



LIGHT)(HOUSE

"A beacon of hope"

Bereavement
information

For those bereaved through suicide or other sudden death...

The loss of someone you have been close to from any cause brings about intense grief and mourning. But the responses and emotions experienced by the bereaved following a suicide often differ from those felt after other types of death. The fact that loved one's death appeared to involve an element of choice raises painful questions which deaths from natural or accidental causes do not. Bereavement by suicide is prolonged. Research suggests that the shock, social isolation and guilt are often greater than for other causes of death. The grieving process is characterised by agonising questioning and a search for some explanation for what has happened. Some people bereaved in this way feel a strong sense of abandonment and rejection. Whilst some of the special aspects of bereavement by suicide are described below, not all will be relevant to your own experience of grief.



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Intense Shock

The sense of shock and disbelief following a death of this kind may be very intense. A common and disturbing aspect of grief after suicide is recurring images of the death, even if this was not witnessed. The finding of the body may be another traumatic and indelible event. Going over and over the very frightening and painful images of the death, and the feeling these create, is a natural need at such time.

Why?

Most newly bereaved people will ask 'why?' However bereavement through suicide often involves a prolonged search for a reason or explanation for the tragedy. Many people bereaved by suicide eventually come to accept that they will never really know the reason why a loved one did what they did. During this search for explanations, different members of the same family may have very different ideas as to why a death happened. This may strain family relationship, particularly where an element of blame is involved.

Could It Have Been Prevented?

It's common to go over and over how the death might have been prevented. Reliving what might have been done to save a loved one from suicide is a common experience of the bereaved. Everything can seem painfully obvious in retrospect. The 'what ifs' may seem endless: 'what if I had picked up on that warning comment or sign? What if I had not been away that weekend? Rewinding events, in ones mind or conversation, is a natural and necessary way of coping with what has happened. Research suggests those who have lost someone through suicide tend to suffer greater guilt, self-blame and self-questioning during bereavement than those who have been bereaved in some other way. While this is certainly not true of everyone, for some bereaved people feelings of guilt may be difficult.

Stigma and isolation

A mother writing about her son's death pointed out that we've never been told what to say to someone who has had a suicide in the family. What she needed to hear was the same thing that might be said to anyone else who had experienced the death of someone close - "I'm truly sorry, for your pain, and is there anything I can do? If you need to talk about it I'm a good listener: I've got a good shoulder to cry on." And she needed to know it was really meant.



Everyone, she said, believes no one wants to talk about suicide, that it's best left undiscussed & that if you don't talk about it, it will be forgotten and will go away. For her, nothing could be further from the truth. Although social attitudes to suicide are changing, they may still limit the support that is available to the bereaved. The silence of others may reinforce feelings of stigma, shame and 'being different'. If others are embarrassed, uneasy and evasive about the way in which a loved one died, the bereaved may be left feeling intensely isolated. Opportunities to talk, remember and celebrate all aspects of a loved one's life and personality may be denied. A strong need to protect a loved one, and oneself, from the judgement of others may also be felt following suicide.

Needs of those bereaved through suicide

When a group of Irish people bereaved by suicide were consulted about their needs, they felt they needed help and support to:

- get the suicide in perspective
- deal with family problems caused by the suicide
- feel better about themselves
- talk about the suicide
- obtain factual information about suicide and its effects
- have a safe place to express their feelings
- understand and deal with other people's reactions to suicide
- get advice on practical/social concerns.

The future

The length of time people take to mourn the loss of someone they have been close to varies very much from person to person. Some things such as sadness at the death and missing the lost person will probably never go away completely but the pain gets much less with time. An important part of the process of rebuilding life again seems to be accepting that the death really has happened and the person is not coming back. This can take a long time but helps people to get some of their very difficult feelings, such as anger and guilt, into perspective. Gradually the things which were good about the person when they were alive can start to be important, as well as their death. Many people find that although life is never the same again there does come a time when they can pick up the threads of their own lives and begin to enjoy living again. Although the loss of a friend or relative through suicide is always a terrible tragedy, some people find that they have been changed in positive ways by the experience. They may appreciate life more and be more attentive to others' feelings. Small reminders and memories can bring all the feelings of

grief flooding back; anniversaries and birthdays can be particularly difficult times. When things seem very bleak it is important to live from day-to-day but remember that things will change in the future and that help is available if needed.

