SOS

A Handbook for Survivors of Suicide

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About this book

This is a book for people who have lost a loved one to suicide, written by someone who has suffered the same loss.

I lost my wife, Gail, to suicide several years ago. She was 33 when she took a deliberate overdose of pills. The emotional journey of the ensuing weeks, months, and years has been the most difficult of my life. But I survived and have learned from my experience. Most of all, I have rebuilt my life and found happiness again. **Impossible as it may seem right now, you will survive this, too.**

This book is *not* intended to be a complete guide for the suicide survivor—it only scratches the surface. There's much more you can learn about coping with your unique grief than what is offered here. There are many wonderful books on the subject—some of which are 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 the information inside more accessible. You may even find it useful to carry it 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, the pain is over.
Now it's time to start healing yours.

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Someone you love has ended their own life — and yours is forever changed.

You are a "survivor of suicide," and as that unwelcome designation implies, your survival—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, survivors 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 in many ways unique to survivors of suicide.

Why we say suicide "survivor"

We apply the term "survivor" to our experience because it accurately reflects the difficulties that face people who have lost a loved one to suicide.

Some people prefer the term "suicide griever," fearing confusion with someone who has attempted suicide themselves. Likewise, some prefer the phrase "completed suicide" to "committed suicide," feeling the latter implies a criminal act.

But there are no rules you need obey. Do and say whatever makes you feel most comfortable.

"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 virus? 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 is expected, as with the passing of an elderly relative; sometimes it comes suddenly in the form of a tragic 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 survivor faces all the same emotions as anyone who mourns a death, but they also face a somewhat unique set of painful feelings on top of their grief...

- **GUILT.** Rarely in other deaths do we encounter any feelings of responsibility. Diseases, accidents, old age... we know instinctively that we cannot cause or control these things. But the suicide survivor—even if they were only on the periphery of the deceased's life—invariably feels that they might have, could have, or should have done something to prevent the suicide. This mistaken assumption is the suicide survivor's greatest enemy. (See page 16).

- **STIGMA.** Society still attaches a stigma to suicide, and it is largely misunderstood. While mourners usually receive sympathy and compassion, the suicide survivor may encounter blame, judgement, or exclusion.

- **ANGER.** It's not uncommon to feel some form of anger toward a lost loved one, but it's intensified for survivors of suicide. 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 21).

- **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 survivor. Because our loved one seems to have made a choice that is abhorrent to us, we feel disconnected and "divorced" from their memory. We are in a state of conflict with them, and we are 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 carpet of your life—you may only be delaying an even deeper pain. There are people who have suffered breakdowns *decades* after a suicide, because they refused or were forbidden to ever talk about it.

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

However, some of the difficult emotions you should come to expect include...

The American Psychiatric Association ranks the trauma of losing a loved one to suicide as "catastrophic"— on par with that of a concentration camp experience.

- **You may "backslide" from time to time.** You might have a few days 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. 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 your are reliving the experience of the suicide. When it happens, stay calm. Get away from the reminder if you need to and focus on positive thoughts.

- **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.

- **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 avoid conversing with them in the future.

- **Your fear of people's judgment may haunt you needlessly.** It's common to project our own feelings of guilt onto others by assuming that they are judging us harshly in their minds. Give people the benefit of the doubt and remind yourself that you are 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's likely to 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 28.) Fellow survivors 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, spring 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. It's 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. We must remind ourselves that we have chosen to live. Can it not be fairly said that, if there is a divide between us, it is they—not we—who have placed it there?

- **You may entertain thoughts of suicide yourself.** The risk of committing suicide is far greater for those who come from a family in which

Write yourself a script

Suicide survivors often find themselves faced with uncomfortable questions from outsiders. 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 are not comfortable discussing with them, 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."

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 committed 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 you fear these kinds of inquiries, the better a prepared "script" of answers will serve you.

suicide has been attempted. This may be due to the fact that our loved one's death has made the very idea of suicide far more real in our lives, making it very common for survivors to have suicidal thoughts themselves. However, you must balance your fear of this with the knowledge that suicide is most often preceded by a history of clinical depression. 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.

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, lies 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.

Shock & Grief

"It's like a bad dream."

"It's like walking in quicksand."

"I feel as if 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 pages 28-29). Even the longest journey begins with a single step, and you are taking that step now simply by getting up each morning and choosing life.

Guard your physical health.

Your own health is probably 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

While you may hear or read about a detailed list of "grief stages," it's truly different for each person. Some of the common emotions experienced by anyone who mourns 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 7).

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, realistic way, allowing denial to give way to less troubling emotions.

