

After the Suicide

Helping the Bereaved to Find a
Path from Grief to Recovery

*Kari Dyregrov, Einar Plyhn and
Gudrun Dieserud*

Foreword by John R. Jordan



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Foreword

After the Suicide: Helping the Bereaved to Find a Path from Grief to Recovery is an excellent book, one that is sure to make a significant contribution to the body of literature helping the bereaved after suicide. Kari Dyregrov, Einar Plyhn, and Gudrun Dieserud have given both suicide survivors (the term used in North America for people who are grieving after the loss of a loved one to suicide), and those who seek to help them, a rich and relevant resource from which to draw. Based on Kari Dyregrov's long and productive history as a bereavement researcher (where she has focused particularly on the role of social interaction between the bereaved and their social networks), this book is firmly grounded in empirical research that enriches the information and advice that is offered. Yet despite its solid scientific foundation, the book is eminently readable: clear, simple, and comprehensive in its coverage of the experience of losing a loved one to suicide. Moreover, the ideas presented are beautifully illustrated with quotations from suicide survivors themselves, a feature that adds to the ability of the text to speak directly to those who are searching for wisdom about coming to terms with this most difficult of traumatic losses. In addition to Dyregrov, the co-authors also include a person bereaved by suicide himself, and an individual with expertise in public health. This outstanding blending of scientific expertise, clinical acumen, and personal understanding of the suicide bereaved marks *After the Suicide* as unique in the plethora of books that offer guidance to suicide survivors.

After the Suicide begins with two helpful overview chapters that give the reader an overview of grief, laying out some of the reasons why grief after suicide is different than grief after other types of losses, and exploring the epidemiology and history of social attitudes towards suicide. These introductory pieces serve to pave the way for the next four chapters, which plunge into the heart of the experience of losing someone to suicide with vivid descriptions of the reactions of suicide survivors in their own words. These chapters are also underpinned by frequent citation of the research literature on the reactions of the suicide bereaved. The content is sure

to resonate with anyone who has lived through the experience of losing someone close to them to suicide, or anyone who has worked extensively with the suicide bereaved. The chapters serve as excellent explanations of grief and trauma responses, both of which are common for suicide survivors. In particular, Chapter 5 provides a valuable synopsis of many of the effects of a suicide that are likely to be more prominent for survivors, and equally likely to be underestimated by the social networks who surround the bereaved. Lastly, to the author's credit, they have included an excellent chapter on the impact of suicide on child and adolescent survivors, something lacking in many books written for survivors.

The next section of the *After the Suicide* consists of four chapters that offer tremendous assistance to suicide survivors who are looking for practical guidance on how to cope with the potentially devastating impact of suicide on individuals and families. In a contribution that reflects the particular research background and recognized expertise of Kari Dyregrov, these chapters provide concrete advice to various people in the social networks of the suicide bereaved who seek to offer comfort and support in the healing process. The chapters address friends and family, other bereaved in survivor support groups, and professional bereavement caregivers (clergy, funeral professionals, mental health professionals, etc.). This distinctive feature of the book is unique in the breadth and depth of its coverage of the responses needed from social networks to facilitate recovery in the bereaved. It is a wonderful example of how good research can be translated into clear and practical advice for the bereaved and their caregivers. The unifying theme of the value of openness on the part of the bereaved about their needs is directly in accord with the experience of most clinicians who have worked extensively with survivors (including my own), and of the suicide bereaved themselves. *After the Suicide* presents clinical wisdom that has been validated by the excellent research of Dr Dyregrov, and now with the publication of this book, has been expertly translated into information that will be of direct help to those who support the suicide bereaved.

Lastly, *After the Suicide* concludes with two marvelous chapters: one on post-traumatic growth after suicide, and the other on contemporary theories that help the reader to make sense of the mysterious phenomenon that is suicide. Like the rest of the book, the chapter on post-traumatic growth offers an up-to-date understanding of contemporary bereavement theory. It provides the reader with the hope that, even in the face of a catastrophic loss such as suicide, the bereaved can not only recover, but can grow in resilience and wisdom. Likewise, the final chapter, titled 'Why Suicide?', offers the reader a thoughtful and sophisticated review of a modern

psychological (though not a neurobiological) understanding of the factors that may contribute to suicide. Throughout, it appropriately emphasizes that suicide must be understood as a kind of 'perfect storm', a coming together of multiple and complex elements that create the psychological conditions that make suicide likely.

In sum, *After the Suicide* is a superb book for those who are bereaved by suicide, for those who wish to help them, and for those whose professional work leads them to walk the difficult journey with survivors. I have specialized in working with suicide bereavement in my own practice for many years, and yet I learned a great deal from reading this fine book. It weaves together scientific knowledge of bereavement and trauma, the personal narratives of survivors themselves, and a deep compassion and understanding of the pain that suicide leaves behind to create an outstanding resource for the suicide bereaved around the world. Bravo!

