

GRIEF CAUSED BY SUICIDE



If you are reading this someone close to you has probably completed suicide. You are undoubtedly experiencing one of the most traumatic and painful events of your life. The “Why” and the “What if” questions are beyond perception, and the shock you feel numbs you to people and the world around you. The healing process will be painful and often seem unnaturally slow. Understanding your emotions, as well as learning something about suicide in general, may help you work through the grieving process.

The 50,000 or more suicides that occur in the United States every year cut across all gender, age and economic barriers. No one is immune to this tragedy.

Why would anyone willingly cause his or her own death? Mental health professionals have been searching for the answer to that question for years, and generally agree that people who take their own lives felt trapped by what they saw as a hopeless situation. Whatever the reality, whatever the emotional support provided, they felt isolated and cut off from life. Suicide victims feel intense pain, anguish and hopelessness. The person who completes suicide probably didn't really choose death as much as making the choice to end the unbearable pain.

It's generally believed that people who complete suicide have suffered some sort of loss, anger, depression or all of these. Suicide is a permanent solution to a temporary problem.

Sometimes there are no apparent causes. No matter how long and hard you search for a reason, you won't be able to really answer the biggest question, “why?” Each suicide is individual, regardless of the generalizations. There may be no way you will completely understand the suicide victim's process.

Everyone is different. Your reaction to the suicide is as unique as you are. Some reactions, however, have proven widespread enough to characterize phases, or stages of grief. These phases are not the same for everyone. Not everyone goes through all the phases in sequential order. You may find yourself returning to stages you have already experienced and you may encounter more than one of these phases at the same time. There are no magic answers to take your pain away.

As a survivor, the pain of suicide may be more terrifying for you than for the victim, partly because the death was the result of your loved one's own act. This compounds the emotional difficulties you have at this time. Your anger, pain and guilt will be extensive and it will take a great deal of hard work to recover, but you can recover.

PATTERNS OF GRIEF

SHOCK/DISBELIEF

Shock is almost always the first reaction to a sudden loss. It is nature's shield against an overwhelming emotional assault and is characterized by denial, "I don't believe it," and as emotional anesthesia, as though it were all happening in a bad dream. This emotional numbness can last for 24 hours or more. Our minds are marvelous instruments in that they take only what we can handle. In the beginning, the numbness has been compared to "being in a fog." It is this fog that will allow you to accomplish the necessary arrangements for the funeral, to cooperate with law enforcement agencies, if necessary, and deal with your family and friends and the initial loss of your loved one. When you experience shock, or you see family members experience shock, please know that this is an essential part of the grieving process.

During the first two weeks after the death, and sometimes longer, it is fairly common for the grieving survivors to have fleeting images of the deceased, while awake or upon awakening, as well as in dreams. For many people this is a frightening experience while others take comfort in feeling some kind of contact with their loved one. Not everyone experiences these images, but for those who do, know that this is very normal.

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

If you have, or are experiencing shock, please take comfort in knowing that one's mind will take on only what it can handle. It is possible for the shock phase to last from days to as long as six months or more.

PROTEST/DISORGANIZATION

Grief shows many faces. Some feelings such as anger and resentment, fear, guilt, relief, sadness, yearning or preoccupation with thoughts of the loved one may be unexpected. These feelings usually stem from the survivor's desperate need for the one who has died as well as resentment of his or her departure and desertion, and that it was by his or her own hand. Feelings are not rational nor are they subject to intellectual analysis, they just are. One thing we all need to know is that feelings, whatever they are, cannot be denied. We are not in control of our feelings. We just experience them no matter what they are.

Many times the feelings of anger during this phase are directed at a doctor, nurse, police officer, victim advocate or other family members or friends. Sometimes this misdirected anger stems from the survivor's frustration and inability to have prevented the death. The feelings of rage or anger, combined with dejection, crying, hopelessness, restlessness, emptiness, insomnia, and guilt vary with their intensity with each individual. Generally, active signs of gut wrenching guilt diminish in about two to eight weeks, and then the mourning process takes over. This is intense, internal, painful and lengthy but is the essential process by which the bereaved fully learn to accept the loss and to direct his/her energies to the process of living. Generally it takes from one to two years to complete the mourning/grieving process.

