

AMERICAN ASSOCIATION OF SUICIDOLOGY

The American Association of Suicidology (AAS) offers a variety of resources and programs to survivors in an attempt to lessen the pain as they travel their special path of grief.

These include:

- Survivors of Suicide Kit: an information kit consisting of fact sheets, a bibliography and sample literature.
- Survivors of suicide: Coping with the Suicide of a Loved One booklet and A Handbook for Survivors of Suicide.
- Surviving suicide, a quarterly newsletter for survivors and survivors support groups.
- “Healing After suicide”, an annual conference held every April, for and about survivors.
- Suicide Prevention and Survivors of Suicide Resource Catalog: a listing of books, pamphlets, etc. which can be ordered from AAS. Includes resources for children and those who care for them.
- Directory of Survivors of Suicide Support Groups – print version available for purchase and an online version available at www.suicidology.org
- Guidelines for Survivors of Suicide Support Groups: a how-to booklet on starting a support group.

The American Association of Suicidology (AAS) serves as a national clearinghouse for information on suicide. AAS has many resources and publication, which are available to its membership and the general public. For membership information contact:

American Association of Suicidology
5221 Wisconsin Ave. N. W. Washington, DC 20015
(202) 237-2280 (202) 237-2282 (Fax)
E-mail: info@suicidology.org
Website: <http://www.suicidology.org>

National Suicide Prevention Hotline 1 800 273 8255

UNDERSTANDING SUICIDE

&

SUICIDE PREVENTION

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BE AWARE OF THE WARNING SIGNS

- Someone threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself.
- Someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means.
- Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person.
- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

Behavioral Health

When a person feels depressed and sad, they can become trapped in a cycle of negative thoughts and beliefs. They may experience a variety of cognitive distortions such as:

1. Negative filter: The person views all of his or her life including daily activities through a negative filter. They might attribute a benign glance from another person as a look of anger or view a simple mistake such as misplacing keys as a sign that he/she is truly a failure in life.
2. All-or-nothing thinking: The person sees things in black and white categories. If a relationship fails, the person sees himself/herself as a failure and as the sole reason for the break-up.
3. Overgeneralization: The person sees a single negative event as a never-ending pattern of defeat. If the person has a relationship that ends, he/she may think that all future relationships will fail, too.

4. Disqualifying the positive: The person disregards any positive experience, and maintains negative beliefs even if they are contradicted by everyday experiences. The person may fail to find any positive about his/her relationships or about his/her current status.
5. Catastrophizing: The Soldier exaggerates the importance of negative events. If a relationship fails, the person might assume that the failure will now affect all aspects of life, will affect ability to succeed, and will cause a loss of friends.

UNDERSTANDING AND HELPING THE SUICIDAL INDIVIDUAL BE AWARE OF THE FACTS

1. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems.
2. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.
3. Talking about suicide does not cause someone to be suicidal.
4. Approximately 35,000 (11.3 per 100,000) Americans kill themselves every year. The number of suicide attempts is much greater (11 to 1) and often results in serious injury. (Illinois is ranked 45th out of all 50 states 9.3 per 100,000)
5. Suicide is the third leading cause of death among young people ages 15-24 and it is the eight leading cause of death among all persons.
6. Youth (15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. Following the late 1970's, the rates of youth suicide have remained stable.
7. The suicide rate is higher among the elderly (over 65) than any other age group. (14.3 per 100,000)

8. Four times as many men kill themselves as compared to women, yet three times as many women attempt suicide as compared to men.
9. Suicide cuts across all age, economic, social, and ethnic boundaries.
10. Firearms are currently the most utilized method of suicide by essentially all groups.
11. Surviving family members not only suffer the trauma of losing a loved one to suicide, and may themselves be at higher risk for suicide and emotional problems.

WAYS TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

1. Be aware. Learn the warning signs.
2. Get involved. Become available. Show interest and support.
3. Ask if he/she is thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expression of feelings. Accept the feelings.
6. Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
7. Don't dare him/her to do it.
8. Don't give advice by making decisions for someone else to tell them to behave differently.
9. Don't ask 'why'. This encourages defensiveness.
10. Offer empathy, not sympathy.
11. Don't act shocked. This creates distance.
12. Don't be sworn to secrecy. Seek support.
13. Offer hope that alternatives are available, do not offer glib reassurance; it only proves you don't understand.
14. Take action! Remove means! Get help for individuals or agencies specializing in crisis intervention and suicide prevention.

