



Let's Talk...

Surviving the Loss of A Loved One to Suicide

SURVIVORS OF SUICIDE RESOURCE GUIDE



Remember that you can survive the pain. There may be times when you don't think it's possible, but it is.

Dear Friend:

Fellow survivors who have lost loved ones and friends to suicide put this guide together. We gathered stories and information from people around Kentucky or from materials we've found useful to us.

Like you, we live in Kentucky. Some of us are recent survivors, others lost loved ones a few years ago, and still others have been survivors for decades. Each of us has struggled in our own way with the pain and complexity of suicide loss. We did not choose to take this journey of almost unspeakable pain, but we are surviving and find purpose in helping new survivors realize they too can survive and find meaning in the loss.

When survivors of suicide meet, it is a painful embrace of understanding. To see in the eyes of another the place you are now or the place you will be heals and gives hope. The burdens of loss, loneliness, pain, grief, anger, sadness and guilt belong to all of us. When we stand together and express our emotions, we begin to heal. When we gather to talk, we are less lonely. When we share our stories, our painful thoughts diminish a bit.

Know that you are not alone. Resources and people are available to support you. If needed, a trained mental health professional can assist you with your concerns about other family members. When you are ready, you may want to consider attending a Survivors of Suicide bereavement support group.

Healing is not an orderly progression, and there is no universal time frame for healing. But you will move forward from the place where you are now. As fellow survivors of suicide, we wish you strength and courage as you travel through your grieving and healing. Remember you are not alone and help is available TODAY.

Kentucky Suicide Prevention Group
www.kentuckysuicideprevention.org

Special thanks go to the Owensboro Regional Suicide Prevention Coalition, Inc. and their survivor support group for their heart-felt contribution to this guide.

A Message from a Survivor and Bereavement Coordinator

I do not know who first used the word “survivors” to describe family members and close friends who have experienced a loved one’s death from suicide. After 12 years as a grief counselor and facilitating a bereavement support group for survivors, I have no doubt that surviving best describes what we try to do after suicide. There may be some days you don’t think you can or will survive. There may be some days you don’t want to survive and you may think of suicide yourself as a way out of the unrelenting, indescribable pain. If you feel this way, know that other survivors have had these thoughts. Reach out to us, call the crisis line or talk with a mental health professional, grief counselor or your clergy. Please do this immediately. It will make a difference.

If the death has been within the last few days or weeks you may be saying things like, “No! This can’t be true. This feels like a bad dream.” When a death is sudden, no matter what the cause, we are stunned and bewildered. This period of shock may last for weeks or months and will be mixed with a multitude of emotions. In the following pages we describe the dimensions of grief and what you can expect as you move through the grief process.



Understanding what is normal after such a loss will not only help you, but will help you help family members going through this with you.

Please remember, you did not choose this for your loved one; no one did, and no one is at fault. A suicide death will put tremendous

stress on your family and can bring families together or tear them apart. Talk to one another about your loss and pain, but recognize there will be times you’re in such pain that it will be impossible to help anyone else.

Iris Bolton, the mother of a 22-year-old son who took his life in his bedroom, remembers the words of a therapist friend who came to her home the afternoon of her son’s death. His words had a profound effect on her. He told her to use the upcoming days and weeks to bring the family closer in a way not possible under normal circumstances. “Be honest and share feelings,” he said. “There is a gift in his death if you can find it.”

It may take years for you to find meaning, but please know you can survive this, even though you may not think so now. Then you will know your own strength and that you can survive all life’s tragedies because none will ever be as great as this one.

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What We Know

My daughter killed herself in 1989. I know how badly it hurts. I know that you feel the most terrible aloneness.

I have learned that most people who take their own life do so because of depression or other mental illness. Chemicals get out of balance in their brains, which regulate how they think, feel and behave. No amount of love and caring or trying to build up their self-esteem could have altered their misperception that their situation was hopeless.

The taboo and stigma about suicide will put extra burden on you as a suicide survivor. You may go over and over the events leading up

to the death, feeling that somehow if you had done one last thing, you might have saved your child or loved one; you may be fearful and anxious about yourself and the rest of your family. These things, and more, are normal reactions after a suicide death.

Keep in mind that you are a good person, and you deserve to be happy again. You are going to be all right, but it will not be easy at first. I still miss my daughter but know she tried the best she could to live and that she would have stayed with us if she knew how. Be good to yourself.

Adina

After a suicide, we have many “Why” questions. These questions can haunt survivors because they are hard to answer. Only in recent years, have we begun to study suicidal behavior. The important thing to remember is it is normal to have these questions. We may never get all the answers, but it is appropriate to continue to ask as long as we need to.

A study from Julie Cerel, Ph.D., at the University of Kentucky found that as many as one third of the people in Kentucky suffer devastating and long lasting emotional trauma when a family member, friend, co-worker, neighbor or classmate dies as a result of suicide.

This is not just a Kentucky problem, but also a national one. Each year nearly 30,000 people in the United States die by suicide. That means on average about 87 people each day will end their own lives. There are millions of survivors who, like you, are trying to cope with this heartbreaking loss.

For the first time, physicians and scientists are receiving federal dollars to research suicide, and we are beginning to learn more about the “Why” questions.

A study from Johns Hopkins University reported that 90% of persons who died from suicide suffered from a brain disorder. Seventy percent suffered from depression, while 10-

15% had schizophrenia, anxiety and personality disorders. Post-traumatic stress disorders and alcohol addiction are also risk factors.

Dr. Shawn Shea, a professor at the Dartmouth Medical School in Hanover, New Hampshire, concludes the origins of suicidal thinking can be placed into three categories.

