After a Suicide

Recommendations for Religious Services & Other Public Memorial Observances

SPRC Suicide Prevention Resource Center

Acknowledgments

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After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances

When an act of suicide causes the end of a life, it affects the community of survivors in a very profound way—much different from a death caused by heart disease, cancer, or an accident (Barrett & Scott, 1990). The unique social, cultural, and religious contexts regarding suicide are complicated by nearly pervasive misinformation and misunderstanding. Consequently, stigma, shame, embarrassment, and unwarranted guilt add unnecessarily to the already heavy burden on those grieving (Worden, 1991). Planning a religious service or other memorial observance under these circumstances provides a number of challenges.

It is also important to note that people who are exposed to a loved one's suicide have a heightened risk of suicide themselves. Therefore, leaders who can effectively respond to survivors can lessen the likelihood of future suicides.

These recommendations were created to aid members of the clergy and other community and faith leaders as they care for those who have survived the loss of a loved one due to suicide and to assist them in helping to plan a memorial observance. This document provides background information, suggests ways to care for and support survivors, offers recommendations for planning memorial services, and lists additional resources. This information is provided as part of the implementation of the National Strategy for Suicide Prevention (U.S. Department of Health and Human Services [DHHS], 2001). The suggestions herein are based on a considerable body of scientific research, as well as extensive consultations with clergy and counselors who represent the broadest range of religions and cultural communities and who have provided care during the aftermath of suicide.

It is not possible for one document to answer all the questions that will come in the wake of a suicide. Hopefully, though, these recommendations will help faith and community leaders plan memorial observances that not only promote healing but also help prevent future suicides.

Background

Understanding Why

Although many questions are left unanswered when someone takes his or her own life, in retrospect, suicide is rarely entirely unexplainable (Shneidman, 2004). Those who end their lives do not act out of moral weakness or a character flaw, as some used to think. They are nearly always suffering from intense psychological pain from which they cannot find relief. In 90 percent of suicides, this pain may be associated with a brain illness, such as depression, schizophrenia, and bipolar disorder, and is often complicated by alcohol or other drug abuse (National Institute of Mental Health, 2003). The illness may have existed for some time or be of relatively recent onset. These people are commonly constrained in their thinking and are unable to make rational choices, the way most are able to do under normal circumstances (Cantor, 1999). There are effective treatments for these brain illnesses, but too often people suffering with this psychological pain are not able to (or choose not to) find access to those treatments (DHHS, 1999). And in some instances, even when treatment is given, it is not enough to prevent the suicide.

In a proportion of cases, suicidal acts are responses—sometimes impulsive—to difficult life situations, however temporary those situations may be (Simon et al., 2001). Even very close family members and friends may not have had sufficient awareness of the issues to understand the true severity of the crisis.

Although some suicidal individuals go to great lengths to hide evidence of their self-destructive plans, most individuals communicate their intent in some way or display signs of suicide risk (Shneidman, 1996). However, these signs often pass by without eliciting a response, for a variety of reasons. Sometimes the communications are obtuse, making them difficult to recognize as warning signs. Or, when someone does recognize the signs, he or she may not know how to respond effectively. In other cases, even the most determined responses by loved ones do not prevent a tragic end.

Theological Issues

A suicide within their local faith community may provide the first opportunity for some clergy members to carefully examine their own theological views regarding suicide. They will almost certainly be required to answer the theological questions raised by the surviving family members and the greater faith community. Fortunately, the perspectives held by many faith groups have developed over recent years to reflect today's more complete understanding of the complexities of suicide. Members of the clergy now have an opportunity to bring healing and comfort to survivors by framing their informed responses with sensitivity, compassion, grace, and love. (The "Additional Resources" section includes a Web site that offers theological statements on suicide from a variety of faith groups.)

Support For and Care of Survivors

Surviving family members and intimate friends can best be helped by people who accurately understand the special ramifications of a suicide. Only by paying special attention to these factors can community and faith leaders effectively support survivors as they progress on their journeys of grieving and healing.