*John R. Jordan, PhD, FT, psychologist
and Founder and former Director of the Family Loss Project, USA*

Preface

This book is the result of a close collaboration between three authors and a number of individuals bereaved by suicide. Although the authors have actively commented and worked on one another's texts, the chief author of this book is without any doubt Kari Dyregrov.

The initiative for the book came from Einar Plyhn. Finding no suitable literature after he personally experienced bereavement by suicide, he decided, as a publisher, to attempt to produce the book he had felt a need for at that time. He contacted Kari Dyregrov at the Norwegian Institute of Public Health/Center for Crisis Psychology, who immediately agreed to take part in writing such a book. Kari involved Einar in the writing process. Eventually, Gudrun Dieserud at the Norwegian Institute of Public Health was also invited to contribute as an author.

An early draft of the manuscript was sent to people bereaved by suicide and to professionals, and these individuals made a number of valuable comments. Although we have not followed up on all the suggestions, our readers have made an important contribution to the final result. A large thank you to everyone!

Kari Dyregrov was awarded a writer's grant from the Norwegian Non-Fiction Writers and Translators Association to write the book. A large thank you also to the Freedom of Expression Foundation, Oslo, and the Norwegian Foundation for Health and Rehabilitation, which have generously supported the work on the book and the publication itself, and to LEVE, The Norwegian Organization for Suicide Survivors, who allowed us to apply for funding from the Norwegian Foundation for Health and Rehabilitation through them as a user organization. Thank you as well to the Norwegian Institute of Public Health for inspiring support. Finally, we would like to thank Diane Oatley for her work on the English translation.

We hope that those bereaved by suicide will find help towards recovery in this book and that it can contribute to making the professional helpers and social networks of the bereaved better prepared to provide assistance.

*Kari Dyregrov, Einar Plyhn and Gudrun Dieserud
Bergen and Oslo, December 2009*

To the Reader

A BOOK OF HELP

This book has come about through a collaboration between individuals bereaved by suicide and professionals. We hope that it will provide inspiration and knowledge for those professional helpers and the networks of family and friends of those bereaved by suicide as well as the bereaved themselves.

Many people bereaved by suicide have looked for literature that can help. No book can replace human support and care, but knowledge is always a resource, because it illustrates what common reactions to suicide are, the type of support and care that is important for the bereaved, and how relief measures can best be organized.

The aim of the book is first and foremost to provide understanding about people who have personally experienced the impact of a suicide and how they can be best supported, but we also hope that the book will offer advice to those who may be a part of a bereaved person's support network, or to bereaved people themselves.

The book presents relevant research findings about suicide and those bereaved by suicide, about common reactions to suicide and how friends, family, the school, the workplace and professionals can address the great challenges that arise and how they can help. The book contains a number of testimonies from those bereaved by suicide, which illuminate, exemplify or provide further depth to the subject matter, and many readers will recognize their experiences. The names used in the testimonies have been changed and the quotations are used with the permission of the bereaved.

We have endeavoured to make the book easily accessible, among other ways by avoiding unnecessarily technical language. All references to research and literature are in the form of endnotes.

We have also included website links to support groups or resource communities that can provide assistance in connection with a suicide. The research projects that are mentioned in the book are given a brief presentation in the Useful Resources section.

HOW TO READ THIS BOOK

People bereaved by suicide who have a need for knowledge and information immediately following a suicide, will perhaps initially search for specific themes and only be capable of reading more at a later date. Professionals who are unfamiliar with the subject matter will perhaps wish to read the entire text in a more logical structure – from the first chapter to the last. The book can therefore be read in its entirety, from cover to cover, or little by little and in sections, both back to front or diagonally. In order to make it possible to read each chapter independently, some repetition has been unavoidable.

THE CHAPTERS OF THE BOOK

Chapter 1 provides a brief introduction to suicide and suicide bereavement. Chapter 2 addresses the significance that taboos and stigma associated with suicide have had for the bereaved. Many want to understand their own and others' difficulties and reactions to suicide and this is illustrated through the testimonies of bereaved people in Chapter 3, while common reactions to suicide are illuminated through research findings in Chapter 4. In Chapter 5 we discuss whether it is possible to understand suicide, and we describe some of the special features that distinguish suicide from other forms of sudden death. Chapter 6 contains a discussion of common reactions in children and young people after a suicide, the factors that influence these reactions, and how adults can support children and young people affected by suicide. Because an important motivation for writing the book has been to provide knowledge and support towards coping on the road ahead after a suicide, this is discussed in Chapters 7–10: Chapter 7 is about the experiences of what those bereaved can do personally, while Chapters 8 and 9 address support from social networks and from other bereaved people; in Chapter 10 we describe the kinds of help that different groups of professionals can contribute, both immediately after a suicide and over time. In Chapter 11, using theories about grief and crisis, we show how the loss can lead to long-term personal growth and development. We conclude the book with some different ways of explaining suicide in Chapter 12.