1. External stressors (death or loss, rejection by a significant other, job loss, public humiliation, serious illness, even small stressors to some are huge stressors to others especially a youth, who did not make the team, or get selected for a certain group)
2. Internal conflict (psychological impasses or cognitive distortions that make the external stressor a much larger issue, one that they cannot live with)
3. Neurobiological or brain dysfunction caused by internal or external toxins (low levels of serotonin or external toxins such as certain medications or alcohol)

Dr. Shea says it's critical to remember that for most it will be a mixture of these three that cause developing suicidal thinking. In other words, we all have stressors or problems. But because of psychological distortions, perhaps caused by not having the right mix of brain chemicals, we are unable to cope with—even live with—the stressors or problems.

From Thinking To Acting

Death by one's own hand is far too much a final gathering of unknown motives, complex psychologies and uncertain circumstances.

Dr. Kay Jamison,
author of *Night Falls Fast*

Suicide is one of the most complex human behaviors. We may ask a thousand times why did he or she do this to themselves, to us, to others? We may never get the complete answer. But one day, we may find meaning in the loss and no longer need to ask the question why.

Dr. Edwin S. Shneidman is often referred to as the founder of the present-day suicide prevention movement and is the founder of the American Association of Suicidology. He spent more than 50 years helping suicidal individuals. In his book *The Suicidal Mind*, he wrote, "Stripped down to its bones, in almost every case, suicide is caused by pain, a certain kind of psychological pain."

Dr. Jamison wrote in her book *The Unquiet Mind*, "Most serious depression is biological in its origins, yet one that feels psychological in the experience of it."

Perhaps the best explanation of "why" comes from a mother who lost her son to suicide. Link Counseling Center's National Resource Center for Suicide Prevention and Aftercare provides the following analogy:

The Cup Analogy

There is a cup of water sitting on a table. It is so full; it is rounded at the top. One or two



drops of water are added to the cup, and it spills. What caused the water to spill? We want to blame the last one or two drops, but in an empty cup it would not spill. It was not the water in the cup prior to the drops being added because if left alone, it would not have spilled. It was a combination of all the drops of water in the cup that came before the last one or two drops that caused the water to spill.

In a person's life, the water in the cup is symbolic of all the hurt, pain, shame, humiliation and loss not dealt with along the way. The last couple of drops symbolize the "trigger events," "the last straw," the event or situation that preceded the final act of taking one's own life. Often we want to blame the trigger event, but this does not make sense to us. Like the water, these events all by themselves would not cause someone to end their life. It is the combination of everything in that person's life not dealt with and the last one or two things that caused our loved ones to lose hope. We survivors must find a way to pour out the water along the way. This may be through talking it out, writing it out, sometimes yelling it out. We must learn to deal with our pain now in a way our loved one's could not.

Survivors sometimes feel that others are blaming them for the suicide. Survivors may feel the need to deny what happened or hide their feelings. This will most likely complicate the grieving process. When the time is right, survivors will begin to enjoy life again. Healing does occur.

Traumatic Bereavement

On December 13, 2004, my world shattered into a million pieces. After a two-year battle with schizophrenia, my youngest son Jonathan took his life at 19. The day Jonathan died I kept telling myself, "This is the worst day of my life." Little did I know through the haze of shock there would be many worse days.

The first six months, it was all I could do to keep breathing. During this time I believe I could have actually laid down and willed myself to die. The only thing that stopped me was knowing I could not leave my remaining sons and my grandchildren as they were trying to deal with this horrific loss. They needed me now as never before. Somehow I managed to keep breathing and moving through life one step at a time.

At the six-month point, I realized I had to find help dealing with my loss. Rage consumed me, rage that the mental health system was ineffective in dealing with my son, rage that my son had to fight this mental illness to

begin with, rage that I lost my beloved son. Through the counseling and a support group, I came to understand what I feel is normal; I am not losing my mind.

It has only been 15 months, and I am still new on this journey that lasts a lifetime.

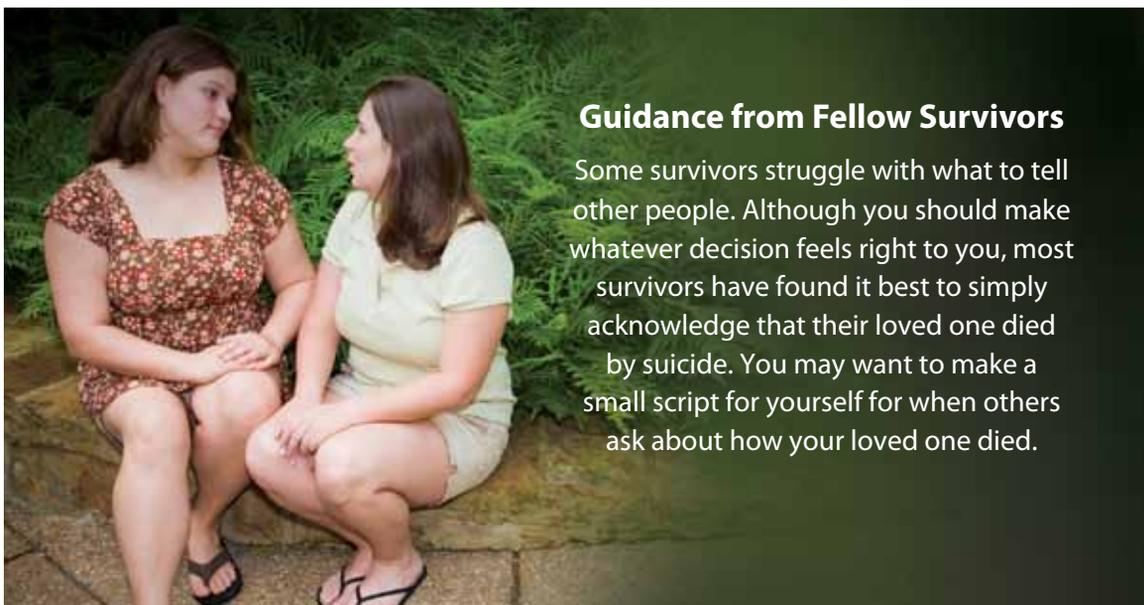
I have been through the first birthday, the first Memorial Day, the holidays where the empty place at the table stabs at my already broken heart. I try to tell Jonathan's story every time an opportunity rises. Depression and other serious mental illnesses often are terminal. The mental health system must be improved.

