Helping people bereaved by suicide

Their needs may require special attention

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For every suicide it is claimed that on average six people suffer intense grief[1]. With around 5,000 suicides per year in England and Wales and at least 800,000 worldwide, the burden of suicide is immense. Those affected include parents, partners, children, siblings, friends, colleagues at work, and clinicians. Here we review the specific issues faced by people who have lost someone through suicide, the nature of available help, and future needs in this area.

The need for provision of care for this population is emphasised in the *National Suicide Prevention Strategy for England*[2]. This issue has also been highlighted by the recent publication of the *European Directory of Suicide Survivor Services* by the International Association for Suicide Prevention, which lists support services for people bereaved by suicide[3].

Does bereavement by suicide differ from the impact of other sudden death? Initial uncontrolled studies implied a particularly difficult grief process. More recent studies controlling for effects of loss in general have shown that bereavement after suicide is not necessarily more severe than other types of bereavement but that certain features or themes may be more prominent[4-7]. These factors may make coping with the loss particularly difficult.

Specific experiences that seem to be more common in people bereaved by suicide include stigmatization, shame and guilt, and a sense of rejection[1,6,7]. Feelings of guilt and blame may be linked to a quest to understand why the suicide occurred. Bereaved people may blame themselves for contributing to the death. Failure to recognise mental illness or its severity may be an added factor. Guilt and shame are, understandably, likely to be particularly prominent where the suicide of a son or daughter has occurred[5]. Awareness of the generally negative reaction of the community to suicide compared with other types of death[8] may compound the sense of stigma. This is likely to undermine social support, increase the isolation of the bereaved person[5], and make seeking help more difficult. The sense of rejection associated with bereavement by suicide may increase vulnerability.

Key additional factors likely to influence bereavement after suicide include the age of the deceased, the quality of the relationship, the attitude of the bereaved to the loss, and cultural beliefs. Fears for personal safety may be a feature for family members, especially when there is a family history of mental illness or suicide.

Official procedures necessitated by a possible suicide and media attention may also influence the experiences of bereaved people. Potentially distressing aspects of the coroner's inquest include the delay before the inquest, the courtroom atmosphere of many inquests, hearing details of the nature of the death and post-mortem examination, and a sense that the only goal is to reach an official verdict[6,9]. Factually inaccurate or insensitive media reporting can also cause problems for bereaved people[9].

The problems faced by many individuals bereaved by suicide indicate that help is often needed. What can be done? General practitioners will be an important source of care in many cases, particularly where they have known both the deceased and bereaved persons. Many people will, however, require more specialised help although their needs may vary greatly according to gender and age of the bereaved. Help may be provided through individual, group or family counselling or therapy. While there have been few methodologically sound evaluations of care, present evidence suggests positive benefits[1,10,11]. A controlled clinical trial in children who lost parents or siblings through suicide indicated greater improvements in depression and anxiety in those who entered group treatment than in those who did not[12]. The experimental treatment included education about death, suicide, and grief experiences, enhancement of coping skills, facilitation of expression of grief, and encouragement to develop new relationships. Surviving parents were offered similar help and advised on how to support their children in dealing with the loss.

Approximately a quarter of suicides occur in people in current or recent psychiatric care. In such instances the psychiatric service can often help, although this may be impeded if the bereaved feel that care was inadequate. Bereavement organisations such as Cruse Bereavement Care may provide individual counselling. Some bereaved people welcome the support of others who have had a similar experience. Several self-help groups and organisations have developed to provide this, often initiated by people bereaved by suicide. Many of these are listed in the European directory[3]. In the UK, Survivors of Bereavement by Suicide (SOBS) and the Compassionate Friends (Shadow of Suicide) offer a

EDITOR'S NOTE

Suicides occur for many reasons: some may be a 'happy release' from long misery, some a gift to an overburdened family, others an unexpected mental illness or other personal disaster. Small wonder that the reaction to bereavement by suicide is equally varied.

This paper reviews recent research in the field and draws important conclusions for those who offer help to individuals and families who suffer these types of loss. Other papers on this topic have been published in *Bereavement Care*. These include a moving account of a personal experience of bereavement by suicide (Winter 1986, 5(3): 26-28), three papers on suicide in adolescence by Black (Spring 1987, 6(1): 9-10), Wrobleski (Spring 1987, 6(1): 1-23) and Silva and Cotgrove (Spring 1999, 18(1)) and one on the assessment of the risk of suicide in bereaved people by Parkes (Spring 1982 Vol 1, No. 1, 4-5). These have been published as a part of the 'Suicide' collection, No 9 in *The Best of Bereavement Care* series.

network of support groups.

Some people may benefit from help and advice provided through reading material. Several useful books are now available on the topic, of which *A Special Scar* is particularly valuable in the UK context[11]. A *Bereavement Information Pack*, developed at the Centre for Suicide Research and published by the Royal College of Psychiatrists, provides information on experiences of bereavement from suicide, recommended reading, and contact details for sources of support[13].

Information and support are also available through many internet sites, which may be particularly useful to people who are geographically isolated or prefer anonymity.

