# GRIEVING PROCESS AMONG SUICIDE SURVIVORS

In a person's lifetime, one of the most difficult experiences is losing a close relative, and the process of coping with this loss is called the 'grieving process'. This term defines particular stages of grief, but these phases do not necessarily follow step by step in a specific order. The grieving process is generally made up of four phases: shock and denial, anger, guilt and depression, acceptance and integration of the loss. Most people experience all these stages in one way or another.

This can be seen in Rachel's outburst when while talking about her daughter's suicide, she exclaimed… "Couldn't she wait?" Similarly Hannah's feelings of anger at her husband prevented her from mourning the feelings connected to the loss of the romantic side of their relationship which had been such an important part of her marriage.

According to Elizabeth Kubler-Ross [1] the grieving process enables mourners to cope with the fears that close contact with death evokes, and it facilitates expression of one's feelings concerning these fears. The purpose of mourning ceremonies is to allow the relatives to express their feelings and fears, and not prevent or suppress pain. Only when one is able to cope with the pain will the mourner be able to separate from the deceased. Usually the process ends when mourners are able to establish a routine and feel that life has returned to normal, both physically and emotionally. The time frame for this process varies from person to person. The end of the process does not necessarily mean that the mourner returns to the same way of life they had before the death, but they do return to a routine, even if it is different than before. When the grieving process runs its course it is characterized by a weakened,

[1] Kubler-Ross, E. (1969). On Death and Dying. London: Collier McMillan

dulled sense of the grief and sorrow, together with an increased feeling of vitality and pleasure in life.

In a recently published study, Stroebe[2] re-examined the question, asked earlier by Engel in his break-through work from 1961, "Is grief a disease?" In addition, he asked whether long-term outcomes of grief may be considered a mental disorder? There are many ceremonies that are part of the grieving process and they have a time frame. They begin immediately after the death of a relative. These ceremonies include the funeral, different forms of mourning and expressions of sympathy, condolences, memorial events, and annual memorial services. All these situations encourage and motivate relatives and friends to talk about the deceased, share their loss and express their feelings. These ceremonies usually follow a standard pattern and include specific customs, depending on religion, tradition, and community practices. These prescribed practices make it easier for the mourners, as they provide guidelines for their behavior. Processing grief is essential for what they must go through, and it enables the mourners to separate, thereby facilitating closure of the physical and emotional cycle they shared.

In addition to the suffering and pain of losing a loved one, the grief experienced by relatives of people who have committed suicide is compounded, intensified, and complicated by the other emotions such as shame, guilt, and anger. They may wonder if there was something in their behavior which might have triggered the suicide. At the same time there is always the question in the back of their minds as to whether there are other family members who are at risk of committing suicide. Interviewees I met spoke at length about feelings of anger and guilt, and the

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[2] Stroebe, M. (2015). Is grief a disease? Why Engel posed the question. *Omega* 71(3)

difficulty of talking about the suicide itself. These difficulties are often eased when survivors join support groups. There, they say, among others like themselves, they feel free from the stigma.

The reaction to, and effect of, suicide is experienced differently in the different groups of survivors. Parents who have lost a child to suicide suffer a double trauma. They suffer both from losing their child, and the fact that it was a suicide. In many cases they feel that they failed in their primary duty, namely protecting and keeping their child safe. The parents are constantly filled with questions and feelings of guilt, and examine their behavior over and over again, agonizing over every word and act, even the most insignificant ones, to find something that might have caused the suicide.

Alison Wertheimer,[3] a researcher whose sister committed suicide, interviewed siblings of people who committed suicide. In memory of her sister, Wertheimer wrote the book *A Special Scar* in which she included findings from the interviews. One important finding was that because of the silence surrounding suicide in general, there was no one to guide those who were grieving, no one to tell them what a 'common reaction' is. The title of the book refers to the special scar that suicide leaves on survivors for many years, a scar which is at the same time hidden yet indelible.

In many cases suicide survivors do not, even partially, go through the standard grieving process. As they often harbor the secret, and suffer from the social stigma attached to suicide, they do not go through a healthy process of mourning and ultimately suffer long term emotional repercussions as they are unable and have no avenue to express their grief. They often find it difficult to share their feelings with

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[3] Wertheimer, A. (1991). A Special Scar – the Experience of people Bereaved by Suicide. New York: Routledge

others, including family members. The grieving process resulting from suicide is different because the death is deliberate and self-inflicted. Even in cases where the suicide was at least partly expected, after prior suicide attempts, or severe mental illness, it is a shock. As one of the interviewees said about her mother's suicide, although it was always a possibility, when it happened, it was a shock for the family. Even when a suicide occurs after many years of mental illness, and even if the deceased had threatened to do it, it is very difficult to believe that someone would deliberately take their own life. It is a phenomenon which contradicts human nature and the primal instinct for survival.

In any case of bereavement, other than death from suicide, there are mourning ceremonies, with clear behavioral codes. There are also standard traditional condolence expressions such as "May you know no more sorrow." In the case of a suicide there are no ceremonies or rituals guiding one's behavior. What should one say? Will it be right or wrong to mention the deceased, the circumstances of their death, or the very word 'suicide'? All these make the grieving process for suicide different and more difficult. The purpose of the ceremonies and the annual memorials is to create a place where it is appropriate to talk about the dead, evoke common memories and thus aid the family in its time of grief. The lack of grieving ceremonies in the case of suicide increases the pressures on the family.

Colin Pritchard claims that there are people who do not want to attract attention after a suicide in their family. This enables and legitimizes the reaction of the community to ignore these families and their pain. It also inhibits people from offering assistance which could somewhat alleviate the suffering of the family. He talks about the long lasting impact on the families, sometimes for many years, and defines the families as living in a double-risk situation due to grief and ignorance.

Pritchard explains that in many cases the suicide is not the end, but rather the beginning of more suffering.

Many of my interviewees expressed similar feelings. It is not that the family prefers to suffer quietly; not having grieving ceremonies, and the exclusion of the dead person, are all part of the unresolved processing of the death. Marsha, for example, said she did not go to her father's grave for 20 years saying "He doesn't deserve it." After 20 years her grieving process was still stuck in the anger phase.

Two sources of assistance have emerged to help survivors deal with the shame and stigma surrounding suicide, and they reinforce and enhance the experience of the different (or in some cases total lack of) grieving process. In many countries support groups have formed where suicide survivors can meet other people who have been through the same experience and where they don't have to battle with the shame, and the social price of exposing their story. In addition opportunities provided through use of the web, ranging from use of relevant sites and participation in virtual communities to involvement in social networks and active participation in groups have enabled survivors to share and express their pain, while at the same time remaining anonymous if they so desire.

One of these sites[4] provides a 'do and don't' list for both mourners and people who wish to provide support. In the do list are things like accepting the volume of pain, being aware of support groups, respecting the need for grief, and 'listening with the heart'. The 'don't' list includes things like avoiding simplistic explanations, not using clichés, not saying that the deceased was insane or abnormal, and *never trying to take the pain from the grieving person.*

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[4] www.survivorsofsuicide.com. Retrieved 28.2.2016