The day I buried my son, I also buried a piece of my heart. I will miss him until the day I take my last breath. Some days the blanket of shock still cushions me; it all seems so surreal; he's not really gone. Other days the pain rips through me as if it will tear me in two. This is the way of the journey of grief.

Terrye

Guidance from Fellow Survivors

Avoidance and distraction are ways of coping with strong, unpleasant feelings only in the short run because hidden feelings tend to affect a person's whole life.



Guidance from Fellow Survivors

Some survivors struggle with what to tell other people. Although you should make whatever decision feels right to you, most survivors have found it best to simply acknowledge that their loved one died by suicide. You may want to make a small script for yourself for when others ask about how your loved one died.

Traumatic Bereavement

In medicine we think of trauma as an injury violently produced, but trauma can also be an emotional shock that can leave us psychologically vulnerable and unprepared for what we are about to experience. The word “traumatized” is often used to describe someone who has been exposed to traumatic events.

Traumatic bereavement can result in a difficulty in moving on with the grief process due to preoccupation with the trauma and imagery of how the loved one died. The suddenness and lack of anticipation and often times violence of suicide brings with it a powerful form of distress known as “trauma distress.”

Initial common reactions to trauma distress may include:

- Numbing, stunned, dazed, where everything feels unreal or blank
- Increase arousal or startle response, anxiety, dreams, flashbacks, intrusive thoughts, triggered by sight, smell, taste, touch, and sound
- Intense irritability, anger, frustration

Effects of trauma in children may include:

- More clingy
- Irritable, angry or withdrawn
- Headaches, stomach aches, over reactions to minor hurts, physical/emotional
- Regression to younger behaviors such as thumb sucking, bedwetting, bad dreams

A compassionate response from family and friends and a supportive faith community and work place often reduce the impact of trauma distress. In most people with a good supportive environment, the symptoms of the trauma distress will decrease after a few days. However,

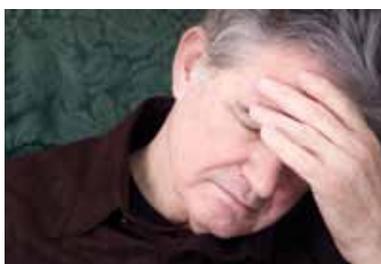
if after two or more weeks, you or a family member are still experiencing acute symptoms of the trauma, you may need professional intervention.

When the death is self-inflicted, it is sudden, untimely and intentional. Survivors may have witnessed a great deal of trauma and may need help with post-traumatic stress. Post Traumatic Stress Disorder is not a weakness. Our military

and first responder men and women are often affected with PTSD. It is treatable, and the sooner after the traumatic event we seek professional intervention the better. If you or a family member are experiencing one or more of these warning signs, please seek help.

Early Warning Signs of Possible PTSD

- Continued flashbacks
- Traumatic dreams
- Persistent intrusive recollections of the trauma
- Continued dazed, numb, withdrawn behavior
- Lack of direction or purpose in one’s life
- Panic attacks
- Increased self medication (substance abuse)



Guidance from Fellow Survivors

Try to take care of yourself; consider visiting your doctor for a check-up.

At first and periodically during the following days/months of grieving, survivors may feel overwhelmed by their emotions. It is important to take things one day at a time. Crying is the expression of sadness; it is therefore a natural reaction after the loss of a loved one.

Bereavement and Mourning

I lost the center of my life Friday, July 13, more than 10 years ago. After three previous attempts, my wife Brenda succeeded in killing herself. I thought I was ready for the possibility of her death. However, nothing prepared me for the devastating grief that overwhelmed me.

For the first time since childhood, I cried bitter, angry, guilt-ridden and frustrated tears. I had virtually no energy. The Survivors of Suicide Support Group paved the way toward my eventual recovery and transformation, but the road was often like a roller coaster. In the early days, I would sink into self-pity and denial. I had to learn the phases of grief and the immense patience and forgiveness I needed to give myself.

