

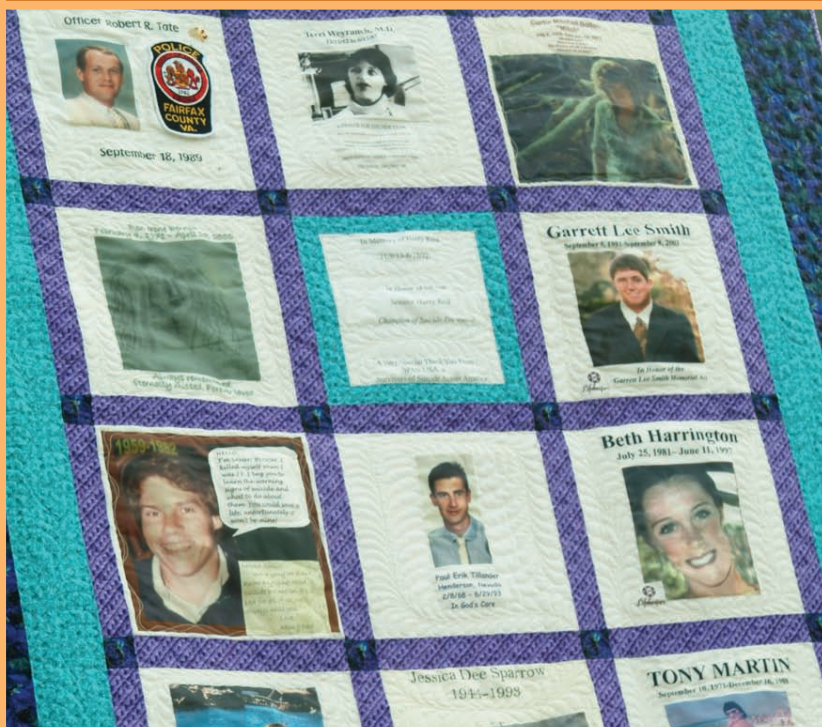


# The Basics:

## Facilitating a Suicide Survivors Support Group

By Linda L. Flatt

SPAN USA National Advisory Council Member



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## Preface

The importance of providing support to survivors of suicide – those who have lost someone to suicide – is at the very core of the Suicide Prevention Action Network (SPAN USA). The national, nonprofit organization was founded in 1996 by Gerald and Elsie Weyrauch of Marietta, Georgia, survivors of the suicide of their 34-year-old physician daughter, Terri. Their goal was to create a way for survivors of suicide to transform their grief into positive action to prevent future tragedies.

Today, SPAN USA advocates across the country devote their energies to suicide prevention in any number of ways: they share their stories with state legislators and ask for additional suicide prevention resources. They conduct prevention training in schools, places of worship and other community settings. They travel to Washington, DC and participate in SPAN USA's National Suicide Prevention & Training Event so they can educate federal legislators. And they facilitate survivor support groups, places where survivors can feel understood, comforted, and receive the support they need to work through the devastating impact of suicide.

Linda L. Flatt is an advocate who's done all of the above and more. Linda began a suicide survivors support group in Nevada in 1996 and has facilitated the group ever since. Through the years, she has received numerous requests for guidance and information from other survivors looking to begin a support group in their own communities. Thus, Linda pulled together the best information from her treasure trove of resources to create this facilitator's manual.

SPAN USA is pleased to partner with Linda to offer *The Basics: Facilitating a Survivors Support Group*, a valuable guide for new and seasoned facilitators. By encouraging the formation of caring and effective survivor support groups, SPAN USA is working to achieve its vision of a world where suicide prevention is embraced as a public priority by all members of society, where people touched by suicide are supported, and where communities link awareness with action in order to save lives.

Thank you to Linda and the support group facilitators across the country for moving us one step closer to that vision.

**Jerry Reed**

SPAN USA Executive Director

# Acknowledgments

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We also appreciate those suicide survivors who helped craft the Lifekeeper Memory Quilts, photos of which are featured throughout this manual. These state quilts put a 'face' on suicide and send the message that preventing suicide is about saving the lives of mothers, fathers, brothers, and sisters across the nation. To learn more about this effort, see [www.spanusa.org/lifekeeper](http://www.spanusa.org/lifekeeper).

Finally, thanks to SPAN USA 's Jason Padgett and Melinda Moore for shepherding the manual's production process, Elaine Viccora of Rock Communications and Stewart Moon of Moon Design for assisting with editing and design, and Fredde Lieberman for his photography.

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## A Reluctant Introduction

*This information is offered with love in memory of Paul Erik Tillander, who took his own life on June 29, 1993.*

Insight comes with reflection, and I'm realizing that writing an introduction to this project has been difficult because it required a purposeful look backward to a painful place. I've heard from many survivors that "we didn't choose this path, it chose us," and I join that chorus. However, even though I didn't choose living in the aftermath of my son's 1993 suicide, my recovery journey has involved daily decisions about my healing process: retreat or plod forward, isolate or connect, intensify my wounds or gradually heal, keep my recovery to myself or share my struggles and victories with other survivors and advocate for improved suicide prevention efforts in my community.

Three years after Paul's death, I realized that I had gathered valuable material that helped me on my healing journey, and that I had the willingness, skills, and opportunity to share that information with other survivors. Positive personal experience as a support group member, the knowledge I gained leading peer support groups at Central Christian Church, and encouragement from fellow survivor Iris Bolton to "start your own group," prepared me to begin a survivor's bereavement group.

Surviving Suicide Loss (Henderson, Nevada) has met every first and third Tuesday for over ten years, and recently, a second SOS group began in the northwest part of Las Vegas. Survivor bereavement groups are also meeting in three other Nevada communities.

Several years ago, I began writing and gathering material to send to folks who responded to my web site ([www.survivingsuicide.com](http://www.survivingsuicide.com)) requesting information about leading a survivor group. The material in this guidebook was gathered over several years and comes from many excellent sources – all are cited and used with permission of the author. I've also interjected some of the personal reflections that I wrote while trying to make sense of Paul's suicide. Some writings are spiritual in nature, because it was my faith that helped me to heal. I offer them as a perspective for others who struggle with their faith in the aftermath of a suicide.

Outreach to other survivors and prevention advocacy have been important elements of my healing experience. My hope is that sharing this material might assist others who consider following that path.

**Linda L. Flatt, 2007**





# Planning Suggestions and Group Guidelines



**B**efore Paul died, I had participated in several recovery support groups, so I knew the power of the group process, especially as it relates to grief. I remembered how it helped me to be in a room full of people who had “been there and done that.” Eventually, I had the opportunity to co-facilitate several of those groups.

When I thought about starting a survivors of suicide loss support group, I knew it would be a commitment of time and energy. But, because of my experience with groups, I also knew that it was a worthwhile endeavor. Facilitating support groups has helped with my own healing and recovery. Helping others has helped me.

Before starting the group, I reviewed the materials I had gathered during my own recovery. In my early grieving years, I needed practical information and tools to help me navigate the healing journey. I found that the people who could best guide me were the people who’d been there – fellow survivors. I needed to know I was not alone in this experience, but I also wanted concrete suggestions of what to do next. Not someone to tell me what to do, but ideas so that I could pick what worked for me. This manual offers practical guidance for both survivors and facilitators of survivors of suicide loss support groups.

The section Planning Suggestions and Group Guidelines focuses on the early stages of planning a survivors of suicide loss support group. There is a step-by-step outline for organizing the group and examples of group guidelines to steer both the facilitator and the group in the right direction.

When I facilitate, I read the “Meeting Guidelines and Statement of Purpose” (p. 8) at the start of any meeting where there are new people attending. The guidelines provide a safety net and let members know what they can expect of me and what I expect of them. I can always go back and remind the group of our guidelines if things go off course. Group guidelines are not about imposing rules or being rigid. They’re about creating a safe place for survivors to share their experiences.

All of this information can be customized to fit your own facilitation style and the needs of your community or group.

## REFLECTIONS OF A SURVIVOR

### **A Basic Plan for Survival**

#### *Choose to Survive*

We must make a conscious decision to be an active participant in our own healing process.

#### *Feel the Feelings*

We must give ourselves permission to grieve deeply for a season.

#### *Stay Connected*

While on the healing journey we must ask God and safe, supportive people to be our traveling companions - to share our sorrow, ease our fears, defuse our anger, and process our guilt. In relationship we have a much better chance to reclaim our joy.

#### *Practice Acceptance and Forgiveness*

We must give ourselves grace and truth and time to eventually accept our loss and forgive others and ourselves.

#### *Slowly Get Back In the Game*

All the while we must gently and gradually ease ourselves back into reality.

#### *Be the New You*

We are forever changed, yet essentially the same ... living, breathing, loving, inherently precious children of God.

#### *Share Your Experience*

We can now be seasoned traveling companions for other survivors on the recovery road.

Linda L. Flatt ~ June 1997

# **Starting, Facilitating and Sustaining A Survivors of Suicide (SOS) Bereavement Support Group**

## **Mission**

Define your purpose:

Provide a safe place for survivors to share their experience (thoughts and feelings).

Educate survivors in healthy coping and healing skills.

Provide an opportunity for survivors to learn from the struggles and victories of others in the group.

“Normalize” the suicide bereavement process.

## **Mission Preparation**

Educate yourself about:

Mental illness, suicide and suicide prevention

The grieving process

Suicide bereavement

Group dynamics and facilitation

## **Materials**

Gather information to hand out and discuss during meetings:

Group guidelines

General bereavement

Suicide bereavement

Specific relationship loss information

Miscellaneous information/holiday bereavement

## Meeting Details

Decide where, when, how long, how:

Location and time: Select a meeting place and decide on a convenient day and time. Possible meeting sites are churches, libraries, schools, other office space, or homes (for small community group).

Length of meeting: Many SOS groups meet from 1½ to 2 hours.

Meeting frequency: Many ongoing groups meet monthly; some meet bimonthly.

Meeting format: Determine which kind of group you prefer.

Time limited/specific agenda. This type of group meets for 6, 8, or 10 weeks at a time (at several points during the year) and covers a selected amount and type of material at each meeting.

Ongoing/open. This type of group is available on an ongoing basis to members who can come and go, and there is no set agenda for meetings.

Some larger organizations offer both types of groups.

## Message

Get the word out to your community about the group:

Mail (or deliver in person) flyers with a cover letter to mortuaries, funeral homes, churches, police and fire departments, victim assistance organizations, etc.

Many local newspapers have “Community Calendar” columns that offer no-cost advertising to nonprofit or community service organizations.

Contact local media sources and ask them to do a story letting your community know that you are starting an outreach to survivors. Let them know that survivors are at a higher risk for suicide than the general public, and therefore, bereavement support is extremely important.

## Maintenance

Take care of yourself:

Make sure that you practice basic self-care and that you have an accessible, ongoing network of support. Working with survivors (separating your pain from theirs) on a continuing basis can be difficult. But the effort is extremely worthwhile.

Whenever possible, share the leadership of the group with others. Co-facilitating with another survivor (or, better yet, a counseling professional) goes a long way to prevent facilitator burn-out.

Linda L. Flatt ~ 2005

# **Survivors of Suicide Bereavement Support Groups**

**HELP ♥ HOPE ♥ HEALING**

*For Those Who Have Lost a Loved One by Suicide*

The death of a loved one by suicide presents special problems in grieving. There is often more shock, a greater sense of injustice, more guilt and blame, and a heightened sense of helplessness; and these all tend to complicate the healing process for survivors.

There is a safe place in our community for survivors (families and loved ones of suicide victims) to share their loss with others who are experiencing similar thoughts and feelings. Groups are open to all adult survivors of suicide and are held at the following location(s):

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Contact: \_\_\_\_\_



# Meeting Guidelines and Statement of Purpose

We respect the commitment on each others' time - we will begin the meeting at \_\_\_\_\_ and end at \_\_\_\_\_.

Our meetings are open only to those who have lost a family member, friend, or co-worker to suicide (not to observers or those who have survived a suicide attempt) and each suicide loss has equal value in the group.

We define and discuss the stages of the grieving process as they relate to suicide loss - shock and denial, fear and anger, guilt and shame, grief and sadness, and, eventually, acceptance and hope.

We encourage all group members to share openly, honestly, and from the heart. There is healing in talking about our feelings and comfort in knowing that we are not alone in our grief. But no one should feel pressured to participate - there is also healing in listening.

We provide a safe place to share our loss and are free to discuss our anger, fear, guilt, shame, embarrassment, disappointment, sadness, etc. in this meeting without fear of judgment, criticism, or condemnation. We practice acceptance of others in this group.

We practice taking responsibility for ourselves by "staying in our own skin." We speak in "I language" and use healthy boundaries in our discussion.

We ask that you respect the group by speaking one at a time and not interrupting another group member.

All group discussions will be kept confidential.

We practice respect for the beliefs and values of others. Spiritual issues may be discussed as long as they do not divide the group or take up an inappropriate amount of time.

Linda L. Flatt, *Surviving Suicide* ~ 1996

# Guidelines for an Effective Suicide Survivor Support Group

Have group members introduce each other at every meeting. This allows them to feel like they belong to the group and that they are individually important. It also allows group members to become acquainted and bond.

At each group meeting have the members briefly discuss whom they lost by suicide and the method of suicide. This serves to unite the group in a common experience. It also serves to break down any walls of denial that the survivor may be hiding behind.

Provide a safe place for survivors to share their experience and all of their feelings. Discourage observers. Most survivors are not comfortable talking about their loss with non-survivors. And, more often than not, nonsurvivors are uncomfortable talking about suicide. This inability to talk and express feelings halts the grieving process for the survivor.

Discuss all of the phases of the grieving process as they relate to suicide and allow survivors to verbalize their feelings. Validate all feelings (don't emotionally "shut down" the survivor in the interest of your own comfort). Be a mirror for the survivor ... "I can hear your sadness, anger, guilt, etc. Can you tell me more about that? Everything that you are feeling is okay."

Discuss the struggles of suicide survival and help the survivor develop a plan for overcoming these struggles and getting on with their lives.

Also, provide written information on bereavement and grief to survivors so they can better understand their own experiences.

Develop a sense of trust, comfort and safety with group members. They are taking a big risk by attending a meeting of suicide survivors.

Validate that courage by earning their trust.

Linda L. Flatt, *Surviving Suicide* ~ 1996

# How to Know if You've Found a "Healthy" Support Group

Not all support groups will be helpful to you. Sometimes the group dynamic becomes unhealthy for one reason or another. Look for the following signs of a healthy support group:

Group members acknowledge that each person's grief is unique. They respect and accept both what members have in common and what is unique to each member.

Group members understand that grief is not a disease, but is a normal process without a specific timetable.

All group members are made to feel free to talk about their grief. However, if some decide to listen without sharing, their preference is respected.

Group members understand the difference between actively listening to what another person is saying and expressing their own grief. They make every effort not to interrupt when someone else is speaking.

Group members respect others' right to confidentiality. Thoughts, feelings, and experiences shared in the group are not made public.

Each group member is allowed equal time to speak; one or two people do not monopolize the group's time.

Group members don't give advice to each other unless it is asked for.

Group members recognize that thoughts and feelings are neither right, nor wrong. They listen with empathy to the thoughts and feelings of others without trying to change them.

*From **Understanding Grief: Helping Yourself Heal** by Alan D. Wolfelt, PhD, Accelerated Development, 1992. Used with permission.*

# Basic Group Brochure



“*Read recommended literature on suicide and grief. The reading will not solve all of your pain and questions, but it does offer understanding and suggestions for coping.*”

**SURVIVORS  
OF SUICIDE  
BROCHURE**

The following pages contain the group brochure I make available to people who attend the Surviving Suicide Loss support groups I facilitate. At each meeting, I put out a table of resources, including this brochure. It contains all the basic information I think people should have, and I supplement it with varying handouts.

The original framework for this brochure came from a worn copy of material I picked up at a survivors of suicide loss support group I attended in the months after Paul’s death. The piece was developed by Hope for Bereaved and contained helpful ideas and suggestions for healing. I held on to the information and eventually, with permission from Hope for Bereaved, cleaned it up and reformatted it to serve as a resource brochure for my group.

Facilitators should think about the “nuts and bolts” information they want group members to have. Especially early on, survivors may feel too overwhelmed to look at and use the material you provide. But, by making it available, you encourage them to pick it up and have it handy when the “fog” lifts and they are ready to absorb the information.

As a facilitator, you will be asked about the availability of support groups for extended family and friends living elsewhere in the country. National listings of available support groups can be found on the web sites of SPAN USA, AAS and AFSP.

## REFLECTIONS OF A SURVIVOR:

### Picking Up The Pieces

#### *The Puzzle of Life*

Our lives are much like a very large jigsaw puzzle with thousands of pieces - each piece representing a relationship or an event. Significant people (close relationships) and meaningful experiences occupy more pieces of the puzzle of our lives and as those relationships change so does the puzzle. Over the years a 26-year marriage and two growing children filled large defining pieces in the puzzle of my life. As the children grew and began to build their own puzzles - and when the marriage ended - the picture of my life changed dramatically. Adjusting to an empty nest and recovering from a divorce resulted in a shift in quite a few puzzle pieces, but the overall picture remained intact.

