

HELPING SURVIVORS AFTER SUICIDE

LaRita Archibald

“The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing ~ not healing~ not curing~ that is a friend who cares.” Henri Nouwen

The following suggestions are intended to guide you to comfortably extend yourself to suicide bereaved without concern that you might do or say the wrong thing. The worst that can happen, already has! You can't fix it, but you can comfort. The bereaved family benefits greatly from the consoling balm of love and shared sorrow from caring friends.

What can I say? The most caring and honest words are “I am so sorry” You may wish to continue with “He/she will be missed” or even, “I don't know what to say”. If you had a fondness for the dead person or spent a fun or significant time with them, share that with the family. Every positive mention, every antic, amusing story or reinforcing action involving the person who died is precious to the surviving family.

What can I do? *Be there. *Anticipate and respond to need. *Assure water and tissues are at hand for the bereaved. *A hug is appropriate and usually welcomed. However, there are those who do not wish to be touched so you may choose to ask if you can give a hug. *It is likely that you will shed tears in the presence of the newly bereaved and that's o.k., albeit, not excessively. Tears express deep empathy and knowing the death touches the hearts of others lends a bit of comfort and solace to the bereaved. *It's helpful when someone maintains the kitchen, making refreshments available to callers, without displacing extended family members needing to help. Depending upon the situation and you may help by *tending young surviving children, *answering calls and recording callers, *preparing meals, *keeping records of gifts of flowers and food, *yard or house work, *making arrangements ie., funeral, travel, room accommodations, *help selecting funeral attire (laundry, cleaners etc) and, at a later time, *write thank you notes, * help file insurance, social security claims or seek legal counsel. The family may designate a spokesperson to address the cause and circumstance of the death with callers Providing facts restores a measure of control to the immediate survivors and lessens opportunity for rumors and gossip. *In accordance to the boundaries of your relationship, discourage efforts of secrecy regarding the cause of death. Secrecy severely distorts and complicates healthy grieving and can create family dissention and breaches. Increasingly, survivor families are openly designating contributions to suicide prevention organizations. *Find whether there is a support group for suicide bereaved close, provide meeting information to the survivor and offer to attend with them if this is permissible to the group leader. *There are books and websites that provide support articles for suicide bereaved. A book or downloaded articles offers another avenue for validating their grief and assuring them they are not alone on this grief journey. *If you know a long term suicide survivor willing to extend empathy and reinforcement, ask the newly bereaved family if a call from the seasoned survivor would be helpful. *In the weeks following the death, when all the 'tragedy-focused' activity has subsided, the survivor needs calls, notes of support, dinner out...or brought in, visits and distracting activities. Invitations may not be accepted, but the fact that they are extended is reinforcing.

Should I say the word ‘suicide’? If the cause of death is determined as ‘suicide’, that’s what it’s called and it’s o.k. to say the word. Often ‘killed himself’ or ‘ended their own life’ is used but there is really no soft, gentle way of saying ‘suicide’. I suggest **not** using ‘committed suicide’. ‘Committed’ implies a crime. Suicide is not a crime. It is never appropriate to use crude phrases defining suicide.

Can I ask “What Happened?” If you are a close friend or extended family member you may wish to say “Do you want to tell me what happened?” If you fear that question will be viewed as intrusive, be guided by what the bereaved is saying. Suicide is so shocking, traumatic and usually unexpected family members may have a need to talk about what took place, relating in detail the last word, actions or what they found or saw. If you can’t handle the details of the death, don’t put yourself in a position to hear them. Don’t tell the bereaved not to think or talk about the death or the circumstance surrounding the death. Talking is cathartic and a critical component in the grieving and healing process. You are there to support and help. Listening may be your most caring gift

Should I say the deceased person’s name? There will never be a time when the family will not want to hear the name of the one who has died. Although the person is no longer living they are still a member of the family. When the family speaks of the deceased in the past tense the support community is encouraged to do so as well. By listening as the family speaks you will be guided in your own manner of addressing the death.

Is it helpful to share faith-based views or past experience with suicide? NO and NO. Please refrain from interpreting God’s view on suicide. If the bereaved has questions regarding suicide in relationship to sin and religion, ask a clergyperson to respond. It is not helpful to share judgmental beliefs about suicide nor, in the immediate aftermath, is it helpful or appropriate to share your personal struggles with mental illness, suicidal ideation or attempts.

Are there topics to avoid? It is never helpful to share the tragedies of others with newly bereaved persons. Don’t try to cheer the bereaved person. There is a time for that...but the time is not in the days following the death. Be as natural and positive as possible. Deflect statements that perpetuate bias and misconception around the issue of suicide.

How long will it be before they are healed and back to normal? Adjusting to the loss of someone dearly loved is a life work in progress. Grief is not time-limited or measurable. Like a snowflake, grief is unique with each individual coping in their own space at their own pace. The old normal is gone; a new normal will evolve. The lives of the surviving family are forever changed by this tragedy but eventually the initial raging grief gentles into sorrow and regret that’s tolerable and manageable. Be alert for indications of obsessive guilt, anger or talk of wanting to die. While it is not unusual or abnormal for suicide bereaved to speak of not wanting to live, it can also be a red flag. If such talk persists it is prudent to research available mental health professionals with expertise in grief, perhaps certified in EMDR, and encourage an immediate appointment to ensure the safety of the bereaved and the peace of mind of all who care for them