

Suicide Loss: What Teens Need to Know

*Self-help for Young People
who have Lost a Family
Member or Friend to Suicide*

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Dear Teen,

If you are reading this, you have likely already lost a loved one to suicide. Therefore, let us first say that we are deeply sorry for your loss. Losing someone to suicide is the worst loss that anyone can endure. No one is ever prepared for it. The aftermath is often clouded by the misconceptions and stigma that surround both mental illness and suicide.

This booklet is for young people bereaved by a suicide. It reflects the self-help philosophy of Survivors of Suicide (SOS), a group of individuals who have lost someone close to suicide. It covers concerns discussed at SOS support groups and it tries to put these issues into a context for young people.

We have used a question and answer format because the grief journey that a suicide loss sets you on is often driven by a search for answers. We hope that this booklet can help you just a little as you go through this complex grief process.

See your health care provider as soon as possible after your loss and if you have a therapist or counselor, contact them immediately. If you are taking medications for mental illness, tell your doctor about your loss and your grief.

This booklet is not meant to replace the advice of qualified health care professionals.

We wish you peace on your journey.

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What is grief?

Grief is a natural, normal, personal, and internal response to loss. It is the emotional hurt that you feel when someone you love or care for deeply is taken away. Grief affects you as a whole person—mentally, physically, socially, and even spiritually.

Emotional reactions to grief may include confusion, anger, guilt, anxiety, sadness, numbness, shame, and despair. Physical reactions may include sleeping problems, changes in appetite, physical problems, or illness. Social responses may be changes in how you relate to your family, friends, and others. You may also begin to question or feel differently about long-held beliefs.

Grieving is a highly individual experience. How you grieve depends on your personality and coping style, your life experience, your faith, the nature of your current loss, and how you dealt with any previous losses. It is important to remember that no two people grieve the same way and that there is no 'right' or 'wrong' way to grieve.

Grieving is process. It takes time. While it may not feel like it now, the grief does eventually lessen as you adjust to your loss. This is done with support. Dealing with grief happens gradually; it can't be forced or hurried. There is no set timetable for grieving. So, try to be okay dealing with this loss at your own pace, even if it differs from your friends or family. Some people feel better in weeks or months, for others it may take longer. Grief is not always visible.

The grieving process is longer and more intense when there has been a sudden, unanticipated death. This is what happens when you grieve someone lost to suicide.

Grieving hurts but it is what you have to go through to come to terms with your loss. It is best to deal with this now.

What is suicide loss recovery?

Recovery means, "to regain," "to get back," or "to restore." Recovery is not "getting over it" or "finding closure." Those terms may apply to other deaths and losses, but they do not apply to what you have experienced.

A suicide, to some degree, always changes those that it affects. However, you can get back, recover, that sense of things being normal that you felt before your loss. You can get to a different normal, a "new normal." That is what recovery is all about.

Recovery from a suicide loss is a process of learning to deal with each day's challenges. It is adding coping skills, and getting to a place where you are living with your grief rather than only grieving. You are already beginning your process of recovery by reading this self-help booklet. This is a good first step.

A significant lessening of the emotions that you are feeling right now marks recovery. The anxiety, sadness, depression, stress, and pain gradually become manageable and eventually move into the background. Your personal, social, school, or work-related activities become less of a strain and more routine again.

Recovery is not just letting things take their course. It is active, it is something that you have to work at and work towards. It is how you get back your well being and quality of life. Recovery is the goal of your journey through this suicide grief.

This active process may be challenging at times, but don't give up.

How can I help myself with my recovery?

In the first weeks and months of your bereavement, you need to see that what you feel is normal, get support, and gain insight into your loss.

You are probably asking: "How can what I feel possibly be considered 'normal'?" It is what happened to you that is abnormal. Suicide is the most abnormal death; suicide loss is the most abnormal loss. Your emotional response to this is perfectly normal.

Support is mentioned frequently in the pages to follow. It refers to the natural, informal assistance that people need to cope with the emotions and stress that are felt at difficult times, such as after a suicide. Support may be given by others or achieved through self-help, which is what this booklet is about.

Suicide loss makes you vulnerable to other problems. You may experience some or none of them, but you must be aware of them and alert for their signs in yourself and those who share your loss. Feeling extremely sad is common. Depression and severe anxiety also can occur. Some people have trouble sleeping or concentrating.