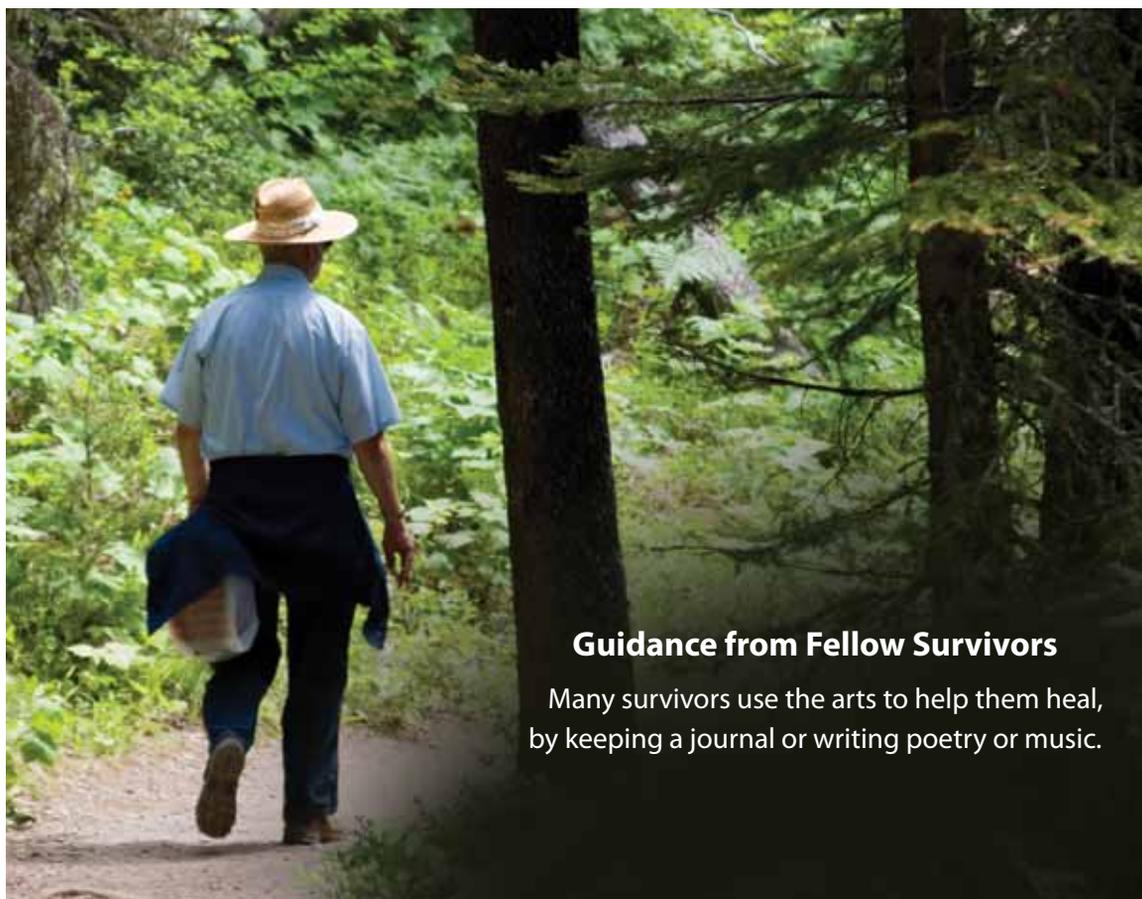
Long walks helped, and when I felt there was some pain that needed to come out, I looked at pictures of us or played our favorite

music. I did not want to take the chance that suppressed feelings might cause more problems.

Another important lesson I have learned: there is no right way to heal, just MY way. With much help from supportive people, I rebuilt my very fragile self-esteem. Even now, I sometimes talk to my wife. Another gift I received after her death was a firm belief in eternal life. She is alive in some dimension I cannot see, though I think she can hear me.

Slowly, oh so painfully slowly, my world turned right side up again as time healed my enormous psychic wound. As the years passed, I discovered perhaps the most important gift of all from my wife's death. I found a new center for my life, the part of me that is part of God.

Jack



Guidance from Fellow Survivors

Many survivors use the arts to help them heal, by keeping a journal or writing poetry or music.

Bereavement and Mourning

To be bereaved is to be deprived of life or left destitute by a death. After one sustains a tragic loss, we are often thrown off balance, stunned and bewildered and may indeed feel alone and destitute. The death of a loved one under any circumstances is a major life event and sometimes a life-changing event that requires a period of adaptation or processing. This process of mourning and grieving is necessary and we have certain tasks that must be accomplished for equilibrium to be reestablished.

William Worden's Four Tasks of Grief Work

TASK 1: Accept the Reality of the Loss

When someone dies, even if the death is expected, there is always a sense that it has not happened. When the death is sudden and unexpected this task may require days or weeks, even months to accept the reality the person is dead. Shock and denial cushion the blow and are part of the process, but eventually we must meet the reality head on as painful as it may be.

TASK 2: Work Through the Pain of Grief

It is impossible to lose someone you have been deeply attached to without experiencing some level of pain. When a loved one dies in a sudden and tragic way such as suicide, the pain left behind may be indescribable. This is by far the most difficult task of grief work. We go through life trying to avoid pain, yet this death has been thrust upon us. As difficult as it may be, it is necessary to acknowledge and feel this pain to work through the pain. People can short-circuit Task 2 in a number of ways, including cutting off all feelings and denying the pain by not thinking about the loss. Some may travel to a distant place or drown themselves in numbing substances. Through work, hobbies or social interactions some may keep themselves constantly busy to avoid feeling the pain.

Not working through the pain only prolongs the mourning process, which may result in deep depression or other symptoms later in life.

TASK 3: Adjust to an Environment in which the Loved One is Missing

Adjusting to a new environment will depend upon the relationship and various roles the deceased played. The survivor may not become aware of all the roles played by the loved one for sometime after the loss. This realization begins to emerge for a spouse a few weeks after the loss when they are forced to come to terms

with being a single parent, making repairs, cooking dinner alone every night or managing finances alone. A spouse may feel overwhelmed and angry with their loved one for leaving.

There are many levels of loss to sort through after a loved one has died. For instance, if the person who committed suicide was young, parents and grandparents lose not only that person but the hopes, dreams and plans wrapped around the person. If a young adult dies while still living at home or if supported by the parents while in college or in the community, the task of adjusting to not caring for the child is especially difficult.

Each reminder that the loved one is missing brings new waves of pain. This task is made more difficult by the linking objects left behind like clothing, books or toys. The support available weeks or months after the death may be less, adding to feelings of helplessness.

TASK 4: Transition from the Physical Presence to New Relationship

We never forget or cease to love a highly valued person in our life. A survivor's readiness to re-enter life and new relationships does not depend on "giving up" the memory of the loved one who died. The task is to evolve the on-going relationship through thoughts and memories.

Guidance from Fellow Survivors

Keep in mind that each person grieves in his or her own way. Some people visit the cemetery weekly; others find it too painful to go at all.

