



COPING WITH A SUICIDE

*CATHOLIC TEACHING
AND PASTORAL RESPONSE*



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Coping with a Suicide

Catholic Teaching and Pastoral Response

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Suicide takes the lives of more than 30,000 Americans annually. For every suicide, it is estimated that an average of six people are intimately affected and may continue to grieve for the departed for years afterwards. Even more than the mourners of other types of sudden death, these “survivors of suicide” tend to experience an intense bereavement complicated by difficult feelings of guilt and shame. Although not a comprehensive source on suicide, this booklet attempts to help survivors, and those who are concerned about them, with some of the questions and doubts that commonly arise in the attempt to come to terms with bereavement by suicide. For those who are worried about the possibility of suicide in themselves or others, sections are included on how to recognize the warning signs and what to do about them, as well as a separate section for suicide intervention with teenagers. Further resources are listed in the back of the booklet.

WHY DOES SOMEONE COMMIT SUICIDE?

Although some deceased leave notes which attempt to explain their suicide, generally a number of factors precede such a drastic decision. Most people who commit suicide are not choosing death itself. Often they are simply attempting to alleviate severe pain, whether physical or psychological. They may have tried other, unsuccessful, means of ending their suffering, leaving them with a sense of hopelessness in which suicide becomes a real option to end their anguish.

Commonly, friends and family members of those who have committed suicide become consumed with unanswered questions about why a loved one may have taken his own life. Though feelings of guilt resulting from unresolved arguments, or some other failure in the relationship with the deceased, are understandable, they are generally not an accurate explanation of the decision to commit suicide, and can leave a survivor feeling unnecessarily responsible or guilty about something that was, in fact, beyond control.

Often it is not possible to discover with certainty why someone has committed suicide. Sometimes a mental disorder, perhaps unrecognized,

such as depression, bipolar disorder, psychosis, substance abuse, or some other mental illness, contributes to the act. Depression, for example, affects problem-solving abilities and can cause distorted thinking about one's self-worth. Other mental illnesses, such as disorders that cause psychosis, which can distort the sufferer's perceptions of reality, sometimes result in suicide. Alcohol and substance abuse also increase the risk that someone might choose to commit suicide.

An accurate understanding of the thought processes which lead an individual to suicide is often difficult, if not impossible, to attain. Those who commit suicide may feel guilty about the effect that their decision will have on their friends and family, but their pain is such that suicide appears to be the only real option. Further, mental illness, when present, hinders one's ability to register the magnitude and impact of such a choice. Generally, the decision is not a deliberate choice to leave loved ones; rather, it is most often an effort to assuage unbearable pain.

WHAT COULD HAVE BEEN DONE TO PREVENT THIS?

After the suicide of a loved one, family members and friends are often left to deal with a mix of difficult feelings. In these cases, it is natural for family and friends to question whether they could have prevented the death, and conflicting ideas within a family about the factors leading to a suicide can strain relationships. Patience with one another is essential, and staying connected without assigning blame—to one's self or to others—is vital in supporting one another through the grieving.

As in many other circumstances in life, the best course of action seems obvious when looking back. Certainly anyone who recognized tendencies towards self-harm in a loved one would take drastic measures to prevent its occurrence. In hindsight, signs that clearly indicate that a loved one was thinking about suicide may not have been, at the critical time, particularly alarming. Furthermore, even with extreme vigilance, one cannot always prevent or control what another person chooses.

It is not uncommon for the loved ones of a suicide victim to assume unwarranted culpability: “What if I had forced her to get help?” “What if I had visited more often?” “If only I hadn’t fought with him this morning;” “If only I hadn’t gone out for the evening.” For some, these “What-if” and “If-only” thoughts can become obsessive, and are often the most distressing hallmark of grief for the survivors of suicide. It is normal to replay scenes and conversations with loved ones during the grieving process, but when these self-blaming thoughts pervade, they can cause great harm. Professional help with managing these thought patterns can be a great aid in moving through one’s grief.

It is especially important to remember that committing suicide is an individual decision. Accepting the free will of others, including their freedom to make a bad decision, can be very difficult. Although required to prevent tragedy insofar as one is reasonably able, and to be “Our brother’s keeper” when possible, it is not always possible to save loved ones from themselves. This is not a reflection upon one’s love and care for a person.

