
Suicide Loss FAQs

An informational resource for those bereaved by suicide.

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What is suicide and why does it happen? A suicide is an act of self-harm intended to result in death. Some suicides may seem sudden and impulsive, but most seem to be the result of a process that happens over many weeks, months, or even years. This is one reason that we refer to suicide as being completed – because it is the outcome of a process of psychological debilitation rather than a decision. The process involves severe stress and a serious personal crisis. Risk increases as the crisis, or the individual's perception of it, worsens. Feelings of control and self-esteem deteriorate. Shame and guilt may lead to self-alienation and isolation. Suicidal individuals also experience chemical imbalances. Most notably a depletion of serotonin, a neurotransmitter that inhibits self-harm. Acute suicidality diminishes choice. The individual's options are to endure or end utter agony. Suicide is completed when the psychological pain is so unbearable that death is seen as the only relief.

How does suicide happen? In *Why People Die of Suicide* (Cambridge, MA: Harvard University Press, 2005), psychologist Thomas Joiner notes that the completion of suicide requires both a desire for death and a capability for lethal self-harm. A desire for death arises from the perception of being a great burden to family members or others and having low sense of belonging. Such feelings may not be valid but the individual strongly believes them to be so. These conditions occur when someone experiences extreme hopelessness and helplessness and comes to feel that nothing or no one can help them. A capability for lethal self-harm is brought about by “mental practice” and/or self-injurious behavior or severe pain. This means that by doing things like going over their death in their mind, literally practicing the attempt (e.g., visiting a bridge or holding a gun), engaging in nonlethal self-harm, and enduring intense psychological pain, an individual can overcome the innate inhibition against self-harm and complete suicide.

Who is a "suicide griever"? A suicide griever (AKA "suicide survivor") is an individual who has lost someone he/she cared for deeply to suicide. The victim may have been a parent, child, spouse, sibling, other relative, partner, or friend. It is estimated that every suicide leaves 6-8 "survivors." The 31000 reported suicides in our nation annually cause 180,000-250,000 men, women, and children to become suicide griever every year. There may be up to 4 million suicide griever in the US. About 80% are grieving a male relative or friend and 90% of are mourning someone who was classified as "white" on their death certificate. 60% are here because of guns.

McIntosh, J. (1985). Survivors of suicide: A comprehensive bibliography. *Omega*, 16, 355-370.

McIntosh, J. (1996). Survivors of suicide: A comprehensive bibliography update, 1985-1995. *Omega*, 33, 147-175.

Have there been any studies of suicide griever?

There are lot of articles but too little research. Sampling suicide griever is difficult; surveying emotionally distressed individuals is a challenge. Long-term studies are few. Much research involves widows or the parents of teen victims. Most studies address attitudes and show we are viewed less positively than victims of other losses

"Suicide carries in its aftermath a level of confusion and devastation that is...beyond description."

Kay Jamison

and draw less support. Griever response to the suicide is the focus of next largest number of studies.

Research is needed on the number of suicide griever, the different types of griever, and how all can best be helped. Studies of adult male bereavement after suicide are sparse.

What are the needs of suicide griever? Suicide is a traumatic loss -- sudden, unexpected, and often violent. The grief it causes is intense and prolonged. Suicide is still stigmatized. This may cause suicide griever to withdraw from seeking support. Suicide griever may feel responsible for their loss. Those who witness the suicide or find the body may suffer post traumatic stress. Many feel anger towards the victim, themselves, or others. They may become depressed and all are at high risk of becoming suicidal.

What about suicide risk among suicide griever? Data on suicide griever suicide is unavailable. Estimates of this group's risk of suicide range from 1.5 to 5 times higher. One of four suicide attempters has a family history of suicide. "Survivors" are the group at highest risk of suicide. A multistate study of suicides found that 14% had lost a relative to suicide. Adolescents who have lost a friend to suicide are almost 3 times more likely to complete suicide than those who have not. Suicide griever who have a consanguineous relationship to the victim may share neurobiological features that may increase their risk. Both risk (and protective) factors for suicide "run" in families. Examples of risk factors are abuse, depression, bipolar disorder, other serious mental illness, or alcohol use.

What kind of help do suicide griever need? One does not "get over" a suicide. Suicide loss does not "heal." The effects may stabilize, but the loss is forever felt. Personal values and beliefs are shattered. The individual is changed emotionally. Every suicide griever needs immediate support at the time of the loss. This is known as "postvention" but it generally not available, which may complicate bereavement. Most need some longer term support best given by others affected by suicide loss. Some may need individualized or family counseling or medical care. All need help in understanding suicide and what it has done to their lives.

Where can suicide griever get support? Survivors of Suicide (SOS) groups offer general support. Parents, siblings, and grandparents may benefit from the support of The Compassionate Friends (TCF). Local hospices may have grief support groups (but very few offer help after a suicide). Resources may be listed in the "Blue Pages" of the phone directory. Many rural areas, small towns, and urban neighborhoods are without any grief support resources. Suicide loss support help for children are scarce, and virtually none exist for adult males and elders. There are moderated e-mail and chat-based "suicide survivor" support resources on the Internet, which offer immediacy and accessibility as well as a focus on specific griever needs (e.g., siblings).

