Chapter 11

Death of a Child by Suicide

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With empathy, love, and gratitude I dedicate this chapter to the many courageous parents with whom I have shared pain, love, and healing.

Since the beginning of time, people have struggled with the complexities of life, with its mysteries, with its frustrations and injustices, with the ambiguity of "to be or not to be." Many cultures have chosen not to speak of self-destruction, to shroud it in silence and to deny it. And because we as a people so often deny death as part of life, it has enormous power in our lives. I believe that those things we can bring to light and deal with will lose their destructiveness. Those things we deny and speak not of claim power in our lives, often destructive power. We must learn that death gives meaning to life so that we can value today, and each other, and now.

There are no perfect formulas for living through the loss of a loved one who has completed suicide. There are no absolutes, no real guidelines—only the sharing of common experiences and reactions.

No words can adequately explain the phenomenon of self-destruction. Nor can spoken language instruct a family in how to survive. As yet, we know no final answers. Hence, we must be satisfied with partial explanations, with guesses, and with the knowledge that each incident is different. True, there are common denominators, but ultimately we must search for our own piece of the truth by living through the questions.

What is certain is that death is a life event, a life change, a rite of passage. It elicits powerful feelings from deep levels within ourselves, feelings not usually evident in day-to-day living. A suicide in the family may magnify these feelings and impose a heavy burden on those left behind. The deed may involve more than the destruction of the person who pulls a trigger or swallows an overdose. Too often it destroys others in the family, devastating them with the stigma of suicide, with personal guilt, often shattering lifetime relationships. A father whose 16-year-old daughter took her own life says, "Suicide is not a solitary act. A beloved person thinks she is killing only herself, but she also kills a part of us."

GRIEF RESPONSES AFTER A SUICIDE

Much has been written about the stages of grief. I prefer to summarize the impact of grief as I have experienced it and to share what many people typically go through. I remember the words of one bereaved

parent: "You build your own grief process, and you build your own recovery. It's not right or wrong, good or bad. It just *is*."

The impact of suicide is felt emotionally, physically, intellectually, and spiritually. Emotional trauma includes painful feelings, fears, and longing for the absent one. Exaggerated guilt and anger are common. A sense of shock and disbelief may accompany outcries of protest. Physical reactions include aching, crying, upset stomach, inability to sleep, and loss of appetite. They also include searching for the physical presence of the deceased, and painfully regretting not being able to touch or feel that person again. One may also experience a sense of an actual wrenching away of part of one's own body, leaving what feels like a gigantic hole within oneself. The intellectual response is asking how, when, where, and especially why. One struggles in vain to understand what has happened and to make rational sense out of the confusion and the calamity. The spiritual response is difficult to capture in words. A suicide seems to batter one's soul so violently that it is altered forever. At first, one feels utter emptiness, a void as if the spirit had died. In time, this sensation somehow seems to connect one to universal truth, to the mystery of life and death, and to the collectiveness of mankind.

What happened to me was typically blinding, maddening, and paralyzing, but it subsequently provided me with insights as a grief counselor following the traumatic suicide of my own 20-year-old son in 1977. On a Saturday morning in February my second-born son, Mitch, shot himself in his bed with two guns while talking to his exgirlfriend on the telephone. He was a bright, popular, attractive young man whose sadness prior to his death had seemed to be related to being rejected by his girlfriend. We now believe his depression was masked and that it covered a deep despair and overwhelming pain so paralyzing and debilitating that he chose to die rather than live with it.

I shall try to describe my personal tidal wave in the hope that I might add a dimension to the healing of others through affirmation of themselves and their own process, and through renewed hope of survival.

I felt confused, shocked, bewildered, and dazed. I felt guilty and somehow responsible. "It must be my fault," I said. "I've failed my son. I should have been able to see the signs. I should have been able to stop him. Looking back, I now remember hearing him speak of giving up on life; now I see his despair. How could I have been so stupid as to miss his cries for help!"

I felt personally rejected, which leads to self-pity. "He preferred death to living with me," I imagined.

Somehow in my agony and in my grandiosity I believed that I had failed him, that I was not good enough or wise enough to keep him alive. I was abandoned and cast aside for Death. My unworthiness was so immense that I believed myself to be foul and I, too, wanted to die. My single-minded thought was of being willfully deserted by my son. It didn't occur to me that he was also leaving others. My only conscious awareness was of my own overwhelming loss. Had I been a better mother, he would be alive today, I thought.

The ripple effect of my squashed self-esteem evidenced itself in my relationships with others, in returning to work, and in my future survival. In relating to others I felt contaminated and believed that my foulness would somehow be as destructive to them as it had been to my son. I feared for my peers and for the rest of my family. My self-loathing was to isolate me, while at the same time I yearned to be close to others, to be told I was still OK.

Any thought of returning to work was quickly dismissed because I felt incompetent and inadequate. How could a failed mother ever be in charge of anything again? I was to struggle endlessly with my value as an employee. I had no energy to give to a job; but even more debilitating was my sense of worthlessness. I had nothing to offer anyone.

