



# Connecting

August, 2020

## A Death Like No Other

(. . . some say.)

**G**rief is a universal experience that all human beings encounter. We grieve in varying degrees and in different ways. From a myriad of emotions to the length of time in mourning, to even the kinds of rituals and remembrances that help heal the irreplaceable loss. Grief is never, ever easy. Suicide, however, has been described as a “death like no other” and it truly feels as such. Death by suicide stuns us with soul-crushing surprise, leaving family and friends not only grieving the unexpected sudden death, but confused by the reasoning behind this haunting loss. So today, I will touch on a few things to help us understand the pain of survivors of suicide loss and how we might better support and understand what they are going through. Despite all of the science supporting a neurobiological basis for mental illness, suicide is still shrouded by a stigma of mystery and misinformation. Some of the general public might even wonder if death by suicide is shameful or even sinful. Others might consider it a “choice that was made” or even blame other family members in some way. But mostly, people are unsure on how to reach out and support those who have lost a loved one to suicide (or what I believe is a more appropriate definition) -- a loss of someone “to depression”. The changing of that one simple word touches each of us...it immediately lifts the heaviness from a room when somebody announces such a loss to the group. Suddenly, faces take on a visibly empathetic and compassionate look-- as it is rare to not know

someone in our own circle of family or friends who has not battled some form of depression at one time or another...some more serious than others. Sometimes, people are simply uninformed about the complexity of various mental health issues before such a loss... some of which can lead to devastating results.

*The primary goal of a suicide is not to end a life, but to end the pain.*

Whenever someone dies by suicide, research shows that at least six people are intimately traumatized by that death. Those who are directly affected are immediate family members, relatives, neighbors, friends, fellow students and/or co-workers. Because 90% of people who die by suicide have a psychological disorder, mental health clinicians are also included as survivors of suicide loss. Statistics Canada reports that approximately 11 people die by suicide each day in our country; approximately 4000 per year. 1/3 of all those who take their own life are between 45-59 years old; and suicide is the second leading cause of death for those between 15-34 years of age. Based on the accounts of those who have attempted suicide, but lived to tell about it, we know that the primary goal of a suicide is NOT TO END A LIFE, but to END THE PAIN! People in the grips of a suicidal depression are battling an emotional agony where living becomes objectionable. Most people

who die by suicide have a significant depression narrowing their problem-solving skills. Corrosive thinking reduces optimism and the hope of possibility; and increases feelings of helplessness. The depressive illness itself makes it virtually impossible to hold onto any semblance of pain going away. While some believe that a person who dies by suicide has done so by their own choice, one can argue that serious mental illness, in fact, limits choice! Studies of those who have survived suicide attempts and healed from their depression report being astonished that they ever even considered suicide.



We know that suicide survivors move through very distinctive bereavement issues. Family and friends are prone to feeling significant bewilderment about the suicide. How did this happen? How did I not see this coming? Overwhelming guilt about what they should have done more of, (or less of) become daily, haunting thoughts. Survivors of suicide loss often feel self-blame as if they were responsible for their loved one's suicide. Many experience anger and rage against their loved one for abandoning or rejecting them—or disappointment that they were not powerful enough, loved enough or special enough to prevent the suicide. These mistaken assumptions plague survivors for a very long time.

Many struggle for years trying to make sense of their loved one's death—and even longer making peace with it—given the unanswerable questions that linger. Survivors may feel like there is blame, shame, judgment or social exclusion surrounding their loss, while mourners of loved ones who have died from terminal illness, accidents, old age or other kinds of deaths usually receive sympathy and compassion. It's strange how we would never blame a family member for a loved one's cancer or Alzheimer's, but society continues to cast a shadow on a loved one's suicide. Fortunately, there are groups where we try to inform people by presenting as much information as possible about the various types of loss, and how best to support each other. We welcome all, regardless of whether your loss was accidental or anticipated, as a result of criminal activity, suicide, as a victim of violence, and every other conceivable type of death--many far removed from the more frequent deaths from cancer or heart disease. My primary focus is to ensure that each person feels like they are an integral link in our chain...bound securely to the links on each side of them...strengthening our group and having that support to hold you together until you are able to function on your own again.

