

Aftermath of Tragic Events: The Development and Use of Community Support Meetings on a University Campus

Over the last eight years at Cornell University, we have developed a program of community support to help constituencies within the larger university community come together in the aftermath of tragic events. This was initiated as a way to help students cope with suicides of peers but its scope has expanded to include a variety of other circumstances such as suicide attempts in sorority houses, fires in off-campus student apartment buildings, and even national and international events (e.g., the terrorist attacks of September 11, 2001). The program has worked well, and we wish to share it with our colleagues at other institutions.

Deaths on college campuses are unavoidable, and it is important that colleges be prepared to help students cope with these tragic losses. Suicide is the third leading cause of death among students of traditional college age.¹ According to The Big Ten Study,² the suicide rate among American college students in the 1980's was approximately 7.5 per 100,000 students per year. With a higher proportion of women now enrolled in colleges and universities than were present in the Big Ten sample, modestly lower suicide rates may be expected. But even with this change institutions of higher education enrolling 15,000 or more students can expect, on average, to experience at least one such death annually and campuses with fewer students can expect a death by suicide every few years. Beyond the loss of potential contributions to society, each suicide leaves in its wake a devastated group of survivors in the form of friends, teammates, sorority sisters or fraternity brothers, romantic partners, roommates, coaches, and faculty members. It also creates a time of heightened contemplation of suicide among the survivors.³

Unintentional injuries account for even more deaths in college age students and naturally these are devastating as well. According to the Centers for Disease Control and Prevention, there are four times as many deaths from injuries (compared to suicides) amongst 15-19 year olds, and three times as many amongst 20-24 year olds.¹

Development of Response

At Cornell, we have made a concerted effort to address such tragedies. With a population of 19,000+ students, we know that we can expect, statistically, approximately one to two suicides per year. In addition, we recognize that there will likely be an additional number of student deaths each year, both from both accidental and natural causes. These losses are important to address, and addressing suicide is especially critical because it is so emotionally problematic and devastating. Over the course of the last eight years we have developed some procedures and processes that we now use regularly.

Up until that time, “postventions” – interventions occurring after a tragedy – were handled on a relatively ad hoc basis. Services were offered by various campus organizations, including the counseling service, campus ministries, dean of students office, and residence life, or by an off campus community suicide prevention crisis service. Some of these departments differed significantly in their philosophical approaches, making collaboration a challenge on this large and decentralized campus.

When we began this effort, there was renewed interest in seeing if it would be possible to orchestrate postvention services in a more consistent and effective manner. About this time, there were several postventions that needed to occur immediately and one in particular resulting from the suicide of an international student that catapulted us into action. A few successful campus interventions were offered as joint ventures by several campus offices, and this motivated us to move forward and adopt a structured

protocol Monthly training meetings were organized for those who were interested in doing this work. As tragedies and postventions continued to occur over time, we included additional staff members from around the institution who could address issues related to the affected constituencies, such as the international office. The success of these interventions, in turn, motivated the individuals from those offices to participate in the integrated support network that was evolving.

And so with time, the network has grown. As this has occurred, we have also created our own particular brand of postvention, one which seems to work well and which developed intuitively and organically, based on “what worked,” what felt right, what made the most sense and was reproducible. Before arriving at that model, however, we considered a number of different systems including a group therapy format, a structured set of questions for each participant to answer verbally (such as, “where were you when you heard the news”), and a critical incidents stress debriefing model⁴, but found that none of these met our needs as well as the more free-flowing model we developed. As we arrived at a workable format, we also developed a name for our services – “CSM’s” or Community Support Meetings (as in, “We are holding a *community support meeting* for friends of [the deceased]”).

Format of Community Support Meetings

During a CSM, we generally follow a format, described below, which is largely invisible to the attendees but which is carefully choreographed by the CSM facilitators. It includes the following:

1. Introduction of staff who are present, a few comments regarding confidentiality and the duration of the meeting (one hour), and a request for any members of the media to

identify themselves and to exit unless they are willing to participate as affected individuals rather than as members of the press.

2. An explanation of what we know about how the death occurred. This is gently explained by a dean or by a campus police officer, so that all who are present are working from the same basic set of facts. In addition, this offsets any potential adverse impact of the “rumor mill.”

3. An acknowledgement of this being a difficult time, of the students’ courage in attending, and of the importance of the meeting as a helpful and healing gathering for the community.