BE AWARE OF

FEELINGS, THOUGHTS, AND BEHAVIORS

Thoughts of suicide are not uncommon. While the numbers vary according to different organizations those who consider suicide at least once in their lives is somewhere around 40% or higher. Most reject the idea because they see it as a permanent end to a temporary crisis or realize that there are better ways of dealing with stress and circumstances. Those who are in danger or committing suicide perceive their dilemma as inescapable and feel an utter loss of control. The reason being that they:

- Can't stop the pain
- Can't think clearly
- Can't make rational decisions
- Can't see any way out
- Can't sleep, eat, or work
- Can't get out of the depression they are in
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as valuable or worthwhile
- Can't get anyone's attention
- Can't gain control of the situation

IF THIS IS YOUR SITUATION TALK TO SOMEONE THERE ARE PEOPLE WHO WANT TO HELP

CONTACT:

- A community mental health agency
- A school counselor or psychologist
- A suicide prevention/crisis intervention center
- A private therapist
- A family physician
- A religious/spiritual leader

If none of those are available and you're in crisis call the National Suicide Hotline at **1 (800) 273 8255**

SURVIVORS OF SUICIDE

(A survivor of suicide is a family member or friend of a person who died by suicide.)

There are currently approximately 36,000 suicides annually in the USA. It is estimated that for every suicide there are at least 6 survivors. That means there are over 200,000 new individuals each year that face the grief and sorrow of having a friend or loved one commit suicide.

ABOUT SUICIDAL GRIEF

The loss of a loved one by suicide is often shocking, painful, and unexpected. The grief that ensues can be intense, complex, and long term. Grief work is an extremely individual and unique process; each person will experience it in their own way and at their own pace.

Grief doesn't always just work its way through to a resolution. One may grieve more a year from now and grieve less the year after that. There is no exact time frame for grief. Survivors should not expect that their lives will return to exactly the same as it was before the loss. The process is one of learning how to live life after the loss of the loved one and finding some sense of resolve.

COMMON EMOTIONS EXPERIENCED ARE:

Shock, Denial, Pain, Guilt, Anger, Shame, Despair, Disbelief, Hopelessness, Stress, Sadness, Numbness, Rejection, Loneliness, Abandonment, Confusion, Self-blame, Anxiety, Helplessness, Depression

These feelings are normal reactions and the expression of them is a natural part of grieving. At first, and periodically during the following days/months of grieving, survivors may feel overwhelmed by their emotions. It is important to take things one day at a time. Crying is the expression of sadness; it is therefore a natural reaction after the loss of a loved one.

Survivors often struggle with the reasons why the suicide occurred and whether they could have done something to prevent

the suicide or help their loved one. Feelings of guilt typically ensure if the survivor believes their loved one's suicide could have been prevented. At times, especially if the loved one had a mental disorder the survivor may experience relief.

There is a stigma attached to suicide, partly due to the misunderstanding surrounding it. As such, family members and friends of the survivor may not know what to say or how and when to provide assistance. They may rely on the survivor's initiative to talk about the loved one or to ask for help. Shame or embarrassment might prevent the survivor from reaching out for help. Stigma, ignorance and uncertainty might prevent family and friends from giving the necessary support and understanding. Ongoing support remains important to maintain family and friendships relationships during the grieving process. Survivors sometimes feel that others are blaming them for the suicide. Survivors may feel the need to deny what happened or hide their feelings. This will most likely exacerbate and complicate the grieving process.

When the time is right, survivors of suicide will begin to enjoy life again and healing can occur. Many survivors find that the best help comes from attending a support group for survivors of suicide where they can openly share their own story and their feelings with fellow survivors without pressure or fear of judgment and shame. Support groups can be a helpful source of guidance and understanding as well as a support in the healing process.

CHILDREN AS SURVIVORS

It is a myth that children don't grieve. Children may experience the same range of feelings as do adults; the expression of that grief might be different as children have fewer tools for communicating their feelings. Children are especially vulnerable to feelings of guilt and abandonment. It is important for them to know that the death was not their fault and that someone is there to take care of them. Secrecy about the suicide in the hopes of protecting children may cause further complications. Explain the situation and answer children's questions honestly and with age-appropriate responses.