

Survivors Of Suicide: Understanding and Responding to Those Who Have Lost Someone to Suicide

By Kenneth Norton LICSW

While the over 30,000 confirmed suicides in the US each year is in itself a profound statistic, the numbers become truly astounding when one considers how many family, friends, neighbors and colleagues have been impacted by each one of these deaths. Equally disturbing is that having personally known someone who dies by suicide statistically increases one's chances of dying by suicide. We'll focus more on this second point in a future article about "postvention" (activities following a suicide death).

Given these figures, it is likely that social workers will be called upon to work with (or will personally know) people who have lost a loved one to suicide. This article is intended to offer information for working with these individuals and families. We will discuss accepted language/terminology, explore the complex grief process after a suicide, and review resources available to survivors of suicide.

First a few words about language. Many individuals who have lost a loved one to suicide refer to themselves as "survivors of suicide". This terminology has become widely accepted nationally and internationally. (This is not to be confused with individuals who survive a suicide attempt who are known as "attempt survivors"). Second, there are terms commonly used when discussing suicide that are offensive to some survivors. For example, many survivors of suicide object to the use of the term "committed" when referring to the act of suicide. They feel the use of this term increases the stigma associated with suicide (committed typically refers to evil/negative acts such as crime, adultery, committed to a hospital etc). It also reinforces the myth that the person really wanted to die which is contradicted by research demonstrating that even people who make highly lethal attempts are very ambivalent about dying (or living). Instead of "committed suicide", they prefer to say the person "took their own life", "died of a self inflicted injury", "died at their own hand" or "died by suicide". The term "successful" is also objectionable as it implies something positive out of a negative act. (Likewise describing an attempt as "unsuccessful" or failed implies a failure, when we should be relieved the person did not die, and also inadvertently implies that we would want them to "succeed.") Alternatives include using the terms "lethal" and "non-lethal" to differentiate between a suicide death and a suicide attempt.

Although there is no clear consensus among survivors, another important language consideration is the use of the terms *decision* and *choice*. Some survivors are comforted by the belief that the suicide was their loved ones "choice" or "decision" and, since they were not consulted, they are not to blame. Other survivors object to the concept that the deceased made a "choice" or a "decision" to die, instead believing that, in most situations, the individual's thinking was so impaired or the individual was suffering from so much pain, that it was impossible for them to make a rational "choice" or "decision" to end their own life. This concept is perhaps best illustrated in this quote from the Rev. Ron Rolheiser (1998). *"A person dying of suicide, dies, as does the victim of physical illness or accident, against his or her will. People die from physical heart attacks, strokes, cancer, AIDS, and accidents. Death by suicide is the same, except that we are dealing with an emotional heart attack, an emotional stroke, emotional AIDs, emotional cancer and an emotional fatality."*

As social workers, use of the above language and sensitivity to these concepts, can help us to understand the survivor's perspective and increase our understanding of the complex and complicated grief process following a suicide. As with any sudden death, it is completely unexpected and there is not time to prepare or say goodbye. Most people initially feel shock and numbness which is part of the grieving process. The fact that the individual took their own life increases the range of emotion and the intensity of the grieving process. It is important to recognize that grieving is a very individual process and different people grieve in different ways, at different times, and for varying lengths of time. While the grief and loss may be most intense immediately following the death, it should be expected that the grieving process is typically measured in months and years rather than days and weeks. Marcia VanderMast a survivor and support group leader in Plymouth describes her experience as phases with "overwhelming grief, initially - grief with a feeling of having been set adrift and no longer sensing a purpose in life - and grief and a sense that life does still have meaning and that I have to find that meaning for myself. With each stage the grief remains, and yet it changes."

It is especially important to remember that for survivors of the suicide of a loved one, the grief process is often much more complicated and intense than that of any other type of death. Religious and cultural beliefs may also impact on the

grieving process. Combined with the stigma and secrecy typically associated with suicide, the physical and emotional toll it can take on a survivor is enormous. In addition to the usual grief associated with any sudden or unexpected death, the grief process for survivors of suicide may be compounded by intense feelings of:

- Shame
- Anger
- Guilt
- Regret
- Self-blame

These feelings are often combined with a relentless search for an explanation or answer, or trying to make sense of their relationship with their loved one and the fact the person took their own life. This search for the answer to the question “why” can be overwhelming and can include reliving over and over the last conversation or interaction(s) with the deceased. Despite this intense search for meaning or an answer, more often than not, suicide is an irrational act and, although questions will persist, there is often *never* a reasonable answer for them.

Another myth about suicide is that suicide notes contain answers or explanations. Suicide notes are left in less than 20% of suicide deaths. Notes rarely contain any information which assists the survivor with understanding the death. They often have specific information about disposing of personal belongings or contain a simple message such as “forgive me” or “I’m sorry.”

