Beyond Surviving: Suggestions for Survivors
Iris M. Bolton

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 that 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. It’s okay to express it.
6. You may feel guilty for what you think you did or did not do. Guilt can turn into regret, through forgiveness.
7. Having suicidal thoughts is common. It does not mean that you will act on those thoughts.
8. Remember to take one moment or one day at a time.
9. Find a good listener with whom to share. Call someone if you need to talk.
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 on another’s life.
13. Expect setbacks. If emotions return like a tidal wave, you may only be experiencing a remnant of grief, an unfinished piece.
14. Try to put off major decisions.
15. Give yourself permission to get professional help.
16. Be aware of the pain in your family and friends.
17. Be patient with yourself and others who may not understand.
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 Compassionate Friends or Survivors of Suicide groups. If not, ask a professional to start one.
21. Call on your personal faith to help you through.
22. It is common to experience physical reaction to your grief, e.g. headaches, loss of appetite, inability to sleep.
23. The willingness to laugh with other and at yourself is healing.
24. Wear out your questions, anger, guilt, or other feelings until you can let them go. Letting go doesn’t mean forgetting.
25. Know that you will never be the same again, but you can survive and even go beyond just surviving.

Reprinted with permission from Suicide and its Aftermath (Dunne, McIntosh, Dunne-Maxim, Norton et al., 1987).
Help for Today. Hope for Tomorrow.

Serious mental health or substance abuse problems can destroy dreams and lives. For more than 30 years, the Mental Health & Recovery Board (MHRB) of Clark County has provided a critical leadership role in the development, management and coordination of behavioral health initiatives designed to improve the availability and effectiveness of treatment and prevention services in Clark County.

MHRB works closely with a dedicated, professional and compassionate team of caregivers in thirteen agencies to serve the behavioral health needs of all ages—children, adults and senior citizens in Clark County—regardless of income.

The MHRB takes the lead in assuring that Clark County citizens have the mental health and drug/alcohol recovery services they need. But there is much more! MHRB also provides funding for counseling, treatment and education programs for a wide range of related issues, including: domestic violence, child abuse, support for wounded military members, suicide prevention programs, sexual assault, employment support and the isolation and depression of older adults to name just a few.

With continued strong community support, the measure of care MHRB and its partner agencies provide our most at-risk citizens, will remain very high. The result...the MHRB will continue to pursue and fulfill our vision of assuring access to quality behavioral health services for residents of Clark County.

“WrapAround services give me the support I need to get the children off to school each morning and cope with the emotional and physical stress of two children with bipolar illness.”

— Mother in Clark County

“I was terrified to leave my wife at home alone. She was depressed, paranoid and responding to voices. Now with help from NAMI and a mental health case worker and psychiatrist, I feel it is safe to leave Mary at home and go to work.”

— Clark County family member

“Harold was anxious and fearful all the time. If I left him alone for any length of time, he panicked and called the squad. This was not the Harold I had been married to for 42 years. We found a “Companion” program, a counselor and the right medication. I’m so grateful to have Harold back.”

— Clark County senior
MHRB Overview
The MHRB serves Greene, Clark and Madison Counties. It is one of more than 50 mental health and recovery boards in Ohio created in 1988, by state law, to plan and fund a local system of mental health care, emphasizing local control and community care. Boards use local, state and federal funding to contract with agencies, who directly provide services to consumers. The act also called for mental health consumers and their family members to serve on Boards, giving them a more powerful voice in decisions affecting our community’s local system of care.

The History of MHRB
In 1988, the Ohio legislature passed the Mental Health Act assigning responsibility for planning and funding a local system of mental health care to local boards. In 1989, the legislature created the Department of Alcohol and Drug Addiction Services (ODADAS), adding alcohol and drug addiction prevention, treatment and support services to the operations of local Boards.

In 1995, the Greene County Board and the Clark County Board merged. In 1997, Madison County joined the Clark and Greene County Board to become the Mental Health & Recovery Board (MHRB) of Clark, Greene and Madison Counties. MHRB is directly responsible for providing a system of care that meets local needs of all three counties.

Funding for MHRB Services
MHRB funding comes from local, state, and federal sources in addition to various grants. The MHRB then provides funds to partner agencies and governmental organizations in Clark County to deliver behavioral health treatment and prevention services. A large majority of the available MHRB county funding is generated through a local levy. Without these locally generated dollars, MHRB would not be able to provide the services Clark County residents need and rely on.

100% of Clark County MHRB levy funds are expended to serve only Clark County residents

Local county funding has become critical as community-based services have replaced state institutions, state funding has been dramatically reduced and the demand for services has soared. Without local community levy support, the Clark County safety net would disappear with many people no longer able to get the help they need. Ongoing local support preserves crisis, counseling and medication services for our most vulnerable youth, adults and seniors.

MHRB Partner Agencies in Clark County:

A. Catholic Charities
Provides outpatient mental health counseling and food bank services.
701 East Columbia Street
Springfield, OH 45503
Phone: (937) 325-8715
www.springfieldshfb.org

B. Clark County Educational Service Center
Builds youth resiliency through evidence-based programming.
25 West Pleasant Street
Springfield, OH 45506
Phone: (937) 325-7671
www.clarkesc.org

C. Clark County Family & Children First Council
Coordinates early access to a variety of services to children and families through collaboration of community partners.
1345 Lagonda Avenue
P.O. Box 967A
Springfield, OH 45501
Phone: (937) 327-1991
www.clarkfamilyfirst.org

D. Matt Talbot House
Provides drug-free transitional housing for adult males.
809 South Limestone Street
Springfield, OH 45505
Phone: (937) 322-0872

E. McKinley Hall, Inc.
Provides comprehensive treatment for alcohol and drug abuse and dependency, gender specific treatment for women and their children, and medication assisted treatment.
1101 East High Street
Springfield, OH 45505
Phone: (937) 328-5300
www.mckinleyhall.org

F. Mental Health Services for Clark and Madison Counties, Inc.
Provides a comprehensive array of mental health counseling and psychiatric services to adults, youth and children, including inpatient hospitalization. Limited primary health care is available to eligible clients. Provides alcohol and drug treatment services for adolescents.
1345 North Fountain Boulevard
Springfield, OH 45504
Phone: (937) 399-9500
www.mhscc.org

G. National Alliance on Mental Illness (NAMI) of Clark and Greene Counties
Provides support, education, advocacy, information and referrals to improve the quality of life for those who are affected by mental illness and their families and friends in Clark and Greene Counties.
222 East Street
Springfield, OH 45505
Phone: (937) 322-5600
www.mhrb.org/nami.aspx

H. Oesterlen Services for Youth
Provides a full range of services including residential and outpatient community programs for troubled or potentially troubled children and youth from infancy to adulthood.
1918 Mechanicsburg Road
Springfield, OH 45503
Phone: (937) 399-6101
www.oesterlen.org

I. Project Woman
A domestic violence and sexual assault prevention and intervention agency that provides mental health counseling, victim services, case management, prevention/outreach, emergency shelter and 24-hour crisis intervention for domestic violence and sexual assault victims.
136 East High Street
Springfield, OH 45505
Phone: (937) 328-5308
www.projectwomanohio.org

J. Rocking Horse Community Health Center
Provides children and their families with access to developmental, physical health, behavioral health and family treatment and support services.
651 South Limestone Street
Springfield, OH 45505
Phone: (937) 324-3111
www.rockinghorsecenter.org

K. Springfield Metropolitan Housing Authority
Provides after-school and prevention activities at Sherman Court Youth Center for children ages 5 to 17.
101 West High Street
Springfield, OH 45502
Phone: (937) 323-2150
www.cm.springfield.oh.us

L. United Senior Services
Provides prevention and peer support for seniors to promote general well-being, independent living and socialization as well as referrals for treatment services.
101 South Fountain Avenue
Springfield, OH 45502
Phone: (937) 323-4948
www.unitedseniorservices.org

M. Wellspring
Provides outpatient mental health counseling services for children and adults.
15 East Pleasant Street
Springfield, OH 45506
Phone: (937) 325-5564
www.wellspringfield.org
All Marilyn Koenig wanted to be was a mom. And, for most of her adult life, she got to live out her dream. Born and raised in North Dakota, Koenig was married at 18. She and husband then moved west to California to start a family. They landed in Los Angeles before moving north to Sacramento, the capital of the state.

The kids came early and often. And, as the mother of four girls and three boys, Koenig reveled in the duties of motherhood: making lunches, arranging for sleepovers, shopping for school clothes, going to the doctor for check-ups, and keeping everyone in line.

“I was never career oriented,” she says. “I just wanted to be a mom.”

But that chapter of her life was abruptly shattered on the night of April 4, 1977, when her second child (and oldest son) Steven completed suicide by shooting himself. A senior in high school, he was just 18 years old.

According to Marilyn, Steven’s suicide was a shock to the entire family. He was, she says, “kind of a nerd,” someone who loved to bowl and to tinker with an old Packard. He planned to become a criminologist, and had begun to take college courses while still in high school. He was set to attend Cal State Sacramento that fall.

“When he died, we had five teenagers in the house,” she says, “and Steve was the one I never worried about. The other kids I was wondering what they were going to do next. But Steven was a straight kid—he thought smoking cigarettes was stupid—and the kind of kid parents love because he wanted to get good grades.

“There were no danger signs,” continued Marilyn, shaking her head as we spoke in the lobby of Sheraton Colony Square Hotel during the AAS Convention in Atlanta. “Steven never said anything: he was a quiet kid who never whined. In retrospect, I think he was suffering from the beginnings of depression and didn’t recognize it—and of course we didn’t either.”

But although Steve didn’t say anything to his family, Marilyn says that he carefully planned his suicide. He signed over the pink slip to his car to a girl he’d dated; he shot himself outside the car so as not to mess up the interior. He left seven different notes.

“If Steven hadn’t left those notes, I don’t think any of us would have believed it was a suicide,” says Marilyn. “We would’ve thought he was murdered.”

Marilyn says she was “devastated” about the suicide. “I remember when the sun was rising that Monday morning [after Steven’s death] and thinking, if only he would have waited and seen the sun come up,” she says. “Maybe it would’ve made a difference. The other thought I had that morning was, Steven was so smart. I thought smart people could figure things out. It just didn’t make sense to me because I didn’t know anything about suicide. I didn’t know smart people killed themselves.”

In 1977, she recalls, few people spoke openly about suicide. “I had never encountered suicide before,” she says, “because nobody talked about it then. I thought suicide was a rare occasion when someone jumped off the Golden Gate Bridge. That was my concept of suicide in the ‘70’s.”

And while few people talked about suicide, even fewer people talked about those loved ones left behind. Only a handful of survivor support groups existed. “There wasn’t anything then,” says Marilyn. “The Compassionate Friends groups didn’t exist then, or anything else. So, we cried a lot, but we also had to be there for the other six children. The youngest was just 2 ½. I was extremely grateful that I had other children because I thought how awful this would have been if I had to go home to no more children.”
Living for her surviving children, Marilyn began to pick up the pieces of her life. Indeed, Steven’s death transformed a distraught mother into a committed activist. The process started a few years after Steven’s death, when another Sacramento teen completed suicide. Marilyn wondered why so many youth attempted and completed suicide. Thus began her single-minded search for answers—as well as her entrée into activism.

