

Beyond Grief - Surviving a Suicide

“You never get over a suicide. You just learn to deal with it. Your friends get over it right away and it's something the survivors live with for the rest of their lives. The worst part is not knowing why. If I could just say, “Yeah, he had been seeing a psychiatrist” or something – anything like that - it might make it better, but I don't know why he did it.”

Young woman whose father completed Suicide at the age of forty-eight

If your loved one has completed suicide, your mourning process will differ in two ways:

- 1) You will have the added burden of understanding the motivation for the death, and
- 2) Your grieving process will be of longer duration.

Before losing a loved one to suicide you may have held one of these views:

You thought the incidence of suicide was relatively rare. You held the opinion that a potential suicide victim displayed obvious behavioral symptoms; therefore, self-destruction could be prevented. You believed that suicide was exclusively the act of an insane or physically ill person.

A political science professor who was the father of a son who completed suicide in his sophomore year of college asked, “What happened to him? What kind of people would do this? Who completes suicide? I need to understand this if I can.” Who completes suicide is much easier to document than why a suicide is completed.

There are some startling facts regarding suicide, particularly in the United States.

- Suicide is the third leading cause of death for young adults.
- Men complete suicide three times more often than woman.
- White men over the age of 50 make up approximately 10 percent of the total population but constitute 28 percent of the suicide deaths.
- Approximately 30,000 people in the U.S. complete suicide annually.
- Suicide among alcoholics is much higher than in the general population.
- Every day throughout the world, over 1,000 people complete suicide.

These facts do not illuminate the reasons behind your loved one's death. They do, however, allow for a perspective which reduces, to some extent, the perception of suicide as a type of death that rarely

occurs. There are, at this very moment, a significant number of people who are mourning the loss of a loved one who took his or her own life.

Suicide Is Not a Single Act

It is vital to understand that suicide is not solely the result of some sudden, bizarre impulse; nor is it one single act which can be isolated and analyzed without examining the whole life context in which it occurred. Furthermore, the cause of suicide cannot be studied from any single perspective. *This final life-taking act is part of a process. It has at its base long-standing conditions which arise in varying degrees from psychic, social and cultural factors.*

Explanations of suicidal behavior have been offered by many reputed sources. No attempt will be made here to give detailed, scientific explanations of the many and varied theories, many of which are conflicting. As a survivor, however, you will have a persistent need to search for an answer and to try to understand how your loved one could have conceived of taking his or her own life. To this end, it may help you to get a general idea of some of the dynamics which are part of many suicides.

Examining the Forces Which Contribute To Suicide

Your loved one's suicide cannot be categorized, but there are several perspectives related to the issue which are worthy of consideration. They may provide some insight into your loss, by so doing, offer relief from your personal, silent inquiries.

Suicide is, of course, unavoidably linked with despair and unhappiness. These conditions do not necessarily arise from those sources which others consider obvious.

For example, a teenager who shoots himself after being rejected by his girlfriend is not necessarily killing himself "because his girlfriend left him." Suicide is not that simple. It is more likely that the student ended his life because the rejection was one of a series of events that produced negative emotions. In addition, acting along with any one event in any person's life are certain social and cultural factors.

Why a person is unhappy, how a person views himself, and why he or she chooses to die are issues that are directly influenced by multiple forces. Even the country in which a person lives, the city within that country, the period of time in which that individual is living are, to some degree, influential factors.

In addition, each individual has his or her own necessities and expectations. When those are not fulfilled, or when there seems to be no clear way to fulfill them, when efforts fail to live one's life according to individualized perceptions of what life should be – emotionally and culturally – the individual can experience feelings of chaos or despair. The act of suicide then becomes a release because it appears to be the way to restore order and balance; that is, to the suicidal person. It is not the taking of one's life that becomes the focus; it is the *controlling* of one's life that is important. It is a way of getting rid of that part of the self which seems unable to produce, elicit, or receive what it needs. The suicide is perceived as a way of "setting right" the confusion.

Suicide occurs in all levels of society, among rich and poor alike, but suicidal motives differ for many reasons, two of which are *where* an individual is, and *who* he or she is. For example, a black teenager from the inner city does not kill himself for all of the same reasons as a fifty-year-old white male advertising executive. A forty-five-year-old secretary in San Francisco does not complete suicide for the same reasons as did Ernest Hemingway.