Trauma can also be part of the clinical picture for survivors of suicide. Over 65% of the suicides in NH take place in the person’s home/primary residence. This means that it is often family, friends or loved ones who discover the death. A small but significant percentage of these suicides actually occur while family members are in the home. These scenarios can leave survivors with graphic and traumatic memories and details of the death which they will need assistance processing.

Due to these unique aspects of grieving a death by suicide, survivors of suicide (SOS) support groups are particularly beneficial. These groups may be professionally facilitated or run by a trained survivor volunteers. Some groups combine a professional with a survivor. There are a number of SOS groups throughout NH, a full listing can be found at the NAMI NH website listed in the resource section at the end of this article.

While it is a myth that suicide occurs most often during the holidays, (actually the highest frequency is in the Spring) it is not a myth that the holidays are an especially difficult time for survivors of suicide. For this reason National Survivors of Suicide Day is held annually on the Saturday before Thanksgiving. The American Foundation for Suicide Prevention (AFSP) hosts a live teleconference for suicide survivors on that day with locations throughout the country. This year (on November 17th) there will be five locations across the state including Nashua, Portsmouth, Concord, Moultonborough and Littleton. With support from NAMI NH’s Frameworks Suicide Prevention program, NH Suicide Prevention Council and the Youth Suicide Prevention Assembly (YSPA), the free program will include a light lunch, a DVD of supports to suicide survivors in NH, a live broadcast of the teleconference and some time for sharing/caring and mutual support at each site. This is a great way for survivors to connect with other survivors in their area and to become familiar with local resources.

Also in recognition of National Survivor of Suicide Day this year, the Starr King Unitarian Universalist Church in Plymouth will host a special memorial service on Sunday, November 11, 2007. Reverend Sarah Christine Stewart’s sermon “Living With Loss.” will specifically address suicide loss. All are welcome. The service begins at 9:30 and lasts for an hour. Directions to the church can be found at www.starrkingfellowship.org.

In addition to support groups and the annual teleconference, a number of activities have been taking place in NH to develop and strengthen the network of suicide survivors in the state. Samaritans of Keene is an important resource that offers 24/7 phone support for survivors at 1-877-583-8336. The American Foundation For Suicide Prevention hosts an annual “Out of Darkness” walk/fundraiser in Portsmouth to bring together suicide survivors. West Central Behavioral Health Services hosted a 24 hour Firepower event to promote healing for suicide survivors, held in conjunction with their annual Paddlepower suicide prevention/fundraiser event.

Supported by NAMI NH’s Frameworks Suicide Prevention Project, the New Hampshire Survivors of Suicide Network has worked on a number of activities to promote support and healing for survivors. These include a newsletter for suicide

survivors (downloadable/printable copy available on the NAMI NH website), and the creation of a Lifekeeper Quilt of the Faces of Suicide. To create this quilt, over 20 survivors in NH came together to create panels in memory of their loved ones. The quilt will be displayed throughout NH during the coming months.

As they move through the grieving process, some survivors become very interested in suicide prevention. The voice of suicide survivors telling the story of their loved ones life and death has had a very powerful impact on suicide survivors throughout the country. NAMI NH is planning a training at the end of this year to provide speakers with skills for honing their message and to insure they follow the safe messaging guidelines for suicide prevention. On November 2nd at the Youth Suicide Prevention Assembly (YSPA) Annual Conference, a panel of survivors will be speaking on the phases of recovery, ranging from the initial overwhelming grief to this later stage of healing through advocacy that some survivors embrace (see NAMI NH website for conference info). SPAN USA – The Suicide Prevention Action Network has a website with information to support survivors to moving toward advocacy www.spanusa.org.

This is the third in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Suicide Prevention Efforts in NH, Restricting Access to Lethal Means, Suicide Prevention and Veterans, No Harm Contracts, Suicide and Older Adults, Suicide Risk in Lesbian, Gay and Transgender Youth, Clinicians as Survivors, Suicide and the Economy, and Media, New Media, Safe Messaging and Suicide Prevention. These articles can be viewed in the Newsroom/Articles section of the Connect website at www.theconnectproject.org. Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or knorton@naminh.org.

RESOURCES:

The Samaritans in Keene offer phone support for individuals coping with the suicide of a friend or loved one. (603) 357-5505. Their website offers a variety of information including toll free numbers, local chapters around the world, and links. <http://www.samaritansnh.org> (New Hampshire), <http://www.samaritans.org> (National)

Survivors of Suicide (SOS) provides a variety of links, information, and a directory of local support groups. <http://www.survivorsof suicide.com/index.html>

The Family Resource Connection is a service offered through the New Hampshire State Library. They maintain a resource library with books, videos, tapes, and other media sources on a variety of subjects, including suicide. You can arrange to borrow materials from the library and they will mail them directly to your home. For more information, call 1(800) 298-4321 or visit their website at www.state.nh.us/nhsl/frc.

American Foundation For Suicide Prevention (AFSP) has a section of the website on surviving suicide loss and information on local support groups and National Survivors of Suicide Day and the National Survivors Teleconference. <http://www.afsp.org>