At around that time, Marilyn spoke with survivor Charlotte Ross, a pioneer in the survivor movement who encouraged Marilyn to get involved. After being appointed to a senate advisory committee on youth suicide prevention, Marilyn and Chris Moon decided to start a support group in the Sacramento area.

“I thought it would be something like being a girl-scout leader,” says Marilyn, laughing. “A community service, something small. Twelve people came to our first meeting in February 1983.”

The group soon grew, as did Marilyn’s commitment. She now serves as president of the non-profit, Sacramento-based Friends of Survival, which meets twice monthly. (A second chapter meets once a month in the Bay area.) “We have ongoing services for survivors,” she says. “Our philosophy is: if you’re going to provide services for survivors, you’re going to provide services for survivors. They can pick and choose what they think is most helpful to them.”

Says Marilyn: “We don’t run support groups the way others are run. I’m a firm believer that ongoing services on a regular basis. For instance, I think 8-week groups should be part of a bigger program. Healing after suicide is such a long process. You can’t heal in eight weeks.”

With nearly 20 years of experience running survivor groups, Marilyn knows what works. “My niche is how to help someone who’s grieving after suicide,” she says. “You can’t take away their pain. What you can offer them is possible suggestions and skills they might be able to use to help them through.”

“The people who do this year-in and year-out have to be obsessive,” she continues. “The Blooms, Stephanie Weber, LaRita Archibald—we’re all the same. We want to help other survivors heal because we know the pain they’re going through. We’ve felt that pain.”

Thankfully, she says, newly bereaved survivors can learn from the experiences of “veteran” survivors. “I think we’re more aware of survivors and have a better understanding of what they go through and how long lasting their grief is. I don’t know that it was understood back in the 70s and early ‘80s just how traumatized they are. Also, families are more willing to call and say they are a survivor family. They’re willing to get help and share what happened to them, whereas 25 years ago people would have been crying in their closets.”

Running survivor groups is just one of Marilyn’s jobs. She also edits a monthly newsletter that’s sent to over 3,000 people nation-wide. She runs an all-day suicide conference in the fall, as well as a retreat in the spring. She raises money—as much as $30,000 annually—to support her group’s efforts. She serves on the boards of SPAN-USA and SPAN-California. She speaks to schools, legislators and mental health professionals—anyone who’ll listen—about the societal problem of depression and suicide.

“There’s so much to do,” she says. “For instance, I think we need a comprehensive suicide-awareness component in our medical schools.”

For her dedicated, years-long effort on behalf of survivors, Marilyn was named the AAS Survivor of the Year in Atlanta. “I’m delighted—it’s an awesome honor,” she said. “It hasn’t been work because it’s enriched my life. I never would have dreamed I would be doing anything like this. Steven’s suicide changed the whole direction of my life.”

But one part of her life hasn’t changed. Marilyn, now 63, continues to relish her role as a mom; her kids now range in age from 26 to 43. She also delights in her latest role: as grandmother to nine of her children’s children.

“That’s what I live for,” she says, “the next generation.”
### Springfield Support Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Richards, Raff &amp; Dunbar Memorial Home Grief Group</td>
<td>325-1564</td>
</tr>
<tr>
<td>Jackson, Lytle, Lewis Senior Grief Support Group</td>
<td>399-2811</td>
</tr>
<tr>
<td>Community Mercy Hospice (adults, kids) Grief Group</td>
<td>390-9665</td>
</tr>
<tr>
<td>Littleton &amp; Rue Funeral Home Grief Group</td>
<td>323-6439</td>
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### Regional Support Groups

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<thead>
<tr>
<th>Group</th>
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<tbody>
<tr>
<td>Survivors of Suicide (18 and older, in Dayton)</td>
<td>226-0818</td>
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<tr>
<td>Other Passages Depression Group (18 and older, in Dayton)</td>
<td>226-0818</td>
</tr>
<tr>
<td>Other Passages for Adolescents (13-17)</td>
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<tr>
<td>Oak Tree Corner Grief Support (ages 3-18 and parents, in Greene, Montgomery, Warren)</td>
<td>285-0199</td>
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### Clark County Coroner

<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
<tr>
<td>3130 E Main St. Springfield</td>
<td>521-2116</td>
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### Clark County Funeral Homes

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<tr>
<th>Address</th>
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<tbody>
<tr>
<td>Adkins, 7055 Dayton Springfield Rd.</td>
<td>864-2288</td>
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<tr>
<td>Conroy, 1660 E. High St.</td>
<td>324-4973</td>
</tr>
<tr>
<td>Jackson Lytle &amp; Lewis, 2425 N. Limestone St.</td>
<td>688-3448</td>
</tr>
<tr>
<td>Jones Kenney-Zechman, 1002 E. High St.</td>
<td>325-7353</td>
</tr>
<tr>
<td>Littleton &amp; Rue, 830 N. Limestone St.</td>
<td>323-6439</td>
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<tr>
<td>Porter-Quails, 823 S. Yellow Springs St.</td>
<td>325-1447</td>
</tr>
<tr>
<td>Richards Raff &amp; Dunbar, 838 E. High St.</td>
<td>325-1564</td>
</tr>
<tr>
<td>Robert C. Henry, 527 S Center St.</td>
<td>399-8123</td>
</tr>
<tr>
<td>Trossel Chapman Dunbar &amp; Fraley, 507</td>
<td>845-9477</td>
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### Trauma Cleanup Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Aftermath (24/7 crime scene cleanup)</td>
<td>800-366-9923</td>
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<tr>
<td>Assured Decontamination Services</td>
<td>800-924-6384</td>
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### Community Resources

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<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>United Way Information &amp; Referral (referrals to local not-for profits)</td>
<td>2-1-1</td>
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<tr>
<td>Mental Health Services for Clark County (child/adult crisis counseling)</td>
<td>399-9500</td>
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<tr>
<td>McKinley Hall (adult drug/alcohol treatment)</td>
<td>328-5300</td>
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<tr>
<td>Health Resource Guide</td>
<td>523-7000</td>
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<tr>
<td>4 C for Children (childcare)</td>
<td>800-340-0600</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>800-772-1213</td>
</tr>
<tr>
<td>Child Advocacy Center (help children/families cope with abuse, witnessed crime, exploitation)</td>
<td>327-3753</td>
</tr>
<tr>
<td>Clark County Department of Job &amp; Family Services (childcare, employment, food, cash, medical)</td>
<td>327-1700</td>
</tr>
<tr>
<td>Legal Aid Society</td>
<td>888-534-1432</td>
</tr>
<tr>
<td>Catholic Charities (food, utilities, rent)</td>
<td>325-8715</td>
</tr>
<tr>
<td>Open Hands-Free Store (food)</td>
<td>323-5815</td>
</tr>
<tr>
<td>WIC (food, nutrition)</td>
<td>325-0464/5</td>
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<tr>
<td>Veterans Services</td>
<td>521-2030</td>
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### Hospitals

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<th>Address</th>
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<tr>
<td>Springfield Regional Medical Center</td>
<td>372-8011</td>
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<tr>
<td>Children’s Medical Center Dayton</td>
<td>800-228-4055</td>
</tr>
<tr>
<td>Children’s Medical Center Columbus</td>
<td>800-875-5437</td>
</tr>
<tr>
<td>Miami Valley Hospital</td>
<td>208-8000</td>
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### Transportation

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<th>Service</th>
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<tbody>
<tr>
<td>Ride Plus</td>
<td>327-1710</td>
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<tr>
<td>Springfield City Area Transit (SCAT)</td>
<td>328-7228</td>
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### Suicide Prevention and Hotlines

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>National Suicide Lifeline</td>
<td>800-273-TALK</td>
</tr>
<tr>
<td>Dayton Suicide Prevention Crisis Line</td>
<td>800-320-HELP</td>
</tr>
<tr>
<td>LGBTQ Teens (also chat, text)</td>
<td>866-4UTREVOR</td>
</tr>
<tr>
<td>Spanish</td>
<td>888-628-9454</td>
</tr>
<tr>
<td>Teens</td>
<td>800-252-TEEN (8336)</td>
</tr>
<tr>
<td>Crisis Text Line in Ohio</td>
<td>Text 4HOPE to 741 741</td>
</tr>
<tr>
<td>Elderly</td>
<td>800-971-0016</td>
</tr>
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Anyone interested in learning about an active suicide postvention model called Local Outreach to Suicide Survivors (LOSS) Team is welcome!

LOSS Team Training

**Time:** 9:00 A - 1:30 P  
**Date:** Friday, November 17, 2017  
**Trainer:** Denise Meine-Graham is the Executive Director of Franklin County LOSS, consultant for the Ohio Suicide Prevention Foundation, and certified in Death & Grief Studies by the Center for Loss and Life Transition®  
**Location:** CareerConnectED, third floor  
700 South Limestone St. Springfield, OH  
**Registration:** [https://lossteamtraining.eventbrite.com](https://lossteamtraining.eventbrite.com)  
**Note:** Registration is FREE

In collaboration with the Coroner’s office and first responders, LOSS Team members respond to suicide scenes to support family members as soon as possible following death. Along with breakout sessions, we will cover topics such as death notification, and an overview of the LOSS Team model. Lunch & CEUs will be provided. Additional training and formal application is required to join a Clark, Greene or Madison County Team.
LOSS Team Activity Report

Scribe:

Contact Sandy Miller, MRC, to activate LOSS Team
Cell: 937-925-5924 OR Office: 937-390-5600 x262

➢ Activation Date & Time:

Name of Deceased: ___________________________ Age: _____ Sex: □ M □ F □ Unknown
Race: □ White □ Hispanic □ Other: □ Black □ Asian □ Unknown Marital Status: □ Unknown
□ Married □ Divorced □ Widowed □ Single
Date of Death: ______________ Apparent Cause of Death: __________________________
Street Address and City/Zip Code: __________________________________________
Agreed-upon location for LOSS Team (if applicable):
____________________________________
Coroner’s Office Contact: _____________________________________________________
Law Enforcement Contact: _____________________________________________________
Are there any Survivors? □ Yes □ No
Number of Survivors and their relationship to the deceased (i.e., Are there 10 friends and a sister there? Are only the parents present?)
_____________________________________________________________________________
_____________________________________________________________________________
Family Contact & Relationship:
___________________________________________________ □ Next of Kin?
Street Address, Zip Code, & Phone Number:
__________________________________________________
Team Members Involved:
___________________________________________________
Number of People Served □ 0-5 □ 6-10 □ More than 10
Did they want survivor info? □ Yes □ No
Activity: □ Outreach to scene of suicide □ Intake □ Other:
□ Death notification □ Postvention

For office use only:
ID# _____
First & Last name of deceased: ____________________________________________
Date of Response: ___________________________ Date of Death: ______________

Contact Sandy Miller, MRC, to activate LOSS Team
Cell: 937-925-5924 OR Office: 937-390-5600 x262

➢ Activation Date & Time:

Name of Deceased: ___________________________ Age: _____ Sex: □ M □ F □ Unknown
Race: □ White □ Hispanic □ Other: □ Black □ Asian □ Unknown Marital Status: □ Unknown
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Date of Death: ______________ Apparent Cause of Death: __________________________
Street Address and City/Zip Code: __________________________________________
Agreed-upon location for LOSS Team (if applicable):
____________________________________
Coroner’s Office Contact: _____________________________________________________
Law Enforcement Contact: _____________________________________________________
Are there any Survivors? □ Yes □ No
Number of Survivors and their relationship to the deceased (i.e., Are there 10 friends and a sister there? Are only the parents present?)
_____________________________________________________________________________
_____________________________________________________________________________
Family Contact & Relationship:
___________________________________________________ □ Next of Kin?
Street Address, Zip Code, & Phone Number:
__________________________________________________
Team Members Involved:
___________________________________________________
Number of People Served □ 0-5 □ 6-10 □ More than 10
Did they want survivor info? □ Yes □ No
Activity: □ Outreach to scene of suicide □ Intake □ Other:
□ Death notification □ Postvention

For office use only:
ID# _____
First & Last name of deceased: ____________________________________________
Date of Response: ___________________________ Date of Death: ______________
LOSS Team Activity Report

Response:

☐ Immediate (on site)
☐ Delayed (if delayed, indicate barriers):
☐ Did family refuse?