We will discuss these needs and concerns.

Sometimes those who experience a suicide loss may be troubled by thoughts of suicide. If this occurs, immediately contact a school counselor or your family physician. If you or someone who shares your loss begins to feel a desire to die immediately call the local crisis center or 9-1-1. Always tell your parents or another trusted adult of any thoughts about suicide. Do not keep this a secret.

Does suicide loss recovery follow any pattern?

As we have already mentioned, there isn't a standard grieving process. It is different for each of us. However, there seem to be some phases that we each experience. These do not necessarily unfold in order but it is easier to discuss them that way.

We all seem to face an initial period after the loss when nothing literally fits. The extent of anguish and emotion is often unimaginable. It can be a time of panic, blame, denial, confusion, anger, and incrimination.

It may be followed by a phase when you feel that you are breaking down emotionally. Pain, stress, and depression bring this about. You feel apart from those who do not share your loss and do not understand what you are going through. You feel a loss of control over your life, a sense of powerlessness and you may question your faith.

These phases may last some time. Gradually, you will rebound emotionally. Your grief eases and becomes manageable. The emotional pain holds at a level you can bear. You seem to have more energy and some interests that were set aside may come back. Daily life is not such a struggle. This is a kind of pre-recovery stage. You are moving in the right direction.

In the last phase, you arrive at a changed sense of who you are as a result of your loss. You are not "better" or "stronger" just different. Your personal beliefs and values are affected by what you have experienced. Part of this is the emergence of a "new normal." Life is not the same as it was before your loss, but you can function better and you feel 'normal' once again.

Does grief affect young people differently?

Yes. Teens have different grief experiences than adults, even from their parents, or their younger brothers or sisters. These differences relate to age-related factors and what's going on emotionally, psychologically, and socially in your lives.

Teens can be significantly affected by the suicide of a friend, a classmate, or a sibling. These are all peers and their death drives home the scary reality that anyone can die despite being young. Some young people almost feel immune to death or believe that it only happens to old people. A young person's suicide changes that.

Sometimes the person lost to suicide will be a parent. Even the natural death of a parent disrupts a young person's sense of stability, safety, and security. When it is a suicide, the impact is even more devastating and distressing. Teens who lose a parent to suicide may feel especially abandoned and alone, and different from their friends. You may worry excessively about something happening to your living parent.

The suicide of anybody close to you or of someone that you identify with may make you feel vulnerable and threatened. Specifically, you may feel that you may be destined to die the same way. Such feelings are not valid, but they may arise and be strong enough to interfere with your recovery from the loss.

Lastly, part of being a teen is becoming more independent and self-reliant. A teen may pull away from their family or adults when they experience a suicide and look for help from other young people. Such peers may not share the loss and be of little support as they may not understand what you are going through if they have not experienced this kind of loss themselves.

Why do things seem out of control?

You have suffered a severe emotional shock. Suicide is the worst traumatic loss. It is sudden. It is unexpected. It may also have been violent. Suicide destroys close interpersonal relationships and personal roles.

Suicide tears someone that you loved or cared for from your life, and it also temporarily shatters you emotionally and leaves you changed in many ways.

You may feel betrayed, angry, out of control, disoriented, and hurt. You may feel that the one you lost has let you down by leaving you behind to mourn. You may feel anger that he or she never gave you the chance to help.

You may feel guilt because you feel that you should have or could have done something. You may feel responsible because of something that you said or did. You need to know and remember that most suicides are the result of many things over time, often including mental illness, not just one event. This was not your fault.

Suicide overwhelms anyone whom it affects. It is not "painless." Suicide loss is incomprehensible to anyone who has not lived it and they cannot understand our loss.

What you are feeling **will** pass in time. How long this takes depends on you, your resilience, and the support that you give and receive. You can recover and come to terms with what has happened. You are taking some of the first steps in this process right now by learning some things that will help you on your way.

Why did this happen?

This is the big question that preoccupies everyone who loses a family member or friend to suicide. Your search for an answer may start before the tears have left your eyes. You may never get an answer but, hopefully, you may come to some understanding as to 'why' this happened.

Every suicide is different. Studies of suicide suggest that intense psychological pain and extreme feelings of hopelessness play a role.

