Journey to Healing

A Newsletter for Survivors of Suicide *Third Quarter 2014*

Understanding Suicide - Common Elements

No single explanation can account for all self-destructive behavior. Edwin Shneidman, a clinical psychologist who is a leading authority on suicide, described ten characteristics that are commonly associated with completed suicide. Schneidman's list includes features that occur most frequently and may help us understand many cases of suicide.

1. **The common purpose of suicide is to seek a solution.**

Suicide is not a pointless or random act. To people who think about ending their own lives, suicide represents an answer to an otherwise insoluble problem or a way out of some unbearable dilemma. It is a choice that is somehow preferable to another set of dreaded circumstances, emotional distress, or disability, which the person fears more than death. Attraction to suicide as a potential solution may be increased by a family history of similar behavior. If someone else whom the person admired or cared for has committed suicide, then the person is more likely to do so.

2. **The common goal of suicide is cessation of consciousness.**

People who commit suicide seek the end of the conscious experience, which to them has become an endless stream of distressing thoughts with which they are preoccupied. Suicide offers oblivion.

3. The common stimulus (or information input) in suicide is intolerable psychological pain.

Excruciating negative emotions - including shame, guilt, anger, fear, and sadness - frequently serve as the foundation for self-destructive behavior. These emotions may arise from any number of sources.

4. The common stressor in suicide is frustrated psychological needs.

People with high standards and expectations are especially vulnerable to ideas of suicide when progress toward these goals is suddenly frustrated. People who attribute failure or disappointment to their own shortcomings may come to view themselves as worthless, incompetent or unlovable. Family turmoil is an especially important source of frustration to adolescents. Occupational and interpersonal difficulties frequently precipitate suicide among adults. For example, rates of suicide increase during periods of high unemployment (Yang et al., 1992).

5. The common emotion in suicide is hopelessness-helplessness.

A pervasive sense of hopelessness, defined in terms of pessimistic expectations about the future, is even more important than other forms of negative emotion, such as anger and depression, in predicting suicidal behavior (Weishaar & Beck, 1992). The suicidal person is convinced that absolutely nothing can be done to improve his or her situation; no one else can help.

6. The common internal attitude in suicide is ambivalence.

Most people who contemplate suicide, including those who eventually kill themselves, have ambivalent feelings about this decision. They are sincere in their desire to die, but they simultaneously wish that they could find another way out of their dilemma.

7. The common cognitive state in suicide is constriction.

Suicidal thoughts and plans are frequently associated with a rigid and narrow pattern of cognitive activity that is comparable to tunnel vision. The suicidal person is temporarily unable or unwilling to engage in effective problem-solving behaviors and may see his or her options in extreme, all or nothing terms. As Shneidman points out, slogans such as "death before dishonor" may have a certain emotional appeal, but they do not provide a sensible basis for making decisions about how to lead your life.

8. The common action in suicide is escape.

Suicide provides a definitive way to escape from intolerable circumstances, which include painful self-awareness (Baumeister, 1990).

9. The common interpersonal act in suicide is communication of intention.

One of the most harmful myths about suicide is the notion that people who really want to kill themselves don't talk about it. Most people who commit suicide have told other people about their plans. Many have made previous suicidal gestures. Schneidman estimates that in at least 80 percent of completed suicides, the people provide verbal or behavioral clues that indicate clearly their lethal intentions.

10. The common consistency in suicide is with life-long coping patterns.

During crisis that precipitate suicidal thoughts, people generally employ the same response patterns that they have used throughout their lives. For example, people who have refused to ask for help in the past are likely to persist in that pattern, increasing their sense of isolation.

SOURCE: Thomas F. Oltmanns, Robert E. Emery, University of Virginia

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.

Inspirational

As we enter the autumn part of the year, Labor Day is the last of the summer season celebrations and the beginning of autumn. There can be a letdown feeling as we prepare for the shorter days and colder weather. Actually, autumn can be quite nice with warm weather and the changing of the colors. People love to be outdoors and soak up the crisp air and see all of the wonders of nature as the leaves change into vibrant and rich colors. This time of the year is truly a wonder to behold. I hope that many of you are able to enjoy the outdoors and witness the nature that is all around us –the wonders of creation.