One of the suicide stereotypes concerns the college student who kills himself because he was “worried about his grades” or “thought he wasn't going to graduate.” The conjecture is that for these reasons, he viewed himself as a disappointment to himself or his family (or both). In actuality, the suicidal college student does not as a rule come from a family whose expectations for their child's academic success are a major issue. The family, in fact, may not place much importance on academic endeavors or achievement. This student may have, instead, been seeking a refuge in school, using it as a way to distance himself from other aspects of his emotional or social life which already caused him unhappiness or disappointment. When the refuge did not provide the shelter he needed, he experienced a feeling of despair and helplessness and an inability to conceive of a workable alternative to suicide.

Another stereotype concerns the suicide of an elderly person. This type of suicide may appear to be motivated by the senior citizen's severely limited economic resources. The explanation, therefore, may be, “All he had was a small pension and his social security, and he just couldn't get by.”

Though this assessment of the situation may seem logical, it is, in fact, not necessarily accurate.

To the contrary, studies have shown that suicide among the elderly has other more significant factors at its base. Male suicide occurring after retirement, for example, may be precipitated by a reduction in the victim's capacity to work, to function independently of others and to exercise control. Such a person experiences a decline in usefulness, mobility, status and self-esteem. An elderly person who has always had difficulty with the way he viewed and judged his own performance may have a greater tendency to experience despair in later years.

The older person's emotional situation is accentuated largely by the physical and social limitations that exist because of age. Furthermore, these limitations *increase* with age, so they are perceived as increasing as each day passes.

It is also true that an individual, who has great difficulty accepting the death of a parent, even if the parent is 70 or 80, is more likely to be among those who are suicidal. In a study of senior citizens who had attempted suicide, it was found that members of this group had experienced the recent loss or death of a loved one twice as often as members of a non-suicidal control group.

In trying to pin down definite proclivities for suicides there are some major areas in which that is possible. There are, for example, four definite factors which predispose a person to suicide: alcohol, drugs, violence and homosexuality. *Drugs or alcohol are involved in two out of three suicides.* Suicide by alcoholics far surpasses that of drug addicts and homosexuals.

In examining this phenomenon, there appears to be a strong relationship between one aspect of the suicidal victim's personal history and that of the alcoholic. Both of them share a common difficulty, which is the inability to maintain a rewarding and long-standing loving relationship, and to commit themselves to the accompanying personal responsibilities. Alcohol allows the individual to temporarily withdraw from a situation which could result in rejection. Suicide allows for permanent withdrawal.

The alcoholic may attempt suicide during, or as the result of, a quarrel. Though the act may appear to be an outgrowth of one specific incident, this is not the case. More likely the proclivity for the individual taking his or her own life has been developing since an early age. With each difficult relationship, the individual's reactions become more volatile.

Some alcoholics complete suicide after long periods of drinking during which they experienced self-blame and deep despair. In these cases, as in most others, suicide grows from the individual's emotional characteristics as well as from the individual's social and cultural integration. For instance, a person addicted to alcohol or drugs will be more inclined to complete suicide if he is unemployed, unmarried or both.

In a study of homosexual students who were predisposed to suicide, there was a high incidence of trauma in their early lives, such as the loss of a parent. This separation, never fully resolved, caused the student to try to gain control over the pain of being "abandoned." At the same time, it is important to understand that the loss was not the only precipitating factor.

In examining a victim's personal and emotional history, it is common to find that the individual had one or more of the following: (1) a fear of having to cope with major change, (2) a highly self-critical personality, (3) low self-esteem, and, less often, (4) an unclear perception of death, a belief that somehow death is not really final.

Again, along with personal history it is necessary to consider what is happening around the person in terms of social pressure and cultural expectations. There may be stress from outside sources on the job, at school, within the immediate community, and even from *all sources* at once.

Only by considering all the psychic, social, emotional, and cultural factors can a person get any idea of the necessities, expectations – even the obsessions – which have not been fulfilled or satisfied. While the above examples are limited in their number and scope, they illustrate that *it is a coalition of forces, both internal and external, which makes suicide possible.*

All of this is fine, you may say, but it does not appease my personal loss, nor does it give me definite answers to my questions. Just as the professor who lost his son implored, "I need to understand this if I can." you may be saying. "I want to know what my spouse, child, friend, or lover was *thinking*." As one mother, a middle-aged attorney, agonized to a counselor, "What was going on in my son's mind? What did he hope to accomplish?"

The State of the Suicidal Person

To a person about to take his or her own life, *death itself* is not the major factor. Death is, instead, conceived as an accompanying act to a painful state which has become both powerful and consuming.

Once the suicidal person has decided to end his or her life, the individual becomes closed to the outside, often described as being “uncommunicative,” “withdrawn,” or “preoccupied.” It is as if the individual's thoughts and energies are being consumed as he or she plots a way out.

