



Jörg Schmidt

Grief after suicide – (not) a grief like any other

AGUS publication series: Helps in grief after suicide



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Preface

My father committed suicide in 2013. I was 27 years old at the time. The whole world just came crashing down around me, my mother, my brother, my whole family and my friends then. We were stunned, dashed to the ground, sad, angry, ashamed, completely exhausted, and disoriented. On top of that came the agonizing questions as to WHY.

What my family has undergone befalls many thousands of people in Germany every year. They lose someone dear to suicide. The subsequent life stage is extremely hard to put into words. Looking back, if we'd had the slightest idea as a family, how demanding and backbreaking the coming months and years would be, we would have surely expected that we'd most certainly cave in. But we did not. I'd like to share with you two most personal insights.

Conversations work wonders: My father had been dead only three months when I came to contact with an AGUS support group for the first time. The heartfelt and respectful welcome, the simple "privilege to listen", the valuable exchange of similar experiences, worries and hardships, and the mutual support in this crisis situation sustained me tremendously. And, believe or not: We had some good laughs together.

Grief can set you free: I, too, grew up with the tenet that you've got to put an end to your grief at some point. Today, I think differently. The way I see it today, a little bit of grief will probably accompany me to the end of my days, for I lost someone dear. That is to say, I don't have to "quickly finish up grieving", but instead I may get a little bit sad now and again, and at the same time live my life with its numerous beautiful moments and enjoy myself to the full. This personal insight relieved me enormously and set me free on my own grief path.

Everyone grieves in their own way, every grief path is unique. Any form of grieving is good. Grief is not the problem, but part of the solution instead, your individual solution for dealing with the loss of a relative or a friend.

Since 1989, AGUS supports people who have lost someone dear to suicide. Not only friends and relatives, but even specialists are often left speechless by suicide and the great sorrow of the bereaved. With this brochure, we aim to provide an initial insight into the subject area suicide and point out several

courses of action, which might just prove useful to you in the first weeks and months.

I'd like to invite you, and encourage you to call on AGUS anytime on your grief path. A support group can of course never substitute for a grief work attended by a doctor, psychologist or another pertinent specialist. Yet, it can provide a complementary safe haven, where people bound by fate can converse and bolster each other up. That's what we'll be striving for today as well as in the future as a nonprofit organization with complete dedication.

Nina Angermann

Former AGUS e.V. – Board Member

Grief after suicide – (not) a grief like any other

by Jörg Schmidt

with contributions from Jan Möllers, Chris Paul and Nina Angermann

Suicide is ...

Sudden, tabooed and associated with violence

A suicide always afflicts family members, relatives and friends out of the blue. Notwithstanding possible signs or even attempts in the past, nobody is ever prepared for such news. That someone took their life is inexplicable. We suppose that every person is life-oriented, that is to say, they want to live. We therefore hope in the course of a social or medical crisis that things will get better for the person concerned – either through the stabilizing effect of contacts or adequate medical care – perhaps even both. Usually, before a suicide, a deceptive atmosphere of calm prevails. The person concerned seems to have overcome the crisis or at least be on the way to recovery. The departed has arranged to meet friends in the coming days, wanted to undergo a rehab, etc. Only in hindsight can you interpret a certain situation from that particular day in a different light: "I wondered indeed why he gave me such a long hug when he said goodbye this morning. He'd never done that. Now I know why he did that." According to a survey from 2001 in Wales and England involving 11,000 people who have committed suicide, 85% displayed very little or no acute suicidal risk at all within the last seven days prior to their death.¹

Everyone is acquainted with crises in a relationship, the family and at work. When a family member takes their life in such a situation, you are confronted with an absolute catastrophe. All hopes, wishes and perhaps courses of action developed together are wiped out at a single blow. The person who has taken their life has monopolized the initiative with a vengeance through this act, and at this point, all that remains for the bereaved is to come to terms with this new life situation.

Notwithstanding the apparent improvement in the society's stance on suicides and their family members in the last decades, people still find it difficult to talk about this matter, intimidated by the reactions of the environment. Sufferers are confronted immediately after the suicide with the question of whether they would say it was actually a suicide or rather an accident. This is a completely different situation than after a death by natural causes.

It is not only your own world that changes upon the death of someone dear, though. Friends, neighbors and colleagues, too, have got to face up to a new life situation and find their bearings. Many people stand there helpless before a griever for fear of saying something wrong. Following a suicide, curiosity and prejudices might crop up. Therefore still many family members must often watch friends and acquaintances pull back without saying a word, and that in the middle of the hardest time of their lives. It is all the more important to keep an eye on those who prove supportive and affectionate in this hard time.

Aside from suddenness, a suicide is always attended with a violence impact, too. Depending on the form of the suicide, the body might turn out to be quite disfigured. Asking themselves how the suicide felt in the last moments of their life and whether they suffered great pain is agonizing for the family members. They usually associate horrible phantasies with the incident. Yet, it appears that many suicides see a solution to their problems and agonies in taking their lives. We know this from people who have survived a suicide attempt: They say they had a clear and totally peaceful mind at that moment.²

Suicide is a way of dying

Suicide is a genuine human act. For at the end of the day, the subject of this deed is the human as a free, reasonable, self-confident, unique, responsible entity that has command of the inner and outer form of their life. That is to say, a person with their specific human capabilities, although these are manifold blocked, overlain and hence considerably restricted by the typical pre-suicidal factors of consciousness at the time of the decision to commit suicide.³

Drawing merely on medical-pathological knowledge will not suffice to facilitate our comprehension of suicide or handling of suicidal persons, their family or the bereaved. Just like one is permanently exposed to a multitude of factors, there are in this context, too, various dimensions that we've got to take into consideration, such as the religious, the ethical-philosophical and the social aspects.