#### *The Pieces Scattered*

On June 29, 1993 my life was shattered by the suicide of my 25-year old son, Paul. As I worked to put the pieces back together over the next five years, I began to realize that my life had changed - the pieces of the puzzle did not fit the way they had before the suicide. The reality was that there would never be any more Paul pieces. Paul was no longer physically present in my life and, because of the circumstances of his death, I would never be the same. All I had left of my son was the memory I carried in my heart and in my head. It was now up to me to heal from my emotional injuries, adjust to my loss, and restore my energy and my life.

#### *The Puzzle Restored*

With God's help and the support of loving family and friends I have reconstructed the puzzle of my life and I am once again whole. Though forever changed by a suicide death, I am determined to make those changes positive forces in my life. I have survived - and I am stronger than ever before!

Linda L. Flatt ~ September 1998



# **Survivors of Suicide Bereavement Support Groups**

**HELP ♥ HOPE ♥ HEALING**

*For Those Who Have Lost a Loved One by Suicide*

Surviving the suicide of a loved one is one of the most difficult challenges one will ever face. The “survivors,” the ones whom suicide leaves behind, are besieged with intense grief. This grief hurts desperately, but must be borne.

In addition to seeking the help of relatives, friends, and possibly a counselor, the survivor must make efforts to help him/herself. You are the one who sets the pace and limits of your grief. To some extent, you can shorten or lengthen the process of grief depending on your willingness to work through the grief.

The grief that comes with suicide is unique. And so, these pages are written for the survivors and for those who want to help the survivors. It is hoped that these ideas will help one work through the grief and rebuild one’s life. Remember that grief is like snowflakes or fingerprints. It is different for everyone. Choose the suggestions that may be helpful to you.

1. Lean into the grief. You can’t go around it, over it, or under it. You have to go through it to survive. It is important to face the full force of the pain. Be careful not to get stuck at some phase. Keep working on your grief.
2. As soon as you are able, begin to deal with the facts of suicide. The longer that the facts are avoided or denied, the more difficult the recovery could be. Get the facts straight about the suicide - what’s, why’s, and how’s. To know the facts relieves the survivor’s doubts and allows them to face the truth. It is important to be honest with oneself and face the reality that the death was a suicide.
3. It may be helpful to make reference to the suicide at the funeral.
4. The emotions of a survivor are often raw. It is important to let these feelings out. If you don’t let your feelings out now, they will come out some other time, some other way. That is certain. You won’t suffer nearly as much from “getting too upset” as you will from being brave and keeping your honest emotions all locked up inside. Share your “falling to pieces” with supportive loved ones, as often as you feel the need.
5. You may have psychosomatic complaints which are physical problems brought on by an emotional reaction. The physical problems are real. Take steps to remedy them.
6. Don’t be afraid to ask for help from those close to you when you need it. So much hurt and pain go unheeded during grief because we don’t want to bother anyone else with our problems. Wouldn’t you want someone close to you to ask for help if they needed it? Some relatives and friends will not be able to handle your grief. Find someone with whom to talk. Seek out an understanding friend, survivor, or support group member.

7. Most survivors feel it is important to see their dead loved one at the time of the death and funeral. Otherwise, there can always be that nagging doubt “Is my loved one really dead?” Grief may take longer because the reality of the death isn’t faced. Survivors often stay longer in denial when they have not seen with their own eyes.
8. Keep a daily diary of your thoughts and feelings.
9. Don’t be afraid to say the word suicide. It may take months to be able to say it, but keep trying.
10. For some survivors there is a tendency to withdraw to their room, isolate themselves from friends and family, and constantly dwell on their feelings. This may be helpful initially, but not when carried to an extreme.
11. Some survivors throw themselves into their work or take flight in activity. This prevents the person from dealing with the grief. Save time to face your grief.
12. Thinking that you are going crazy is very normal. Most grieving people experience this. Remind yourself that you are not losing your mind but are reacting to a devastating blow.
13. Don’t assume that everyone is blaming you or thinking ill of you. They probably are hurting for you but don’t know what to say or how to say it.
14. Be prepared that relatives may say seemingly cruel or thoughtless things because of their own pain, frustration, or anger.
15. Do not be afraid to tell those around you exactly how you feel. You may need to remind others that you are not quite yourself. Tell them how much you appreciate their patience and understanding.
16. Some feel that the less said the better and that everyone should try to forget. Studies show this to be the least effective and usually the most damaging approach. Survivors need to release their feelings and resolve their questions, not lock their troubles deep inside.
17. Work on guilt. Something beyond your control has happened. Blaming oneself for the actions of another is illogical and dangerously self-damaging.
18. Read recommended literature on suicide and grief. The reading will not solve all of your pain and questions, but it does offer understanding and suggestions for coping.
19. If grief is intense and prolonged, it may harm your physical and mental well-being. If it is necessary, seek out a competent counselor. Check to see if your health insurance covers the charges. It is important to take care of yourself. Then you can be of help to your family also.
20. In time of severe grief, be extremely careful in the use of either alcohol or prescription drugs. Tranquillizers don’t end the pain; they only mask it. This may lead to further withdrawal, loneliness, and even addiction. Grief work is best done when you are awake, not drugged into sleepiness.
21. It helps to admit our mistakes. We are human. There is so much that we tried to do. There are things we did not do. Accepting our imperfections aids us in working out our grief.

22. If you feel guilt, ask yourself what things specifically are bothering you the most. Talk over your feelings of guilt with a trusted friend or professional, or confess your guilt to God. Telling the truth about why you feel guilty will help. Forgive yourself, ask the forgiveness of your loved one, and of God. Then try to realize what happened is past. There is nothing that you can do about it now. Become determined to live life to the best of your ability now. God's forgiveness should help us to begin to forgive ourselves.
23. You can learn from your guilt and adopt a new lifestyle for the future. From past mistakes you may be able to change for the better.
24. Depression is common to those in grief. Be aware of withdrawing from others and isolating yourself. You may even consider suicide yourself. Be sure to get counseling help if you feel this way.
25. Some survivors find it helpful to give the clothes to the needy and to rearrange furniture. Be cautious about moving. Later, after the pain subsides, you may regret moving from the happy memories.
26. It may be beneficial to concentrate on helping other family members and friends, but don't ignore problems that may be building inside you.
27. Take an empty chair and put a picture of your loved one in it. Tell all your feelings about what happened, remember the good times, and tell of your guilt. It is a way of articulating those confusing thoughts and finishing unfinished business.
28. It is easy and understandable to feel sorry for yourself, but, unchecked, self-pity can lead to anger, bitterness, and depression.
29. Some survivors build a wall around themselves because they are afraid of being hurt again. They miss so much of life this way. It is important to love and enjoy the people in your life instead of distancing from them.
30. Become involved in the needs of other people. Doing things for others builds one's self confidence and self-worth.
31. Join a self-help support group. Such groups offer understanding, friendship, and hope. Surviving Suicide, a bereavement support group for adult survivors, meets at The Barbara Greenspun WomensCare Center (616-4900) on the first and third Tuesday of each month. Another SOS group meets at Canyon Ridge Christian Church (658-2722) on the second and fourth Monday. Call the church office for details.
32. Don't become discouraged that you are alone in your grief. Sometimes it is helpful to contact other survivors of a suicide. When you read about a suicide in the paper you may want to write a short note to the survivors and give your phone number.
33. If appropriate, encourage community education on what it is like to survive the suicide of a loved one. Many people truly care but they don't know what to do or say.

34. Your anger may be directed at the deceased, yourself, others, God, or you may just feel angry. It is extremely important to get the anger out. This may be done by going to a remote spot and screaming, chopping wood, hitting a punching bag, playing tennis, swimming, pounding a pillow, etc. Anger that is not recognized and directed outward may turn back on you. Such anger unleashed at ourselves is very harmful.
35. It is best to be honest with your close friends about the suicide. If you aren't honest with them, then you will always wonder if and how much they know. You won't be able to lean on your friends, and this leads to isolation and loneliness.
36. It is helpful to consider that usually the victim wanted to stay and to live. Yet, at the same time, he or she couldn't live, so, in confusion, gave in to suicide.
37. At the anniversary of the suicide, birthday, and special holidays get together with a few understanding friends or relatives, or somehow find a way to escape the full brunt of the occasion. It is important to plan the day. It won't be great, but it can be less painful if you don't expect too much of yourself or others.
38. It is not helpful to compare yourself to another survivor of suicide. It may not seem that you are adjusting as well as they are. Remember that no two people go through grief alike.
39. If you are troubled and don't know where to turn, call the 24-hour Suicide National Lifeline (1-800-273-TALK [8255]).
40. Remember the commandment "Love Your Neighbor as Yourself." Of all the times in your life this is one where you need to take gentle care of yourself as you would care for someone else trying to survive.
41. The best remedy for heartache is to lead as happy a life as possible. You and your genuine friends understand that you have done your best to work through your grief and now you are trying to reinvest in life. If others don't understand, don't worry about them. Surviving and rebuilding your life are what is important.
42. When you are ready, aim at regaining a healthy, balanced life by broadening your interests. As a survivor you should take time to think through which activities can bring you some degree of purpose. Remember to start slowly and move carefully in this direction - with friends who are supportive and understanding. Think about taking up something you've always wanted to do: going back to school, volunteering, joining church groups, community projects, or hobby clubs.
43. Practice taking one moment - one day- at a time. Say to yourself, "I have decided to live!" Recognize that you have been hit with a terrible tragedy and yet you have still survived.
44. You had no choice and no control over the suicide but you do have a choice to survive and live through it. It may be the hardest task that you will ever have to perform, but you will survive!

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# Group Facilitating



“Distinguish between your personal needs as the leader and the needs of the group. (Ask yourself: Am I meeting my needs at the expense of the group?)”

**NEAL F. MCBRIDE,  
HOW TO LEAD  
SMALL GROUPS**

Leading a support group – or reaching out to others going through similar experiences – seemed to be a natural unfolding of my life. I didn’t set out to be a facilitator; it just evolved that way.

In previous recovery groups, I learned about 12-step programs. An important 12-step philosophy is “pass your recovery on.” I understood that I just couldn’t keep the information I’d gained to myself. My experience with the grieving process and recovery may help other people who are hurting. And, if I don’t share that with them, shame on me.

I attended the facilitator training offered by the American Foundation for Suicide Prevention (which was very well-done, by the way), and they recommend waiting at least a year into your healing before starting a group. I think that’s good advice. Otherwise, if you begin too soon, you run the risk of using the group process as your own personal sounding board. Facilitators should be a resource to the rest of the group, not a drain.

I have facilitated Surviving Suicide Loss groups by myself over the years. It would be ideal to co-facilitate with a counseling professional, but I’ve not found anyone willing or available to join me. I know there are groups that use joint peer-professional facilitation, and I think it’s an excellent idea.

To be effective, facilitators must practice good self-care. My own support network developed years ago when I was in divorce recovery. It’s not a huge network, just a couple of close friends whom I can call anytime and talk about anything. We can laugh, play, have fun or cry. That’s how I recharge my batteries.

Believe it or not, I also get a boost from doing suicide prevention work. Putting awareness information together, creating a training curriculum, developing a program that helps me communicate better – that jazzes me. Until 2005, I used to do those things on the weekends and evenings after working full-time in another job. Now, as a trainer and facilitator for Nevada’s Office of Suicide Prevention, I get to do all that and get paid for it!

Leading a peer support group requires a certain amount of skill and knowledge about group dynamics and facilitation. This section provides some basic information about those skills. In addition, AFSP, The Link and other organizations deliver high quality survivor group facilitator training.



## REFLECTIONS OF A SURVIVOR

### The Glass Door

At the end of my year-long tunnel of grieving I can see - through my tears - a radiant glass door. On June 29, 1994 I plan to open that door, walk through it, and close it behind me.

For the rest of my life I will be able to look back and see through the clear glass to the memories of this past twelve months, but I choose not to open the door again and return down that hall of intense emotions and difficult decisions. All of the painful first anniversary dates will be behind the door: the first Thanksgiving and Christmas, the first birthday, the first Mother's Day and, finally, the first anniversary of Paul's death. I choose to make the second anniversaries somewhat easier.

As I walk through the glass door at the end of the hall, I face a future that is bright with a heart that is full. Though the pain of my son's suicide will always be a part of me, it is diminishing. It is being replaced daily with the love of a comforting God and my faithful friends and family. They have steadfastly shared my journey to the glass door, and I trust them to continue to be with me on the other side of it. For all of that I am truly grateful.

So, I soon face an anniversary - and a victory.  
I made it through the first year!

Linda L. Flatt ~ May 1994

# **Grief Support Group Leader Qualities**

## **Communication**

One of the foundations of good support group leaders is communication. To be helpful to your group members, you must communicate with them effectively and make them feel cared for.

## **Empathy**

Empathy is the ability to perceive another's experience and then – this is the key – communicate that perception back to the person. As a support group leader, I listen to you, and though I cannot experience your experience, I begin to have a mental picture of the essence of what you are describing.

Perhaps the most vital part of this characteristic is the ability to convey accurate empathy. Empathetic responsiveness requires the ability to go beyond factual detail and to become involved in the other person's feeling world, but always with the “as if” quality of taking another's role without personally experiencing what the other person experiences. (If you actually experienced the same emotions as the person you are trying to help, you would be over-involved.) To have empathy for another person does not constitute the direct expression of one's own feelings, but rather exclusively on the feelings expressed by another, thereby conveying and understanding of them.

You know that empathy has been communicated when your group members feel that you “understand.” As you know, to say simply, “I understand how you feel” is not enough. The response goes beyond the “I understand how you feel”-level to the “You really are feeling a sense of loss”-level. In other words, empathy is communicated both verbally and nonverbally by understanding the person at the emotional level.

## **Respect**

Respect is your ability to communicate your belief that everyone has the inherent capacity and right to choose and make decisions. Respect requires a non-possessive caring for and affirmation of another person, respecting another's right to be who and what they are. This quality involves a receptive attitude that embraces the other person's feelings, opinions, and uniqueness – even those radically different from your own.

So, the dimension of respect is communicated when support group members feel they have been allowed to give input without being pressured and when their opinions have been considered important. Remembering what the person has said, demonstrating sensitivity and courtesy, and showing respect for the person's feelings and beliefs are the essences of communicating respect.

## **Warmth and Caring**

The warm and caring support group leader cultivates a sense of personal closeness, as opposed to professional distance, with group members. Showing you are warm and caring is particularly helpful in the early phases of building a helping relationship. The dimension of warmth is communicated primarily nonverbally. It often has to do with posture, affect, facial expression, and other nonverbal cues.

Warmth is a very powerful dimension in the healing process. In fact, when a discrepancy exists between verbal and nonverbal behavior, people almost always believe the nonverbal. A person's nonverbal behavior seldom lies. Consequently, a person who has excellent verbal communication skills, but lacks "warm" nonverbal behavior, would more than likely be perceived by group members as not helpful.

## **Genuineness**

Genuineness is the ability to present oneself sincerely. As a support group leader, this is your ability to be freely yourself – without phoniness, role playing, or defensiveness. It's when your outer words and behaviors match your inner feelings.

The dimension of genuineness involves disclosing how you really feel about an issue. One important caveat: try not to tell others how you feel too early because your opinion may interfere with their ability to open up and express their own unique and equally valid thoughts and feelings. Genuineness can be very helpful, but timing is important. You can earn the right to be genuine with others through first developing the relationship.

*From The Understanding Your Grief Support Group Guide by Alan D. Wolfelt, PhD,  
Companion Press, 2004. Used with permission.*

## **Activities or Responsibilities Common to Most Group Leaders**

Listen. Be a good listener, really hearing what people have to say.

Lead discussion. Guide or teach others how to participate in and shape effective discussions.

Enable group decision-making. Help the group make choices at various points in its corporate life.

Understand and lead group process. Be knowledgeable and skilled in facilitating group dynamics.

Practice (model) openness and caring. Set the example by being honest, empathetic, and actively seeking ways to assist group members.

Plan and lead group meetings. Prepare for and conduct group sessions, or help other group members to do so.

Deal with conflict and problems. Guiding the group to confront and resolve interpersonal strife and general difficulties faced by the group.

Follow the various members outside of group meetings. Express concern for members at various times apart from regular meetings.

Attend planning and learning opportunities for group leaders. When possible, participate in the training and organizational meetings put on by larger groups.

Evaluate progress. Make judgments and decisions about various aspects of the group's existence and accomplishments.

