Restoring Hope After Suicide

Working with Bereaved Survivors

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The Facts

- 44,965 suicides occurred in the United States in 2016.
- Men are four times more likely to die by suicide (Men represent 78% of U.S. suicides; women represent 22% of U.S. suicides).
- Women attempt suicide two to three times as often as men.
- Second leading cause of death for individuals between the ages of 10-34.
- Fourth leading cause of death for individuals between the ages of 35-54 (cdc.gov).

Misconceptions

- That the person was selfish.
- That the person was a coward.
- That a singular cause can be identified.
- That only “certain kinds” of people die by suicide.
- That suicide is a sin and that the soul goes to hell.
- That suicide is inherited and “runs” in families.
- That suicide loss always results in complicated grief.

Who is at risk?

- History of previous attempts.
- Family history of suicide.
- History of depression or other mental illness.
- Alcohol or drug abuse.
- Stressful life event or loss.
- Easy access to lethal methods.
- Incarceration.
- Feeling alone (cdc.gov)

Protective Factors

- Family and community support (connectedness).
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes.
- Cultural and religious beliefs that support instincts for self-care (support for help seeking).
- Effective clinical care for mental, physical, and substance abuse disorders.
- Easy access to clinical care when necessary. (cdc.gov)

Who is a suicide survivor?

- Anyone experiencing a high level of psychological, social, or physical distress for a considerable period of time after exposure to the suicide of another person (Jordan & McIntosh, 2011).
- High rate of exposure to suicide in the U.S.—about 14 people for each suicide (Jordan & McIntosh, 2011).
- CDC reported 44,965 suicides in 2016 in the U.S. (cdc.gov).

The Context of Suicide Loss

- Suicide loss shares aspects of other traumatic deaths:
- Sudden and unexpected.
- May be violent (may introduce elements of horror).
- Family members or other loved ones may find the body.
- May induce intrusive rumination about the mental or physical suffering of the deceased.

Grief after Suicide

- High degree of stigma and shame.
- Feelings of rejection: “He *chose* to leave me.”
- Pressure in some families to conceal the cause of death.
- Greater tendency to assign blame: “Who is *responsible* for this death?”
- Increased self-destructiveness; sometimes suicidal ideation in a subpopulation of survivors.

Common Reactions

- Guilt: “If only… I should have, could have…”
- Shock and disbelief.
- Anger toward the deceased.
- Search for an explanation: “***Why*** did he do it?”
- Obsession with the phenomenon of suicide.
- May be a sense of relief (***if*** there had been multiple attempts or longstanding severe mental illness).

Social Disruption

- Family system effects
- Disruption of funeral rituals
- Disruption of family life routines and rituals
- Social isolation (tendency to withdraw)
- Failure of social support system to respond
- Perceived sense of betrayal and abandonment by the deceased

Overwhelming Confusion

- Suicide loss results in profound changes in the relational meanings and interactions between the griever and:
    - The community (may include the extended family and in-laws)
    - The deceased
    - The self

Challenges to the Assumptive World

- Taken-for-granted assumptions are upended.
- The nature of the relationship is questioned.
- The relationship with the self is questioned (core identity issues arise).
- Perceived self-worth is questioned.
- Suicide is often perceived as a relational communication from the deceased to the griever about competence and worthiness. *"What was he trying to tell me?"*
- Existential meanings may be questioned (the meaning of life itself, the meaning of the griever's life going forward). *"What's the point?"*

Early Psychological Needs of Survivors

- Inquest into the death.
- Investigation of the events, the scene, persons involved.
- Attempt to reconstruct the mindset of the deceased.
- Need to construct a coherent narrative that the griever can tolerate (involves the griever's world view and meaning-making) (Sands, Jordan & Neimeyer, 2011).

Skills Developed With Time

- Dosing of grief spasms.
- Cultivating sources of comfort.
- Acquiring skills that facilitate self-regulation.
- Balance or alternate between moving toward (confronting the loss) and distracting from the pain of the loss (Jordan, 2011).