No one can be held accountable for an event that was impossible to foresee. Even if some mistake was made, it is essential to remember that death was never the intent. Sometimes those who are planning suicide seem to feel better once they have decided upon a course of action, because they believe that they have an answer to their problems. This temporary lift in spirits can give those around them the impression that things have improved, even if the tendency toward suicide was known. Furthermore, because many people who suffer from depression and anxiety do not commit suicide, failing to anticipate that a loved one might decide upon another course of action is not surprising. Legitimate concerns about personal mistakes should be taken to a priest in the Sacrament of Reconciliation for absolution and for his objective view of the situation.

For many survivors, the level of self-blame is disproportionate to any harm that they may have done. Self-punishment does not help the deceased, nor does it aid survivors. Rather, it can be a hindrance to healing and a possible trap of self-contempt and depression. To combat the

temptation to self-punish or to hold onto guilt, try to re-focus: help others through education in suicide prevention; reach out to those who may be suffering from suicidal thoughts, or to other survivors who are grieving; choose another issue and channel energies in a constructive manner.

Our merciful and loving God does not desire one's prolonged torment over a suicide or over any tragic event. He wants His children to be at peace. If reflecting upon this and other readings, talking to others, and taking everything to the Sacrament of Reconciliation have not eased the feelings of guilt, it is time to look for additional support. Many have found this support by meeting with a counselor individually, or along with other family members, or by becoming involved with a bereavement support group. Special bereavement groups exist for those dealing with the suicide of a loved one. There, group members will be familiar with the struggles particular to survivors of suicide. It is fine to begin by listening to others at group meetings, but eventually being able to share one's personal experiences with those who truly understand can be a great relief and consolation.

DOES THE PERSON WHO COMMITS SUICIDE GO TO HELL? IS JUDAS IN HELL? SHOULD CATHOLICS PRAY OR OFFER MASSES FOR THOSE WHO COMMITTED SUICIDE?

Many Catholics wonder if committing suicide endangers one's salvation. Although suicide violates the Fifth Commandment, "Thou shalt not kill," the *Catechism of the Catholic Church* (#2283) reassures us, "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives." This also reinforces the importance of praying and having masses offered for those who have committed suicide, as one would for any other loved one who has died. Furthermore, as stated earlier, most people who commit suicide are suffering from depression or some other mental disorder. The *Catechism* (#2282) teaches that these factors can diminish responsibility for the taking of one's own life: "Grave

psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide.” When these factors are present, the Church recognizes that the person’s ability to make a free choice was likely impaired.

Some faithful wonder about Judas, who also took his own life after betraying Jesus, and believe, or have been told, that he must be in hell. The Church has never formally identified any particular person as having been condemned to hell, because such judgments are left to God alone. This is not to say that the Church denies that anyone is in hell. Some assume that Judas is in hell because of his despair, yet Scripture also recounts Judas’ remorse and attempted return of the silver he received for betraying Christ. Again, we can look to the *Catechism* (1861) which tells us, “...although we can judge that an act is in itself a grave offense, we must entrust judgment of persons to the justice and mercy of God.” In Christian hope we are called to trust in God’s mercy for our loved ones as well as for ourselves.

HOW DOES ONE GRIEVE THIS TYPE OF LOSS? IS IT POSSIBLE TO MOVE ON?

Although each person mourns differently, there are some typical patterns to grieving. Early on in the process, the initial experience may be one of shock. Survivors often react in disbelief to the news that a loved one has committed suicide, and even find themselves continuing to deny it at times, perhaps believing the death did not occur, or feeling that events seem unreal. The guilt and shame that many experience after a suicide can intensify grief and make it more difficult to manage than other types of bereavements. The intensity of the pain can cause some survivors to isolate themselves. Although this may be a self-protective coping strategy in the short term, continued social isolation can make problems worse and delay healing.