Summary:

Contact Sandy Miller, MRC, to deactivate LOSS Team
➢ Deactivation Date & Time:

Debriefing following response?  If yes, date: _________
With whom?

Follow-up contact & Team member responsible:

Contact Sandy Miller, MRC, prior to initiating follow-up contact

LOSS Team Post-Response Follow-up:

LOSS Team members responding:

Debriefing plan: ________________________________________________________________

For office use only:

ID# _____
First & Last name of deceased: _________________________________________________
Date of Response: ____________________________  Date of Death: ________________
Post-Response to Sandy Miller, MRC: 1) Duration of response; 2) Date and timeframe; 3) Names and numbers of the volunteers who responded; 4) Number of persons visited & if they were family, friends, etc.; and 5) Is a follow-up planned? *(Describe below.)*

Is there a secondary response? No Yes 3 months 6 months 12 months

Send 1-year anniversary card?

Please have this form completed within 24 hours. This form can be either emailed securely to Tiffany@mhrb.org, via secure fax at 937-322-0007, or delivered hardcopy to 1055 E. High Street, Springfield, OH 45505.

**For office use only:**

First & Last name of deceased: ____________________________________________________________

Date of Response: ______________________Date of Death: ________________

ID# _____
Helping Survivors of Suicide: What Can You Do?

2014

The loss of a loved one by suicide is often shocking, painful and unexpected. The grief that ensues can be intense, complex and long term. Grief and bereavement are an extremely individual and unique process.

There is no given duration to being bereaved by suicide. Survivors of suicide are not looking for their lives to return to their prior state because things can never go back to how they were. Survivors aim to adjust to life without their loved one.

Common emotions experienced with grief are:

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<th>Shock</th>
<th>Denial</th>
<th>Pain</th>
<th>Numbness</th>
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<td>Anger</td>
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<td>Depression</td>
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<td>Rejection</td>
<td>Loneliness</td>
<td>Abandonment</td>
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The single most important and helpful thing you can do as a friend is listen. Actively listen, without judgment, criticism, or prejudice, to what the survivor is telling you. Because of the stigma surrounding suicide, survivors are often hesitant to openly share their story and express their feelings. In order to help, you must overcome any preconceptions you have had about suicide and the suicide victim. This is best accomplished by educating yourself about suicide. While you may feel uncomfortable discussing suicide and its aftermath, survivor loved ones are in great pain and in need of your compassion.

Ask the survivor if and how you can help. They may not be ready to share and may want to grieve privately before accepting help.

Let them talk at their own pace; they will share with you when (and what) they are ready to.

Be patient. Repetition is part of healing, and as such you may hear the same story multiple times. Repetition is part of the healing process and survivors need to tell their story as many times as it is necessary.
Used the loved one’s name instead of ‘he’ or ‘she’. This humanizes the decedent; the use of the decedent’s name will be comforting.

You may not know what to say, and that’s okay. Your presence and unconditional listening is what a survivor is looking for.

You cannot lead someone through their grief. The journey is personal and unique to the individual. Do not tell them how they should act, what they should feel, or that they should feel better “by now”.

Avoid statements like “I know how you feel”; unless you are a survivor, you can only empathize with how they feel.

Survivors of suicide support groups are helpful to survivors to express their feelings, tell their story, and share with others who have experienced a similar event. These groups are good resources for the healing process and many survivors find them helpful. Please consult our website (www.suicidology.org) for a listing of support groups in or near your community.

The American Association of Suicidology (AAS) offers a variety of resources and programs to survivors in an attempt to lessen pain as they travel their special path of grief. These include:

- Survivors of Suicide Kit: an information kit consisting of fact sheets, a bibliography, and sample literature.
- *Survivors of Suicide: Coping with the Suicide of a Loved One* booklet and *A Handbook for Survivors of Suicide*.
- *Surviving Suicide*, a quarterly newsletter for survivors and survivor support groups.
- “Healing After Suicide”, an annual conference held every April, for and about survivors.
- Suicide Prevention and Survivors of Suicide Resource Catalog: a listing of books, pamphlets, etc. which can be ordered from AAS. Includes resources for children and those who care for them.
- Directory of Survivors of Suicide Support Groups – available at www.suicidology.org

**Additional Resources**

Survivors of Suicide www.survivorofsuicide.com

Suicide Awareness: Voices of Education (SAVE) www.save.org

American Foundation for Suicide Prevention (AFSP) www.afsp.org
AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

American Association of Suicidology
5221 Wisconsin Ave., N.W.
Second Floor
Washington, DC 20015
tel. (202) 237-2280
fax (202) 237-2282
www.suicidology.org
info@suicidology.org

If you or someone you know is suicidal, please contact a mental health professional or call 1-800-273-TALK (8255).
National Suicide Prevention Organizations (Granello, 2011)

National Suicide HOTLINE: 1-800-273-TALK (8255)  www.suicidepreventionlifeline.org

American Association of Suicidology (AAS)  www.suicidology.org
A nonprofit organization dedicated to the understanding and prevention of suicide.

American Foundation for Suicide Prevention (AFSP)  www.afsp.org/
Dedicated to advancing our knowledge of suicide and our ability to prevent it.

The Jason Foundation  www.jasonfoundation.com/
An organization dedicated to teen suicide awareness and prevention. “A Friend Asks
App for youth and others to help a friend contemplating suicide.

The Jed Foundation  www.jedfoundation.org/
A nonprofit public charity committed to reducing the young adult suicide rate and improving mental
health support provided to college students nationwide.

Life Savers Training  http://thelifesavers.net/
A peer-support crisis prevention program aimed at training young adults to be caring listeners in their
interactions with their peers. It involves a team approach to helping teenagers cope healthfully with the
challenges of drugs and alcohol, peer and family relationships, sexual issues, violence, academic
problems, death and grieving, aggression, anxiety, and suicide.

The Link's National Resource Center for Suicide Prevention  www.thelink.org/
Programs of The Link include counseling and psychotherapy, children in crisis and grief, suicide
prevention and aftercare, community education, training, and supervision.

Living Works Education  www.livingworks.net/
Dedicated to enhancing suicide intervention skills at the community level through training products such
as ASIST, suicideTALK, safeTALK, and suicideCARE.

National Center for Injury Prevention and Control (NCIPC)  www.cdc.gov/injury/index.html
A branch of the Centers for Disease Control of Prevention working to reduce morbidity, disability,
mortality, and costs associated with injuries.

Suicide Prevention Resource Center (SPRC)  www.sprd.org/
A national resource center that provides technical assistance, training, and information in order to
strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention.

National Organization for People of Color Against Suicide  http://nopcas.com/
(NOPCAS) A 501(c)(3) organization founded whose goals are to bring suicide and depression
awareness to minority communities.

National Suicide Prevention Lifeline  www.suicidepreventionlifeline.org/
24-hour, toll-free suicide prevention service available to anyone in suicidal crisis 1-800-273-TALK
(8255).

QPR Institute  www.qprinstitute.com/
A multidisciplinary training organization whose primary goal is to provide suicide prevention
educational services and materials to professionals and the general public.

Samaritans USA  www.samaritansnyc.org/
The coalition whose primary purpose is to befriend people who are depressed, in crisis and suicidal.
National Suicide Prevention Organizations (Granello, 2011)

NATIONAL SUICIDE HOTLINE: 1-800-273-TALK (8255)  www.suicidepreventionlifeline.org

Stop A Suicide Today  www.stopasuicide.org/
Developed by Harvard psychiatrist Douglas Jacobs, MD, Stop a Suicide, Today! teaches people how to recognize the signs of suicide in family members, friends and co-workers, and empowers them to make a difference in the lives of their loved ones.

Suicide Awareness/Voices of Education (SA/VE)  www.save.org/
Dedicated to educating about suicide and speaking for suicide survivors.

The Suicide Support Forum  www.suicidegrief.com/
A safe place for discussion of suicide related issues, and also a place for those whose lives have been affected by suicide to share.

Yellow Ribbon Suicide Prevention Program  www.yellowribbon.org/
A community-based youth suicide prevention program.

More Resources

- Compassionate Friends – www.compassionatefriends.com for loss of a child or sibling to suicide
- National Alliance on Mental Illness – www.nami.org for family support
- School-based Prevention Guide – http://theguide.fmhi.usf.edu/ – FREE checklists, resources for schools
- Information for parents, resources for families – www.Notmykid.org
- National Institute of Mental Health (NIMH) – www.nimh.nih.gov – Research, professional information
- Substance Abuse/Mental Health – www.samhsa.gov – Grant opportunities, best practice and research; featuring new KnowBullying app
- TeenHelp – www.teenhelp.org – Online community (chat, blogs, pictures, social groups) created for youth to have a safe haven on the Internet. Also information for parents.
- Lifebuoy – Continuity of care and follow up app, find on iTunes

National Suicide Hotline Numbers

Teens 1-800-252-TEEN (8336)  LGBTQ Teens: 1-866-4UTREvor (488-7386)
National Hopeline Network: 1-800 SUICIDE (784-2433)
Elderly: 1-800-971-0016  Spanish: 1-888-628-9454  1-877 SUICIDA (784-2432)

International Suicide Prevention

See http://www.befrienders.org/ for hotlines and crisis centers by country http://www.iasp.info/
Bibliography – Suicide Bereavement

*The following references have been reviewed and recommended by the AAS Publications Review Committee to survivors of suicide loss.


Devastating Losses: How Parents Cope with the Death of a Child to Suicide or Drugs. Feigelman, W., Jordan, J. R., McIntosh, J. L., & Feigelman, B. (2012). Springer.


Understanding Suicide: Why we don’t and how we might. Lester, D., Rogers., J. (2010). Hogrefe Publishing.


We will Remember Them

In the rising of the sun and in its going down,

*We will remember them*

In the blowing of the wind and in the chill of winter,

*We will remember them*

In the opening of buds and in the rebirth of spring,

*We will remember them*

*In the blueness of the sky and in the warmth of summer,*

*We will remember them*

In the rustling of leaves and in the beauty of autumn,

*We will remember them*

In the beginning of the year and when it ends,

*We will remember them*

When we are weary and in need of strength,

*We will remember them*

When we are lost and sick at heart,

*We will remember them*

When we have joys we yearn to share,

*We will remember them*

*So long as we live, they too shall live, for they are now a part of us, as we remember them.*

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1 Gates of Prayer: The New Union Prayer Book, p. 552
Tips for Survivors

• Remember the basics of life - eat, sleep, exercise, drink plenty of water, and breathe...just sit back and take a deep breath.

