



Northern Illinois Critical Incident Stress Management Team

P.O. Box 5234, Elgin, IL 60121-5234 1-800-225-CISD (2473)

www.ni-cism.org

info@ni-cism.org

[The Suicide Survivor: Where do I go from here?](#)

Can we prevent suicide?

A person who is determined to kill him/her self will, most likely, prevail *despite even the very best efforts* of family members, emergency responders, and/or health care professionals. The NICISM Team supports efforts to normalize your own pain by directly sharing what we have learned from coming along side the pain of other emergency/rescue personnel. As a front-line team we bring to you our supportive family, our combined experience, our positive influence and the resources available to us throughout the many communities that we serve. Together we can create a safe place in which we can share the pain that you may continue to struggle with.

The survivor of a suicidal death differs from the family members of people who die “other” deaths. This traumatic shock entails more suffering as a result of guilt, anger – rage, and pain; emotions that can continue for years. The stigmatization society associates with suicide only compounds the agony.

- ***First and foremost it must be stated that survivors who have discovered a body face an indelible memory marker. It is worse for a child. The event stays with a person for a lifetime.***

A crisis event overwhelms an individual's normal coping mechanisms. There is an avoidance of meaningful communication. Chiefly there may be a concern with any expression of anger, despair, disillusion and hurt. It is easy to become despondent. This is normal. You are not alone.

- ***Survivors describe and feel the shame that comes from neighbors, friends and other areas within the community.*** Survivors describe disturbances of function in the physical, spiritual-belief, mental-cognitive, and emotional domains. All are very common! Again, you are not alone.

As a consequence of feeling powerless, frustrated and angered by the loss, individuals have reported extreme levels of physiological arousal in the form of anxiety – which is an appropriate response to threat or danger. This anxiety can disrupt or compromise an ability to think clearly.

- ***Survivors describe intense distress resulting from exposure to specific reminders of an event.*** Triggers from our “sensing” abilities can quickly escort past traumatic events into the here-and-now. Previously un-addressed (perhaps still unresolved) cumulative losses can also be aggravated and stirred up by more recent triggers.

During situations of crisis people spontaneously turn to others for comfort, support, understanding and protection. Crisis events however, have the potential to disconnect individuals from necessary sources of support. By not talking about events in an open, honest and supportive environment, survivors often are not able to work through the normal healing processes. Survivors can experience a numb detachment accompanied by distorted time orientation. This is sometimes reported as being “frozen in my grief.” It's continuance fractures families!

- ***Survivors describe the absence of support during a crisis. This represents the loss of a primary human coping resource.*** This can easily escalate by intense and strong feelings leading to a recognition of unchecked perceptions that one has been rejected in a profound and personal way. The survivor realizes that he or she is left behind by someone; an individual who made the selfish decision to complete the act.

The anger that survivors face that is directed toward the dead person is often not expressed out loud, nor is it even experienced as anger because the survivor often feels too guilty. Yet survivors will talk about suicide if they are certain people will openly listen and attend to their pain.

- *Survivors describe the phenomena of second guesses that quickly feed into survivor agony over guilt.* These are the repetitious thoughts that focus on “what if” type questions: the ‘should-haves’, ‘would-haves’ and ‘might-have beens’. If we ‘could have’ done more, loved them more, been around more, understood better, things *might* have turned out differently. Often times this anger can turn inward upon themselves. Unchecked, this internal turmoil can lead to clinical depression.

Can we come along-side the survivors? YES!

“RESTORING”

Key Points:

Navigating with sensitivity to yourself and clarity of thought may help guide your journey of recovery.

Restoring one's self does *not* mean forgetting what happened. You will not forget the event nor will you put it behind you completely. Yet you do have a choice and can begin to think health-giving thoughts about the person. There can be some fond reflection if you allow it. This is learning to begin to feel less responsible for the suicide by feeling about yourself again.

Essential to a survivor's healing process is an appropriate and meaningful mourning period.

It is important to grieve in a way that is individual and personal so as to reflect on the relationship that you had with the deceased. Until you have taken time to reflect (however long or short that may be) you will not be able to make a meaningful adjustment to life while you move on. Don't let it slowly eat away at you by electing not to deal with the grief. Whatever way you *do* choose is important for yourself.

Survivors need to know that RESTORING takes time! Many of the emotional feelings that we have already discussed will continue. It is however important for you to seek either professional or non-professional help as a first step in making an important decision for yourself. Sooner is better than later.

Take time to identify those areas that impede your own healing and make growth difficult for you. Examples of issues that can often slow recovery are:

- Not having an intact and safe support system
- Blaming or even scape-goating the suicide for life's problems
- Thinking that an end to grief is the same as forgetting the loved one
- Repetitive rescue thoughts or second guessing of the “what if's”(could of, should of..)
- Your continued silence and reluctance to express emotion; A continued ambivalence
- Poor choices for behavioral outlets – alcohol consumption, inactivity & shutting-down

Open yourself up to supportive environments: Allow your pain to be shared. The sharing of grief, anger and disillusionment in a safe place and with attentive listeners will help overcome the perceived stigma and shame associated with suicide. It reinforces self-esteem, provides mutual support, models companionship and provides opportunity to see that no matter how terrible your traumatic event was, you are not alone!

Respond to your feelings and emotions: Don't shut down! The range of feelings survivors have is vast. Be attentive and sort through core areas understanding that recurring emotional reactions are common. Anniversaries of events (1mo. / 1yr.) as well as other reminders will serve as triggers.

Involve yourself with re-establishing routines. Survivors continually state that helpful in re-establishing a sense of control is the ability to take small and meaningful steps resulting in the achievement of accomplishable, measurable and productive goals...one step at a time.

Nurture interpersonal relationships. Seize the moment and realize that you have at your fingertips some very caring people who may be going through or have gone through some of their own pain in life. Share with others and embrace life.

Get to know the resources in your community that could be valuable to you as you begin to heal. The NICISM Team firmly supports the importance of pastoral care and the community of believers available through various church affiliations. In addition, your own organization's Employee Assistance Program could provide a support list. Lastly, other community resources are available and a NICISM Team member could help you locate resources currently available to you. Please do not hesitate to ask. Remember, we continue to be here for you!