Emotional numbness is another typical early reaction to bereavement by suicide. This is the body’s way of helping the survivor to make the necessary decisions and complete the tasks that must be accomplished, such as making funeral arrangements and speaking to other mourners at the funeral. While to outside observers it may seem that the

survivor is coping very well, some survivors may feel guilty about their ability to take care of practical matters immediately following the suicide, and their inability to cry, even questioning their love for the deceased. Moreover, some survivors may see a friend or family member who appears to be in greater distress, which can also lead to feelings of guilt or of critical judgment from others. Emotional numbness may fade in a few days or weeks, and may come and go over the next year, but at some point, painful emotions are likely to take over as the grieving process progresses. However, if the numbness is prolonged, lasting for months after the suicide, it may be an indicator that the person should seek professional help from a physician or mental health therapist.

Confusion is another common early reaction to bereavement by suicide. Sometimes the unexpected and sudden nature of a loved one's death by suicide makes it difficult to comprehend the reality and permanence of the situation. Difficulties with memory and concentration can occur, and anxiety and fear may be triggered, causing the survivor to become overly suspicious or cautious, and constantly on the lookout for some other bad thing to happen because the world has suddenly become an unsafe place.

Denial, also, for survivors of suicide, is not uncommon in the early stages of grieving. Denial helps some people to feel as though they have some control in the face of the terrible reality of suicide. Part of accepting the reality of the death is to get the facts straight about how the suicide happened, although for some, simply saying the word "suicide" can be difficult. Denial may also manifest itself by an increase in physical problems. These physical reactions may include crying, outbursts, physical exhaustion, problems sleeping, loss of appetite, difficulty concentrating, forgetfulness, headaches, nausea, digestive problems, and lack of motivation. Ultimately, even if its progression is slow, accepting the difficult reality of a loved one's death will help survivors to realize that no one has control over the actions of others.

Temporary coping mechanisms are a normal part of the grieving process and are not a reflection of one's love or devotion. Individual

personalities and coping styles affect the grieving process, and not everyone will experience the same reactions. Again, it is important to understand that people experience grief differently, and the apparent level of distress is not a reflection of one's love for the deceased.

As the early symptoms of grief subside, other emotions begin to emerge. One must remember that emotions are neither right nor wrong. Rather, it is what one does with them that gives them a moral quality (*Catechism of the Catholic Church*, #1767, 1773). One common reaction to suicide is anger or rage. The bereaved often feel angry with themselves or with the deceased for leaving them and other loved ones with a legacy of rejection, betrayal, abandonment and extreme suffering. Blame may be directed at those who were in contact with the deceased near the time of their suicide, at the mental health system, and at society itself for stigmatizing mental illness and suicide. They might believe that the suicide was spiteful, and have difficulty trusting again after such a great blow. For some, this rejection confirms beliefs that they are unlovable, possibly affecting their sense of self-worth and leading them to isolate themselves from others to avoid the risk of being hurt again. Isolation, however, prevents the bereaved from locating support. Along with being angry at the departed, they may simultaneously miss and long for them with intense sorrow and loneliness. In reacting to their inability to change the situation, many survivors experience feelings of powerlessness and helplessness which can lead to hopelessness and despair. Despair can deplete energy to care about what happens to oneself or to others and can lead to suicidal feelings.

Anger, even towards the deceased, is an acceptable and understandable reaction. Anger can be part of the healing process, and denying this legitimate feeling because of a mistaken fear that it is somehow wrong will only delay healing. Proper expression and acknowledgement of feelings of anger actually enables healing. Talking with someone who is understanding and non-judgmental, going for a walk or a run, punching a pillow or lifting weights, journaling about feelings, writing (but not sending) letters to those at whom the anger is

directed, (the deceased, God or others), are all productive ways of coping with anger. Have an honest conversation with God about these feelings, knowing that His unconditional love will heal anger and aid in the task of forgiveness.

The natural sense of relief one experiences when a source of tension, such as a strained relationship or prolonged suffering, is removed, may be both a source of guilt, and the means by which a survivor of suicide punishes himself for the responsibility he assumes for the death. Feelings of guilt can also occur for laughing, having a good time or merely being alive when the loved one is dead. In addition, some survivors are haunted by nightmares or flashbacks, especially if they witnessed the event or found the loved one. They may find themselves either avoiding people or places that remind them of the suicide, or reliving those images over and over again in their minds. Survivors of suicide are more susceptible to developing depression and even to committing suicide themselves. Furthermore, family relationships can suffer greatly when grief is not resolved. It is important not to ignore these feelings or to deny one's self the freedom to mourn. Additional support may be essential for healing and to ensure that further problems do not develop.