The interpretations range between endorsement or tolerance and disapproval or condemnation since ancient times. Whereas Plato referred to suicide as „limpness and male cowardice“ in the 4th century BC, the Stoic school prized some three centuries later the quality of life above quantity.⁴

Suicides (acts and people) were never condemned in the Bible; neither in the Old Testament nor in the New.⁵ The theologian Augustinus appears to be the first to refer to suicide as murder in general, in the 5th century AD. Moreover, suicide denoted the denial of redemption opportunities like the confession for instance. This antagonistic stance prevailed for many centuries (even among such philosophers as Kant).

It was the French sociologist Émile Durkheim that introduced a new approach through his epochal work from 1976 *Le suicide* (Suicide). In his lifetime at the turn of the 20th century, the suicide rates were quite high, and he interpreted it as a social problem. Therefore, it's not attributable merely to individual and psychological factors; external factors can just as well make you suicidal.⁶ In recent times, notably Jean Améry's book *On Suicide: A Discourse on Voluntary Death* appears to occupy a prominent place. He denounces any heteronomy with regard to one's own death. At the end of the 1990s, the subject was reviewed in a journalistic manner for the first time on a large scale by Manfred Oetzberger in his book *Suizid. Das Trauma der Hinterbliebenen* (Eng.: *Suicide. The trauma of the bereaved*), bringing the situations of the bereaved to public attention. Almost contemporaneously Chris Paul's book *Warum hast du uns das angetan?* (Eng.: *Why did you do this to us?*), perhaps the most-read book on grief after suicide to date, was published. Subsequently, a good many accounts of the sufferers have appeared in book form (a good list can be found on the AGUS website, where the books can be ordered as well).

However, in all historical and social developments, the following two extremes should be avoided: on one hand the pathologizing that boils suicide down to a disease alone, and on the other hand the idealizing that talks suicide up as a calculated act of freedom, decided and performed upon careful consideration.

Neither lives up to the issue in its totality with manifold dimensions. Labeling suicide grievers automatically as traumatized people in need of psychotherapy applies just as little. Suicide is a way of dying.

Self-murder, free death and other phrasing

You can't have a value neutral opinion about a suicide, it appears. It is way too much associated with existential issues and the recesses of a person's mind, for that. Nonetheless, in use of language it is advisable to beware of certain terms that might be laden with subliminal judgment.

The term self-murder implies an act of murder and therefore an offence. For centuries, suicides have been regarded as culprits, not victims, and they were penalized for that, too: On the part of the church, suicides have been interred outside a cemetery in the absence of a priest and suicide was often portrayed to the outside world as a sudden, incurable illness. Such was the case for the German actor Hape Kerkeling, whose mother took her life in 1973, when he was eight years old. She was declared to have died of a stroke.⁷

Particularly, following Améry's claim for the right to one's own death, the term free death has emerged. Yet, in this context as well, it is necessary to observe with a critical eye whether the person was genuinely free or willed in the suicidal situation. In that sense, the term free death does not live up to the psychological reality of the suicide, which is contingent in most cases upon despair, the feeling of having reached a dead end, the inability to objectively comprehend values, and the constriction of emotional and intellectual perceptive faculties. Usually, these are accompanied by the feeling of a stifling inner compulsion.

Instead of the terms self-murder or free death, which imply either a negative-preachy approach or a glorification, AGUS recommends the use of suicide or self-killing, for a rather value neutral terminology. The term suicide comes from the Latin expression *sui cadere*, which literally translates cutting oneself down. Indeed, this term might sound alien or affected to many in ordinary everyday language. That's why you often hear other expressions like topping yourself or taking your own life, which might just imply that there's a certain self-restraint involved in facing up to the incident. Especially when you are communicating to children the suicide of someone dear you must refrain from expressions like fallen asleep or gone, or else they could be confused.⁸ Here's an example: Imagine a mother, who tries to avoid communicating to her child the suicide of his father using the suitable vocabulary and prefers instead the expression he fell asleep, has sleep disorders someday and tells her child off-the-cuff: "I just can't sleep". What shall the six-year-old possibly think?

A person kills themselves, because ...

People would give their eye teeth to be able to complete this sentence in order to understand why their partner, child, parent, sibling, relative or friend took their life. Alas, at the end of the day, the issue remains unresolved. In spite of intensive research in the last years and decades, not even scientific studies could find a comprehensive explanation as to why someone takes their life. There are models assuming various perspectives:

Developmental models

Developmental models focus on the course of the process from the very first suicidal thoughts up to the suicidal act. Possible causes or triggering factors behind this development are disregarded here. The best-known among these are the models of Walter Pöldinger and Erwin Ringel. These two psychiatrists practiced almost contemporaneously in Austria. Pöldinger lived from 1929 to 2002 and Ringel from 1921 to 1994. Their models are acknowledged to date.

Pöldinger delineates three phases: the contemplation stage, the ambivalence stage and the decision stage. Death wishes first appear at the initial stage. At the second stage, you face up more intensively to the question of whether you want to live further. At this stage, appeals for help are not uncommon. "These signs are unfortunately often pretty much encoded, hardly discernible and in many cases only post-hoc, that is, following an already committed suicidal act, decipherable."⁹ At the following decision stage the suicide appears calm on the outside. This is often interpreted as an improvement of their situation, attended by the hope that things will take a turn for better. However, this is a deceptive calm, for the suicide has made their decision already. But even that is almost impossible to discern.

Erwin Ringel introduced additionally the term constriction. The field of vision regarding the help opportunities in the environment and your own capabilities gets smaller and smaller. The suicide withdraws from the outside world more and more, relations are broken off, all interests are lost.

Formational models

The question of what puts people into such a process described by Pöldinger and Ringel yields two possible causes: crises and illness.