*From **How to Lead Small Groups** by Neal F. McBride, NavPress, 1990.  
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# **Basic Skills Included in the Group Leader's Tasks**

1. Listen to others.
2. Summarize where the group is.
3. Ask questions in specific ways to guide the group in a needed direction.
4. Cope with conflict when it arises and/or be willing to elicit a hidden conflict when the group is avoiding it.
5. Be patient when the group needs to struggle with an issue (without being rescued by a leader).
6. Distinguish between your personal needs as the leader and the needs of the group. (Ask yourself: Am I meeting my needs at the expense of the group?)
7. Share leadership functions within the group without being threatened that you will lose control of the group.
8. Facilitate one member relating his or her contribution to another's idea in order to keep the discussion "building" in one direction.
9. Deal with ideas, tasks, and feelings and develop a sense of timing when the maintenance of the group's life should be given priority over content or task.
10. Be comfortable with group silence.
11. Keep the group focused on issues rather than on members' personalities.
12. Help the group solve problems and make evaluations.
13. Delegate responsibility.
14. With the group, work through setting goals and revising goals when necessary.
15. Enable the group to understand and learn from its own group process.
16. Bring the group to the point of facing its own need to terminate when its task and/or time is completed.

**From *How to Lead Small Groups* by Neal F. McBride, NavPress, 1990.  
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# A Self-Care Manifesto for Bereavement Caregivers

We who care for the bereaved have a wondrous opportunity: to help others embrace and grow through grief – and to lead fuller, more deeply-lived lives ourselves because of this important ministry. But our work is draining – physically, emotionally, and spiritually. We must first care for ourselves if we want to care well for others. This manifesto is intended to empower you to practice good self-care.

1. I deserve to lead a joyful, whole life. No matter how much I love my work with the bereaved, my life is multi-faceted. My family, my friends, my other interests and my spirituality also deserve my time and attention. I deserve my time and attention.
2. My work does not define me. I am a unique, worthy person outside my work life. While relationships can help me feel good about myself, they are not what is inside me. Sometimes I need to stop “doing” and instead focus on simply “being.”
3. I am not the only one who can help bereaved people. When I feel indispensable, I tend to ignore my own needs. There are many talented caregivers in my community who can also help me.
4. I must develop healthy eating, sleeping and exercise patterns. I am aware of the importance of these things for those I help but I may neglect them myself. A well-balanced diet, adequate sleep and regular exercise allow me to be the best I can be.
5. If I’ve been over-involved in my caregiving for too long, I may have forgotten how to take care of myself. I may need to relearn how to explore my own feelings instead of focusing on everybody else’s.
6. I must maintain boundaries in my helping relationships. As a caregiver, I cannot avoid getting emotionally involved with bereaved people. Nor would I want to. Active empathy allows me to be a good companion to them. However, I must remember I am responsible to others, not for others.
7. I am not perfect and I must not expect myself to be. I often wish my helping efforts were always successful. But even when I offer compassionate, “on-target” help, the recipient of that help isn’t always prepared to use it. And when I do make mistakes, I should see them as an integral part of learning and growth, not as measurements of my self-worth.
8. I must practice effective time-management skills. I must set practical goals for how I spend my time. I must also remember Pareto’s principal: twenty percent of what I do nets eighty percent of my results.
9. I must also practice setting limits and alleviating stresses I can do something about. I must work to achieve a clear sense of expectations and set realistic deadlines. I should enjoy what I do accomplish in helping others but shouldn’t berate myself for what is beyond me.
10. I must listen to my inner voice. As a caregiver to the bereaved, I will at times become grief overloaded. When my inner voice begins to whisper its fatigue, I must listen carefully and allow myself some grief down time.
11. I should express the personal me in both my work and play. I shouldn’t be afraid to demonstrate my unique talents and abilities. I must also make time each day to remind myself of what is important to me. If I only had three months to live, what would I do?
12. I am a spiritual being. I must spend alone time focusing on self-understanding and self-love. To be present to those I work with and to learn from those I companion, I must appreciate the beauty of life and living. I must renew my spirit.

**From *The Understanding Your Grief Support Group Guide* by Alan D. Wolfelt, PhD, Companion Press, 2004.**

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# General Bereavement



In my group, I discuss the fact that we survivors face a “multi-layered grief process.” The first layer is feeling the sense of loss that comes with any death. Thus, information about general bereavement provides a foundation for processing our grief; it helps survivors understand their own grief as a normal, natural emotional response to loss.

I weave information about general bereavement throughout the group process. If I’m driving to group and a thought about grieving pops into my head, I’ll pull out the handout and talk about bereavement that night. Some survivor support groups have a set curriculum or timeframe (e.g., 8-week group), and they begin with this information.

To move forward, survivors often need to understand the many myths and misconceptions about grieving that people hold. And, most important, they must realize that they have the right to navigate their healing journey in their own way, in their own time.

“ Reconciling your grief will not happen quickly. Remember, grief is a process, not an event. Be patient and tolerant with yourself and avoid people who are impatient and intolerant with you.”

**ALAN D. WOLFELT, PHD,  
UNDERSTANDING  
GRIEF: HELPING  
YOURSELF HEAL**

## REFLECTIONS OF A SURVIVOR

### Roadmap for an Unplanned Trip

#### *How Did I Get Here?*

Suddenly you're on a road you did not choose. Something happens. Life happens. A toddler drowns in the family pool, a young husband dies unexpectedly, a precious baby's heart stops just before he is born, the light of a mother's eye is taken from her by a cruel disease, a spouse leaves a marriage after many years, a fragile young man dies by suicide.

#### *Where Am I Going?*

You're on the road and there is no turning back. You begin your journey with a shock absorbing patch of fog which gently eases you on. As your vision clears, you see that your path is paved with draining emotions and difficult choices. An initial stretch of anger and fear can lead you on a side trip of resentment, bitterness, and panic - or it can provide you with energy, power, and protection for the rest of your trip. A few miles of guilt and shame can lead to a left turn of lies, unforgiveness, and feelings of worthlessness - or they can help you maintain your system of values and make you responsible and accountable for your mistakes and your imperfections. The inevitable and recurring sections of tears and sadness can delay your journey with immobilizing depression - or they can provide the necessary healing for your emotional wounds and restore your joy.

#### *Am I There Yet?*

Gradually, when some time has passed, you begin to find your road easier to travel. Emotions are less intense and decisions are easier to make. You are in the final stretch, that of acceptance and restoration. You realize that you are stronger because of the lessons you have learned out of your experience, and you are grateful for the loving support that God has provided for your journey. More important - according to God's plan - and after you have traveled for a season - you turn back and retrace your steps. You meet your fellow traveler along the way and you share your experience, strength, and hope with him. Thus, you may help ease his pain and give your pain and your journey a higher purpose.

Linda L. Flatt ~ June 1995

## **Some Facts of Life After a Death**

People want you to be “fine” - not unhappy.

It is a couple's society.

You may feel that you are going crazy.

Tears come unbidden.

Physicians want to give you medication.

Finances change, frequently for the worse.

Some friends and acquaintances drift away.

Skills that have not been used have atrophied and need to be relearned.

There is anger, and guilt about the anger.

You may question your faith.

People do not know what to say to you.

Widowers may remarry soon. Widows probably won't.

People will try to comfort you by saying, “It is for the best.”

You feel vulnerable to exploitation.

You feel incomplete. Something is missing.

There are “Why's” and “If Only's.”

People may avoid talking about the deceased, thinking that they do not want to upset you.

Chronic health problems may flare up.

People will want to give you advice or tell you what to do.

Relationships change.

*From Bereavement and Support by Marylou Hughes, LCSW, DPA,  
Taylor & Francis, 1995. Used with permission.*

## **Common Myths about Grief**

These and other myths can make the process of grieving more painful and difficult by creating unrealistic expectations for your recovery and preventing you from asking others for the support you need.

Children grieve like adults.

Grief is the same after all types of death.

It takes two months to get over your grief.

All bereaved people grieve in the same way.

Your grief will decline over time without any upsurges.

When grief is resolved, it never comes up again.

You and your family will be the same after the death of a loved one.

It's not okay to feel sorry for yourself.

There is no reason to be angry at your deceased loved one.

Men and women grieve in the same ways.

Children need to be protected from grief and death.

You will have no relationship with your loved one after his or her death.

Parents usually divorce after a child dies.

Once your loved one has died, it is better not to focus on him or her but to put him or her in the past and go on with your life.

*From **How To Go On Living When Someone You Love Dies**  
by Therese A. Rando, PhD, Bantam Books, 1991. Used with permission.*

## **Factors That Make My Grief Unique**

The nature of the relationship with the person who died

Circumstances surrounding the death

Circumstances surrounding your support system

Your unique personality

The unique personality of the person who died

Your own cultural background

Your religious or spiritual background

Other crises or stresses in your life

Your biological sex

The ritual or funeral experience

Other personal unique influences on grief

**From *Understanding Grief: Helping Yourself Heal* by Alan D. Wolfelt, PhD,  
Accelerated Development, 1992. Used with permission.**



# **Am I Crazy?**

## **Other Aspects of Grief and Mourning**

Time Distortion

Obsessive Review or Ruminating

Search for Meaning

Is This Death God's Will?

Transitional Objects

Suicidal Thoughts

Grief Attacks or Memory Embraces

Anniversary and Holiday Grief Occasions

Sudden Changes in Mood

Identification Symptoms of Physical Illness

Powerlessness and Helplessness

Crying and Sobbing

Dreams

Mystical Experiences

Loss of Intimacy and Sexuality

Drugs, Alcohol, and Grief

Self-focus

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Accelerated Development, 1992. Used with permission.*

## **Taking Care of Myself**

### **Twelve Freedoms of Healing in Grief**

1. You have the freedom to realize your grief is unique.
2. You have the freedom to talk about your grief.
3. You have the freedom to expect to feel a multitude of emotions.
4. You have the freedom to allow for numbness.
5. You have the freedom to be tolerant of your physical and emotional limits.
6. You have the freedom to experience grief attacks or memory embraces.
7. You have the freedom to develop a support system.
8. You have the freedom to make use of ritual.
9. You have the freedom to embrace your spirituality.
10. You have the freedom to allow a search for meaning.
11. You have the freedom to treasure your memories.
12. You have the freedom to move toward your grief and heal.

*From Understanding Grief: Helping Yourself Heal by Alan D. Wolfelt, PhD  
Accelerated Development, 1992. Used with permission.*

# **The Grieving Person's Bill of Rights**

Though you should reach out to others as you do the work of mourning, you should not feel obligated to accept the unhelpful responses you may receive from some people. You are the one who is grieving, and, as such, you have certain “rights” no one should try to take away from you.

The following list is intended both to empower you to heal and to decide how others can and cannot help. This is not to discourage you from reaching out to others for help, but rather to assist you in distinguishing useful responses from hurtful ones.

## **1. You have the right to experience your own unique grief.**

No one else will grieve in exactly the same way as you do. So, when you turn to others for help, don't allow them to tell you what you should or should not be feeling.

## **2. You have the right to talk about your grief.**

Talking about your grief will help you heal. Seek out others who will allow you to talk as much as you want, as often as you want, about your grief.

## **3. You have the right to feel a multitude of emotions.**

Confusion, disorientation, fear, guilt and relief are just a few of the emotions you might feel as part of your grief journey. Others may try to tell you that feeling angry, for example, is wrong. Don't take these judgmental responses to heart. Instead, find listeners who will accept your feelings without condition.

## **4. You have the right to be tolerant of your physical and emotional limits.**

Your feelings of loss and sadness will probably leave you feeling fatigued. Respect what your body and mind are telling you. Get daily rest. Eat balanced meals. And don't allow others to push you into doing things you don't feel ready to do.

## **5. You have the right to experience grief “attacks.”**

Sometimes, out of nowhere, a powerful surge of grief may overcome you. This can be frightening, but is normal and natural. Find someone who understands and will let you talk it out.

## **6. You have the right to make use of ritual.**

The funeral ritual does more than acknowledge the death of someone loved. It helps provide you with the support of caring people. More importantly, the funeral is a way for you to mourn. If others tell you that rituals such as these are silly or unnecessary, don't listen.

## **7. You have the right to embrace your spirituality.**

If faith is a part of your life, express it in ways that seem appropriate to you. Allow yourself to be around people who understand and support your religious beliefs. If you feel angry at God, find someone to talk with who won't be critical of your feelings of hurt and abandonment.

## **8. You have the right to search for meaning.**

You may find yourself asking, “Why did he or she die? Why this way? Why now?” Some of your questions may have answers, but some may not. And watch out for the clichéd responses some people may give you. Comments like, “It was God's will” or “Think of what you have to be thankful for” are not helpful and you do not have to accept them.

## **9. You have the right to treasure your memories.**

Memories are one of the best legacies that exist after the death of someone loved. You will always remember. Instead of ignoring your memories, find others with whom you can share them.

## **10. You have the right to move toward your grief and heal.**

Reconciling your grief will not happen quickly. Remember, grief is a process, not an event. Be patient and tolerant with yourself and avoid people who are impatient and intolerant with you. Neither you nor those around you must forget that the death of someone loved changes your life forever.

*From Understanding Grief: Helping Yourself Heal by Alan D. Wolfelt, PhD  
Accelerated Development, 1992. Used with permission*

# Symptoms of Grief

## PHYSICAL

- Hyperactive or under-active
- Feelings of unreality
- Physical distress such as chest pains, abdominal pains, headaches, nausea
- Change in appetite
- Weight change
- Fatigue
- Sleeping problems
- Restlessness
- Crying and sighing
- Feelings of emptiness
- Shortness of breath
- Tightness in the throat

## EMOTIONAL

- Numbness
- Sadness
- Anger
- Fear
- Relief
- Irritability
- Guilt
- Loneliness
- Longing
- Anxiety
- Meaninglessness
- Apathy
- Vulnerability
- Abandonment

## SOCIAL

- Overly sensitive
- Dependent
- Withdrawn
- Avoid others
- Lack of initiative
- Lack of interest

## BEHAVIORAL

- Forgetfulness
- Searching for the deceased
- Slowed thinking
- Dreams of the deceased
- Sense the loved one's presence
- Wandering aimlessly
- Trying not to talk about loss in order to help others feel comfortable around them
- Needing to retell the story of the loved one's death

From *Bereavement and Support* by Marylou Hughes, LCSW, DPA, Taylor & Francis, 1995.  
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# How Grief Changes Our Lives

EMOTIONALLY	PHYSICALLY	SOCIALY	BEHAVIORALLY
<ul style="list-style-type: none"><li>■ Sad</li><li>■ Angry</li><li>■ Anxious</li><li>■ Guilty</li><li>■ Lonely</li><li>■ Resentful</li><li>■ Denial</li><li>■ Fear</li><li>■ Flash-backs</li><li>■ Relief</li></ul>	<ul style="list-style-type: none"><li>■ Fatigue</li><li>■ Flare-ups of chronic conditions</li><li>■ Crying</li><li>■ Empty feelings</li><li>■ Sleeping problems</li><li>■ Eating problems</li></ul>	<ul style="list-style-type: none"><li>■ Fifth Wheel</li><li>■ Said no to invitations</li><li>■ Self-conscious</li><li>■ Loss of companionship</li><li>■ Avoid places</li><li>■ Make new friends</li></ul>	<ul style="list-style-type: none"><li>■ Withdrawn</li><li>■ Kept busy</li><li>■ Stayed in bed</li><li>■ New skills</li><li>■ Lost lifestyle</li><li>■ Have to care for self</li><li>■ Restless</li></ul>

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## Criteria for Reconciliation

A recognition of the reality and finality of the death of the person who has died.

A return to stable eating and sleeping patterns that were present prior to the death.

A renewed sense of energy and personal well-being.

A subjective sense of release or relief from the person who has died (they have thoughts of the person, but are not preoccupied with these thoughts).

The capacity to enjoy experiences in life that should normally be enjoyable.

The establishment of new and healthy relationships.

The capacity to live a full life without feelings of guilt or lack of self-respect.

The capacity to organize and plan one's life toward the future.

The capacity to become comfortable with the way things are, rather than attempting to make things as they were.

The capacity to being open to more change in one's life.

The awareness that one has allowed self to fully grieve.

The awareness that one does not "get over grief," but instead is able to acknowledge, "This is my new reality and I am ultimately the one who must work to create new meaning and purpose in my life."

The capacity to acknowledge new parts of one's self that have been discovered in the growth through one's grief.

The capacity to adjust to the new role changes that have resulted from the loss of the relationship.

The capacity to be compassionate with oneself when normal resurgences of intense grief occur (holidays, anniversaries, special occasions).

The capacity to acknowledge that the pain of loss is an inherent part of life that results from the ability to give and receive love.

**From *Understanding Grief: Helping Yourself Heal* by Alan D. Wolfelt, PhD  
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# Suicide and Depression



“ Don't turn the rage you feel against yourself. (Although feeling rage is perfectly all right - after all, an utterly outrageous thing has happened to you.) Find a safe way to release it. Beat a pillow, cry, scream, stomp up and down, yell.”

