Centre for Suicide Prevention

SIEC Alert #59, September 2005

# *They Might Be Grieving Too:*
# *Commonalities of Suicide Grief Experience*

For every suicide that takes place, there are several family members and friends who are intimately and severely affected. In addition, the mental health professionals who had been treating the deceased also suffer in the wake of the suicide. While all these suicide survivors will endure their own personal anguish, there are certain aspects of the suicide bereavement experience that they will share.

## Suicide bereavement commonalities

There is growing recognition that the suicide of a patient triggers the same intense emotions among mental health professionals as those typically experienced by family and friend survivors. Such emotions include shock, denial, grief, guilt, and anger (Ruskin et al., 2004; Peterson, Luoma, & Dunne, 2002; Farberow, 2001; Hendin et al., 2000; Grad, Zavasnik, and Groleger, 1997; Litman, 1994; Jones, 1987).

***Grief.*** The most frequent emotional response reported by professionals who lose a patient by suicide is a significant sense of grief that can be pervasive and long-lasting (Hendin et al., 2000). Research has shown that the levels of grief faced by surviving professionals are comparable to people who have lost a family member (Chemtob et al., 1988a & 1988b). Professionals may also experience unspoken blame for their grief and for “getting too close or emotionally involved” with a patient (Collins, 2003).

***Guilt.*** Surviving family members and friends often feel a sense of personal responsibility for the death of their loved one and believe that they could have or should have prevented the tragedy. This type of guilt is a common emotional response of professionals following the suicide death of a patient (Hendin et al., 2000; Chemtob et al, 1988b). This reaction may well be inevitable for clinicians in light of feelings of professional responsibility for the patient. Professionals, like family members and friends, will often agonize over the details, circumstances, and meaning of the suicide.

***Anger.*** It is not uncommon for suicide survivors to develop feelings of anger towards the deceased or towards other real or perceived culprits, including the professional who was caring for their loved one. Similarly, professionals can experience anger towards their patient, which may arise from a feeling of being rejected as a therapist (Hendin et al, 2000; Chemtob et al., 1988b). They can also develop feelings of anger towards others including supervisors, colleagues, or the family of their patient (Jones, 1987).

**Side bar:** In 1997, the American Association of Suicidology (AAS) appointed a task force to study the issue of therapist survivors. The AAS also developed a website, *Therapists as Survivors of Patient Suicide*, which provides basic information, resources enabling clinicians to forge links with other clinician survivors, and detailed stories of clinicians' experiences. The website can be accessed at: **http://www.iusb.edu/~jmcintos/therapists_mainpg.htm**

## Patient suicide: More than a professional crisis

Following the death of a patient by suicide, many professionals experience a significant sense of personal loss and considerable emotional turmoil. For an important minority of professionals, the impact of a patient suicide approaches clinical levels of emotional disturbance (Ruskin et al., 2004; Chemtob et al., 1988b). In fact, the suicide of a patient in therapy may be “the most difficult bereavement crisis that a therapist will have to encounter and endure” (Jones, 1987).

As is the case for surviving family members and friends, the particulars of the relationship between the professional and patient will affect the degree and the manner in which the loss will be experienced. Suicide following a short patient contact is experienced as mostly a professional issue, while the suicide of a long-term patient results in much greater personal loss (Jones, 1987).

***Our thanks to Nadine Jodoin for compiling this edition of SIEC Alert***

*Centre for Suicide Prevention*
*#320 1202 Centre St. S.E.*
*Calgary, Alberta*
*Canada T2G 5A5*
*phone: (403) 245-3900*
*fax: (403) 245-0299*
*web: www.suicideinfo.ca*

*continued from previous page...*

CENTRE FOR SUICIDE PREVENTION

## Post-suicide interactions between family members and professionals

Following a death by suicide, family members are generally eager to connect with the professional who treated their loved one (Peterson, Luoma, & Dunne, 2002). For the professional, the manner in which to best relate to family survivors remains a difficult issue. In addition to the management of their own grief, professionals must achieve the right balance between maintaining patient confidentiality, responding honestly and empathically to family members, and remaining mindful of legal and ethical issues.