Crisis implies a situation which seems to be insoluble at some point in time like financial woes, relationship difficulties / lovesickness, falling down on the job or studies. Such a situation can have various outcomes: the first possibility is constructive and thereby life-sustaining (crisis as an opportunity), whereas the second one is destructive, and in the case of a suicidal crisis, life-destroying (crisis as a threat). The establishment of a certain affinity between suicidality and mental illness dates back to the 17th century. The prevalent explanations on the part of the church before that were beliefs of demonic possession or a committed sin. The attribution to medicine aspires to sympathize better with suicidal people, and bring the fact into focus that suicidality is subject to certain laws, just like any illness. Alongside the high incidence of depressive disorders you often encounter manic-depressive disorders, schizophrenic disorders and psychoses, borderline disorders and long-term addiction in this context.

Of course, you cannot generalize. The vast majority of the cases involve very different influences and experiences, which contribute over a certain period of time to the decision of a person to take their life. Acting on the basis of a rash decision without any discernible sign of a crisis or mental illness is very rare.

Yet, besides these factors that promote suicidality, there are protective factors, too, like partnership, family ties, social and religious norms and values.

A person takes their life every 52 minutes in Germany

In Germany, just over ten thousand people die due to suicide every year. That means, one in a hundred deaths in Germany is by suicide. That's roughly three times as many as the victims of traffic accidents.¹⁰ Suicide has thereby become one of the most common death causes for years now, and even the second most common death cause among young people between fifteen and twenty-four years of age after traffic accidents.¹¹ The number of suicides committed worldwide annually is estimated to be around one million. That means, on the average, somebody takes their life every forty seconds around the world.¹²

People who commit suicide are between ten and a hundred years of age. Numerically, the most frequent suicide cases happen between forty and sixty years of age. A good deal more men take their lives than women: about seven-

ty percent of all suicides are committed by men, and about thirty percent by women. Due to the aging population, the frequency of suicides among those aged seventy and over is getting higher and higher. Table 1 on page 12 depicts the age distribution of the suicides in Germany based on the 2018 figures.

Aside from these figures on deaths by suicide there's also the so-called suicide rate. This depicts the number of people who have taken their lives per 100,000 population. Bavaria had a suicide rate of 12.7 in the year 2018. This means almost thirteen out of 100,000 who lived there took their lives within that year. The corresponding suicide rate was lowest in North Rhine - Westphalia (8.6) and highest in Saxony-Anhalt (13.7).

The number of deaths by suicide is in decline within the last several decades. In 1981 it was almost 19,000, but it decreased to about 14,000 in 1991. From 2005 to 2016 the annual figures were around 10,000, and since 2017 slightly above 9,000 ¹³ (see Table 2 on page 13).

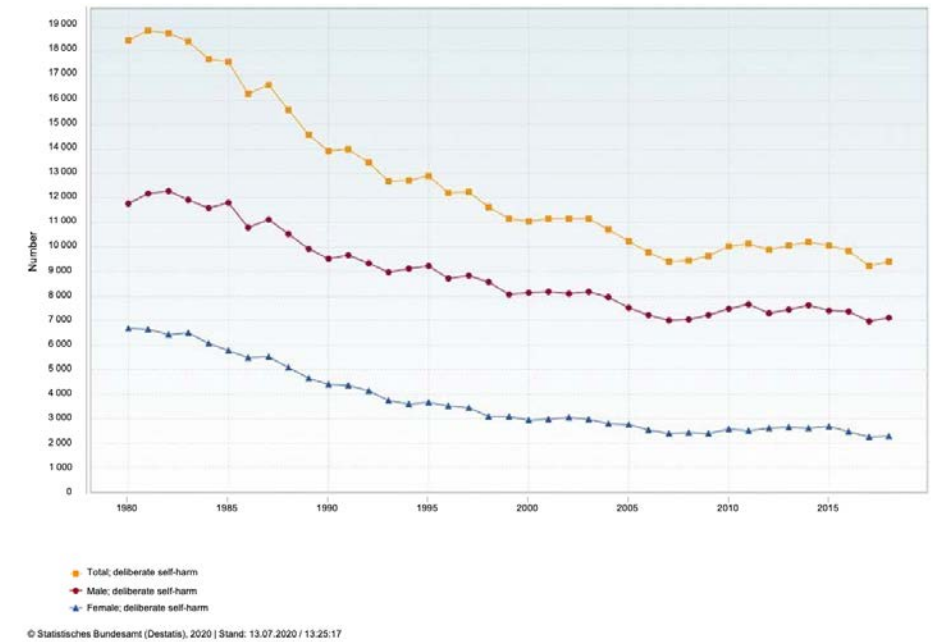
Table 1: Number of suicides by age group (2018)

Age group	Male	Female	Total	Proportion
under 10	0	0	0	0,00 %
10 to 15	8	5	13	0,14 %
15 to 20	132	47	179	1,91 %
20 to 25	276	62	338	3,60 %
25 to 30	300	76	376	4,00 %
30 to 35	339	93	432	4,60 %
35 to 40	357	86	443	4,71 %
40 to 45	348	115	463	4,93 %
45 to 50	522	165	687	7,31 %
50 to 55	767	288	1055	11,23 %
55 to 60	739	255	994	10,58 %
60 to 65	558	175	733	7,80 %
65 to 70	508	159	667	7,10 %
70 to 75	431	155	586	6,24 %
75 to 80	675	220	895	9,53 %
80 to 85	559	192	751	7,99 %
85 to 90	412	119	531	5,65 %
90 and older	180	73	253	2,69 %
Total	7111	2285	9396	100 %

Source: Federal Statistical Office of Germany: www.destatis.de (retrieved on 30.06.2020)

Possible reasons for the decline are the increase in the number of institutions in the field of crisis intervention or suicide prevention (crisis hotlines), improved treatment of depressive disorders, tightening of gun laws, securing of the so-called „hot spots“ (structures where a lot of suicides take place), and also the altered reporting in the media.

Table 2: Suicide by numbers



The World Health Organization (WHO) estimates that at least six loved ones are affected by a suicide. That means at least 60,000 additional people are affected every year in Germany alone.¹⁴ In recent years, the definition of people affected is broadened to also include indirectly affected people such as friends, neighbors and colleagues. If you take that definition as a basis, the number of people affected by a single suicide could exceed 20.

