Suicide is not a blot on anyone’s name; it is a tragedy.

(Redfield Jamison, 1999)

Completed suicide and bereavement

By Wayne Lynch

Suicide, a topic that raises more questions than it does answers.

It’s not a conversation that most people enjoy having, yet it is an ever increasing reality of life and we, as clinicians would be remiss to pay just ‘lip service’ to the topic. As Humphrey and Zimpfer (1996) say, it is a loss that we cannot speak about and it is therefore a loss and bereavement that potentially, and indeed is, often stigmatised and disenfranchised, i.e. sometimes attracting less sympathy and compassion than the natural, accidental or unanticipated death of another.

This article can only brush the surface of conversations around suicide and bereavement. To endeavor to cover suicide in its entirety would be trite and inflict disservice on the subject matter. Further expansion would leave no space for dialogue regarding practice considerations.

Suicide and contemporary statistics

Suicide is “the process of purposely ending one’s own life” (Dryden-Edwards, 2011). Suicide is viewed differently according to culture and religion. Some societies consider suicide honourable in certain cases, while other societies may treat it as a crime. According to the Australian Bureau of Statistics (ABS, 2012), in 2009, over three-quarters of suicides (77%) were males (2,132), making suicide the 10th leading cause of male deaths. Indeed, male suicide occurs at a much higher rate than that for females. In 2009, the age standardised male suicide rate was 14.9 deaths per 100,000 compared to the female rate of 4.4 deaths per 100,000. As a point of comparison, the suicide death rate has declined since 2000 from 19.8 deaths per 100,000 for males and 5.2 deaths per 100,000 for females.

Questions and myths

How can we be sure that this definition of suicide is right? Do all individuals purposely end their own life or are there other factors at play? What of the individual who is psychotic, experiencing a florid episode of schizophrenia or some other mental illness? Some who have suicided leave letters behind and others don’t — does the letter really reflect the reason for choosing to die, over choosing to live? Was what was written in the letter really true? What was not written and what was not conscious when the moment to end one’s life arrived?

There are many frequently asked questions by the survivors of one who has suicided, and there are myths abundant. Questions such as: why did they kill themselves? How did I not see it coming? Is it my fault? What could I have done to stop it? Was suicide a selfish act, undertaken to punish me? For more on myths surrounding suicide see Suicide.org’s article (Caruso, n.d).

Reflective questions for clinicians

- Have you ever been touched by suicide in one way or another, perhaps a partner, a family member, a friend, a client or someone known from a distance?
- Have you or someone close to you ever had a fleeting thought about how much easier it would be to be dead, during particularly difficult life events? Does that fleeting thought mean we all have the capacity to complete suicide?
- Can we, and our clients, ever really know, with certainty, why someone ‘completed’ a suicide? (‘Completed’ is the new term that quietly replaced ‘committed’, as suicide is no longer deemed a crime, but is for some, deemed a sin).
Completed suicide and bereavement ...

Eight practical practice considerations when seeing someone bereaved through suicide:

1. Be sure to have had a conversation with the bereaved about confidentiality and the points at which you may need to intervene if you deem a client to be at risk of self harm or suicide. The data around suicide of survivors of a spouse or significant other, who has gone on to complete suicide, is scant (Wertheimer, 2001). Have a plan in place should your client intimate intent to suicide.

2. Listen carefully for covert comments like “I just wish I could be with him” or “I feel like I’m the one that should be dead”. Avoid playing into the self-blame narrative.

3. Never hesitate to ask the question: Do you have thoughts about killing yourself? It is a tired myth that asking about suicide will plant the seed to attempt suicide.

4. Make sure you have a sound suicide risk assessment tool when working with the bereaved and have in place a plan if concerned for your client’s safety.

5. Use a strengths-based approach in bereavement work and always explore internal and external supports. Use these as a springboard to grow the therapeutic relationship, ameliorate the risk of suicide and optimise the bereaved client’s relationship with the world.