One of the issues that survivors of a suicide often express is that their loved one had so many friends and supporters around them, and why was this not enough to ward off suicide? One of the reasons is that these tortured souls were unable to appreciate or realize how loved they were. Even though they were loved by many people, they were unable to realize and feel the love and support of these people. These loved ones were totally consumed by the pain from their illness. This pain prevented any other feelings to register, such as the feeling of being loved and admired by legions of people. It is not that these people were ungrateful for all of the support and admiration of people, it was due to the fact that their psyche had been clogged up due to the pain that had engulfed them.

Survivors oftentimes ask themselves "wasn't my love enough to prevent this suicide?" The answer to that question is that this loved one was unable to absorb or appreciate the love and support of those people who cared greatly for this person. During this time of desperation these souls are absolutely consumed by the intolerable pain resulting from mental illness. Nothing can prevent this desperation, and the only relief that is possible is to do something very drastic to end the pain. There is no other solution to this excruciating and intolerable pain except to take one's life. Does this mean that these loved ones wanted to die? Not really but the only way to end the pain is to either jump in front of this train or to take this lethal amount of pills or to do some other lethal means to get out of this pain. It does not necessarily mean that they wanted to die, but they just wanted to be rid of the pain. Were they thinking logically that the way out of their pain would mean their death? Not necessarily, but they were so desperate they just wanted the pain to end. It is very important to realize that these desperate souls are not capable of thinking through in a logical fashion. They are very troubled and this severe pain has blocked any logical thought process. They are truly panic stricken and they just want to end the pain. There can be a room filled with friends and people who have great admiration for this person but these loved ones have one thing in mind and that is to escape the pain. They are literally on a path to end the pain. They are on a mission to end the pain and their mission will not be completed until they accomplish what they have set out to do.

They are singularly focused, and there is just one thing on their mind, and that is to end this excruciating and intolerable pain. For these tortured souls it is not a matter of choice but a matter of decision. Choice connotes an either/or situation. Decision connotes "I will do this" or "I must do this." At the final moments of decision making these people conclude that "I must do this". "There is no other way out." This person has run out of all other alternatives and taking one's life is the only other option.

For these people who complete suicide, this was the only way to solve the problem of the pain in their lives. They might have tried other types of interventions such as counseling or medication or hospitalization and none of these interventions worked. They must try something else, something more drastic and final. Unfortunately, once they have taken their lives there is no looking back or repairing the damage. Their pain problem has been solved forever. They have escaped from their pain and they are now pain free. I am convinced that had these people found another way to escape the pain, they would have tried it. Their final act gives survivors a hint at just how desperate these loved ones were.

One way that survivors can look at this is to switch places with their loved ones. I have often heard it said that the pain resulting from grieving a death from suicide is so bad that survivors wish that they were dead so as to escape this awful pain. Survivors might think of suicide as an option but then survivors catch themselves and say that they would never want anyone else to know the pain of grief from suicide. So they rule suicide out as an option. That is an example of logical thinking. Survivors would never want to pass pain on to their loved ones, so they banish these thoughts from their mind. Such thoughts generally do not last long once survivors realize that they are thinking the way of their deceased loved ones. Survivors are frightened by having such thoughts. This is a very normal reaction. As long as the reaction is one of horror at such thoughts, survivors are on the right track. It is only when such thoughts begin to make sense that someone is in trouble. That is when further help is warranted.

It is important for survivors to come to the conclusion that their loved ones suffered from some form of mental illness. These loved ones were not selfish or cowards. There are a lot of misconceptions out there about people who complete suicide. People who complete suicide are not cowards or selfish, but they are severely mentally ill, and their illness is so severe that it can be life threatening. Mental illness can be fatal. For people who complete suicide their illness was the cause of their death. We hear a lot about fatal illnesses such as cancer or heart disease and it is about time that we add mental illness to that category because mental illness has the ability to cause death. Unfortunately, there are segments of society that refuse to believe that mental illness can cause death. Such people should just talk to someone who is in the ravages of an attack from mental illness. These people just want to be free from the pain. The pain is so bad that these people just want to die. They are not cowards or selfish, and because the pain is so bad and there is no relief they want what any person wants, and that is relief from pain. When some people are suffering from excruciating pain they cry out for relief and sometimes relief comes in the form of morphine. Once the drug is administered relief comes soon. There are other people who want relief from the pain of mental illness and their form of morphine is the taking of their life. The end result is the same for both suffering people. The only difference is that for the one who finds relief from morphine the pain goes away for a time, and there might be a need for more medicine if the pain returns. For the person who seeks relief from the pain of mental illness by completing suicide the pain will never return and, unfortunately, neither will this loved one return to life as we know it. They leave this life forever. They are permanently pain free and their loved ones lives are permanently altered.