Grieving is the solution, not the problem

The prominent and renowned grief counselor Chris Paul's book *Ich lebe mit meiner Trauer* (Eng.: *I live with my grief*) begins with this title.¹⁵ German Hospice and Palliative Care Association (DHPV) puts it into words similarly: "Grief isn't an illness, but instead a normal reaction to an experience of loss."¹⁶ Grief has thereby healing powers. However, under compounded death circumstances like a suicide, the grief process can turn out to be blocked, where for instance violent images, phantasies, pain or feelings of guilt superimpose the memories of the person and their life utterly, reducing the deceased to the suicide merely. Every single thing before that is radically called into question. Coping with the suicide takes such a big place that the normal grieving often comes years later. In a situation of unconsciousness, surviving has priority. The resemblance to unconsciousness is due to the fact that the bereaved could not but abide by a decision, on which they had no influence whatsoever, let alone a voice. In particular partners see this as a breach of trust. The past, the present and the future are all radically called into question.

Why didn't you trust me? That was what I agonized about first and foremost. Why didn't you tell me what pain was boiling up inside you? Would I be able to help you if I knew about it before? I don't know. But it drives me mad to think that I found our life together wonderful, while you ran away from it. What did you think of all the years we spent together? Was it an ordeal for you? Were there any beautiful sides of our life together for you, too?

Did you drive there that morning already with the intention of taking your life? Did you already know you wouldn't be coming back home again?¹⁷

The reactions of the bereaved can be quite diverse upon a suicide:

- Shock-like state, dissociation
- Denial and repression („it can't be“)
- Despair, depressiveness, grief over loss („I need him/her, I can't live like this!“)
- Helplessness, bewilderment („How could he/she do that?“)

- Accusations against the suicide („How could he/she do this to me?“)
- Accusations against helpers („I brought him/her to you to the clinic so he/she can't do himself/herself harm. And you couldn't prevent that!“)
- Grief, resignation („There was nothing more to do!“)
- Feelings of guilt, self-accusation and accusation of others („If only I had...“)
- Threatening with legal action („That will have consequences“)
- Own thoughts of suicide („My life has no meaning anymore!“)

How does grief proceed?

The Swiss psychologist Verena Kast developed in the 1980s a model, according to which grief proceeds in four phases:¹⁸

1. Denial
2. Emotional outbreaks
3. Searching, finding, parting
4. New reference to oneself and the world

Today, such a succession of phases that the griever is expected to undergo is not taken for granted. Grief is rather perceived as a dynamic process, where griever can and should play an active role. That's exactly what the American psychologist William J. Worden means when he talks about tasks of grieving. According to this approach, griever themselves can and should do something to facilitate a transition to another phase of life. Worden specifies four tasks:¹⁹

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
4. To find an enduring connection with the deceased in the midst of embarking on a new life

Chris Paul extended this model by two components into the Kaleidoscope of Grief.²⁰ She has developed this model along her work with and for griever over two decades. It describes six different fields of experience and draws a picture with six colored fields, which form new patterns again and again, just like in a kaleidoscope (see Page 17 of this brochure). Each field of experience is present every time, but the way they complement or overlay one another depends on a number of different factors and that is exactly what makes each

path of grief so unique! This path is never straight either, like it would be in the mental image of alternating phases, but instead there are some turns you need to take or there's maybe even the feeling you are in a maze – depending on which facet currently dominates. The six facets (with the corresponding colors) are:

1. Surviving (orange)
2. Grasping the reality (dark gray)
3. Feelings (pink)
4. Adapting (green)
5. Remaining attached (yellow)
6. Pinning down (blue)

Kaleidoscope of Grief



Surviving

Grievers recount in retrospect that for them especially in the first year it was all about surviving. They functioned somehow and brought themselves and their family through. Hence the description by Chris Paul "a raw and simple matter. You keep on breathing and withstand the day and the night and the following day."²¹ Every one of us reacts in a different way and develops distinct survival mechanisms: A husband plunges into his job and works from morning till night, while a wife utterly withdraws into herself. A mother tells even perfect strangers what happened, a father lapses into silence even in the company of friends, a brother seeks closeness all of a sudden, while a sister becomes aggressive to people around her, a grandma wallows in old memories a grandpa is trying to forget. These are strategies that comforted and helped the persons of concern back when they were a child. So they unconsciously have recourse to these in the current crisis situation. "They convey a little bit security in the middle of an insecure new chapter of life."²²

As a sudden death cause, suicide overwhelms the bereaved. Having lost her parents at the age of five (the mother died in the attempt to prevent the father's suicide), Annette Félix describes what she's undergone as the tsunami of her life.²³ For this reason, this facet has the color red-orange, which is luminescent and brash like a reflective vest: It feels like the survival is seriously jeopardized.

It is all the more important to stay alive. Hence, to Chris Paul, these survival mechanisms are a crucial component of every grief process: "Surviving is the absolute requirement for every single step on the long path of grief."²⁴

Grasping the reality

Upon a suicide, the most important task, aside from surviving, is to understand that the person grieved for is dead. The color black is expressive of the dark pit the bereaved often fall into when they've realized that. It is helpful to many grievors in that sense to have a moment with the deceased one last time, in order to bid farewell to the dead body in peace. That is rather difficult in a suicide, as there's always a criminal investigation involved. Within that scope, the police limits all access to the body of the deceased and perhaps conducts a forensic investigation, too, to find out whether it was really a suicide (which is not a criminal offence) or a homicide. In this context, access to other things like for instance a suicide note or often even the complete home of the deceased can be limited for some days with the aim of searching for evidence.

Even if the relatives are present at the discovery of the deceased, a peaceful farewell at the place of death or on deathbed is usually complicated, provided it is possible at all. The situation is characterized by the hustle and bustle of a criminal investigation, where the needs of the relatives are a low priority.