Research findings call attention to the importance of professionals and surviving family members making appropriate and meaningful contact following a suicide. Types of contact that are valued by family survivors include expressions of condolence and sympathy, attendance at the funeral, and a chance to discuss the illness or treatment of their loved one (Peterson, Luoma, & Dunne, 2002). Professionals who do meet with surviving family members are frequently relieved by the positive outcome of these interactions (Hendin et al., 2000). However, the literature discourages clinicians from entering into a professional relationship with a close relative as such treatments are likely to complicate both parties' struggles to resolve their feelings (Hendin et al., 2000).

## Resources

**SIEC#010291**
Alexander, D.A., Klein, S., Gray, N.M., Dewar, I.G., & Eagles, J.M. (2000). Suicide by patients: questionnaire study of its effect on consultant psychiatrists. *BMJ, 320*, 1571-1574.

**SIEC#880342**
Chemtob, C.M., Hamada, R.S., Bauer, G., Kinney, B., & Torigoe, R.Y. (1988a). Patients' suicides: Frequency and impact on psychiatrists. *American Journal of Psychiatry, 145(2)*, 224-228.

**SIEC#890275**
Chemtob, C.M., Hamada, R.S., Bauer, G., Torigoe, R.Y., & Kinney, B. (1988b). Patient suicide: Frequency and impact on psychologists. *Professional Psychology: Research and Practice, 19(4)*, 416-420.

**SIEC#900837**
Chemtob, C.M., Bauer, G.B., Hamada, R.S., Pelowski, S.R., and Muraoka, M.Y. (1989). Patient suicide: Occupational hazard for psychologists and psychiatrists. *Professional Psychology: Research and Practice, 20(5)*, 294-300.

**SIEC#050314**
Collins, J.M. (2003). Impact of patient suicide on clinicians. *Journal of the American Psychiatric Nurses Association, 9(5)*, 159-162.

**SIEC#041404**
Farberow, N.L. (2001). The therapist-clinician as survivor. In O.T. Grad (Ed.) *Suicide risk and protective factors in the new millennium* (pp.11-20). Ljubljana: Cankarjev dom.

**SIEC#971274**
Grad, O.T., Zavasnik, A., & Groleger, U. (1997). Suicide of a patient: Gender differences in bereavement reactions of therapists. *Suicide and Life-Threatening Behavior, 27(4)*, 379-386.

**SIEC#050068**
Hendin, H., Lipschitz, A., Maltsberger, J.T., Haas, A.P., & Wynecoop, S. (2000). Therapists' reactions to patients' suicides. *American Journal of Psychiatry, 157(12)*, 2002-2027.

**SIEC#871574**
Jones, F.A. (1987). Therapists as survivors of client suicide. In E.J. Dunne, J.L. McIntosh, & K. Dunne-Maxim (Eds.). *Suicide and its aftermath* (pp.126-141). New York, NY: W.W. Norton & Company.

**SIEC#950865**
Litman, R.E. (1994). When patients commit suicide. In E.S. Shneidman, N.L. Farberow, & R.E. Litman (Eds.). *The psychology of suicide: A clinician's guide to evaluation and treatment* (pp. 165-170). Northvale, NJ: Jason Aronson Inc.

**SIEC#031259**
Peterson, E.M., Luoma, J.B., & Dunne, E. (2002). Suicide survivors' perceptions of the treating clinician. *Suicide and Life-Threatening Behavior, 32(2)*, 158-166.

**SIEC#050001**
Ruskin, R., Sakinofsky, I., Bagby, R.M., Dickens, S., & Sousa, G. (2004). Impact of patient suicide on psychiatrists and psychiatric trainees. *Academic Psychiatry, 28(2)*, 104-110.

**SIEC # 940694**
Valente, S.M. (1994). Psychotherapist reactions to the suicide of a patient. *American Journal of Orthopsychiatry, 64(4)*, 614-621.

CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

***Pricing Information***
You can order copies of these articles from the Centre for Suicide Prevention Library. Simply contact us by phone or e-mail.
Alberta: $6.00 per document (subsidized by Alberta Health and Wellness)
Outside Alberta: $10.00 per document
Please order by SIEC Number.

***E-mail / Download Instructions***
If you have WEB access, you can download this and future issues. Go to: http://www.suicideinfo.ca/csp/go.aspx?tabid=23
Would you prefer to receive future editions by e-mail? Please send your name and e-mail address to ***gayle@suicideinfo.ca***