There are a variety of ways in which the community can support survivors (Jordan, 2001):

- Recognizing the unique challenges in grieving the loss of a loved one from suicide.
- Reaching out to intentionally draw survivors into the fabric of the community's normal activities. Deliberate inclusiveness is an important antidote to the inappropriate stigma that so often accompanies a death due to suicide. The faith community should be an important source of love and grace for the grieving.
- Supporting them with the same gestures of kindness that are extended to others who have deaths in the family (taking in meals, etc.).
- Talking with the survivors about the deceased in the same sensitive way they would about any other person who had recently died. This openness will help the surviving family overcome any embarrassment or shame they may be feeling.
- Encouraging them to seek specialized support in their grieving process, either through support groups for survivors of suicide or by seeking professional grief counseling with a therapist experienced with suicide survivors.

Grieving

Faith and community leaders may also experience grief following a suicide, especially if they had provided care, counseling, or support in a direct way to the deceased prior to the suicide. Consequently, these leaders must pay attention to their own emotional, psychological, and spiritual needs as they provide essential support to the greater community.

Grieving after a suicide can be distinctly different from other grieving experiences, due to the complexities discussed above. The grief may be marked by extremely intense emotional pain, which, though it may wax and wane, can persist for an extended time. Some survivors may also experience nightmares or flashbacks to the event, both of which are associated with post-traumatic stress (Knieper, 1999).

It is not unusual for well-meaning friends, fellow workers, classmates, etc. to inappropriately criticize those closest to the deceased for the manner or duration of their grieving. It is important to remember that people grieve at their own pace and in their own way.

Sometimes, the difficult life of the deceased has caused such intense conflict and suffering for the loved ones that grief is complicated by a sense of relief. Whatever the mix, the emotions are usually intense and complex, and require unusual sensitivity and understanding from those in roles of support.

Aging and Infirm Populations

Faith communities can work to prevent suicide among their aging members in a variety of ways:

- Striving to recognize signs of depression and encouraging those suffering to seek effective treatments
- Improving the emotional, psychological, and spiritual support provided to those with physical infirmities
- Supporting community providers of end-of-life care, such as hospices, to ensure wider availability of this important service
- Honoring older community members, regardless of their current health, in a way that contributes to their feelings of worth and diminishes their sense of being a burden

Suicide among people who are elderly, disabled, or terminally ill involves an additional set of unique and complex issues. In most cases, these suicides occur in the context of hopelessness, depression, or both, and are undoubtedly influenced by societal attitudes around these issues (Szanto, 2003). Between 8 and 20 percent of older Americans suffer from depression, and a substantial proportion receive either no or inadequate treatment (DHHS, 1999). Although the health care system needs to respond with significant improvements, the faith community can also improve its understanding and support of this population (see box).

Educating the Community

As a society, we have not informed ourselves well about suicide. Misinformation and inaccurate religious views of suicide create an environment that leaves survivors isolated and embarrassed, even though they may have been powerless to prevent the tragic event (DHHS, 2001). This should be a time for healing, not judging. The individual act cannot be undone. A community will be able to bring healing to its members if it has a better awareness and more accurate understanding of suicide. A better informed community is also better equipped to recognize and respond to signs that someone else they know and love is at risk of taking his or her own life (DHHS, 2001).

Recommendations for Memorial Services

Memorial services are important opportunities for increasing awareness and understanding of the issues surrounding suicide and thereby ridding the community of some of its unfounded stigma and prejudice (DHHS, 2001). The ultimate goal of a memorial service is to foster an atmosphere that will help survivors understand, heal, and move forward in as healthy a manner as possible. In preparing for memorial services, it is important to recognize that public communication after a suicide has the potential to either increase or decrease the suicide risk of those receiving the communication (Centers for Disease Control and Prevention [CDC] et al., 2001). The following recommendations can facilitate a community's healing in the aftermath of a suicide and, at the same time, reduce the risk of imitative suicides.

Comfort the Grieving

A death by suicide often leaves surviving family and friends with excruciating emotional pain, which may persist for an extended time. Help survivors find comfort within the context of their faith and their faith community.