When an individual reaches this state, *every small, disappointing incident can be viewed as supporting evidence for the conclusion that it is no longer possible, nor desirable to live.* This “evidence” may be having to stand in line thirty minutes at the bank, burning the coffee pot, getting a spot on his tie, missing the bus, or answering the telephone and having the caller hang up before speaking.

Each incident, regardless of how minor it is, reinforces suicide. It is as if the suicidal person were being given a message from some omnipotent force which is saying, “See, you have made the right decision. Your life is fouled up at every turn.”

Many suicidal people have very high expectations for themselves which makes perfection even more mandatory than it might be for the average person. The suicidal individual often makes unrealistic demands on himself or herself. The person wants more than actually exists or is possible to obtain. When the person's needs are not met, he or she feels emptiness, a rejection. This produces mental anguish which, when it becomes intense enough, far outweighs the pain normally associated with suicide. By comparison, the pain is nothing to be feared.

In “*A Savage God*”, A. Alvarez speaks of his own mental state, prior to his suicide attempt.

“My life felt so cluttered and obstructed that I could scarcely breathe. I inhabited a closed, concentrated world, airless and without exits. I doubt if any of this was noticeable socially: I was simply tenser, more nervous than usual, and I drank more. But underneath I was going a bit mad. I had entered the closed world of suicide...”

In this particular suicide, as in all others, *life stops before it stops.* The individual's world is shut off.

The Aftermath of Suicide: Rehearsing the Details

As a survivor, you try to reconstruct what happened, and as you do, you concentrate on the emotional, social, and physical aspects of the death. You think about what was said or done prior to the tragedy. You think about the way in which the act was committed, the preparations which were made. You may even try to mirror what your loved one was doing or feeling.

If your loved one left a suicide note it serves as still another piece of the puzzle. Depending on the note's content and the way in which you viewed it, it may cause you anger, confusion, guilt, or a number of other disturbing feelings. Generally, suicide notes tend to have one or more of the following purposes:

- To comment upon or explain the burden of the victim's poor health.
- To accuse someone of something which can be viewed as a contributing cause of death.
- To serve as a will; to dispose of property.
- To give practical instructions about tasks that need to be tended to.
- To alleviate any responsibility others may assume for the death.
- To say good-bye.

You feel anguish about receiving a note which you cannot answer. You may dissect the note's contents, giving multiple meanings to nearly every word. You may imagine the things your loved one intended to say, but did not say.

It is important to put the note in perspective. That is, it is one item which reflects your loved one's thinking along a whole continuum of thought. The note is not necessarily representational of the same mind which conceived the suicide and carried it out. The note only represents your loved one's state of mind when the note was written. It is a mistake to try to extract the essence of the tragedy from this one piece of communication, however lucid it proves to be.

The Aftermath of Suicide: Feeling Anger toward Your Loved One

choosing is not only difficult to understand, it is almost impossible to bear. Once you resolve your disbelief, your next reaction to the death may be one of outrage. You may feel that your loved one was acting with contempt toward someone or something. Or it may seem that he or she was seeking notoriety. You may think your son, daughter, wife or friend has mistakenly perceived himself or herself as unloved. Whatever reason you assign to the tragedy, it is likely to make you angry. Why didn't she see how much others would be hurt? Why didn't he understand how unfair this was? Why didn't she recognize that there were alternatives? Why didn't he get counseling?

These are a few of the questions you may be asking. In “Surviving The Suicide” in this chapter, your anger will be discussed from a perspective which facilitates healing.

The Aftermath of Suicide: Feeling Anger toward Yourself

Your loved one may have said something, written something, or given some sign that things were not normal.

Studies of successful suicides show that suicide victims have usually given some warning, either verbally or through some action. You may think, “If only I had done something... If only I had taken her seriously... If only I had understood his intentions.” You are angry at yourself for not doing something to stop the death.

The Aftermath of Suicide: Feeling Guilty

Closely linked to this anger at you is guilt. When you experience a loss due to suicide, your guilt can be obsessive. *You may feel guilty because you think you contributed in some way to the despair which caused the suicide.*

“I never said a kind word to my mother. I was only interested in myself and what I was thinking. I didn't help her at home. She would complain and I would just laugh it off. I would give anything in the world if I would have been kind, if I would have thought about how tired she was all the time, and how much she needed my help.” (*Woman whose mother completed suicide when the young woman was in high school*).

