

New Approaches To Helping The Witness To A Suicide: The Suicide Witness Survivor Outreach Program of NAMI New Hampshire

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Sometimes in life things happen suddenly and unexpectedly, and we can become caught up in a series of circumstances beyond our control. These events can have a long lasting emotional impact upon our lives. Such is the case when one is confronted with the suicide death of another person. Being witness to the self-inflicted violence and death of a person can have many ramifications – regardless of whether one has witnessed the suicide of a loved one at home or that of a stranger in a public place.

People who have lost a loved one to suicide are typically referred to as “suicide loss survivors” or “survivors of suicide loss.” A suicide loss survivor may have lost a spouse, family member, friend, colleague, neighbor, client or co-worker to suicide. People who have witnessed a suicide death, have come upon the deceased’s body after the fact, or have heard or read graphic details regarding the death are called “witness survivors.”

From the witness survivors we have spoken with, initial common reactions were: a state of numbness, shock, disbelief, horror, anger, sadness, confusion, panic and denial. Witness survivors also reported prolonged symptoms, such as dissociation, intrusive thoughts, flashbacks, time distortion, avoidance, compulsivity, insomnia, anxiety attacks, hypervigilance, addiction, and depression. As with all suicide loss survivors, the reactions to trauma and symptoms of grief can vary, and can range from experiencing none of the above symptoms to many or all of them.

Those close to someone who dies by suicide often experience feelings of somehow having missed an opportunity to prevent the death. This was also found to be the case for witness survivors.

Witness survivors encompass many different people and circumstances. As Pat Rainboth, a NH witness survivor, shares, “Witnessing a suicide, or discovering the body, whether it be a loved one or a stranger, leaves a picture in your mind that dims very slowly and never fully disappears. It is important to talk about what you have seen in the early days (with a qualified professional) when the impact is strong. The experience may be life changing.”

After a number of suicide deaths at very public locations in both New Hampshire and Vermont in 2011, a state resident and survivor of multiple suicide losses became concerned about the effects these deaths might have on passersby and on the general public exposed to the resulting media coverage.

There was concern that without some outreach effort or education, these unique survivors would feel isolated, and could perhaps in time become vulnerable to their own suicidal ideation. There was also recognition that many of these witness survivors may not be identifiable, such as a person who continues driving after witnessing a suicide or a person who does wait for emergency responders but leaves once the police report is filled out.

Based on her concern for these people and the worry this might be happening elsewhere around the region, she reached out to the Connect™ Program at the New Hampshire Chapter of the National Alliance on Mental Illness (NAMI NH).

The NAMI NH Connect™ Suicide Prevention and Intervention Program was one of the first groups of suicide prevention programs listed on the National Best Practice Registry in 2007, and NAMI NH’s Connect™ Postvention and SurvivorVoices™ (a speaking program for survivors of suicide loss), have both since been added to the registry.

Connect™ collaborates with survivors of suicide loss, local and national organizations, and federal and state agencies to provide suicide loss survivor support in New Hampshire and agreed that witness survivors were an important group that needed to be recognized and helped. Additional members from the New Hampshire Bureau of Behavioral Health and a local victim’s assistance group, Victim’s Inc., were invited to collaborate and a workgroup was formed.

At the onset, the workgroup explored how helping resources could be made available to witness survivors. Three methods were identified: 1) encourage media to include helping resources for witness survivors whenever they are printing a story involving suicide; 2) create a wallet-sized card of helping resources and ask first responders, emergency departments, community mental health centers, faith leaders, etc. to give them out to witness survivors at both the scene of a suicide and afterward (for example: an individual may come into the emergency department complaining of chest pains and other symptoms of what may later turn out to be a panic attack and not a cardiac condition. ED staff, upon learning that this patient witnessed a stranger die by suicide twelve hours earlier, would then be able to give the patient one of these wallet cards. The card would list common reactions of the witness survivor, so the patient would see anxiety and breathlessness are normal. The wallet card would also offer websites where the patient could find additional resources; and 3) add a Witness Survivor Outreach Program Resource Page to the NAMI NH Connect website: <http://www.theconnectprogram.org/survivors/surviving-suicide-loss>. This page will offer information on how to get screened for a potential diagnosis of post-traumatic stress disorder (PTSD). The page will also provide information on how to find therapists who are qualified to counsel witness survivors, as well as the various modalities employed, such as Cognitive Behavioral Therapy (CBT).