Help Survivors Deal with Their Guilt

Survivors are almost invariably left with a sense of unwarranted guilt or an exaggerated sense of responsibility from not being aware of what was going on with their loved one, or not acting in time to prevent the suicidal death (Van Dongen, 1991). Others may feel unfairly victimized by the act of their family member or friend and by the stigma that society inappropriately places on them. Consequently, it is common for survivors to relive for weeks, months, and even years a continuous litany of "What if . . . ?," "Why did . . . ?," and "Why didn't . . . ?" Rehearsing or rehashing these questions, although a nearly universal experience, will not necessarily produce answers that satisfy the longing for understanding and closure. Once again, it is helpful to offer survivors solutions that can be found within their faith traditions. After sufficient time, a better understanding of why suicide occurs may provide the beginning of healing for some survivors.

Help Survivors Face Their Anger

Feelings of anger commonly occupy the minds and hearts of those mourning the loss of a loved one to suicide (Barrett & Scott, 1990). These feelings may take several forms: anger at others (doctors, therapists, other family members or friends, bosses, the deity, etc.), anger at themselves (because of something done or not done), and/or anger at the deceased (for abandoning the survivor, throwing away all plans for a future, and abrogating responsibilities and obligations). Surviving family and friends should be assured that feeling or expressing their anger is often part of the normal grieving process. Even when their anger is directed toward the deceased, it does not mean they cared for their loved one any less.

Attack Stigma

Stigma, embraced by ignorance, can be the greatest hindrance to healing if it is not dealt with directly (Jordan, 2001). Take this opportunity to make as much sense as possible of what could have led to the person's tragic end. One approach is to disclose selected information about the context of the specific suicide, such as a mental illness from which the deceased may have been suffering. (Do not describe the suicidal act itself.) An alternative approach is to discuss the factors commonly associated with suicidal acts (e.g., psychological pain, hopelessness, mental illness, impulsivity) without mentioning the specifics of the person's death. At a minimum, dispel the common myths about moral weakness, character flaws, or bad parenting as causes (except in cases where parental violence or abuse was known to be a contributing factor). Recognition of the role of a brain illness may help community members understand suicide in the same way that they appreciate, for example, heart disease, another common cause of death.

Use Appropriate Language

Although common English usage includes the phrases "committed suicide," "successful suicide," and "failed attempt," these should be avoided because of their connotations. For instance, the verb "committed" is usually associated with sins or crimes. Regardless of theological perspective, it is more helpful to understand the phenomenon of suicide as the worst possible outcome of mental health or behavioral health problems as they are manifested in individuals, families, and communities (DHHS, 2001). Along the same lines, a suicide should never be viewed as a success, nor should a non-fatal suicide attempt be seen as a failure. Such phrases as "died by suicide," "took his life," "ended her life," or "attempted suicide" are more accurate and less offensive.

Prevent Imitation and Modeling

Public communication after a suicide can potentially affect the suicide risk of those receiving the communication (CDC et al., 2001). Some types of communication about the deceased and his or her actions may influence others to imitate or model the suicidal behavior. Consequently, it is important in this context not to glamorize the current state of "peace" the deceased may have found through death. Although some religious perspectives consider the afterlife to be much better than life in the physical realm, particularly when the quality of physical life is diminished by a severe or unremitting mental illness, this contrast should not be overemphasized in a public gathering. If there are others in the audience who are dealing with psychological pain or suicidal thoughts, the lure of finding peace or escape through death may add to the attractiveness of suicide. (Information about resources for treatment and support should be made available to those attending the observance.) In a similar way, one should avoid normalizing the suicide by interpreting it as a reasonable response to particularly distressful life circumstances.

Instead, make a clear distinction, and even separation, between the positive accomplishments and qualities of the deceased and his or her final act. Make the observation that although the deceased is no longer suffering or in turmoil, we would rather she or he had lived in a society that understood those who suffer from mental or behavioral health problems and supported those who seek help for those problems without a trace of stigma or prejudice. Envision how the community or society in general could function better or provide more resources (such as better access to effective treatments) to help other troubled individuals find effective life solutions. The goal of this approach is to motivate the community to improve the way it cares for, supports, and understands all its members, even those with the most pressing needs, rather than contribute to the community's collective guilt.

