



Journey to Healing

A Newsletter for Survivors of Suicide

Third Quarter 2016

Making Sense of How to Survive

Whatever the reality, whatever the emotional support, our loved ones felt isolated and cut off from life, and the people around them. Even if no physical illness was present, suicide victims feel intense pain, anguish, and hopelessness. There can be a host of reasons for turning to suicide, and sometimes there are no apparent causes at all. No matter how long and hard you search for the reason, you won't be able to answer the "WHY?" that haunts you.

Each suicide is different, regardless of the generalizations and speculations from others, and there may be no way you will completely understand your loved one's thought process. Suicide is often irrational and impulsive. Suicide victims often cannot see the love and support that surrounds them from friends and family, but are only able to focus on ending their relentless pain. Therefore, suicide is most commonly not about us, but instead about bringing an end to what feels like a hopeless situation. Shock, anger and guilt are normal reactions to grief from suicide. You may feel numb for a while, perhaps unable to follow normal daily routines. This shock is healthy and protects you in the few days and weeks after your loss. Take time to be alone during this time if needed, but be mindful not to isolate yourself.

As a relative or loved one coping with a suicide death, you may experience anger, often directed at the deceased – "How could he do this to me?" If the deceased was receiving medical care you may ask, "Why didn't THEY prevent it?" You may be mad at God. The anger may be self-directed - "What could I have done?" Don't try to deny this anger. It is a natural consequence of the hurt and rejection that you feel. If you deny this anger it could come out in other ways that are unhealthy to you, and those around you.

This anger is closely linked with the feelings of guilt. If the suicide victim is someone you had regular close contact with your guilt will possibly be intense. It is normal to think, "I wish I would have," or "Maybe I should have..." However, try not to criticize yourself too harshly for your behavior towards your loved one. We all like to think that we can help our troubled friends and family, and we do try. But, a person determined to die by suicide often hides their intent from others, and is likely to accomplish their goal.

Why Suicide?

The death of someone close to you is one of life's most stressful events, but a loss of suicide is confusing and intense. The healing process will be painful, and often will seem unnaturally slow. Understanding your emotions, as well as learning about suicide in general, may ease your grief. Approximately one out of four people know someone who has died by suicide. People of all ages, races and genders die by suicide. No one is immune to this tragedy.

Mental health professionals have been searching for years to find the answer as to why someone would take their own life, and they generally agree that people who take their lives feel trapped by what they perceive as a hopeless situation.

Q&A

How do I talk to children about suicide?

Every child will be aware of the death of someone in their lives, and they need an opportunity to ask questions and get truthful answers. If you're reluctant to talk about suicide – what it means and how it happened- remember that the children are likely to hear about it from other sources, and their confusion will be intensified. You will need to let them know that the deceased had many problems, and was sick, without giving them reason to suspect that they were the cause in any way. They also need assurance that YOU will be with them for a long time to come.

Stigma - What do I tell people?

Stigma and shame are a big part of this grief. Your friends may be uncomfortable talking about the death. Generally, friends are well-meaning but they may not want to overwhelm you, or pry. Regardless of the reaction that this suicide gets from those around you, it is important to confront the word. Practice thinking, hearing and saying "suicide." Find a small number of people to surround you and support you, and lean on them for emotional support. You are NOT burdening them. They feel helpful helping you.

Looking Ahead

Your grief and sadness will eventually subside, and you *will* be able to pick up the pieces of your life again and rebuild. There will be times, however, when your feelings will surface very strongly. Holidays, or other special times, may renew your sadness, especially that first year.

You do not have to grieve alone. Reach out and find a local support group to share these feelings with. Feeling understood and supported is invaluable in your path to looking ahead.

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Inspirational- Facing Suicide with Faith

In June we celebrate Father's Day which is a day set aside to honor fathers in a very special way. It is a painful day for those fathers who have lost a child to suicide, for those children who have lost a father, a grandfather or a father figure. Such a day is filled with a void because that person is not here to be honored and there is pain or possibly guilt because those survivors might feel that they let this man down while he was alive or have regrets that the survivors could have been kinder and more loving towards this father, grandfather or child. With this death the time to be demonstrative of love and affection is over and the guilt or regret take over to torture the survivors. The "if only and I wish I had done this for him" take over because they are no longer here to hear or receive the accolades. One of the important questions to ask is what, if anything, has the survivor learned from this experience. How is the survivor interacting with those who are still a part of their life so as to avoid a repeat of the guilt and regret that followed the death of a father or grandfather or child.