Common Responses to Loss

My son Justin died by suicide. I hate even typing this word as much as I hate saying it. We will never know what happened to make Justin want to end his life.

I do know that everything happens for a reason. I do not believe it was God's perfect will that Justin die by suicide, but I do believe it was God's permissive will. Only He and Justin knew the pain he was feeling.

I believe God gave Justin to us to teach us more about Himself through Justin, and I can honestly say I have learned more about my faith through Justin and his death than I ever thought possible.

There have been a lot of blessings that have come to others through Justin and the way he died. So I do believe there is a purpose for everything under the Heavens.

Fran

Each person experiences grief uniquely. This is why we do not know exactly how another person feels. We may have similar experiences such as the loss of a parent or spouse, but each relationship has its own special qualities. The loved one who died may be a parent; spouse, child, grandparent, sibling or friend to us but no one else had the exact same relationship as we did, good or bad. When the relationship has experienced abuse and there is a great deal of unfinished business between the deceased and us, we may need extra help and time with our grief work.

You may not experience all of the following responses after the death of your loved one, and you may not experience them in this order. It is important to realize that what you are feeling is a normal reaction, even though the circumstances and trauma of the death are not normal events.

Shock/Numbness/Disbelief

A sudden death leaves us stunned and bewildered. We may be unable to make simple decisions. This period may last for days or weeks. We need some level of numbness or even denial at first. This is nature's way of helping cushion the mind and heart until we can face the full force of the emotions of grief.

Emotional Release

As the shock begins to fade, the floodgates of emotions are opened. Some of the emotions you may experience include:

- **Anger or hostility:** *Why Him? Why Her? Why now? Why did someone not help them? Why did he do this to us? Why did God allow this?*

Anger is a normal grief reaction no matter how the person dies and is usually directed at any perceived controlling influence including the person who died. It is okay to feel the anger. That, too, is part of dealing with the death. You may catch yourself responding with a great deal of anger to situations that previously would not have bothered you. These feelings can be surprising and uncomfortable. There may be feelings of hurt and hostility toward family members who do not or cannot provide the emotional support you may have been expecting from them. It is important to remember anger is a normal reaction but equally important to release anger in appropriate ways like talking it out with the person or trusted friend/counselor and through physical activity.

- **Guilt:** *If only... I should have done more. It's my fault.*

There is almost always some sense of guilt in grief. The bereaved think of the many things

Common Responses to Loss

they feel they could have done but didn't. If there were harsh words even months or years before the death, it is normal to relive those times and to feel remorse and guilt. If the loved one died by suicide, the guilt of not "seeing it coming" or not doing more can be overwhelming.

A few years ago at a suicide survivor's conference, a mother whose son died by suicide said that after his death she slid deep into the "guilt pit." She said, "I was his mother—I should have protected him." For months she could not function as a wife, mother or at her professional occupation; she shut down completely.

After almost a year, she slowly began to change her guilt to regret. "I regret not calling him the morning he died or trying this for his depression." As human beings only a few saints perhaps can live a life without some regrets. Let's accept that and not fall into or stay in the guilt pit.

- **Anxiety/Panic/Fear:**
I feel like I am losing it, going crazy.

Anxiety feelings may come in waves and cause some of the following symptoms: tightness in the throat, shortness of breath, empty hollow feeling in the stomach, sleeplessness, digestive problems or poor appetite or feeling emotional distance from people.

Anxiety is a normal reaction after a significant loss. Children especially can feel anxious and may need extra holding and reassurance from adults.

- **Depression: What's the use?**
How can I go on now?

Some depression is a normal part of grief. The sadness seems heavy, and it is difficult

to concentrate and enjoy things and other people. You may feel helpless and hopeless, symptoms associated with depression.

The main distinction between situational depression associated with grief and clinical depression is the loss of self-esteem

commonly found in most clinical depressions. Most people who have lost someone do not regard themselves less because of such a loss. However after a death from suicide and the tendencies toward self-blame and the stigma associated with suicide, it is possible for one to have morbid preoccupations with worthlessness. If this does occur, and especially if coupled

with thoughts of suicide, talk with your doctor, clergy or mental health professional. Often trying a medication along with grief counseling or a support group should help you work through these feelings.

- **Relief: It's over; he is no longer suffering.**

A feeling of relief naturally follows after a long illness and caring for a loved one. Some people who take their own life struggled for years with the disease of depression, trying their best to find a way to live, but in the end could not. The relief is for oneself as well as our loved one. Accept this natural emotion without feelings of guilt.

- **A loss of sexual desire:**
I just don't feel like being intimate again.

Often survivors feel guilty when enjoying anything associated with pleasure. Again, this is a normal reaction to the pain survivors are feeling. However, once it begins to interfere with a marriage, talking to a professional is advised.

Guidance from Fellow Survivors

Even though it may seem difficult, maintaining contact with other people is especially important during the stress-filled months after a loved one's suicide.

Helping Children and Teens

My grandmother committed suicide when I was 10. It was a really crazy time. We're not a family that talks about emotions or processes emotions. It was so confusing and all the kids were left outside. The adults had their conversations and because they wanted to protect us, they kept us in the dark about her suicide and thought we'd be happy.