You may feel guilty because your loved one was obviously suicidal, or because he or she actually reached out to you in the hours preceding the death and you were not there. Unlike death due to illness, natural causes, or accidents, there is more likely to have been behavior prior to the death which indicated unhappiness or confusion, or there may have been a situation at school, home, or work which was one of turmoil, one prone to produce despair, hopelessness or helplessness. Sometimes the suicidal person has been drinking heavily, taking more prescriptive drugs, acting depressed, or engaging in violent or withdrawn behavior. In retrospect, you may feel that the forthcoming suicide was “obvious” and because you did not prevent it, you see yourself as an accessory to the act.

You may have found out after the suicide that your loved one tried to contact you prior to his or her death and could not reach you. You may have returned home to find a note on your door, or a message on your answering machine. A middle-aged doctor who died from carbon monoxide poisoning left a message on his friend's answering machine asking the man to come over because “there is something I need to talk to you about.” When the friend came home and got the message, he went directly to the victim's house, but the doctor had already closed himself in the gas-filled garage and could not be revived.

Prior to her death, a young woman graduate student who killed herself by an overdose in a hotel room was, as her fiancé reflected, “reaching out all day long.” She left three messages on her fiancé's answering machine, a message on her brother's answering machine, and called her own psychiatrist, as well as a co-worker who was a psychiatrist. When her calls were returned, she had already died.

Each person who received a call was left with the disturbing possibility that his or her quick response could have made the difference.

Another forty-eight year old victim called home repeatedly from a telephone booth, stating that he was going to kill himself. His calls continued over a two-day period and he eventually carried out his threat, leaving members of the family with the belief that if they had earnestly searched for him and talked to him they could have prevented his death.

A junior high student hanged herself from a tree near her home in Morgan Hill, California. In the week following her death, six other students from her school attempted suicide. Guilt seemed to lie at the base of many of the attempts. Some of the friends felt that they had failed the victim. On the Sunday

following the girl's death, twelve of her friends planned a mass suicide. Fortunately, the plan was aborted when school officials learned of it and an intensive counseling program was instituted to help the survivors.

In reliving the suicide person's thoughts, the survivor may begin to think the same way and to emulate the actions of the person whose death they mourn. In a sense, your loved one's suicide presents an alternative to your own grief and anguish.

You may feel guilty because you did not remove the instrument of suicide (gun, rope, pills), making it inaccessible to your loved one.

"I picked up the pills that my mother overdosed with. I went to the pharmacy and bought them and brought them to her. I didn't think anything about it. I just did it and then went out. When I came home I realized she had taken the whole bottle." (*Young man whose mother overdosed on sleeping pills*).

You may feel guilty because you believe that suicide is a sin. There is a reaction to suicide that takes its impetus from the belief that because life is a gift from God, a rejection of life is the same thing as a rejection of God. The conclusion is that those who reject God, therefore, condemn themselves.

As a woman survivor explained, "When my father killed himself, my family was deeply embarrassed and they felt guilty. They felt his death was a disgrace. It was as if they had done it themselves."

A survivor may feel guilty because he or she experienced relief when the death occurred. In some circumstances, the period prior to the death was so painful and disruptive to friends or family that the survivor experiences relief when the victim completes suicide. The survivor gains freedom from the agony to which he or she has been subjected, often over a prolonged period of time.

A woman whose husband had frequently attempted suicide and just as often had claimed an attempt which proved to be false (taking pills he had not taken), expressed some relief from the tyranny imposed on her by his behavior. Though this is not the typical case, some survivors do feel relieved from similar situations when interpersonal pressures, disputes, and abuses have been terminated.

The Aftermath of Suicide: Experiencing Ostracism and Feeling Shame

Until recently, suicide has not been openly discussed nor dealt with as a problem which deserves the attention and requires the education of the community. As a consequence, a certain amount of erroneous assumption and unfortunate folklore thrives in association with suicide.

Among the most disturbing assumptions within this body of misinformation is: Anyone who completes suicide is insane. If you, as a survivor, discover that this is the accepted belief (stated or unstated) of the people with whom you interact, you may not only be faced with the stigma produced by this belief, but also by the *extension* of this belief, which is that insanity always "runs in families." The claim is that because you are related to the suicide victim, you too are unbalanced mentally. The result is you may find yourself avoided or shunned. Your family history may be called into question. Your social

status may diminish. You may even feel your own behavior is under constant scrutiny to see if it is aberrant in any way.

A man whose wife completed suicide tells of feeling alienated by former friends. He was no longer a desirable guest. People who had been friends of the couple for years suddenly and permanently withdrew.