• Allow yourself to experience your feelings - remember feelings are not "good" or "bad." They are just feelings, and they are ALL normal.

• Keep a journal - write your feelings, your dreams, and your memories. Journaling is a great way to work out your emotions, and it allows you to look back later to see your progress.

• Allow yourself to talk about your loved one. Find a safe place to do just that...whether you call a friend, speak with your church leader, 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. Give those around you the space and time that they need to grieve, as well.

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

• Learn more about suicide. Read books, surf the web, and 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 safety pact with a friend...If you are having thoughts of suicide, tell someone right away, and find help.

**If you are feeling suicidal, please call the National Suicide Prevention Lifeline immediately 1-800-273-8255!**

For more information about surviving a suicide call Cindy Price 937-215-2889 or Greta Mayer 937-322-0648 x103.

Help stop the legacy of suicide.
Survivors of Suicide Fact Sheet – 2010

A survivor of suicide is a family member or friend of a person who died by suicide.

Some Facts...

Survivors of suicide represent “the largest mental health casualties related to suicide” (Edwin Shneidman, PhD, AAS Founding President).

There are currently over 38,000 suicides annually in the USA. It is estimated that for every suicide there are at least 6 survivors. Some suicidologists believe this to be a very conservative estimate.

Based on this estimate, approximately 5.5 million Americans became survivors of suicide in the last 25 years.

About Suicidal Grief

The loss of a loved one by suicide is often shocking, painful and unexpected. The grief that ensues can be intense, complex, and long term. Grief work is an extremely individual and unique process; each person will experience it in their own way and at their own pace.

Grief does not follow a linear path. Furthermore, grief doesn’t always move in a forward direction.

There is no time frame for grief. Survivors should not expect that their lives will return to their prior state. Survivors aim to adjust to life without their loved one.

Common emotions experienced in grief are:

- Shock
- Guilt
- Despair
- Stress
- Rejection
- Confusion
- Helplessness
- Denial
- Anger
- Disbelief
- Sadness
- Loneliness
- Self-blame
- Depression
- Pain
- Shame
- Hopelessness
- Numbness
- Abandonment
- Anxiety
These feelings are normal reactions and the expression of them is a natural part of grieving. At first, and periodically during the following days/months of grieving, survivors may feel overwhelmed by their emotions. It is important to take things one day at a time.

Crying is the expression of sadness; it is therefore a natural reaction after the loss of a loved one.

Survivors often struggle with the reasons why the suicide occurred and whether they should have done something to prevent the suicide or help their loved one. Feelings of guilt typically ensue if the survivor believes their loved one’s suicide could have been prevented.

At times, especially if the loved one had a mental disorder, the survivor may experience relief. There is a stigma attached to suicide, partly due to the misunderstanding surrounding it. As such, family members and friends of the survivor may not know what to say or how and when to provide assistance. They may rely on the survivor’s initiative to talk about the loved one or to ask for help.

Shame or embarrassment might prevent the survivor from reaching out for help. Stigma, ignorance and uncertainty might prevent others from giving the necessary support and understanding. Ongoing support remains important to maintain family and friendship relations during the grieving process.

Survivors sometimes feel that others are blaming them for the suicide. Survivors may feel the need to deny what happened or hide their feelings. This will most likely exacerbate and complicate the grieving process.

When the time is right, survivors will begin to enjoy life again. Healing does occur.

Many survivors find that the best help comes from attending a support group for survivors of suicide where they can openly share their own story and their feelings with fellow survivors without pressure or fear of judgment and shame. Support groups can be a helpful source of guidance and understanding as well as a support in the healing process.

**Children as Survivors**

It is a myth that children don’t grieve. Children may experience the same range of feelings as do adults; the expression of that grief might be different as children have fewer tools for communicating their feelings.

Children are especially vulnerable to feelings of guilt and abandonment. It is important for them to know that the death was not their fault and that someone is there to take care of them.

Secrecy about the suicide in the hopes of protecting children may cause further complications. Explain the situation and answer children’s questions honestly and with age-appropriate responses.
The American Association of Suicidology

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Survivors of Suicide www.survivorsofsuicide.com
The Link Counseling Center www.thelink.org
AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

American Association of Suicidology
5221 Wisconsin Ave., N.W.
Second Floor
Washington, DC 20015
tel. (202) 237-2280
fax (202) 237-2282
www.suicidology.org
info@suicidology.org

If you or someone you know is suicidal, please contact a mental health professional or call 1-800-273-TALK (8255).
Join fellow survivors in the tranquil setting of the Grange Insurance Audubon Center for a day of remembrance. Enjoy breakfast, hear from fellow survivors, and gather helpful resources while reconnecting with the serenity of nature.

Saturday, Nov. 18th, 2017
9:30 – 11:30 am

Grange Insurance Audubon Center
505 W. Whittier St
Columbus, OH 43215
Please complete this form and return by mail or email before November 11, 2017 to:
Franklin County LOSS
3040 Riverside Drive #215
Columbus OH 43221
team@franklincountyloss.org

Your name: __________________________________________________
Address: _____________________________________________________
City:_____________________________ State:______ Zip: ____________
Phone: _______________________________________________________
Number of guests (not including yourself): ____________________

This event is free of charge, but donations are gladly welcomed for future support of survivors of suicide loss. Please enclose a check made out to Franklin County LOSS, or complete the information below.

Contribution to Franklin County LOSS: $ _____________________
Please charge my credit card:     MC     Visa     Amex     Discover
Card Number: ____________________________ CCV: ______
Exp. Date:___________________ Billing Zip Code: ________________
A Handbook for Survivors of Suicide

by Jeffrey Jackson
This is a book for people who have lost a loved one to suicide, written by someone who has suffered the same loss.

I lost my wife, Gail, to suicide several years ago. She was 33 when she took a deliberate overdose of pills. The emotional journey of the ensuing weeks, months, and years has been the most difficult of my life. But I survived and have learned from my experience. Most of all, I have rebuilt my life and found happiness again. Impossible as it may seem right now, you will survive this, too.

This book is not intended to be a complete guide for the suicide survivor—it only scratches the surface. There’s much more you can learn about coping with your unique grief than what is offered here. There are many wonderful books on the subject—some of which are listed inside—that I recommend heartily. However, I’ve written this book as a kind of “bite-sized” overview. It’s deliberately short and to the point to make the information inside more accessible. You may even find it useful to carry it around with you for awhile and refer to it during difficult moments.

This is also not a book about suicide prevention; there are many other publications that address that challenge.

This book is for you.

For the person you lost, the pain is over. Now it’s time to start healing yours.
Introduction
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2. Suicide is different
3. The Emotional Roller Coaster
4. Write yourself a script
5. Explaining suicide to children
6. Shock & Grief
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10. A Theory: The Accumulation of Pain
11. Is suicide a choice?
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15. “If only I had…” A true tale of two mothers
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17. Anger & Blame
18. Special Circumstances
19. Acceptance
20. Reconciling with a suicide victim
21. Moving On
22. The Suicide Survivor’s Affirmation
23. Support
24. The Suicide Survivor’s Bill of Rights
Someone you love has ended their own life—and yours is forever changed.

You are a “survivor of suicide,” and as that unwelcome designation implies, your survival—your emotional survival—will depend on how well you learn to cope with your tragedy. The bad news: Surviving this will be the second worst experience of your life. The good news: The worst is already over.

What you’re enduring is one of the most horrific ordeals possible in human experience. In the weeks and months after a suicide, survivors ride a roller coaster of emotions unlike any other.

Suicide is different. On top of all the grief that people experience after a “conventional” death, you must walk a gauntlet of guilt, confusion and emotional turmoil that is in many ways unique to survivors of suicide.

“How long will it take to get over this?” you may ask yourself. The truth is that you will never “get over” it, but don’t let that thought discourage you. After all, what kind of people would we be if we truly got over it, as if it were something as trivial as a virus? Your hope lies in getting through it, putting your loss in its proper perspective, and accepting your life as it now lies before you, forever changed. If you can do that, the peace you seek will follow.

Why we say suicide “survivor”

We apply the term “survivor” to our experience because it accurately reflects the difficulties that face people who have lost a loved one to suicide.

Some people prefer the term “suicide griever,” fearing confusion with someone who has attempted suicide themselves. Likewise, some prefer the phrase “completed suicide” to “committed suicide,” feeling the latter implies a criminal act.

But there are no rules you need obey. Do and say whatever makes you feel most comfortable.
Death touches all of our lives sooner or later. Sometimes it is expected, as with the passing of an elderly relative; sometimes it comes suddenly in the form of a tragic accident.

But suicide is different. The person you have lost seems to have chosen death, and that simple fact makes a world of difference for those left to grieve. The suicide survivor faces all the same emotions as anyone who mourns a death, but they also face a somewhat unique set of painful feelings on top of their grief...

- **Guilt.** Rarely in other deaths do we encounter any feelings of responsibility. Diseases, accidents, old age... we know instinctively that we cannot cause or control these things. But the suicide survivor— even if they were only on the periphery of the deceased’s life— invariably feels that they might have, could have, or should have done something to prevent the suicide. This mistaken assumption is the suicide survivor’s greatest enemy. (See page 16).

- **Stigma.** Society still attaches a stigma to suicide, and it is largely misunderstood. While mourners usually receive sympathy and compassion, the suicide survivor may encounter blame, judgement, or exclusion.

- **Anger.** It’s not uncommon to feel some form of anger toward a lost loved one, but it’s intensified for survivors of suicide. For us, the person we lost is also the murderer of the person we lost, bringing new meaning to the term “love-hate” relationship. (See page 21).

- **Disconnection.** When we lose a loved one to disease or an accident, it is easier to retain happy memories of them. We know that, if they could choose, they would still be here with us. But it’s not as easy for the suicide survivor. Because our loved one seems to have made a choice that is abhorrent to us, we feel disconnected and “divorced” from their memory. We are in a state of conflict with them, and we are left to resolve that conflict alone.
The challenge of coping with a loved one’s suicide is one of the most trying ordeals anyone ever has to face, but make no mistake—**you must confront it**. If you attempt to ignore it—sweep it under the carpet of your life—you may only be delaying an even deeper pain. There are people who have suffered breakdowns decades after a suicide, because they refused or were forbidden to ever talk about it.

Time heals, but time alone cannot heal the suicide survivor. You must use that time to heal yourself and lean on the help and support of others. It might take years to truly restore your emotional well-being, but you can be assured one thing: **it will get easier**.

However, some of the difficult emotions you should come to expect include...

- **You may “backslide” from time to time.** You might have a few days in a row where you feel better and then find your sadness return suddenly—perhaps even years later. This is natural, so don’t be discouraged. You will have ups and downs, but generally, coping with your loss will get easier over time.

- **You will encounter painful reminders unexpectedly.** A song on the radio... the scent of their favorite dish... a photograph. Any of these could bring on sudden feelings of sadness or even the sensation that you are reliving the experience of the suicide. When it happens, stay calm. Get away from the reminder if you need to and focus on positive thoughts.

The American Psychiatric Association ranks the trauma of losing a loved one to suicide as “catastrophic”—on par with that of a concentration camp experience.
Friends and relatives may not offer the support you need. You will truly learn who your friends are during this crisis. A casual acquaintance may turn out to be your most reliable supporter, while a lifelong friend might turn a deaf ear. Lean on the people who are ready, willing, and able to help you and, rather than suffer the anger, try to forgive those who can’t.