Suicide and the Bereaved

Life seldom deals us a harder blow than when one of our loved ones dies by suicide. The closer we were to the deceased, the greater the shock, despair and grief over the loss will be. The most dramatic situation is when children and young people lose a parent, when parents lose a child or when someone loses a spouse, cohabitant or sibling. But most of us have close ties with many people: family, friends, colleagues, neighbours or others. When the ties with any of them are suddenly torn asunder by a suicide, it almost always leads to profound grief and pain on the part of the bereaved.

Some bereaved people will, however, also potentially have feelings of relief, in the event that the deceased had been fighting a serious mental illness for many years or struggling enormously with existential problems, or because the deceased and his or her loved ones had been living with profound and apparently irresolvable conflicts for a long time. We must accept this sense of relief that the deceased will be spared further suffering or finally find peace from destructive conflicts.

SUICIDE – SUDDEN AND UNEXPECTED DEATH

Suicide always occurs suddenly and as a rule unexpectedly, even when there have been warnings of the possibility of death by way of plans or previous suicide attempts.

Even when we have been forewarned of the risk of suicide, we seldom manage to fully imagine that a death by suicide can be waiting right around the corner. And this is as it should be. We must construct our daily lives based on the belief that the all-vital life force will triumph, even for those who are struggling with serious mental health problems. In the most profound sense, suicide also challenges the very basis of our existence – namely, life itself. It is suddenly revealed to us just how thin the membrane separating life and death can actually be.

After a suicide, some bereaved individuals recognize that there were warning signs of the risk of suicide that they failed to interpret correctly. This causes many to feel guilty about not having understood the gravity

of the situation and therefore not having done or said something that could have prevented the suicide. This experience of having betrayed the person in question is a particularly heavy burden for many to bear. But the experience after a suicide of having failed someone is seldom based on the actual reality of the situation before the suicide. Self-reproach often clouds the reality that one actually did as much as one could, often more, in order to support and provide help in the best possible manner. Such self-reproach causes many people bereaved by suicide to feel vulnerable. For others it can be extremely taxing to shoulder the knowledge that one was not a good enough father or mother, spouse or lover, sibling or friend, for the person who could not take any more.

My wife was discharged from a psychiatric hospital just before she took her own life. After months of worrying and anxiety I was completely exhausted. She was also released at this time as not being at risk of suicide. I therefore believed that the danger had passed and finally relaxed in hopes of regaining some energy.

Of course, I blame the hospital for not having performed a thorough enough assessment of the risk of suicide and for not having informed me of the risk factors after her discharge. In spite of this, my self-reproach has been the heaviest over the fact that I nonetheless did not understand that she was still in the realm of death's door and that I did not take better care. Knowing that it was the hospital that put me in this situation has unfortunately not helped me particularly. They have in fact afterwards simply turned their back on the discharge and the suicide.

We do not know enough of what is going on in another person's mind to be able to understand at all times the nuances of the behaviour of others and to imagine the unimaginable. The fact that very many people have suicidal thoughts in the course of their lives without putting these thoughts into action, or that very many suicide attempts do not end in death, also illustrates how difficult it can be to understand the true signs of the risk of suicide. It is in fact the case that many suicides are the first suicidal act in a person's life. In such cases, it has been virtually impossible for the bereaved to predict the suicide.

Sudden death is always a shocking experience for those left behind. This holds true for suicide, accidents or sudden death due to illness. The person with whom you were planning to share your future, for better or worse, is suddenly gone for ever, along with the majority of the things that wove your lives together.

When the future collapses, much of the present moment does as well, essentially because the present always derives nourishment from

expectations about that which is to come. The bereaved can therefore experience that the only thing they have left after the suicide is the past. But even the past can appear impoverished if it is difficult to move along the emotional paths that were created together with the deceased, at a time when almost everything seems to be completely different. Memories that were full of light and warmth can suddenly become dark and sorrowful. Painful memories about conflicts can also overshadow the good memories. For many people, this is a large additional source of strain after a suicide as opposed to sudden death by accident or illness.

SUICIDE IS DIFFERENT FROM OTHER TYPES OF SUDDEN DEATH

Suicide is usually a heavier burden to bear and more difficult to handle than sudden death by other causes, because the cause of death was initiated by the deceased personally, unlike accidents, where death occurs due to something external to the deceased and was neither desired nor controlled by a personal act of will, or as a result of illness, where death crept up from within. The fact that a death has been caused by the deceased's own hand leads most bereaved people to search for answers to questions about why the deceased took his or her own life – answers that they can live with and take with them into the future.