“Never hesitate to ask the question: Do you have thoughts about killing yourself? It is a tired myth that asking about suicide will plant the seed to attempt suicide.”

6. Bear in mind the range of feelings the bereaved may feel e.g. shame, guilt, unsupported, self blame etc. Respond intentionally, in a way that does not augment their sense of responsibility for the death.

7. Make certain that you are well versed in the signs and symptoms of ‘complicated grief’, as this can serve as a precursor for suicide risk.

8. Counselling interventions around the dual process, the tasks of mourning, continuing bonds and meaning reconstruction are all important and essential considerations when working with the bereaved, but remember 40-50% of progress made with the bereaved is attributed, in many studies, to the healthy therapeutic relationship between client and counsellor. Trust, honesty, compassion, transparency and unconditional regard must come before all interventions in the early stages of bereavement counselling following a suicide.

Wayne Lynch, Manager, Bereavement Counselling and Support Service and Manager for Bushfire Bereavement Services, The Australian Centre for Grief and Bereavement

References


Practitioner resources

National

**Lifeline**

Lifeline provides access to crisis support, suicide prevention and mental health support services (available 24/7).

Ph: 13 11 14
www.lifeline.org.au

**Kids Helpline**

Kids Helpline is a free, 24-hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web.

Ph: 1800 551 800
www.kidsheilpline.com.au

**MensLine**

MensLine Australia is a professional telephone and online support, information and referral service for men (available 24/7).

Ph: 1300 78 99 78
www.mensline.org.au

**Suicide Call Back Service**

The Suicide Call Back Service provides crisis counselling to people at risk of suicide, carers for someone who is suicidal and those bereaved by suicide (available 24/7).

Ph: 1300 659 467
www.suicidecallbackservice.org.au

**Living Works Training Programs**

Training for suicide safer communities
www.livingworks.com.au

**Support After Suicide**

Support after Suicide provides support to people who are bereaved by suicide. They offer counselling, group support, an online community website, and education and training to health, education and welfare organisations.

Ph: 03 9421 7640
www.supportaftersuicide.org.au

**Griefline**

Griefline provide a telephone grief counselling service (12noon – 3am).

Ph: 03 9935 7400
www.griefline.org.au

Victorian

**SuicideLine**

Specialist telephone counselling and information to anyone affected by suicide (available 24/7).

Ph: 1300 651 251
www.suicideline.org.au

8. Counselling interventions around the dual process, the tasks of mourning, continuing bonds and meaning reconstruction are all important and essential considerations when working with the bereaved, but remember 40-50% of progress made with the bereaved is attributed, in many studies, to the healthy therapeutic relationship between client and counsellor. Trust, honesty, compassion, transparency and unconditional regard must come before all interventions in the early stages of bereavement counselling following a suicide.

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References


Welcome to the September edition of Bereavement Practice for Clinicians and Service Providers (previously Bereavement Practice Notes). My sincere apologies for the extended gap between issues — we’ve had some staffing changes and as a result this issue has been delayed. Our previous editor, Maria Smart, has moved on from the Australian Centre for Grief and Bereavement (ACGB) and we wish her all the very best for the future.

As the new Senior Bereavement Counsellor and Volunteer Coordinator, I consider it a privilege to be the content editor for this newsletter. In order to get better acquainted with this publication, I have put together a short survey (only 2-3 minutes, I promise!) designed to ascertain how it is read, what topics you would like to know more about, and how we can continue to ensure that it meets the needs of all practitioners whose work relates to grief and bereavement.

In this edition, we take a closer look at suicide and bereavement. The feature article ‘Completed suicide and bereavement’ explores theoretical considerations and reflective questions to consider when supporting one who is suicide bereaved and/or at risk of suicide. To complement this article, we have put together a range of books, links and resources on the topic so that you can find out more, alongside an interview with one of ACGB’s Practitioner Associates.