Finally, some may feel a certain stigma regarding the suicide, which stems from a concern that others may regard them, or the departed, as somehow blameworthy or defective. Feelings of embarrassment, shame and a desire to hide the true nature of the death may cause survivors to withdraw to avoid difficult questions, or what they might perceive as disapproval. Police investigation can exacerbate feelings of shame. Although shame is not an uncommon reaction, it may hinder the ability to cope with underlying feelings, and trap its victims in their shame and isolation. People who have not had the experience of losing a loved one to suicide often do not know how to respond and may simply feel inadequate, wanting to avoid saying something that might cause pain. Their avoidance, silence or discomfort may inadvertently send a message of blame for the suicide. A bereavement support group for survivors of suicide can be very helpful in dealing with these mistaken perceptions. If

nothing is available locally, there are groups that can be accessed through the internet, such as GROWW (www.groww.org/Branches/sos.htm).

Should physical or emotional suffering become unrelenting, seek help from a physician or from mental health services, ideally from someone who shares the same faith perspective. Thoughts of self-harm require immediate help from a physician or an emergency room. Sometimes short-term help is sufficient to bring one through the most difficult part of the crisis. Family or marital therapy may be helpful as well, if relationships have been damaged by blame or isolation.

Unfortunately, there is no set timetable for grief, and each person has a unique timeline for the grieving process. Some survivors expect that the first anniversary of their loved one's death will bring closure to their grief. Although this is a milestone, it seldom marks the end of mourning. If the first year is spent primarily in emotional numbness, the second year may bring increased pain. While a suicide is never entirely forgotten, time inevitably eases the intensity of the suffering, and allows the survivor to move forward in a healthy way. Gentle patience with one's self, and with others who may be experiencing continuing difficulty, is essential. Eventually, the "good days" that some survivors have described as "vacations" from the grief will come. The memories of the loved one that were once dominated by the suicide will gradually give way to the memories of the fullness and goodness of the deceased loved one's life.

STRATEGIES FOR HEALING

Hope lies in working through grief at one's own pace, rather than ignoring sadness, or pretending it does not exist. Focus on healing rather than on events prior to the suicide, or what might have been done differently.

Be certain to take care of physical needs: get adequate rest; eat nutritious foods; do some physical activity such as walking, playing a sport or working in the garden. Medication may be necessary in order to obtain

needed sleep, but be cautious with prescription sleep aids, some of which can be addictive.

Receive the Sacraments and pray: “The Lord is near to the brokenhearted, and saves the crushed in spirit” (Psalm 34:18). Simply offering one’s anguish to God in prayer can be powerful. Ask Him for the strength and grace to make it through each day, and pray for others who may be suffering from this particular heartache. Seek spiritual guidance if anger, guilt or shame hinders the strength and consolation that comes from prayer and the Sacraments.

Connect with others: Gradually move away from the tendency towards isolation, especially when driven by a feeling of being blamed or stigmatized by others. Surrounding one’s self with supportive people and discussing painful feelings are crucial forward steps in the grieving process. Most people genuinely are concerned, but do not know how to help someone who is grieving over suicide, and may avoid the bereaved out of fear of saying the wrong thing. Simply letting others know that just listening or being present, even long after the funeral has passed, may aid them in their honest desire to do something helpful. Of course, no one will have magic solutions, but connecting with others who are supportive leads to greater peace. Rather than relying upon one or two people for support, build a network through friends, parish and other social groups, or attend a bereavement support group for suicide survivors.

Expect setbacks: Sudden, sometimes overwhelmingly painful, emotions can recur. Years later, another death, a photograph, or something as simple as a song can rekindle intense feelings about the suicide. These setbacks will most likely be temporary if the grieving process was allowed to progress naturally.

Plan ahead: Rather than avoiding all reminders of the suicide, which can prevent healing, have a plan for dealing with anniversaries, birthdays and holidays. While it may be too painful for some, visiting the loved one’s gravesite also can be an important part of healing, as can simply spending time in an activity that the loved one enjoyed. Alternatively,

finding ways to help others who may be grieving, or who are in need, can be a helpful distraction and an opportunity to find greater meaning or purpose. Making early decisions about whether to continue with old traditions, create new ones, or suspend them for a while can ease the strain of these difficult times.

