

Grief is always difficult to deal with but one of the most painful of all bereavements is that which follows a suicide. It can happen within the best of families and usually leaves a devastating affect on the survivors. Although statistically, the greatest number of suicides occurs among the elderly over the age of 65, the number of suicides, particularly among the young, is unfortunately growing.

There are a variety of reasons why some take this route; for the survivors it is most distressing to deal with. Feelings of anger and guilt are especially prevalent, as those left may blame themselves, the deceased, others, or even God for this tragedy. As well, they often reproach themselves for not recognising some of the verbal clues or behavioural signs that may have led up to this choice or feel somehow culpable that they might have contributed to the events that resulted in such a misfortune. This is where the recriminating "if only" statements often take over. "If only I had seen the signs" ... "If only I had really listened to" ... "If only I has spent more time with" ...

It is very important that survivors realise that they are not responsible for the decision of suicide made by their loved one. There are many competing influences upon people's lives and choices that even love cannot always control. Often, it is only in hindsight that a pattern might be discernible, which at the time might not have been recognisable.

The anger and guilt we feel are natural expressions, as we attempt to come both to grips with and understand the immensity of the catastrophe that has occurred. Such anger is actually another face of love, as we only truly become impassioned about people whom we deeply care about. Properly channelled and expressed our rage can help move us along the path to wholeness. Improperly exhibited it can lead to destruction and even further grief and distress. A letter written to the deceased or to God, significant conversation with caring and listening people, or a ritual or action that symbolises an expression of our innermost feelings and thoughts, can all help lead to a positive release of our anger and even forgiveness for the deceased and the hurt that they left behind.

Likewise, survivors are often left with a sense of betrayal that the person committing the suicide did not trust or value their relationships enough to turn to them for help before undertaking such a final act. Anger is likewise prevalent because suicide by its very nature is a selfish act. Those left behind are the ones who must try to sort out the questions of "why?" and "in this way?". They feel abandoned in the midst of profound pain and great confusion.

Sometimes a note or message is left by the person committing suicide, explaining why such a method of dealing with their problems or distress was chosen. Such a contact might also say good-bye or express love for the survivors, or even the desire to be forgiven. At other times significant others are simply left to grapple with the reasons or to deduce a pattern that might explain such a final act. Either way there will always remain unanswered questions and mysteries, which the survivors can ultimately only learn to live with. Death is never really tidy but an expected passing allows people the

opportunity to say good-bye, to express love and to reaffirm relationships. A suicide precludes any such anticipatory grief work and hence increases both the trauma and impact of this self-inflicted death upon the survivors.

Furthermore, the shock and denial can also be more intense than in other forms of death due to the suddenness of the action. If the means of death are particularly gruesome or bizarre, or if a family member(s) personally discovers the deceased, the visual impact can sometimes leave an even greater scarring and haunting experience. The details of such a suicide may often be relived over and over again in the thoughts or dreams of the survivors. As difficult as this is, it is important to name this pain and to deal with it as part of the process of healing. The mind and the spirit are articulating and ventilating their anguish and distress, much as the reliving and retelling in words of this sorrow do. In time, positive memories of the deceased will also surface and become more predominant and enduring.

It is important to understand that suicide is usually undertaken 'spontaneously' and in a state of extreme emotional upset or agitation. Under different calmer circumstances such a reaction to a hurt or disappointment, real or perceived, would have been handled differently. It is, as if the real or perceived failure or loss, that triggered the suicide became the only lens through which the person was able to look out upon the world with. Its distortion rendered it as the only thing in existence and eclipsed any thought or vision of another better scenario. Knowing that such a distressed and emotionally overwrought psychological state existed in the person contemplating the taking of their own life mitigates somewhat the feeling of their culpability. Certainly, anyone committing such an act is not ever totally in charge of their faculties or freely rational or in full control. Most experts agree that at least a form of something akin to temporary insanity accounts for such an extreme act of self-destruction.

It is this understanding that also allows us to deal with the question of whether God will forgive the person who takes their own life. God sees into our very heart and thoughts and discerns that such actions are guiltless because of the confusion and turmoil that obscures the individual from making a truly objective and rational decision. God above all is compassionate; turning to our faith can ultimately be one of the greatest resources available to us. One's belief and clergy can be especially comforting at such a time and assist us by allowing us to understand an even larger spiritual perspective that reminds us of God's constant love, care, Presence and forgiveness.

Unquestionably, help from the larger circle of family, friends and community is needed, but professional help is likewise highly recommended, as some of the affects of this grief can be extremely deep and long lasting. A bereavement counsellor or other professional, as well as an ongoing support group may be particularly helpful in dealing with such a loss. Special care needs to be paid to children and teenagers, to ensure that understanding time is spent with them and grief assistance and care appropriate to their vocabulary of experience is present. If the person committing suicide was a child or

teenager, then parents and grandparents also have special needs to process their loss and gain some insight of what seems to be so unfathomable.

Compounding all this is the reality that for many there is still a social stigma attached to suicide. If the deceased is young, then the pain can be deepened by the loss of both present and future hopes and dreams. Our confidence and self-esteem may also be shattered and may take time to rebuild through our journey of sharing our grief with others who also care.

Sometimes a family might wish to hide the nature of the way their loved one died. The desire may be to have a quick, small, closed funeral and to keep this 'shame' as a family secret. Yet the more honest the acknowledgement of suicide, the sooner the grief process can really begin. To admit this to others is to admit it to oneself. Perhaps even someone else might benefit from the education that such would provide and another suicide might be prevented because of it.

A very real part of this bereavement involves intense loneliness, because we have lost the person in whom we had invested so much love, time and energy. Again such loneliness is another aspect and expression of our love, as now our relationship with our loved one has been separated by death. Although we never truly forget such a loss, in time we are able to take the love we had invested in the deceased and reinvest it in the living around us. We also become more sensitive to other people's losses and may even experience a deepening of our faith as we come to rely more on our faith and on God's strength and presence.

The road to recovery is a difficult one and much grief work must be done by the survivors, preferably with professional help and support. Naming and owning one's feelings is a start. Drawing upon all one's inner strengths and resources, as well as accepting the caring support of family and friends is integral. It is a process of one step at a time, realising all the while that many of our questions may remain unanswered. In time, if we do our grief work, we will be able to move to a place of peace, where our memories transform and empower us, rather than paralyse and torment us. We will have said good-bye and trusted in God's enfolding and accepting love. We will have arrived at acceptance.

Community Resources

Depending on your locale, some support sources may not be present. A family doctor, mental health centre, hospital, social worker, counsellor, clergy or your funeral director can assist you with an appropriate referral in these cases.

ARK - Counsels children and teenagers who have experienced the loss of a parent through death or divorce

HOSPICE - Supports the dying person and their family, before, during and after a death.

SUICIDE ATTEMPT COUNSELING SERVICE - For family and friends of a person who has committed suicide

Suggested Reading

There are many books available on this topics. The following are a few that I recommend.

Chesser, E., *Living With Suicide* (London, England: Hutchinson, 1967).

Danto, Bruce and Kutschen, Austin, *Suicide & Bereavement* (Salem: Ayer Co., 1977).

Grollman, Earl A., *Suicide: Prevention, Intervention, Postvention* (Boston: Beacon Press, 1971).

Hewett, John H., *After Suicide* (Philadelphia: Westminster, 1980).

Stone, Howard W., *Suicide and Grief*, (Philadelphia: Fortress Press, 1972).

Wrobleski, Adina, *Suicide Survivors; A guide for those left behind*.