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Suicide grief and loss

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What is unique about suicide loss?

The grief experienced by people who have lost someone to suicide can be more complicated than the grief that follows other types of death. Suicide can be ambiguous – unlike other forms of death which are seen as "beyond control" of the person who died and their loved ones, suicide can lead people to ask more questions about the circumstances surrounding the death, as it is often perceived that suicide is intentional (Harper, 2022). Such a perception raises "profound meaning-making and existential questions" for those who have lost someone to suicide (Jordan, 2020, p.2). People who have lost someone to suicide may ask themselves why the person died and what they could've done to prevent the death, in some cases becoming overwhelmed by these questions.

Young et al. describe three types of grief: acute, integrated, and complicated. Acute grief, characterized by numbness, shock, and denial, immediately follows loss. Acute grief transitions to "integrated grief" when people are able to resume normal routines, enjoy life, and imagine a hopeful future. People who have lost someone to suicide may experience complicated grief - prolonged acute grief, "causing distress and interfering with function" (Young et al., 2012 p.179). Symptoms include difficulty re-establishing a meaningful life, intense pangs of grief, avoidance of reminders of the person who died, and psychological pain so intense that the person who lost someone to suicide may consider suicide themselves to escape their own unbearable grief.

Key differences between suicide grief and grief following other losses

The research from Harper and McGill et al. consistently indicates similar reactions to suicide loss: guilt, stigma, and shame.

Guilt may be felt by someone if they have the perception that they 'failed' to recognize warnings signs and/or that they did not do enough to help the person who died or to prevent their death.

Stigma may be felt by people who have lost someone to suicide when others (including service providers) avoid talking about the death altogether because it was a suicide, or when they make derogatory comments about the person who died. Consequently, those bereaved by suicide might not access personal or professional support for fear of being met with more stigma.

People who have lost someone to suicide may also feel that they are to blame for the person's death. They may ask themselves what they could have done to prevent the death. They are also more likely to face intrusive questions from others that could lead to feeling as though others are blaming them for the death. They may also feel the need to manage others' reactions to the death. The guilt,

shame, and blame that may be felt by those who have lost someone to suicide could lead them to isolate themselves from their friends, family, and other social supports.

They are also more likely than other bereaved individuals to develop symptoms of Post Traumatic Stress Disorder (PTSD). “Disbelief, despair, anxiety symptoms, preoccupation with the deceased and the circumstances of the death, withdrawal, hyper arousal, and dysphoria are more intense and more prolonged than they are under nontraumatic circumstances” (Young et al., 2012, p. 182).

Guilt, shame, blame and ongoing trauma complicate the person who has experienced suicide loss search for understanding and acceptance of the death. Other common reactions include shock at the sudden nature of the death and disbelief, confusion, and potentially anger in confronting the fact that a loved one has died by suicide,

Why is suicide grief counselling important?

The need for suicide grief counselling is great: 88% of participants in one study indicated a need for professional assistance following a suicide death. Suicide grief counselling is efficacious: more than three-quarters of participants in another study were supported by a mental health professional; 80% of these participants “rated the help provided as moderately to highly helpful” (Dransart, 2013, p.331).

People who have experienced a suicide loss are most actively seeking support in the two years following the death. Sanford et al. noted that those who entered therapy “less than 3 months following the death reported greater benefit of therapy than those who initiated therapy later” (Sanford et al., 2016, p.556).

Availability of expertise in suicide grief counselling is vital

Clinicians or counsellors with expertise or training in suicide bereavement are needed to provide a range of supports including professional counselling, peer support, and family support groups. It’s also helpful when they’re able to suggest ways to honour a person’s memory as a means to facilitate post-traumatic growth. Therapists would benefit from specific training in dealing with trauma given the role of PTSD in suicide bereavement. Reducing the burden of complicated grief symptoms has been found to facilitate post-traumatic growth in people who have experienced a suicide loss – thus highlighting the important role of therapeutic strategies such as group psychotherapy (Levi-Belz, 2022).

Ongoing therapy improves outcomes

Relatively infrequent suicide grief counselling sessions accompanied by a long-term availability of the clinician to the person who has experienced suicide loss have been found to be effective (Jordan, 2020). “Attachment informed grief therapy” whereby “the therapist serves as a transitional attachment figure who helps the bereaved individual re-regulate themselves and integrate the loss over time,” has also proven to be efficacious” (Jordan, 2020, p.6).

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