Many survivors of suicide have similar experiences, regardless of their relationship to the loved one – spouse, sibling, parent, or child. The daughter of a parent who died by carbon monoxide poisoning tells of her experience immediately following the funeral.

“It's funny, you know, to lose a friend because your father completed suicide. After the wake, I went across the street from the funeral home. My friend lived right across the street but he acted as if, “What's your problem?” I guess he was having a hard time dealing with the death himself. He never called me anymore and we just went our separate ways. I couldn't deal with losing a friend. I think the whole thing just freaked him out. He couldn't believe it.

I lost two friends because of this. The rest of my friends, they didn't want to hear about it. Maybe it isn't that they didn't want to hear about it, but that it was hard for them to deal with it too, so I don't feel as if I had a whole lot of support.”

This lack of emotional and social support for suicide survivors is typical, and it is in direct contrast to the amount and quality of support received by survivors of many other types of death. Avoidance is sometimes preceded or accompanied by implied accusations or even overt blame from relatives, friends or neighbors. There may be remarks which suggest the survivor “drove (the victim) to it.”

Sometimes one's integrity and morality are also challenged when dealing with coroners, police and insurance representatives. Their questions can be painful. It is even possible that a survivor may have to defend himself or herself against the inference that the victim was assisted in carrying out the suicidal act. In these cases, instead of the survivor receiving compassion and understanding, he or she is forced to cope with accusations which *intensify any* preexisting sense of ostracism or shame.

In a death by disease, natural causes, or accidents, there is usually no implication that there were psychological factors involved. But the opposite is true of suicide. You cannot deny the existence of psychological factors as partial determinants of your loved one's death. Because you are at a loss to explain the factors, you are extraordinarily vulnerable to the questions and treatment of others. Feelings of shame may be unavoidable.

Moreover, shame may perpetuate your loss of self-esteem and lessen your sense of security. Additionally, you may be categorized by others at a time when you are mourning your loss, confused about your loved one, and overwhelmed by the shock and circumstances of the death.

To ease this type of situation, some survivors create a false “reason” for the suicide of their loved one; the most common of which is that the victim was terminally ill. Eventually, this deception only complicates the grieving process because the death itself becomes a fictional event around which a

story grows. Consequently, the survivor's feelings and reactions are suppressed, any discussion of the tragedy is avoided and, often, the suicide victim becomes idealized. The idealization then masks anger, guilt, or shame, which must be explored in order for the survivor to move through the grieving process.

Suicide as Accidental or Natural Death

Authorities have estimated that *reported* suicides may constitute as little as one fourth of *actual* suicides. This discrepancy results from the misclassification of thousands of deaths each year as automobile or shooting accidents, heart attacks, accidental drug overdoses, or unintentionally fatal combinations of drugs and alcohol.

False classification may occur as a result of one or more of the following factors: (1) the family's desire to avoid guilt, blame and disgrace, (2) the survivor's subconscious desire which is so strong it overrides the obvious reality, and (3) a well-meaning and silent conspiracy of investigators and family or friends who call the suicide an accident in order to assure the survivor of insurance benefits.

“They did find alcohol in his blood and that's why the cause of death was termed accidental. Supposedly, they say he just drank too much and passed out while the car was still running. But, you know, the thing is that the reason I knew it was suicide is that it was the same day he threatened suicide and when I went into the garage, every single window in the car was rolled down. I don't know why they said it was accidental. We all knew it was suicide. Then after it was termed accidental, my mother said, “Oh it was an accident, an accident.”... We don't talk about it, even when we're just alone. We talk about my father, but we don't talk about the suicide.

As previously noted, a cover-up produces other difficult reactions to be worked through, the most prominent of which is denial. Denial generates evasions and fantasies as well as guilt for concealing the truth. Instead of smoothing the way for successful grieving, denial places the mourner in a state of unreality. When the suicide is denied, the survivor also refuses to believe that the loved one *chose* to leave. To support this false claim, the survivor suppresses any negative feelings that accompany abandonment.

The Survivor's Resignation to the Same Fate

It is not at all uncommon for a suicide survivor to feel that he or she is now predestined to die by suicide. It is as if the bond between the survivor and loved one can only be maintained if they both “take the same path.”

Also, because a loved one has committed the act, it is no longer viewed as forbidden. Instead, it becomes a viable alternative and, as such, a temptation. In some cases, a survivor may even consider it to be an inevitability to which he or she is resigned. One young man who survived the suicide of his father said he felt he could only “reunite” with his father by “following him in the same way.” He meant using the same method for suicide and in the same location, the assumption being that doing so would take him to the same place as his father.