Another important aspect of losing a loved one from suicide is how to deal with the aftermath of the suicide. There could be the tendency to cover up the fact that the death was a suicide. Admitting that it was a suicide opens the door to a lot of questions, such as what was wrong with the marriage if it was a spouse who completed suicide. What kind of parents were they if it was a child who died from suicide. The fact of the matter is that there was nothing wrong with the marriage or the parenting that drove this person to complete suicide. What drives anyone to suicide? It is the excruciating pain that results from mental illness. It is that pain that causes a loved one to take their life. The pain could be real or imaginary but for that loved one it was real. It was tortuous and led this person to complete suicide. The family or the marriage did not cause this person to end their life.

The first step on the grief journey is to address the reality of what happened. This loved one found life too complex and painful to continue living and the only way to end this pain was to end the life. There is no other avenue to pursue except to take one's life and exit from the world to end the pain. For those who are left behind this is a harsh reality to absorb but it is the truth. It is important to call it what it is –a suicide. This fact should not be hidden or glossed over. It is very possible that there were no signs leading up to the suicide and survivors struggle with the unknown and want to find answers to this plaguing question. Ultimately some survivors live with this question unanswered. They struggle just to survive. This is what makes suicide a different form of death. If the death occurred as a result of an auto accident or a stroke or cancer those left behind know what caused the death but with suicide the reasons that caused the death are not that apparent. Survivors do not have the answer as to what precisely caused this loved one to take their own life.

It can be very painful to admit that this loved one took their own life and they left a lot of questions to address by those left behind. It takes a lot of courage to share with extended family members and friends that this death occurred and the survivors are bewildered as to just why this person took their life. What was going on in that person's life that motivated them to want to end their life? There are many survivors who seek answers and never find an accurate answer to this question. No one can be faulted for being honest in the aftermath of a suicide. That is why it is important to call this death what it is and to be as transparent as possible in the aftermath of the death. All of the inquiries do not have to be answered because some of the issues can be very private and no one else's business except the immediate survivors. There are some very inappropriate questions that people ask and such questions can be left unanswered but the basic issues surrounding the death should be answered and the suicide should not be covered up. Tell it like it is. That is a very courageous position to address. There is no hiding or misleading information. Such a form of death should not become a

secret. It should be dealt with in a very open and candid fashion while respecting the person who has died. This is a very delicate issue to handle. A lot of thought and deliberation goes into this. The manner of death and all of the resulting issues should be handled with extreme caution and respect for the loved one who died and for the survivors who are left behind.

Another important point to make is that how this loved one died is not going to be their lasting definition of their life. These loved ones are much more than how they died. This is not going to define them and their legacy. They lived a life that was cut short by their untimely death but the important point is that they lived. They loved those people who were part of their life but unfortunately they ultimately found life too painful to continue. These loved ones had talents and made a contribution to the world. This was not a wasted life. These loved ones left a legacy and left memories for the survivors to cherish and remember fondly. This life ended tragically but their lives were not tragic. Like most lives these people shared many good times and challenging times. After the initial painful part of the grief journey survivors will be able to have positive thoughts and memories of their loved one. The lives of survivors are changed but not ruined by the death of a loved one from suicide. There are countless survivors who have traversed the journey of grief and have found joy and happiness in their future. The way forward is to admit what happened with all of its ugliness and to feel the feelings and process all of these feelings no matter what they are and to live life to the fullest carrying on the memories of this loved one.

As always, we want to assure each and every member of the SOS family of our thoughts and prayers on a continual basis and encourage all of you to remember each other regularly – especially those who have recently joined our family. Also, remember those whose Father’s Day was an especially painful day.

