Distributed by
Massachusetts Department of Public Health
and AdCare Educational Institute, Inc.

Suicide Prevention Program
Injury Prevention and Control Program

250 Washington Street, 4th floor
Boston, MA 02108

© 2007 Aiding Suicide Survivors

Aiding Suicide Survivors

A Guide for Funeral Directors and Clergy

Funeral directors and clergy are representatives of the family members and yet, they are also familiar with the press, the police and medical examiners in their communities and so can draw on their past associations with these and other first responders to ensure humane and dignified treatment of the survivors. In responding to survivors' plight, funeral directors and clergy can assist family members through what is undoubtedly a period of overwhelming stress, and can urge their participation in efforts to reduce future risk.

By improving the networking among health and human service professionals, and by facilitating communication between them and survivors, funeral directors and clergy can not only enhance the quality of "first aid" administered to survivors, but also improve the continuity of care they receive throughout their bereavement.

BEFRIENDING

The philosophy and practice of befriending is one way to help survivors cope with their grief. Befriending is the offering of friendship by one ordinary human being to another at a time of crisis. The concept of befriending relies on listening without judging, active listening and allowing individuals to simply talk through their problems to obtain solutions. Befriending does not involve telling or advising a person what to do. It respects the right of each person to make his or her own decisions and offers unconditional emotional support. Befriending recognizes the importance of professional psychiatric help but also believes that laypeople, such as funeral directors and clergy, provide a valuable service by simply listening.

Acknowledgements

Excerpts for this booklet were adapted with permission from:

1. Wolfelt, Dr. Alan D. Helping a Survivor Heal. Centre for Loss and Life Transition 2006. www.centerforloss.com
2. Jackson, Jeffrey. SOS Handbook for Suicide Survivors. American Association of Suicidology, 2003. http://www.suicidology.org
3. Dunne E.J, McIntosh J.L & Dunne-Maxim K. Suicide and Its Aftermath: Understanding and Counseling the Survivors. W.W. Norton & Company 1987. New York, NY. Pages 171-181.

Special thanks to Harini Ramakrishnan

INTRODUCTION

In the United States, 30,000 people die by suicide each year. It is currently the 11th leading cause of death in the United States. In Massachusetts, on average, one person dies by suicide every day. Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illnesses. Each year, thousands of bereaved survivors are left to deal with the unique grief of losing a loved one to suicide.

When there has been a death of a loved one by suicide, survivors experience a variety of emotions that range in intensity. The Massachusetts Department of Public Health's Suicide Prevention Program recognizes the importance of honoring and respecting the needs of survivors in the days, weeks and months following the suicide.

This booklet is designed to guide funeral directors and members of the clergy, who are often first responders, in helping survivors of suicide cope with their loss. Guidance on planning and conducting memorial services after a suicide can be found at the Suicide Prevention Resource Center website: http://www.sprc.org/library/aftersuicide.pdf.

SUICIDE SURVIVOR GRIEF IS UNIQUE

Historian Arnold Toynbee once wrote, "There are always two parties to a death: the person who dies and the survivors who are bereaved." Unfortunately, many survivors of suicide suffer alone and in silence. The silence that surrounds them often complicates the healing that comes from being encouraged to mourn.

In addition to experiencing grief, suicide survivors must walk a gauntlet of guilt, confusion and emotional turmoil that is in many ways unique. Suicide survivors face 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.

Suicide can leave survivors with more unfinished business than deaths from natural causes. It is helpful if survivors can be carefully listened to for feelings that may lend themselves to symbolic expression and for clergy and funeral directors to be willing to work with survivors in creative ways to facilitate that expression.

With survivors of suicide, as with survivors of any profoundly traumatic death, caregivers and others must become adept at interpreting and responding to silence and to nonverbal cues. Drawing some family members gently from the cocoon of shock, while helping others express healthy forms of rage, is part of a funeral director and clergy's challenge in blending personal rituals into healing funeral services.