My mom didn't let my brother or me go to the funeral because people in the church were saying some not so nice things because

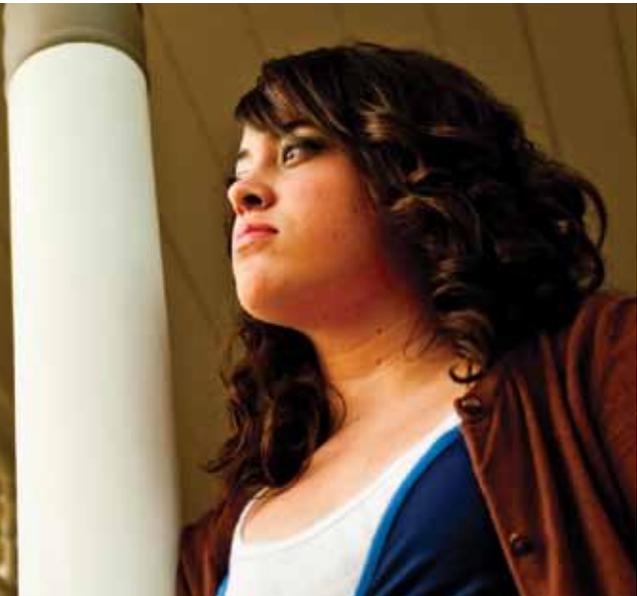
she killed herself. There was a huge fight about having her funeral in the church because she killed herself.

We kids knew something major was going on, and we knew our grandmother died. But we knew something else was happening that we couldn't figure out. So we didn't have a chance to process her death. It was very, very confusing trying to figure out what went wrong and very scary.

Gretchen

Guidance from Fellow Survivors

You may find that it helps to reach out to family and friends. Because some people may not know what to say, you may need to take the initiative to talk about the suicide, share your feelings and ask for their help.



The best way to teach our children is by example. This applies to teaching them how to cope with loss in life. It's okay to share feelings of sadness with your children and others available to help you. Crying is a normal response to loss. You do not have to hide your tears from your children. By openly expressing your feelings, you are encouraging your children to do the same. Feelings of exclusion can be much harder for children than feelings of sadness.

After a death from suicide, there may be times you feel inadequate or incapable of helping your children or anyone in the family. This does not make you a bad parent, only one overwhelmed by events that would be overwhelming to most

anyone. Recognize it is okay to reach out for help. By openly seeking help, you encourage your children to do the same. Also, realize that if you've lost a child to suicide your love is still needed by your other children. When possible, continue regular routines with family members so they will feel valued.

The grieving process in children and teens flows through different stages, usually not straight ahead but back and forth between stages. The primary difference between children/teen grief and adult grief is that adult grief is more constant for months or even years. Children/teen grief occurs in short bursts, interrupted by normal activity. For example, a child may come home from school, go in

Helping Children and Teens

the room of the missing parent and cry, and the next moment go outside and play with friends for hours. Children and teens often express their feelings through behaviors such as increased hostility, anxiety, clinging, wanting to be held and increased body complaints.

Help Children and Teens Cope

- Tell the truth; it is important to be honest with children. They don't need to know every fact about a death, but they need truthful answers and information.
- Define suicide as when, "someone chooses to make his or her body stop working." People do this when they feel there is no other way to solve their problems or there is no escape from their pain.
- Emphasize there is always another way out; people can get help. (You could add that their loved one may have been too sick with depression to ask for help.)
- Emphasize it's no one's fault, and they especially are not to blame. Their loved one loved them very much but just could not live with their pain.
- Expect and allow for all different emotions and feelings.
- Share information about brain disease, chemical imbalances, depression and mental illness. It helps children to know the person who died did suffer from a kind of "sickness."
- Inform teachers, coaches and other significant adults about the death and ask them to keep you informed of how



Guidance from Fellow Survivors

Each person also grieves at his or her own pace; there is no set rhythm or timeline for healing.

- the child or teen is doing at school.
- Hold grief rituals, and allow children to attend any memorial service and participate if desired.
- Talk about the person who died. Remembering is part of the healing process and it reminds them it is not "taboo" to talk about the person.
- Provide outlets for grieving, including play and physical activities.
- Keep up normal activities like chores and homework.
- Respect differences in the grieving styles of children. Some will want to talk about the death. Others may want to be left alone.

Warning Signs That Children and Teens May Need Extra Help

- Complete absence of grief or emotions
- Persistent blame or guilt
- Aggressive and destructive outbursts
- Depression lasting more than two weeks
- Unwillingness to speak about the deceased
- Sudden or increased problems at school
- Withdrawal from favorite activities and increased isolation
- Signs of substance abuse

These warning signs do not necessarily indicate a severe problem. The intensity and duration of these behaviors will indicate the need for professional help. However, if you feel concern for their safety, seek help immediately.

Spirituality and Suicide

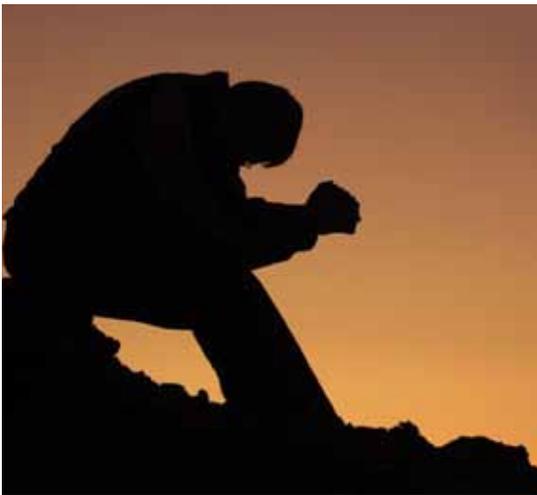
In the Jewish tradition we understand that someone who has died by suicide deserves to be remembered with compassion, and the memory of his or her life honored and treated with respect. Although suicide is clearly condemned, the rabbis have determined that anyone who kills him or herself in most cases did not have the mental capacity or intent to be responsible for their actions. The deceased is regarded as having died as a result of a mental illness.

It is imperative family members receive counseling and support from those who understand the impact of mental illness and suicide on the survivors. In addition to trained

therapists, sympathetic and supportive clergy or spiritual leaders can offer pastoral care to help begin to heal the broken heart that follows a suicide.

