as in a passing car or walking away on the street. Some of these experiences were so real they made us question our own sanity. This kind of denial is common to all grief. Sometimes the thought of suicide was so disturbing and unimaginable that we became temporarily convinced that the death was really an accident or a homicide. Many of us believed in some sort of conspiracy theory for a while. And we found that just when we were finally ready to accept that suicide had taken our loved ones, someone else in the family had another theory that sounded very plausible. Some of us went back and forth for several months, others for years. Even when the facts were supposedly undeniable we were still able to deny. This is a denial that is special to suicide survivors.

Denial is the mind's response to a threat of danger and to the fear of losing control. Eventually letting in the dreadful facts is a step towards realising that you don't have to, and in fact can't, control everything.

Shame

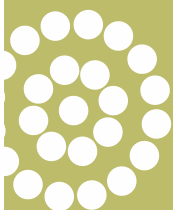
"I couldn't face my friends and tell them how Nick died. I was sure they would have thought me a horrible wife. I couldn't help feeling I was, even though I knew otherwise."

Lena, wife of Nick



Some survivors agonise about what and how much to tell people about the suicide. Many of us were reluctant to discuss suicide with outsiders. We thought they might react uncomfortably and even negatively to the death of our loved one.

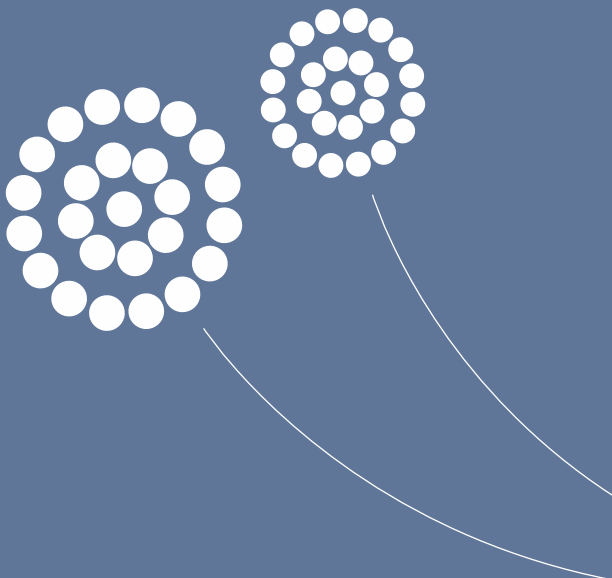
In acting this way we were responding the way survivors have acted for centuries. The roots of this sense of stigma go back very far in many cultures. Suicide was seen as breaking both religious and civil laws in our and other societies. Even though it has been quite a while since these laws have been in effect, the sense of stigma has persisted. Recently, however, our society has become much less blaming of survivors. Suicide is discussed openly in the media, prominent survivors have spoken out publicly, and support groups have emerged all across the country. In this more understanding climate, survivors are finding it easier to be honest with themselves and with others about the death. This is important to healing because when we felt compelled to disguise the facts surrounding the death, we often found ourselves cut off from people who might have been helpful to us.



Guilt

"I never let him use my blaster.
Maybe if I let him, he'd be around now."

Michael, brother of Ron




The survivors of most deaths experience some sense of guilt. This comes from a feeling that it is somehow unfair that we are still alive while our loved one has suffered and died. Additionally, it is rare not to feel that we could have been nicer or done more for the deceased. Sometimes fleeting, sometimes quite intense, guilt is almost always part of the picture when any death occurs. For survivors of suicide, the intensity of guilt feelings is often greatly out of proportion to our contribution to the event. Some of us remember this self-blaming as a way of feeling helpless.

We remember the conversations we had with ourselves and with others. Conversations that began with the phrases "if only ..." or "what if ...". We constructed a thousand ways in which our actions or words - if only different - would have saved the loved one. Sometimes we focused on one detail (a normal act such as going to work the day the loved one died) and, like Ron's brother Michael, became obsessed that this was the crucial action that could have changed the outcome.

