

Bereavement by Suicide

We hope this information sheet will give you useful practical and emotional information at such a difficult time for you and your family. There is no right or wrong way to grieve or to respond to an extremely traumatic event like a death by suicide. We have compiled this information from what we have learned from bereaved families and professionals. We hope you will take from it those aspects that support you, and ignore anything that doesn't seem helpful.

Grieving

When we are bereaved by suicide the 'normal' grieving process may be more complex, intensified and prolonged, although the actual tasks and experiences may be the same. When someone close to us dies we experience grief and go through a process of mourning. The experience is both emotional and physical. The process can be seen as the 'tasks' of mourning, often experienced as 'loss orientation' - coming to terms with the person's death - and 'restoration orientation' - working out a new way of living. (See 'Understanding Bereavement' and 'How Men and Women Grieve' on our website for a more detailed explanation).

Death by suicide is particularly shocking, because it goes against the norms of our natural survival instinct that we should live and thrive. The suddenness and nature of the death can be extremely traumatic and hard to make sense of. There is also a social taboo around suicide, which can mean it is hard to talk about. We still associate the words 'committed suicide' with sin and crime even though today most people's view is more understanding and supportive towards families bereaved in this way. How we respond to suicide will be influenced by our own beliefs and culture, our family and our environment.

THE FIRST DAYS

The first few days are likely to be full of complex practical issues which focus on how the person died, and not how they lived. Particular issues may involve:

What to say

How do we find the right words (some people can't say 'suicide') for ourselves, for family, for children and for others. What are the right words? How do we manage the effect our news has on them? Sometimes it feels easier to avoid it. If they can't manage it they may avoid us. There will be certain people you may want to tell yourself, and others you could delegate to close family members.

It helps to give yourself and the person you are telling a little preparation, a breathing space so you could prepare them initially by saying that you have bad news to tell them, and then maybe say something like 'he died in very tragic circumstances'. Then tell them the truth, briefly outlining the events as you know them at present.

When responding to people wanting explanation or a definition of suicide, one that can be helpful and is informed by mental health experts is that it is like **'a heart attack of the brain'**. In the same way that our heart as an organ can break down, so the brain can too. Being based on a more medical model might help alleviate some of the historical taboo associated with suicide.

The circumstances of the death

The person who found the body may be particularly shocked and traumatised. Was there a note? And if so, this, or other material, may need to be taken away as evidence. You are entitled to a photocopy of the note before it is taken away.

There may be interest from the media which a member of the family might feel they want to respond to, but you should feel no pressure to do this. What matters is that you do whatever feels right for you as a family. There are also likely to be police and coroners involved depending on the circumstance of the death, and you may need to partake in an initial hearing to obtain interim death certificate.

Emotional demands

Suicide evokes particularly strong feelings which are often conflicting, including shock, anger, despair, guilt, shame, blame, relief, betrayal, isolation, confusion, exhaustion and low self esteem. There is a desperate 'need to know' and searching for an understanding of WHY, in addition to all the more usual grief responses to sudden death.

Whatever our default 'coping mechanism' is, whether it is to switch off or to open up, this is likely to come into operation when we hear the news that someone close to us has died by suicide. If we tend to close down, we may feel very numb and find it hard to believe that the person has died. The more shocking the news, the more prolonged the disbelief can be.

Viewing the body

As much as our instinct may be to protect ourselves and our children from seeing the person who has died, and seeing how they died, this isn't usually helpful. However difficult it is, the truth can be more bearable than what we don't know, because our imagination can haunt us in a way that facts and real images are unlikely to. But it is important to take time over decisions like seeing the body, and to prepare for the viewing, preferably getting verbal information first. Different cultural norms and beliefs will also have an important part to play in the decision making process. It is not helpful to go against a very firm view expressed by the family, as long as it is informed, so if someone really does want to see the body it is important to respect this wish.

The Funeral

The days leading to the funeral can be extremely busy and confusing but this is also an important time because the decisions you make cannot be unmade. Good support and information will help, so seek them out – see the Department of Health booklet referenced below. It is important to think carefully about the funeral. If there are no cultural and religious imperatives, it helps to really give yourself time to decide how you want the funeral to be – time to make a decision, change your mind and come to a conclusion you are more confident about.

Your first instinct may be to have a very small private funeral, but you may later wish you had organised the type of funeral you might have done if your family member had not died by suicide. If you feel you have been fully informed and have explored all the options available to you, but subsequently regret your choice, you are much more likely to accept that choice and forgive yourself, than if you feel you rushed it all because it was so painful and so difficult.

After the Funeral

Family members bereaved by suicide are likely to grieve in many different ways, and many factors will influence your response. Your grief will reflect the relationship you had with the deceased; the experience of a spouse will differ to that of a parent, the grief of siblings and friends can be hidden or may feel overwhelming. Family structures can be radically disturbed. The nature of the death, and whether it was completely out of the blue, or the result of long term mental illness will have an impact.

The extent of the shock of suicide is often underestimated. It is physically exhausting and can be experienced as a physical wound. Because we tend to live in the blissful belief that bad things happen to other people, when something as traumatic as suicide happens it can shake our confidence and feeling of security in the world. It can be all consuming psychologically, leaving almost no mental space for any other activity. Thinking can become circular, endlessly trying to find answers to the 'why?' and 'what if?' questions, searching for a way to make sense of what has happened and come to terms with what feels unbearable. Often our greatest longing is to go back and put right the terrible wrong of death by suicide, to rewind the D VD and have a different ending. We don't want to accept what has happened and want to change the unchangeable.

Our minds can be full of questions that seem unanswerable. How can we find a place in our hearts and remember with love the person who has died when they killed themselves? How can anyone else understand the depth of pain we are experiencing? What do we do with the ambivalent feelings of fury

and loss and longing? It can feel that no one else can fully understand, which can lead to a sense of isolation and despair. This can be further intensified when feeling the pain of our loss can be a way of keeping close to the person who has died.