Clearly much can be done to help people who are bereaved by suicide. Although clinical trials are not easy to conduct, given the special circumstances of suicide bereavement, they are nonetheless required to show whether specific types of care are effective. Other factors which might help reduce distress include specialised training for professionals who have contact with people bereaved by suicide, modifications to those aspects of coroners' inquest procedures that the bereaved report finding most stressful, and more sensitive media coverage of suicides. BC

Contact details for support organisations

Cruse Bereavement Care:
www.crusebereavementcare.org.uk
The Compassionate Friends – Shadow of Suicide (for parents who have lost a child, and siblings):
www.tcf.org.uk
PAPYRUS (committed to the prevention of youth suicide) will help bereaved parents and carers make contact with appropriate sources of support:
www.papyrus-uk.org
Survivors of Bereavement by Suicide (SOBS):
www.uk-sobs.org.uk
Winston's Wish supports bereaved children and their families, and produces a booklet, *Beyond the Rough Rock*, which is specifically designed for children bereaved by suicide:
www.winstonswish.org.uk

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References

1. Clark SE, Goldney R. The impact of suicide on relatives and friends. In: Hawton K, Van Heeringen K (eds). The International Handbook of Suicide and Attempted Suicide. Chichester, UK: Wiley, 2000, pp467-484.
2. Department of Health. National Suicide Prevention Strategy for England. London: Department of Health, 2002.
3. International Association for Suicide Prevention. European Directory of Suicide Survivor Services. Gondrin, France: International Association for Suicide Prevention, 2002.
4. McIntosh JL. Control group studies of suicide survivors: a review and critique. *Suicide and Life-Threatening Behavior* 1993; **23**: 146-61.
5. Séguin M, Lesage A, Kiely MC. Parental bereavement after suicide and accident: a comparative study. *Suicide and Life-Threatening Behavior* 1995; **25**: 489-498.
6. Harwood D, Hawton K, Hope T, Jacoby R. The grief experiences and needs of bereaved relatives and friends of older people dying through suicide: a descriptive and case-control study. *Journal of Affective Disorders* 2002; **72**: 185-194.
7. Jordan JR. Is suicide bereavement different? A reassessment of the literature. *Suicide and Life-Threatening Behavior* 2001; **31**: 91-102.
8. Rudestam KE, Imbroll D. Societal reactions to a child's death by suicide. *Journal of Consulting and Clinical Psychology* 1983; **51**: 461-462.
9. Biddle L. Public hazards or private tragedies? An exploratory study of the effect of coroners' procedures on those bereaved by suicide. *Social Science and Medicine* 2003; **56**: 1033-1045.
10. Farberow NL. Helping suicide survivors. In: Lester D (ed). Suicide Prevention: Resources for the Millennium. Philadelphia, USA: Brunner-Routledge, 2001; pp189-212.
11. Wertheimer A. A Special Scar. Hove, UK: Brunner-Routledge, 2001.
12. Pfeffer CR, Jiang H, Kakuma T, Hwang J, Metsch M. Group intervention for children bereaved by the suicide of a relative. *Journal of the American Academy of Child and Adolescent Psychiatry* 2002; **41**: 505-513.
13. Hill K, Hawton K, Malmberg A, Simkin S. Bereavement Information Pack: For those Bereaved by Suicide or Other Sudden Death. London: Royal College of Psychiatrists/Gaskell Press, 1997.

BEREAVEMENT IN THE ARTS

THE LOVELY BONES

Alice Sebold

London: Picador, 2002, 336pp, £6.99 pb. ISBN: 0 3304 1 316 3



This novel tells the story of the murder of a young girl, and the way in which this devastates her family. Unlike anything else I have read, it is told from the point of view of the dead victim who observes the grief and pain of her loved ones from heaven. The description of the murder is harrowing, and the account of the family's grief is at times distressing. It is charmingly written, and moved me to tears on more than one occasion – including twice on the number 68 bus.

> He left the room and went down the two doors to my bedroom. The hallway was tiny, my door like all the others, hollow enough to easily punch a fist through. He was about to smash the mirror over my dresser, rip the wallpaper down with his nails, but instead he fell against my bed, sobbing, and balled the lavender sheets up in his hands.
>
> 'Daddy?' Buckley said. My little brother held the doorknob with his hand.
>
> My father turned but was unable to stop his tears. He slid to the floor with the sheets still in his fists, and then he opened up his arms. He had to ask my brother twice, which he had never had to do before, but Buckley came to him.
>
> My father wrapped my brother inside the sheets that smelled of me. He remembered the day I'd begged him to paint and paper my room purple. Remembered moving in the old *National Geographics* to the bottom shelves of my bookcases. Remembered when there was just one child in the house for the briefest of time until Lindsey arrived.
>
> 'You are so special to me, little man,' my father said, clinging to him.
>
> Buckley drew back and stared at my father's creased face, the fine bright spots of tears at the corners of his eyes. He nodded seriously and kissed my father's cheek. Something so divine that no one up in heaven could have made it up; the care a child took with an adult.

The book describes how the victim's parents and siblings deal with their bereavement in very different ways, and recounts how such a devastating event impacts upon parents' ability to parent, and the children's ability to be children and to grow up. I was surprised at how closely the reaction of the various family members resembled some of the families with whom I have worked, who have experienced similar losses. The family obviously does not return to normal. However they do eventually move on, but tragically in different directions. The resolution is more complete for the siblings than for the parents, and it reminded me of a friend once saying, 'You never get *over* these things, but with time you can learn to live *alongside* them'.

Because the story is told from the point of view of the deceased, including details of her heaven, I found myself curiously comforted; possibly because I was able to avoid the reality of her death – a denial which the victim's family were only able to hold temporarily. I was also struck by how helpless the victim feels, as she is unable to intervene and bring her family's suffering to an end.

I would hope that this novel, which is both critically-acclaimed and popular, might raise awareness of the desperate and complicated grief experienced by families bereaved in this way. BC

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