Consider the Special Needs of Youth

In a memorial observance for a young person who has died by suicide, service leaders should address the young people in attendance very directly, since they are most prone to imitate or model the suicide event (Mercy et al., 2001). The death of their peer may make them feel numb or intensely unsettled. Regardless of how disturbing this sudden loss may be, impart a sense of community to the audience, highlighting

the need to pull together to get through this. Make specific suggestions that will unite the community around the purpose of caring for one another more effectively. Also, ask the young people to look around and notice adults on whom they can call for help in this or other times of crisis, such as teachers, counselors, youth leaders, and coaches. Consider pointing out specific adults who are known to be particularly caring and approachable. Note the desire of these adults to talk and listen to anyone who is feeling down or depressed or having thoughts of death or suicide. In the course of this discussion, endeavor to normalize the value of seeking professional help for emotional problems in the same way one would seek professional help for physical problems.

Focus attention on the hope of a brighter future and the goal of discovering constructive solutions to life's problems—even when these problems include feelings of depression or other signs of mental or emotional pain. Encourage the youth to reach outside themselves to find resources for living their lives to the fullest and to talk with others when they are having difficulties. Additionally, it is critically important that the young people who are present watch one another for signs of distress and that they never keep thoughts of suicide a secret, whether those thoughts are their own or a friend's. Stress the importance of telling a caring adult if they even think one of their friends may be struggling with these issues.

Schools and faith communities may wish to organize individual classes or small discussion groups with prepared adult leaders in which youth can more comfortably discuss their thoughts and feelings regarding their loss and where questions may be more easily raised and addressed.

Consider Appropriate Public Memorials

There have been several cases where dedicating public memorials after a suicide has facilitated the suicidal acts of others, usually youth (CDC, 1988). Consequently, dedicating memorials in public settings, such as park benches, flag poles, or trophy cases, soon after the suicide is discouraged. In some situations, however, survivors feel a pressing need for the community to express its grief in a tangible way. Open discussion with proponents about the inherent risks of memorials for youth should help the community find a fitting, yet safe, outlet. These may include personal expressions that can be given to the family to keep privately, such as letters, poetry, recollections captured on videotape, or works of art. (It's best to keep such expressions private; while artistic expression is often therapeutic for those experiencing grief, public performances of poems, plays, or songs may contain messages or create a climate that inadvertently increases thoughts of suicide among vulnerable youth.) Alternatively, suggest that surviving friends honor the deceased by living their lives in concert with community values, such as compassion, generosity, service, honor, and improving quality of life for all community members. Activity-focused memorials might include organizing a day of community service, sponsoring mental health awareness programs, supporting peer counseling programs, or fund-raising for some of the many worthwhile suicide prevention nonprofit organizations. Purchasing library books that address related topics, such as how young people can cope with loss or how to deal with depression and other emotional problems, is another life-affirming way to remember the deceased.

Additional Resources

For more information about suicide and suicide prevention, including resources for faith-based communities in responding to and preventing suicide, please visit the Suicide Prevention Resource Center website at www.sprc.org.

Information on specialized grief support services and groups for survivors of a suicide are available from the following:

- American Association for Suicidology
  www.suicidology.org
  5221 Wisconsin Avenue, NW
  Washington, DC 20015
  (202) 237-2280

- American Foundation for Suicide Prevention
  www.afsp.org
  120 Wall Street, 22nd Floor
  New York, NY 10005
  (212) 363-3500
  Toll-free: (888) 333-AFSP

- The Compassionate Friends, Inc.
  www.compassionatefriends.org
  P.O. Box 3696
  Oakbrook, IL 60522-3696
  (630) 990-0010
  Toll-free: (877) 969-0010

- The Link's National Resource Center for Suicide Prevention and Aftercare
  www.thelink.org/national_resource_center.htm
  348 Mt. Vernon Highway, NE
  Atlanta, GA 30328-4139
  (404) 256-2919

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