When there is a crisis, no matter what it might be, positive or negative (birth, marriage, job change, illness, death) everything that was before will never be the same. It is forever changed. Life can survive a tragic change and become good again. It is different but good in a new way.

As painful as it is, if survivors do not proceed through these various phases growth can become buried and/or show up as long-term depression. If this happens with you get professional help as soon as possible after you have lost someone you love through suicide.

If the deceased was someone with whom you had regular close contact your guilt will probably be intense. Also, if the death came as a complete surprise you will be desperately searching for reasons. A person who completes suicide has usually given some clues, and as you look back on the last few days or months (or years) you may be able to see some hints that were so subtle that they were missed. You will probably wish you had recognized the problems early enough to do something about them. Many times, people experiencing suicidal thought and feelings are very clever and able to totally conceal these feelings from even the closest family members, friends, and even medical professionals.

It is a possibility that you were aware of the deceased's suicidal feelings and you did try to help. You may have thought you had convinced him or her not to complete suicide because in the time preceding the death you noticed that he or she seemed to be feeling a lot better and you relaxed your concern. You need to know it is not uncommon at all for a suicidal person to feel better once the decision to die has been made. The problem has not been resolved but the victim has found the answer he or she was so desperately seeking; suicide, and an end to the pain.

If you are trying to cope with your guilt feelings try not to be too hard on yourself for your behavior toward the victim while he or she was alive. If you feel your presence at a particular time could have prevented the suicide you are assuming too much. We all like to think we can help our troubled friends and families, and we do try, but the person determined to complete suicide is likely to accomplish

it. We are absolutely unable to be with the person 24 hours a day. Sometimes even after in-patient or outpatient therapy, the person who wants to complete suicide will complete the act.

The decision to take one's life belongs with the person, no one else. The deceased has ownership of the decision that leaves us devastated. If you realistically feel there was something you could have done, face it, think about it, talk to a professional about it, and work to accept it. Your loved one can't be helped anymore, but you can still be helped. You can learn from, and grow with, your painful experience.

RATIONAL SUICIDE

There are those people who believe an individual has the right to end his or her life. The term "rational suicide" is used to describe a suicide that has been thought about and planned, perhaps as a way of dealing with a painful, terminal illness. This is an area of controversy, and whether you accept it or not, it will help you to think that the suicide was an individual decision – rational or not. It was not your choice. It was his or her choice. You may be able to accept this intellectually long before your emotions accept it. Rational suicide does not negate the feelings you will experience after the death. It will still be necessary for you to go through the grieving process whether you agree or disagree with the decision of the victim.

RELIEF

If you were closely involved with the deceased perhaps his or her pain and suffering had become an emotional drain for you. You may have felt unfairly burdened or just exhausted from being involved with an intense situation. Now you may be feeling a sense of relief that you don't have to worry any more or perhaps relief that the pain of the victim has now ended. A sense of relief when a difficult situation ends is normal. When the "end" is an unhappy one the relief may still be there but now it is colored with you guilt. Remember, don't expect perfection of yourself and accept your relief as a normal reaction. Talk about it to family and friends and don't let it grow into inappropriate guilt. The late psychiatrist, Dr. Theodore Reik, said, "One can feel sorry for something with out feeling guilty." Remember, too, that the suicide victim saw death as the only relief possible at that particular time. Feelings of relief are okay. If you have problems with those feelings, please seek help.

EMOTIONAL WOUNDS

It is possible for survivors of suicide to carry deep emotional wounds that may last for years and influence subsequent relationships. Feelings of guilt and anger may endure forever and many report that risk and vulnerability become important issues for them. Survivors report being hesitant to allow others to become

emotionally involved with them because they do not want to risk loving and caring for someone and losing them.

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

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

TELLING CHILDREN

It has been found that the best approach to take in telling children about death/suicide is to be honest and straightforward. Speak to them at their level of development and answer their questions in the same manner. If children are kept in the dark they may become more frightened and confused. Even a young child can easily sense something is wrong. A child that is old enough to love is old enough to grieve.

Children have the same emotional needs after a tragedy as adults but those who come to comfort the surviving adults often overlook them. Children may act out their grief by complaints of physical symptoms and illness. Inwardly, children are just as angry and hurt as the adult, but don't know how to express it in healthy ways.