Self-destruction is not the answer to any survivor's pain. Instead, the survivor's healing process can be facilitated in a number of ways. Let's consider them.

Surviving the Suicide

The grieving process for survivors of suicide, as previously discussed, is of longer duration than for survivors of death due to accidents, natural causes, or illness. In addition, the suicide survivor bears a deep anguish which intensifies the other severe reactions, such as guilt, anger, confusion and depression.

As you work your way through the painful aftermath which is filled with debilitating feelings, unnerving repercussions generated by the nature of the death, and most importantly, your unique sense of personal deprivation, the following perspectives and coping strategies can help lighten the burden.

Getting a New Perspective on Anger

Because anger is a logical outgrowth of suicide, it should not cause you embarrassment or shame. It is advisable, even mandatory, to talk about your anger with family members, a friend or counselor. When anger goes underground, it inhibits grieving.

Any anger you feel toward yourself or your loved one is likely to be complicated by one or more of the following:

- You feel rejected by your loved one. You see his or her suicide as an act of deliberate abandonment.
- Your own normalcy, perception, compassion, helpfulness, and effectiveness have been subject to speculation.
- You inherited your loved one's pain and confusion without any warning or preparation.
- You are expected to put a seemingly senseless act in some kind of context, to make some sense of it to others.

It helps, first, to consider certain aspects of your relationship to your loved one. You had a belief system regarding your loved one, as well as definite ideas about *your position* within that belief system. Now that system has been disrupted.

You feel that you misjudged the other person. Not only did you fail to recognize the possibility that your loved one could kill himself or herself, you may feel that you did not accurately assess the whole person. You did not thoroughly know your loved one. Let's examine one of the reasons this unfamiliarity is so disturbing.

When you care for another person you most often do so because of what you see in that other person. You recognize certain qualities, traits, tendencies, and sensitivities that you believe to be valuable, and

therefore worthy of your devotion. After the death, you may feel deceived. You may question your love for, or affiliation with, the person. At the same time, you realize you are not as valuable, nor as powerful as you thought you were in this particular relationship. The result is, you experience two major blows: Your self-image and the image of your loved one have been damaged.

Once you can recognize possible underlying motivations for anger, you can see more clearly how your personal experience is being affected. Further, you will be better able to pinpoint what you are feeling and to express it.

As mentioned previously, one of the most serious deterrents to expressed anger is the idealization of your loved one. By denying the possibility of any negative psychological or emotional factors being associated with your loved one, and by trying to permanently suppress any unpleasant memories, you do yourself a disservice. If you attempt to create a loved one who was without fault, weaknesses, or a single undesirable tendency, you construct an unrealistic fantasy around the suicide victim. Even though clinging to the fantasy may help you lessen your feelings of personal rejection or your idea of a devalued relationship, this kind of deception will prove harmful because it will deter your grieving process.

It should be noted that there are some survivors who genuinely experience only minimal anger. These are individuals who already possessed an in-depth understanding of the psychological, social, cultural, or physical factors which prevailed in their loved one's lives, and were, therefore, serious deterrents to survival.

As one such survivor explained, "After five months of being depressed, I tried to be angry at her (for killing herself) but I couldn't *stick to anger*." The victim in this case had been chronically depressed since early teenage years, had sought the help of five psychiatrists and one psychologist through the years, and had been treated with a variety of anti-depressants over an extended period of time. This is not to say there was no other way out of depression for this victim; it is, instead to assert that based on the victim's experience up to the point of her death, there *seemed to be* no other way out.

In addition to seeing the suicide victim in his or her entire life context and recognizing the person's negative qualities as well as positive ones, it is enormously helpful to become educated about suicide.

Achieving these objectives will help you 1) reduce the possibility of becoming reverential in regard to the victim (grieving is delayed by reverence), 2) feel less chastened by society, 3) understand your relationship and *lack of relationship* to the tragedy, and 4) benefit by availing yourself of information whose purpose is to make sense of the "senseless act."

Getting a New Perspective on Guilt

In the preceding material, several seemingly legitimate reasons for your guilt were explored. At the base of most self-recrimination is the belief that the suicide was preventable and you did not prevent it. Moreover, you may even believe you caused it to happen.

It has been stated previously that suicide is not a single act but part of a process. Because this is true, even the knowledgeable researchers in this field have not agreed on the definite causes of suicide.

You cannot expect yourself to surpass the experts. You must recognize, therefore, that you cannot assume the blame for such a complex issue as suicide.

