



What Makes Suicide Different

The death of a loved one is never easy to experience, whether it comes without warning or after a long struggle with illness. But several circumstances set death by suicide apart and make the process of bereavement more challenging. For example:

A traumatic aftermath. Death by suicide is sudden, sometimes violent, and usually unexpected. Depending on the situation, survivors may need to deal with the police or handle press inquiries. While still in shock, they may be asked if they want to visit the death scene. Sometimes officials discourage the visit as too upsetting; other times they encourage it. “Either may be the right decision for an individual. But it can add to the trauma if people feel that they don’t have a choice,” says Jack Jordan, Ph.D., clinical psychologist in Wellesley, MA and co-author of *After Suicide Loss: Coping with Your Grief*.

Recurring thoughts. A suicide survivor may have recurring thoughts of the death and its circumstances, replaying over and over the loved one’s final moments or their last encounter in an effort to understand — or simply because the thoughts won’t stop coming. Some suicide survivors develop post-traumatic stress disorder (PTSD), an anxiety disorder that can become chronic if not treated. In PTSD, the trauma is involuntarily re-lived in intrusive images that can create anxiety and a tendency to avoid anything that might trigger the memory.

Stigma, shame, and isolation. There’s a powerful stigma attached to mental illness (a factor in most suicides). Many religions specifically condemn the act as a sin, so survivors may understandably be reluctant to acknowledge or disclose the circumstances of such a death. Family differences over how to publicly discuss the death can make it difficult even for survivors who want to speak openly to feel comfortable doing so. The decision to keep the suicide a secret from outsiders, children, or selected relatives can lead to isolation, confusion, and shame that may last for years or even generations. In addition, if relatives blame one another — thinking perhaps that particular actions or a failure to act may have contributed to events — that can greatly undermine a family’s ability to provide mutual support.

Mixed emotions. After a homicide, survivors can direct their anger at the perpetrator. In a suicide, the victim is the perpetrator, so there is a bewildering clash of emotions. On one hand, a person who dies by suicide may appear to be a victim of mental illness or intolerable circumstances. On the other hand, the act may seem like an assault on, or rejection of, those left behind. So the feelings of anger, rejection, and abandonment that occur after many deaths are especially intense and difficult to sort out after a suicide.

Need for reason. “What if” questions can arise after any death. What if we’d gone to a doctor sooner? What if we hadn’t let her drive to the basketball game? After a suicide, these questions may be extreme and self-punishing — unrealistically condemning the survivor for failing to predict the death or to successfully intervene. In such

circumstances, survivors tend to greatly overestimate their own contributing role — and their ability to affect the outcome.

“Suicide can shatter the things you take for granted about yourself, your relationships, and your world,” says Dr. Jordan. Some survivors conduct a psychological “autopsy,” finding out as much as they can about the circumstances and factors leading to the suicide. This can help develop a narrative that makes sense.

Sometimes a person with a disabling or terminal disease chooses suicide as a way of gaining control or hastening the end. When a suicide can be understood that way, survivors may feel relieved of much of their what-if guilt. “It doesn’t mean someone didn’t love their life,” says Holly Prigerson, Ph.D., professor of psychiatry at Harvard Medical School and Director of Psycho-Oncology Research, Psychosocial Oncology and Palliative Care at Dana-Farber Cancer Institute.