People may make insensitive remarks. Suicide is generally misunderstood, and people will feel inept at offering you comfort. This is simply human nature and, while it would be wonderful if people rose above it, try not to be too hard on those who can’t. If you encounter someone who seems determined to upset you with morbid curiosity, their own self-important theories, or some form of a “guilt-trip,” simply sidestep them by saying “I’d rather not talk about it right now,” and avoid conversing with them in the future.

Your fear of people’s judgment may haunt you needlessly. It’s common to project our own feelings of guilt onto others by assuming that they are judging us harshly in their minds. Give people the benefit of the doubt and remind yourself that you are not a mind reader.

Others may tire of talking about it long before you do. Talking through your feelings and fears is essential for recovery from your trauma. Unfortunately, while your closest supporters may be willing to listen and share with you for a few weeks or months, there’s likely to come a time when their thoughts move on from the suicide while yours are still racing. This is why support groups are so valuable. (See page 28.) Fellow survivors understand what you’re feeling in a way that even your closest friends cannot. Your fellow group members will never grow weary of offering supportive words and sympathetic ears.

You may feel bad about feeling good. You’ll laugh at a joke, smile at a movie, or enjoy a breath of fresh, spring air, and then it will hit you: “How dare I feel good?” It’s common to feel guilty when positive emotions start resurfacing, as if you’re somehow trivializing your loss. Don’t feel guilty for enjoying the simple human pleasures of daily life. You are entitled to them as much as anyone, if not more. There will be plenty of time for tears. Take
whatever happiness life sends your way, no matter how small or brief.

- **Holidays, birthdays, and the anniversary of the suicide are often difficult.** Generally, the first year, with all its “firsts” will be the toughest, but these events may always be difficult times for you. Rest assured that the anticipation of these days is far worse than the day itself. It’s only twenty-four hours, and it will pass as quickly as any other day.

- **New milestones may bring feelings of guilt.** As our lives naturally move forward, each new milestone—a wedding, a birth, an accomplishment—may be accompanied by new feelings of guilt and sadness. These events remind us that our lives are moving forward—without our lost loved one. This may even taste of betrayal, as if we are leaving them behind. We must remind ourselves that we have chosen to live. Can it not be fairly said that, if there is a divide between us, it is they—not we—who have placed it there?

- **You may entertain thoughts of suicide yourself.** The risk of committing suicide is far greater for those who come from a family in which

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**Write yourself a script**

Suicide survivors often find themselves faced with uncomfortable questions from outsiders. It will help if you can anticipate some of these and write yourself a “script” of answers that you can mentally keep at the ready.

For example, when someone probes for details of the suicide that you are not comfortable discussing with them, you might simply say, “I don’t really want to talk about it right now,” or “I’m sure we can find something happier to discuss.”

When new acquaintances learn of your loss, they may ask, “How did they die?” You should have no reservations about saying plainly, “They took their own life,” or a straightforward “They committed suicide.”

But if this is a casual acquaintance that you wish to deny this information, you would be equally justified in saying, “They suffered a long illness,” which may very much be the truth.

The more you fear these kinds of inquiries, the better a prepared “script” of answers will serve you.

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The Emotional Roller Coaster (continued)
suicide has been attempted. This may be due to the fact that our loved one’s death has made the very idea of suicide far more real in our lives, making it very common for survivors to have suicidal thoughts themselves. However, you must balance your fear of this with the knowledge that suicide is most often preceded by a history of clinical depression. If you share this trait with your loved one, then you may have a reason to seek professional help. However, you now know better than anyone the pain and destruction that suicide causes in the lives of those we love. The very fact that you are reading a book like this one shows that your desire to heal and live far outweighs any desire you have to end your life.

Explaining suicide to children

As confusing as it is to adults, think of the bewilderment suicide must produce in children. Their young minds are naturally inquiring and are likely to be less shy about asking questions than grownups. Others may need to be coaxed into sharing their feelings.

Above all, lies should not be used to shelter children from reality. This will only create the potential for later (and greater) trauma when the truth is ultimately discovered, as it almost always is. Depending on their age, children can be taught that the person you’ve lost had an “illness inside their brain, and it made them so sad that they didn’t want to live anymore.” A careful balance must be struck between not portraying the suicide victim as a bad person but making it clear that their choice was bad, so as to clearly teach the child that suicide is not an acceptable course of action.

It is also important to explain that not everyone who gets sick or feels sad dies from it. Teach them that there is help available for people who get sick or feel depressed— help from doctors, friends, and from you, should they ever need it.
It’s like a bad dream.

“It’s like walking in quicksand.”

“I feel as if they’re going to walk through the door any minute.”

“I feel like they’ve killed me, too.”

“All I do is cry.” “How will I ever be happy again?”

The shock and grief that consumes us after we lose someone to suicide is overwhelming. It feels like a hole out of which we cannot possibly climb. But these are natural feelings that will dull as you pass beyond the early stages of the grieving process.

The best thing you can do is simply let yourself feel this way. Don’t feel that you have to “hold it together” for anyone else—not even for the benefit of children. If you need to talk about it until you’re hoarse, then do it with anyone who will listen. If you need to cry, then cry. (In fact, think of a day in which you cry as a “good day.”)

It is never too early to start healing. Find a support group or a qualified therapist as soon as possible. (See pages 28-29). Even the longest journey begins with a single step, and you are taking that step now simply by getting up each morning and choosing life.

Guard your physical health.

Your own health is probably the last thing on your mind as you attempt to cope with your tragedy. However, you’re at risk and should take extra care. Shock erodes your body’s natural resistance to disease and you’re probably not getting enough sleep and nutrition. Some sleeplessness and loss of appetite is normal; but if it persists, you should consult your doctor.
Stages of Grief

While you may hear or read about a detailed list of “grief stages,” it’s truly different for each person. Some of the common emotions experienced by anyone who mourns are listed below. You may encounter some or all of them, and in no particular order...

SHOCK. The daze one feels immediately after a tragedy is actually the mind’s first line of defense. It insulates you from having to process the entire magnitude of it, allowing you to function until you can get your bearings. (See page 7).

DENIAL. Death is the most difficult of all realities to accept. It is common to feel a sense of impossibility, or that it’s all just a bad dream. In time, our minds become more able to analyze the tragic event in a rational, realistic way, allowing denial to give way to less troubling emotions.

GUILT. Guilt comes from a mistaken belief that we could have, or should have, prevented the death from happening, or from regret over irreconciled aspects of the relationship. In truth, we all do the best we can given our human shortcomings. We cannot predict the future, nor do we have power over the events in our universe. It is human nature to subconsciously blame oneself rather than accept these truths. (See page 16).

SADNESS. Once the “reactive” emotions have either passed or become manageable, the basic sadness that accompanies any loss moves to the forefront. This may be felt more acutely when confronted with reminders or special occasions. As we gradually learn to accept our loss and embrace happy memories of our lost loved one, we make room in our hearts for happiness to re-enter.

ANGER. It is common to feel anger toward the person you have lost. Many who mourn feel a sense of abandonment. Others feel anger toward a real or perceived culprit. (See page 21).

ACCEPTANCE. This is the mourner’s goal, to accept this tragic event as something that could not have been prevented, and cannot be changed. Only with acceptance, can you move on with your life. (See page 24).
“Why?”

**Why did they do it?** This is the question that will occupy much of your thoughts for some time. And if you think you know the answer, you should think again, because chances are you’re only seeing part of the picture.

**The Condition vs. The Catalyst.** Most suicides are occasioned by a “catalyst” event: the breakup of a relationship, losing a job, or learning of bad news. Misconceptions arise when we mistake one of these isolated events for the cause of the suicide. Instead, it is more likely just the “straw that broke the camel’s back.” Scratch the surface and you will likely find years of emotional distress that comprise the suicide victim’s “condition.”

That condition may be evident in some of these ways...

- **Emotional illness.** Up to 70% of people who die by suicide may suffer from what psychiatrists call an “affective illness” such as major depression or a bipolar disorder.¹

- **Prior attempts.** Often disguised as reckless behavior, many suicide victims have a history of prior attempts.

- **Morbid thoughts.** Many suicidal people are unusually comfortable with the idea of death, or convinced that a dark fate awaits them.

- **Hypersensitivity to pain.** Suicidal individuals often exhibit disproportionate emotional reactions to problems and

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**A Theory: The Accumulation of Pain**

In this author’s observation, suicidal depression is pain that seems to “accumulate” from many experiences.

While most people find ways to cope with life’s common difficulties, the suicidal person—while seeming to move past each setback, loss, and misfortune—continues to carry pain from each trauma with them throughout their lives.

With each new hurt both great and small, a little more pain is added to this tragic cargo until it becomes unbearable.
hardships—sometimes even to the hardships of others. Some go to great lengths to help others because they simply cannot bear the idea of pain, even if it is not their own.

- **A chronic need for control.** Many people who go on to die by suicide exhibit an obsessive need for control—what you and I might call a “control freak.” Their natural inability to cope with pain and misfortune compels them to try to prevent it by orchestrating the events in their world to an extreme degree.

The presence of any of these or other factors demonstrates that **suicide is rarely a sudden occurrence.** It is far more often the result of a long, debilitating breakdown of an individual’s emotional health.

**The Suicidal Mind.** Attempting to decipher precisely the thoughts of the suicide victim is much like trying to understand a foreign language by eavesdropping on a conversation. You can analyze the sounds and syllables all day long, but it’s not likely you’re going to understand much of what was said.

Based on the accounts of those who have attempted suicide and lived to tell about it, we know that **the primary goal of a suicide is not to end life, but to end pain.** People in the grips of a suicidal depression are battling an emotional agony that, to them, is so severe as to make dying a less objectionable alternative than living. One likened the feeling to “being at the bottom of a deep, dark hole and, rather than fighting to get out, wanting to burrow deeper into the bottom.”

**“Is suicide a choice?”**

Choice implies that a suicidal person can reasonably look at alternatives and select among them. If they could rationally choose, it would not be suicide. Suicide happens when...no other choices are seen.”

One of the more painful emotions felt by survivors comes when we try to empathize with the severity of this pain. We try to envision what we would have to feel to make the same choice, and when we imagine our loved one in that kind of pain it’s almost too much to even consider.

But there is a flaw in this thought process. You are imagining what suicidal depression looks like through your eyes—the eyes of a rational, healthy mind. The suicidal person has a distorted view of their world. Problems that seem solvable to us seem impossible to them. Pain is amplified beyond reason and death appears to offer the only possible relief. In fact, it is not uncommon for depressed patients to stop taking an anti-depressant as soon as its beneficial effects start to kick in. This may be caused by a fear of drug dependency, but some theorize that it comes from a fear of having to face the world now that a tool for doing so has been provided. The disease is preferable to the cure. Instead of being a “last resort,” the severely depressed person may view suicide as a plausible “Plan B.” It is this skewed vision that once caused someone to wisely describe suicide as a permanent “solution” to a temporary problem.

Suicide notes, when present, can mislead more than they inform. By looking for answers in a suicide note, we assume that the victim fully understood everything that was happening to them, which may not be the case.