*I had thought that your death was a waste and a destruction.
A pain of grief hardly to be endured.
I am only beginning to learn that your life
was a gift and a growing and a loving left with me.
The desperation of death destroyed the existence of love.
But the fact of death cannot destroy what has been given.
I am learning to look at your life again instead of
your death and your departing.*

Marjorie Pizerr

Sources of support during bereavement

Each person's story will be different, and help must be offered in ways which recognise and support the uniqueness of each person's grieving. Not all those bereaved by suicide will want to seek support outside their close family and social network.. Family and friends may provide all the support that is needed or a neighbour, teacher, priest or minister may step into a supportive role, listening and 'being there' whenever needed. But for others the death of a loved one will mean there is less support around. At a time when relatives and friends become absorbed in their own grief, usual sources of comfort and support may be diminished. For many, the stress and trauma of grief means that additional help is needed. A range of professionals and non-professionals provide help for the bereaved. Possible sources of support are described below.

Bereavement organisations

Bereavement organisations offer support for the bereaved in Ireland both nationally and locally. Cruse provides help to the bereaved through its local branches, which offer individual counselling, social meetings and practical advice. This organisation publishes a newsletter for members and has an extensive list of books and leaflets (see Reading List). Lighthouse are a self-help charity for parents; other family members; partners; friends or anyone who is suffering from grief through suicide. Through local meetings and contacts it puts bereaved parents in touch with others in their area and promotes mutual support. As well as literature on bereavement. Other bereavement services may well exist in your area.

Self-help groups for the bereaved

Self-help groups for people bereaved through suicide provide the chance to meet and talk with others who have suffered a similar loss. This may be consoling in itself, given the feelings of those bereaved in this way that they are 'different'. Sharing feelings and experiences with others through group meetings can provide valuable reassurance. Unfortunately the existence of such groups is not widespread in Ireland although some local suicide bereavement groups do exist.

General practitioners

Your general practitioner may be able to help you in a number of ways during bereavement: (i) by listening, talking and offering emotional support, (ii) by helping you with problems such as sleeplessness, anxiety or depression, prescribing drugs if necessary, (iii) by advising you on other sources of help and referring you to others e.g. counsellor, bereavement organisation or psychiatrist. Some GPs working in large group practices have counsellors at their surgeries.





The degree of emotional support offered by GPs during bereavement will vary from doctor to doctor. Some are more at ease talking about emotional issues with their patients than others. The bereaved tend to visit their doctor more often than usual in the months following a death. However, during a short appointment, it may not always be easy to start talking about all that has happened. One way around this may be to write to your doctor before your appointment, telling him or her of your loss and explaining a little of how you are feeling. Those bereaved through suicide report mixed responses from their GPs. The prescribing of drugs during bereavement, for sleeplessness, anxiety or depression, is a particularly sensitive issue. Some people struggling with loss feel strongly that there are 'no pills for grief'. Others are relieved by medication which helps them to sleep or feel calmer. What seems clear is that the prescribing of pills should never be a 'substitute' for emotional support.

Counselling

If you wish for more time to talk things through, or longer term support, a counsellor may be able to help you. Counselling provides an opportunity to talk, in confidence, to someone experienced in listening to people in distress, who will not be shocked by your emotions. It may be a relief to talk to someone who is a stranger and who can provide a safe environment in which you may vent and explore your feelings. Counselling needs to be distinguished from the kind of talking therapy that lasts for a long time and looks at the roots of present difficulties in past experiences (psychotherapy or psychoanalysis). Counselling will not force you to delve into the past. Instead it offers help with the emotional crisis and life changes you may currently be facing.

Church and religion

If you hold religious beliefs these may be a source of strength and support as you try to cope with your loss. Many people bereaved by suicide and other types of death find their local religious leader an invaluable source of help and often one through which they can obtain counselling as well as support. This source of support is usually open to everyone, not just people who have been religious throughout their lives.

The Samaritans

The Samaritans provide a national 24 hour confidential telephone service. They offer befriending and a listening ear to anyone who is feeling desperate or suicidal or is going through any sort of personal crisis including bereavement. They are available at all hours, every day of the year. The Samaritans have number branches around Ireland and during the day it is also possible to visit these branches to talk to someone in person. Your local branch of The Samaritans will be listed on the Emergency pages and under 'S' in the local telephone directory.

Rejection and abandonment

Those bereaved by suicide may experience a sense of rejection. It is common to feel abandoned by someone who 'chose' to die. As one sister whose brother took his life recalled: "I was upset that he hadn't come to talk to us. I think we all went through anger at some point. You think: 'How could you do this to us?'".

Suicidal fears and feelings

Despair is a natural part of the grieving process, but after the suicide of a loved one hopelessness may be combined with fear for one's own safety. Identification with someone who has taken their life can be deeply threatening to one's own sense of security. Those bereaved through suicide may suffer more anxiety than those bereaved in other ways and be more vulnerable to suicidal feelings of their own. The bereaved need extra reassurance after a suicide, which may also have been preceded by mental health problems.