Yet, many people feel the need to see the deceased straight away, particularly upon a suicide. Embracing with their own eyes and hands something that feels at first ungraspable: grasping in the literal sense. Getting a chance to be alone with the deceased for a few minutes, bidding a word of goodbye, even holding their hand for a moment is usually helpful, and if it is allowed, very supportive for the rest of the grief process.

Berliner undertaker Jan Möllers, who accompanies the bereaved throughout that time, relates his experiences in this aspect of the grief process: During the limitation of access to the deceased, grievors can find other ways to face up to the reality of death and develop an attachment that extends beyond death:

- Putting up a picture of the deceased
- Choosing burial clothes for the coffin and perhaps a sheet, a blanket and a pillow, to virtually make the deathbed
- Visiting the place of death
- Talking with other people about the deceased

Once the body is released, it's up to the bereaved to spend some time with the deceased once more before burial. But there are people, who, upon a suicide, too, do not wish to see the deceased once more. There's nothing wrong with that decision, it is important and deserves support.

Injuries do not categorically militate against a farewell. Wounds can be dressed even if they are real bad, like for instance due to a fall or a traffic accident. The wish to see the deceased one more time is (also) about convincing oneself of the reality of death at first hand. In the case of a violent death, corresponding wounds constitute a coherent part of the scene. The horrible images the news of death evoke in the minds and hearts of the bereaved are often worse than the reality. In the actual situation and from the perspective of the bereaved, the wounds usually take a back seat to the familiar features. When there's no other way, even a part of the body like a hand or an eyebrow could suffice to make sure. Personal clothes and belongings underpin this recognition and grasping.

The key elements of a helpful farewell are:

- A room that proves supportive through its atmosphere
- Good company (the right people in the right way)
- Sufficient time

The choice of undertaker to accompany one in this process is essential. It is a good idea to start with the search soon, ask around for recommendations, and already have the first consultation session before the release of the body of the deceased, because the further organization of a funeral ceremony and the burial can be a stepping stone or a stumbling stone in the grief process as well. A stepping stone is anything that proves helpful on the path of grief, whereas a stumbling stone impedes the grieving.

Upon a suicide, everyone related should get a chance to see the deceased, provided they wish to. Employees of a rescue squad, pastoral care, police department or a funeral home should support the bereaved without any prejudice and reserve, not only in any decision-making, but also in bidding farewell in peace with all their current feelings. Which form the bereaved choose in this context and whether they want to see the deceased person at all should be their decision alone. But they do require the circumstances to do this without feeling under pressure, guilty or overwhelmed.²⁵

Feelings

The many different feelings in the grief process can be intensive and powerful, but tender as well. Hence the color pink. Whereas in the past feelings such as anger were demanded outright in grief counseling („you’ve got to be angry!“), today the emphasis is managing to express diverse feelings like for instance shame or guilt.

This is a matter of subjective classification by the bereaved. Each of us has adopted in the course of their life individual guidelines that feed on the family, school or college days, work, partnership, etc. Our unconditional will to live as human beings goes with these guidelines. When somebody kills themselves, it is a flagrant violation of this law of nature. The bereaved ask themselves why in their concrete case: „Why did my partner / child / mother / father / brother /

sister kill themselves?“ While a hazy feeling of participation settles over them, feelings of guilt crop up: „I could have saved them, if only I had...“.

But then again, these feelings of guilt serve as a constant connection to the deceased, too. Chris Paul tells of a mother asking her the following question after a presentation: “My son took his life five years ago and I feel so guilty about it. What should I do?” Chris Paul replied with a counterquestion: “Please tell me – what would happen, if the guilt were gone?” The mother answered: “My son would be gone then.”²⁶

A continued connection through guilt contexts is strong but very one-sided and burdensome. Besides the necessary compensatory acts (punishment, penance, reparation) you have the restatement of your history. If the vital connection to the deceased is established through guilt contexts, then the remembered history with the deceased must be “revised” in terms of guilt contexts. In this regard, burdensome, frustrating and unsatisfactory parts of the relationship are to be emphasized. Everything that was experienced as exhilarating and rewarding in the relationship has to take a back seat, as it calls into question the guilt context. To people, who establish their constant connection to the deceased through guilt, the remembrance is not soothing or strengthening, but instead shattering. Yet, it is strong and serves thereby its purpose.²⁷

These feelings of guilt cannot be taken away from a person. Even if you repeat fifty times “It’s not your fault”, it couldn’t help the person feel themselves better. The revision Chris Paul writes about means that in fact even positive moments together like a wedding, birth of a child or holiday are regarded as painful. What the bereaved infer from this is that they deserve nothing good at the present time either: Their guilt entails this self-punishment.

Well-intentioned appeals like “Allow yourself something good” irritate people with feelings of guilt. At this point, holistic and positive memories can broaden the perspective. The former observe the person as a whole with their good sides together with the bad ones and the beautiful moments together with the hurtful ones. These can stay side by side separately and be perceived so. Positive memories involve moments that are seen as particularly beautiful and

exhilarating by side separately and be perceived so. Positive memories involve moments that are seen as particularly beautiful and exhilarating.

The more the bereaved know about the suicide and the time before it, the less the feelings of guilt and the blaming can be: a farewell note, information about the possible illness, access to the police files and hence details as to the place, time and form of death.

Not until the bereaved see for themselves that they had no fault in the suicide, and provided they can stand that, too, can they let go of the guilt. However, this can sometimes be a very long process.