**MELBA COLGROVE,  
PHD, HAROLD H.  
BLOOMFIELD, MD  
& PETER  
MCWILLIAMS, HOW  
TO SURVIVE THE  
LOSS OF A LOVE**

Over the years, I've had a few support group members who indicated that they themselves were feeling suicidal. This is not surprising given the tremendous grief felt by most survivors of suicide. While hard data is not available, there are estimates that among those who've lost loved ones to suicide, there is a 1.5 to 5 time greater risk for suicide. One out of four suicide attempters has a family history of suicide.

Suicidal talk does not occur frequently in my group meetings, but when there is talk that concerns me, I follow-up individually with the person who appears at-risk. Also, at the next group meeting, I'll work into the discussion the importance of being aware of our own depressed feelings and the potential links to suicidal ideation or action – and share the appropriate handouts.

About two-thirds of people who die by suicide are depressed at the time. Survivors may find it helpful to learn more about the link between depression and suicide; it might help them better understand the mindset of their loved ones. Sharing the knowledge also helps to reduce the stigma around suicide and may prevent future suicides.

The following material sheds light on suicide, including its link to depression. SPAN USA teamed up with Research!America to explain suicide's devastating cost to the country. The fact sheets produced by the American Association of Suicidology are updated annually and can be found at [www.suicidology.org/suicidefactsheets](http://www.suicidology.org/suicidefactsheets).

## REFLECTIONS OF A SURVIVOR

### Reflections on Choice

One of the most important lessons I've learned in the aftermath of my son's suicide is that we are all unique – that we have unique opinions, thoughts and feelings. As a result, the grieving process is unique as well – we all do it in our own way. As a veteran survivor mom, I'm taking this opportunity to share some of my own personal experience and opinions.

My son Paul chose to take his life in 1993. I say he made a choice, because he made many potentially self-destructive decisions before he eventually ended his life at the age of 25 – after writing a detailed suicide note. Calling his suicide a choice is reality – not an indictment, or an accusation, or a judgment. On the contrary, I honor my son by assigning him ownership and responsibility for his life (and his choices).

Paul's choice was certainly not rational, and he made it while in a mental state that more than likely impaired his ability to make good choices. He also probably thought that ending his life was the ONLY choice available to him at the time. Nevertheless, he made a choice. If all depressed, bipolar, alcoholic, drug addicted, anguished individuals have no choice but to take their lives, the suicide rate among these groups would be 100%.

By ultimately placing responsibility for a suicide on the person who died, survivors are empowered to (1) deal with our own issues of guilt and responsibility around the death, and (2) make our own choices to heal in the aftermath of the suicide.

Moreover, intervening on choices is at the heart of suicide prevention. If suicide is an intent followed by an action (per Dr. Lucy Davidson, an expert who presented at the 1998 National Suicide Prevention Conference in Reno), we prevent suicide by intervening somewhere between the intent and the action – and change the outcome.

In the eleven years since my son's suicide, I've had to make many choices to implement healthy coping mechanisms – and I've watched other survivors in my support group struggle to overcome their pain and survive. In my opinion, without the element of choice, none of us would have the sense of hope to continue on a healing path – and suicide prevention efforts would be a waste of time.

Linda L. Flatt ~ November 2004

## The Question of Suicide

You may be having suicidal thoughts. They may or may not be as eloquent as 'to be or not to be,' but they may arise.

Know they are a natural symptom of the pain, and that there is no need to act on them.

If you fear these impulses are getting out of hand, seek professional help at once. Call directory assistance and ask for the number of your local Suicide Prevention Hotline. Then call it. The people (almost entirely volunteers) are there to help. They want to help. Give them the gift of allowing them to do so.

Don't turn the rage you feel against yourself. (Although feeling rage is perfectly all right - after all, an utterly outrageous thing has happened to you.) Find a safe way to release it. Beat a pillow, cry, scream, stomp up and down, yell.

Above all, suicide is silly. It's leaving the World Series ten minutes into the first inning just because your favorite hitter struck out. It's walking out of the opera during the overture just because the conductor dropped his baton. It's ... well, you get the picture. In this play called life, aren't you even a little curious about what might happen next?

The feeling will pass. You can count on that. You will get better. Much better.

We do promise you a rose garden. We just can't promise you it will be totally without thorns.

*The Question of Suicide:*  
Keep it a question. It's not really an answer.

**From *How to Survive the Loss of a Love* by Melba Colgrove, PhD, Harold H. Bloomfield, MD & Peter McWilliams, Prelude Press, 1992. Used with permission.**

# Investment in research saves lives and money



facts about:

## Suicide

*"If you think research is expensive, try disease."*  
— Mary Lasker 1901–1994

### Today:

- An American dies by suicide every 16 minutes.
- 1.8 million Americans attempt suicide each year.
- 90% of people who die by suicide have a treatable mental illness or substance abuse disorder.
- Suicide rates are highest among Americans 75 and older.
- Suicide is the 3rd leading cause of death for Americans ages 15–24.
- 80% of suicide deaths are among men.

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION (WWW.CDC.GOV)  
 NATIONAL INSTITUTE OF MENTAL HEALTH (WWW.NIMH.NIH.GOV)  
 SUICIDE PREVENTION ACTION NETWORK USA (WWW.SPANUSA.ORG)  
 KESSLER, R.C. ET AL. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. 2005; 293:2487–2495.

### The Cost:

- Suicides in one year cost the U.S. \$13 billion in lost earnings.\*
- 1.3 million years of life are lost to suicide annually.\*\*
- Suicide attempts requiring hospitalization cost the U.S. \$3.8 billion each year.\*\*\*

SOURCE: \*KNOX, K.L. ET AL. AMERICAN JOURNAL OF PUBLIC HEALTH. 2005;95:1898–1903.  
 \*\*NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, WISQARS (WWW.CDC.GOV/NCIPC/WISQARS)  
 \*\*\*SUICIDE PREVENTION RESOURCE CENTER

## survivor



**NAME:** PUA KANINAU  
**AGE:** 56  
**CIRCUMSTANCE:** SON'S SUICIDE

Pua Kaninau's life changed on April 5, 2003, when her son Kaniela died by suicide just 5 days after his 18th birthday. Now trained to recognize potential suicide risk, Pua realizes that Kaniela was depressed. His grades had declined, his sleep was irregular and he seemed rebellious.

On the day of Kaniela's death, his sister was so concerned about him after a crisis at school that she alerted their mom and dad. Pua and her family talked to Kaniela but brushed aside the possibility of suicide and let him go with his friends. Kaniela's friends called later to report he was missing. Today Pua stresses, "Never let them go or be left alone and unattended."

Kaniela's death inspired Pua to learn more about suicide and help other families. She is pursuing a master's degree in social work, which includes research on teens and suicide. Pua is recognized statewide as an advocate, founding the Hawaii Suicide Prevention Education, Awareness, Research (SPEAR) Foundation, co-chairing the state's Suicide Prevention Steering Committee and serving as a community organizer for the Suicide Prevention Action Network USA.

"We absolutely need more funding for suicide prevention research," says Pua. As a Native Hawaiian, she particularly wants to see more research in her community since Native Hawaiians are at highest risk for suicide among all youth groups in the state. "Because of the Garrett Lee Smith Memorial Act we have more states involved, but we need clinical and other research on suicide in every state."

### SAVING LIVES SAVING MONEY

#### HOW RESEARCH SAVES LIVES:

- NIH-funded researchers found that older depressed patients have fewer suicidal thoughts and improve faster when their primary care doctors are educated about depression treatment and a depression care manager oversees their treatment.\*
- High school students showed a 40% drop in suicide attempts after participating in the Signs of Suicide (SOS) program, which screens teens for depression and teaches them to recognize and respond to teens needing help.\*\*

SOURCE: \*BRUCE, M.L. ET AL. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. 2004;291:1081–1091.  
 \*\*ASELTINE, R.H. AND DEMARTINO, R. AMERICAN JOURNAL OF PUBLIC HEALTH. 2004;94:446–451.

#### HOW RESEARCH SAVES MONEY:

- Researchers at the National Institute of Mental Health demonstrated that over 20 years, the U.S. saved more than \$70 billion in medical costs and lost productivity due to suicide by using lithium to treat patients with bipolar disorder.\*
- For each suicide prevented, the U.S could save an average of \$1,182,559 in medical expenses (\$3,875) and lost productivity (\$1,178,684).\*\*

SOURCE: \*WYATT, R.J. ET AL. PSYCHIATRIC QUARTERLY. 2001;72:149–166.  
 \*\*SUICIDE PREVENTION RESOURCE CENTER (WWW.SPRC.ORG)

# facts about: } Suicide

## Hope for the Future:

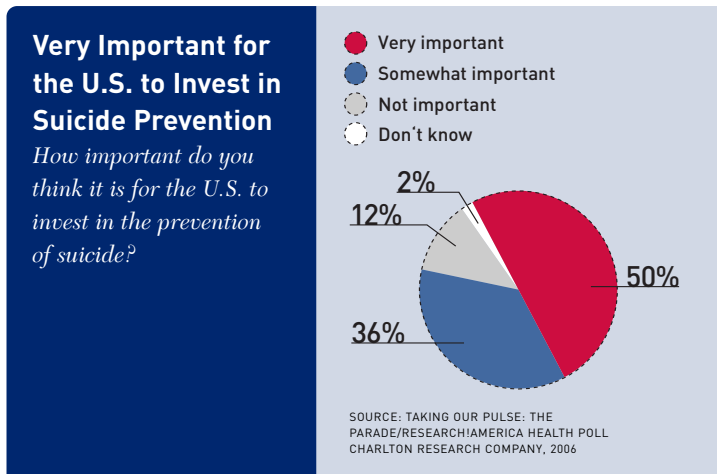
- The U.S. Air Force decreased its suicide rate by one-third by reducing stigma throughout the service and encouraging those at risk to seek help early. Other military services, fire and police departments, large corporations and schools can use this community-based prevention program as a model to further reduce suicide deaths and attempts.\*
- By helping those who have recently attempted suicide learn new ways to behave and cope when they have suicidal thoughts, cognitive therapy reduces the rate of repeat attempts by 50%.\*\*

SOURCE: \*KNOX, K.L. ET AL. BMJ. 2003;327:1376-1380.

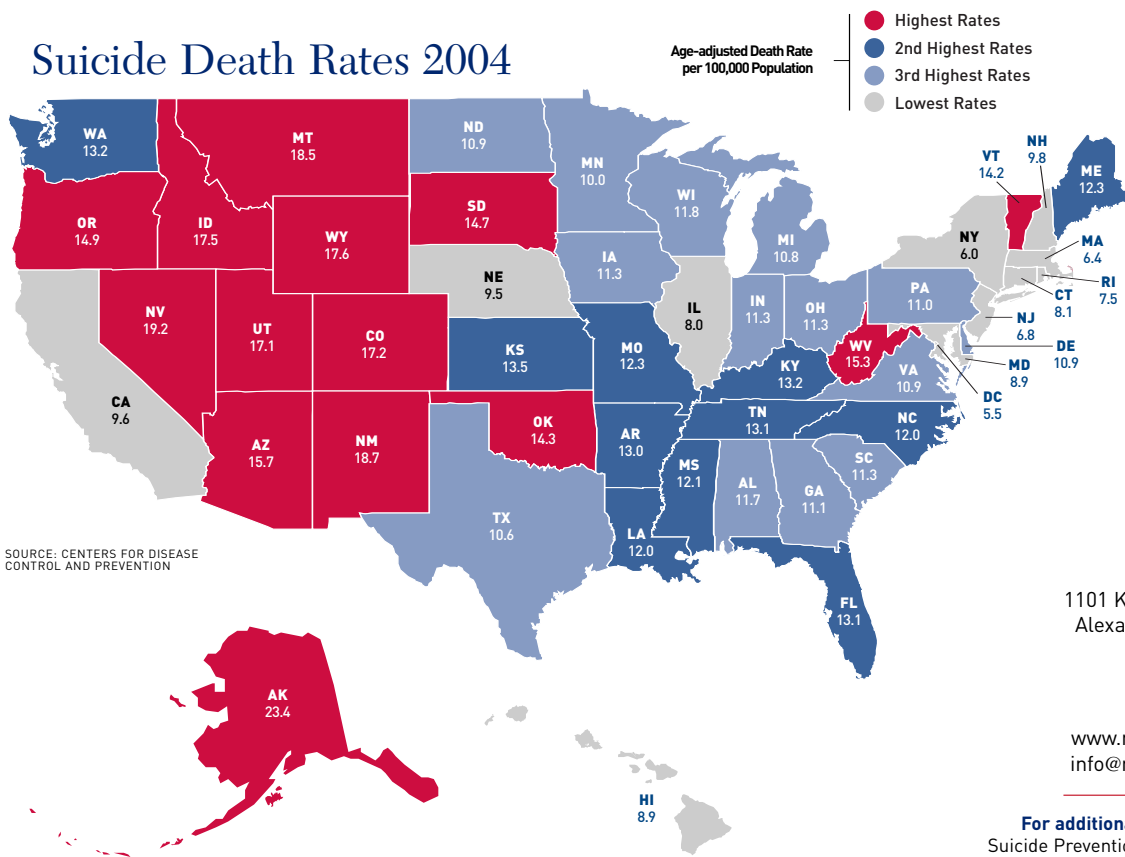
\*\*BROWN, G.K. ET AL. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. 2005;294:563-570.

## The Bottom Line:

*Suicide is a preventable public health problem and a leading cause of death in the United States. Greater investment in suicide and suicide attempt prevention research is needed to prevent the untimely deaths of thousands of Americans each year.*



## Suicide Death Rates 2004



**Research!America**  
 1101 King Street, Suite 520  
 Alexandria, Virginia 22314  
 703.739.2577  
 1.800.366.CURE  
 Fax 703.739.2372  
[www.researchamerica.org](http://www.researchamerica.org)  
[info@researchamerica.org](mailto:info@researchamerica.org)

For additional information, contact  
 Suicide Prevention Action Network USA  
 at 202.449.3600, [info@spanusa.org](mailto:info@spanusa.org) or [www.spanusa.org](http://www.spanusa.org).

*Lasker/Funding First* is a founding partner in this series of fact sheets. *Lasker/Funding First* is the medical and health research policy program of the Mary Woodard Lasker Charitable Trust. [www.laskerfoundation.org](http://www.laskerfoundation.org)

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*Facts about Suicide and Depression*

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## FACTS ABOUT SUICIDE

In 2002, suicide was the eleventh leading cause of death in the U.S., claiming 31,655 lives. Suicide rates among youth (ages 15-24) have increased more than 200% in the last fifty years. The suicide rate is highest for the elderly (ages 65+) than for any other age group.

Four times more men than women complete suicide, but three times more women than men attempt suicide.

Suicide occurs across all ethnic, economic, social and age boundaries.

Many suicides are preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems. Most suicidal people give definite warning signals of their suicidal intentions, but those in close contact are often unaware of the significance of these warnings or unsure what to do about them.

Talking about suicide does not cause someone to become suicidal.

Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk for suicide and emotional problems.

## WHAT IS DEPRESSION?

Major Depressive Disorder (MDD) is the most prevalent mental health disorder. In the U.S., the lifetime risk for MDD is 16.6% according to a recent study (Kessler et al., 2005). According to the National Institute of Mental Health (NIMH), 9.5-% or 18.8 million American adults suffer from a depressive illness in any given year.

The symptoms of depression (listed below) interfere with one's ability to function in all areas of life (work, family, sleep, etc).

Common symptoms of depression, reoccurring almost every day for a period of two weeks or more:

- Depressed mood (e.g. feeling sad or empty)
- Lack of interest in previously enjoyable activities
- Significant weight loss or gain, or decrease or increase in appetite
- Insomnia or hypersomnia
- Agitation, restlessness, irritability
- Fatigue or loss of energy
- Feelings of worthlessness, hopelessness, guilt
- Inability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation, suicide attempt or plan for completing suicide

A family history of depression (e.g., a parent) increases the chances (11-fold) that a child in that family will also have depression.

The treatment of depression is effective 60 to 80% of the time. However, according to the World Health Organization (WHO), less than 25% of individuals with depression receive adequate treatment.

Depression often is accompanied by co-morbid (co-occurring) mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of recurrent episodes and higher rates of suicide.

## **THE LINK BETWEEN DEPRESSION AND SUICIDE**

**Suicide is the major life-threatening complication of depression.**

Major Depressive Disorder (MDD) is the psychiatric diagnosis most commonly associated with completed suicide. Lifetime risk of suicide among patients with untreated MDD is nearly 20% (Gotlib & Hammen, 2002).

About 2/3 of people who complete suicide are depressed at the time of their deaths.

In a study conducted in Finland, of 71 individuals who completed suicide and who had Major Depressive Disorder, only 45% were receiving treatment at the time of death and only a third of these were taking antidepressants (Isometsa et al., 1994).