I look forward to your feedback, and thank you in advance for taking the time to assist me in developing an informative publication that will reach out and enhance your professional journey.

Jenny Field
j.field@grief.org.au

Tell us what you think!
This 2-3 minute online survey is designed to ascertain how Bereavement Practice is read, what topics you would like to know more about, and how we can continue to ensure that this publication meets the needs of all practitioners whose work relates to grief and bereavement.

Abstracts
Sourced through PubMed.gov

Suicide bereavement and complicated grief

“Losing a loved one to suicide is one of life’s most painful experiences. The feelings of loss, sadness, and loneliness experienced after any death of a loved one are often magnified in suicide survivors by feelings of guilt, confusion, rejection, shame, anger, and the effects of stigma and trauma. Furthermore, survivors of suicide loss are at higher risk of developing major depression, post-traumatic stress disorder, and suicidal behaviors, as well as a prolonged form of grief called complicated grief. Added to the burden is the substantial stigma, which can keep survivors away from much needed support and healing resources. Thus, survivors may require unique supportive measures and targeted treatment to cope with their loss. After a brief description of the epidemiology and circumstances of suicide, we review the current state of research on suicide bereavement, complicated grief in suicide survivors, and grief treatment for survivors of suicide.”

Click here to access the full text article

Shame-proneness in attempted suicide patients

“It has been suggested that shame may be an important feature in suicidal behaviors. The disposition to react with shame, “shame-proneness”, has previously not been investigated in groups of attempted suicide patients. We examined shame-proneness in two groups of attempted suicide patients, one group of non-suicidal patients and one group of healthy controls. We hypothesized that the attempted suicide patients would be more shame-prone than non-suicidal patients and healthy controls.”

Click here to access the full text article
Reflections of a bereavement counsellor

What has brought you to this field of work?

After being in the corporate world for over 30 years, the events of September 11, 2001 were a catalyst for change in my professional life. I could rebuild my business or I could take this opportunity to do something I hadn’t had the space to do. Gaining university qualifications seemed like an important link in my life journey. Somehow I ended up completing studies in the area of loss and grief, and in counselling education - such a contrast from the intense pace of the corporate world. I initially had no intentions of working with bereavement, I wanted to focus on ways loss and grief impacted the corporate world. As life would have it though, my academic journey and volunteer opportunities took me on a different path in my endeavour to gain the necessary experience in the field of loss and grief. I find my work as a Practitioner Associate in the area of bereavement counselling and supervision most rewarding. My past life experiences and current counselling work continue to enrich me in ways I could never have imagined.

How do you bear the sadness people share with you?

I think the most important thing is that I leave the sadness in the safe containment of the counselling room. That doesn’t mean I don’t care or I don’t get impacted by the deep raw emotion in grief and loss, I just don’t take it with me or let it consume me.

What would you do in a session if your client or their circumstances resonated with your own experience?

If it resonates with ‘my core experience’ then it has to have been as profound for the client as it was for me. I find that the use of silence, taking a moment to give space to what is happening, helps to regather my process. Silence facilitates my capacity to ‘be with the client’ and when appropriate, let them know something touched me. In these moments, clients have often reflected in the next session how profound it was to have another ‘resonate’ emotionally with their experience.

How can you encourage self-awareness in a client who seems to have little?

Perhaps it’s more that the client is detached from their self-awareness rather than having ‘little’ awareness. If clients appear to be reflecting on external opinions of others around their experiences, it’s my cue to assist them in reconnecting with what things mean to them. It’s also about helping clients work through levels of guilt or belief around ‘what they should have done for their loved one’. Assisting clients to reframe their experiences appears to facilitate increased self-awareness.

What do you do for self-care?