GUILT. Guilt comes from a mistaken belief that we could have, 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 shortcomings. We cannot predict the future, nor do we have power over the events in our universe. It is human nature to subconsciously blame oneself rather than accept these truths. (See page 16).

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 21).

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 24).

"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 learning of bad news. Misconceptions arise when we mistake one of these isolated events for the *cause* of the suicide. Instead, it is more likely just 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."

That condition may be evident in some of these ways...

- **Emotional illness.** Up to 70% of people who die by suicide may suffer from what psychiatrists call an "affective illness" such as major depression or a bipolar disorder.[1]
- **Prior attempts.** Often disguised as reckless behavior, many suicide victims have a history of prior attempts.
- **Morbid thoughts.** Many suicidal people are unusually comfortable with the idea of death, or convinced that a dark fate awaits them.
- **Hypersensitivity to pain.** Suicidal individuals often exhibit disproportionate emotional reactions to problems and

A Theory: The Accumulation of Pain

In this author's observation, suicidal depression is pain that seems to "accumulate" from many experiences.

While most people find ways to cope with life's common difficulties, the suicidal person—while seeming to move past each setback, loss, and misfortune—continues to carry pain from each trauma with them throughout their lives.

With each new hurt both great and small, a little more pain is added to this tragic cargo until it becomes unbearable.

hardships—sometimes even to the hardships of others. Some go to great lengths to help others because they simply cannot bear the idea of pain, even if it is not their own.

- **A chronic need for control.** Many people who go on to die by suicide exhibit an obsessive need for control—what you and I might call a "control freak." Their natural inability to cope with pain and misfortune compels them to try to prevent it by orchestrating the events in their world to an extreme degree.

"Is suicide a choice?

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."

—Adina Wrobleski, Suicide: Why? (1995)

The presence of any of these or other 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 precisely 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 all day long, 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 a suicide is not to end life, but to end pain.** People in the grips of a suicidal depression 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."[2]

One of the more painful emotions felt by survivors 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 even consider.

But there is a *flaw* in this thought process. You are imagining what suicidal depression 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 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.**

> *"Suicide is a permanent solution to a temporary problem."*

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 may not be the case.

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 necessary 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.

Only after you've exhausted your deductive abilities can you finally **let go of the "Why?"** There will come a time when you will hopefully accept that a satisfying explanation for your loss may not exist. And, even if it did, it wouldn't change what has happened.

Once you can let go of "Why?" you've taken a great step toward acceptance—the key to healing your wounded heart.

Learning from the stories of others

In the stories of others, suicide survivors 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 an overdose. This seems like a somewhat logical act—except that, 40 years earlier, when still young and physically fit, Sarah sank into a deep depression triggered by, of all things, a cancelled luncheon appointment and threatened to throw herself from the balcony of a hotel room. Is suicide, for some, a tendency that is "built in"—an inevitable fate—or was Sarah suffering from a recurrent undiagnosed and untreated depression?

The Man Who Had it All. George*, an enormously 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 imposter; 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.

* *Not real name.*

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?

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 one might speak of a martyred saint, refusing to consider, even briefly, that her son bore any responsibility for his suicide. Instead, she focused on a list of culprits whom she felt were to blame—her son's 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 crisis he was likely suffering.

** Not real name.*

Suicide Facts & Myths

⊙ **FACT: Nearly 30,000 Americans commit suicide each year.** Suicide is the 11th leading cause of death in the nation, claiming twice as many lives each year as HIV/AIDS.[3]

⊙ **FACT: Male suicides outnumber female suicides by 4 to 1.** However, three times 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.[3]

✕ **MYTH: Teenagers are more likely to kill themselves.** A common misconception caused by media coverage of teen suicides. In fact, white males over 65 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.[4]

⊙ **FACT: Up to 70% of all people who die by suicide may suffer from an affective illness such as depression or bipolar disorder.**[1]

⊙ **FACT: Alcoholism is a factor in about 20% of all suicides.** Up to 18% of alcoholics may die by suicide.[5]

✕ **MYTH: If there was no note, then it couldn't have been suicide.** Only one in four or five people who commit 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.[1]

✕ **MYTH: People who talk about committing suicide, don't.** 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.[6]

⊙ **FACT: Firearms are now used in more suicides than homicides.** It's the fastest-growing method, used in nearly 60% of all suicides. Next is hanging/strangulation/suffocation at nearly 20%; solid & liquid poisons/overdoses comprise about 10%; gas poisons are used about 6% of the time; the remaining number of suicides employ other methods including jumping from a high place, cutting & piercing, drowning, jumping/lying before moving object, burns & fire, and crashing of a motor vehicle.[7]

✕ **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.[8]

✕ **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 depression and temperament.[6]

⊙ **FACT: Up to 15% of all fatal traffic accidents may be suicides** according to some experts.[9]

✕ **MYTH: Once a suicidal crisis has passed, the person is out of danger.** Many suicides in which there was a prior attempt 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 his suicidal thoughts into action.[8]

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

Battling Guilt

Guilt is the one negative emotion that seems to be universal to all survivors of suicide, and overcoming it is perhaps our greatest obstacle 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 survivors tend to blame themselves? Psychiatrists theorize that human nature subconsciously resists so strongly 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.