About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to complete suicide.

The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population.

Individuals who have had multiple episodes of depression are at greater risk for suicide than those who have had one episode.

People who have a dependence on alcohol or drugs in addition to being depressed are at greater risk for suicide.

Individuals who are depressed and exhibit the following symptoms are at particular risk for suicide:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – as if there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family and society
- Anxiety, agitation, inability to sleep or sleeping all the time
- Dramatic mood changes
- Expressing no reason for living; no sense of purpose in life

## TREATMENT

The most commonly used treatments for depression are:

- Pharmacology (i.e. antidepressants)
- Psychotherapy
- Electroconvulsive Therapy (ECT)

The best treatment for depression is the combination of antidepressants and psychotherapy. A meta-analysis of 16 studies (Pampallona et al., 2004) demonstrated the advantages of combined treatment versus pharmaceutical treatment alone. One hypothesis is that therapy increases adherence to the antidepressant treatment.

Treatments are effective 60 to 80% of the time. The Collaborative Depression Study indicates that after a first episode, 70% recovered within 5 years (National Institute of Mental Health).

### In summary...

- ❖ Risk benefit ratio clearly resides on the side of treatment as opposed to no treatment for depression.
- ❖ The best treatment is combined pharmacology and psychotherapy.
- ❖ Most suicides in individuals with Major Depressive Disorder are among those who do not receive treatment.
- ❖ We still know too little about those who don't improve despite adequate treatment.
- ❖ More clinical research is needed.

## ANTIDEPRESSANTS and SUICIDE RISK

In short-term studies, there has been some evidence that children and adolescents taking antidepressants exhibit a risk of increased suicidal ideation and/or suicidal behaviors (suicidality). Given this, the concern is that antidepressants could potentially lead to completed suicides.

The U.S. Food and Drug Administration (FDA) analyzed 24 trials that included over 4400 patients and concluded that the risk of suicidality in children and adolescents who were prescribed antidepressants was 4%, twice the placebo risk of 2% ([www.fda.gov](http://www.fda.gov)).

As with any new prescription in children and adolescents, careful monitoring of symptoms and side-effects should be observed by an adult. Any changes in symptomatology should be reported to the prescribing physician.

More research is required to determine if antidepressants are related to suicidality in children, adolescents and adults.

## FDA 'BLACK BOX' WARNINGS

The Food and Drug Administration (FDA) is now requiring manufacturers of antidepressants to add a 'black box' warning label describing the potential risks of suicidality and the need for close monitoring of anyone prescribed this type of pharmacotherapy.

As well, the FDA developed a Patient Medication Guide (MedGuide), a user-friendly guide intended to educate patients and their caregivers about their prescription.

A joint meeting of the Psychopharmacologic Drugs Advisory Committee and the Pediatric Drugs Advisory Committee in September 2004 analyzed the short-term placebo-controlled trials of nine antidepressant drugs. The results demonstrated "a greater risk of suicidality during the first few months of treatment of those receiving antidepressants, the average risk of such events on drug was 4%, twice the placebo risk of 2%. No suicides occurred in these trials" ([www.fda.gov](http://www.fda.gov)). Based on these findings, the FDA issued the following warnings (the 'black box' warnings) regarding antidepressants:

- Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with MDD (Major Depressive Disorder) and other psychiatric disorders.
- Anyone considering the use of an antidepressant in a child or adolescent for any clinical use must balance the risk of increased suicidality with the clinical need.
- Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior.
- Families and caregivers should be advised to closely observe the patient and to communicate with the prescriber.

All patients being treated with antidepressants should be closely monitored for any changes in symptoms especially at the beginning of treatment or when the dose is adjusted up or down.

For more information on the FDA warnings, please visit their website (<http://www.fda.gov/>).

## BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis they are experiencing is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

Can't stop the pain

*If you experience any of these feelings, get help!*

Can't think clearly

Can't make decisions

*If you know someone who exhibits these feelings, offer help!*

Can't see any way out

Can't sleep, eat, or work

Can't get out of the depression

Can't make the sadness go away

Can't see the possibility of change

Can't see themselves as worthwhile

Can't get someone's attention

Can't seem to get control

## TALK TO SOMEONE -- YOU ARE NOT ALONE. CONTACT:

- A community mental health agency
- A school counselor or psychologist
- A suicide prevention/crisis intervention center
- A private therapist
- A family physician
- A religious/spiritual leader

### American Association of Suicidology

The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. AAS promotes research, public awareness programs, education, and training for professionals, survivors, and all interested persons. AAS serves as a national clearinghouse for information on suicide. AAS has many resources and publications, which are available to its membership and the general public. For membership information, please contact:

*American Association for Suicidology  
5221 Wisconsin Avenue  
Second Floor  
Washington, D.C. 20015  
Phone: (202) 237-2280  
Fax: (202) 237-2282  
Website: [www.suicidology.org](http://www.suicidology.org)*

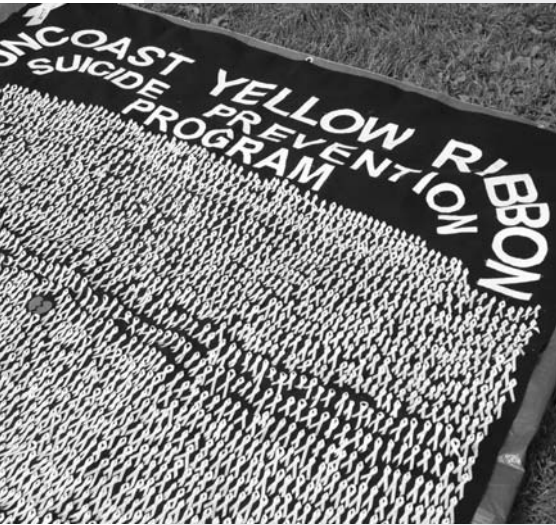
### References:

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- Pampallona, S., Bollini, P., Tibaldi, G., Kupelnick, B., & Munizza, C. (2004). Combined pharmacotherapy and psychological treatment for depression: A systematic review. *Archives of General Psychiatry*, 61 (7), p. 714-719.

### Websites:

- National Institute of Mental Health (<http://www.nimh.nih.gov/>)  
U.S. Food & Drug Administration (<http://www.fda.gov/>)

# Suicide Bereavement



**S**uicide survivors face another layer of grief: the place with all the confusion and feelings associated with a suicide death. We struggle with the fact that our loved one chose to die, although the “choice” may have been the result of substance abuse or a mental illness.

This section helps with understanding how the grieving process is different for us as suicide survivors. The grieving process is often more complicated when someone dies by suicide. We might experience guilt and second-guess ourselves. We also have to cope with the conflicted reactions and frequent misperceptions of those around us. The American Foundation for Suicide Prevention has a helpful resource about surviving suicide loss entitled *Coping with Suicide Loss* found at [www.afsp.org](http://www.afsp.org).

As Iris Bolton says in her piece *Beyond Surviving* on p. 55, we will never be the same again after a suicide. But we can survive and, in fact, go beyond just surviving.

*“Remember to take it one day at a time or, as someone very wise once said, one moment at a time.”*

**IRIS BOLTON, THE  
LINK COUNSELING  
CENTER**



## REFLECTIONS OF A SURVIVOR

### Unanswered Questions

There are no answers to my questions, and eventually I will stop asking.

But, for now, Paul, I would like to know:

Why did you choose to end your life?

How did your life get so unbearable that you could see no other option but suicide?

Why didn't you come to me and ask for help?

What could I have done to prevent this from happening?

Didn't you know how much I would miss you?

Are you at peace?

Are you in God's care?

The only person (except for God) with the answers to my questions is unavailable to hear them.

And it occurs to me that he might not know the answers himself.

So, after three years, maybe it's time to stop asking ...

I've become aware that I really don't want answers as much as a chance to challenge the answers and change the outcome.

Linda L. Flatt ~ May 1996

## **Beyond Surviving**

1. Know you can survive. You may not think so, but you can.
2. Struggle with why it happened until you no longer need to know why, or until you are satisfied with partial answers.
3. Know you may feel overwhelmed by the intensity of your feelings, but all your feelings are normal.
4. Anger, guilt, confusion, forgetfulness are common responses. You are not crazy – you are in mourning.
5. Be aware you may feel appropriate anger at the person, at the world, at God, at yourself.
6. You may feel guilty for what you think you did or did not do.
7. Having suicidal thoughts is common. It does not mean that you will act on those thoughts.
8. Remember to take one day at a time.
9. Find a good listener with whom to share. Call someone.
10. Don't be afraid to cry. Tears are healing.
11. Give yourself time to heal.
12. Remember, the choice was not yours. No one is the sole influence in another's life.
13. Expect setbacks. Don't panic if emotions return like a tidal wave. You may only be experiencing a remnant of grief.
14. Try to put off major decisions.

15. Give yourself permission to get professional help.
16. Be aware of the pain of your family and friends.
17. Be patient with yourself and others.
18. Set your own limits and learn to say no.
19. Steer clear of people who want to tell you what or how to feel.
20. Know that there are support groups that can be helpful, such as The Compassionate Friends or Survivors of Suicide Groups. If not, ask a professional to help start one.
21. Call on your personal faith to help you through.
22. It is common to experience physical reactions to your grief, i.e. — headaches, loss of appetite, inability to sleep, etc.
23. The willingness to laugh with others and at yourself is healing.
24. Wear out your questions, anger, guilt, or other feelings until you can let them go.
25. Know that you will never be the same again, but you can survive and go beyond just surviving.

***From My Son...My Son... A Guide to Healing After Death, Loss, or Suicide* by Iris Bolton with Curtis Mitchell, Bolton Press Atlanta, 1983. Used with permission.**

# Tips on Coping For Suicide Survivors

## **DO:**

Be patient with others who may not always understand, say or do the right thing. Steer clear of people who want to tell you what or how to feel. They mean well, but that may not be helpful to you at this time.

Learn to say NO. Don't set yourself up by agreeing to something you are not ready for.

Learn to ask for help when you need it.

Be patient with yourself. Go at your own pace, but allow those around you to do the same.

Remember to take it one day at a time or, as someone very wise once said, one moment at a time.

Know that you need to talk. It can help to get it out instead of keeping it all locked inside of you.

Call someone.

Know that there are groups that can be helpful, such as Survivors of Suicide (SOS). Check for referrals in your area.

## **DON'T:**

Isolate yourself. You may want to, but don't.

Be surprised when after a couple of weeks or a month the calls stop or people don't come by. Life goes on and sometimes people get tired or scared of trying to deal with feelings they can't understand. Perhaps you can help them to understand.

Be surprised if you don't have the energy to buy groceries or to do laundry. It's common.

Be disappointed if just when you think you have things under control, a wave of grief comes back.

From Iris Bolton, The Link Counseling Center.  
Used with permission.

## **Tips for Survivors of Suicide**

Remember the basics of life - eat, sleep, exercise, drink plenty of water, and breathe. Just sit back a few times a day and take a deep breath.

Allow yourself your feelings - feelings are not “good” or “bad.” They are just feelings, and they are ALL normal.

Keep a journal - write your feelings, your dreams, your memories. Journaling is a great way to work out your emotions, and it allows you to look back later to see how far you’ve come.

Allow yourself to talk about your loved one. Find a safe place to do just that ... whether you call a friend, speak with your pastor, or join a support group.

Remember that you have suffered a great loss and a horrific trauma. Allow yourself the time you need to heal. And, remember that everyone deals with loss in their own way, in their own time.

Find special ways to honor the memory of your loved one - plant a tree, make a memory album, donate money in their name, light a candle on their birthday ... Whatever works for you, do it!

Learn more about suicide. Read books, surf the web, talk to other survivors. Survivors of suicide are in a high-risk group for taking their own lives. Learn the warning signs, decide on a plan of action with family members, make a pact with a friend. If you are having thought of suicide, tell someone and find help. Stop the legacy of suicide in your family.

**From the Baton Rouge Crisis Intervention Center web site (see [www.brcic.org](http://www.brcic.org)).  
Used with permission.**

# **Suicide Survivors Bill of Rights**

I have the right to be free of guilt.

I have the right not to feel responsible for the suicide death.

I have the right to express my feelings and emotions, even if they do not seem acceptable, as long as they do not interfere with the rights of others.

I have the right to have my questions answered by authorities and family members.

I have the right not to be deceived because others feel they can spare me further grief.

I have the right to maintain a sense of hopefulness.

I have the right to peace and dignity.

I have the right to positive feelings about the one I lost through suicide, regardless of the events prior to or at the time of the death.

I have the right to retain my individuality and not be judged because of the suicide death.

I have the right to seek counseling and a support group to enable me to honestly explore my feelings to further the acceptance process.

I have the right to reach acceptance.

I have the right to a new beginning.

I have the right to be.

**JoAnn C. Mecca**  
**Suicide Bereavement (Center for Inner Growth and Wholeness, Inc.)**  
Used with permission.



# The Grieving Process as it Relates to a Suicide Loss

<p><b><i>Survivors of Suicide Coping with the Suicide of a Loved One</i></b></p> <p>American Association of Suicidology Pamphlet</p>	<p><b><i>Healing after the Suicide of a Loved One</i></b></p> <p>By Ann Smolin and John Guinan</p>	<p><b><i>After Suicide</i></b></p> <p>By John H. Hewett</p>	<p><b><i>Suicide Why?</i></b></p> <p>By Eric Marcus</p>
<ul style="list-style-type: none"> <li>■ Shock</li> <li>■ Denial</li> <li>■ Shame</li> <li>■ Guilt</li> <li>■ Distrust</li> <li>■ Loneliness</li> <li>■ Depression Resolution</li> <li>■ Integration</li> </ul>	<ul style="list-style-type: none"> <li>■ Denial</li> <li>■ Guilt</li> <li>■ Shame</li> <li>■ Ostracism</li> <li>■ Ambivalence</li> <li>■ Depression</li> <li>■ Healing Moving ahead</li> </ul>	<ul style="list-style-type: none"> <li>■ Shock</li> <li>■ Relief</li> <li>■ Depression</li> <li>■ Guilt</li> <li>■ Preoccupation with the loss</li> <li>■ Anger</li> <li>■ Finding a new place where you are</li> </ul>	<ul style="list-style-type: none"> <li>■ Shock</li> <li>■ Denial</li> <li>■ Grief</li> <li>■ Rejection</li> <li>■ Abandonment</li> <li>■ Anger</li> <li>■ Guilt Blame</li> <li>■ Self-recrimination</li> <li>■ Confusion</li> <li>■ Relief</li> <li>■ Compassion</li> <li>■ Shame</li> <li>■ Embarrassment</li> <li>■ Depression</li> <li>■ Isolation</li> <li>■ Suicidal feelings</li> <li>■ Fear</li> <li>■ Acceptance</li> <li>■ Coming to terms with the suicide</li> </ul>

Table developed by Linda Flatt, *Surviving Suicide*. See Suggested Reading List (p. 84-85) for full citations.

# Information for Families and Children



*“ Make sure the children know what caused the death and that it is not related to anything they did, is not a punishment, and is not contagious.”*

**MARYLOU HUGHES,  
BEREAVEMENT AND  
SUPPORT**

Several months after I started my support group, a survivor wife asked, “What do I tell my kids? How do I grieve and deal with my kids’ grief at the same time?” Since I didn’t have young children when Paul died, I told her that I didn’t have that information, but would get it for her. The material included in this section is the result of that search.

At each meeting, I place this material on the resource table along with the group brochure (See p. 13-16) and other materials. Typically, most people pick up the information on their own. If a particular family-related issue comes up in group, I may pull it off the table to share with everyone, or let that person know about the resource after the meeting and encourage them to take it.

The survivors of suicide loss support group I facilitate is designed for adults. Early on, I allowed a few parents to bring their children with them, but I quickly discovered that the kids were troubled by the discussion and adult group members became more cautious as they spoke, wary of upsetting any children present. So, I made the decision to open the group to adults only - to maintain a safe space where open and emotional communication could take place.

When people ask about survivors of suicide support groups specifically for children, I share with them that they are few and far between. I’ve heard about several communities that tried to start a survivors group for adolescents, but the groups had very limited attendance.

Each person goes through his or her own grieving process and may need help with coping, especially children. After reading the following pages, adults will better understand how they can help the children in their lives with this process.

## REFLECTIONS OF A SURVIVOR

### Take the Forgiveness Road

#### *We Face A "Bigger" Grieving Process!*

Survivors of suicide, those who grieve a suicide death, experience many explosive emotions in the aftermath of their loss. Our grieving is complicated by the nature of the death (which was volitional), the history of the relationship with the victim (which was often stormy), and the survivor's ability to grieve the losses of life (which is sometimes impaired). We spend a season in the protective fog of shock before we face inevitable, but overwhelming and immobilizing, blasts of anger, guilt, shame, and emotional pain (sadness and tears). Whether we reach the final phase of the grieving process - acceptance of our circumstance and restoration to a life of stewardship and joy - will depend on our ability to feel these God-given emotions, share them with other safe people in order to diminish their power over us, and ultimately to release the strangle-hold they have on our lives.