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Reflections by Becky

***"Just as no love is the same, so no loss is the same. Each family member experiences grief in his or her own way. There is no right or wrong way to grieve. Grief is like a circular staircase, it manifests itself in different ways. You may be calm one moment and in turmoil the next."
Rabbi Earl A. Grollman***

Grief really is a family process. It is private, but also influenced by and shared with family members. When families use our SOS Program for Children and Youth we meet unique configurations of individuals that are differentiated by birth order, temperament and personality, gender and age, family role and relationship with the person who died. After a suicide the caregiver or parent is faced with a sense of need on the part of all of her children at once; yet each one may be presenting differently. And there is a range of grief responses among children as well as adults that are influenced by developmental stage as well as the attributes I've mentioned. So, how do you attend to the different needs of your bereaved children? They are watching you in your grief, and you are setting an example for authenticity, hopefulness and the ability to compartmentalize your emotions as you care for those who depend on you. You begin the process of rebuilding your family by questioning and attending to each child's needs and developmental tasks. You can reflect to each child what you see and hear as they respond to their loss, and also model self-care, and valuing of genuine grief expression.

You may be asking, "Why is one child clinging, while another never wants to talk about the loss? Why don't my children sleep in their own beds anymore? Is it normal to see anger and avoidance on the part of my bereaved teen? And why are my children watching me in a way that they haven't before?" These are common questions asked by bereaved parents as they begin to cope with the emotional adjustments of their children after a devastating loss. You, in your own state of grief, may find a new urgency in parenting your children. In the wake of loss, old structures of family life may require flexibility or change or reinforcement, and this requires assessment and energy that may feel in short supply as you cope with your own grief. The SOS Program for Children and Youth is available to listen and consult with caregivers who are learning to balance their adult grief needs with those of their children. Our individual, family and group services are resources to help with the unique needs of each family bereaved by suicide. And this column offers five minutes of monthly support, whether you are reading this in the middle of the night or during your demanding day. Understand that grieving families share certain challenges, although each family is characterized by unique lifestyles and unique relationships with the person who died. As caregivers negotiate this new terrain, we hope to extend the message that while grief is extremely difficult, it is a normal, healing experience when young or old give voice to the loss experience. Hopefully, home is the place that can hold these expressions.

We can attend to the diverse grief experiences of our children by fostering a culture in the home where the expression of grief is normalized and valued, but not pressured. This is more about the way the thoughts, emotions and needs of grieving children and teens are understood and responded to. Each person or child may be responding to the loss very differently. Depending on the relationship with the deceased, a child or teen may feel anger or a sense of abandonment, rather than simple sorrow and happy memories. So, when new behavior challenges or unpleasant reactions to the loss are observed, surviving parents or caregivers can learn to attend to the grief as it is, without trying to change it.

People of all ages experience healing when their grief responses are validated: With attending, pain can be acknowledged with quiet attention, eye contact or touch, or simply, "I know." When we are fully present to a child's expression, we are attending to them in important ways. Attending may precede a parent's behavioral redirection or discipline, but in the moment, it is not about correction or change. Attending means we are fully aware and observant in a way that is respectful and compassionate. We suspend our own agendas for the moment. Attending asks questions that are not judgmental or reactive. It takes practice, self-awareness and patience, but is, perhaps, the most important gift we can give to our intimate relationships. Attending allows us to nurture and support our loved one's individual experiences and development. Who does not want to be seen and heard as a unique individual within any of life's circumstances?

After a parent or sibling dies by suicide, the loss impact is sudden and confusing, and everything in the life of a survivor is informed by the loss. This means that school work, sports, mealtime, bedtime, social life, sports, holidays and vacations and every milestone or decision will be associated with memories, meaning and a sense of the loved person's absence. So, regular, easy references to the person who died can set a tone and context for spontaneous expression as the family begins the series of adjustments to the loss. Try understanding a child or teen's recent cynicism or anger as related to grief, and see if conversation can help him or her to connect the attitude or world view with the loss. Learn about suicide so that you can help an angry, bereaved child understand that suicidality is a complex, deadly mental crisis that overcame your loved one's ability to think clearly about solutions or consequences for those that he or she loved. This may bring some relief to anger and blame. Build a sense of timeless connection by relating the child's positive attributes or accomplishments to the person who died: "You have your dad's aptitude for math; When you show patience like this, you remind me of your mother; I really counted on your brother to cut the grass when he was alive, and now I feel lucky to be able to count on you." Honor your child's privacy, but ensure that he or she has outlets for grief. And while changes in sleep arrangements may have taken place in response to the trauma, you can give messages that everyone is trying to heal by temporarily sleeping together, but returning to our own beds is also a sign of safety and health.