It is important to call up the Jewish spiritual directive to remember the deceased as a blessing. Each time we say their name, we are invited to say “May their memory be a blessing,” or in Hebrew, “zichronam livrocha.” By doing this, we remember the wholeness of their life and not only their tragic end.

Rabbi Chaya Gusfield is a rabbi at Beth Chaim Congregation in Danville, Calif., a spiritual director and a survivor of sibling suicide.



When a loved one is taken from us suddenly or suffered for a long period before death, it's not uncommon to feel anger and bitterness directed at God. We ask, “Why did you allow this to happen?” Our spiritual beliefs may be challenged when the death of a loved one appears senseless and we are left bewildered and perplexed.

When a loved one dies by suicide, we may ask, “Where is my loved one now?” “Will I see him or her again?” Many find answers by talking with their faith community leaders. The following are two other persons of faith and their perspectives on this:

Billy Graham received this letter:

Dear Dr. Graham: I have been haunted for years because my first husband committed suicide after a long struggle with severe depression. Is suicide the unforgivable sin? I am convinced he was a Christian, but he couldn't conquer his problems.

Here is his answer:

Dear Mrs. K.V.: Whenever I answer a question about suicide I am very concerned I will not be understood. I never want anyone contemplating suicide to use anything I say as an excuse to take that final, terrible act. Suicide in itself is not “the unforgivable sin.” From what you say, your husband's mental condition was such that he was not fully responsible for his actions. God knows about your husband's battles. You should not doubt he is safely in God's hands in Heaven, saved by his grace.

Oblate Father Ronald Rolheiser, teacher and award-winning author of *The Holy Longing and Learning to Love Beyond Our Fears*:

Suicide is a disease and the most misunderstood of all sickness. It takes a person out of life against his or her will. It's the emotional equivalent of cancer, stroke or a heart attack. Those left behind need not spend undue energy

Spirituality and Suicide

second-guessing as to how we might have failed that person, what we should have noticed and what we might still have done to prevent the suicide. Suicide is an illness. As with any sickness, we can love someone and still not be able to save that person from death. Nobody who is healthy wants to die and nobody who is healthy wants to burden his or her loved ones with this kind of pain. And that's the point: This is done only when someone isn't healthy. Suicide is an illness—not a sin. Nobody just calmly decides to commit suicide and burden his or her loved ones with that death

any more than anyone calmly decides to die of cancer. The victim of suicide is a trapped person, caught up in a fiery, private chaos that has its roots both in his or her emotions and in his or her biochemistry. Suicide is a desperate attempt to end unendurable pain. God as Jesus assures us He has a special affection for those of us who are too bruised and wounded to be touched. Now, inside of God's embrace, they are healed through a touch they could never quite accept from us.

Healing Grief Rituals

In ritual, you sanctify the space in which the ritual will be conducted, instill a sense of sacredness to the time being set aside, open yourself deeply and expect to be touched.

David Feinstein, author of *Rituals for Living & Dying*

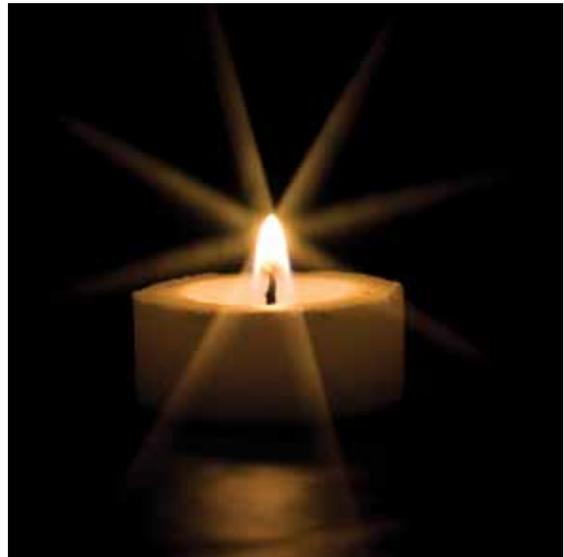
The value of creating grief rituals is to help us remember our loved ones in loving, healing ways and with a sense of peace. Rituals also help our wounded spirits attune to a larger picture, lifting us out of ourselves and even if temporally out of our pain.

Creating Grief Rituals:

It is important to create a ritual individually or with other family members that will have meaning and significance to you. The following are some examples of healing grief rituals.

You can expand on these or create your own.

- Buy a special candle and light it at times that are special to your loved one's memory such as birthdays, anniversaries and holidays.
- Write special notes on balloons and let them go. This is especially good for children.
- Create a special photo album and write narratives by each picture.
- Plant a tree, or create a special flower garden.
- On birthdays or holidays buy or make your loved one a gift, and donate it to a nursing home or homeless shelter in memory of your loved one.
- Create a memory box to keep special belongings such as pictures, jewelry or other mementos.



SOS Bereavement Support Groups

I waited two years after Dad killed himself to join a support group. My biggest mistake was not getting involved right away. You obtain the skills to get through the suicide there. You learn things can get better. There will be light at the end of the tunnel. At first everything is black, and you have no sense of anything even turning grey.

Because of my abusive past it wasn't my style to talk, so I just bottled everything up. I cried the whole way to the support group. My

counselor made me go. She said, "I want you to go four times, and give it an honest try. If you don't like it, then quit."

It was a long time before I talked, but listening to stories about other people getting better helped a lot. I realized it was a safe place. Eventually I felt safe enough to talk and tell my story. After that I felt better, and I could work through the anger.

Sheila

For many survivors, a crucial part of their healing process is the support and sense of connection they feel through sharing their grief with other survivors. The most common way this sharing occurs is through support groups. These groups provide a safe place where survivors can share their experiences and support each other.