One thing we often forgot was that suicide is never a singular event. Many things go into a person's decision to end his or her own life - depression, confusion, other mental and physical illnesses, perfectionism, and poor self-esteem may all play a role. But we frequently forgot that whatever our failures as parents, as siblings, as children, as friends, these failures alone were not enough to make our loved one take his or her life.

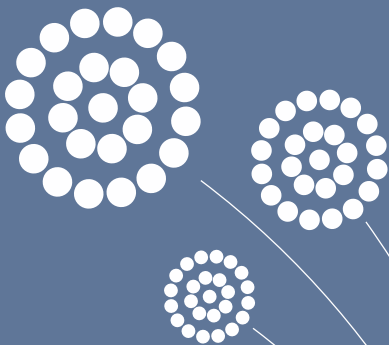
Some of us also experienced another kind of guilt that came just as we were beginning to feel a little better about life. As we would laugh again or enjoy going out somewhere, we would feel guilty that our loved one could not do the same any more or we would question whether we had the right to pleasure because the deceased had been in such pain. Eventually we came to recognise these as natural feelings that had to be let go. We were able to see that each of us was living a life that was as special as our loved one's had been.



Anger

"I was angry all the time. I kept getting into arguments with everyone. It took me a while to realise that I was really angry at my mother."

Helen, daughter of Margaret



People talk a lot about anger and grief, especially suicide grief. We've found that this is highly individual as well. Sue, for example, was very angry with her husband for killing himself at home and for exposing her and her daughter to the nightmare of discovering his body.

Tom, an older man, was furious at his son for robbing him of what he had looked forward to as a peaceful retirement. Joan, on the other hand, kept waiting and waiting to feel anger towards her son but it never came. She wondered if she was normal.

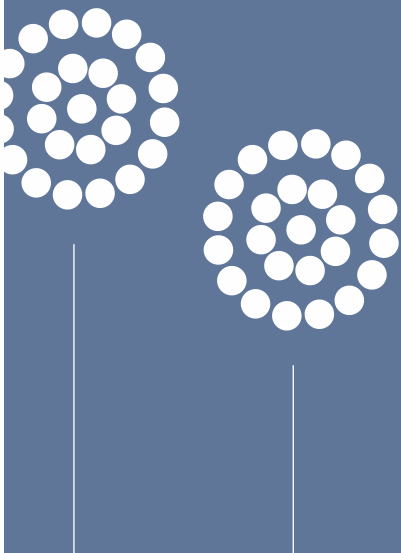
Anger can be a very complicated feeling. Sometimes thoughts such as "My loved one was in such pain, I shouldn't blame him or her" follow an outburst of anger. Sometimes these kinds of feelings are so strong that the survivor experiences no anger at all. On the other hand, Anne found that her anger was one way of recognising that she too had rights and that her right to the life she had expected to lead had been taken from her forever by a decision she didn't make.

Anger can be complicated in other ways. Sometimes one member of a family feels furious at the loved one, while others do not. Tom found it very difficult to understand his wife Sheila's more accepting position. Tom was also furious at the psychiatrist who was treating James. Sheila felt that the doctor had done everything he could. Tom felt that Sheila's lack of anger was an accusation that he really hadn't loved their son. Anger between them would often erupt. It took them both a while to understand that anger is only one way of expressing grief and not all people use it.

Trust

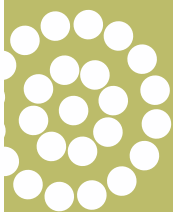
"I trusted Lisa completely. Now I don't trust anyone."

Brett, fiancé of Lisa



It is hard to trust others again after a suicide. We found our whole world turned upside down. We hadn't believed our loved one was capable of ending his or her own life, so - as we faced the future - how could we now trust that others wouldn't similarly mislead us? Some of us were distressed to realise that the person we loved so much had kept so much hidden from us. We had to learn to accept that the world is often not as simple or things as transparent as they appear. Of course we only found this out in hindsight.