Topics of discussion between members of the workgroup included how attending a suicide loss survivor support group could be helpful to the witness survivor and how important it was to have a skilled group facilitator to help the witness survivor feel comfortable in a group setting, which may comprise a mixture of family members, friends, and other witnesses to public suicides.

Also discussed was how helpful the witness survivor could be to other members of a suicide loss survivor support group since the witness survivor can offer unique information to other survivors who did not witness their loved one's suicide.

Further discussions explored the possibility of providing helping resources to members of law enforcement, the New Hampshire Fish & Game department and other individuals who may also find themselves in the unfortunate position of finding someone deceased by suicide.

As the workgroup began exploring how to better help witness survivors, it became clear a working definition of "witness survivors" was needed. The following breakdown defines the "witness survivor" under several categories.

Accompanying each category of “witness survivor,” a New Hampshire witness survivor has added his or her own personal experience in order to help better describe the feelings and needs of each category:

1. Someone who witnesses a suicide death of a loved one or a stranger. Witnessing the death of a loved one understandably adds another layer of emotional trauma to the grief process. Likewise, witnesses who happen upon a complete stranger taking his or her own life may also experience similar emotional trauma.

“I had no idea who he was, but he changed my life forever. I was on my way to work in the morning, and I was in the wrong place at the wrong time. I can remember screaming as loud as I could, but not being able to hear my own voice. The young girl standing beside me was also a witness to the suicide and she crumpled to the ground and had to be carried away on a stretcher. I never found out what happened to her. But some part of me secretly wished that I, too, could have had an instantaneous nervous breakdown and been taken care of by others. Instead, I attempted to soldier on. I went to work and lasted about two hours. That was when my boss gently told me I needed to go home. I was just sitting at my desk, staring straight ahead. I couldn’t function. I don’t remember it, but I found out later my boss drove me home and even made me some dinner to eat. I didn’t know there were resources for someone like me, who had witnessed the suicide of a complete stranger. So I just kept trying to get through each day. After about six months, I knew I was in trouble. I was experiencing compulsive hand washing and cleaning. Time seemed to speed up and slow down in crazy patterns. I had chronic insomnia where I didn’t sleep for weeks at a time. I finally got help and was diagnosed with post-traumatic stress disorder. I then joined a private suicide loss support group and that’s when my life took a turn for the better. Being able to share my feelings and thoughts with others was what started to take the heavy weight off my mind.” --Catherine Greenleaf, witness survivor

2. Someone who discovers the body of a loved one or a stranger after a completed suicide. Since many people who die by suicide take their lives at home, (research shows 75% of Americans die by suicide at home; 23% of those suicides at home are witnessed by at least one family member) it is not uncommon for a family member or friend to discover the body. Additionally, a first responder like a police officer or paramedic or a complete stranger may discover the body. All of these situations can deeply affect the person who discovers the deceased --whether or not the person who died was known to them.

“As I came around the front of the building, I noticed a man sitting very still. As I came closer, I began to take in all the details around the site. My first thought was that it was some awful hoax set up by local teenagers. It was surreal and I stepped back, unable to comprehend the truth of what I was seeing. I returned to a place a little bit away and called 911. I was in shock. The dispatcher had me remain at the site until the police arrived. When they arrived, they went to check out the scene. By then I was just praying that it was a hoax. When they returned to me, I asked one of the officers, “Please tell me it is a hoax.” He compassionately shook his head. As he turned away I fell to my knees. I stumbled back into the office and was sobbing. Later, at home, I went right to bed in a fetal position and just cried and prayed and shook. I was told by both my pastor and the Bishop that I must make an appointment with a counselor to process the event. I found it very helpful to process with a counselor who was used to handling trauma. Over the course of the next few days, details continued to come back to me that traumatized me even more. It took several days before all the facts fell into place.