#### *Doing the "Right Thing" Doesn't Feel Like It To Me!*

Some of us have had to make difficult decisions in our relationship with a loved one who sometimes (often?) refused to make their own healthy adult decisions. The final poor choice they made was to end their life rather than effect mature changes in their lives or face the consequences of our "tough love" actions. In short, we stopped enabling their self-destructive behavior and they chose literal and ultimate self-destruction - they completed suicide. Our "tough love" had a shattering impact and feels like a very poor decision on our part. So we ask ourselves yet another tough question that survivors face. Would we rather have had self-protective boundaries and experience a suicide loss, or remain in our dysfunction and, hopefully, keep our loved one alive, in whatever their condition. The answer to this one is very elusive, and moot, because we, unfortunately, don't have the option to put our lives on instant replay and try again. In our case we don't get a second chance to change the outcome. What we can do is choose our reaction to the outcome.

#### *I Will Exchange My Guilt for Grace!*

I will need to experience my guilt for a season, and I will want to sift through it to find the truth and the lies about my responsibility for my son's suicide. When I have done that for a sufficient period of time (which is unique to my process) I will take the forgiveness road - which, in my opinion, is inherent in the final acceptance phase of grieving. At the foot of the cross I will confess my guilty feelings, commit to repentance of my guilty actions, and exchange them for the forgiving grace of Jesus Christ. I will stop blaming myself and others, cancel their (and my) debt, and continue on the path of freedom and recovery.

Linda L. Flatt ~ June 1997

# Suggestions for Coping with Suicide as a Family

It is important to sit down together to talk, cry, rage, feel guilty and even to be silent. Communication is the key to survival in the aftermath of suicide. At the same time there should be respect for each person's individual way of handling grief. Some family members will grieve privately, others openly, and others a combination of these two styles. In many ways each family member must grieve alone. Here are some suggestions to help with family grief.

1. Pay attention to your family members when you're with them. Let them know that you love them.
2. Be sensitive to how other family members feel.
3. Listen to what is meant as well as what is being said.
4. Accept the other person and what they say.
5. Don't give each other the silent treatment. This has many negative effects.
6. Sit back and listen. Let other family members have an opportunity to talk.
7. Be sure to hug and touch each other at every opportunity.
8. If depression, grief, or problems in your family are getting out of control, seek the advice of a counselor.
9. Recognize that anniversaries, birthdays and special holidays will be difficult for the family and each member of the family.
10. Remember you can't help anyone if you are falling apart. Do what you can do, get help for what you can't do, and trust in the help that God gives.
11. Studies show that a bereaved person's self-esteem is extremely low. Survivors should work on their image of themselves and help each family member to think and feel good about themselves.
12. If there is a suicide note, discuss as a family what to do with it. If you think it will only bring you pain, then have a private burning and commit its contents to God.

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## Talking with Children in Grief

Be direct. Use the correct words. Say “dead.” Do not use words that soft-pedal what happened. Children are not able to generalize from the words “sleeping,” “gone,” or “lost.” They will believe that the person is lost, sleeping, or gone for a while, all of which imply that the person will come back.

Do not go into detail or give long explanations. Give the facts. Wait for questions. Answer the questions. If you do not know the answer, do not guess or make something up. Admit that you do not know. If you can find out the answer from another source, tell the child that, and follow through.

Find out what the children are thinking. Ask the children what they have heard and what they think has happened.

Talk about your feelings. If you look sad or are crying, explain why. Let children know that the unhappy feelings are in no way related to them, but that you are mourning the death of the loved one.

Reassure the children that they will be cared and provided for.

Talk about the person who died. Bring up fond memories and other memories, too.

Talk about the procedures that surround the death, such as the wake, funeral, memorial service, cremation, burial, and visitation. Explain what will happen and give the child an opportunity to participate.

Read a children’s book about death to the child.

Praise children when they are functioning well so they will feel more able and not so out-of-control. However, do not ask them to be grown up and take on adult responsibilities and behaviors.

A hug is always nice.

Make sure the children know what caused the death and that it is not related to anything they did, is not a punishment, and is not contagious. They will not catch it and neither will you. Assure them that you will be around for a long time.

Be prepared to repeat explanations and give the information again and again.

*From Bereavement and Support by Marylou Hughes, LCSW, DPA,  
Taylor & Francis, 1995. Used with permission.*

## Helping Children through Grief

Return to the normal household schedule as quickly as possible. Children feel more secure with their regular routine.

Let the children know that they are protected and safe. When they feel secure, they will be able to live through their grief.

Try to understand the children's behavior. If they do not have the words, they will express their grief through their behavior.

Involve the children in a ceremony that gives them an opportunity to say good-bye to their loved one.

Talk about bad dreams, or have the children draw a picture of the dream. Have them rip up the picture and throw it away. This gets rid of the dreams.

Do not be alarmed if the children play at dying or death. This is a way for them to work through their feelings and fears.

It is meaningful for the child to do something to memorialize the loved one.

Plan something for the child to look forward to, such as a vacation or other enjoyable experience.

Let the children help out in age-appropriate ways.

When you are not available, make sure the children know that someone trustworthy is present.

Look at pictures of the deceased together.

Give the children tangible mementos of the person who died.

Let children stay children. Do not lean on them for comfort and support.

Let the school know of the death, and let the children know you are doing this. They may not want you to. Do it anyway. It is better for the children to know that the teacher and the other children know about the death, than to suspect they might know.

*From Bereavement and Support by Marylou Hughes, LCSW, DPA,  
Taylor & Francis, 1995. Used with permission.*



# Helping Children Survive the Loss of a Loved One by Suicide

“Children of suicides have a higher than average rate of suicide, not because the tendency toward suicide is biologically inherited, but because they grow up with a heritage of guilt, anger and a sense of worthlessness.” (Francine Klagsburn in *Too Young to Die: Youth and Suicide*)

Children have the same emotional needs as adults, but sometimes these needs are ignored or taken lightly. Many times adults are too full of grief to reach out to their children.

Be honest with them. Give them clear, correct facts about the suicide in a compassionate, loving way. Be careful not to over-explain.

Listen carefully to their questions, then answer truthfully. Remain consistent in your truthful answers about the suicide.

Talk about the dead family member.

Tell all your children about the suicide, even the youngest ones.

Encourage your children to share their grief with you and with trusted friends. Teach them to be selective about sharing the facts of the suicide with others.

You can help them grieve by letting them see you cry and by crying with them. Show them that crying is an acceptable and natural release for grief.

Be aware of children’s possible guilt feelings. Assure them that the suicide was not their fault.

Discuss constructive ways of handling problems. Tell them suicide is a permanent solution to a temporary problem. Problems can be solved. Even if a family member chose suicide, the children have other options.

Help your children see that they, too, have choices. They can choose to build happy, well-adjusted lives.

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# Suggestions for Helping Children

Children have the same emotional needs after the suicide of a loved one as adults, but often their hurts are not taken seriously. Many times adults have their hands full of grief and do not think to reach out to the children. Here are some ideas.

1. It is important to be honest with your children. Give the correct information in a loving, compassionate way.
2. The explanation should be clear and direct. Be careful not to over explain.
3. Listen carefully. Answer their questions truthfully and be consistent in telling the truth about the suicide.
4. Talk about the deceased family member.
5. Discuss better ways than suicide to handle problems.
6. Tell all your children - even the younger ones.
7. Encourage children to share their grief with those at home and with trusted persons outside the family.
8. You can help your children grieve by letting them see your tears, by crying with them, and by letting them know that it's okay to be upset.
9. Have a positive attitude toward your children.
10. Be aware of your children's possible feelings of guilt. Assure them that it wasn't their fault.
11. Children need to know that suicide is an individual matter. Even if family members do it, they can still choose not to.
12. Children may experience all the many emotions and phases of grief.
13. Teach your children to be selective about who they tell the story of suicide.

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# Survivors of Suicide Relationship Loss Issues

## Common Layers of Grief

Death • Suicide • History

Common Emotions	Loss of a Parent	Loss of a Child	Loss of a spouse/partner	Loss of a sibling
<ul style="list-style-type: none"> <li>■ Anger</li> <li>■ Guilt</li> <li>■ Deep grief</li> <li>■ Fear</li> <li>■ Cheated</li> <li>■ Abandoned</li> <li>■ Judged</li> <li>■ Loss of role</li> <li>■ Loss of hope</li> <li>■ Stigma</li> </ul>	<ul style="list-style-type: none"> <li>■ Abandonment</li> <li>■ Legacy of suicide</li> <li>■ Difficulty talking to young children</li> <li>■ Children act out their grief</li> <li>■ Secondary loss of surviving parent</li> <li>■ Guilt</li> <li>■ Responsibility</li> <li>■ Blame</li> </ul>	<ul style="list-style-type: none"> <li>■ Rejection</li> <li>■ Guilt</li> <li>■ Blame</li> <li>■ Responsibility</li> <li>■ Stigma</li> <li>■ Fear of exposure as failure</li> <li>■ Relief</li> <li>■ Anger</li> </ul>	<ul style="list-style-type: none"> <li>■ Abandonment</li> <li>■ Rejection suicidal thoughts</li> <li>■ Blame</li> <li>■ Survivor guilt</li> <li>■ Anger</li> <li>■ Stigma/others blame spouse</li> <li>■ “Significant other” relationship issues</li> <li>■ Going on with your life</li> <li>■ Others’ expectations</li> </ul>	<ul style="list-style-type: none"> <li>■ Loss of victim as well as parent(s)</li> <li>■ Added responsibility in the family</li> <li>■ Anger</li> <li>■ Blame parent for failure</li> <li>■ Over-responsibility</li> <li>■ Parenting your parents</li> </ul>

Table developed by Linda L. Flatt, *Surviving Suicide*, 2002.

# Survivor Support



**A**s a support group facilitator, I regularly talk to the community about survivor support. When someone dies by suicide, teachers, employers, clergy, first responders and others community members all want to know how they can help.

This section educates the community about how to deal with us as survivors. The materials describe the survivor experience and give suggestions on how others can be supportive.

*“ Accept the survivor’s feelings. Practice unconditional love. Feelings of rage, anger, and frustration are not pleasant to observe or listen to, but it is necessary for the survivor to recognize and work on these feelings in order to work through the grief rather than become stuck in one phase.”*

**HOPE FOR  
BEREAVED’S  
SUGGESTIONS FOR  
HELPING  
SURVIVORS OF  
SUICIDE**

## REFLECTIONS OF A SURVIVOR

# From Anguish to Activism: Transcending a Suicide Loss

There are two new titles that I've acquired in the last few years. In a recent Las Vegas Review Journal article, I was labeled an activist. When I first saw that in print, I felt that it was pretty extreme – I certainly don't feel like an activist. Actually, I prefer the term advocate. I am an advocate for the prevention of suicide, and I am working to improve suicide prevention efforts in my community. In the fall of 1997, I became a Community Organizer for Suicide Prevention Advocacy Network (SPAN USA), a grassroots organization dedicated to the development of a proven, effective national strategy for suicide prevention. Recently, I helped establish the new Nevada chapter of the American Foundation for Suicide Prevention and participated in the first survivor conference to be held in Nevada – AFSP's Survivors for Suicide Prevention Conference on November 20, 1999.

So, I guess you could say that I'm an activist. But, before I became an activist, I became a survivor of suicide. That was a title I had never heard and certainly never wanted. On June 29, 1993, my tall, handsome son Paul intentionally ended his life at the age of 25.

Suddenly, I found myself on a dark and treacherous road with no light and no road map. I had no frame of reference in my life for surviving my child, much less his suicide death. For the first few weeks, I was in a thick, anesthetizing fog. When that lifted, I experienced overwhelming waves of anger – anger at Paul, anger at myself for the parenting mistakes I had made, anger at the counselors who had seen Paul over the years – and not fixed him, anger at God for allowing this incomprehensible experience to happen in my life. And I was also angry with all of the other moms who could still watch their sons grow to adulthood, get married, and have children. I shook my fist a lot during this season of anger.

Slowly, crushing guilt became tangled in the anger. I felt like a total failure as a mom – that I was somehow responsible for not equipping my son to make good choices. It seemed my fault that he made this final poor choice to end his life rather than change his self-destructive behavior. I spent hours trying to rework my reality in my mind – trying to find answers to questions that had no answers – as though the answers would somehow change the outcome. Like many survivors, “If only I had”, “If only I hadn't”, and “Why?” were my constant thought companions.

The incredible emotional pain of the loss of my son was also ever-present. Recurrent tears, heaviness in my chest, frequent sighing, and the inability to sleep became commonplace. Although the structure and routine of my office was somewhat comforting, I found it difficult to concentrate or focus on tasks – at work or at home. It was as though my brain was rebelling against this experience. Or, possibly this was my brain's way of forcing me to be gentle with myself in my grief. Whichever, the fog

did not lift completely for over a year. During that time, I found it difficult to think about anything except Paul and his suicide. Everything around me was a reminder of my loss.

I can remember waking up on the first year anniversary of the suicide and expecting everything to be back to “normal.” Didn’t happen! The second year after Paul’s death was somewhat easier than the first, and the third year was tolerable – but I soon became aware that suicide bereavement was a part of who I was. It was up to me to decide how I would incorporate that experience into my life.

As an active participant in my own healing process, I read everything I could get my hands on about the grieving process as it relates to suicide. Soon, I realized that I had gathered too much valuable material to keep to myself. Three years after Paul died, I started a survivor bereavement support group at my church. Sharing my pain with others who are also broken-hearted by a suicide death –and watching the victories come from the struggles in the group – have been the gifts that Iris Bolton promised me in her book, *My Son, My Son ...* Iris’s book was the first ray of light on my healing journey, and as time passes, I watch other group members share the light and love they receive in our group. I call that the “Iris Bolton gift exchange!”

In September 1997, I went to LaRita Archibald’s survivor’s conference in Colorado Springs. I attended Frank Campbell’s wonderful keynote address and all of the workshops – and gathered even more great information about healing after a suicide. During the conference I heard murmurs about suicide prevention, and I deliberately covered my ears. I didn’t want to go there – I had neither the time nor the energy for prevention work. The first day I managed to evade the SPAN USA missionaries, but on the second day I had lunch with a survivor who worked for the Colorado State Department of Health. She noticed my name badge and remarked in a much-too-loud voice, “You’re from Nevada!” She proceeded to tell me about Senator Reid’s involvement with SR 84, Nevada’s high suicide rate (the highest in the U.S.), and the work that SPAN USA was doing to develop a national strategy for suicide prevention. “Except for Senator Reid, we don’t have a survivor voice in Nevada,” she said. To shorten the story, I called the founders of SPAN USA in Atlanta as soon as I got home. I quickly caught a spark of their energy, added it to my own energy that was slowly beginning to return, and, before I knew it, I was an “activist.”

In March of last year I was involved in the exciting process of presenting a state suicide prevention resolution to the Nevada State Legislature in Carson City. That resolution was adopted in that legislative session, and money was appropriated to expand a statewide toll free suicide hot line. In May 1999, the Nevada chapter of AFSP was established in Las Vegas. Our board is dedicated to raising public awareness of the significant suicide problem in our state – and improving suicide prevention education in our community. My prayer is that the collaborative work of SPAN USA and AFSP will make a significant difference in the way the people of Nevada deal with suicide survivors and suicide prevention.



For over six years I have traveled from the healing path to the survivor support path – and on to the prevention advocacy path. It is a path I am now comfortable with, because I have worked through my feelings of guilt and responsibility for my son's death. I can embrace the fact that many suicides are preventable, and I now believe that there is very important work to be done. Out of my experience I have discovered that one voice – my voice – can make a difference. One message will be heard – if it is clear, persistent, and directed to the right people. I also know that MANY clear, persistent voices can carry the message farther – and make more of a difference. Let us all heed the U.S. Surgeon General's Call to Action and become activists for the prevention of suicide!!

**By Linda L. Flatt ~January 2000.**

**The above article was reprinted from *Lifesavers* (Vol. 12, No. 1 - Winter 2000), the quarterly newsletter from the American Foundation for Suicide Prevention.**

# Comforting a Suicide Survivor

## Do List

Give them time, love and understanding.

Remember that everyone grieves in their own way, in their own time frame. Give them the space they need to grieve, and don't try to rush them.

Encourage them to talk about what they are feeling or thinking, and to express their grief.

Offer ideas and not advice. Let them decide what they want to do and when.

Help them to not feel guilty for taking care of themselves - remind them to get lots of sleep, eat regularly, drink plenty of water, exercise.

Pay attention to their loved ones in the following months. Survivors are often "hyper vigilant" - afraid to lose someone else. Help them to understand that these feelings are natural. Assure them that they are not alone in watching out for their loved ones.