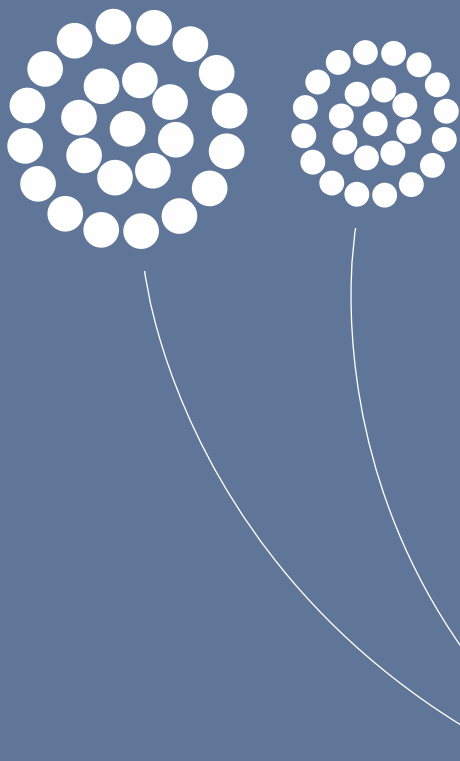
Trusting others is part of the human condition. Surviving in the world calls on our capacity for trust. We trust that others will do us no harm. We trust the bus driver to go the assigned route or that the grocer will sell us fresh products. These little acts of trust are actually expressions of the same kind of faith we will eventually need to trust others more intimately. But re-learning this is a process connected very much to time and experience. For now it might be helpful to know that most of us went through a period of suspicion and doubt about the intentions and concern of others. For most of us trust returned in time and with it came a renewed faith in our fellow human beings.



Loneliness

"What can I say?" ... I just miss her."

Bill, husband of Andrea



Sudden and unexpected deaths often leave survivors with intense feelings of loneliness. This is because we still hold a view of the future that includes the deceased. But after the death, all of our future plans need to be revised, and this can be painful as we go about the task of constructing a life without our loved one. It is the awareness of this painful loss that is really at the heart of grief.

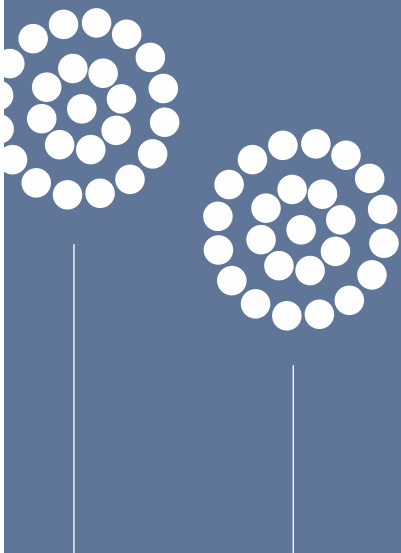
Suicide is almost always sudden and unexpected; there has been no time to prepare. One day your loved one is at the centre of your world and the next day he or she is gone forever. Bill remembered doing fairly well until he had to make some plan for the future. Little phrases like "next summer" or "we always go" would render him suddenly paralysed with grief and feeling overwhelming lonely. He had simply never thought about the future without Andrea. Most of us were protected from this loneliness during the first weeks, but then as shock and numbness began to fade, the emptiness and finality of the loss began to sink in on a more profound level. Unfortunately, losing people you love is common to all humanity. It didn't make the hurt go away more quickly to know this.

But it did help to remember that since the beginning of time people have survived the death of those they have loved and that we too would have the strength to do so.

Depression

"I couldn't sleep through the night for almost six weeks."

Helen, daughter of Margaret

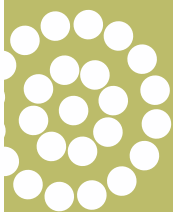


Despair, listlessness, and the feeling that there is no point to life any more typically accompany or alternate with the feelings of guilt, anger and loneliness. Many survivors often go for weeks or longer without any pleasurable emotions. Some of us remember having no desire to eat, smile, read, or work; others lost their ability to sleep or sought sleep both day and night. Completing routine activities, making decisions, and concentrating were all difficult, if not impossible. A surprisingly high number of us also contemplated suicide ourselves.

While these are all signs of depression, it is important to realise that the depression that accompanies grief is typically just that - it is part of grief and not a clinical illness. As the pain diminishes and grief proceeds, this depression will usually lift. If this does not happen, or if the feelings of pointlessness seem overwhelming or too intense, it is usually helpful to get professional counselling.

