

SUICIDE BEREAVEMENT

I Can't Hear the Music

by Linda Tosenfield

Mourning the loss of a family member who dies by suicide, suicide bereavement, is a long, difficult, intense and unique process. It is different from other kinds of bereavement in many ways and mourners often feel like victims. We call people who have experienced this kind of death in their family "suicide survivors" because when the grief process nears completion, people truly can feel less like victims and more like survivors.

A young woman who is the survivor of the suicide deaths of both her sister and father has said, "I feel as if I'm in a crowded room watching everyone around me dance, and only I can't hear the music."

All of us will at some time in our lives suffer a bereavement through the death of someone close to us. The grief we experience becomes a mourning process, a journey that takes us from the shock of the death to learning to live with the absence of the loved one. This process has been defined in stages. Not everyone passes through all stages, or goes through them at the same time, and there is no logical progression from one stage to the other. Bereavement from suicide is also subject to these grief stages. However, this type of death imposes differences on the mourning process of the bereaved, which is complicated by the tragic circumstances and traumatic aftermath.

In the initial stages of mourning, shock and disbelief are common. There was often no preparation for the suicide, no time for anticipatory grieving. Sometimes cause of death is unclear. "Was it an accident? If suicide is denied during the initial period of shock, it is a necessary emotional response - to prevent the survivor from sinking into despair and feelings of responsibility.

The next stage is one of acute grief. After the shock wears off and the numbness that was blocking all feeling has dissipated, an emotional flooding seems to take place as the loss is realized. Overpowering feelings surface and seem to be at war with one another. The grief now can be incapacitating as survivors try to live with stigma, guilt, anger, depression, feelings of abandonment, sadness, shame, fear and their own suicidal thoughts.

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The final stage, reorganization and recovery, is when the acute symptoms decrease and the bereaved reintegrate their lives. Memories remain, but they no longer evoke intense, painful feelings.

In suicide bereavement, throughout all of these stages, recovery is impeded because social supports are either non-existent or pull back after a short time and the survivor must deal with his feelings of isolation.

After a suicide death, cards and condolences are often not sent, obituaries do not mention cause of death, the usual conversations do not take place. Instead, families hear whispers. They feel they are being condemned or silently accused of something - mentally ill family?...problem family?

“It felt like being quarantined - I was afraid to go out because people were always looking at me strangely and almost no one phones or came over anymore. Friends who did call, never talked about it. Soon I began to wonder if I imagined people were looking at me strangely. If so, maybe I was going crazy.”

In North America we are generally fearful of death. We study suicide, but we are not certain what causes suicide or what can prevent it. At the same time, portrayed especially in the media, we are surrounded by it. We also know that as individuals we harbour self-destructive impulses that can emerge in times of despair. Because of the fear and uncertainty we imagine a kind of contamination by contact. So, tragically, survivors feel the withdrawing of or avoidance by friends that leaves them confused, angry, and isolated with their overwhelming feelings. The family members also feel that they have been abandoned by the one who chose to die. When family members are grieving - feeling rejected, abandoned, lonely, sad and now isolated, they often feel suicidal themselves.

Feeling suicidal, the survivor feels ashamed and cannot share these feelings with other family members. Each family member also questions his own responsibility for the death and blames both himself and other family members. This is done silently. This veil of secrecy makes it difficult for the mourner to make any sense of the death and forces him to search for answers within himself endlessly. Also, he believes that feelings triggered by the suicide death, especially anger and relief, are not acceptable to have and certainly not to talk about.

So the community imposes stigma and isolates the bereaved because of fear - fear of contamination, fear of mental illness and fear of death. The mourner reinforces this isolation because he hides from the world, or does not reach out for support because he had fears of inheriting suicide, fears of being blamed, or fears of admitting to forbidden feelings or expressing them.

Stigma then is externally imposed by society for an unacceptable and internally imposed by oneself for unacceptable feelings.

The endless questions that can never be answered lead the survivor always back to “if only I had.” “If only I had: noticed; paid more attention; been more caring; been different; this might not have happened.” The survivor continues to blame himself for things he should or should not have done. He feels a silent accusation; it seems as if he has been abandoned by the one who chose to die. Feeling responsible and guilty and grief stricken, he searches for clues, for answers to unanswerable questions. At the same time, the bereaved are often angry at themselves, at other family members and at the person who died.

“How can I be angry at a person who died because he suffered?” But he did abandon his family to pain, to living without him, to family responsibilities, and to a lifetime of stigma.

So suicide bereavement is unique - not in the amount of pain and intensity of feeling, but because:

- it seems preventable
- there is shame and stigma
- the family member *chose* to die
- there is a search for reason.

Suicide deaths then, do not usually bring families closer together. Stigma, isolation, guilt and anger tend to isolate family members from each other. Initially, families may come together to deal with the impact of death and do the rituals which guide them through the impact of the trauma. But we need to be aware of the importance of open communication and loving support throughout all stages. Sharing the pain, while recognizing the differences, can enable families to accept their loss and appreciate each other more fully.

Two years after the suicide deaths of her sister and father, the same woman said,

“I’m in that same room and now I can hear the music. Maybe someday, I’ll be able to dance to it.”

Excerpted from “Suicide in Canada” to be published by the University of Toronto Press, 1997. Linda Rosenfeld, B.A., B.S.W., Director of S.A.F.E.R. (Suicide Attempt Counselling Service), an agency of Greater Vancouver Mental Health Service, is co-author of “Left Alive - After a Suicide Death in the Family.”