I find I need at least an hour to transition from my counselling back into the land of the living. The drive home and listening to the radio help me to ground myself back to life. Another important ritual before leaving the counselling space is writing my notes to unload (and I’ll write them again if it hasn’t worked the first time). Supervision is also an important support in terms of me getting back on track. It’s remarkable how in supervision the most obvious issues are highlighted that I didn’t see. In my new role as supervisor, I too have been in the position where I can clearly see things that counsellors are momentarily stuck with. It’s amazing.

What do you find rewarding in this work?

Some of the rewarding moments are when clients say “I get so much out of coming to counselling”, or a client brings in a sealed card by a family member that says things like “you’ve helped my mum so much, thank you”. It’s great to know that our work not only supports clients, but indirectly supports loved ones as well. It’s a privilege to watch clients transform and integrate their loss and grief into their lives.

What advice would you have for someone working in the field?

It’s important to treat clients as adults who are looking for education and support to make sense of their grief journey, and not to forget that they have the strength and capacity to grow despite their current vulnerabilities. They are the masters of their journey.
Book review

Grief after Suicide: Understanding the Consequences and Caring for the Survivors

Edited by John R. Jordan & John L. McIntosh
574pp. Routledge, 2010
$55.00

The subject of suicide isn’t an attractive one, and continues to hold much social awkwardness. After attending a recent workshop by John “Jack” Jordan around traumatic bereavement I was struck by his compassion and wisdom, both clinically and from a research perspective, around death by suicide and its impact on the survivors, including clinicians who experience the loss of a client by suicide. This furthered my curiosity in perusing his latest text, Grief After Suicide.

Grief After Suicide is a scholarly work that features original chapters by Jordan, John McIntosh and other leaders in the field of suicidology. The authors do well in addressing the complex aftermath of suicide, the many questions around why someone might consider death by suicide, and how to support one bereaved by suicide. Most importantly it goes beyond acknowledging the impact of suicide to addressing issues relating to supporting the suicide bereaved.

Where much research has been afforded to the grief trajectory of “typical” bereavement across the lifespan, this text’s focus is mindfully explored in a way that assists clinicians to explore their assumptive world and what grief trajectories may look like in terms of traumatic loss.

It was also heartening to read material that acknowledged the impact of suicide on professional caregivers. The term “twin bereavement” was referred to in relation to clinicians experiencing both personal and professional loss, an experience that is often minimised through assumptions inclusive of traumatic death being “just another part of the job”.

Although this book isn’t an easy text in terms of subject matter, it is an essential and dynamic read in terms of its comprehensive exploration of suicide from theoretical, empirical and clinical perspectives.

I recommend Grief After Suicide to anyone working in the bereavement field and the helping professions as a whole.

Jenny Field
Senior Bereavement Counsellor & Volunteer Coordinator,
The Australian Centre for Grief and Bereavement

Featured resources

After Suicide Loss: Coping with your Grief
Bob Baugher & Jack Jordan
$13.50

A 65-page book for people whose loved one has died from suicide. It is a gentle guide through events and reactions that often occur during the first year and beyond following suicide. Additional features include ten personal stories written by people whose loved one died from suicide, suggested readings, a list of support organisations, and suggestions for deciding whether to seek professional help.

For children

After a Suicide Death: An Activity Book for Grieving Kids
The Dougy Center
$22.95

In this hands-on interactive activity book, children who have been exposed to a suicide death can learn from other grieving kids. The activity book includes drawing activities, puzzles, stories, advice from other kids and helpful suggestions for how to navigate the grief process after a suicide death.

Red Chocolate Elephants: For Children Bereaved by Suicide (Book & DVD)
Diana C. Sands
$39.00

Created as an assisted reading and activity book, Red Chocolate Elephants is designed to encourage discussion with young children about the unique experience of grief through suicide bereavement. The book features interactive activities to explore feelings, identify grief responses, and encourage a sense of normalcy in the child’s experience of grief. For use with or without the accompanying DVD, this kit is ideal for children of primary school age for use with a supportive adult including parents, relatives, teachers and counsellors.