Giving one's self permission to move forward, and to live a rebuilt life, does not mean forgetting a loved one, nor is it a betrayal of his memory. Although difficult to imagine early on, recovering survivors can create something good out of the devastation. This could include a new understanding of or appreciation for life, a renewal of faith, advocating for others, or it may mean taking on a new project, class or hobby. Concrete projects, such as creating a memorial for a loved one through a scrapbook, picture album, or website, or creative expression, through activities such as writing poetry, writing letters to the deceased or journaling about thoughts and feelings, sometimes facilitate healing. Developing rituals can be another way of honoring a loved one's life. Ultimately, however, one must accept life as it is now and perhaps come to terms with a life that is different than originally planned.

Forgiveness is a key element of successful recovery. It may be necessary to give one's self permission to forgive the deceased, God, others or self. It is important to understand that **forgiveness does not mean condoning the actions of the one who committed suicide or others who may have done wrong.** Forgiveness is not a one-time event, but a process that may require outside help. For a better understanding of forgiveness, see *Forgiveness Is a Choice: A Step-By-Step Process for Resolving Anger and Restoring Hope* by Robert Enright. This book clarifies several key facts about forgiveness as a gift of freedom. Lack of forgiveness hurts one's self more than anyone else, and makes one a prisoner of the past.

When to seek professional help: When certain symptoms are present, it is time to seek help from a mental health therapist, preferably one with experience in bereavement work. Check local parishes or dioceses for referrals. For therapists who adhere to the magisterial teaching of the

Church check CatholicTherapists.com (www.catholictherapists.com). Symptoms which are a cause for concern in one's self or others include:

- Emotional numbness that does not subside for months after the suicide.
- Insomnia or recurring nightmares
- Inability to resume a normal routine when required, e.g., returning to work, caring for one's children or household.
- Feeling isolated and unable to connect with others to share grief.
- Staying busy to avoid feelings.
- Increased alcohol or drug use, including addictive prescription medication.
- Suicidal thoughts.

WHO SHOULD BE TOLD ABOUT THE SUICIDE?

SHOULD CHILDREN BE TOLD?

Do tell close friends and family members about the suicide. Ideally, family and friends can help one another to heal. Details of a loved one's death, however, are deeply personal, and no one is obligated to tell those outside of that immediate circle that a loved one has committed suicide.

Children grieve and may experience the same range of emotions as adults do, but they may express these emotions differently because of their more limited language skills and lack of maturity. They are especially susceptible to feelings of guilt and abandonment. They may have some magical thinking about the death, believing it to have been caused something they thought or did. Generally, discussing the loss with children provides an opportunity to discover what they already know about death, including their misconceptions and fears, and to provide them with information, compassion and comfort. State that the loved one has "died" rather than "gone away" so that there is no misunderstanding. It is important to reassure them that the death was not their fault, and that they will never be abandoned or neglected. Help them to understand

that unhappiness over the death is natural, and that no amount of sadness will affect parents' love for their children. An alternative memorial may be helpful if it seems that attending the funeral would not be a good idea.

Older children may need encouragement to talk about their feelings and are more likely to blame themselves and others. Avoiding the subject can have negative consequences. In general, children may appear insensitive to the death or may express their hurt, anger or guilt by "acting out" in negative ways. Try to affirm the child's feelings while correcting inappropriate means of expression, and provide proper outlets for expression. For example, if the child is angry, having some kind of a punching bag or other way to expend energy may help him to express emotions appropriately. Try to be open to questions, and readily admit to not having all of the answers, if necessary. If a child is isolating himself, speak to teachers, coaches, scout leaders, or other adults who know the child well. They may be able to help reach a child who is angry about the loss of a loved one. Professional help can be beneficial as well, if the dynamic persists. Being shut out by one's child can be difficult to accept, but try to understand that the child's feelings are not rational, and that children, just like anyone else coping with a loss by suicide, need non-judgmental support.