Goals of Therapeutic Grief Support

- Shifts in subjective meaning of the loss.
- Gradual meaning reconstruction over time.
- Integration of the loss into an evolving identity.
- Reconstruction of a life perceived as worth living.
- The possibility of post-traumatic growth (Sands, Jordan & Neimeyer, 2011).

Constructing a Compassionate Narrative

- Gradually evolving meaning-making process.
- Development of a narrative about the death and their accountability that is:
  - Realistic
  - Complex
  - Compassionate (attenuation of compulsive second-guessing; recognizing the “tyranny of hindsight” as a cognitive distortion) (Jordan, 2011).

Transforming the Bond with the Deceased

- There remains a post-death attachment.
- The bond may be adaptive or maladaptive.
- The bond undergoes a gradual process of change.
- Attachment transfers from the living person to a reconstructed mental representation of the person.
- Evolving meaning making that helps the griever arrive at an adaptive understanding of the loved one's life, the death, and the relationship with the loved one (Neimeyer, Presentation, 2014).

Memorializing the Loved One

- Finding a less toxic interpretation of the death.
- Disentangling feelings about the suicide from feelings about the life and the relationship with the loved one.
- Expanding the life story to include all of its fullness.
- Considering public and/or private ways to honor the loved one's life.

Reinvesting in Life

- Psychological reinvestment in life begins with:
  - De-identification with the suicidal end of the loved one's life.
  - Discovery of new sources of meaning and pleasure.
  - Finding adaptive meaning in the death.
  - Recovering interest in creating a fulfilling life.
  - Opening to the possibility of post-traumatic growth (deeper appreciation of life, one's own life, the life of the deceased). (Jordan, 2011; Feigelman et al., 2012)

The Relationship Evolves

- Small gradual shifts in how the loss is thought about.
- Toxicity of the manner of death gradually softens.
- The survivor makes space in her mind for the loved one's pain and for the complexity of the loved one's life.
- Access to a balanced set of memories returns.
- Desire to honor and celebrate the best qualities and the legacy of the loved one.
- Increased reinvestment in life. (Attig, 1996; Jordan, 2011).

How you can help

- Bear witness to the suffering (stay present).
- Offer stable, available, empathic attunement over time.
- Adopt a companioning model of care.
- Viewing grief and mourning as normal.
- Seeing the griever as the expert on her grief.
- Providing a safe place for the griever to do the grief work (Wolfelt, 2006).

Before you begin

- Question your assumptions about a normal grief trajectory.
- Examine your own biases about suicide.
- Be aware of widespread cultural perceptions about suicide.
- What are your reactions to the expression of intense levels of distress and deep despair?
- Ask yourself, “Do I feel the need to “rescue” the griever?”
- “Do I need the griever to ‘move on’?”

How does the LOSS Program help?

- LOSS provides:
  - A nurturing network of other survivors.
  - A safe nonjudgmental space where survivors can talk openly with others.
  - Direction and resources for healing.

- We educate LOSS members about the unique nature of suicide bereavement.

LOSS Program Services

- Monthly support groups in Cook, Lake, DuPage, McHenry and Will Counties in Illinois; and the Diocese of Gary, Indiana.
- Specific groups for spouses and young adults.
- Weekly groups for the newly bereaved.
- Individual counseling.
- The *Obelisk*, our monthly newsletter.

LOSS Program for Children & Youth

- Individual counseling for children 3 to 19.
- Family counseling.
- Peer support groups.
- Parent consultation.
- Home visits.
- Parish, school and community debriefings when a suicide has occurred.

Devastating Losses

- Researchers suggest that taking the loss from the private sphere to the wider public sphere may facilitate healing.
- Joining within and beyond the boundaries of the survivor community appears to help.
- Survivors reinvented themselves to take on more humanitarian and service-oriented commitments.
- These acts expanded perspectives, social networks, broadened life purpose, opened new pathways to growth (Feigelman, et al., 2012).

References

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