Although I had never in my life contemplated suicide, one of my biggest fears after Ros's death was that I'd kill myself too. Only a few weeks after Ros died a colleague at work also hanged himself. That made things even worse. The world began to feel very unsafe. Two people in two months? I remember lying in bed after John's suicide looking at the curtain rail and thinking it would be quite easy to copy them. Ros died when she was thirty-six and I heaved a sigh of relief when I reached my thirty-seventh birthday and

found I was still alive. These feelings have almost completely disappeared now but at the time I kept them to myself, and there was no one to tell me that this is a common reaction to suicide

Media Attention

For most bereaved people grief is a private matter. However when a loved one has died through suicide or other unexpected causes, it may attract public interest. The inquest that is demanded by law draws attention to the person who has died and to their close relatives and friends. The death and its circumstances may be reported by the media. Attention of this kind can be very stressful for bereaved relatives and friends, particularly where a death is reported in an insensitive or inaccurate manner.

When is it time to get help?

Grief is painful and exhausting. It is not always easy to decide at what point it would be helpful to receive some outside support. Some reasons you might decide to seek extra help during bereavement are when you:

- continue to feel numb and empty some months after the death
- cannot sleep or suffer nightmares
- feel you cannot handle intense feelings or physical sensations such as exhaustion, confusion, anxiety or panic, chronic tension
- feel overwhelmed by the thoughts and feelings brought about by a loved one's death e.g. guilt, anger, rejection
- have no-one with whom to share your grief and feel the need to do
- keep constantly active in order not to feel (e.g. working all the time)
- find you have been drinking or taking drugs to excess
- find you are worrying and thinking about suicide yourself
- feel afraid that those around you are vulnerable and not coping.

Use of alcohol and drugs

Some people bereaved by suicide or another form of death use harmful amounts of alcohol or take illicit drugs to relieve their feelings of sadness. While these may provide short term relief from painful feelings, they hinder the process of grieving and can themselves cause depression. They can also have other negative consequences for health. If you find yourself using alcohol or drugs in this way you are strongly encouraged to seek help. In the first instance it will usually be best to approach your GP. If the use of alcohol really gets out of hand you might consider approaching Alcoholics Anonymous for help. If one of your relatives gets into such difficulty, AA is a very helpful source of advice and support. A personal tragedy of this kind inevitably involves tremendous suffering for you and those close to you. Do remember that help is available if you feel this suffering is becoming too much for you to bear alone.

Despair

Feelings of despair are common during bereavement, once it is realised that despite all the pining and longing, a loved one will not be coming back. Relationships often suffer because despair is draining and saps interest in others. The bereaved may be left feeling both powerless and hopeless. Life may no longer seem to make sense or have meaning. Feelings of 'not giving a damn' about anything or anyone are common, as is indifference as to what happens to you. In the aftermath of a death suicidal feelings are not uncommon.

Fear

Fear is common in grief. Violent and confusing emotions or panic and nightmares may make grief a frightening experience. You may fear a similar event happening again. You may fear for yourself and those you love. You may fear 'losing control' or 'breaking down'.



No-one ever told me that grief felt so like fear

C. S. Lewis '

Grief and depression

The feelings of the newly bereaved have a lot in common with those of people suffering from depression. Like depression, grief can bring profound sadness and despair. Feelings of unreality are common. It may be hard to see a way forward. Grief interferes with sleep, concentration and appetite. For a bereaved person, these feelings are part of a natural response to a terrible loss. People who have been bereaved are likely to be more prone to sadness and depression for a number of years. For some, these feelings may be particularly severe and prolonged. When grief gives way to a longer lasting depression, further help may be needed.

Emotions during bereavement

Anger

Anger is a natural and common response to loss. It is rare to experience no anger during bereavement and, for some people; feelings of rage can be very intense. The protest 'Why me?' reflects a general sense of helplessness at the unfairness of life, as does anger at others for carrying on their lives as if nothing has happened. Anger may also have a more specific focus. Intense feelings of blame may be directed towards other people - relatives, friends, doctors - who did not seem to help the person enough before their death. It is common to feel anger at oneself for 'failing' to prevent their death, blaming oneself for not doing more. Feelings of anger towards the person who has died are often particularly distressing and confusing.

The bereaved

may feel abandoned by them. Feelings of anger are at their most intense shortly after a death and tend to grow less with time. One woman said after her sons death that she felt great anger at him for what he had done to her, her sister, her mother and family. She had often felt overwhelmed with murderous rage, rage at the world, at life, that it could be so unfair sometimes, and finally rage at her friends who she once loved and cared for... that they could not be there for her.