Talking to children about suicide may be difficult, but it is important for their adjustment. If the deceased is a key figure in the child's life, secrecy is generally not helpful, especially for those children who have the developmental maturity to understand suicide. Attempts to protect the child by withholding information or hiding the nature of the death can become problematic. Eventually, children will learn pieces of the truth from other sources, which may increase confusion and possibly lead to misconceptions or self-blame. Withholding information also damages adult credibility in other matters, such as when attempting to reassure the child that he is not responsible for the suicide. At the same time, it is not necessary that children know everything. Simply explain what happened and give age-appropriate responses to questions. Again, it may be helpful to consult a child psychologist in making these

determinations. The local library may be able to provide resources that can help teach children about death, including books that can be read to or with young children.

HOW DOES ONE SUPPORT THOSE GRIEVING OVER A LOSS BY SUICIDE?

Approaching someone who has lost a loved one to suicide can be difficult. Avoiding any mention of the departed out of a misguided desire to protect the bereaved, and the hope that not discussing the suicide will help those grieving either to forget or to recover more quickly, are common mistakes. Acceptance and compassion, along with a prudent appraisal of ways to aid the bereaved (offering practical assistance with shopping, cooking, driving, etc.) can be helpful. Make a sincere offer of emotional support, whether communicated in a card or letter, by telephone or in person, and give the bereaved permission to talk about the suicide. For example, “I am so sorry for your loss. If you need to talk, I am available.” A good way to approach the bereaved is simply to ask, “How are you doing?” and then just listen. Let them decide how much they want to share.

There are some common responses that are not helpful to the bereaved and can come across as judgmental or hurtful. For example, one should not ask why the departed committed suicide. The bereaved may not have a ready answer to this question, and asking only highlights that point. In addition, avoid remarks that suggest the death was God’s will, or that the departed is better off because he or she is no longer suffering. If it was a child who died, do not suggest that they can always have another one, or that they should be grateful for the siblings who are surviving. Neither these types of statements, nor pointing out any other potentially “constructive” aspect of the loss, is helpful. While such statements may be well-meant, in general, they will seem insensitive to the bereaved. Also, claiming to know how the bereaved feels is not helpful, unless the similar loss was also by suicide. Although the sudden and unexpected death of a loved one may, on the surface, seem similar, grief from a loss due to suicide usually involves difficult, complicated, and

more intense feelings of rejection, guilt and shame. Although any loss can be difficult or even excruciating, losing someone to suicide is simply different than any other type of bereavement.

There is no timetable for grief, and each person mourns in an individual way. Therefore, do not assume that bereavement will end after a few weeks, months or even after the one-year anniversary of the death. Motivated by concern over the intensity or length of grief, some comforters may tell the bereaved that it is time to get over it and move on, which can be experienced by the survivor as a criticism. Survivors of suicide will continue to need care and support even after the first few weeks or months have passed. Be aware of difficult times for the bereaved, such as anniversaries, birthdays and holidays. In a gentle manner, share concerns about signs of depression such as social withdrawal, or speak to others who are close to the person about these concerns. Encourage the bereaved to obtain professional help if this seems necessary, and do not be afraid to seek the advice of a mental health professional. It is important not to ignore signs that the person may be in greater distress than that which can be addressed through the usual social support processes.

Do not take it personally if a survivor declines support. Promise to contact him again later and then follow through. He may not be ready to share, or may have difficulty trusting others after feeling rejected or abandoned by the deceased loved one. Perhaps he is experiencing great shame or embarrassment, or needs time to be certain that the offer of support is sincere and not merely a platitude. Gentle and patient follow up is the best way to demonstrate genuine sincerity.

Most people will need support only occasionally, if ever, while a few will have greater needs. Sometimes it can be difficult to balance taking care of others with taking care of one's self. Inadvertently encouraging someone to rely too heavily on one person's support can easily lead to the proverbial situation of trying to rescue a drowning victim. In the process, both the rescuer and the victim drown. Conversely, withdrawing from one who is suffering because his need is overwhelming can leave him feeling hurt and abandoned. Rather, in a gentle manner, encourage the survivor

to reach out to others as well, so that he or she can be sure of available support when it is most needed. The potential difficulties brought on by offering support can be discouraging, however, survivors need support. If a survivor's needs become overwhelming, seek outside help.

WHAT ARE THE SIGNS THAT A PERSON IS AT RISK FOR COMMITTING SUICIDE?