Chase the “Why?” It’s okay to want to understand as much about your loved one’s suicide as possible. Seeking these answers is a necessary part of your grief. Some people
dissect the circumstances of the suicide with the zeal of a detective. Examine and re-examine your loved one’s suicide as much or as little as you need to. But be prepared to face the distinct possibility that many of the answers you seek may be unknowable.

Only after you’ve exhausted your deductive abilities can you finally let go of the “Why?” There will come a time when you will hopefully accept that a satisfying explanation for your loss may not exist. And, even if it did, it wouldn’t change what has happened.

Once you can let go of “Why?” you’ve taken a great step toward acceptance—the key to healing your wounded heart.

Learning from the stories of others

In the stories of others, suicide survivors may recognize common threads that help us understand that we are not alone in the confusing sorrow we face. Below are just a few of the more illuminating ones I’ve encountered...

**The “Logical” Suicide.** Sarah*, a woman of 65 was battling cancer and suffering great pain every day. While her husband was out one afternoon, she ended her life with an overdose. This seems like a somewhat logical act—except that, 40 years earlier, when still young and physically fit, Sarah sank into a deep depression triggered by, of all things, a cancelled luncheon appointment and threatened to throw herself from the balcony of a hotel room. Is suicide, for some, a tendency that is “built in”—an inevitable fate—or was Sarah suffering from a recurrent undiagnosed and untreated depression?

**The Man Who Had it All.** George*, an enormously successful businessman, killed himself the day after closing on a merger worth millions of dollars to his company. In his suicide note, he wrote that, despite his achievements, he had always felt like an imposter; that he was driven by the need to prove something, but inside, felt empty and unworthy. Further, he never felt he got sufficient attention from his parents who demanded his performance, then ignored his accomplishments. Throughout his life he never sought help to deal with these issues.

* Not real name.
The “Sudden” Suicide. Phillip* was very depressed over being recently diagnosed with a serious—but manageable—illness. He shot himself with a starter’s pistol that he and his wife used in their sporting activities. However, as far as his wife knew, they owned only blanks for the gun. Later, her son recalled that, years earlier as a small child, he stumbled across an envelope of bullets hidden among his father’s belongings. This “recently depressed” man had planned his suicide—ten years earlier.

The “Suitcase.” Joan* took her own life despite years of medical treatment for her emotional problems, hospitalization, and several rescues from previous attempts. In her note, she described her pain as a “heavy suitcase” that she had been carrying her whole life. Whenever something bad happened to her, she wrote “it was like a wheel had fallen off...then a buckle would break...then the handle.” Had emotional pain been “accumulating” inside this woman until it overwhelmed her?

The Holocaust Victim. One of the most famous stories of suicide is the death of Tadeusz Borowski, author and Holocaust survivor. Despite surviving the horrors of Auschwitz, Borowski ended his life five years later by gas poisoning—three days after the birth of his daughter. How could a man face down the trauma of the Holocaust and fail to cope with ordinary life? Was Mr. Borowski’s suicide an echo of his earlier trauma? Were his emotional wounds so deep that their pain continued to resonate and build for years afterward?

The Vengeful Survivor. Mary* attended my local support group and seemed to be having a harder time coping than any of us—despite the fact that five years had passed since her son’s suicide. She spoke of her son as one might speak of a martyred saint, refusing to consider, even briefly, that her son bore any responsibility for his suicide. Instead, she focused on a list of culprits whom she felt were to blame—her son’s employer, psychologist, and ex-girlfriend topping the list. It seemed, for Mary, that her healing was impeded by her quest for a scapegoat in her son’s suicide, and by her unwillingness to accept the reality of the emotional crisis he was likely suffering.

*Not real name.
FACT: Nearly 30,000 Americans commit suicide each year. Suicide is the 11th leading cause of death in the nation, claiming twice as many lives each year as HIV/AIDS.³

FACT: Male suicides outnumber female suicides by 4 to 1. However, three times as many women attempt suicide. The reason for this is not certain, but many feel male tendencies towards greater aggressiveness makes their attempts more often fatal.³

MYTH: Teenagers are more likely to kill themselves. A common misconception caused by media coverage of teen suicides. In fact, white males over 65 are the people most likely to die by suicide. However, the suicide rate for white males aged 15–24 has tripled since 1950, and has more than doubled for children aged 10–14.⁴

FACT: Up to 70% of all people who die by suicide may suffer from an affective illness such as depression or bipolar disorder.¹

FACT: Alcoholism is a factor in about 20% of all suicides. Up to 18% of alcoholics may die by suicide.⁵

MYTH: If there was no note, then it couldn’t have been suicide. Only one in four or five people who commit suicide leave a note. The absence of a note does not indicate an accidental suicide, nor does the presence of one reflect the thoughts of a rational mind.¹

MYTH: People who talk about committing suicide, don’t. Suicide victims often make their suicidal feelings and intentions known. While this does not necessarily mean that the suicide could have been prevented, anyone who threatens or talks of suicide should be taken seriously and urged to seek professional help as soon as possible.⁶
FACT: Firearms are now used in more suicides than homicides. It’s the fastest-growing method, used in nearly 60% of all suicides. Next is hanging/strangulation/suffocation at nearly 20%; solid & liquid poisons/overdoses comprise about 10%; gas poisons are used about 6% of the time; the remaining number of suicides employ other methods including jumping from a high place, cutting & piercing, drowning, jumping/lying before moving object, burns & fire, and crashing of a motor vehicle.

MYTH: Someone who attempts suicide will not try it again. Many suicide victims have made prior attempts, sometimes several. These attempts can be in the form of reckless behavior that is not recognized as suicidal.

MYTH: Suicide is hereditary. There is no “suicide gene.” However, if you come from a family where someone has killed himself, you are at greater risk of suicide than the average person. The reason isn’t clear, but part of it may be due to the example set by the relative, and part of it due to inherited factors such as depression and temperament.

FACT: Up to 15% of all fatal traffic accidents may be suicides according to some experts.

MYTH: Once a suicidal crisis has passed, the person is out of danger. Many suicides in which there was a prior attempt occur during a period of perceived improvement in mood and state of mind. It is theorized that this is because the individual has regained the energy to put his suicidal thoughts into action.

MYTH: Most people kill themselves during winter or the Christmas holidays. In fact, the most common season for suicide is spring, when the contrast between depression and nature’s annual rebirth may make life seem increasingly intolerable for the suicidal.
Guilt is the one negative emotion that seems to be universal to all survivors of suicide, and overcoming it is perhaps our greatest obstacle on the path to healing. Guilt is your worst enemy, because it is a false accusation.

You are not responsible for your loved one’s suicide in any way, shape, or form. Write it down. Say it to yourself over and over again, (even when it feels false). Tattoo it onto your brain. Because it’s the truth.

Why do suicide survivors tend to blame themselves? Psychiatrists theorize that human nature subconsciously resists so strongly the idea that we cannot control all the events of our lives that we would rather fault ourselves for a tragic occurrence than accept our inability to prevent it. Simply put, we don’t like admitting to ourselves that we’re only human, so we blame ourselves instead.

One of the most unusual aspects of survivor guilt is that it is usually a solo trip—each survivor tends to blame primarily themselves. Try asking another person who is also mourning your lost loved one about any guilt feelings that are haunting them. Chances are you will find that each person—no matter how close or removed they were from the suicide victim—willingly takes the lion’s share of blame on themselves. If they were the one closest to the deceased then they theorize, “I should’ve known exactly what was going on in their mind.” If they were distanced from that person, they feel, “If I’d only been closer to them...” Well, you can’t all...
be to blame, can you? Isn’t it far more logical that none of you are responsible?

Well, then who is? The simple truth of the matter is that only one person is responsible for any suicide: the victim. But that’s a tough pill to swallow, so instead of ascribing responsibility to our suffering loved one, we nobly sacrifice by taking it on ourselves.

It’s understandable to feel such love and empathy toward the person we lost that we are loathe to place blame on them. The key lies in understanding the difference between blame and responsibility. Blame is accusatory and judgmental, but assigning responsibility need only be a simple acknowledgement of fact.

It’s unclear how much control, if any, suicide victims have over their actions. And if clinical depression is at the root, then we could easily think of suicides as victims of disease, just like cancer victims. This is why a person who dies by suicide doesn’t deserve blame. However, on some level, there was a conscious choice made by that person, even if it was made with a clouded mind. So the responsibility does lie with them.

Acknowledging this simple fact does not mean that you did not love them, nor does it mean that you are holding them in contempt. It means that you are looking at a tragic event clearly and accepting it for what it is.

A guilt-busting exercise: Make a list of all the things that you did to help and comfort your lost loved one. You’ll probably find the list is longer than you realized.
Guilt is anger turned inward. Suicide produces many painful and confusing emotions in survivors, one of which is frustration at being so violently cut off from the victim—from the chance to help them, talk with them, or even simply to say goodbye. This frustration produces anger, and when we turn this anger upon ourselves, the result is guilt.

Guilt can also come from an unfounded assumption that others are silently blaming us. Both parents and spouses express fear that the world at large will brand them as failures in their respective roles because of the suicide. While some small-minded people may think or even speak such accusations, most will not, so don’t project negative thoughts onto others by judging yourself for them.

“If only I had...”
A true tale of two mothers

There were two young women who died by suicide, both about the same age, both after a years-long battle with depression. Each had made several suicide attempts. They would refuse professional help and stop taking their medication just when it seemed to begin helping.

Fearing for her life, the first woman’s mother had her committed—against her wishes—to a psychiatric clinic for treatment. While there, despite being on “suicide watch,” the young girl asphyxiated herself with her bedsheets.

The second woman’s mother constantly urged her daughter to seek professional help. However, fearing that she would worsen her daughter’s depression, she refused to force her into any kind of institutionalized care. One day, she killed herself with an overdose of medication.

Afterwards, both mothers blamed themselves for not preventing their daughter’s suicides. The irony is that each blamed themselves for not doing exactly what the other one did.

The first mother felt that if she hadn’t isolated her daughter in that institution, she wouldn’t have lost her. The second was sure that if she only had committed her daughter, she would’ve been saved.

We often fail to realize that, even if we could turn back the clock and do things differently, it wouldn’t necessarily change the outcome.
Parents of children who die by suicide often battle an added type of guilt. Even if they do not blame themselves for not directly intervening in the suicidal act, they often feel guilt over some perceived mistake in raising their children. “Where did I go wrong?,” “I pushed them too hard.” and “If we hadn’t gotten divorced...” are just a few on the list of self-recriminations. But parents need to remind themselves that, while they have great influence over their children’s lives, they do not personally create every aspect of their children’s being, as a sculptor carves a statue. From their earliest years, children are shaped by an assortment of outside influences beyond the control of parents. Even children and teenagers have to bear responsibility for their actions.

Spouses also tend to feel acutely guilty for a suicide. The natural partnership that comprises marriage implies a mutual responsibility to look after each other. But spouses need to realize that the root causes of suicide—notably clinical depression—are beyond the control of even the most devoted husband or wife and that even mental health professionals often fail to detect the warning signs of suicide.