Parents can support themselves in practicing skills that promote healthy grief and family development by reading books and articles and seeking out a source like the SOS Support Group to learn from counselors and other bereaved parents and caregivers. A suicide loss has disrupted your precious family system. Our SOS for Children, Youth and Adults will offer support as you shepherd your children through grief and loss.

Blessings, Becky



A Gentle Reminder:

Losing a loved one through suicide is an especially devastating loss. The loved ones left behind (survivors) have a difficult array of emotions to overcome on their journey of grief. There are many reasons for this.

First of all, the death is usually unexpected and sudden, even if the person had been talking about suicide in the past. The method is often violent and it is difficult for survivors to think about their loved one inflicting this violence on themselves. Unfortunately, suicide carries a stigma in our society; friends and family members are at a loss for knowing what to say.

For many people, losing a loved one to suicide causes a feeling of abandonment thinking, "My loved one chose to leave me!" All of these issues are difficult to deal with during the grieving process.

Fortunately, the Greenville area has a self-help/support group called "Survivors of Suicide" for family members and friends of persons who have completed suicide. This free and confidential group is sponsored by Mental Health America of Greenville County.

Groups meet on the first and third Tuesday of each month at 7:00 – 8:30 PM at St. Michael Lutheran Church, 2619 Augusta Street, Greenville, SC 29605. If a family is too fragile to attend group, we will work with them to meet privately to gently guide them into the group. Additionally, CRISISline is available 24/7 at 864-271-8888 and a call-back can be returned by a survivor as close to the type of death you have experienced. **In the event of inclement weather, please always check mhagc.org for updates on our monthly meetings.**



The Empty Chair

Our family always journeyed to the beach for a week of fun, relaxation and renewing our family since we all lived in different cities. We'd set our chairs up on the beach much like this and it became the Kay Klan site for the week....except ours did have a tent over it for snacks, tired grands and, of course, relief from the sun with a good book.

Once death came into our lives and left empty chairs, nothing seemed to be the same. We discontinued the "family vacations" eventually but that still didn't erase the empty chairs in our brains.

Doing our grief work doesn't mean we get over the loss of a loved one. It only means we come to terms with the new normal that we are thrust into against our own wishes.....and no, it doesn't take away the empty chairs. But it does give us the strength and faith to live with them.

There is not a day that I don't think of Mike, Bobby and Lew. I still love and miss them, but my life has regained newfound joy that would not be so profound if I had not tasted the bitterness of loss. I wonder, though, if this is true or not? However, for me, I must believe it is the path for me.

I miss and love them still and think of them often and wonder, "Would they like the woman I am becoming since their deaths?" I can only hope they would—and yes, that we could sit in those chairs with that old familiar fun and laughter!

Gentle Closings: If you are interested in having a part in the *Journey to Healing* Newsletter we welcome your poems, articles, newspaper clippings or readings that have been helpful to you. This newsletter should be not only an instrument of healing, encouragement and education but also a reflection of who we, the survivors are and who we have become. We need your help and input to make this meaningful for everyone and invite your feedback to tell us what additional information you would like to see addressed. Thanks!



*“Reaching Out ~ You are not alone in your journey through pain and crisis.
One touch of sorrow makes the whole world kin.”
~ Rabbi Earl A. Grollman ~*

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Bringing wellness home.....



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Journey to Healing is a newsletter for survivors of suicide. Survivors are those of us whose lives have been changed by the completion of suicide by someone we knew. Journey to Healing is intended to let survivors know that you are not alone. If you would like to contribute an article or story for this newsletter, please send it to: Becky Kay, c/o Mental Health America of Greenville County 429 North Main Street, Suite 2, Greenville, SC 29601.

Survivors of Suicide Support Group – this group meets the 1st and 3rd Tuesdays of each month from 7:00 – 8:30 PM at St. Michael Lutheran Church, 2619 Augusta Street, Greenville, SC 29605. There is also a closed program for eight weeks designed to help adults, teens and children.

As we grow and recover, it is important to remember that the most powerful aid that SOS can provide new survivors is the companionship of others who have endured the same type of pain. For SOS to work at its best, we must continue going to meetings to help others after we no longer need to go for our own healing.

SOS Support Team

This team of survivors who volunteer their time to reach out to survivors in need is available to anyone who feels the need to share with another survivor by phone or personal visit in between meetings. Please call CRISISline at 864 271-8888 to arrange a call or visit from a team member.