Reflections by Becky

Struggle with "why" it happened until you no longer need to know "why" or until you are satisfied with a partial answer.

Know you may feel overwhelmed by the intensity of your feelings. All your feelings are normal.

Anger, guilt, confusion, forgetfulness are common responses. You are not crazy, you are in mourning.

REMEMBER, NO ONE IS THE SOLE INFLUENCE IN ANOTHER'S LIFE. Jinny Tesik, M.A

Grief is **OK**

IT'S OKAY TO GRIEVE: The death of a loved one is a reluctant and drastic amputation, without any anesthesia. The pain cannot be described, and no scale can measure the loss. We despise the truth that the death cannot be reversed, and that somehow our dear one returned. Such hurt!! It's okay to grieve.

IT'S OKAY TO CRY: Tears release the flood of sorrow, of missing and of love. Tears relieve the brute force of hurting, enabling us to "level off" and continue our cruise along the stream of life. It's okay to cry.

IT'S OKAY TO HEAL: We do not need to "prove" we loved him or her. As the months pass, we are slowly able to move around with less outward grieving each day. We need not feel "guilty", for this is not an indication that we love less. It means that, although we don't like it, we are learning to accept death. It's a healthy sign of healing. It's okay to heal.

IT'S OKAY TO LAUGH: Laughter is not a sign of "less" grief. Laughter is not a sign of "less" love. It's a sign that many of our thoughts and memories are happy ones. It's a sign that we know our memories are happy ones. It's a sign that we know our dear one would have us laugh again. It's okay to laugh.

... if we avoid grief **will it go away?**

Grief is as old as mankind but is one of the most neglected of human problems. As we become aware of this neglect, we come to realize the enormous cost that it has been to the individual, to the families and to society, in terms of pain and suffering because we have neglected the healing of grief. Essential to a grieving person is to have at least one person who will allow them, give them permission to grieve. Some people can turn to a friend or to a family member. Some find a support group that will allow one to be the way one needs to be at the present as they work through their grief. Dealing appropriately with grief is important in helping to preserve healthy individuals and nurturing

families, to avoid destroying bodies and their psyche, their marriages and their relationships. You can postpone grief but you cannot avoid it. As other stresses come along, one becomes less able to cope if one has other unresolved grief. It requires a great deal of energy to avoid grief and robs one of energy for creative expression in relating to other people and in living a fulfilling life. It limits one's life potential.

Suppressing grief keeps one in a continual state of stress and shock, unable to move from it. Our body feels the effects of it in ailments. Our emotional life suffers. Our spiritual life suffers. We say that the person is "stuck in grief". When a person faces his grief, allows his feeling to come, speaks of his grief, allows its expression, it is then that the focus is to move from death and dying and to promote life and living.

why we grieve **differently**

We accept without question uniqueness in the physical world.....fingerprints, snowflakes, etc. But we often refuse that same reality in our emotional world. This understanding is needed, especially in the grieving process.

No two people will ever grieve the same way, with the same intensity or for the same duration. It is important to understand this basic truth. Only then can we accept our own manner of grieving and be sensitive to another's response to loss. Only then are we able to seek out the nature of support we need for our own personalized journey back to wholeness and be able to help others on their own journey.

Not understanding the individuality of grief could complicate and delay whatever grief we might experience from our own loss. It could also influence us, should we attempt to judge the grieving of others - even those we might most want to help. Each of us is a unique combination of diverse past experiences. We each have a different personality, style, various way of coping with stress situations, and our own attitudes influence how we accept the circumstances around us. We are also affected by the role and relationship that each person in a family system had with the departed, by circumstances surrounding the death and by influences in the present.

PAST EXPERIENCE ... Past experiences from childhood on, have a great impact on how we are able to handle loss in the present. What other losses have we faced in our childhood, adolescence, adulthood? How frightening were these experiences? Was there good support? Were feelings allowed to be expressed in a secure environment? Has there been a chance to recover and heal from these earlier losses?

What other life stresses have been going on prior to this recent loss? Has there been a move to a new area? Were there financial difficulties, problems or illness with another member of the family or with ourselves?