Another thing that makes grieving different when we lose a loved one to illness, old age or an accident, we retain happy memories of that person. We can think back on our loved one and replay those fond memories, sharing stories with joyful nostalgia. This is not so for the suicide survivor, at least not initially. They question their memories, "Was that really a happy day? Maybe he/she wasn't really happy in this picture?" "Why didn't I notice her emotional pain when we were on vacation?" Sometimes it becomes agonizing to connect to a memory or to share stories from the past so survivors might divorce themselves from their loved one's legacy.

Some survivors of suicide lose not only experience aspects of complicated grief, they can also be prone to developing symptoms of depression themselves and post-traumatic stress disorder which is a direct result of their loved one's passing. The unspeakable sadness about the death becomes a never-ending circle of bewilderment, pain, flashbacks and a need to numb the anguish.

## So how can we help the survivors of suicide loss?

By reaching out to them, you also help take any real (or assumed) stigma out of the equation. Acknowledge the death. Extend your condolences, express your feelings of sorrow. Use the loved one's name. Many who are grieving for any reason, in fact, really need to feel empathy, compassion, and understanding to heal. Each of us around the Links table knows the benefits of friendship and touch in healing.

Ask the person if and how you might help. Though some may not be ready to accept the help, asking signifies that you are there—not avoiding or distancing during this tragic event. During the Pandemic, we have to find alternative ways of connecting to offer our support... by phone, zoom, facetime, emails, or the proverbial favourite... a compassionate card in your own handwriting, coming to their mailbox by Canada Post. The notion of being there if needed is extremely comforting for survivors. Encourage openness. Be accepting of however survivors need to express their feelings. It may be through silence, or sadness, or anger. Those of you who have been coming to Links for some time know that I allow for self-expression at the meetings in the manner that feels right for that moment for each individual. I do not clutch my pearls in panic if a cuss word is used to show the intensity of emotion that one is feeling, nor do I ask that person to stop telling their story or to tell it in a different way. Self-expression needs to be given

the latitude, in my opinion, to have some autonomy, and not simply by saying words that others might approve of. So, unless anger or inappropriate comments are directed towards another person, you will be allowed to express yourself and tell your stories in the way that feels comfortable for you.

We have to be patient with each other. Complicated grief can take years to resolve and process. That is one of the main reasons our SABF group has been so successful for thirty some years. We understand that there is no expiry date on our grief journey...and most people like to know that they are not under any imaginary deadline to complete their healing or limit their mourning period. We need to patiently allow the bereaved to

share and repeat their stories, conversations or wishes, for as long as is necessary to promote healthy movement after a loss. Repetition is a key factor in grief recovery... both with telling and retelling some aspects of our grief and sorrow, as well as hearing over and over again from your facilitator, about how grief impacts our daily lives, and some of the coping strategies that help in that regard.

You have all heard me say, that we have to be good listeners! This means don't expect "to fix things" because that is setting yourself up for probable frustration and almost certain failure. The greatest gifts you can give someone you care about who has survived a suicide loss are your time, your reassurance and your love.



## What are some ways that you can help yourself if you are a survivor of suicide loss?

Ground yourself. It may be very painful, but you must learn to hold tightly to the truth that you are NOT responsible for your loved one's suicide in any way, shape or form!! Don't put a limit on your grief. Grieve in your own way, in your own time frame. It will take time to find a place for your sadness and loss. It may take even more time for you to feel hope again and envision possibilities for your future. Plan ahead.

When you feel ready, assist your family in finding ways to mark your loved one's birthday, family holidays or other milestones. Understand that new moments, experiences or events will be met with sadness, even with emotional setbacks. Preparing for how you will move through these calendar dates will help minimize traumatic reactions.

Make connections. Consider joining a grief support group. The environment itself can provide a mutually supportive, reassuring healing place for you to come and park your tears and wrap yourself in the warmth of the other "grief survivors" around our table. Some may choose a non-denominational group such as our St. Albert Bereavement Fellowship, while others may prefer a faith-based program offered at a place of worship.

Give yourself permission to speak your truth... let people know what you need from them, and don't be afraid to set boundaries for yourself. Honour your body and give it what it needs. And ALWAYS seek professional help if you need it. Remember that you are moving through a very traumatic time in your lives; and PTSD is all too often a residual effect of losing a loved one to depression; but it can be treated; so never delay or deny yourself the specialized care that can help you on your path to healing and recovery.