At this point, what William J. Worden defines as reality testing can be helpful: „A person, who believes they've done too little, should ask themselves what they have really done – the answer could be that actually everything possible has been done. It's just that one could not achieve what they took for granted – that maximum efforts and a deep love would keep the other person alive.“²⁸

Adapting

The question is, how does one adapt their life to the changes subsequent to the death of someone dear? However, after a suicide, the bereaved often have to cope with the attributions of the social environment: „The bereaved become taboo bearers!“ This is well reflected by Hape Kerkeling's remark about how he felt himself seen and treated by others following the suicide of his mother:

In spite of all the heartfelt and sincere efforts of my grandparents, having to grow up without a mother felt like a tremendous flaw. It is a stigma. The lack of a mother makes me different and peculiar. I scratch Mother's Day from my spiritual calendar. I feel like I'm robbed of my childhood. I am so sick and tired of the permanent sympathy. „Oh, you poor thing, you have no Mommy!“ is a sentence I got sick of hearing somewhere along the line.²⁹

Outsiders, too, often feel insecure and are not sure how they should address the bereaved at all. They sympathize with them but don't know how to put that into words. There's a substantial fear involved, fear of saying something wrong and thereby unsettling the bereaved further and disqualify themselves totally as a neighbor, friend or colleague. It appears, there are basically two possible

responses to the suffering of other people: empathy (accompanied by the help we offer) and overextension (accompanied by an utter withdrawal). In difficult phases of life, we can experience them both: friends that visit you often, and relatives you don't hear from ever again. When we hear someone's having a hard time, our spontaneous reaction is indeed being affected and feeling the urge to help. But then arises the concern that we could say something wrong, and we make up excuses („Let me first give the family some time to compose themselves“ – „They've probably told their story so many times, I don't want to stir them further up“ – „I can't clear my head of work today, I'll call tomorrow“). The more time passes, the more difficult it's going to be to establish contact. Then you get to the point where it feels too late and you abandon the idea.

Instead of the banal-sounding cliché „How are you?“, phrasing the question as „How are you doing today?“ could be a possible first step. Just like there is not merely one right way to grieve, there is not merely one right way to console. It usually helps the bereaved just to know that there's someone they can turn to. Sheryl Sandberg calls this the „emergency button“.³⁰ This requires a sincere and open relationship between the bereaved and others. Instead of pondering permanently whether someone needs help, it's better to offer the help and see if it is accepted. And in answer to the question „How are you?“, the bereaved should be able to say openly „I'm not doing so well, but it feels good to be able to frankly say it to you.“³¹

The color green indicates that there's something green surrounding people all the time, implying hope.

As already suggested, suicide is even today a subject people speak little about and not prejudice-free: „What sort of a family environment must be prevailing when someone takes their life?!“ Relatives often feel ashamed against such a background when a family member takes their life. The bereaved often have the feeling that they are wearing some sort of a (cattle) brand on the forehead, which lets everyone around recognize you are the relative of a suicide. Sheryl Sandberg lost her husband Dave to a sudden heart attack at the age of 45. She describes in a very impressive way her sentiments and thoughts regarding the time she started going to work again. You can draw a parallel between a lot of that and the situation after a suicide:

The return to work conveyed in the beginning a sense of normality to me. However, I soon realized that nothing went as usual. I had been prompting people to bring their whole heart to work, but now my whole heart was just so very sad. If I found it so difficult to speak even with friends about Dave, it sure wouldn't be any easier with colleagues. So I refrained from it, and they likewise. Hence felt most of my encounters with colleagues stiff, cold and distant. When I walked down the Facebook campus, I felt like a ghost, spooky and at the same time invisible. When it got real bad, I sought refuge with Mark [Zuckerberg] in his conference room. I shared with him my worry that my personal relationships with the colleagues could slip from my grasp. He understood my worry, said however that he thinks I'm misinterpreting their reaction. They must be wishing to maintain the good rapport with me, only they probably knew not what to say. The deep loneliness that surrounded me after my loss heightened through the many distant encounters in daily life, and I felt worse and worse. [...] It was clear to me that everyone was doing their best: Those who said nothing tried to avoid heightening my grief and those who said the wrong thing were just trying to be a solace.³²

Remaining attached

Grieving parents never let go of their deceased child! And it's not any different for many other grievers, too. Until a few years ago, grief counseling advised that one should let go of the deceased. Today, grief counseling assumes the task of opening up for the grievers a wholesome path of attachment beyond death. This can be a particularly difficult path for the suicide bereaved, for they often remember most vividly the form of death, the communication of the news of death and the difficulties that existed before the death perhaps. But even for suicide grievers, the connection to the affectionate, strengthening elements of the deceased and the time together provides the light, which can shine through the darkness of missing.

The color yellow wishes to illustrate this, for the attachment to the deceased is like the rays of the sun for many bereaved persons.

It's important, though, to be aware of the fact that the bereaved are to provide a place for the deceased. "Not the deceased occupies it, the way some tourists reserve sun loungers with towels, but the other way around. [...] It is possible, too, that the griever reserves a place for the deceased to such an extent that

there's barely room for another person there. The heart of a mother occupied so much with the deceased child that there's no more room left in there for her other children. A children's bedroom which two sisters had to share and wasn't allowed to be reorganized following the death of the younger child, although the surviving sister, having reached puberty in the meantime, has other ideas of furnishing. The seat of the deceased husband served further on with cutlery and not allowed to be taken by another. As long as these places serve to hang on to the loss instead of giving the new changed life a chance, certain living conditions can falter for individuals, even a whole family or friend system."³³

Chris Paul depicts the story of a young woman, whose younger brother took his life in his adolescence, upon a childhood of mental instability and illness. Her whole childhood and adolescence was overshadowed by the illness of the brother. Her parents were unavailable to her. She suffered from her brother's acts of violence. Aside from many distressing memories, the following scene crossed her mind eventually: Her brother was about three years old when they moved to the newly built house. At the time of the move, the kitchen was not floored yet and had a big pit in the middle, which was full of earth. Her brother played there, and in the evening they noticed he had brought in some flowers from outside and planted them there. For the young woman, this scene became a symbol of the sides of her brother which she and her parents had long forgotten. Her brother had not been solely violent, sick and self-destructive, but also playful, funny and a great improviser in the middle of crises and chaos. [...] The modified memory contents helped revise her relationship to her deceased brother, her parents and to herself.³⁴