It is natural to feel unsure about going to your first support group meeting. Some survivors attend a support group almost immediately; some wait for months or years. Some survivors attend for several months and some attend for several years in order to help new survivors. You may find it takes a few meetings before you really feel comfortable. You may even find the group setting is not for you. But we suggest you try the group for at least three meetings before deciding to stop.

What to expect:

An SOS (Survivors of Suicide) support group is usually a group of less than ten people at meetings. When you arrive, there may be

refreshments available, and the support group leaders will greet you. You may already have spoken or met one of the support group leaders prior to the meeting. The support group leader begins the meeting with a welcome and a reading followed by each person in the circle giving their first name, who was lost, when and how it happened. We ask each person if they would like to share their story and how they are currently doing. Those new to the group can speak first since they may have an urgent need to talk. However, you may simply say, "I would like to pass." That is okay; you may still benefit from listening to others. Later you may decide to join the discussion. The leader ends the meeting with a summary and closing reading or statement. After the meeting, new members often find they connected with at least one person in the group and may stay and talk and exchange phone numbers.

Many lifelong friendships have developed from the support group based on the common bond of understanding the pain and tragedy of suicide loss.



*Be kind to yourself.
When you feel ready,
begin to go on with
your life. Enjoying life
again is not a betrayal
of your loved one,
but rather a sign that
you've begun to heal.*

Resources

**Kentucky
Suicide Prevention Group**
www.kentuckysuicideprevention.org
Also on Facebook

**American Foundation For
Suicide Prevention**
(212) 363-3500
www.afsp.org

**American Psychiatric
Association**
(800) 964-2000
www.psych.org

**American Psychological
Association**
(800) 374-2721
www.apa.org

Compassionate Friends
(877) 969-0010
www.compassionatefriends.org

**The Dougy Center for
Grieving Children
and Families**
(503) 775-5683
www.dougy.org

**National Organization
for People of Color
Against Suicide**
(202) 549-6039
www.nopcas.com

**National Board for Certified
Counselors and Affiliates**
(336) 547-0607
www.nbcc.org

**KY Mental Health Center
Crisis Line Numbers**
<http://dbhdid.ky.gov>

Survivors of Suicide
www.survivorsofsuicide.com

**Owensboro Regional Suicide
Prevention Coalition**
orspc.org

**Tri-State Suicide
Prevention Coalition**
partnershipformentalhealth.org

**American Foundation for
Suicide Prevention
Louisville Chapter**
ghdonohue@aol.com

**National Suicide
Prevention Lifeline**
1-800-273-TALK (8255)

Statistics About Suicide in Kentucky and the U.S.

- In the U.S. more than 36,000 die by suicide each year.
- Almost one million will attempt suicide.
- In Kentucky more than 600 Kentuckians lose their lives to suicide each year.
- Suicide is the 2nd leading cause of death for Kentuckians 15 to 34 years old.
- Suicide is the 4th leading cause of death for 35 to 54 year olds.

Grief Literature for Adults

My Son... My Son...

A Guide to Healing After Suicide

By Iris Bolton

Sanity and Grace: A Journey of Suicide, Survival and Strength

By Judy Collins

When Suicide Comes Home:

A Father's Diary and Comments

By Phil Cox

No Time to Say Goodbye:

Surviving The Suicide Of A Loved One

By Carla Fine

Do They Have Bad Days in Heaven?

Surviving the Suicide Loss of a Sibling

By Michelle Linn-Gust

Healing after the Suicide of a Loved One

By Ann Smolin and John Guinan

Take the Dimness of My Soul Away

By William A. Ritter

The Suicidal Mind

By Edwin S. Shneidman

A Parent's Guide to Raising Grieving Children: Rebuilding Your Family after the Death of a Loved One

By Phyllis R. Silverman and Madelyn Kelly

The Bereavement Ministry Program: A Comprehensive Guide for Churches

By Jan Nelson and David Aaker

How Do We Tell The Children?

A Step-by-Step Guide for helping Children and Teens

By Dan Schaefer, Christine Lyons, and David Peretz

But I Didn't Say Goodbye

by Barbara Rubel

Breaking the Silence: A Guide to Help Children with Complicated Grief- Suicide, Homicide, AIDS, Violence and Abuse

By Linda Goldman

Crossing 13

By Carrie Stark Hugus

Grief Literature for Children

Someone I Love Died by Suicide:

A Story for Child Survivors and Those Who Care for Them

By Doreen Cammarata

After a Suicide:

A Workbook for Grieving Kids

By The Dougy Center

Grandpa and Me:

We Learn About Death

By Marlee Alex and Alex Ben

Grief Literature for Teens

After a Suicide: Young People Speak Up

By Susan Kuklin

No One Saw My Pain: Why Teens Kill Themselves

By Lili Frank Garfinkel and Andrew E. Slaby

Kentucky Survivor of Suicide Loss Support Groups

Fort Thomas/Northern KY

Contact: Ken & Carol Himes
(859) 441-1958 or spbears@fuse.net

Lexington

Contact: Hospice of the Bluegrass
(859) 277-2700 or www.hospicebg.com

Louisville

Contact: Glenn Raymond
(502) 583-5676 or
Gage Donohue (812) 283-1111

Louisville - Southeast Christian

Contact: Karen Mosgrove
(502) 494-4447 or kmosgrove@gmail.com

Owensboro

Contact: Amy at kysos09@gmail.com
or Fran at FranEvans45@aol.com

Bowling Green

Contact: Sarah Skinner (270) 792-4391 or
sejkinner@gmail.com
Contact: Karen Daniels (270) 799-6702 or
kdaniels@lifekills.com

See www.hospicebg.org/supportgroups.html
or www.afsp.org for most current survivor
of loss support group listing.

