



# Healing

## Grief after suicide

It's always hard to lose someone. But when you've lost someone to suicide, your grief can feel especially intense and complex. You may have a lot of anger or questions. Understanding your feelings and learning about suicide may help ease your grief.

### **Why would someone choose suicide?**

Why would anyone willingly cause his or her own death? While the answer is unique to each person, most experts agree that it has to do with intense pain, anguish and hopelessness. John Hewett, author of [\*After Suicide\*](#), says, "He or she probably wasn't choosing death as much as choosing to end this unbearable pain."<sup>1</sup>

Sometimes this emotional pain comes from a life event. Did the person have money problems? Did he or she lose a loved one? Was the person facing rejection at work, school or home?

Suicide may also be a response to a mental or physical health issue. Was the person depressed? Did he or she have a chronic illness? Did the person abuse drugs or alcohol?

Your loved one's choice to die may have stemmed from a combination of factors. Each suicide is unique to the individual. And sometimes there's no clear reason. The truth is, you might never really know why someone chose death over life.

<sup>1</sup>Hewett, John. [\*After Suicide\*](#). Westminster John Knox Press, 1st edition. January 1, 1980.

## Understand your reactions

Grief can come and go, sometimes without reason. It's okay. It's healthy. It's all a part of the healing process.

Grief is different for everyone, so your reaction and healing will be unique to you. However, there are some common feelings that come up for people going through similar losses.

### Shock

Shock is often the first reaction. You may feel numb for a while. You might find it hard to follow a normal daily routine. This shock can be healthy, protecting you from the initial pain of the loss. And it may help you get through funeral arrangements and services.

Shock may last a few days or several weeks. Take some time to be alone, if that's what you want. But know that it's important to be with other people and return to your normal routine.

After the initial shock you may feel angry, guilty and sad. These feelings may overwhelm you all at once or they may surface in the weeks, months and years ahead.



### Anger

People often experience anger at a loved one who has passed away. You may wonder, "How could they do this to me?" Feeling angry with the deceased is normal. Their decision to choose suicide has caused pain for you and others. It's easy to feel like the person was selfish.

Your anger may be self-directed. You might think, "What could I have done?" or "Why wasn't I there?" If your loved one was receiving therapy or treatment, you may feel anger toward the person's provider. You might feel like doctors or therapists failed to do their jobs. Chances are the professionals who worked with your loved one are dedicated and well-trained. They'll be the first to recognize that your anger is a valid emotion.

Don't try to suppress your anger. It's a natural part of the hurt you feel. If you deny your feelings, they may come out in other, possibly negative ways. And that can prolong your grief. Try to find someone you can talk to about your feelings — perhaps a close friend, counselor or clergy person. You may need to find a physical outlet for your anger. Walks, runs, bike-rides, strength training or anything that gets you moving can help.

### Guilt

The most intense anger you experience might be directed toward yourself. This anger is closely linked with feelings of guilt. You may think, "But I just talked with him!", "Why didn't I listen?", "If only..." or "I should have..." If the deceased was someone with whom you had regular close contact, your guilt may be intense.

You may feel responsible for your loved one's death. You'll likely wish you'd recognized the problem and responded differently. You may look back on the last few months (or years) and see hints of the person's suicidal thinking.

Perhaps you were aware of the person's suicide risk and you tried to help. Maybe the person seemed happier and you relaxed your concern. Sometimes people feel better once they decide to die. Their problems haven't been resolved, but they've found an answer — suicide.

As you try to cope with your guilt, try not to criticize yourself too harshly. You're not responsible for another person's behavior. Thoughts like, "I should've been there," may run through your head. But the suicide could have happened at another time. If you feel your presence at a particular time could have prevented the suicide, you are assuming too much.

We all like to think we can help our friends and family members if they're troubled. And we often try. But a person who is determined to complete suicide is likely to accomplish it. If you realistically feel there was something you could have done — face it so you can work through it. A counselor can help you talk through these feelings.

### Relief

Being around someone in pain can be draining. If you were closely involved with the deceased, you may have felt burdened or exhausted from helping. Now that the person is gone, you may feel a sense of relief. Maybe you feel relieved the person's pain is over or that you don't have to worry all the time.

It's normal to feel relief when a difficult situation ends. In cases like these, your relief will likely be colored with guilt. Accept your relief and don't let it grow into more guilt. The late psychiatrist, Dr. Theodore Reik, once said, "One can feel sorry for something without feeling guilty."<sup>2</sup> Remember, too, that your loved one saw death as the only way out at that time.

<sup>2</sup>Ward, Dennis. Suicide of a Soul. Self-published. Pages 96 and 101. Accessed February 2018.



## Shame

You may feel stigma or shame about your loved one's suicide. If you don't want to relate the circumstances of the person's death, don't. Your close friends will already know. Let others simply respond to the death of your loved one. You don't need to share the complete story.