Rejection, desertion, and my feeling of responsibility and guilt left me hopeless and desperate. I saw no future. I wanted none. If I lived, I would only hurt someone else and perhaps cause that person to give up on life, too. My mind was filled with meanderings of self-doubt, self-loathing, and self-hate.

I asked, "Why me, God? What have I done to deserve this?" My self-destructive thoughts questioned, "Am I being punished? If so, for what . . . and what must be my penance?"

I felt rage, violent and consuming. I was angry at God, then at myself, and eventually at my son. Sometimes I even felt guilty because I was so angry at my beloved child. A sense of inescapable injustice haunted me.

I felt embarrassment. I asked myself, "What must my friends think of me and of our family? How can I ever face them again? I am so humiliated."

I felt isolated, even though people were all about. It was so easy to say "Nobody loved him the way I did. No one even understands my pain or can empathize with it. Worst of all, nobody wants to talk to me about what happened. Everyone avoids the subject."

I felt helpless, weak, and lifeless. "I can't change my child's death," I thought. "I can't start my life over, and I can't cope."

I felt depressed, hopeless, and suicidal. The pain cut deeply into my soul. "I can't go on. I want to die, too."

At the same time I experienced a conflicting sense of relief. I thought, "At least he is no longer suffering. He can't hurt anymore, and perhaps he is even at peace now." There was an onslaught of guilt and shame about this feeling. I needed assurance that this was common and normal. I had no concept of what was normal or to be expected, as these feelings were all foreign and new to me.

I experienced all of the emotions I've described. Some parents have told me they felt exactly the same way. Others have experienced only some of these feelings. Grief is unique to each individual, and one's process need not be judged.

Almost everyone experiences fear. Fear is the Mount Vesuvius of emotions. It can rise up from nowhere and turn into a raging volcano. It happens by day and by night and always when you least expect it. In its wake are perhaps the cruelest and most poisonous thoughts known to man, such as the following comments from grieving parents:

"I'm going crazy. I set the table for him again today, which makes at least a half-dozen times. And I can't stop crying. All day long, I keep asking myself if I'm crazy."

"I'm hopeless. I can't make it, can't cope, can't live through this pain. Will it ever go away?"

"I'm losing control of myself. If I ever let myself express my guilt and anger, I'll explode all over the place. All I can do is stuff it down inside and pretend."

"I can't stop reliving that moment. It's up there in my mind, burning like a red hot coal. My nightmares run on through the whole night."

"They say suicide is inherited. Who is going to kill himself next? It could be me. Is suicide contagious? Will it spread through our family?"

"I'm just plain bad . . . contaminated . . . foul; I must be or he'd still be alive. If I've caused one death, maybe I'll cause another. I hate myself. I hate living with this agony."

"I'm told I need help but nobody can help me, not even professionals. They can't understand it if they haven't been there."

"I'm confused and keep forgetting things. I can't even perform simple tasks sometimes. Will I ever be normal again?"

These fragments are only a fraction of the parade of thoughts that follow in the wake of fear.

HEALING ELEMENTS

As the first days passed, not a single ray of hope penetrated the blackness that gripped my mind. Literally, I can still remember the exact words that introduced me to postvention therapy and made my recovery possible. "You will survive," the man said. His gaze locked my eyes to his. I sensed his sincerity and his determination that I should share his vision. The man was Dr. Leonard T. Maholick, an Atlanta psychiatrist and an old friend. "You will survive," he repeated firmly, "if you choose to." I wanted desperately to believe him. It was a beginning. Disintegration is not inevitable. The destructive burden can be lifted and one's desperation can be turned from the agony of mourning to the wonder of survival.

During the weeks and months that followed, my husband and I and our three remaining sons were to experience the healing balm of a mosaic of services and experiences. The funeral was the first "rite of passage" that aided our grief process. It served as a ritual through which our feelings could be vented and acted out when it was too difficult to talk about them. The funeral served to affirm basic assumptions about life that were shattered by our son's death. We had to look at the meaning and purpose of life and death. The ceremony also helped us to face the truth about his death. It gave us an opportunity to say good-bye.

Our decision, as a family, was to survive this crisis together, facing the truth and reality of the horror of suicide. We would deal with the stigma in the community, and we would not cover up the ugliness of this kind of death. We talked about how we could blame and destroy one another or we could survive together. We made funeral decisions in family conferences as we huddled together, seeking comfort and understanding from one another. We talked and shared and clung to each other and, somehow, our collective pain was eased.

The presence of relatives arriving from all over the country to attend the funeral was crucial. They held us, fed us, encouraged us, and loved us in spite of the stigmatizing tragedy that had befallen us. This was the burgeoning womb from which our healing was to grow. The throngs of friends and acquaintances with outstretched arms who listened and kept a steady vigil throughout the endless blurring of days and nights added curative power. Weekly therapy sessions that provided regular venting and purging of emotions served as a guide for survival and provided a sense of hope that we would survive.

TREATMENT RECOMMENDATIONS

Postvention, as described by Dr. Edwin Shneidman (1981), is "activities that serve to reduce the aftereffects of a traumatic event in the lives of survivors" (p. 358). He explains, "Its purpose is to help survivors live longer, more productively, and less stressfully than they are likely to do otherwise" (p. 358).