Psychological pain can come about when someone either has a mental illness or when there is a seemingly irresolvable and totally frustrating life situation. This may be a compelling personal or interpersonal problem, a financial or job loss, or something else.

Whatever the nature of this problem, it is something that an individual may find devastating and something they feel cannot be resolved. Coping and problem-solving skills do not suffice and self-esteem and control diminish. This brings about hopelessness.

Psychological pain may become so unbearable that someone may believe (wrongly) that it can only be stopped by death. This is when a suicide may happen. The tragedy of suicide is that they often don't realize that this pain is only temporary. They just want this pain to end. Suicide is a permanent solution to a temporary problem.

Suicide risk is increased by drinking or using drugs. These lessen inhibitions, impair judgment, increase depression, and heighten impulsiveness. This makes thoughts of suicide more likely and makes things seem much worse.

Suicide is not predictable. We can sometimes determine if someone may be suicidal but we can't tell if, when, or how they may attempt suicide. Suicide is generally the outcome of a process over time and infrequently the result of a single recent experience.

Why didn't I know?

This is another question that you may struggle with for a long time. It is difficult to determine when someone is at risk of suicide. Some individuals share their feelings or show signs, but not all do.

Those who are feeling suicidal may make some effort to hide it. This is often the case with male teenagers and men who may fear seeming weak or incurring shame or stigma if they ask for help.

While there are several distinct warning signs, not all suicidal individuals show any signs of their risk or danger. Even when there is concern, it is very hard to accept and realize that someone you know so well is in danger of suicide.

Being life-affirming makes it hard to recognize the opposite state in others. It is hard for us to believe that someone that we care for dearly, someone that we would do anything for, may be suicidal.

This may happen with those who have made previous suicide attempts. We wanted to believe that our loved one or friend was no longer at risk. Few of those who attempt suicide go on to complete suicide, but no one can tell for sure who will.

Some individuals are chronically suicidal. They are constantly troubled by suicidal thoughts and make frequent threats. They may not make an attempt or harm themselves in any way but their danger may be growing. Those around them may not realize they were at risk until they complete suicide.

Why didn't my loved one or friend tell me?

Some people find it very hard to ask for help. Suicidal individuals often believe that they are a great burden to others. This may cause them to not say anything to those they most care for.

Some may feel shame at being suicidal. While suicide bears less stigma than in the past, it is still stigmatized, and many suicidal individuals stigmatize themselves. Personal and religious beliefs may also cause them to keep their feelings to themselves.

Psychological pain is distracting and consuming. It makes its sufferers feel self-centered and believe they are disconnected from those around them. Severe pain takes away this sense of control and the sense that anything can be done about it.

Being suicidal may distance those feeling this way from those who care about them. Most suicidal individuals do not really want to die. They want to end the pain and hopelessness. Many who complete suicide struggle with this contradiction to the end.

Suicide is also related to changes in the brain and to chemical imbalances. These factors may override the ability to reach out, may increase impulsivity, or may lower resistance to self-harm.

Just because the one we lost didn't or couldn't share their anguish doesn't mean that he or she didn't care for those now suffering because of their loss. Tunnel vision is part of being suicidal as these individuals are often so caught up in their own pain that they couldn't think beyond that to see who they would be leaving behind.

Why didn't anybody do something?

Suicide is not predictable. To some degree it can be determined that someone is *at risk* of completing suicide. However, there is no way to definitively know *if or when* a particular individual may complete suicide.

Sometimes suicidal individuals do share their intentions with others. Those whom they tell may simply not believe them or may just not know what to do. They may not realize that risk is growing, or may let down their guard. Other times the people told may be asked to keep their friend's thoughts of suicide secret and they do.

Even professionals have a hard time seeing that someone is suicidal. Many suicidal individuals had contact with a health care provider shortly before their deaths. However, mental health professionals may miss warning and danger signs of suicide that are often subtle. Also, some people drop out of treatment routines before anyone can recognize that they are at risk and still others hide their thoughts and feelings so well that no one knows they are in despair.

Suicides also happen because suicide prevention efforts are often limited. Crisis intervention services can help, but they may be called too late.

Treatment for mental illness can lower suicide risk, but there is very little aftercare and support available, specifically for suicide attempters or those who have experienced other serious suicidal behavior.

What role does mental illness play in suicide?

Among the myths of suicide are the widespread beliefs that mental illness causes suicide or that only those who are mentally ill complete suicide. Neither is true.