“I’m glad they did it.” Though rarely expressed aloud, many survivors feel a measure of relief, especially when the suicide victim’s emotional battles were well known to them and punctuated with traumatic episodes and suicide attempts. To breathe easier because they—and you—are now spared from future torment is understandable. However, such feelings of relief are usually followed by a rush of guilt for having had them. If you have these feelings, recognize them as natural, and give yourself a break. Anyone who has had to witness and suffer the long, emotional descent of a loved one would feel a pang of relief at that rocky road’s end.
Moving forward with your life brings its own dose of guilt. Whether it’s returning to the simple routine of daily subsistence or embarking on new journeys in life, survivors often feel as if this is some affront to the person we’ve lost. “How can I live knowing they’re not here?” your mind may taunt you. Your strength lies in knowing that, while your lost loved one has chosen death, you have chosen life—and life is a gift that we honor by living.

Mistaken assumptions
The suicide survivor is prone to many self-defeating assumptions, all of which are likely to be mistaken...

“I know why they did it.” The motivations behind suicide are complex and often inexplicable (see page 9). False conclusions about your loved one’s suicide may only add to your own pain.

“If I’d only done (X), they’d still be alive.” Thinking that you (or anyone else) had could have prevented the suicide, is assuming that we all have far more power over the lives of others than we actually do. Furthermore, many suicide victims persist and succeed in ending their lives despite being rescued before.

“It’s their wife’s/parents’/doctor’s fault.” Blaming others is a form of denial. Only by facing the truth of your loss and the responsibility that lies with the victim can you recover from grief.

“I know what people think about me.” While suicide survivors are still often stigmatized, our fear of it becomes self-fulfilling when we mistakenly project negative thoughts onto others.

“I will never be able to enjoy life again.” Don’t deny your mind’s natural ability to heal. While your life may be forever changed, it need not be forever painful.
Negative emotions surround the suicide survivor, complicating our road back from sorrow. **Anger is a natural part of the grieving process**, but survivors of suicide are far more susceptible to it—and not without justification.

Anyone who mourns may feel anger—frustration at being powerless in the face of death or rage at some real or perceived culprit. However, those who mourn a suicide know the identity of the responsible party—and who wouldn’t feel anger toward the person who ended the life of someone we love and who devastated everyone around us? Many will be loathe to view their loved one in such harsh light, but the concept is there in our minds, at the core of our despair.

At some point, that anger may surface. If you feel such anger, don’t try to repress it—let it out. It’s a natural part of your healing process. You won’t hate them forever. Quite the contrary—once expressed, it will be easier for you to let go of your anger and begin to embrace positive thoughts and happy memories of your lost loved one.

**Blaming others.** Some survivors feel the need for a culprit, again out of a reluctance to place responsibility on the suicide victim.

“It’s the doctor’s fault.” “His wife/mother/brother drove him to it.” “If only the government had a better program...” Some even pour their frustration into crusades against some perceived social evil that is responsible for their loved one’s suicide. While these people seem to have a productive focus for their grief, they are only hurting themselves by not facing the truth of their loved one’s suicide. **Their road back to peace is made longer and rockier by misdirected anger.**
While all suicide survivors face many of the same challenges, each may also face difficulties unique to their relationship with the victim...

**Parents** face the potential for unique forms of guilt, although it is just as unfounded as the guilt typically experienced by survivors. While parents might forgive themselves for being unable to intervene in the suicidal act, they may blame themselves for some perceived mistake made in raising their child. Parents need to understand that children—even young children—are not entirely of their parents’ making. Outside influences from friends, school, the media, and the world at large also shape each child’s psyche. Our children are individuals who, by virtue of having the power to commit a violent act, are responsible for that act.

**Spouses** often suffer additional guilt over a perceived failure of responsibility, or because of the perceived or actual accusations of others. (Families of suicide victims have been known to direct blame at the surviving spouse.) While husbands and wives vow to care for one another, we must realize that even the most caring spouse cannot assume responsibility for their partner’s suicide. Spouses may also feel a greater sense of abandonment and some may come to judge their entire relationship in the light of their spouse’s final act. Guilt continues to resurface if surviving spouses eventually move on to new relationships. Again, we must remind ourselves of what is really the root cause of the tragedy—depression, emotional illness, and other factors beyond our control—not our shortcomings as wife or husband.

**Siblings** often identify closely with one another, making the suicide of one especially painful for those left behind. It can be a reminder of our own mortality. (Older generations are supposed to die, but not your own.) Siblings may not receive the same level of sympathy or support as parents, children or spouses. Parents may overcompensate after the loss of a child by focusing uncomfortably on the surviving sibling(s)—or withdraw from them, seemingly having nothing left to give. It’s essential that families pull together with mutual support and by sharing their feelings openly.
In his book, *Suicide and Its Aftermath*, author Bruce Conley states, “Many deaths leave survivors with unfinished business, but few may be said to create more of it than suicide.”

In addition to all the challenges described on the preceding pages, there are some special situations that (believe it or not) bring even worse complications...

- **Suicide “witnesses.”** If you actually saw your loved one commit suicide or discovered their body, then you face the additional pain and shock of that experience. Often, that horrible vision of their final physical injury haunts us. Try your best to supplant that image. A photo, a memory, or even funereal viewing may help to replace it with one that more truly reflects who your loved one was.

- **The public suicide.** Suicide victims who choose a public method—such as jumping from a building—potentially leave their loved ones with added complications. There may be unwelcome media attention and a greater level of involvement by the authorities. If you face this situation, make sure you enlist the services of an attorney who is both knowledgeable about and sensitive to suicide issues. And don’t let legal or logistic battles distract you from the very private healing you need to do.

- **Accused!** Sometimes, survivors face more than the judgment of others—they face formal accusations of responsibility, either from fellow survivors or from the authorities. For the latter, bear in mind that police are compelled to treat any apparent suicide as a murder until the facts are ascertained. If an unfortunate clouding of facts makes you a genuine suspect in a criminal investigation, again, an attorney who has specific understanding of suicide cases is imperative. Likewise if you face the rare (but not unheard of) harassment or legal action by someone who unfairly holds you responsible. Your greater challenge in this event will be not allowing a false accusation to undermine your knowledge that the only person responsible for a suicide is the victim.
Acceptance is the key to healing for the survivor of suicide, but it is a deceptively simple concept. First of all, most of us operate under the assumption that we are already “accepting” the suicide. After all, only a deluded few would fail to believe that the event actually happened. That’s “acceptance,” isn’t it?

It may be the beginnings of acceptance, but it’s not the entire understanding. Accepting a suicide means not only acknowledging the basic reality, but accepting the contributing factors and the ramifications of it—without embellishing them with invented ideas, either positive or negative.

For example, you might have to accept that your loved one lost a very long battle with depression. If you were to embellish this reality either positively (by denying the fact that such a severe emotional illness could have existed within them) or negatively (by unfairly holding yourself responsible for not having “cured” them of it), then you are not truly accepting the suicide for what it is—a tragic event that, while wholly unwelcome, was beyond the control of you and those around you.

Reconciling with a suicide victim

Losing someone to a “conventional” death, while difficult, does not interfere with our happy memories of them. But suicide survivors often feel disconnected and “divorced” from the memory of their lost loved one. Because they chose to end their lives—to our rational minds, an inconceivable act—we are now in a state of conflict with them. At some point, we need to “reconcile” with them—and somehow, we have to accomplish this alone.

Unfortunately, this usually takes some time. For most survivors, it’s a reward that lies somewhat down the road, after we have passed through all the fury of our emotional gauntlet and achieved acceptance—acceptance of our human limitations, of our loved one’s debilitated condition, and of our lives as they now lay before us.
In this way, acceptance is not unlike a process of separating myth from fact. Here are some examples...

<table>
<thead>
<tr>
<th><strong>MYTH</strong> we must reject....</th>
<th><strong>FACT</strong> we must accept...</th>
</tr>
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<tbody>
<tr>
<td>It’s my fault that this happened.</td>
<td>The only person who truly bears responsibility for a suicide is the victim.</td>
</tr>
<tr>
<td>It’s the fault of their doctor/ spouse/ parents, etc.</td>
<td></td>
</tr>
<tr>
<td>If I had managed to stop this suicide attempt, they would’ve been okay.</td>
<td>I have no way of knowing what would’ve happened if events had played out differently. Many people go on to commit suicide, despite repeated rescues, even while under the care of trained mental health professionals.</td>
</tr>
<tr>
<td>The person I lost is a horrible person for having done this.</td>
<td>The person I lost was probably suffering from an emotional illness, and should be judged otherwise.</td>
</tr>
<tr>
<td>The person I lost was a saint who could never do any wrong.</td>
<td>The person I lost made a tragic, regrettable choice to end their life.</td>
</tr>
<tr>
<td>I should have seen this coming.</td>
<td>I cannot predict the future, and did the best I could with the knowledge I had.</td>
</tr>
<tr>
<td>I should have been able to save them.</td>
<td>I am only human and can’t control all the events around me.</td>
</tr>
<tr>
<td>I can never be happy again.</td>
<td>My life will be forever changed by my loss, but my life will go on.</td>
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Life goes on.” “Time heals.” “Tomorrow is another day.” If you haven’t already, you will likely be offered these time-worn adages until they make you want to scream. But our discomfort when faced with these tiny kernels of truth may come from a reluctance to see our lives move past this tragedy—as if continuing to live is an affront to the memory of our lost loved one.

Conversely, one shouldn’t try to “move on” until truly ready to. Trying to bravely brush aside your feelings of grief and pain will only prolong them.

When should we start getting on with life? The answer is different for each one of us. First and foremost, it’s essential that we confront the confusing and troubling emotions that suicide has left in us. Some survivors might come to a reasoned and acceptable understanding of their tragedy within a few months, but most will take a year to get through the toughest parts, and a year or two more to truly feel ready to live again.

It’s a good idea to refrain from making any major life decisions in the first year. (You are likely to regret rash choices made in an hour of grief.) However, life has a way of moving us forward, ready or not. New events and happenings unfold; new faces enter our lives. Sometimes the very arrival of these new developments only serves to remind us that our loved one is not here to share in them. It might even feel like you are “leaving” them behind. But you will never leave the memory of your loved one behind any more than you can take their physical being with you. With time and healing, you will be able to cherish fond memories of them—celebrating their life as you continue to live yours.
The Suicide Survivor’s Affirmation
by Jeffrey Jackson

Someone I loved very much has ended their own life. I will never truly know all that was happening in their mind that brought them to that tragic choice. However, there are things of which I can be reasonably certain...

— If they were here, even they could not fully explain their mindset or answer all of my questions.
— In their state of mind, they could not have fully comprehended the reality of their own death.
— They could not have fully appreciated the devastating impact their suicide would have on the people in their life.

As such, by their last act, they made their most tragic mistake, unknowingly creating unparalleled pain in the hearts of those whom they most loved.

The person I lost is beyond my help now in every way but one: I can help them by working to ease the pain they have caused and by not allowing their most enduring legacy to be one of tragedy. They benefit from this help whether or not I perceive them as welcoming it, in the same way that we help the aggressor whenever we nurse his victim—by minimizing the damage he has caused.

As a result, each and every day, I can help the person I lost by...

...enjoying life.
...smiling and laughing.
...not dwelling in feelings of sadness or remorse.
...loving others.
...taking new steps in life toward positive new horizons.
...helping those who feel their loss to do the same.
...and, in short, not letting their mistake continue to create sorrow, neither in the world around me, nor in myself.

I will try to picture my lost loved one asking me to do this every day—to please help undo the damage they caused in whatever little ways possible. And I promise that I will.
Don’t try to go it alone. There are lots of people who understand what you’re going through and are ready, willing, and able to help.