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*I came alone;  
I left connected.*

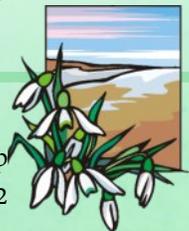
*As August creeps on by, we see the undeniable signs of autumn. Our wee squirrel has been racing back and forth at lightning speed past my office window—delivering pine cones, one at a time, to his secret stash...somewhere! When we lived in Whitecourt, my husband replaced the deck. Under it, a large metal garbage can lid had been adopted by our squirrel. We found a strategically placed smorgasbord of mushrooms, pinecones, berries, peanuts, and other snacks in a circular formation all around the lid! The attention to detail was mind-boggling. Now our apples hang ready for harvest, leaves hint at changing colour, and sunsets come earlier. Change is difficult, especially when we grieve. Yet, that little creature chatters, "Get ready...a new season is upon us!"*

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St. Albert Bereavement Fellowship  
(780) 851-6562



# The Suicide Survivor's Bill of Rights

by Dr. Alan D. Wolfelt, Ph. D

*Someone you love has ended his/her own life. Your grief is unique and profound, and you have special needs that must be tended to in the coming weeks, months, and years. Though you should reach out to others as you do the work of mourning, you should not feel obligated to accept the unhelpful responses you may receive from some people. You are the one who is grieving, and as such, you have certain "rights" no one should try to take away from you.*

*The following list is intended both to empower you to heal and to decide how others can and cannot help. This is not to discourage you from reaching out to others for help, but rather to assist you in distinguishing useful responses from hurtful ones.*

**I have the right to experience my own unique grief.** No one else will grieve this death in exactly the same way I do. So, when I turn to others for help, I will not allow them to tell me what I should or should not be thinking, feeling or doing.

**I have the right to talk about my grief.** Talking about my grief and the story of the death will help me heal. I will seek out others who will allow me to talk as much as I want, as often as I want, and who will listen without judging. If at times I don't feel like talking, I also have the right to be silent, although I understand that bottling everything up inside will prevent my healing.

**I have the right to feel a multitude of emotions.** Confusion, disorientation, fear, shame, anger, and guilt are just a few of the emotions I might feel as part of my grief journey. Others may try to tell me that what I do feel is wrong, but I know that my feelings aren't right or wrong, they just are.

**I have the right to work through any feelings of guilt and relinquish responsibility.** I may feel guilty about this death, even though it was in no way my fault. I must come to acknowledge the that only person truly responsible was the person who took his or her own life. Still, I must feel and explore any possible feelings of guilt I may have in order to move beyond them.

**I have the right to know what can be known about what happened.** I can cope with what I know or understand, but it is much harder to cope with the unknown. If I have questions about the death, I have the right to have those questions answered honestly and thoroughly by those who may have the information I seek.

**I have the right to embrace the mystery.** It is normal and natural for me to want to understand why the person I love took his or her own life, but I also have the right to accept that I may never fully and truly understand. I will naturally search for meaning, but I will also “stand under” the unknowable mystery of life and death.

**I have the right to embrace my spirituality.** I will embrace and express my spirituality in ways that feel right to me. I will spend time in the company of people who understand and support my spiritual or religious beliefs. If I feel angry at God or find myself questioning my faith or beliefs, that’s OK. I will find someone to talk with who won’t be critical of my feelings of hurt and abandonment.

**I have the right to treasure my memories.** Memories are one of the best legacies that exist after the death of someone loved. I will always remember. If at first my memories are dominated by thoughts of the death itself, I will realize that this is a normal and necessary step on the path to healing. Over time, I know I will be able to remember the love and the good times.

**I have the right to hope.** Hope is an expectation of a good that is yet to be. I have the need and the right to have hope for my continued life. I can have hope and joy in my life and still miss and love the person who died.

**I have the right to move forward my grief and heal.** Reconciling my grief will not happen quickly. Grief is a process, not an event. I will be patient and tolerant with myself and avoid people who are impatient and intolerant with me. I must help those around me understand that the suicide death of someone loved has changed my life forever.

**Article Contributors:**

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