4. A question designed to get students talking: "We feel sad about what has happened, but we did not know [name of the deceased], and we'd like to understand what s/he was like in order to be more helpful. Can you tell us about him/her so that we can share a common understanding about him/her with you? You can share or not share your reflections as you feel comfortable, although we hope you will be comfortable enough to speak. We want to ask that the session and the things we discuss tonight be considered confidential within the confines of this room. Does everyone feel okay with that?"

Thus begins the heart of the process. In telling the story of the deceased, in reminiscing, in laughing, in crying together, the grieving process is facilitated and the community reconnects with itself. Simply put, the storytelling *is* the work. In a sense, talking can be viewed as the psychological equivalent of chewing, and it breaks an overwhelming experience down into manageable, more easily digested pieces.

5. A few very brief comments about grieving as a process that takes time and includes such phases as shock, disbelief, feeling disorganized, feeling despair, sadness, anger (at

the situation, at the person who died, at God), guilt, anxiety about oneself, eventually acceptance. It is emphasized that there is no right or wrong way to go through it.

6. A discussion of the inevitable “what if’s,” and “if only’s” that people often privately consider in the aftermath of a suicide. It is helpful when we ask students to identify their own “what if’s” and to speculate out loud about the kinds of statements that others in the room may be considering, such as “if only I had done _____, s/he would still be alive.”

Through this discussion, we attempt to put perceived guilt on the table, identify it as being an impediment to grieving, and demonstrate to students that they are not alone with their self-recriminations, that many people are wondering what more they could have done. Importantly, we also explain that suicide is complex and that there are many reasons for it including relationships or failure at relationships, family issues, internal psychological conflicts, personal value systems, biology, logical and illogical thinking processes, tunnel vision (black and white thinking), conscious and unconscious processes, bottled up anger directed at oneself, and religious beliefs. We explain that changing any one of the “if only’s” would not have been likely to create a different outcome.

7. Readings from the handout “Suggestions for Survivors,” by Iris Bolton.⁵ This contains 25 brief suggestions written by survivors of suicide that the attendees may find helpful, such as, “Struggle with ‘why’ it happened until you no longer need to know ‘why’ or until you are satisfied with partial answers,” and “Remember the choice was not yours. No one is the sole influence in another’s life.” (The full text of these 25 suggestions is available on line at <http://www.fiercegoodbye.com/?P=52>.) All but two of the 25 suggestions are also appropriate for addressing non-suicide deaths.

8. Some parting comments along these lines: “This gathering is important. It helps enhance a sense of community now when it’s needed. You’re in the fortunate position of

having a community and being able to care for each other. Please look out for one another. If someone is isolating or having a hard time, invite them to talk about it.”

9. Identifying helpful resources on and off campus, including the dean of students office, campus ministries, the counseling service, residence life staff, the university peer counseling network, the local community hotline, faculty members, advising offices, the international students office, coaches, friends, and parents.

10. An announcement by a campus minister regarding a planning meeting for a memorial service. Memorial services are generally student-run, with coaching provided from a campus minister. Students are often encouraged to put together a memorial book with photographs for the deceased student’s family.

11. An announcement that staff will stay for a few minutes afterward in case anyone wants to talk individually.

As of this writing, we have secured a cadre of approximately 20 individuals from across the campus, who are ready on very short notice to offer community support meetings at residence halls, Greek houses, athletic facilities, even off-campus apartments and other places where students gather. The program has been successful in providing a valuable service to students, showing that the university cares, and helping the community heal. It has been so successful that this format, suitably modified, has now been utilized on our campus to deal with other types of situations which we did not envision when we first started doing this work such as the gay-bashing death of Matthew Shepard, a student at the University of Wyoming, and natural disasters in far off places which affect the psychological well being of our international students such as the tsunami in southeast Asia. Naturally, some modifications are necessary in the case of natural disasters in distant lands, but giving students a forum to share their reactions to

loss and enabling them to see that some of their peers have similar concerns is tremendously reassuring to them and thereby healing to the larger community.

Discussion

We have found this process enormously useful. In times of crisis and major distress, we feel prepared even on short notice to handle the psychological impact of tragedies. Rather than engaging in last-minute scrambling to organize a program, we have an established structure and format that works. Students feel taken care of in the process, and university administrators can rest assured that a protocol is in place when adverse circumstances arise. After each CSM, we assess our work by conducting a review at the next monthly meeting of the CSM team. This process helps us continually refine our approach since each situation is the same in some ways yet is also unique. Additionally the review allows members of the CSM team who were not participants to learn from it.

Packets of information and more details are available from the authors.

References

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