Pinning down

Grievers try to pin down and grasp what happened to them. A bereavement is generally speaking always a new situation one cannot be prepared for. Hence, the bereaved are usually overwhelmed during this time. Here, people who give support are required: These can be relatives, friends or acquaintances. Chris Paul defines them as stable persons, who can tolerate the reactions of the bereaved without having to understand or approve of them. This can demand a good deal of patience sometimes. In that context, practical support in daily life can prove quite relieving for the bereaved, like doing the shopping, picking up the kids from school or driving them to practice in their stead. "People who can and wish to help, should stand by to help, but refrain from doing something until the grievers tell them what type of support they need."³⁵ Because, there's

also the risk of fueling the feeling of incapacitation, which is already in the air due to the ongoing investigations. The color blue is a reference to the sky, which we just often take for granted.

Psychiatrist Victor Frankl once said: „If we can't change a situation, we've got to change ourselves.“³⁶ Upon a bereavement, the roles within the families need to be rearranged. Here, the children often come of age too fast and take on the role of a parent following their death for example. They feel that the surviving parent is weaker than they used to be and wish to support them. If it is a brother or a sister that has died, then the surviving children often wish to take on their role and meaning. You need time with that.³⁷

I just cannot imagine it. That's what people said to me again and again, and I agreed with them. While the pain was so great, I could just endure one moment after the other. In the bottomless pit of acute grief I could not trust myself to get stronger. But as agonizing days turned into weeks and months I realized I could imagine it indeed, for I lived to fight another day. Surviving invigorated me. Or like in the old adage: „Let me fall if I must fall. The one I become will catch me.“³⁸

Support within the grief process

Notwithstanding the empathy of their social environment (friends, neighbors or colleagues), the suicide bereaved come up against a gulf between sympathy and understanding. Talking to people who have had a similar experience and have to endure similar pain can be of great help. A basic understanding of the situation of the other person is present and you do not have to justify yourself for your often diverse feelings: “No one shakes their head over heartache, it's familiar to everyone.”³⁹ The conversations often yield new approaches to one's own situation and perspectives on the life ahead.

AGUS sprang from this conception. The initiator Emmy Meixner-Wülker lost her husband to suicide in 1963. Notwithstanding all the taboo and stigma, she couldn't imagine being the only victim of such a fate, and managed to put the issue of suicide on the social agenda through newspaper interviews, TV reports and lots of other activities. This made other sufferers aware that they are not alone in this fate and the first meeting as a support group was held in

Bayreuth in 1989. There are currently as many as 70 AGUS support groups in Germany, and counting. A list of these support groups is available on the AGUS website. You can enter your place of residence there to find out the AGUS support group closest to you.

The keynotes of the support group have remained unchanged to this day:

- Intercourse and mutual support within the group in a sheltered environment.
- Eligibility for participation is totally irrespective of religion and ideology.
- Participation is on a voluntary and non-binding basis, i.e. no one is obligated to show up for a certain number of meetings. A membership in AGUS is just as little required.
- The support groups are no substitute for medical or therapeutic care, but rather an essential complement.
- Everyone joins the group due to their own difficulties and everyone is in charge of themselves.

The participants of the support groups often meld their own experience with the experience and knowledge of others to develop a sufferer's competence, sometimes even a nontrivial expertise, which proves to be of great help to them in dealing with their own life situation. And they pass it on to others as well. People who have recently been bereaved by suicide find this extremely helpful. The motto: Take the good in und pass it on.

The feedback from a mother who lost her daughter to suicide was for instance such after visiting an AGUS weekend seminar for bereaved parents: „I was so guilt-ridden about my daughter taking her life. But when I heard other parents' stories in the round of introductions, who were just as guilt-ridden, I thought to myself, they're not to blame. And that put my view into perspective.“

In a study by the University Medical Center Hamburg just over 3,000 people were asked what support groups mean to them personally.⁴⁰ The most common answers were:

- I have the feeling I'm not alone (96%)
- I can talk openly about my problems (92%)
- I benefit from the experiences of others (90%)

Support within the grief process

- I learn to cope better with the situation (80%)
- My participation is positive for the family/relationship (60%)
- I am less burdened by the situation (56%)

Self-help through support groups have social impacts, too. Indeed, the second major goal of AGUS is removing the taboo surrounding the issue of suicide and promoting the alleviation of prejudices against suicides and their bereaved relatives. In our view, every person actively engaged in self-help is contributing substantially not only to the solution of personal problems, but also to social integration and to social intercourse and involvement. They constitute thereby a fundamental pillar of civil engagement in Germany.

Footnotes

- ¹ Vgl. Wolfersdorf/Etzersdorfer (2011): Suizid und Suizidprävention, S. 68f.
- ² Vgl. Paul (2012): Warum hast du uns das angetan, S. 32
- ³ Vgl. Bauer/Fartacek/Nindl (2011): Wenn das Leben unerträglich wird, S.72-73
- ⁴ Vgl. Bauer/Fartacek/Nindl (2011): Wenn das Leben unerträglich wird, S.78.
- ⁵ Vgl. dazu die AGUS-Themenbroschüre „Kirche – Umgang mit Suizid“
- ⁶ Vgl. Bauer/Fartacek/Nindl (2011): Wenn das Leben unerträglich wird, S. 105
- ⁷ Vgl. Kerkeling (2014): Der Junge muss an die frische Luft, S. 229
- ⁸ Vgl. die AGUS-Themenbroschüre „Suizidtrauer bei Kindern und Jugendlichen angstfrei unterstützen“
- ⁹ Wolfersdorf/Etzersdorfer (2011): Suizid und Suizidprävention, S. 69
- ¹⁰ Vgl. Statistisches Bundesamt: <https://www.destatis.de> (abgerufen am 10.09.2018)
- ¹¹ Vgl. Wolfersdorf/Etzersdorfer (2011): Suizid und Suizidprävention, S. 39
- ¹² Daten der WHO von 2010. In: Bauer/Fartacek/Nindl (2011): Wenn das Leben unerträglich wird, S. 47
- ¹³ Vgl. Statistisches Bundesamt: www-genesis.destatis.de (abgerufen am 10.09.2018)
- ¹⁴ Vgl. Nationales Suizidprävention Deutschland: www.suizidpraevention-deutschland.de (abgerufen am 6.7.2018)
- ¹⁵ Paul (2017): Ich lebe mit meiner Trauer, S. 9
- ¹⁶ DHPV (2017): Trauer und Trauerbegleitung, S. 5
- ¹⁷ Weisshaupt (2013): Darüber reden, S. 28f.
- ¹⁸ Vgl. DHPV (2017): Trauer und Trauerbegleitung, S. 10