Frequently, the double edge of suicide makes both the viewing and the closing uniquely difficult. Survivors may want desperately to have at least the physical sense of reunion once more, but be so angry and feel so abandoned, that they draw away. Later, at the point of closing the casket for the last time, survivors may again feel trapped. They may want to shut the door on the entire experience forever, yet cling to the hope that so long as the casket is open, the death is not final. Funeral directors and clergy should acknowledge this ambivalence, allow its expression, and gently urge the bereaved through completion of this important step.

Funeral directors and clergy may also be in a unique position to suggest follow-up in schools, the workplace, and other social environments where close personal ties may have existed with the deceased. They may also be in a position to provide information regarding referrals for professional treatment and connections to support groups for suicide survivors.

FUNERAL DIRECTORS AND CLERGY AS FIRST RESPONDERS

Funeral directors and clergy have unique opportunities to play an active role in suicide response and prevention. Beyond the obvious value of improved immediate care for suicide survivors that this more active role allows, a less visible benefit is the possible prevention of future suicides among survivors of any death. Funeral directors and clergy, as some of the first responders, should be sensitive to the needs of survivors, particularly those whose loss history places them at high risk. They have the opportunity to interact with survivors intimately, and can sense delayed, unresolved grief following a death which may be sign of possible suicidal behavior amongst survivors. It was found that, in comparison to the experience of persons who had died naturally, a significant number of people completing suicide had themselves suffered a recent bereavement.

The customs and structure of the funeral experience, along with the network of funeral directors, clergy and other care-givers, offer a unique, one-time opportunity to provide support and guidance to the survivors. Funeral directors and clergy also may be able to serve as a liaison between the survivor family and the authorities who investigate the suicide, and can clarify the needs of each to the other.

Where suicides are concerned, viewing or other aspects of a funeral may present special challenges for survivors. Recognizing this, funeral directors and clergy should be alert to the possibilities for compromise, as well as for confrontation, in making funeral arrangements that meet the special needs of suicide survivors. Sometimes, the question is not so much one of eliminating the viewing experience as learning to compromise on the time, place and manner in which it is done.

Here are a few of the emotions survivors may go through:

Guilt. Suicide survivors -even if they are only on the periphery of the deceased's life- invariably feel 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.

Stigma. Society still attaches a stigma to suicide, and it is largely misunderstood. While mourners typically receive sympathy and compassion, the suicide survivor may encounter blame, judgment, 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 them the person they have lost is also the agent of the loss bringing new meaning to the phrase "love-hate" relationship.

Disconnection. When we lose a loved one to disease, injury or old age, 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 their loved one seems to have made a choice that is abhorrent to the survivor, they feel disconnected and "divorced" from their memory. Survivors are in a state of conflict and may feel they must resolve the conflict alone.

In addition, there are special situations that bring additional complications.

Suicide "witnesses." If someone actually sees their loved one die by suicide or discovers the body, then they face the additional pain and shock of that experience. Often, that vision of the final physical injury haunts them. A photo, a memory, or even funeral viewing may help to replace it with one that more truly reflects who the 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.

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 law enforcement authorities are compelled to treat any apparent suicide as a murder until the facts are ascertained.

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 feelings of guilt, although it is just as unfounded as the feelings typically experienced by survivors. While parents may forgive themselves for being unable to intervene in the suicidal act, they may blame themselves for some perceived mistake made in raising their child. It is important to understand that children are not entirely of their parents' making; outside influences such as friends, school, the media, and the world at large also help shape each child.

Spouses or partners may also suffer feelings of 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.) Spouses or partners may also feel an extreme sense of abandonment and some may come to judge their entire relationship in the light of their spouse's final injury. Feelings of guilt may continue to resurface even if survivors eventually move on to new relationships. Again, it can be helpful if they remember what is really the root cause of the tragedy-depression, emotional illness, and other factors beyond their control-not their shortcomings as partner, wife or husband.

Siblings often identify closely with one another, making the suicide especially painful for those left behind. 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.