Anne remembers how hard it was for her to allow family and friends to take care of her at first. She didn't believe that anyone really wanted to spend time with her. Yet when she finally said "yes" to an invitation to lunch, she was surprised at how comforted she felt when her friends indicated how very much they valued her company.

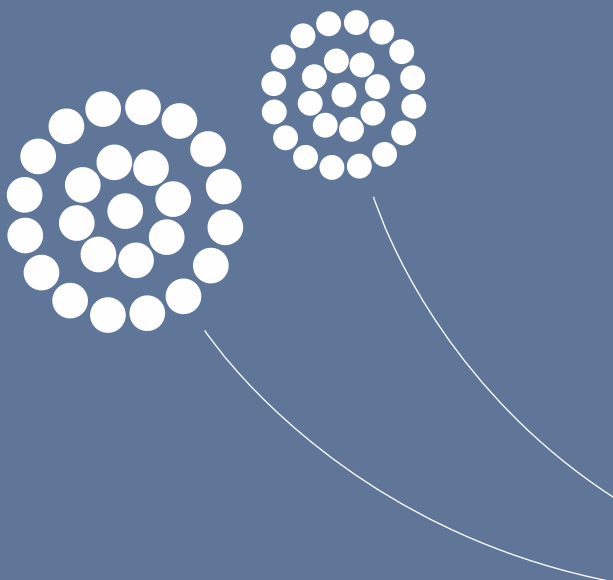
To Bill there seemed to be a built-in contradiction - he couldn't do anything to help himself because he didn't see the point of living in the first place. But he recalls that a few times, maybe just once or twice, he was able to break the pattern and attempt something new or potentially helpful such as playing cricket with his mates. These decisions became the first tiny steps for him in feeling "normal" again.



Resolution / Integration

“Now, along with the pain, there is something I never expected to have - a new understanding about the deep mystery of what it is to be human and alive.”

Michael, brother of Ron



The journey through grief that survivors make is far more explicit in its beginning than its resolution.

Gradually, you take yourself from here to there, from numbness to intense pain to healing and even ultimately to a potentially deeper understanding of life and what it is to be a human being.

Helen, Bill and Bob each knew the first anniversary of the death was an important milestone, but didn't realise that was all it was - a point along the way and not an ending. Most of us feel that there is never really a time in which the grief just goes away. But as it gradually recedes we begin to let in more of life again. Some call this resolving their grief. Others say that sounds too final; what they really do is integrate it into a new life.

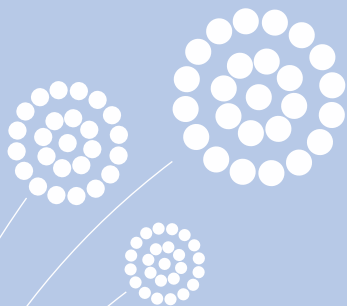
Lena described it this way: "In the beginning all there was to my life was the pain. They were one and the same; I had nothing and was nothing but the grief. Then, over time - and I could hardly tell it was happening at first - the balance shifted. I grew larger than my pain until one day I found that I was carrying it and containing it, instead of the other way around. I will always miss him, and my pain will probably always be there. But now it is only one part of what is a very full and good life again."



How suicide affects children

Regardless of the cause of a death, surviving children go through a grief process that is both similar to and different from that of adults. In addition to the same range of feelings that adults may experience and the same randomness with which these feelings may occur, children may have several special issues related to their level of development, their unique position of being dependent upon others for information, and their vulnerability to external influence.

It is not always possible to predict what children will experience or show. Even children in the same family may respond quite differently to the sudden loss of a family member or friend. Consequently it is very difficult to make generalisations about children's reactions to a suicide. The brief description to the right may help you understand some of the issues children deal with in this situation, but it is not intended to be a complete discussion.



Children (especially young children) often believe that merely thinking something can magically cause it.