It would be false to assert that there are no influencing factors over which you *may have had* some minimal control; but there are also major influencing factors over which you have no control whatsoever, such as a person's age, gender, physical condition, or addictive behavior. You had, for example, no control over intensely personal perceptions your loved one had of his or her social limitations. You had no control over a significant death which may have seriously affected your loved one's emotional and psychological well-being. Yet, regardless of how true all of this is, you may still fasten on to some facet of your behavior or some action that you are convinced was a partial cause of the tragedy.

If your loved one indicated or even threatened suicide, you may now agonize that you did not heed the warning. There may be quite logical reasons why you did not. Suicidal threats seldom come forth in a cool, logical manner. They are often issued in the context of great ambivalence, or overt hostility. In teenage suicides, in particular, there is usually a chaotic background which obscures the warning. Prior to a suicide, the teenager is often exhibiting defiant, aggressive behavior toward his or her parents, sibling, and teachers, and sometimes even best friends. In this context of negative behavior, it is difficult to isolate one statement or action and assign it more credence than the rest; that would be like hearing a string of firecrackers go off, but *listening* only to the third "*pop*".

You may think hospitalization of your loved one would have been the answer. If only you had insisted upon it, things would have been different. Hospitalization is certainly no guarantee. Dr. Herbert Hendin, Professor of Psychiatry at the New York Medical College and Director of the Center of Psychological Studies at the Veteran's Administration Center in Montrose, New York, makes the following statement in his book, "*Suicide in America*".

"I do not believe it is wise to hospitalize someone who is depressed and suicidal but otherwise functioning and who does not want hospitalization. If I were persuaded that hospitalization in such cases was a lifesaving measure, I might feel otherwise. But, coercive treatment is not simply a matter of violation of rights, it is usually ineffective."

Further, it may help you to know there is strong evidence to indicate that a suicide does not occur as the result of the availability of a way to commit suicide; that is, it is not determined by the availability of an instrument. To the contrary, suicide occurs at the same rate, regardless of what method is more readily available.

In the United States, guns are used in approximately fifty-five percent of the suicides, but the suicide rate is no higher than it was before guns became available. In a country which legislated against the availability of toxic substances, the high incidence of suicide by poisoning dropped, but the overall suicide rate *stayed the same* because more people hanged themselves.

One of the subconscious motivations for your guilt may be the need to see the death as within the realm of your control or power. The reason for this is simple: When you abdicate power, you have to accept the suicide as being the victim's realm of control. Then you are forced to admit that you have been willfully deserted. In such a case, it is a matter of selecting the provocation for your pain, regardless of which is the more logical choice.

Getting a New Perspective on Shame

Shame is usually experienced because of the social stigma – either real or perceived – by which you are affected. There is a fable which says that all suicidal individuals are insane and that suicide is the act of a psychotic person. To the contrary, researchers who studied hundreds of suicide notes found that the act had been committed by extremely unhappy individuals, but that the individuals were not necessarily mentally ill.

It is not up to you to contradict ancient folklore or to combat the attitudes of others. Instead, try accepting their sympathy when it is offered and don't feel you owe them an explanation. You have no responsibility to try to explain the suicidal act to others. Look at the situation this way: If you were able to call back your loved one and ask him or her to give the reason for the death, you would find that he or she would not be able to explain it to everyone's (if *anyone's*) satisfaction. You cannot, therefore, expect such an explanation from yourself.

Another cause for shame may be the religious, moral and ethical aspects of suicide. Some people believe the suicide victim is condemned. Some believe he or she is punished by God. At one time, for example, the Catholic Church taught that suicide was a mortal sin that was punishable in the hereafter. This is no longer true.

“The church takes the position that you don't know what someone's destiny is. Now all are given a Christian burial. The concept is the Lord knows the troubled mind and the Lord will take the person home.” *(Catholic priest)*

Often, a survivor who feels God has punished or will punish his loved one is predisposed to be punished himself; he tends to project his own personality onto God. If a survivor is an understanding, forgiving person, his or her God will most likely be forgiving and understanding.

It will be helpful to hear another person's perspective on the suicide-related issues which are causing you difficulty. A minister, priest, rabbi or counselor is often able to provide valuable assistance in this area.

Talking It Over

In Section I, detailed coping strategies have been offered for venting, dispelling and resolving painful feelings. As stressed repeatedly, every negative emotional reaction can be eased by talking about it.

A woman, whose mother-in-law completed suicide, reflected on it twelve years later, emphasizing the importance of talking it out.

“I won't try to kid you that I don't still beat myself with the “I should haves”, but I do know from reading extensively and two years of counseling that the “should haves” would not have done much good. If she had not succeeded that time, she would have at another. What I do know now is that I “should have” spent time talking about it to the family and friends instead of hiding it in the closet...”