Most people who have been bereaved by suicide find that it is important to find answers to such questions. It is important for the process of reconciliation, which is necessary in order to uphold the meaning of existence. Quite naturally, this often takes a long time. There is usually a lot to be processed, exactly because there is frequently a multitude of interwoven factors behind the suicide.

Those who have been bereaved by suicide can receive help from family or friends in their search for answers, but, for many, professional help can also be important, because it is difficult to gain insight into what was taking place in the mind of the deceased before the suicide. Precisely because suicide can be extremely difficult to understand, it is important that the process leading up to an explanation one can live with is allowed to take its own course for the bereaved. It is not always a matter of finding all the correct or final answers but rather about processing the loss and recovering meaning and mastery in the new situation that the suicide has created. For those in the daily environment of the bereaved, this can be difficult to understand.

The bereaved will not surmount grief, guilt and loss if they put a lid on their reactions. It is probably better to give oneself time to address questions in depth in order to process one's own reactions. For the bereaved, it is important to go through any difficulties or conflicts they may have had with the deceased, particularly if these have been considerable and long-term. It can be difficult to come to terms with what has happened if one does not receive help in talking about the most important aspects of the relationship, both the good parts and those that are painful. This frequently requires contact with a professional. It is, however, a condition that the professional helper has the requisite empathy and knowledge about suicidal behaviour, and not as in the following case of a chief physician at a psychiatric hospital during the third brief conversation with a father who had lost his son: 'I am tired of hearing you talk about why he died. You are never going to find the answer to that anyway. So you are just going to have to stop doing it!'

It is also important, however, that the bereaved do not end up going around in circles, brooding about the same things over and over again. Then one will dig oneself down into an inner darkness where all paths seem to lead into the past. Eventually the bereaved must move away from the deceased (still keeping them in their hearts) and into their own lives. This is made difficult by the fact that many bereaved people feel as if they are betraying the deceased by moving on with their lives.

GRIEF

Suicide is often accompanied by so-called 'complicated grief'. The grief can entail many processes and has different faces. Some feel anger towards the person who took his or her own life; some feel anger towards themselves or others they feel are in some way responsible for what has happened. Others experience first and foremost sadness or emptiness. A sense of guilt and shame is a widespread reaction. In many cases, everything is mixed together in a confusing obscurity.

It is not unusual to feel victimized by what has occurred. In a certain sense, a bereaved person who was close to the deceased is always a victim in the case of suicide, in that one is affected by an incredibly painful and extreme event. It can thus be easier to fall into the role of a victim rather than more constructive roles. As a victim, one experiences having been subjected to the consequences of something outside of the self, even though at the same time one can also feel guilty or implicated. Often the experience of being responsible alternates with the feeling of being a victim. Usually it is the interaction between people that leads to conflict and despair, without

any clear allocation of responsibility or guilt. In the grieving process, the bereaved will pass through several roles in relation to the deceased, but it is important not to remain in the role of the victim, because this will make the work of taking responsibility for one's own life in the future more difficult.

Children react differently to adults. They grieve 'a little at a time' because they cannot maintain emotional intensity over long periods of time in the same way that adults can. It can therefore seem as if they are suddenly no longer grieving, immediately after having been extremely sad. It is important to support children in terms of there being no need for them to be sad all the time, but instead allow them to experience joy in the midst of all the grief. We must give them time to absorb the loss and give them permission to grieve in their own way and at their own pace, with support from caregivers. In this way they will also manage to move on with their lives.

SUICIDE IS OFTEN A CONCEALED DEATH

Suicide is in many ways a hidden death and is seldom mentioned in the media, in contrast to, for example, traffic accidents, even though in Norway each year, for example, more than twice as many die from suicide as from traffic accidents. There is also little public debate about the prevention of suicide. But while most people want greater openness about suicide as a phenomenon, we do not want the same kind of media coverage as that dedicated to accidents. To prevent the contagion effect of suicide, often referred to as 'copycat' suicides, it is essential to avoid sensational media coverage about individual suicides. Such media coverage can contribute to undermining the will to live of others on the brink of giving up, thereby leading to more suicides.

Also, out of consideration for the bereaved, media coverage of individual suicides is not advisable. But a complete lack of publicity serves in many ways to cover up suicide and could further prevent the destigmatization process that has been started in most Western societies. When accidents, large or small, are discussed in the media, this often has the effect of mobilizing local resources in support of the next of kin, a benefit which those bereaved by suicide often miss out on. Therefore, it is important that some of those bereaved by suicide step forward and provide information for the media to contribute to mobilizing help and support without letting the media dig into their 'personal story'.