- Feelings of hopelessness or increased anxiety with depression
- Preoccupation with death or talking about suicide
- Loss of interest in pleasurable activities
- Social withdrawal
- Neglect of personal care or appearance
- Giving away possessions or putting affairs in order
- Sudden happy mood after a sustained period of sadness or depression
- Recent purchase of a firearm or other means to commit suicide

SOME CONDITIONS ASSOCIATED WITH A HIGHER RISK FOR SUICIDE:

- Loss of job, relationship, health, etc.
- History of depression or other mental illness
- Previous suicide attempts
- Drug or alcohol abuse
- Impulsivity

WHAT SHOULD BE DONE TO HELP SOMEONE WHO IS AT RISK FOR COMMITTING SUICIDE?

The American Foundation for Suicide Prevention (www.afsp.org) recommends asking the person about what is bothering him, and then allowing him to talk. Do not be deterred by a reluctance to discuss problems. Rather, persist in asking in a kind, caring manner. If the person

has been depressed, ask if he is thinking of committing suicide. If the indication is that suicide has been considered, take it seriously, even if it seems to be merely a ploy for attention. Ask if a particular plan for committing suicide has been made. Do not lecture or argue about suicide or dismiss problems as insignificant. Instead, voice concern for his or her well being, and remind him that feelings of depression are temporary and can be treated.

Do not put situations such as these on the backburner. Immediately alert someone who can help, and call National Lifeline (1-800-273-TALK) for assistance. Often suicidal people do not believe that they can be helped or are afraid that getting help can lead to more pain. Actively assist in finding a doctor or mental health professional and, if necessary, accompany him to see that professional. If the person indicates that he has a plan to carry out the suicide, the danger is more immediate: call 911 or take the person to the nearest emergency room. Do not let the fear of risking a friendship with the suicidal person override the decision to act or to be the cause of keeping a suicidal plan secret.

WHY IS THERE SO MUCH TEEN SUICIDE, AND WHAT CAN A PARENT DO TO REDUCE THE LIKELIHOOD OF SUCH SELF-DESTRUCTIVE BEHAVIOR?

The increase in teen suicide, especially among younger teens, is an unfortunate reality. According to the Centers for Disease Control, the rate of suicide doubled for children 10-14 years old between 1980 and 1998, though the rate is still a fraction of that of teens 15-19 years old. Changes in American families over the past several decades have left a legacy of alarmingly high levels of emotional and behavioral problems in children. Related factors that predict a higher risk of suicide among teens include child abuse or neglect, having a parent with mental illness, and alcohol, substance abuse, legal or violence problems. Teens who perceive little compassion, care or warmth from parents, who feel that they do not matter, or whose self-worth is not independent of achievement also are more susceptible to suicide. In addition, separation, divorce or family dynamics that leave teens feeling torn between two parents, and guilty

about hurting one or both of them, also can be detrimental. The traits in adolescents that can increase suicide risk are having mental disorders, interpersonal problems, poor impulse control (acting without thinking through the consequences), excessive emotional reliance on others, involvement in peer violence (either as perpetrator or victim), and a history of trauma. Finally, sexual promiscuity that ends in broken relationships can also heighten suicide risk. It is important to remember that these descriptions, while helpful in understanding and perhaps preventing problems, cannot determine with certainty which factors relate to a particular person's decision to take his own life. Therefore, surviving parents and family members are cautioned to avoid blaming themselves or others for a loved one's death by suicide.

The best prevention for suicidal behavior among teens is a healthy parent-child relationship, characterized by unconditional warmth, affirmation and acceptance. This type of relationship provides teenagers with a haven from the stress they experience in their daily lives. When teens are rejected by peers or fail to meet a goal, they need a secure base that they can return to, knowing that their parents will be consistently attentive, caring and accepting. A warm and loving family environment serves as a buffer against depression and suicide.