- ¹⁹ Worden (2011): Beratung und Therapie in Trauerfällen, S. 44 ff.
- ²⁰ Paul (2015): Schuld – Macht – Sinn, S. 85
- ²¹ Paul (2018): Warum, S. 30
- ²² Paul (2018): Warum, S. 77
- ²³ Vgl. die AGUS-Themenbroschüre „Von der Angst verlassen zu werden“
- ²⁴ Paul (2018): Warum, S. 24f.
- ²⁵ Paul (2012): Warum hast du uns das angetan, S. 50
- ²⁶ Paul (2015): Schuld – Macht – Sinn, S. 69
- ²⁷ Paul (2015): Schuld – Macht – Sinn, S. 72f.
- ²⁸ Paul (2018): Warum, S. 156
- ²⁹ Kerkeling (2014): Der Junge muss an die frische Luft, S. 293
- ³⁰ Sandberg/Grant (2017): Option B, S. 64
- ³¹ Sandberg/Grant (2017): Option B, S. 56
- ³² Sandberg/Grant (2017): Option B, S. 52f.
- ³³ Schroeter-Rupieper (2017): Praxisbuch Trauergruppen, S. 30f.
- ³⁴ Paul (2015): Schuld – Macht – Sinn, S. 140f.
- ³⁵ Paul (2018): Warum, S. 72
- ³⁶ Zitiert nach Sandberg/Grant (2017): Option B, S. 105
- ³⁷ Vgl. dazu die AGUS-Broschüre „Suizidtrauer bei Kindern und Jugendlichen angstfrei unterstützen.“
- ³⁸ Sandberg/Grant (2017): Option B, S. 107
- ³⁹ Schroeter-Rupieper (2017): Praxisbuch Trauergruppen, S. 23
- ⁴⁰ Universitätsklinikum Hamburg-Eppendorf u.a. (2018): SHILD, S. 5

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Useful Literature

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Parents

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Further literature is available on the website www.agus-selbsthilfe.de.
You can also order all items on account, delivery free of charge.
You will thus be supporting the work of the AGUS association.

AGUS e.V. – Support after suicide

AGUS stands for „Angehörige um Suizid (Eng. the suicide bereaved)“ and was founded as an association in Bayreuth in 1995. Five years before that, it was also there that the first meeting ever of a support group for the bereaved in Germany took place. The initiator was Emmy Meixner-Wülker, who lost her husband to suicide in 1963. The suicide bereaved are provided with counseling and care opportunities at the AGUS Head Office as well as at the around 85 support groups all over Germany. Likewise, the internet forum on the website lets them exchange knowledge, experiences and opinions among themselves. There is a travelling exhibition on the themes of suicide and suicide grief, which has already been hosted by numerous cities in Germany. To supplement the support groups, AGUS offers weekend seminars for suicide grievers. Further information is available at www.agus-selbsthilfe.de.

Author

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Thematic brochures

The thematic brochures take up issues that engage the attention of the bereaved time and again. To date, the following brochures have come out and are obtainable from the AGUS Head Office:

1. Suizidtrauer bei Kindern und Jugendlichen angstfrei unterstützen (Chris Paul)
2. Erklärungsmodelle – die Zeit vor dem Suizid (Prof. Manfred Wolfersdorf)
3. Schuld – im Trauerprozess nach Suizid (Chris Paul)
4. Grief after suicide – (not) a grief like any other (Jörg Schmidt)
5. Suizid und Recht (Lutz Weiberle)
6. Kirche – Umgang mit Suizid (E. Brockmann, G. Lindner, C. Paul, Prof. W. Schoberth)
7. AGUS-Selbsthilfegruppen aufbauen und leiten (Chris Paul)
8. Hört das denn nie auf? Trauer nach Suizid und Zeit (Chris Paul)
9. AGUS – wie alles begann (Emmy Meixner-Wülker, G. Lindner, E. Brockmann)
10. Frauen trauern – Männer arbeiten. Ein Klischee? (Dr. David Althaus)
11. Vergebung nach einem Suizid – ein schwieriger, aber heilsamer Weg! (Jörg Dittmar)
12. Von der Angst verlassen zu werden. Wie Suizid ein Leben prägen kann (Annette Félix)
13. Symbolhandlungen und Rituale für Hinterbliebene nach einem Suizid (Christian Randegger)
14. Mein Trauertagebuch (Renate Salzbrenner)
15. AGUS ist für mich... 25 Menschen für 25 Jahre AGUS
16. Unterstützungsangebote nach Suizid im beruflichen Umfeld (Dr. Franciska Illes)
17. Wolle, Paul und Papas Stern (Marianne Loibl)
18. Nicht jede Trauer ist ein Trauma (Sybille Jatzko)
19. Resilienz in der Trauer nach Suizid (Dr. Jens-Uwe Martens)
20. Bis dass der Tod uns scheidet? (Martina Kommescher-Dittloff u.a.)
21. Unzertrennlich? (Stefanie Leister u.a.)

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