> *"Guilt is what we feel when we place our anger where it doesn't belong — on ourselves."*

One of the most unusual aspects of survivor guilt is that it is usually a solo trip—each survivor tends to blame *primarily* themselves. Try asking another person who is also mourning your lost loved one about any guilt feelings that are haunting them. Chances are you will find that each person—no matter how close or removed they were from the suicide victim—willingly takes the lion's share of blame on themselves. If they were the one closest to the deceased then they theorize, "I should've 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..." Well, you can't all

be to blame, can you? Isn't it far more logical that *none* of you are responsible?

Well, then who is? The simple truth of the matter is that **only one person is responsible for any suicide: 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 place blame on 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 acknowledgement of fact.

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.

It's unclear how much control, if any, suicide victims have over their actions. And if clinical depression is at the root, then we could easily think of suicides as victims of disease, just like cancer victims. This is why a person who dies by suicide doesn't deserve blame. However, on some level, there was a conscious choice made by that person, even if it was made with a clouded mind. So the *responsibility* does lie with them.

Acknowledging this simple fact does not mean that you did not love them, nor does it mean that you are holding them in contempt. It means that you are looking at a tragic event clearly and accepting it for what it is.

Guilt is anger turned inward. Suicide produces many painful and confusing emotions in survivors, 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. Both parents and spouses express fear that the world at large will brand them as failures in their respective roles because of the suicide. While some small-minded people may think or even speak such accusations, most will not, so don't project negative thoughts onto others by judging yourself for them.

"If only I had..."
A true tale of two mothers

There were two young women who died by suicide, both about the same age, both after a years-long battle with depression. Each had made several suicide attempts. They would refuse professional help and stop taking their medication just when it seemed to begin helping.

Fearing for her life, the first woman's mother had her committed—against her wishes—to a psychiatric clinic for treatment. 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 depression, 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 preventing their daughter's suicides. The irony is that **each blamed themselves for <u>not</u> doing exactly what the other one <u>did</u>.**

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.

We often fail to realize that, even if we could turn back the clock and do things differently, it wouldn't necessarily change the outcome.

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, as a sculptor carves a statue. From their earliest years, children are shaped by an assortment of outside influences beyond the control of parents. Even children and teenagers have to bear responsibility for their actions.

Spouses also tend to feel acutely guilty for a suicide. The natural partnership that comprises marriage implies a mutual responsibility to look after each other. But spouses need to realize that the root causes of suicide—notably clinical depression—are beyond the control of even the most devoted husband or wife and that **even mental health professionals often fail to detect the warning signs of suicide.**

“I’m glad they did it.” Though rarely expressed aloud, many survivors feel a measure of relief, especially when the suicide victim’s emotional battles were well known to them and punctuated with traumatic episodes and suicide attempts. To breathe easier because they—and you—are now spared from future torment is 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 and suffer the long, emotional descent of a loved one would feel a pang of relief at that rocky road’s end.

Moving forward with your life brings its own dose of guilt. Whether it's returning to the simple routine of daily subsistence or embarking on new journeys in life, survivors often feel as if this is some affront to the person we've lost. "How can I live knowing they're not here?" your mind may taunt you. Your strength lies in knowing that, while your lost loved one has chosen death, you have chosen *life*—and **life is a gift that we honor by living.**

Mistaken assumptions

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

"I know why they did it." The motivations behind suicide are complex and often inexplicable (see page 9). False conclusions about your loved one's suicide may only add to your own pain.

"If I'd only done (X), 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 loss and the responsibility that lies with the victim can you recover from grief.

"I know what people think about me." While suicide survivors 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.

Anger & Blame

Negative emotions surround the suicide survivor, complicating our road back from sorrow. **Anger is a natural part of the grieving process**, but survivors of suicide are far more susceptible to 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 hate them 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 survivors 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 are only hurting themselves by not facing the truth of their loved one's suicide. **Their road back to peace is made longer and rockier by misdirected anger.**

Special Circumstances

While all suicide survivors face many of the same challenges, each may also face difficulties unique to their relationship with the victim...