My recovery was in stages. I prayed for this man and for healing for his family. I also was able to pray a special prayer I had learned from a book called *Unbound* by Neal Lozano. Finally, I knew that I must see a picture of this man when he had been well. I searched the web for his obituary for the first week. Two weeks after the event, I felt called to go to the web again and I found his picture with the obituary and learned of his family. I saved the picture to my phone and continued to pray for him and his family. This was very healing. It was good to see his face. My faith and faith community have sustained me through all of this. The counselor told me that the most helpful thing I had done for myself was my gratitude, understanding that there had been a reason for the experience. I am grateful to my pastor and bishop for insisting that I process the event with a counselor.” Anonymous, New Hampshire witness survivor

3. Someone who hears or reads graphic details of the suicide of a loved one or a stranger.

“Although I did not witness the death of my friend nor find his body, his death was described in such great detail to me that it bothered me for a long time. I could picture the place he died and I envisioned his body

almost as if it were a flashback to something I had seen. I could even hear the sounds in my head of what I imagined had occurred. When someone one else

shared details of their loved one's death with me, I would flashback to the image that I had of my friend in my head. I would start shaking and would have to remind myself over and over that they were not talking about him. The passage of time and talking about it with a few close people who understand has helped me". Anonymous, New Hampshire suicide loss survivor.

ENDING ON A NOTE OF INSPIRATION (written by a New Hampshire witness survivor who found her loved one after his death by suicide)

As a witness survivor it is so very important to realize that no matter what you are feeling and experiencing, it is valid!

Many people seek treatment right away and then stop because they feel it has been long enough and they should feel better, or did not get help dealing with this situation and feel it is too late to start asking for assistance now. This is not true. Society plays a role in this, often causing people to try to tell us how we should feel or where we should be in our grief healing by a certain point in time.

It was quite some time after my experience as a witness survivor before I found the support I needed. I was made to feel guilty that so much time had passed and I was told I should be coping better.

Listen to your heart. Only you have the images that invade your sleepless nights and cannot be removed. Only you feel frightened to be alone. Only you have whatever troubles you feel. Take care of yourself. Be true to yourself and brave enough to accept support and guidance.

I found the S.O.S. (Survivors of Suicide) Support Group to be the greatest strength for me. My therapist had not experienced what I had and I could not talk about it with her. My family and friends were very supportive, but I could not speak openly about this with them. Other people in groups had losses, but had not been a witness survivor. This is another completely different facet of losing a loved one that I could only share with people who had experienced the same thing. Hearing their stories made me embrace their situations and feel for them as well. Helping and sharing with others is what has helped me.

Strive to find what brings you comfort -- therapy, family, faith, support of other witness survivors. You are important and deserving of whatever helps you.

New Hampshire Witness Survivor Work Group Resources:

Healing The Hurt Spirit: Daily Affirmations for People Who Have Lost a Loved One to Suicide by Catherine Greenleaf, St. Dymphna Press, Lyme, New Hampshire, www.healingthehurtspirit.com. Catherine Greenleaf is a non-denominational spiritual director and author living in New Hampshire.

Connect™ is a nationally designated best practice program for suicide prevention, intervention and postvention developed by NAMI NH, www.theconnectprogram.org. Becky McEnany is the Community Educator and Prevention Specialist for the Connect™ Program at the National Alliance on Mental Illness in New Hampshire

Elizabeth Fenner-Lukaitis serves as liaison for the New Hampshire Department of Health & Human Services and the New Hampshire National Guard with the New Hampshire Office of Chief Medical Examiner. She records information from all suicides that occur in New Hampshire in order to assist suicide prevention and postvention programs.