They often have unrealistic views of themselves as all powerful and they may believe that the world can be controlled through wishes or rituals. Thus, it may be very difficult for some young children to understand that they did not in some way cause a death of a person near to them. This is frequently manifested in the belief that they did not behave well enough and so "caused" the death of the family member. It is not uncommon for young children to believe that a deceased parent left them because of something the child did (hit a sibling, or stole money) or failed to do (didn't tell Mummy that I love her, or didn't put my toys away).

Some children react to sudden deaths by becoming especially vulnerable to fears of further abandonment and frightened by an exaggerated sense of the unpredictability of the world.

They may exhibit their insecurity by acting out, or they may hide it inside and become withdrawn. These behaviors may be compounded by the fact that just when they most need help, their parents or their surviving parent is immersed in his or her own grief. This apparent neglect may trigger anger in the child. The child may also feel anger and jealousy at the deceased, especially at a sibling who in death seems to have ascended to an idealised position and gained all the love and attention. The child may feel guilty about this anger in a way that is similar to adults who are uncomfortable with their anger at the deceased.

It is usual for young children to "work through" difficult emotional experiences by playing them out.

Thus, they may play at having a doll die, or play games with death themes. They may even play at suicide. Although these activities are normal, they may inadvertently place the child in some jeopardy and deserve careful attention.

Teens, who are especially sensitive to peer acceptance, may feel threatened by a suicide in the family.

They may see themselves as suddenly very different from their friends, which can lead to feelings of isolation. They may wonder if they are themselves flawed or doomed in some way; this may undermine their sense of self-worth. They may wish for nothing more normal than to go back to school and "hang out" with their peers. Some adolescents may find the idea of suicide intruding itself into their thoughts even when they ardently wish it would go away.

It is important for adults to be as honest as possible but also to spare children unnecessarily vivid details.

Many experts believe that children who survive a suicide do best when they get honest information about what has happened in language and doses suitable for their age. They are usually able to see that something terrible has happened. Attempts to “protect” children by keeping the truth from them run the risk of making matters worse if the deception is uncovered.

Most children will have many questions, some of which they may repeat over and over.

If they do not ask questions, you should try to gently draw them out, always respecting their position and what they seem ready to hear or understand. You should also realise that underlying many of the questions may be the fear that you, too, will leave them. Be reassuring that you will do your very best to stay alive. Underlying the questions may also be the unspoken worry that they have caused the death. It is usually helpful to address this directly with children, listen to their fears but always unequivocally assure them they are blameless. It is important to try to be patient and consistent in your answers. Explaining the suicide by saying that just as some people have great physical pain, others have terrible emotional pain or (for very young children) a ‘pain in the head,’ may help provide the beginning of the “why” that children are searching for.

Many children, particularly adolescents, do not cry openly in response to a death.

Try to keep in mind that children have a natural defense mechanism that wards off bad feelings by engaging in usual activities. Thus if your child wishes to attend school immediately, or watch TV or stay over at a friend’s house, you should take this as a sign of healthy coping.

Talk openly about your loved one, but try not to idealise or blame him or her.

Remember that children will be learning from you. In facing your own grief as honestly and thoroughly as possible, you will also be helping them.

Remember:

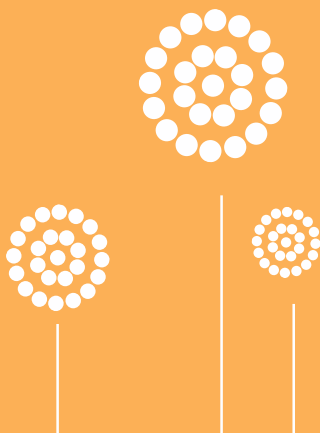
The initial reaction to a suicide of many young people is frequently **shock and denial**. They may appear remarkably unresponsive to the news. They often find it difficult to accept the reality of a death. It is helpful for adults around them to assume a stance of anticipatory waiting, acknowledging the shock and indicating the willingness to talk when the child is ready.

Some children and adolescents will evince a **great deal of anger and blaming**. They may hold other adults responsible, feeling that the adults betrayed the deceased by "letting this happen." Although this anger may be hurtful to the adults around them, it will help the situation most if they can listen to the child's feelings and gently explain that blaming is a normal reaction to an event that can't be explained.