- **Parents** face the potential for unique forms of guilt, although it is just as unfounded as the guilt typically experienced by survivors. While parents 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, the media, and the world at large also shape each child's psyche. Our children are individuals who, by virtue of having the power to commit a violent act, are responsible for that act.

- **Spouses** 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 husbands and wives vow to care for one another, we must realize that even the most caring spouse cannot assume responsibility for their partner's suicide. Spouses 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 spouses eventually move on to new relationships. Again, we must remind ourselves of what is really the root cause of the tragedy—depression, emotional illness, and other factors beyond our control—not our shortcomings as wife or husband.

- **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 die, but not your 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.

In his book, *Suicide and Its Aftermath*, author Bruce Conley states, "Many deaths leave survivors with unfinished business, but few may be said to create more of it than suicide."

In addition to all the challenges described on the preceding pages, there are some special situations that (believe it or not) bring even worse complications...

- **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 funereal viewing may help to replace it with one that more truly reflects who your loved one was.

- **The public suicide.** Suicide victims who choose a public method—such as jumping from a building—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, survivors face more than the judgment of others—they face formal accusations of responsibility, either from fellow survivors or from the authorities. For the latter, bear in mind that police are 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 the only person responsible for a suicide is the victim.

Acceptance

Acceptance is the key to healing for the survivor of suicide, 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 depression. If you were to embellish this reality either *positively* (by denying the fact that such a severe emotional illness 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

Reconciling with a suicide victim

Losing someone to a "conventional" death, while difficult, does not interfere with our happy memories of them. But suicide survivors often feel disconnected and "divorced" from the memory of their lost loved one. Because they chose to end their lives—to our rational minds, an inconceivable act—we are now in a state of conflict with them. At some point, we need to "reconcile" with them—and somehow, we have to accomplish this alone.

Unfortunately, this usually takes some time. For most survivors, it's a reward that lies somewhat down the road, after we have passed through all the fury of our emotional gauntlet and achieved acceptance—acceptance of our human limitations, of our loved one's debilitated condition, and of our lives as they now lay before us.

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

MYTH we must reject....	**FACT we must accept...**
It's my fault that this happened. or... It's the fault of their doctor/spouse/parents, etc.	**The only person who truly bears responsibility for a suicide is the victim.**
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 commit suicide, despite repeated rescues, even while under the care of trained mental health professionals.**
The person I lost is a horrible person for having done this.	**The person I lost was probably suffering from an emotional illness, and should be judged otherwise.**
The person I lost was a saint who could never do any wrong.	**The person I lost made a tragic, regrettable choice to end their life.**
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.**

Moving On

"*Life goes on.*" "*Time heals.*" "*Tomorrow is another day.*" If you haven't already, you will likely 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 survivors might come to a reasoned and acceptable understanding of their tragedy within a few months, 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.

The Suicide Survivor's Affirmation

by Jeffrey Jackson

Someone I loved very much has ended their own life. I will never truly know all that was happening in their mind that brought them to that tragic choice.

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 made their most tragic mistake, 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 have caused and by not allowing their most enduring legacy to be one of tragedy. They benefit from this help whether or not I perceive them as welcoming it, in the same way that we help the aggressor whenever we nurse his victim—by minimizing the damage he has caused.

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.

...loving others.

...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 mistake 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.

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 survivors. 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 testimony 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

  SPAN USA — Suicide Prevention Action Network
  (888) 649-1366 www.spanusa.org

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

  No Time to Say Goodbye
  by Carla Fine, published by Doubleday

  Why Suicide?
  by Eustace Chesser, published by Arrow Books

Healing After the Suicide of A Loved One
by Ann Smolin and John Guinan, published by Simon & Schuster

Life After Suicide: A Ray of Hope For Those Left Behind
by E. Betsy Ross, published by Insight Books

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

- **Mental health professionals** can offer tremendous healing and guidance for suicide survivors. 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.psych.org

American Psychological Association
(800) 374-2721 www.apa.org

National Board for Certified Counselors and Affiliates
(336) 547-0607 www.nbcc.org

The Suicide Survivor'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 through suicide, regardless of events prior to or at the time of the untimely death.**

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

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.

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Copies in .pdf format can be downloaded from the internet, free of charge, at http://www.suicidology.org

Published by
American Association of Suicidology
4201 Connecticut Ave. NW, Suite 408, Washington, DC 20008
(202) 237-2280

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This book is dedicated to the life of immeasurable value that was lived by Gail Beth Levine Jackson.

May you have found the peace that eluded you when you were here.