It may take several months before you begin to make an effort to “re-admit” yourself to your former life. As you resume your daily activity, going back to school, work or parenting, you will find it beneficial, again, to talk (at least briefly) about what happened to you. A man surviving the loss of his fiancé advised, “Avoid building your public identity around your loss, but do talk to people who are safe to talk to. It helps.”

A young woman whose father completed suicide returned to her job, after deciding not to tell her employers of the tragedy. She was drinking more than usual at night, arriving late for work in the morning and being extremely moody. Simply put, her general behavior was self-destructive. One day, however, she decided to risk telling her employers what had happened. As a result, she gained unexpected relief by bringing the suicide out in the open.

“I told my employer. He said, “It was a decision that your father made and I'm sure he felt it was the right one.” I can't tell you how much that helped me. It made so much sense to me. My father had made decisions all his life and I'm sure when he made this decision he felt it was right. That was all my employer said. He didn't say a lot, but that was enough.”

Some survivors report that they find it easier to talk to people who were not acquainted with the suicide victim.

“It was so much easier to talk with friends who never knew my father. Maybe they're more distant. It's easier for them to deal with it.

The friends who knew him had a real hard time dealing with it.” *(Young woman whose father completed suicide)*

Support groups are an important and valuable source of help for survivors of suicide. You can benefit enormously by sharing your concerns and feelings within a group of individuals who have, like yourself, experienced guilt, anger, confusion, social ostracism, shame, fear or depression.

As you work your way through grief, do not rule out the tremendous relief you can experience as a result of counseling. If you are plagued by anger or guilt, if you can't quit reviewing the details of the tragedy and are trying to unravel the mystery, if your depression does not lessen, you will benefit by talking with a lay counselor or professional. Seek individual help regarding any persistent fears, thoughts, or beliefs that are causing you emotional or psychic pain.

Putting It on Paper

As you grapple with your feelings and try to regain your emotional balance, you will be moody. Your reactions to daily events will sometimes be inappropriate and unpredictable. Your performance may be erratic. Your emotions may be so mixed they make no sense at all.

*“Immediately, there was guilt. I went through a lot of denial, but I didn't really want to admit it. I wasn't actually denying it, I just wasn't admitting it. I knew it on the inside, but I didn't admit it on the outside.”
(Young woman suicide survivor, reflecting on her parent's death).*

When there are feelings that are sorting themselves out, when what you're feeling on the inside is not accepted on the “outside”, you may find it helpful to put the conflicts on paper. Keep a journal of your thoughts, feelings, and reactions, remembering that admissions you make, fears you express, the rage or despair you write about are private. Writing what you think and feel will help you sort out contradictions, denied aspects of the relationship, fears, and anguish, and ultimately to work through some aspects of your grief.

You may wish you could tell your lost loved one of your torment and frustration in regard to the death. Some survivors who feel this urge to communicate write a letter to their loved one. By putting the anguish, passion, and hurt on paper the survivors gain relief.

If you find yourself having obsessive thoughts about not having had a chance to discuss the subject matter included in your loved one's suicide note, write a note in reply. If you keep processing question after question, write out your questions and speculate on their answers.

Once you have put down your thoughts, they will lose their intensity as well as their power to occupy your mind obsessively.

At first, you may consider letter writing to be an idle or even illogical thing to do (since you can't get it to your loved one), but give the process a try. You will find that aside from gaining a release from your obsessive thoughts, you will uncover feelings you didn't know were there. This will aid in your general understanding of your own condition during the grieving process.

Avoiding Remarriage As A Consequence Of Guilt

Spouses of suicide victims find themselves in a particularly vulnerable emotional state. Some spouse survivors, for example, enter into marriages for the purpose of compensating for their guilt and other negative feelings which resulted from their spouse's suicide. The characteristics which the survivor is eager to exhibit are those of a sensitive, kind, nurturing, perceptive person.

To achieve this, the survivor selects a new mate who requires someone especially “good” to care for him or her. The survivor may choose as a future spouse, someone who has a drinking problem, is emotionally incapable of functioning normally, is chronically ill, or is severely physically challenged. Marriage which has as its goals redemption of the survivor and reparation of a tragedy is not likely to have a positive outcome.

If and when you begin to interact with new companions, be aware of the need for objectivity. Consider your motives for selecting a particular individual as a partner. Openly examine the healthful aspects of the relationship before making a commitment. You need to insure that the driving forces behind the bond are not guilt and the need to make amends.