Support groups provide one of the most valuable resources for suicide survivors. Here, you can meet and talk with (or just listen to, if you prefer) people who are in your shoes. You can openly express your feelings and experiences with a group of caring individuals who will never judge you, rebuff you, or make you feel awkward. In addition to receiving help, you’ll find tremendous benefit in the help your testimony will undoubtedly offer to others. Some groups are run by mental health professionals, while others are run by peers. To find one near you, contact...

The American Association of Suicidology
(202) 237-2280    www.suicidology.org

The American Foundation for Suicide Prevention
(888) 333-AFSP (2377)   www.afsp.org

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

The Link’s National Resource Center for Suicide Prevention and Aftercare
(404) 256-2919    www.thelink.org

SPAN USA — Suicide Prevention Action Network
(888) 649-1366    www.spanusa.org

Books about suicide and healing in its aftermath offer great comfort and support for many survivors. A list of the more popular ones includes...

No Time to Say Goodbye
by Carla Fine, published by Doubleday

Why Suicide?
by Eustace Chesser, published by Arrow Books
Mental health professionals can offer tremendous healing and guidance for suicide survivors. Below are just a few of the organizations through which you might find a qualified therapist or counselor:

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

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

**National Board for Certified Counselors and Affiliates**
(336) 547-0607  www.nbcc.org
The Suicide Survivor’s 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 honestly 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 one I lost through suicide, regardless of events prior to or at the time of the untimely 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 support groups to enable me to explore my feelings honestly 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.

In memory of Paul Trider, with thanks to Jann Gingold, M.S., Dr. Elisabeth Kübler-Ross, and Rev. Henry Milan. Reprinted by permission of JoAnn Mecca, Center for Inner Growth and Wholeness, 123B Wolcott Hill Road, Wethersfield CT. © 1984 JoAnne Mecca. All rights reserved.
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2. A personal observation related to the author by an individual (name withheld) who survived a suicide attempt.


Copies in .pdf format can be downloaded from the internet, free of charge, at http://www.suicidology.org

Published by
American Association of Suicidology
4201 Connecticut Ave. NW, Suite 408, Washington, DC 20008
(202) 237-2280

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This book is dedicated to the life of immeasurable value that was lived by Gail Beth Levine Jackson.
May you have found the peace that eluded you when you were here.
What to Tell Children

Save. Suicide Awareness Voices of Education

What children might feel after losing someone they love to suicide:

- Abandoned - that the person who died didn't love them.
- Feel the death is their fault - if they would have loved the person more or behaved differently.
- Afraid that they will die too.
- Worried that someone else they love will die or worry about who will take care of them.
- Guilt - because they wished or thought of the person's death.
- Sad.
- Embarrassed - to see other people or to go back to school.
- Confused.
- Angry - with the person who died, at God, at everyone.
- Lonely.
- Denial - pretend like nothing happened.
- Numb - can't feel anything.
- Wish it would all just go away.

A child or adolescent may have a many mixed feelings or may feel "numb." Whatever they are feeling, remember your role as an adult is to help them and be supportive. Reassure the child whatever feelings they might experience, they have permission to let them out. If they want to keep to themself for a while, let them. Don't tell a child how they should or should not feel. Also, don’t discourage them from expressing negative emotions like anger.

How do we explain suicide to children or young people?

Age is a factor in understanding the type and amount of information to provide. Some children you can talk to about suicide with a 1- or 2-sentence answer; others might have continuous questions which they should be allowed to ask and to have answered. The most important thing to remember is to be honest. Children will always find out about what happened at some point, so be honest.

When a child hears that someone "committed suicide" or died of suicide, one of their first questions might be, "What is suicide?" One way to explain is that people die in different ways - from cancer, heart attacks, car accidents, or old age for example. Suicide simply means that a person caused his or her own death intentionally, it doesn’t have to mean more than that. However, also explaining that the person they loved caused their own death because they had an illness in their brain can also be helpful. If they press for
more detail, use your discretion to help the child understand as much as is age appropriate.

Some examples of explaining why suicide happens might be:

- "He had an illness in his brain (or mind) and he died."
- "Her brain got very sick and she died."
- "The brain is an organ of the body just like the heart, liver and kidneys. Sometimes it can get sick, just like other organs."
- "She had an illness called depression and it caused her to die."

If someone the child knows, or the child herself, is being treated for depression, it's critical to stress that only some people die from depression, not everyone. Remind her there are many options for getting help, like medication, psychotherapy, or a combination of both.

A more detailed explanation might be:

"Our thoughts and feelings come from our brain, and sometimes a person's brain can get very sick - the sickness can cause a person to feel very badly inside. It also makes a person's thoughts get all jumbled and mixed up, so sometimes they can't think clearly. Some people can't think of any other way of stopping the hurt they feel inside. They don't understand that they don't have to feel that way, that they can get help."

It's important to note that there are people who were getting help for their depression and died anyway. Just as in other illnesses, a person can receive the best medical treatment available and still not survive. This can also be the case with depression, bipolar disorder, and schizophrenia.

A child needs to understand that the person who died loved them, but that because of the illness he or she may have been unable to convey that or to think about how the child would feel after the death. The child needs to know that the suicide was not their fault, and that nothing they said or did, or didn't say or do, caused the death.

Some children might ask questions related to the morals of suicide - good/bad, right/wrong. It is best to steer clear of this, if possible. Suicide is none of these - it is something that happens when pain exceeds resources for coping with that pain.

Whatever approach is taken when explaining suicide to children, they need to know they can talk about it and ask questions whenever they feel the need. They need to understand they won't always feel the way they do now, that things will get better, and that they'll be loved and taken care of no matter what.

Suggested Reading for Kids

In a crisis, call 1-800-273-8255

Site Search
Let’s Talk About It: A Primer for When Someone You Love has Died by Suicide
By Miki Tesh, LCSW

Talking about someone who died is very hard to do. It can be even more difficult when the person died from suicide. Others may be reacting in similar or very different ways, but all feelings and reactions are normal, no matter what they are. It’s so important to find supportive and caring people we trust to talk about how we feel.

When someone dies from suicide, one of the most difficult hurdles to overcome is stigma. Stigma is an undeserving and negative label that others put on someone, and it is very unfair to those who experience it. We might feel like we must hide the truth because we worry that others will judge us. Because many people are not educated about what it feels like to be someone grieving from suicide, we might be embarrassed, afraid others will treat us differently, or look down on us.

Some people may avoid talking about the person who died because they are afraid of saying the wrong thing. They might even be afraid that suicide could happen in their family, to them, or to a friend. Other people might be upset because suicide has already happened in their family. It may surprise you to know that there are others out there who have experienced suicide, even though we often do not know who they are.

You have total control over whether or not you tell people what happens in your life. It is your decision completely. You should feel comfortable with the people you want to talk with, and you can choose to share as little or as much as you wish. Remember, whether you choose to tell someone everything or nothing at all, that choice is your right.

Take some time to think about how you want to respond to people’s questions. You will want to be prepared so you are not caught off guard. For many of us, it is hard to describe what happened. We can simply say, “It was because of suicide.” If you do not want to let people know how the person died, you could say that you, “do not want to talk about it right now.” You can tell people, “because it is too sad to talk about it.” You could say that the person died “suddenly, and for unknown reasons” because, truly, we often do not know exactly why a person chooses suicide. It is your decision. You need to feel comfortable in how you address others. There is no right or wrong way to talk about what happened.

We may never know why someone died by suicide. Most likely, the person was not himself or herself when he or she died. It is very reassuring and comforting for us to remember that the person loved us very much. When we remember them for their good loving qualities, we celebrate them in ways that are helpful for us and others who knew them. Find different ways to celebrate that person’s life, whether through pictures, stories, music, art, personal memories, funny stories, or objects that have memories.

When we remember how much we love a person, it also is very common to feel like we could have done something to prevent the death. We usually have some feelings of guilt, as if we were somehow responsible for what happened. Sometimes people blame others for the suicide. But, when someone dies from suicide, it is no one’s fault. We can never know why someone chose to harm him or herself.

Most likely, the person had been experiencing problems and could not think clearly. They forgot to ask for help or talk about their feelings to feel better when life was difficult. They forgot that all problems get better over time. And they forgot that they are very important to others. Always remember, nothing you said, did, or thought could have caused this to happen.

Because it is normal to worry that we could have prevented someone from harming his or herself, one of our biggest fears is that suicide might happen again. We may even worry that the child of the person who died might do the same thing. Although there is sometimes a family connection, most all people who have a family history of suicide do not go on to do the same thing. We always can learn from every situation.
Keep in mind that everyone in life has, at some point, experienced desperation or vulnerability. Always tell people you trust how you are doing and feeling, and talk about problems freely in safe environments. Continue to search for ways to make the situation better. People die by suicide because they did not talk about their feelings in ways that would help them. This is why it is so important to be open and honest while looking for ways to improve how we feel about ourselves.

When grieving, one of the more normal feelings is isolation. At times, we may feel especially isolated when someone is insensitive about suicide or about the person who died. When people are insensitive, they probably mean well but they are misinformed about grief and suicide. Most people struggle with what to say. Unfortunately, our society does not educate others about how to talk about grief and suicide. As a result, when people avoid talking about it, or make insensitive remarks, we tend to feel alone and different.

We may also isolate ourselves and avoid talking about it with others. This can feel very lonely. Bear in mind that there are many families nearby who have experienced suicide, but you just haven’t always heard about them. We are never alone, and all families go through difficulties. It helps us realize we are normal and connected when we find thoughtful caring people to talk to.

Feelings of embarrassment, guilt, and isolation are not the only common feelings. Anger also is often mixed up with other emotions. We may be angry with other people. For some, it is spiritually comforting to believe that we all grow emotionally and spiritually, even after we die.

Our thoughts and feelings are always changing, and although the person decided to end his or her life during that very small window of time, logically, we can assume that that person’s thoughts and feelings do not stay the same. In order to understand ourselves and develop as spiritual people, we have to experience deep feelings. This is also a normal part of grieving. Painful emotions get better over time, but it is a slow process that needs to happen gradually over time.

After a while, you may notice that you will feel and talk differently about what happened. As we become comfortable sharing and trusting others, we open up about our feelings in ways that can be very positive for us. As we talk through grief feelings, other unexpected feelings will emerge. This is very normal, and it helps in the long run when new thoughts and feelings inevitably come up. It is a positive experience when we become comfortable with our feelings, stronger as an individual, and hopefully are able to help others in the long run.

We can not change what happened, but we can learn from our own and other’s experiences. Our loved one had and continues to have a lot to offer us in life and after he or she has died. We can learn to live in positive ways, help ourselves when needed, and appreciate the good times we had with that person.

Remember, always talk about feelings in ways that help you feel better and understand situations better. We always can improve how we feel about every situation that happens. All problems change and improve over time, especially when we seek out help from others. Every situation in life is an opportunity to learn about who we are and how we want to live every day.

About the Author

Miki Tesh, LCSW, is a social work doctoral student at the University of Texas at Austin. Her interests are in children’s grief, particularly when caused by a violent death. She is currently working with other counselors to publish three books in a series called Are You Like Me? written for younger children who have lost someone they love from suicide, homicide, or any kind of traumatic sudden death. The suicide bereavement book in the series is coming out in fall 2008. Her email address is: tesh.miki@gmail.com