

WHY?

Why did they do it? This is the question that will occupy much of your thoughts for some time. And if you think you know the answer, you should think again, because chances are you're only seeing part of the picture.

The Condition vs. The Catalyst. Most suicides are happen by a "catalyst" event: the breakup of a relationship, loosing a job, or learning of bad news. Misconceptions arise when we mistake one of these isolated events for the cause of the suicide. Instead, it is more likely just the "straw that broke the camel's back." Scratch the surface and you will likely find years of emotional distress that made up the suicide victim's "condition." That condition may be evident in some of these ways...

Emotional illness. Up to 70% of people who die by suicide may suffer from what psychiatrists call an "affective illness" such as major depression or a bipolar disorder.

Prior attempts. Often disguised as reckless behavior, any suicide victims have a history of prior attempts.

Morbid thoughts. Many suicidal people are unusually comfortable with the idea of death, or convinced that a dark fate awaits them.

Hypersensitivity to pain. Suicidal individuals often exhibit disproportionate emotional reactions to problems and hardships.

A chronic need for control. Many people who go on to die by suicide exhibit an obsessive need for control.

The presence of any of these or other factors demonstrates that suicide is rarely a sudden occurrence. It is far more often the result of a long, debilitating breakdown of an individual's emotional health.

The Suicidal Mind. Attempting to decipher precisely the thoughts of the suicide victim is nearly impossible. Based on the accounts of those who have attempted suicide and lived to tell about it, we know that the primary goal of suicide is not to end life, but to end pain.

One of the more painful emotions felt by survivors comes when we try to empathize with the severity of this pain. We try to envision what we would have to feel to make the same choice, and when we imagine our loved one in that kind of pain it's almost too much to even consider. But there is a flaw in this thought process. You are imagining what suicidal depression looks like through your eyes - the eyes of a rational, healthy mind. The suicidal person has a distorted view of their world.

Your Resource for Information and Assistance

Spokane Crime Victim Service Center
1.866.751.7119

Suicide Hotline
1.800.784.2433

First Call for Help
1.509.838.4428

Survivors of a Loved One's Suicide Support Group
Hospice of Spokane
121 S. Arthur
Spokane, WA 99202
1.509.456.0438
Tanya Charlton

Program of

Lutheran Community Services

210 W. Sprague Ave.
Spokane, WA 99201
Tel: 866.751.7119 (24 Hours)
Fax: 509.747.0690



Protecting the rights of crime victims



SPOKANE CRIME VICTIM
SERVICE CENTER

Your Resource for Information and Assistance

SUICIDE

Someone you love has ended their own life - and yours is forever changed.

You are a “survivor of suicide,” and as that unwelcome designation implies, your survival, your emotional survival, will depend on how well you learn to cope with your tragedy.

Suicide is different. On top of all the grief that people experience after a “conventional” death, you must deal with guilt, confusion and emotional turmoil that is in many ways unique to survivors of suicide.

“How long will it take to get over this?” you may ask yourself. The truth is that you will never “get over” it, but don’t let that thought discourage you. After all, what kind of people would we be if we truly got over it, as if it were something as trivial as a virus? Your hope lies in getting through it, putting your loss in its proper perspective, and accepting your life as it now lies before you, forever changed.

Death touches all of our lives sooner or later. But suicide is different. The person you have lost seems to have chosen death, and that simple fact makes a world of difference for those left to grieve. *The suicide survivor faces a somewhat unique set of painful feelings on top of their grief.*

GUILT. Rarely in other deaths do we encounter any feelings of responsibility. The suicide survivor invariably feels that they might have, could have, or should have done something to prevent the suicide. This mistaken assumption is the suicide survivor’s greatest enemy.

STIGMA. Society still attaches a stigma to suicide, and it is largely misunderstood. The suicide survivor may encounter blame, judgment, or exclusion.

ANGER. It’s not uncommon to feel some form of anger toward a lost loved one, but it’s intensified for survivors of suicide. For us, the person we lost is also the murderer of the person we lost, bringing new meaning to the term “love-hate” relationship.

DISCONNECTION. Because our loved one seems to have made a choice that we strongly oppose, we feel disconnected and “divorced” from their memory. We are in a state of conflict with them, and we are left to resolve that conflict alone.

The Emotional Roller Coaster

Some of the difficult emotions you should come to expect include...

You may “backslide” from time to time. You might have a few days in a row where you feel better and then find your sadness return suddenly- perhaps even years later. This is natural, so don’t be discouraged. You will have ups and downs, but generally, coping with your loss will get easier over time.

You will encounter painful reminders unexpectedly. A song on the radio...the scent of their favorite dish...a photograph. Any of these could bring on sudden feelings of sadness or even the sensation that you are reliving the experience of suicide. When it happens, stay clam. Get away from the reminder if you need to and focus on positive thoughts.

Friends and relatives may not offer the support you need. Lean on the people who are ready, willing, and able to help you, and try to forgive those who can’t.

People make insensitive remarks. Suicide is generally misunderstood, and people will feel unable to offer you comfort. This is simply human nature. If you encounter someone who seems determined to upset you with morbid curiosity, their own self-important theories, or some form of a guilt-trip, simply sidestep them by saying “I’d rather not talk about it right now,” and avoid conversing with them in the future.

Your fear of people’s judgment may haunt you needlessly. It’s common to project our own feelings of guilt onto others by assuming that they are judging us harshly in their minds. Give people the benefit of the doubt and remind yourself you are not a mind reader.

Others may tire of talking about it long before you do. Talking through your feelings and fears is essential for recovery. Unfortunately, there’s likely to come a time when your closest supporters’ thoughts move on from the suicide while yours are still racing. This is why support groups are so valuable.

You may feel bad about feeling good. You’ll laugh at a joke, smile at a movie, or enjoy a breath of fresh air, and then it will hit you: “How dare I feel good?” It’s common to feel guilty when positive emotions start resurfacing, as if you’re somehow trivializing your loss. Don’t feel guilty for enjoying the simple human pleasures of daily life. There will be plenty of time for tears. Take whatever happiness life sends your way, no matter how small or brief.

Holidays, birthdays, and the anniversary of the suicide are often difficult. Generally the first year, with all its “firsts” will be the toughest, but these events may always be difficult times for you. Rest assured that the anticipation of these days is far worse than the day itself. It’s only twenty-four hours, and it will pass as quickly as any other day.

New milestones may bring feelings of guilt. As our lives naturally move forward, each new milestone may be accompanied by feelings of guilt and sadness. These events remind us that our lives are moving forward - without our lost loved one. We must remind ourselves that we have chosen to live.

You may entertain thoughts of suicide yourself. This may be due to the fact that our loved one’s death has made the very idea of suicide far more real in our lives. However, you must balance your fear of this with the knowledge that suicide is most often preceded by a history of clinical depression. You now know better than anyone the pain and destruction that suicide causes in the lives of those we love.

Shock & Grief

The shock and grief that consumes us after we lose someone to suicide is overwhelming. It feels like a hole out of which we cannot possibly climb. But these are natural feelings that will dull as you pass beyond the early stages of the grieving process. The best thing you can do is simply let yourself feel this way. If you need to talk about it, then do it with anyone who will listen. If you need to cry, then cry.

It is never too early to start healing. Find a support group or a qualified therapist as soon as possible.