The incidence of suicide is high among those suffering from major depression, bipolar disorder, and schizophrenia. However, while mental illness is a risk factor for suicide, it is not a cause. People without mental illness also complete suicide.

Other serious risk factors include abuse, trauma, alcohol or drug use, poor problem-solving, undertreatment, a history of suicidality, social isolation, and chronic illness. Suicide is more common among those with mental illness because they experience more risk factors. Often, a person's thought processes become distorted. They would likely not choose suicide if they could think more clearly and see other options to end their pain.

Reports show that about 40% of suicide victims had a known history of mental illness. Many more had an undiagnosed mental illness. This says that not enough is being done to prevent suicide among those dealing with mental illness. Every community needs suicide prevention resources.

Ignorance about mental illness contributes to suicide. Stigma keeps many people from seeking help. Worrying what others may think of them increases their suicide risk as this fear may stand in the way of them doing something about their problems.

How can I help myself get through my recovery?

Initially you can do two things. The first is to acknowledge your loss as a suicide and avoid denial. Don't adopt a mentality of silence. Try to avoid worrying about stigma by remembering that mental illness is a disease. If your loved one died of heart disease or cancer, you would not worry about stigma and you shouldn't here either. Try to talk about what happened. The second is to seek support, particularly from among those closest to you.

Next you need to adopt a damage control mode. It is hard to stand against the emotional forces overtaking you. Try to resolve any feelings of anger and to move away from any sense of guilt. Suicide is something that happens to someone. It is not caused by somebody and it is nobody's fault.

Find ways to deal with your array of feelings. For example:

- Exercise
- Join an Activity
- Listen to Music
- Journal Write
- Talk to a Friend
- Go for Ice Cream

Gradually self-help capabilities come back. Learning will come easier. You will be less encumbered by the emotion that you felt earlier. You may develop an understanding of the "why." You can more objectively examine feelings of guilt, blame, or responsibility to move past them. Self-worth and self-esteem can be rebuilt.

At some point you develop a perspective on your loss that you can live with. This may make you feel uncomfortable. Don't feel guilty because you feel better. Remember that your loved one would want you to feel happiness and joy again. You need to get to a "new normal" and return to wellness. You are not leaving your loved one or friend behind and you will never forget them. You are outgrowing the more hurtful aspects of your loss.

What is a suicide loss support group?

Support is critical to recovery from suicide loss. Suicide loss support groups provide this needed help. Schools often offer such groups after the suicide of a student or faculty member. Groups may also be available in your community.

Being part of a group provides a sense of belonging, acceptance, and normalization. Groups are a means of mutual self-help, helping yourself by helping others.

A support group is empowering and builds self-esteem and coping ability. Information sharing and education are key elements. Many suicide grievors describe support groups as "safe places" where they can be with others who understand their loss and their complex feelings.

Recovery from suicide loss begins when you start to open up. By telling your story, you are organizing thoughts and feelings. This may be the first step in understanding the "why", "what ifs", and "why didn't I?"

Most grief support group meetings simply involve introducing yourself, saying what you are comfortable in saying about your loss, sharing your feelings on grieving, and listening to others. The group facilitator may share copies of materials for possible discussion.

What will I need later to help my recovery?

Your work isn't over when you are able to finally put these first seemingly endless weeks and months behind you. You still have a long road to travel before you will feel that you have recovered from your loss.

You must be ready to deal with "triggers." These are events or things that may rekindle your grief and possibly cause you to lose ground on your movement towards recovery.

The most common triggers are occasions that remind you of your loss. Chief among these are anniversaries of your loss. Holidays, birthdays, or times usually spent with family or friends may also be tough. Graduations or other major school events may be troubling. Think about going out for dinner or changing your typical holiday plans to avoid seeing the empty chair where your loved one would have sat. Create new traditions. Some find it helpful to place a candle on a holiday table in memory of our loved one. It reminds us of good times and that they are not forgotten.

The best way to handle these occasions is to not go it alone. Draw on the support of those you trust and it is important not to isolate yourself. This might be a friend, counselor, parent, religious clergy, or another adult.

Another trigger may be another death of someone close. You may find yourself taking this loss harder than you expected. This is because you still have some open grief wounds. Don't be reluctant to seek help if you feel that you need it.

