

## **June 2004 lecture: Bereaved by Suicide**

*(From notes taken at the June lecture in the Aware monthly lecture series.)*

**‘The number of suicides in Ireland in 1998  
was equivalent  
to the loss of lives on  
four Boeing 737s’**

So began the June lecture in this year’s lecture series, presented by Barry McGale, Suicide Awareness Co-ordinator with the Western Health & Social Services Board, Northern Ireland. If we stop and imagine what our reaction might be to one plane crash in this country, it’s only reasonable to expect that a tragedy which involves four times that number of deaths, would cause a public outcry. That it would result in a change of attitudes and implementation of measures to ensure such a tragedy never occurs again. Sadly, in the years since then, more than 2200 people have also taken their own lives – the equivalent of nearly 20 fatal air disasters.

Barry’s lecture focused on those left behind after a suicide – the families who live with the guilt of thinking they should have done something to stop their loved one dying. The countless numbers of mothers, fathers, husbands, wives, siblings, children and friends left asking ‘Why?’ Much of the guilt stems from the awful stigma surrounding suicide – a stigma which in many ways has grown from the myths which surround this way of death.

### **Why the stigma?**

- **Myth 1: Talking about the subject of suicide encourages it.**  
**Fact:** Allowing a person to talk through their feelings and fears may provide a valuable lifeline.
- **Myth 2: If someone is going to take their own life, there is nothing anyone can do to prevent it.**  
**Fact:** Some individuals who die by suicide often seek help beforehand. Evidence shows that if one can offer appropriate help, the risk of that person dying by suicide is lessened.
- **Myth 3: Those who talk about suicide are least likely to try it.**  
**Fact:** At least a third of those who die by suicide will have talked to someone else about doing it.
- **Myth 4: Those with personality disorders attempt suicide as a way of manipulating others.**  
**Fact:** People with a personality disorder are a high risk for suicide which may be linked to hopelessness.
- **Myth 5: Only those who are clinically depressed try to take their own lives.**  
**Fact:** High levels of hopelessness is predictor for suicide risk. Not all people who attempt to take their own lives meet the diagnostic criteria for depression.
- **Myth 6: If someone has a history of attempts they won’t try it for real.**  
**Fact:** People with a history of deliberate self-harm are 100 times more likely to take their own lives than the general population. Four out of ten people who die by suicide will have attempted to take their own lives before.

### **Why Suicide?**

Edwin Schneidman wrote in 1993 that ‘suicide is best understood not so much as a movement towards death as it is a movement away from something and that

something is always the same: intolerable emotion, unendurable pain or unacceptable anguish. Reduce the level of suffering and the individual will choose to live.'

Research published by Schneidman in 1985 found that certain factors are common in many suicide cases. Among these are:

- The most common purpose of suicide is to seek a solution.
- The most common aim is to cease consciousness.
- Unbearable pain is the most common stimulus.
- The most common action in suicide is aggression.
- The most common consistency in suicide is with life-long coping patterns.

### **What happens to those left behind?**

Back in 1969 Elizabeth Kubler-Ross researched and wrote about the grieving process, identifying five main stages, which the bereaved go through following any death. These are:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

The process varies from one person to another but most people will gradually come to terms with the loss of their loved one and move on. Unfortunately, those bereaved by suicide are more likely to suffer increased trauma due to the manner of death. Many of the bereaved find the language of suicide is particularly difficult to cope with. One of the most common feelings centres around the phrase 'commit suicide'. As one relative said, "Killing oneself is pretty raw and 'committing suicide' I don't like because you commit sins and crimes". This feeling that suicide is in some way a crime or a sin only adds to relatives' grief – grief already made worse by the sense of guilt that they should have done more to prevent the death.

The manner in which someone is treated by others in the immediate aftermath of the death is also very important. One relative said about the curate who came to see her following her husband's death:

"He did his stuff and then eventually he said...' how long was your husband ill?' and my sister-in-law said...' he committed suicide, he shot himself,' and the teacup began to rattle ... and the curate was out of the house in five minutes. I've never seen anyone move so fast."

Dealing with such negativity from outsiders can put a huge strain on relatives. Fortunately, another's experience can be quite different and help in some way to lessen the awful pain:

"He was really good, he said all the right things... he put my mind completely at rest, and said God wasn't vicious and Alastair would be looked after..."

In general, suicides fall outside the long-established social rituals surrounding death. Because a post-mortem is carried out, and an inquest may be held at a later date, relatives may be further distressed.

Good communication within the family is vital to lessen the trauma of the bereavement. Blame can be a common response. Either blame towards the dead individual or indeed at one's self for not having prevented the death.

### **Where did we go wrong?**

Common questions which the bereaved ask themselves are:

- Why did they take their own life?
- Did they really mean to do it?
- Did I ever really know them?
- Where did I go wrong?
- Why am I having to suffer so much?
- Am I the only one who feels this way?

(Calhoun et al, 1982)

### **What should I say to the family?**

DO:

- Say you are sorry about what has happened.
- Allow the bereaved to express their pain.
- Let genuine care and concern show and be felt.
- Reassure them what they are feeling is normal.
- Show respect no matter what their story.
- Allow the person to be where they're at in their grief, not where you want them to be.
- Support their search for meaning.

DON'T:

- Say that you know how they feel.
- Push your religious beliefs or values on someone vulnerable.
- Minimise their pain.
- Support denial.
- Let your discomfort with their tears come across to them.
- Deny your guilt.
- Encourage blame.
- Avoid mentioning the deceased's name.

### **What can I do to help myself deal with the bereavement?**

Know you can survive.

Know that you may feel overwhelmed by your feelings but this is normal.

Anger and guilt are common responses.

It's okay to express your anger.

Find a good listener.

Don't be afraid to cry.

Be patient with yourself and with others who may not understand.

Seek help and support.