To that end, he has developed a set of commonsense principles that I have found useful in my own work. They are paraphrased here:

1. A caregiver should begin working with "survivor victims" as soon as possible.
2. Caregivers should be aware that most survivors eagerly welcome opportunities to talk to a professional.
3. Caregivers should expect to encounter powerful negative emotions. Shneidman names irritation, anger, envy, shame, and guilt. All these emotions must be explored and ventilated eventually.
4. A medical examination by a physician is useful; Shneidman even calls it crucial. Examination findings can provide a baseline for estimating improvement or deterioration in a client's physical or mental status.
5. All conversational banalities and Pollyanna platitudes must be avoided.
6. The process of recovery from the traumatic loss of a loved one is often long, slow, and punctuated by setbacks. Shneidman says that postvention takes at least 3 months, and may take up to a year. Occasionally it is needed to the end of life. It is my experience that 1 or 2 years are required for this process, at a minimum.
7. A comprehensive program of mental health care should include preventive, interventive, and postventive elements.

Postvention is truly a many-faceted miracle. Unfortunately, it remains a grossly neglected aspect of family therapy; but some of us who practice it diligently are turning it into an effective instrument for healing. To summarize my own experience and that of my family, and to add to Dr. Shneidman's principles, I suggest these few imperatives:

1. Assure family members they can survive. It is their choice.

2. Encourage the family to talk openly wherever possible about the experience, the pain, and the bafflement.
3. Teach the process of recovery from grief. I say it is like climbing a series of stairsteps, one at a time, and occasionally stumbling and falling back, only to start climbing again.
4. When survivors insist that they want to die, let them know this is a normal and common reaction and that it should pass.
5. Teach survivors to reach out to other family members and to friends. Friends and family are like a parachute. The fewer they are, the smaller the chute, the faster one falls. Reaching out insures survival.
6. Suggest the idea that guilt can turn to regret if one forgives oneself based on no malicious intent.
7. Clarify that the suicidal act, which felt like a rejection, was probably more of a statement about the individual than about anybody else.
8. Discuss how one's grandiosity can lead one to believe she could permanently stop anyone from killing himself if he were really determined. Hindsight is 20/20.
9. Teach survivors that suicide is not inherited and that it need never happen again in the family if there is courage to deal with it openly and honestly. It can, in fact, help everyone to appreciate and value life more than ever before.
10. Help the family understand that grief is unique for each person and must be done at one's own pace. There is no right or wrong way to grieve. It's an up and down process and takes a long time. The hope is that the spirit is resilient and, though your life will never be the same, you can find meaning and purpose and joy again. Remember that a wound always leaves a scar. Clients say, "I can never forget what happened." Of course not. But time helps healing. You will one day remember the life of your loved one, not the death. Your life will never be the same again, nor will you ever be exactly the same person; but it is up to you individually whether or not you live the remainder of your life as an angry, hostile person or as one who is caring and compassionate.

J. Eugene Bridges, a psychotherapist at The Link Counseling Center in Atlanta, Georgia, recently summarized his work with families in the aftermath of suicide as follows (Bolton & Mitchell, 1983):

> First encourage them to know it's all right to sit down and remember their life with the person. In this way the family member or members who have come for counseling are helping to bring order into their lives, and—in a mystical way—helping to bring order out of the chaos which erupted with the suicide. The sitting down is the beginning. Second, is the remembering. And with remembering, acceptance begins to set in, and after a while, the people are ready to adjust and to get up and to move on. My belief is that in therapy they sit down and remember and that will enact the healing process and the grief process which have been tragically disengaged by the person's choosing to take his life into his own hands. (p. 94)

In assisting family survival in the aftermath of suicide, Nancy Hogan (1983) speaks to the importance of "commitment to the survival of the family," as well as "commitment to the memory of the deceased." These two aspects are essential for positive resolution.

Whether the suicide is completed by a child, a parent, a spouse, or a sibling, the family system will be "in a crisis state as all of the pieces that fit together to make it a special family become disorganized and are then reorganized into a new, smaller family" (p. 5). She adds that family members "need to be assured that the disorganization that occurs with tragedy is normal and that in time your family will have understandable rhythms again" (p. 6).

SURVIVAL

As one bereaved father put it, "You never get over it, but it does get better." Families need to know it will get better and that they will survive. *How* they survive is their choice. Some families blame and separate, while others pull together and become a stronger, more bonded group. The choice may depend on the overt hope for survival and the commitment to remembering the deceased.

In my own family, following my son's suicide, decisions were made as a group. We had consensus on the beliefs that we would survive together, that we would always remember his life, that we would never fully understand why suicide had occurred in our family, and that we didn't have to know in order to go on with our lives. We didn't understand it; we didn't have to. We didn't like it; we didn't have to. What we did want to do was to choose to survive as a family and as individuals in that family. We would value life and value each other in a way not possible before, making meaning out of the meaninglessness of suicide.

Several months after my son's death I was asked to co-lead a self-help group for parents whose children had died. I wasn't sure I could handle it, but agreed to try. The purpose of the group was to provide an accepting atmosphere in which parents could ventilate their feelings,