Depending on your family traditions and values, you may want to ask everyone, including the children, whether or not they want to be involved in the funeral. It has been found that it can be detrimental to children to either force them to attend or take part in a funeral, or prohibit them from attending or taking part in a funeral service. Children need to grieve in their own way and are generally more resilient and much stronger than we believe.

REORGANIZATION

While going through the grieving process it is important to know that grief usually starts with shock, moves on to protest/disorganization and then to reorganization. However, it isn't always in that order. During the time it takes to work through the

whole grieving process people bounce from phase to phase. One day the shock, the next day disorganization, on to reorganization and then back to protest. It is no wonder we believe we are going crazy. There are no hard and fast rules in the grieving process; it is day-to-day existence. Bouncing from phase to phase is very normal and very difficult. Don't expect a straight upward climb to a plateau of emotional stability. Periods of depression and sadness become shorter and less frequent while the fond memories become clearer and more frequent...with time. This does not mean the loved one has been forgotten – that just does not happen.

Holidays and anniversary dates can be especially difficult. Holidays are an accumulation of traditions. Traditions are habits made by families and are to be shared with other family members. When a family member is no longer there to share the tradition, it becomes a painful reminder of something that once was a joy. The first time we celebrate each holiday after the suicide, it becomes an internal nightmare. When you are able, you may want to start new traditions. For some, a trip out of town during the holidays is beneficial. There are no rules to follow to “get through the holidays”. A birthday can be observed by giving to charity or doing something that is meaningful to you. You will grieve. Allow yourself that, be good to yourself, do what YOU need to do to get through this difficult time.

During the reorganization phase the survivor can expect to experience both sadness and happiness. There will be realistic memories of the victim - pleasure in remembering, and a return to a changed, but more normal level of functioning. You may begin to use former coping skills or develop new coping skills. It is even possible to renew social relationships and develop new ones.

FAMILY

Each of us is an individual. We like different foods, wear different styles, and select lifestyles unique to ourselves. It stands to reason then that at the most painful time in our lives we would also grieve in our own way. Three things determine how we choose to grieve: our personal view of death, our relationship with the loved one, and our individual personality.

When a suicide happens in a family we sometimes expect that it will pull us closer together. This is not always true. It is not unusual for us to see families separate, either physically, emotionally, or both. After the loss of a parent, children may resent the surviving parent as he/she rebuilds life. Each person recovers from grief in our own way. We cannot expect a child to understand the loss of a spouse and it is also true that a parent cannot fully understand the loss of their child's parent.

Many times family members become possessive of one another and also are possessive with the relationship each had with the loved one. Each member of

the family is trying to comprehend the loss of this person in his/her life. The loved one represents something different to each individual.

Sometimes families argue over who hurts the most. For instance, a mother who cries easily over the loss of a child may feel her husband, who doesn't cry, didn't really care about the loss because he shows no *outward* sign of grief. He is grieving in his own way. Another situation is the parent/step child roles. It is often difficult for the stepparent to feel the intensity of the parent's grief.

OPEN, HONEST COMMUNICATION WITH FAMILY MEMBERS IS CRUCIAL DURING THIS IMMENSELY DIFFICULT PERIOD IN YOUR LIVES.

SOCIETY

The stigma, or shame, you may think others associate with suicide stems in part from its historical and religious interpretations.

If your friends seem uncomfortable talking about the death, or even being with you, it's most likely the type of discomfort felt when facing death of any kind or it's a reaction to your discomfort. If you are not comfortable relating the circumstances to others, DON'T. Your close friends will already know. You only need to share what you want to share.

Family and friends may be able to provide all the emotional support you need, or you may want to consider joining a mutual support group to meet with others who have experienced the suicide of a loved one. These groups can be very helpful and can provide the deep understanding of what you are suffering.

EPILOGUE

The rest of your life is the epilogue. Everything in your life will be changed. You may see things differently now. Incidents that were once a catastrophe may become only minor aggravations because you have already survived the worst. Please believe there is happiness left in the world for you. You can laugh again, and the first time it happens, it may surprise you and it will feel good.