Many people's grief will stay 'on hold' until after the full inquest, which may be many months ahead.

Communication can be one of the most difficult aspects, within families as well as within their wider support group. The grieving process can be hindered by the (often unspoken) feelings of blame, insufficient information and understanding about suicide, and others not knowing what to say or how to help. *"If you loved me, how could you do this to me and leave me with this mess?"*

The loss of 'what might have been' has an even more powerful impact when a death is by suicide because of the decision to die.

WHAT HELPS?

Finding ways of expressing your thoughts and feelings is widely regarded by families as the thing that helps most.

Rituals: Rituals allow the expression of complex and abstract emotion. Use of 'traditional' rituals is often not possible for those bereaved by suicide because of the pain associated with the circumstances of the death. Maybe you can create your own family ritual – it could be as simple as lighting a candle or reading a poem.

Reminiscing: for those bereaved by suicide, sharp, scary images associated with the traumatic nature of the death may block the sadder/softer memories of the person. Attempts to avoid memories can impede the grieving process. Bringing to mind different and positive parts of the life of the person who has died can be done through photographs, story telling or use of a memory box or memory book.

Important activities include: finding ways to express our feelings - this is most commonly done through talking and can be done with friends, in counselling, or in one of the many support groups available (see suggestions in DH Booklet). Other ways are by keeping a journal or through creative activities such as painting or gardening.

It also helps to look after yourself: eat well, and make time for the things that give you pleasure. We feel grief physically in our body, and it can be releasing and calming to exercise, and a good walk can be as helpful as a major workout in the gym! Physical activity or a sport like kick-boxing is also a good way of expressing and releasing anger and can help children avoid hurting either themselves or others – a punch bag can be invaluable in helping children release angry feelings in a healthy way. And as much as the idea of relaxation may seem the hardest thing to do, it really can help, particularly after exercise.

Families often say they don't get over the death or move on, as is often expected of them (itself an added pressure), but that with support they learn to live with it, to manage it, and to live and love again. There is no timescale for this, but often it takes longer than anyone would wish or expect.

CHILDREN

There is a specific information sheet for children compiled by Psychologist David Trickey on the Child Bereavement UK website, which contains more detailed information.

Don't forget that you are the expert on your children and your family, so only take from the suggestions below what feels right to you. Only you can find the right way in responding appropriately to your family.

As with adults, children will experience similar feelings as in any close bereavement, and also different ones. One little girl of 5 years old summed it up like this: *"Mummy, I know Papa loved us, but it doesn't feel like it, when he did what he did"*.

Children may feel vulnerable, angry, frightened and fearful, at the same time as having the ability to play and love and have fun. Sensitive, truthful and loving responses that are appropriate for the age and level

of understanding of each child will best allow them to grieve. This is the ideal, but where the parent or parents are grieving themselves, it is not always easy. Making use of the support available to you will, in turn, help you to support your child.

David Trickey suggests that some of the things that most help children and families are:

Being able to make sense of the death helps to be able to fit a death into your 'world view'. For those bereaved by suicide, it can be difficult to make sense of, because the 'why?' is unknown. For children it can be especially difficult, and they may blame themselves. It is important to reassure them that they are not responsible.

Having information although your first instinct may be to protect your child from the horror of the truth, you help build trust by telling children the truth and being as honest as you can in response to their questions.

Understanding 'what' and 'how' have to come before being able to deal with 'why?' and 'why me?' If details are withheld from a child bereaved by suicide, then:

- What they are told doesn't tally
- Their fantasy is often worse than reality
- They may find out the truth in an unhelpful way
- There may be inconsistencies in what adults tell them, leaving them confused

Having opportunities to talk it through is the way most of us make sense of difficult things. But for those bereaved by suicide, opportunities to talk are often lacking because of the stigma, not knowing what to say and not wanting our own view of the world to be challenged. And telling the story is not a one-off event; it goes on for a long time and children need to regularly update their knowledge to fit in with their growing and changing understand of the world.

Coping strategies: with the highest statistic for deaths by suicide being young people (men) and because anyone who is bereaved by suicide is at higher personal risk of dying by suicide, it is very important that children and young people are given the right support and information in order to help them understand, grieve and learn coping strategies that enable them to deal with life's difficult situations. There may be a real fear for them and others that they may also become suicidal, particularly if they are of the same gender as an older sibling or parent/family member who died, or when they get to the same age.

Others who care for your child: It is helpful to involve and inform the other adults who see your child regularly, like teachers and parents of your child's friends.

ADDITIONAL INFORMATION FOR PROFESSIONALS

As with all deaths, for professionals working with families bereaved by suicide it is impossible to make it 'better', but the aim is to support families in the awfulness of what they are going. Interventions take a variety of forms: support groups, counselling, and specific therapies.

A review of bereavement interventions published in 2006 by Schut and Stroebe indicates that they are likely to be most effective for:

- Those who request help
- People in high risk groups
- People with difficulties
- Children and young people

You may be interested in further training or support, which can be found on the Child Bereavement UK website www.childbereavementuk.org

An additional valuable resource is the Department of Health publication entitled 'Help is at Hand' which is an extremely well researched and comprehensive handbook of useful information and research. To download a copy visit <http://www.dh.gov.uk/en/index.htm> and enter *Help is at Hand* into the search bar located in the top right corner. Alternatively you can contact Department of Health Publications on 0300 123 1002 to order a copy.

This information was compiled by Julia Samuel following a seminar held at the House of Commons "The Impact of Suicide on Families". It was further informed by Jenny Benjamin, Carole Heeley, and Child Bereavement UK staff.