Guilt

Guilt or self-blame is also common during grief. Guilt may be felt about the death itself. It is extremely painful to accept that we were not able to prevent the death of a loved one or protect them. Feelings of responsibility are common and bereaved people often judge themselves harshly under these circumstances. Our relationships before the death are another common source of remorse. Sudden death interrupts close relationships without warning. Since our lives are not usually conducted as if every day might be our last, we assume there will always be the future to sort out tensions and arguments or to say the things that have been left unsaid. Regrets often take the form of 'If only's': 'If only I had done this' or 'If only I hadn't said that'. Guilt may also be aroused by what one feels or does not feel during bereavement (e.g. anger towards a dead person, inability to cry or show grief openly). Occasionally a death may bring with it a sense of relief for those left behind, particularly if there had been a lot of unhappiness and suffering for everyone beforehand. This feeling may also cause intense guilt. Lastly, guilt may be felt for surviving - for being alive when they are dead. Another woman described her terrible feelings of guilt following her brother's death. Not one day had passed that she hadn't asked herself 'Why?' Not one day had passed that she hadn't experienced the guilt, tidal waves of guilt that just seem to drag her under deeper and deeper. She agonised over whether they as a family could have done something that might have turned him around, that might have made him want to stay with them. Why she wondered did they say all those terrible things to each other while they were growing up? Or worse, why didn't she say all the things to him that she now wished she could?

Anguish and pining

The understanding that a loved one is really dead brings with it tremendous misery and sadness. As the loss begins to make itself felt, pining for the person who has died is common. Powerful and desperate longings - to see and touch them, to talk and be with them - may be felt. The intensity of emotions is often frightening and may leave the bereaved feeling devastated. Emotional pain is often accompanied by physical pain. It is common to go over and over what has happened, replaying things in your head or talking them through. The need to talk about a loved one, following their death, is part of the natural struggle to counteract their loss.

Physical and emotional stress

Losing someone close to you is a major source of stress. This stress may show itself in both physical and mental ways. Restlessness, sleeplessness and fatigue are common. You may also have bad dreams. Loss of memory and concentration are common. You may experience dizziness, palpitations, shakes, difficulty breathing, choking in the throat and chest. Intense emotional pain may be accompanied by physical pain. Sadness may feel like a pain within. Muscular tension may lead to headaches, neck and backaches. Loss of appetite, nausea and diarrhoea are also common and women's menstruation may be upset. Sexual interest may also be affected. The physical effects of shock usually pass with time. The most common phrase heard from the newly bereaved is, 'I feel like I'm going crazy'. The pain and the accompanying emotions are so intense that it doesn't seem possible that a normal human being can experience them and still live. You may believe that you are going insane or at least on the verge of it but you are not. You are experiencing the normal physical

Early grief and mourning

Shock

The death of someone close to you comes as a tremendous shock. When someone dies unexpectedly this shock is intensified and when someone takes their own life, or dies in a violent way, the shock can be particularly acute. Shock is common during the days and weeks immediately following a death. Some experience it more severely and for longer than others.

Numbness

Your mind only allows you to feel your loss slowly and following the death of someone you have been close to you may experience feelings of numbness. What has happened may seem unreal or dreamlike. The thought 'this can't really be happening' may recur. The numbness of early bereavement may itself be a source of distress and misunderstanding if one wonders, for example, why one cannot cry at the funeral. In fact, this numbness is only delaying

emotional reactions and may be a help in getting through the practical arrangements. The 'protection' provided by shock gradually wears off and emotional pain begins.

Disbelief

It is natural to have difficulty believing what has happened. Where a death was untimely and sudden it is even harder to grasp that the loss is permanent and real. On one level it is possible to 'know' that a loved one has died. But on another, deeper level it may seem impossible to 'accept'. A large part of you will resist the knowledge that the person who has died is not going to be around any more. Confusion, panic and fear are common during this struggle between 'knowing' they have died and disbelief.

Searching

Numbness and shock tend to give way to an overwhelming sense of loss. Many bereaved people find themselves instinctively 'searching' for their loved one, even though they know that they are dead. This may involve calling their name, talking to their photographs, dreaming they are back or looking out for them amongst people in the street. This denial of a painful reality is a natural part of mourning. Realising that a death has really happened and is irreversible takes some time. Denial is meeting your son on the street, seeing him from behind, the same shaped head, the identical droop of the shoulders, the swinging gait. Your leaping heart cries, "Oh, it's John". Some days, you'll walk into the house and feel his presence in a room. You can 'see' that smile, 'hear' that laugh. A part of my denial was setting the table for him. Time and again. I'd set his place with all the others and then gasp with the realisation that he would never be coming home to dinner.'



**We aim to save
lives, offer advice
and support those
affected by suicide
and self-harm...**

**Take Comfort
in a Friend**

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