What has our previous mental health history been like? Have we had bouts with depression? Have we harbored suicidal thoughts? Have we experienced a nervous breakdown? Have we been treated with medication or been hospitalized? How has our family cultural influences conditioned us to respond to loss and the emotions of grief (stoic father, emotional mother, etc.)?

RELATIONSHIP WITH THE DECEASED..... No outsider is able to determine the special bond that connects two people, regardless of the relationship, role or length of time the relationship has been in existence.

Our relationship with the deceased has a great deal to do with the intensity and duration of our grief.

What was that relationship? Was the deceased a spouse? A child? A parent? A friend? A sibling? How strong was the attachment to the deceased? Was it a close, dependent relationship, or

intermittent and independent? What was the degree of ambivalence (the love/hate balance) in that relationship?
It is not only the person, but also the role that person played in our life which is lost. How major was that role? Was that person the sole breadwinner, the driver, the handler of financial matters? The only one who could fix a decent dinner? Was that person a main emotional support, an only friend? How dependent were we on the role that person filled?

CIRCUMSTANCES SURROUNDING THE DEATH……The circumstances surrounding the death; i.e., how the death occurred, are extremely important in determining how we are going to come to an acceptance of the loss. Was the loss in keeping with the laws of Nature as when a person succumbs to old age? Or was order thrown into chaos, as when a parent lives to see a child die? What warnings were there that there would be a loss? Was there time to prepare, time to gradually come to terms with the inevitable? Or did death come so suddenly that there was no anticipation of its arrival?
Do we feel that this death could have been prevented or forestalled? How much responsibility am I taking for this death? Do we feel that the deceased accomplished what he or she was meant to fulfill in this lifetime? Was their life full and rewarding? How much was left unsaid or undone between ourselves and the deceased? Does the extent of unfinished business foster a feeling of guilt?

INFLUENCES IN THE PRESENT……We have looked at the past, at the relationship, and how the loss occurred. Now we see how the influences in the present can impact how we are finally going to come to terms with a current loss. Age and sex are important factors.
Are we young enough and resilient enough to bounce back? Are we old enough and wise enough to accept the loss and to grow with the experience? Can our life be rebuilt again? What opportunities does life offer now? Is health a problem? What are the secondary losses that are the result of this death? Loss of income? Home? Family breakup? What other stresses or crises are present? Our personality, present stability of mental health, and coping behavior play a significant role in our response to the loss.
What kind of role expectations do we have for ourselves? What are those imposed by friends, relatives and others? Are we expected to be the "strong one" or is it alright for us to break down and have someone else take care of us? Are we going to try to assume an unrealistic attempt to satisfy everyone's expectations, or are we going to withdraw from the entire situation?
What is there in our social, cultural and ethnic backgrounds that give us strength and comfort? What role do rituals play in our recovery? Do our religious or philosophical beliefs bring comfort or add sorrow and guilt? What kind of social support is there in our lives during this emotional upheaval?

CONCLUSION……When a person who is a part of our life dies, understanding the uniqueness of this loss can guide us in finding the support we will need and to recognize when help should come from outside family or friends. When the loss is experienced by someone we would like to help or by someone under our care, this same understanding is essential. Thus we can guard against a temptation to compare or to judge their grief responses to our own. The awareness of those factors which affect the manner, intensity and duration of grief, should enable us to guide the grieving person in seeking those forms of support suggested by the nature of their loss and the unique way it affects them.

Grace and peace,

Becky

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Mark Your Calendars – Saturday, November 22nd

Mental Health America of Greenville County is hosting The American Foundation for Suicide Prevention's 16th Annual International Survivors of Suicide Day

Saturday, November 22, 2014

Thousands of survivors of Suicide loss gather together around the world on this day for mutual support and practical guidance on coping with grief. "Before today, I didn't realize that there are others out there who feel exactly the way I feel…"

A Survivor from Alberta, Canada

Location: Providence Presbyterian Church's Ellenburg Hall
4000 Highway 153
Greenville, South Carolina 29611

Time: 11:00 am – 2:00 pm

Admission: Free ~ The price has already been paid

Walk-ins are welcome, but please e-mail mhagc@mhagc.org to RSVP or

Call 864-467-3344 so we will prepare adequate food for lunch.

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!

"And we wept that one so lovely should have a life so brief."
— William Cullen Bryant

Mental Health America of Greenville County
429 North Main Street, Suite 2
Greenville, SC 29601

Bringing wellness home…..

In this Issue:

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 to be helped.

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.