Listen when they want to talk about their loved one who suicided - you may be the only person urging them to do so.

Encourage them to find a support group. Being with people who have experienced similar losses is a good idea. These groups can be found by calling your local crisis center or checking online at [www.suicidology.org](http://www.suicidology.org)

## Don't List

Don't assume you know best, or how they feel.

Don't make comparisons to your own losses.

Don't tell them how they "should" feel, or try to change their feelings. Feelings are unique to each individual. There's no such thing as a good or bad feeling - they just "are" and we all have them.

Don't tell them this was God's will or preach to them. They will draw strength from their own faith, if that is important to them.

Don't give them your pills or personal medications.

Don't change the subject, if they want to talk about their loved one.

Don't take over their responsibilities, unless they ask you to do so.

Don't stop visiting them or calling them.

Don't alter their loved ones room or belongings. They can do that in their own time, and may consider it a very special thing.

Don't point out the fact that they have other children, if they lost a child. Each individual and each relationship are unique.

Don't add to their feelings of grief and guilt by pointing out things that should have been done differently.

From the Baton Rouge Crisis Intervention Center web site (see [www.brcic.org](http://www.brcic.org)).  
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## **Suggestions for Helping Survivors of Suicide**

Bereaved people, especially suicide survivors, need the support, love, and concern of their relatives and friends. Often a survivor is like someone who has trouble standing by him or herself. It is up to us to reach out to help. Their basic needs are for kindness and caring. With time, understanding, and the concern of their friends, the survivor's feelings of grief will soften. The following suggestions apply to both the time immediately after the suicide including the funeral and for as long as necessary afterwards.

- Make an extra special effort to go to the funeral home. The shock, denial, and embarrassment are overwhelming for the survivors. They need all the support they can get. Due to the cause of death, in most cases the coffin is left closed.
- When going to the funeral home, do as you would normally do at any other type of wake. It will not be easy, since you sincerely want to comfort the bereaved person, but really don't know what to say. Just a few words can be a help. "I am so very sorry, I just don't know what else to say to you as I have never been through what you are going through now." "Please accept my deepest and sincerest sympathies; my heart goes out to you." When the person is close, take their hand, by all means hug them and don't feel the need to say anything.
- Don't be afraid to cry openly if you were close to the deceased. Often the survivors find themselves comforting you but at the same time they understand your tears and don't feel so all alone in their grief.
- Don't say "It was God's will" or "God called your loved one home because He needed some flowers in His Garden." Such explanations do not console.
- Survivors can tend to become more paranoid than the average person. The guilt is so overwhelming that when people do not attend the funeral or send a card the guilt increases. A note or visit in the weeks and months to come is of great help to the survivors.
- Don't try to comfort the survivor by saying "It was an accident, a terrible accident." The survivors need to start dealing with the fact of suicide.
- Do not say "He or she was on drugs or drunk." You weren't there during the suicide, so how could you possibly know? It is not helpful or necessary to give reasons for the suicide.

- Survivors may ask “Why?” It is best to say “I don’t know why and maybe I’ll never know.”
- Be aware that the survivor’s grief is so painful that sometimes it is easier to deny that it ever happened. Be patient and understanding. Sometimes this denial gives them a breather before the reality comes crashing in again.
- Come to the survivor as a friend who sets aside prejudice and judgment. Show genuine and sincere interest.
- Be a good listener. Survivors have a tendency to repeat and ramble. They may have a tremendous sense of guilt. It is helpful to listen over and over and over again.
- Be patient. Often the survivor is the first one to realize that they are not easy to get along with, but they need people to persevere with them until their grief eases.
- Don’t say “snap out of it.” Often the survivor reacts to such a statement by pushing down his or her feelings and thoughts which slows the process of working through one’s grief.
- Be the type of friend with whom the survivor can talk and feel comfortable and accepted. Be available to spend time with the survivor. Most people find the best way to work through their emotions is to talk them out with someone they trust. When the survivor tells about their feelings often they are helped in understanding what is going on. Talking also releases some of their pressures. Often while talking the survivor comes up with his or her own solutions.
- Survivors have every right to feel sensitive. Some people deliberately avoid the survivors. They will cross the street or pretend that they don’t see the survivors. This adds to their guilt. Such actions are not done out of malice, but rather out of confusion about what to say. It is important to make every effort to befriend the survivor and to reach out.
- Encourage the bereaved to talk. It is of not help to say “Don’t talk about it.” Let the person pour his heart out. It is helpful to share pleasant and unpleasant memories; to get in touch with what they are feeling; and to express what they think.
- Vicious and cruel remarks are sometimes made. They hurt the survivor deeply. Don’t repeat such remarks and try to help the originators of the remarks to realize the hurt that they are causing the survivor.

- Don't start telling the survivors that your child or friend "almost" tried to commit suicide and you "know" how they feel. Your loved one is still alive and theirs is dead.
- Never say "you'll get over it in time." Hopefully, the survivor will learn to deal with it and cope with it in time, but never will they "get over it."
- Discussing the signs of suicide with a survivor is not helpful since the suicide is a fact. Telling them "there must have been signs indicating depression" only lays more guilt on the survivor.
- Be sincere if you ask "How are you coming along?" and then really listen to what the survivor says. Don't prevent him from talking. Don't change the subject or walk away.
- The anniversary of the suicide is a very painful time. Relatives and friends should make every effort to be available, to listen, to call, to visit, to send a note, to do little acts of thoughtfulness.
- Accept the survivor's feelings. Practice unconditional love. Feelings of rage, anger, and frustration are not pleasant to observe or listen to, but it is necessary for the survivor to recognize and work on these feelings in order to work through the grief rather than become stuck in one phase.
- As time goes on, it is still appropriate to say that you are sorry or to reminisce about the loved one. It is comforting to survivors that their loved one hasn't been forgotten and that people are still concerned about them as survivors.

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# Surviving the Holidays



*“Resist the urge to ‘shut down’ emotionally until next year. Trust me, the feelings will still be on that shelf on January 1st, and they will, more than likely, be even more powerful and destructive than they were in December.”*

LINDA L. FLATT

Holidays and other “trigger days” are especially difficult for those who grieve. Each survivor has his or her own collection of trigger times when emotions are magnified and painful memories are intensified. For me, the holidays were hard, and I know they’re hard for other survivors as well. However, I also found, over the years, that the anticipation was always worse than the actual day.

It’s important that survivors understand that these trigger days – anniversaries, birthdays, Mother’s Day, Father’s Day, etc. – are challenging. These difficult times are not set-backs. They don’t mean we’re not recovering. We’ve just been triggered.

Strangely enough, Halloween was a trigger day for me, as my son always had a ball on Halloween. That first Halloween after his death, I crashed and went through the day in a muddle. But I was ready for Thanksgiving. I planned in advance how to rework Turkey Day plans around my grieving process. By Christmas, I had the planning down pat and figured out ways to cope.

This section has suggestions for how to get through these complicated seasons.

## REFLECTIONS OF A SURVIVOR

### **Anniversaries and Choices**

The sixth anniversary of Paul's suicide brought a slight heaviness to my chest – only a mild reminder of the incredible pain of the first day of this journey.

As the day passed,  
I found myself wanting to relive that first day,  
moment by moment.  
But I resisted that impulse  
and made a decision  
not to revisit the pain of the past.

My life is different now –  
I am strong and whole again.

Today, I chose to remember my son  
while staying in the present  
and preserving my wholeness.

Because of the work I've done  
in the last six years,  
I was able to do just that!

Another year of healing begins ...

Linda L. Flatt ~ June 1999



## Help for the Holidays

Get your fears about the holidays out of your system. Write them down. Know what they are.

Plan ahead. Know what you want to do, are willing to do, or do not want to do.

See the holidays as a series of small events instead of an endless stream of pain. You can handle one event at a time.

Decide if you want to continue with family traditions, alter them, or start all over with your own traditions.

Try to keep holiday planning and celebrations simple. Do not ask too much of yourself. Do not get too tired.

Put some effort into seeing that someone else has a wonderful holiday. Visit nursing homes. Work on a holiday dinner at a charitable organization. Find satisfaction in doing for others.

Go on a trip.

Take a friend or relative to a spectator event, such as a play, concert, or sporting event.

Talk about your feelings. Cry, laugh. Do not try to hide your honest emotions.

Remember your responsibility to yourself. Take care of yourself!

Shop early or by mail order if you want to avoid the holiday hoopla.

Give yourself a nice present.

Decide how you will answer all the cheerful greetings of the holiday season. When you hear "Happy Holidays!" you may want to say, "Thanks, happy holidays to you." or "I'm trying."

Talk about the deceased if you want to. Look for positive memories.

**From *Bereavement and Support* by Marylou Hughes, LCSW, DPA,  
Taylor & Francis, 1995. Used with permission.**

# Holiday Suggestions

The holidays are difficult for all who have lost a loved one to suicide, but especially poignant for the survivor who is newly bereaved. We remember happier holidays spent with all family members present. As the years go by, the sadness becomes less overwhelming but it lingers. Usually, there is joy to be found but one must make a conscious effort to find it. Most survivors have found it helps to have a holiday plan and to change some of the family traditions. Here are some suggestions from experienced survivors who found them helpful.

Take care of yourself; eat right; schedule some time for exercise and get plenty of sleep.

Do your holiday shopping early to eliminate unnecessary stress.

Decide what you can handle comfortably and let those needs be known to family, friends and relatives.

If you find things aren't going well, set limitations and do only the things that are most important to you.

Plan your holidays ahead of time. Having a schedule of known activities relieves some of the tension.

Don't hesitate to make changes in your holiday tradition; it can make things less painful.

Start a new tradition - one as simple as discarding an old recipe and trying a new one, the time you open your presents, time of the holiday meal, etc.

Plan to be with people you enjoy.

Buy yourself something special.

If you feel the need to cry, remember tears are an honest expression of love and emotion.

Some have found comfort in spending the holidays away from home.

If the thought of sending holiday cards is too painful, give yourself permission not to send them.

If you feel uncomfortable about one Christmas stocking being missing, don't hang any or substitute something else to fill.

Many have found comfort in doing something for others; give a gift in memory of your loved one to your favorite charity, invite a senior citizen, foreign student or guest to share your festivities, etc.

Include the deceased in your conversations with family and friends when you discuss past holidays. Some survivors have experienced disappointment when their loved one was excluded from holiday conversations. Having a discussion with your family beforehand helps to avoid this situation and additional grief.

Written by Lois A. Bloom, December 1991. Used with permission.

# Holiday Suggestions for Survivors of Suicide

## HOLIDAY PROBLEMS - ROADBLOCKS

- Overwhelming sense of loss
- Overwhelming emotions
- Being alone
- Traditions that have changed
- Triggers ('land mines') – Reminders of your loss (music, cards, greetings, etc.)
- Others' expectations
- Lack of energy
- Lack of a holiday spirit
- Negative associations with holidays - previous history of disappointing holidays or unhappy relationships

## HOLIDAY SOLUTIONS – STEPPING STONES

- Plan ahead
- Have a backup plan
- Embrace the feelings – both good and bad
- Realize it doesn't have to be the best holiday ever – just get through it!
- Find something different to do – go to a buffet instead of fixing the big meal, leave town
- Take the pressure off of yourself. Don't fake it.
- Have reasonable expectations of yourself and others
- Add something to your tradition that honors your loved one – light a candle
- Create whatever holiday you want

Table developed from Surviving Suicide group discussion, December 1996

# **Reclaiming Our Joy**

## **A Basic Plan For Surviving The Holidays After The Loss Of A Loved One**

Shortly after my son's suicide in 1993, a wise counselor told me not to let that death take away my joy. At the time, those words fell on deaf ears. But, as the days passed and healing began, his guidance became my mission - to somehow reclaim my joy after experiencing the incomprehensible suicide death of my child. The powerful and overwhelming emotions that embody the grieving process tend to be magnified during the holidays - a time when memories of our missing loved ones are especially painful. Family gatherings are wearying reminders of the stark reality of our loss. Here are some steps that we can take together to endeavor to recover our God-given joy during a difficult holiday season.

### **Decide to Prepare**

Plan ahead for the pitfalls of holiday bereavement. Educate yourself in the fine art of surviving the holidays and equip yourself for the season. Beware of the expectations of others and choose to get through the holidays YOUR WAY!

### **Determine to Feel**

Give yourself permission to grieve during the holidays instead of "stuffing" or denying your emotions. Resist the urge to "shut down" emotionally until next year. Trust me, the feelings will still be on that shelf on January 1st, and they will, more than likely, be even more powerful and destructive than they were in December.

### **Commit to Connect**

Choose to be around safe, supportive people during the holidays - people who will let you have your grief. Make a conscious decision to stay connected to God and His people at a time when you may want to isolate to ease your pain. We serve a loving, comforting God, and there is great healing in His community. Reach out and take the light and love that others offer during the holidays - and, in turn, give whatever you can to those who reach out to you.

Linda L. Flatt ~ November 1998

# Miscellaneous Handouts



**T**his section contains all the “good stuff” that didn’t fit neatly into other chapters.

The handout “I Don’t Know Why” is a piece by Iris Bolton which I ran across a few months after Paul’s death, and it really spoke to me. I’ve included materials that encourage reflection and provide practical tips.

Finally, take a look at the wealth of resources at the end. There are reading lists, helpful web sites, contacts for survivor newsletters and information about survivor-run activities.

*“There is no right or wrong way to grieve. All your feelings are normal. It is helpful, however, to know that human grief is a process that often follows a healing pattern.”*

**IRIS M. BOLTON  
WITH CURTIS  
MITCHELL, MY SON  
... MY SON ... A  
GUIDE TO HEALING  
AFTER DEATH, LOSS,  
OR SUICIDE**

## REFLECTIONS OF A SURVIVOR

### It's "A God Thing"

#### *Provision*

When my son, Paul, took his own life in June 1993, I suddenly found myself on a very dark road with no light and no roadmap. Having no frame of reference in my life for surviving a suicide death, I faced a complicated and difficult healing process. When some time had passed, the initial anesthetizing patch of fog lifted and my brain began to function again. I realized that God was not only providing light, love, and guidance for my journey, but that he had also lovingly equipped me to walk that treacherous road.

#### *Preparation*

Five years before my son's death I experienced a divorce - after 26 years of marriage, and God graciously provided me with an extensive divorce recovery education. Among other things, I learned to gradually let go of a relationship and to accept the loss of future dreams. I learned how to grieve and to experience and express all of my God-given emotions in an adult, moderate way. I learned to practice forgiveness - for others and for myself. I learned to take responsibility and ownership of my life. I learned that I had no control over the choices of others and no responsibility for the consequences of their behavior. I learned to connect with safe people in healthy relationships and how to ask for their help without shame or guilt. And, most importantly, I learned to fully experience God's presence and to hold on tight to my inherent value as His beloved child - in the midst of rejection and abandonment. With God's help, a lot of hard work, two support groups, and a host of encouraging friends and family members - I survived that divorce and did a great deal of growing up in the process.

#### *Beyond Survival*

All of those lessons have provided me with just the right tools to survive and overcome an even more incomprehensible loss - and also to share that experience with others in order to shed the light of God's love on their dark path. That's what I call "A GOD THING" - because I certainly could not have done any of it in my own strength!

Linda L. Flatt ~ October 1998

# **I Don't Know Why**

I don't know why.

I'll never know why.

I don't like it.

I don't have to like it.

What I do have to do is to make a choice  
about my living.

The choice is mine.

I can go on living, valuing every moment  
in a way I never did before,  
or I can be destroyed by it and  
in turn, destroy others.

I thought I was immortal.  
That my family and my children were also.  
That tragedy happened only to others.  
But I know now that life is tenuous  
and valuable.

So I am choosing to go on living,  
making the most of the time I have,  
valuing my family and friends  
in a way never possible before.

*Iris Bolton*

**From *My Son ... My Son ... A Guide to Healing After Death, Loss, or Suicide* by Iris Bolton with Curtis Mitchell,  
Bolton Press Atlanta, 1983. Used with permission.**



## **Stress Survival**

Exercise. Physical exercise changes the body chemistry. Endorphins are manufactured. Endorphins make you feel better.

Do something you enjoy that requires your concentration. This will distract you from your present stresses.

Do something for someone else. This will increase your self-esteem and give you a feeling of satisfaction.

Start and finish a short-term project. This will give you a sense of completion and accomplishment.

Sign up for lessons to learn something new. This will aid you in self-discovery, expand your thinking, and bring a new interest into your life.

Do something nice for yourself. See yourself as a person who deserves good things in life.

Keep up old relationships and try to make new ones. You need a support system.

Say yes. Say yes to invitations. Do not cut yourself off from experiences and opportunities.

Say no. You do not have to do anything that does not seem right to you.

*From **Bereavement and Support** by Marilou Hughes, LCSW, DPA  
Taylor & Francis, 1995. Used with permission.*

When an emotional injury takes place,  
the body begins a process  
as natural as the healing  
of a physical wound.