Many youngsters experience periods of anger at the deceased, which may interfere with mourning rituals of others around them. They may feel that the deceased was "stupid" to have ended his or her own life or feel that honouring his or her memory is a sham. Adults can help young people through this by allowing the anger as a natural and expected emotion in the circumstance. Simply acknowledging this emotion may serve to decrease its intensity.

Children, like adults, **often feel guilty** for what they perceive as letting the deceased down in some way. They may express this in terms of "if only" statements or thoughts.

They may need to be reminded of the limits of personal responsibility. This is often difficult for adolescents who tend to view themselves as very powerful and who are confronted with their own limitations in the situation.



Children frequently **feel their own safety is threatened** by the sudden loss of a loved one. They may become anxious about thoughts of killing themselves or of losing other significant people in their life. Adults can be helpful in guiding children to differentiate between themselves and the deceased and in offering problem-solving options for difficult situations.

While most people who are in pain will seek some periods of "alone time", **withdrawal** by children from many aspects of their daily routine may serve to isolate them from peers who can be helpful to them in combating the loneliness grief often brings.

Encouraging children to resume their normal routine fairly quickly will usually help since this brings them into contact with others. It is also helpful to guide children through a "rehearsal" of what they will say to others such as classmates and teachers. Many children are more distressed by not knowing the words to say than by the content of what they have to say.

Children often believe **that pain and hurt will last forever**. It is difficult for them to see into the future and to know that these feelings will subside. Encouraging children to view grief and sadness as a process that has a beginning, middle and end period can help them place the suicide in perspective. They may need to be reminded that the process will take time but that they will feel better in time.

Probably the most important thing to remember is that **suicide is a very unusual event for young people to handle**. Even very "well-balanced" children have difficulty understanding and integrating a suicide. Most children benefit greatly from talking to a professional. Groups for young children and adolescents are very hard to find. If your community does not have the group you need, contact your local Community Health centre or phone Lifeline to get a referral to a professional who deals with children's grief and mourning.

These suggestions for helping children were prepared by professionals who have worked with children who are survivors. It's a good outline, but it's only that - an outline. By far the best course is to get professional help for children and adolescents.

Online suicide bereavement resources:

- **Information & Support packs for those bereaved by suicide or sudden death - information kits, available in downloadable copies at:**
http://www.livingisforeveryone.com.au/files/clife/Kit_ACT.pdf
http://www.livingisforeveryone.com.au/files/clife/Kit_NT.pdf
http://www.livingisforeveryone.com.au/files/clife/Kit_QLD.pdf
http://www.livingisforeveryone.com.au/files/clife/Kit_VIC.pdf
http://www.livingisforeveryone.com.au/files/clife/Kit_SA.pdf
http://www.livingisforeveryone.com.au/files/clife/Kit_WA.pdf
- For Tasmania – contact the Mental Health Council of Tasmania to receive **The Tasmanian Community Bereavement Support Kit**, on admin@mhct.org or phone 03 6224 9222 or freecall 1800 808 890
- For New South Wales, the **"Care and support pack for families and friends bereaved by suicide"** can be located at <http://www.health.nsw.gov.au/health-public-affairs/publications/suicide/>
- **"Supporting children after suicide . . . Information for parents and other caregivers"** – can be located at http://www.health.nsw.gov.au/policy/cmh/publications/Supporting_Children_After_Suicide.pdf
- **American Association of Suicidology**
(Click on the 'Survivors' link) <http://www.suicidology.org/>
- **Suicide Prevention Research Centre**
(Click on the 'Survivors' link) <http://www.sprc.org>

For further information about bereavement resources and support groups please visit <http://www.readthesigns.com.au>



readthesigns

A campaign promoting help seeking and suicide prevention



MTAA
SUPERANNUATION
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Lifeline's 24 hour telephone counselling service 13 11 14

Lifeline's Just ask mental health information service
1300 13 11 14 or www.justask.org.au

To order this booklet, email justask@lifeline.org.au

Kids Help Line 1800 551 800
<http://www.kidshelpline.com.au>