These books, along with a range of other useful resources, can be purchased from the Australian Centre for Grief and Bereavement.

Visit www.grief.org.au/resources to download a resource guide/order form, or call 1800 642 066.
Our services

Newsletter enquiries
For all enquiries about this publication, please contact Jenny Field on 1300 664 786 or email j.field@grief.org.au

Bereavement Counselling and Support Service
The Australian Centre for Grief and Bereavement is the leading Victorian State-wide Specialist Bereavement Counselling Service and has counsellors located across metropolitan Melbourne, in regional areas (Grampians, Gippsland, Hume, Barwon South-West and Loddon Mallee), and in areas affected by the 2009 Victorian Bushfires. For further information, call 1300 664 786 or email counselling@grief.org.au

Support Groups
ACGB operates a range of support groups including groups for adults, children, bereaved partners, loss of a parent and many more. For further information call 1300 664 786 or email support@grief.org.au

Practitioner Consultancy Service
This service provides free information, consultation and support for practitioners who are working with bereaved clients experiencing complex and prolonged bereavements. To access this service call 1300 858 113 during business hours.

Education & Training
The Australian Centre for Grief and Bereavement offers quality education and training opportunities for health professionals, students, volunteers and any other individual or agency desiring to enhance grief and bereavement knowledge and practice. Education and training programs are offered as seminars, workshops, short and long courses and customised training that meet the specific needs of organisations and agencies. For full details of all programs and services offered go to www.grief.org.au/education

Customised Training & Consultancy
The Australian Centre for Grief and Bereavement offer a range of customised training and consultancy services that provide research-informed, high quality, professional development programs that meet the specialist training needs of organisations, groups and individuals. For further information contact Danielle Ricato on 1800 642 066 or email d.ricato@grief.org.au

Bereavement Courses
The Australian Centre for Grief and Bereavement, as the largest provider of grief and bereavement education, is offering a number of research-informed, high-quality courses including post-graduate training program, the Vocational Graduate Certificate in Bereavement Counselling and Intervention (nationally accredited). For more information contact Maria Szucs on 1800 642 066 or email m.szucs@grief.org.au

Grief Matters
Grief Matters: The Australian Journal of Grief and Bereavement is published by the Australian Centre for Grief and Bereavement three times per year. This peer-reviewed journal encompasses both academic and applied aspects of grief and bereavement. Previous editions of the journal can be purchased by downloading an order form from www.grief.org.au or contacting us on 1800 642 066.

Internships
ACGB has a limited number of placement opportunities for experienced counsellors seeking to advance their knowledge and skills in bereavement counselling. For further information contact Wendy Thurling on 1300 664 786 or email w.thurling@grief.org.au

Membership
ACGB offers two levels of membership — to ACGB, and to ACGB & ADEC. For more information about membership options and benefits go to www.grief.org.au/get_involved or call 1800 642 066.

Donations
Donations over $2 are tax deductible and allow ACGB to continue to provide services including bereavement counselling, support groups, newsletters, events and education and training. To make a donation, visit www.givenow.com.au/ausgrief or call 1800 642 066.

We value your feedback
If you have feedback about this publication, or any of the services delivered by the Australian Centre for Grief and Bereavement we’d love to hear from you. Contact us on 1800 642 066 or email info@grief.org.au

Follow us!

Contact us
Australian Centre for Grief and Bereavement
McCulloch House, Monash Medical Centre
246 Clayton Rd, Clayton, VIC 3168
Ph: 1800 642 066  |  Fax: 03 9265 2150
Email info@grief.org.au  |  www.grief.org.au

Please note: The Australian Centre for Grief and Bereavement are relocating to a new premises at the end of September, 2012. Please refer to www.grief.org.au after this date for new contact details.

Bereavement Counselling & Support Services
Ph: 1300 664 786  (toll free – Victoria)
Email: counselling@grief.org.au

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