Let the process happen.  
Trust the process.  
Surrender to it.

Trust that nature will do the healing.  
Know that the pain will pass,  
and, when it passes,  
you will be stronger,  
happier, more sensitive and aware.

**From *How to Survive the Loss of a Love* by Melba Colgrove, PhD, Harold H. Bloomfield,  
MD & Peter McWilliams, Prelude Press, 1992. Used with permission.**

# The Phases of Grief

There is no right or wrong way to grieve. All your feelings are normal. It is helpful, however, to know that human grief is a process that often follows a healing pattern.

## Stages

Shock is the first stage. It is accompanied by disbelief and numbness.

Denial follows quickly, crying “I don’t believe it,” or “It can’t be.”

Bargaining is your promise that, “I’ll be so very good that maybe I can wake up and find that it isn’t so. I’ll do all the right things if only ...”

Guilt is painful and hard to deal with. This is when one says over and over, “If only I had ...” or “If only I had not ...” This is a normal feeling and ultimately it may be solved by stating, “I’m a human being and I gave the best and worst of me to my friend (child, husband, etc.) and what he or she does with that is his or her responsibility.

Anger is another big factor which seems to be necessary in order to face the reality of life and then to get beyond it. We must all heal in our own ways. Anger is a natural stage through which we must pass. Your anger at your deceased loved one may even make you feel guilty, or it may be because your own life continues whereas your friend’s life is over.

Depression is a stage of grief that comes and goes. Knowing this, be prepared to give yourself time to heal. Resignation is a late stage. It comes when finally you accept the truth.

Acceptance and hope! Understand that you will never be the same but your life can go on to find meaning and purpose.

## What to do

- Share your feelings with someone.
- Discuss those feelings openly and frankly.
- Show interest and support to those who need your help.
- Get professional assistance!

*Suicide is a permanent solution to a temporary problem.*

**From My Son ... My Son ... A Guide to Healing After Death, Loss, or Suicide by Iris Bolton with Curtis Mitchell, Bolton Press Atlanta, 1983. Used with permission.**

# Surviving Suicide

## Our Struggles and Victories

### STEPPING STONES TO RECOVERY

*What do I do with the difficulties?*

They chose to end their life  
Rejection  
Abandonment  
Isolation  
Embarrassment  
Stigma  
Frustration  
Added responsibility  
Forced to face difficult reality  
Adjustment to living alone  
Confusion  
Guilt  
Anger  
Depression  
Anxiety attacks  
Post-traumatic stress  
Finding the body  
Not being able to see the body  
Disbelief  
Flashbacks  
Horror  
Lost dreams  
Unanswered questions (WHY?)  
Method of suicide  
Others' expectations  
Healing too slowly  
Healing too fast  
Fear of losing others  
Suicidal thoughts  
Physical ailments  
No one wants to hear about suicide  
Wounds from family history  
Wounds from the relationship  
Anniversary dates

### ROADBLOCKS TO RECOVERY

*What makes this so difficult?*

Choose to survive a day at a time  
Take responsibility for yourself  
Take care of yourself  
Let others take care of you  
Ask for what you need and want  
Make decisions as a family  
Get a survival plan  
Give yourself time  
Talk about the suicide  
Talk about the victim  
Write about the suicide  
Write letters to the victim  
Read about suicide  
Read about personal growth  
Read about the grieving process  
Give yourself permission to grieve  
Exercise  
Take a walk  
Take a trip  
Feel all of your feelings  
Find safe friends  
Talk about your feelings  
Take some risks  
Learn to trust  
Join a survivors support group  
Talk to a counselor  
Consider medication if prescribed  
Heal some historical wounds  
Face reality  
Serenely accept what you can't change  
Courageously change what you can  
Ask for wisdom to know the difference

Linda L. Flatt, *Surviving Suicide* ~ 1997

# Suggested Reading List for Grief Recovery and Suicide Bereavement

These readings are a sampling of the available books on this subject. More can be found by searching online.

*After Suicide* by John H. Hewett (Westminster Press, 1980)

*After Suicide: A Ray of Hope* by Eleanora 'Betsy' Ross (Lynn Publications, 1986)

*Andrew, You Died Too Soon* by Corinne Chilstrom (Augsburg Fortress, 1993)

*Breaking The Silence* by Mariette Hartley (Signet/Penguin Books, 1990)

*But I Didn't Say Goodbye: For Parents and Professionals Helping Child Suicide Survivors* by Barbara Rubel (Griefwork Center, Inc., 2000)

*Dead Reckoning* by David C. Treadway (HarperCollins Publishers, 1997)

*Don't Take My Grief Away From Me* by Doug Manning (In-Sight Books, 1979)

*Finding Your Way after the Suicide of Someone You Love* by David Beibel & Suzanne Foster (Zondervan, 2005)

*Forgive & Forget: Healing The Hurts We Don't Deserve* by Lewis B. Smedes (Pocket Books, 1984)

*God's Comfort Food for New Beginnings* by Kimberly Converse (ElimBooks, 1999)

*Handling the Holidays* by Bruce H. Conley (Thum Printing, 1992)

*Healing After The Suicide of a Loved One* by Ann Smolin and John Guinan (Simon & Schuster, 1993)

*Helping Children Cope with Loss* by Buz and Joanie Overbeck (TLC Group, 1992)

*Helping Children Cope With Grief* by Alan Wolfelt (Accelerated Development, Inc., 1983)

*Hope for Bereaved: Understanding, Coping, and Growing Through Grief* by Therese Schoeneck (Hope for Bereaved, Inc., 2001)

*How To Go On Living When Someone You Love Dies* by Therese A. Rando (Bantam Books, 1991)

*How to Survive the Loss of a Love* by Melba Colgrove, Harold Bloomfield & Peter McWilliams (Prelude Press, 1991)

*Living Through Personal Crisis* by Ann Kaiser Sterns (Thomas Moore, 1985)

*Mourning After Suicide* by Lois Bloom (The Pilgrim Press, 1987)

# **Suggested Reading List for Grief Recovery and Suicide Bereavement (continued)**

*My Son, My Son* by Iris Bolton with Curtis Mitchell (Bolton Press, 1983)

*Night Falls Fast: Understanding Suicide* by Kay Redfield Jamison (Knopf, 1999)

*No Time To Say Goodbye* by Carla Fine (Doubleday, 1997)

*Remembering Garrett: One Family's Battle with a Child's Depression* by Gordon Smith (Carroll & Graf Publishers, 2006)

*Roses in December* by Marilyn Willett Heavelin (Thomas Nelson, 1993)

*Seven Choices* by Elizabeth Harper Neeld (Delta, 1990)

*Someone I Loved Died by Suicide: A Story for Child Survivors and Those Who Care For Them* by Doreen Cammarata (Grief Guidance, Inc., 2001)

*Stronger Than Death* by Sue Chance (Avon Books, 1992)

*Suicide: Prevention, Intervention, Postvention* by Earl Grollman (Beacon Press, 1988)

*Suicide: Survivors* by Adina Wroblewski (Afterwords, 5124 Grove St., Minneapolis, MN 55436, 1994)

*Surviving Suicide: Help to Heal Your Heart – Life Stories From Those Left Behind* by Heather Hays (Brown Books Publishing Group, 2005)

*Survivors of Suicide* by Rita Robinson (Newcastle Publishing Co., 1989)

*The Bereaved Parent* by Harriet Sarnoff Schiff (Penguin Books, 1977)

*The Courage to Grieve* by Judy Tatelbaum (Harper & Row, 1980)

*The Grief Recovery Handbook (Revised Edition)* by John James & Russell Friedman (HarperCollins, 1998)

*Touched by Suicide* by Michael F. Myers and Carla Fine (Gotham Books, 2006)

*Transcending Loss* by Ashley Davis Prend (Benline Press, 1995)

*Understanding Grief: Helping Yourself Heal* by Alan D. Wolfelt (Accelerated Development Inc., 1992)

*Why Suicide?* by Eric Marcus (HarperCollins, 1996)

*Why People Die by Suicide* by Thomas Joiner (Harvard University Press, 2005)

*Will's Choice : A Suicidal Teen, A Desperate Mother, and a Chronicle of Recovery* by Gail Griffith (Harper Collins, 2006)

# Survivors of Suicide Newsletters

In addition to these newsletters, which are distributed nationally, more survivor newsletters can be found online.

## *Surviving Suicide*

American Association of Suicidology  
4201 Connecticut Avenue, NW, Suite 408  
Washington, DC 20008  
(202) 237-2280  
(202) 237-2282 Fax  
[www.suicidology.org](http://www.suicidology.org)

## *Lifesavers*

The American Foundation for Suicide Prevention  
120 Wall Street, 22nd Floor  
New York, NY 10005  
(212) 363-3500  
(212) 363-6237 Fax  
[www.afsp.org](http://www.afsp.org)

## *The Journey*

The Link Counseling Center  
348 Mt. Vernon Highway, NE  
Atlanta, GA 30328-4139  
(404) 256-9797  
[www.thelink.org](http://www.thelink.org)

## *Comforting Friends*

Friends for Survival, Inc.  
P.O. Box 214463  
Sacramento, CA 95821  
(919) 392-0664  
[www.friendsforsurvival.org](http://www.friendsforsurvival.org)

## *Survivors After Suicide*

Didi Hirsch CMHC  
Suicide Prevention Center of Los Angeles  
4760 S. Sepulveda Blvd.  
Culver City, CA 90230  
(310) 751-5324  
[www.suicidepreventioncenter.org/newsletters.htm](http://www.suicidepreventioncenter.org/newsletters.htm)



# Organizational Resources

The following is a partial list of resources; many more can be found online.

## National Nonprofit Suicide Prevention Organizations

American Association of Suicidology  
[www.suicidology.org](http://www.suicidology.org)

American Foundation for Suicide Prevention  
[www.afsp.org](http://www.afsp.org)

Suicide Prevention Action Network USA  
[www.spanusa.org](http://www.spanusa.org)

Suicide Prevention Resource Center  
[www.sprc.org](http://www.sprc.org)

## Government Sources

Centers for Disease Control and Prevention:  
Suicide fact sheets  
[www.cdc.gov/ncipc/factsheets/suifacts.htm](http://www.cdc.gov/ncipc/factsheets/suifacts.htm)

Centers for Disease Control and Prevention:  
U.S. mortality statistics  
[www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

National Institute of Mental Health  
[www.nimh.nih.gov/publicat/depsuicidemenu.cfm](http://www.nimh.nih.gov/publicat/depsuicidemenu.cfm)

National Strategy for Suicide Prevention  
[www.mentalhealth.org/suicideprevention/default.asp](http://www.mentalhealth.org/suicideprevention/default.asp)

National Suicide Prevention Lifeline:  
800-273-TALK (8255)  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

## Youth Suicide Prevention

Jason Foundation  
[www.jasonfoundation.com](http://www.jasonfoundation.com)

Jed Foundation  
[www.jedfoundation.org](http://www.jedfoundation.org)

Maine Youth Suicide Prevention Program  
[www.state.me.us/suicide](http://www.state.me.us/suicide)

Washington State Youth Suicide Prevention Program  
[www.yspp.org](http://www.yspp.org)

Yellow Ribbon Youth Suicide Prevention Program  
[www.yellowribbon.org](http://www.yellowribbon.org)

## Survivor Support Sites

Healing After The Loss Of A Loved One  
By Suicide  
[www.survivingsuicide.com](http://www.survivingsuicide.com)

HEARTBEAT  
[www.heartbeatsurvivorsaftersuicide.org](http://www.heartbeatsurvivorsaftersuicide.org)

Helping Others Prevent & Educate about Suicide  
[www.hopes-wi.org](http://www.hopes-wi.org)

Friends for Survival, Inc.  
[friendsforsurvival.org](http://friendsforsurvival.org)

The Link's National Resource Center for Suicide  
Prevention and Aftercare  
[www.thelink.org](http://www.thelink.org)

# Organizational Resources (continued)

## Suicide Prevention Training

Living Works (sponsor of Applied Suicide Intervention Skills Training)  
*www.livingworks.net*

National Center for Suicide Prevention Training  
*www.ncspt.org/about.asp*

QPR (Question, Persuade, Refer) Institute  
*www.qprinstitute.com*

## Miscellaneous Sites

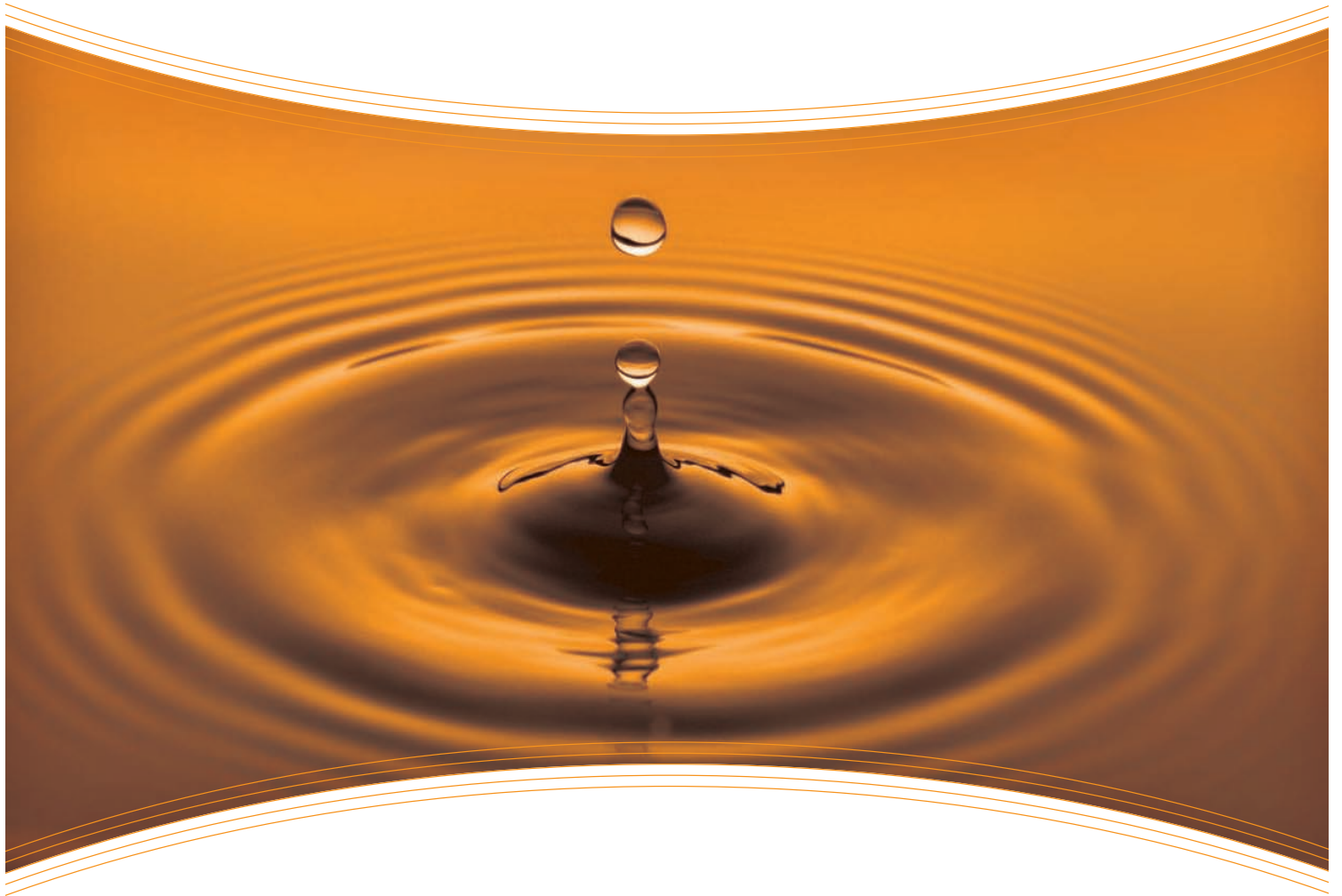
Centre for Suicide Prevention/Canada  
*www.suicideinfo.ca*

Position Paper on Suicide/Evangelical Lutheran Church in America  
*www.elca.org/dcs/suicide\_prevention.pf.html*

Suicide Awareness Voices of Education  
*www.save.org*

Suicide Education & Survivor Support  
*www.endsuicide.org*





A suicide may be a personal act,  
**BUT WE ALL FEEL ITS EFFECTS.**

In the United States, we lose 87 people a day to suicide. For every suicide at least six people will be left to make sense of it. At least six people will grapple with feelings of loss, despair, and guilt.

Each year, over 180,000 individuals become suicide survivors. Suicide impacts families, communities, and society as a whole. That's why suicide is a public health problem. **That's why we all need to be part of the solution.**

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OPENING MINDS. CHANGING POLICY. SAVING LIVES.



SUICIDE PREVENTION ACTION NETWORK USA