We all grieve in our own way. We each have our own path to recovery from our loss. Proceed at your own pace. Don't set impractical goals or let others impose unrealistic expectations or timeframes for you.

Many teens say that their greatest challenge is grieving differently from other family members. Try to ask loved ones for what you need in your own grief journey.

What may complicate my grief?

Situations like these may worsen your loss experience:

- Inability to express your grief - You may be in a setting where open grieving is not possible or you may be around others who discourage your grieving or deny your loss. If you can't control your circumstances grieve as you can in private.
- Witnessing a suicide or finding the body - Being present when the suicide took place or coming across the body may increase the trauma you experience. Try to replace the image in your mind with that of a past pleasant memory or photo.
- Not being nearby when the loss occurred - Being away from those who share your loss may cause you to feel isolated in your pain. Try to find a way to pay your respects if you are unable to attend the service. A personal memorial may help. And, try to reach out to those who ARE near you for support.
- Controversial suicide - Most suicides are only known to a few people. Others may be "newsworthy" because of the method or public stature of the victim. The media can be insensitive to the bereaved and their questions may be hurtful. If it is a public event, try not to read too much about it or watch it on TV.
- Legal issues - The police, EMTs, and the coroner are part of every suicide because it is an unnatural death. Their questions are necessary but may be painful.
- Problematic relationship - You may have been estranged from your friend or loved one at the time of her/his death. Our teenage years are also a time when we often seek independence from loved ones. Remember that this is normal and is a natural part of growing up. Try to set that aside and connect with the memory of a time when things were better.

Can the Internet help with my grieving?

As has been noted earlier, coping with suicide loss and working toward recovery require information and support. These can be found on the Internet.

There are many websites offering information about suicide and suicide loss. Most such sites are intended for general audiences. This means that they may not necessarily approach the topic in a manner that meets your needs as a suicide griever.

Some sites offer misinformation or perverse personal, political, philosophical, or religious views about suicide or its victims. There are also sites containing graphic images. Sites like this will be of little help and you should avoid them as they can be even more traumatic for you.

Here are two good places to visit for information about suicide:

American Foundation for the Prevention of Suicide (www.afsp.org)

American Association of Suicidology (www.suicidology.org)

In regard to suicide loss, there are personal sites memorializing a lost loved one. There are fewer resource sites about suicide loss. These can be found by searching for "suicide survivor" or "survivors of suicide." A suicide survivor is a term referring to someone who lost a loved one to suicide.

There are also e-mail lists, message boards, and chat rooms for suicide grievers of all ages. These offer a readily accessible source of support and mutual self-help. Of course, they have their downside too.

You should use the same caution and common sense that you would in using any interactive resource. Remember that all the participants are as sensitive and vulnerable as you may be, and some may need much more help than can be had on-line.

Will I need any special help?

Many deal with a suicide loss without counseling or therapy. You may want to talk to someone early on to get a read on where you stand, and to have someone to turn to if you need help later. A school counselor, family doctor, or a clergyperson may help.

Typically, getting more insight into the loss, reaching out to a trusted adult, and developing some means of support will be sufficient to aiding your recovery from the suicide that you experienced. Here are some situations when you need more help:

- Past suicidality - If you have had past thoughts of suicide, planned a suicide, or made a previous suicide attempt, then experiencing a suicide may trigger the return of these thoughts or behaviors. You should not try to cope with this alone.
- Past suicide loss - If you have experienced a suicide loss at another time in your life you may have a much harder time coping than those without such a loss in their background. Old memories and concerns may return.
- Pre-existing mental illness - If you are coping with any form of mental illness, you need to let your therapist or counselor know about your loss ASAP because grief is a powerful stressor and may affect your illness.
- Severe anxiety or depression - If symptoms continue, such as trouble sleeping or eating, withdrawing from family or friends, drug or alcohol use, or you have lost interest in your usual activities, you may be suffering from anxiety or depression. Be sure to mention this to an adult and/or get help.
- Negative sentiments - Suicide is stigmatized and is often the subject of many myths. Some ignorant or just ill-formed people may hassle you about your loss. Also sometimes those close to you may not understand why you feel as you do.

If any of the above apply to you, be sure to seek help right away. Don't wait.

Also, if you don't see any positive change in how you feel over time, then seek outside help. It is important to help yourself in your own recovery by taking this step in your healing.

