

## **HOW CAN I HELP? RESPONSES TO SURVIVORS OF SUICIDE**

Helping survivors of suicide requires an understanding of their special problems related to grief. "What Survivors Want Caregivers to Know," a workshop at the American Association of Suicidology conference in Chicago held in November 1990, provided the following insights from suicide survivors:

1. Widowed persons, regardless of reason for widowhood, have more in common with one another than differences. However, survivors of suicide feel some things more acutely than others. For example, many widowed persons feel some guilt as part of their grief, the survivor of suicide generally feels extreme guilt.
2. It is important to remember that other widowed persons can't *know* how it feels. Not only does everyone grieve differently, but the loss of a spouse through suicide carries with it especially intense feelings.
3. Many survivors feel overwhelmingly guilty since they believe they should have been able to prevent the suicide. They feel they "should" have been in control. The survivor needs to hear the verdict "not guilty." They need to realize they had no, or very limited, control over the actions of the deceased. As they realize that no one has the power to make someone choose death, they also need to realize they did not have the power to make someone choose life. Suicide was a choice – the choice not to live. It was the deceased's choice, not the survivor's choice. Nor did the survivor have the power to force the victim to seek help, regardless of how many signs were evident.
4. Above all, survivors asked caregivers to be non-judgmental. If a caregiver is confused about his or her feelings about suicide, the caregiver should ask to be relieved of the assignment. Caregivers should be careful when asking for details of the suicide so that they do not appear to be looking to place blame. Remember the survivor already feels guilty.
5. Survivors need someone to help them test reality since many of their own thoughts may be confused. Some survivors spoke of being harassed by mentally-ill persons due to the sensationalism and publicity surrounding the death. They need to know that their reactions (fear, anger, etc.) at inappropriate behavior of others are not a symptom of mental illness in them.
6. Survivors spoke of a need for a "safe place" to talk freely - a place where they would not be judged and confidentiality would be maintained. They needed a place where sharing feelings and thoughts and reaching out for help would not result in additional pain.
7. Survivors need to hear that suicide is not contagious. It cannot be inherited. However, a 1986 study shows a mild tendency for mood disorders to run in families

which may mean there is a greater risk of suicide among family members. They also want to know if their own thoughts of suicide are a common reaction. These suicidal thoughts usually lessen after time. It is important that the caregiver recognizes the signs of serious threats of suicide on the part of the survivor. Be direct; ask questions. Do they know when, how, and where they plan to kill themselves? Do they have an actual plan? If a person has a serious, detailed plan to commit suicide, he or she should be referred to a crisis hotline or mental health facility immediately.

8. Some survivors expressed the need to have others take the lead to tell or show them what they need rather than wait until they asked. Some expressed a paralyzing grief so pervasive they need to be forced out of the house. One woman spoke lovingly of a friend who drove her to the grocery store and talked to her outside for hours until the survivor gathered the courage to go inside alone to buy a quart of milk. Her friend did this many times over the course of several weeks.
9. While any support/self-help group is better than none, they felt a need to talk to other survivors of suicide. If a caregiver is aware of such a group, the survivor should also be referred to the specialized group. Individual therapy may also be very appropriate.
10. Survivors need to understand that what they are interpreting as a need for sexual activity may be a reaction to the loss of intimacy (human touch, hugs) and that this, too, is a common reaction.
11. Many survivors have a strong need to read about suicide and the grieving process. It would help to have a bibliography available to give the survivor.
12. Suicide survivors spend hours asking “Why?” Even though there may have been a suicide note left with a partial explanation, the question still remains unanswered. Eventually they learn to live with the situation. They may speculate, but they will not know the answer for certain. The caregiver should be careful not to add to the anguish of “Why?” and “If only.”
13. Frequently survivors must also deal with the media due to the sensationalism of the suicide. They need to know how to cope with the media’s thirst for information and may need shelter from the media. They frequently need objective advice on how, or if, to react to reports in the media. They need to express their feelings about the media.

Recent survivors said they sought help from a therapist or support/self-help groups include: reassurance they would survive; education about the grief process; answers to help get them through the grief process and how to solve problems; pain relief; methods to cope with depression and suicidal thoughts; need for feedback; direction, and reality testing; a listing of books to read; the need to share feelings and thoughts; and the need to help their children cope.