"One thing appears quite certain – the intensity, complexity, and duration of the bereavement after a suicide is significantly shaped by how those affected are treated by those they encounter or look to for help."

What Clergy Need to Know About Suicide Loss (SOS)

What is a suicide grief support group? It is a form of mutual self-help where those bereaved get together with others to share their experiences in dealing with their loss. Groups may be peer-led by a volunteer who is also a suicide griever or they may be led by a professional. Groups may be open-ended or closed-ended. The former meets once or twice a month on an ongoing basis throughout the year. It may be joined at any time and discussions are "open." The latter usually run for several weeks at various times during the year. There are set discussion topics. The American Foundation for Suicide Prevention maintains a national list of suicide loss support groups by state.

Why are suicide loss support groups effective? The NY State Office of Mental Health gives four reasons that support groups are effective :

- Normalization. One of the most significant and helpful realizations for a survivor of suicide to have is that his feelings are normal, given the situation. In a group setting, it is reassuring to hear that others share their fears and their losses, and that it is not pathological to feel this way. In fact, it is perfectly normal.
- Understanding. This begins when the person starts to open up. By telling his/her story by verbalizing it - they are beginning a process of organizing thoughts and feelings. This may be the first step in understanding the "whys", "what ifs", and "why didn't I?"
- Monitoring. The third benefit is monitoring suicide risk. Given the link between the suicide of a family member and the increased risk for other family members, this is a critical benefit. Peer support groups may simultaneously provide healthy role models for grieving survivors while increasing social support.
- Finally, making sense of the suicide of a loved one is an emotional journey. Support groups provide educational resources to help educate survivors regarding the nature of suicide and suicide bereavement.

How can friends help suicide grievers? Let them be who they've become -- people changed by tragedy. Just try to "be there." Support whatever form their grief takes. Trying to understand is okay, but just caring is enough. Realize that you can't possibly relate to what they are experiencing and that you don't have to. It's okay to talk about "it" because that's all that's on their minds. Expect some anger and conflicting expressions towards their lost loved one as emotions are in turmoil. Let any statements they make about responsibility, blame, or guilt just flow. It will sort itself out over time. Please mention their loved one, whether it was a child, spouse, sibling, parent or other loved one. Avoid setting any timetable for recovery as there isn't any.

This page is for informational use only. The purpose is not medical advice. Please consult a qualified health care professional to meet your personal grief-related medical needs.

What about teens who experience suicide loss? Teens may experience suicide loss in their family, in their school community, and in their social network away from school. Older teens may benefit from participating in support groups with their family when the loss involves a family member. Teen-focused suicide loss support resources are not widely available. Most schools offer support if a student or faculty member completes suicide. However, parents and schools may not be aware of other suicide losses that may affect a young person (unless this information is shared by the teen, which is what should happen).

What about professional help? Available research and the experience of groups like Survivors of Suicide suggest that relatively few of those who experience a suicide loss will need the help of a medical or behavioral health specialist. Seeing your personal physician as soon as possible after your loss is a good place to start as traumatic loss can aggravate existing health conditions. Those in care for mental health or alcohol or substance misuse problems should definitely contact their therapist or counselor. Professional help should be sought if bereavement or grief is affecting personal relationships, school, or work after several months. (Note that not all "grief counselors" or other providers are necessarily familiar with the special needs of those coping with the aftermath of a suicide -- ask about their training and experience.) Seek professional help if thoughts of death or suicide arise and persist. Immediately call a crisis center or 9-1-1 if suicidal behavior such as an expression of intent, a suicide plan, having a gun or other lethal means, or engaging in dangerous or high-risk acts occur.

"Everyone who is touched by suicide has a contribution to make to ... better understand the suicidal process."

National Strategy for Suicide Prevention

What can I do about suicide and suicide loss? Most who have experienced a suicide want to "do something" to help prevent suicide or help others who have had a suicide loss. One way to support suicide prevention is to make a contribution to one of the national organizations dealing with the problem, e.g., [American Association of Suicidology](#), [American Foundation for Suicide Prevention \(AFSP\)](#), or [Suicide Prevention Action Network \(SPAN\)](#). AFSP and SPAN also offer volunteer opportunities. Another way to support suicide prevention is to get involved (or start) a suicide prevention group in your community or state. The [Suicide Prevention Resource Center \(SPRC\)](#) posts current information on local, state, and national suicide prevention activities. A direct way to help others bereaved by suicide is to donate to, volunteer, or start a suicide loss support group in your area. If one is not available and you want to fill this need, take these steps: (1) wait until your grief has stabilized (usually after about two years); (2) try to attend several meetings at an existing group, if possible; (3) consider attending a formal training for support group facilitators (contact [AFSP](#) or [The Link Counseling Center](#)); (4) think about starting a group as part of an existing organization like SOS; and (5) remember that it is called "self-help" for a reason -- you are recovering from your own loss and need to take care of yourself.

Other Related Sites on Suicide and Loss

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