Seek immediate help from a physician or mental health professional if a teen shows signs of depression or mentions suicide. Check with the local parish or diocese for referrals. Therapists who adhere to the magisterial teaching of the Church can be found at CatholicTherapists.com (www.catholictherapists.com). It is a myth that addressing the topic of suicide with someone who may be considering it will lead to a suicide attempt; on the contrary, emotional isolation, or feeling disconnected from others, can be a risk factor in some cases. Being able to discuss thoughts or temptations with someone may impart a sense of having obtained real help as well as a sense of relief. Expressing suicidal thoughts in open communication facilitates a valuable feeling of connection to others and to life. It is also a myth that most people threaten or attempt suicide simply to get attention. Regardless of motive, the

threat or gesture should be taken seriously and professional assistance obtained. Furthermore, there are some risk factors to be aware of in observing teen behavior:

- Decline in personal care
- Increased sadness or moodiness
- School absences or decline in school performance
- Loss of pleasure in sports or social activities
- Sleeping too little or too much
- Significant weight or appetite changes
- Drug or alcohol use
- Inflicting deliberate harm to self
- Impulsive or aggressive behavior, or frequent outbursts of rage
- Feelings of hopelessness coupled with anxiety
- Expression of thoughts of suicide, death or the afterlife coupled with sadness or boredom
- Sudden withdrawal from others
- Giving away important possessions

Suicide is a tragedy that affects thousands of people every year. It is one of the most stressful and devastating events that can occur in life and recovery can be arduous. While a loved one's decision to commit suicide is often beyond control, the decision to heal and to continue living life fully certainly is a decision that is well within one's own control. The information in this pamphlet is intended to provide hope and to foster a sincere belief that the intense grief caused by bereavement by suicide eventually subsides, and that healing will follow in time.

REFERENCES AND RESOURCES

No Time to Say Goodbye: Surviving the Suicide of a Loved One by Carla Fine.

Aftershock: Help, Hope, and Healing in the Wake of Suicide by David Cox and Candy Arrington.

Grieving a Suicide: A Loved One's Search for Comfort, Answers, & Hope by Albert Y. Hsu.

Forgiveness Is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope by Robert Enright.

Youth Suicidal Behavior. Secretariat for Pro-Life Activities: United States Conference of Catholic Bishops.

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255, www.suicidepreventionlifeline.org for those who feel sad, hopeless or suicidal or for those who are concerned about someone else who may be suicidal.

www.suicidology.org American Association of Suicidology (AAS) Offers several resources for preventing suicide as well as for survivors of suicide. Includes a list of online resources, a quarterly newsletter for survivors, resources for children and their caretakers, and a how-to booklet on starting a support group.

www.pos-ffos.com Parents of Suicides - Friends & Families of Suicides connects to internet communities.

www.spanusa.org Suicide Prevention Action Network USA provides a list of online survivor resources, including online support groups.

www.afsp.org American Foundation for Suicide Prevention.

www.catholictherapists.com, a resource to locate Catholic therapists throughout the U.S.

Loving Outreach to Survivors of Suicide ("LOSS"). Workshops, bereavement counseling, and support groups for those who have lost a loved one to suicide. Archdiocese of Chicago Catholic Charities, 312-655-7283.

IDENTIFY THE SIGNS

Signs that bereaved may need professional help in grieving

- Emotional numbness that does not subside for months after the suicide
- Insomnia or recurring nightmares
- Inability to resume normal routine when required, e.g. returning to work, taking care of one's children or household.
- Feeling isolated and unable to connect with others to share grief
- Staying busy to avoid feelings
- Increased alcohol or drug use, including addictive prescription medication
- Suicidal thoughts

Warning signs for suicide risk

- Feelings of hopelessness or increased anxiety with depression
- Preoccupation with death or talking about suicide
- Loss of interest in pleasurable activities
- Social withdrawal
- Neglect of personal care or appearance
- Giving away possessions or putting affairs in order
- Sudden happy mood after a sustained period of sadness or depression
- Recent purchase of a firearm or means to commit suicide

Conditions associated with a higher risk for suicide

- Loss of a job, relationship, health, etc.
- History of depression or other mental illness
- Previous suicide attempts
- Drug or alcohol abuse
- Impulsivity

How to help someone who may be suicidal

- Ask what is wrong and listen without judgment.
- If the person has been depressed, ask if he is considering suicide. If so, act without delay.
- Contact a doctor or mental health professional or call a suicide help-line such as the National Lifeline at 1-800-273-TALK (8255).
- If the person is in immediate danger, call 911 or take him to the nearest emergency room.

Warning signs for teen suicide risk

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