

When Someone Dies By Suicide

*"Grieving is not a weakness, it's a necessity. It is how we heal from our loss and move on."
(American Hospice Foundation)*

The grief experienced when someone close to us has taken their own life can feel unbearable, and often we are left with many unanswered questions. Experiencing grief is a normal and natural response to loss -a universal human experience. Everyone experiences grief differently. There is no right or wrong way to grieve and no shortcut around grief.

Understanding Why

Many factors contribute to a suicide death. Suicide occurs most often when stressors and mental health issues converge creating an experience of hopelessness and despair. In 90 percent of suicides, the person is experiencing intense psychological pain associated with a brain illness, such as depression, schizophrenia, and bipolar disorder, and is often complicated by alcohol or drug abuse (National Institute of Mental Health, 2003). When someone is struggling with a brain illness the chemicals in their brain become out of balance or become disrupted in some way. In this state a person may not be able to see a way out and believe death is the only way their pain will end.

Understanding Language

We commonly hear people use the phrase "committed suicide"; however this should be avoided because of the connotations. The word "committed" is typically associated with sins or crimes. Regardless of theological perspective, it is most helpful to understand suicide as the worst possible outcome of mental health or behavioral health problems as they are manifested in individuals, families, and communities (DHHS, 2001). When talking about a person who has taken their life, the term "died by suicide" is the preferred language as it demonstrates respect to the individual and their families.

Responses to Death

- Multiple factors influence how we respond to death including our relationship to the deceased, cultural and religious beliefs, previous experiences with death, manner of death, individual mental health history, availability of support systems, and our life experiences. These factors can also impact how we express grief externally (mourn) and adjust to the loss internally.
- Grieving after a suicide can be marked by intense emotional pain which may include responses of shock, denial, confusion, anger, sadness, guilt, numbness, and feelings of unreality. Some may also experience nightmares or flashbacks.
- When someone has died by suicide we are often left with a sense of unwarranted guilt or an exaggerated sense of responsibility from not being aware of what was going on or not acting in time to prevent the suicidal death (Van Dongen, 1991). We might have questions of "What if...", "Why did...", or "Why didn't..." which do not produce answers and leave us longing for understanding and closure.



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- While grieving, we can also experience physical symptoms, such as a loss of appetite, trouble sleeping, headaches, body pain, muscle tension, restlessness, fatigue, and lack of motivation to exercise or engage in other activities.
- We may experience highly intense, time-limited (e.g., 20-30 minutes) distress, called "grief bursts", pangs, or waves. Sometimes these pangs come in reaction to reminders of the deceased such as on special holidays or anniversaries or seeing personal belongings. At other times, pangs may occur unexpectedly. Over time, many people experience symptoms less frequently, with briefer duration, and with less intensity.
- There is no timeline for the process of grief. If you feel your grief is overwhelming, getting in the way of managing daily tasks, persisting for a long time, or has left you questioning other relationships or your beliefs, it could be helpful to talk to a trusted colleague, friend, or an EAP Counselor.

Complicating Factors

- Experiencing a traumatic death including loss due to suicide or violence or multiple tragic losses can complicate our grief even further. Those who have a history of depression or anxiety may be at higher risk of experiencing complicated grief.
- Similarly, if a loss cannot be openly acknowledged, publicly mourned, or socially supported, this may increase the risk of experiencing more complex grief. Examples include death by suicide, perinatal deaths, or a covert relationship with the deceased.
- Complicated grief can include difficulty accepting the death; intrusive memories; nightmares; yearning for the deceased; and withdrawing from social contact.

Ways we Express Grief

- The outward expression of grief is called mourning. Some of your colleagues or co-workers may mourn outwardly with verbal or emotional expression while others process loss internally focusing on problem-solving and task completion.
- There is no right or wrong way to grieve and many will experience both an internal and external experience of grief. It's important to grieve in a way that is natural for you and avoid judgment about how you or others are grieving.
- Be supportive of each other as your team re-builds and copes following the loss of a colleague. Be available, if you can, to co-workers who need to talk. If you can't, gently mention that EAP is a resource they can engage for support.
- We all manage grief differently. It is important to keep this in mind when seeking to comfort others. What is often most helpful is listening and offering basic and applicable statements of empathy like, "I'm not sure what to say, but I want you to know I care", "this sounds hard", or "that sounds difficult".



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Workplace Considerations

- If your team wishes to reach out to the family of the co-worker, follow appropriate workplace protocol. Typically, a human resources representative, your supervisor, or an appointed representative (identified by a supervisor) will coordinate any formal response to the co-worker's family. It is important to respect the family's privacy and wishes.
- Work with your supervisor to create a safe space for your work team to share memories and talk about the loss. Choosing to participate in these team gatherings should always be voluntary with participants sharing or not sharing at a level that feels comfortable to them.
- When listening to your co-worker's thoughts, feelings, and experience around their loss, know that you don't have to have the right words or answers. You can't take away the grief, but you and your team can hold a supportive space for each other.
- When seeking to comfort co-workers avoid religious statements or simple reassurances such as "they are in a better place" or "everything will be all right".
- Often it's helpful to do something in response to the news of the death. Be sure to work with your supervisor so you can ensure you are honoring the family's wishes. Examples of actions you might take are organizing a fund-raiser to help the family; making a donation to a cause which honors the deceased, such as a suicide prevention program; creating a temporary or permanent memorial such as putting flowers on the co-worker's desk, making a plaque, or planting a tree; participating in a volunteer activity such as a cancer walk; or having a potluck where co-worker's share memories and stories.

Additional Support

- Contact EAP at 877-313-4455.
- Visit the EAP Suicide Prevention and Intervention Resources [webpage](#).
- Contact the National Suicide Prevention Lifeline at 1-800-273-8255 to speak with a trained suicide prevention hotline counselor or text HEAL to 741-741.

Sources:

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