

The psychological legacy of suicide – A family perspective

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Why this presentation? Why now?

- Honour the memory of the family member who died by suicide.
- Sharing lived experience with a wider audience will hopefully shed some light on a complex and poorly understood experience.
- To reduce the sense of suffering in isolation for other survivors.
- To highlight that no one is immune from such experiences ... including us mental health professionals.
- To move away from clinical observation, intellectual conjecture and theoretical speculation.

Introduction

- Suicide is a solitary act, but paradoxically, it deeply involves others.
- Authors have suggested that for every suicide, six people suffer intense grief (Latham, 1995)
- The person who take their own life escapes from psychological pain, but one of the most striking features of suicide bereavement is the way in which their unbearable feelings are passed on to the survivors (Bettenzana, 2008)
- Feelings of shame, guilt, humiliation, anger, loneliness and other emotions associated with suicidal states frequently become the survivor's legacy (Dandekar, 1995)

Family members as survivors – who are they?

- In relation to suicide, and particularly with the Maltese context in mind, the term '*family*' does not always refer to just immediate family members.
- For the purpose of this presentation we will use the term '*family*' to refer to people with whom we share meaningful connections and experiences.

Why is it important to think about the effects on the family?

- Surviving family are often invisible.
- The death of one of its members dramatically affects family life and relationships and the balance within the family.
- Suicide leaves loved ones with emotional turmoil, unanswered questions and an emptiness that is difficult to address.
- Family may seek to avoid distress by refusing to acknowledge the manner of the death.
- Family myths or 'secrets' may be created where the truth becomes denied or distorted as families attempt to avoid their feelings of guilt or the pain of their loss (Dandekar, 1995)

Jack's story

- Jack was Sarah's (suicide survivor) cousin.
- They were like brother and sister & grew up together.
- Onset of mental health difficulties (age 21) triggered by stressful events (including death in the family & final year exams).
- Sarah was not aware of the extent Jack's difficulties as they were 'hidden' from the extended family.
- Jack had distanced himself from the family, but reached out to Sarah sporadically. This gave her some insight into his difficulties (psychosis).
- Jack died at the age of 29.
- Sarah was living in the UK at the time and had just started her training in clinical psychology.
- Suicide occurred in a family which had seen itself as "normal" and the death therefore came totally out of the blue.

The uniqueness of grief

'An individual's grief is as unique as their fingerprint'

(Clark and Goldney, 2000)

The uniqueness of grief

- Survivors show higher levels of feelings of guilt, blame and responsibility for the death than other mourners e.g. 'Why didn't I prevent it?' (Cleiren, 1993).
- Sudden deaths leave the survivor no opportunity with any unfinished business in the relationship and no chance to say a proper goodbye (Clark and Goldney, 1995).
- If survivors believe they were in some measure responsible for the death, guilt, shame and stigma may leave them feeling undeserving of help and support.
- Survivors experience heightened feelings of rejection or abandonment by the loved one, along with anger towards the deceased e.g. 'How could they do this to me?' (Reed, 1998).

The struggle to make meaning

- Survivors tend to struggle more with questions of meaning making around the death e.g. 'Why did they do it?' (Grad & Zavanik, 1996).
- Finding a meaning plays a critical role in adjustment, however for some survivors the search can be unending.

The personal – professional interface

"Death by suicide is a rejection of the central supportive and healing intent of services. It strikes at the very raison d'être of the health care professional ... As healers and helpers, members of a caring profession, [the suicide] shows us to have failed. It challenges our omnipotent fantasies, our beliefs in our

- While professionals report many typical responses to suicide such as a sense of loss, shock, anger and fear, there are also feelings of professional failure and concern about their reputation amongst colleagues

(Grad et al., 1995).

Tips for professionals who are working with suicide survivors

- Reflect and acknowledge on your own attitudes towards suicide.
- Do not be afraid to ask questions e.g. about their own mental well-being and how they are coping.
- Have difficult conversations with the family e.g. psychological autopsy – i.e. help family re-author the suicide story.
- Be available for the family to reach out whenever they want

MOST IMPORTANTLY...

Do not forget to be a human

Thank You!

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