That said, it's important to confront the word "suicide." Practice thinking, hearing and saying it. Don't try to do this alone. You need someone, or several people, with whom you can share your feelings.

If it helps, it might be good to spend some time alone. But don't cut yourself off for too long. Let friends and relatives help you. No one will have any magic answers for you. No one will be able to make you hurt less. But the healing and coping process requires that you talk about your feelings.

## Find someone to talk to

Talking to a trusted person can help you work through your grief. Friends may provide all the emotional support you need or you may want to join a support group. It can be healing to talk to others who've had similar losses. If nothing else, it can help you feel less alone.

Suicide hotlines may be able to offer you support over the telephone. These hotlines are often answered 24 hours a day by people trained to help you through the rough spots. They will listen to your feelings and help you find ways to cope.

If you need some professional counseling, call your doctor's office, insurance company or us to find help.

## Talking to children

If the deceased was a parent or had close relationships with children, talking to them about the death may be one of the most difficult tasks you face. You can't ignore their needs, especially if you are the primary adult in their lives.

Even very young children will be aware when someone in their lives is gone. They need the chance to ask questions and get honest answers. If you're reluctant to talk about suicide — what it means and why it happened — remember the children are likely to hear about it from other sources. Their confusion will be intensified if they haven't had some communication with a trusted adult.

Let them know the deceased was unhappy without giving the impression that death is the answer to unhappiness. Explain how the deceased had some problems or was ill. But be sure to avoid giving them the slightest reason to suspect they were the cause of the problems or the illness. They need assurance that you will be with them for a long time. They need to know your unhappiness over the death will not lead to your death.

Older children may be more aware of the circumstances surrounding the death but may be less open with their feelings. They may feel more responsible than young children and search harder for answers. They may be freer to blame someone — you, for instance.

Children need a few days to think about the death, to probe their feelings and to formulate their own questions. Young children are naturally open and it may make it easier for them to talk about the death. An older child's growing sense of maturity might deter him or her from sharing feelings.

Some children, regardless of age, won't ask any questions. So you may need to encourage communication. While it might seem easier to avoid the topic, children, like adults, need to talk about their feelings. Their reactions could be similar to yours. They may seem insensitive or show more anger, hurt and guilt. You need to accept their reactions, whatever they are, even if you don't fully understand them.

If communication with a child is difficult, make it a point to talk to people with whom the child has contact, especially teachers. Teachers need to know what's behind a child's reactions. They can help you see any behavior changes.



Whether your children are preschool age or teens, be honest. Listen to what they say. Observe what they do. Make time to be with them. Accept their feelings and share your own. When they ask questions you don't have answers for, don't ignore the questions or make up answers. A lot of answers may be "I don't know" or "I don't understand, either."

Just as you need emotional, nonjudgmental support from someone close to you, children need your support. Your library or the local bookstore may be able to recommend reading material that can help.

## Suicide is not genetic

Suicide may occur more than once within a family, but it's not genetic. In a family, or even among friends, suicide may become a behavior to imitate.

Thoughts of your own suicide are not uncommon after losing someone to suicide. A fleeting thought now and then shouldn't cause alarm. But extended depression and continued suicidal thoughts need attention right away. Don't wait to seek professional help.

## Looking ahead

What value does your grief have in the healing process? Rather than letting the hurt isolate you, get involved with others. Consider supporting suicide prevention efforts or find a cause that means something to you.

C. S. Lewis described losing a loved one as similar to losing a limb.<sup>3</sup> The loss can't be reversed. And there's recurrent pain that comes and goes. But you learn to live with the loss. Your life looks different now. And some days, like holidays and anniversaries, may be harder than others.

Especially during the first year, decide if you want to maintain traditions you shared with the deceased or if you want changes to ease painful memories. On the anniversary of the death, you might want to be alone or observe the day in a manner that's special to you. You may prefer to spend that time with someone close to you or make plans for a family gathering.

You can't avoid these periods of sadness, but whenever possible, try to plan ahead so they won't be overwhelming. Your grief may come back for no special reason. Be prepared to face this. Ask for help if you need it. You can't expect to forget (nor would you probably want to), but you will be able to cope.

**You're not alone during this tough time. We're here for you.**



<sup>3</sup>Lewis, C.S. A Grief Observed. New York: HarperCollins; 1961: Page VI.

### **The EAP is administered by Resources For Living, LLC.**

All EAP calls are confidential, except as required by law. Information is not a substitute for diagnosis or treatment by a professional. Contact a professional with any questions about specific needs. There may be other explanations for any or all of the above [behaviors/ characteristics/ symptoms]. This information is not a complete list of all signs concerning such [behaviors/ characteristics/ symptoms] and should not be used as a stand-alone instrument. EAP instructors, educators and participating providers are independent contractors and are not agents of Resources For Living.