



A handbook for coping with **suicide grief**

by Jeffrey Jackson



solace

support hope listen talk comfort heal

a support group for
survivors of suicide loss

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Introduction

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

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

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

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

Suicide is different

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

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

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

The emotional roller coaster

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

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

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

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

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

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

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

Exercise: Write yourself a script.

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

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

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

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

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

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

Terminology

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

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

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

“It’s like a bad dream.”

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

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

“I feel like they’ve killed me, too.”

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

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

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

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

Guard your physical health!

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

Stages of grief

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

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

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

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

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

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

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

“Why?”

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

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

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

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

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

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

Based on the accounts of those who have attempted suicide and lived to tell about it, we know that ***the primary goal of suicide is not to end life, but to end pain.*** People in the grips of a suicidal condition are battling an emotional agony that, to them, is so severe as to make dying a less objectionable alternative than living. One likened the feeling to “being at the bottom of a deep, dark hole and, rather than fighting to get out, wanting to burrow deeper into the bottom.”

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

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

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

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

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

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

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

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

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

A Theory: The Accumulation of Pain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Guilt is anger turned inward.

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

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

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

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

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

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

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

Mistaken assumptions

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

 **“I know why they did it.”** The causes of suicide are complex and often hidden (see page 11). False conclusions about your loved one’s suicide may only add to your own pain. The true cause is not the outward circumstances or events of their life, but their underlying emotional illness.

 **“If I’d only done _____, they’d still be alive.”** Thinking that you (or anyone else) had could have prevented the suicide, is assuming that we all have far more power over the lives of others than we actually do. Furthermore, many suicide victims persist and succeed in ending their lives despite being rescued before.

 **“It’s their wife’s/parents’/doctor’s fault.”** Blaming others is a form of denial. Only by facing the truth of your loved one’s suicide — that they suffered from a mental condition that is very difficult to diagnose and treat — can you learn to manage your grief.

 **“I know what people think about me.”** While suicide grieverers are still often stigmatized, our fear of it becomes self-fulfilling when we mistakenly project negative thoughts onto others.

 **“I will never be able to enjoy life again.”** Don’t deny your mind’s natural ability to heal. While your life may be forever changed, it need not be forever painful. As the old saying goes, “Pain is inevitable. Suffering is optional.”

Anger & blame

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

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

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

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

Learning from the stories of others

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

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

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

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

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

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

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

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

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

*not real name

Special circumstances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MYTH we must reject...

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

FACT we must accept...

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

MYTH we must reject...

FACT we must accept...

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

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

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

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

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

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

I should have seen this coming.

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

I should have been able to save them.

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

I can never be happy again.

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

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

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

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

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

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

Suicide facts & myths

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Support

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

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

To find one near you, contact...

The American Association of Suicidology

(202) 237-2280

www.suicidology.org

The American Foundation for Suicide Prevention

(888) 333-AFSP (2377)

www.afsp.org

Compassionate Friends

(877) 969-0010

www.compassionatefriends.org

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

(404) 256-2919

www.thelink.org

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

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

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

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

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

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

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

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

American Psychiatric Association

(800) 964-2000

www.psychiatry.org

American Psychological Association

(800) 374-2721

www.apa.org

National Board for Certified Counselors

(336) 547-0607

www.nbcc.org

The Suicide Griever's Bill of Rights

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

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

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

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

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

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

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

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

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

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

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

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

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

The Suicide Griever's Affirmation

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

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

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

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

...enjoying life.

...smiling and laughing.

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

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

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

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

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

And I promise that I will.

Notes

About this booklet

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

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

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

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

This book is for you.



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



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



**MAKE AN
IMPACT**