



Caring, Support, Awareness, Education
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To all who have suffered a loss from suicide there is a sense of disbelief, that this has not really happened, that it's all a dream. To most there is a sense of no sense and an inability to believe or accept or contemplate that this has actually happened let alone start to grieve until they can understand what has actually happened and why. In this short publication, I offer a survivors perspective from my own research and experience, I hope it brings you some understanding.

When we hear the professionals talking about suicide and the causes and contributing factors, we hear about depressive illnesses and mental disease. And we know that for the most part this could not have applied in our case because my lost loved one was not mentally ill. And in fact this may be the case, as the causes or driving factors behind suicide ideation is multifactorial. This means that just because someone is thinking about taking their own life, or has taken that final step, it does not mean that they suffer from a mental illness. There is a large number of completed suicides each year with few if any recognisable signs or symptoms and can be attributed to many causes other than mental illness such as Contagion Effect, Impulsivity, Miss-adventure, and others we simply will never understand or know about.

In relation to mental illness, it's not a simple matter and we need to consider that all mental illness is not chronic. As there is a significant difference between having a cold and having cancer, one is chronic and often fatal the other is common and usually a temporary annoyance and rarely serious; Mental illness varies in severities and can be fleeting or chronic. But let's break this down a bit more, for the sake of this booklet I am going to simplify the definitions into Mental Illness and Depression; remember that depression is also complex and can be chronic or situational (I will explain)

Contributing Factors

Mental Illness

Mental illness as we think of it falls into a variety of categories, but for the most part we are talking an actual illness such as Schizophrenia, bipolar or other such disorders. Remember these are illnesses to be treated, this person was suffering from the effects of the disease that affects them, they are not defective. Those suffering from mental illness are general more likely to experience suicidal thoughts and perhaps even be more likely to attempt suicide. However, those diagnosed with mental illness and that are under professional care are less likely to succeed in completing suicide. This does not mean however that this cohort does not make up a significant number of the annual statistics, it is an unfortunate fact of life that there are always going to be holes in the level of care and support available.

Depression

The dictionary describes Depression as a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of wellbeing. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions, and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains, or digestive problems that are resistant to treatment may also be present

Depressed mood is not necessarily a psychiatric disorder. It may be a normal reaction to certain life events, a symptom of some medical conditions, or a side effect of some drugs or medical treatments; this type of depression is called situational depression. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression which would fit into the first category under Mental Illness.

Situational depression can be categorized in a number of different ways and can be caused by any number of factors some of which I have highlighted below.

Physical Pain and illness

We are all familiar with the debate about euthanasia, but there is valid argument about whether not someone who has no quality of life should be able to take his or her own life. For someone who can no longer look after themselves in any way and has no remaining sense of dignity, or someone with no prospect of recovery only a bleak future of pain and suffering, is it not humane to allow this person to pass comfortably and with dignity. Unfortunately the law does not allow this at this time so some choose to take matters into their own hands, suicide is the result.

Emotional pain

Emotional pain is far more difficult to quantify and stems from many things

(a) Sense of Loss

Grief is described as a sense of loss and in some respects is a more acute form of emotional pain than many others. It is an all-consuming and debilitating pain that without support can lead to suicidal behavior. Suicide grief is shown to increase the risk of suicide in those left behind tenfold.

(b) Hopelessness

Hopelessness is a feeling that many deal with a daily basis, it is a despairing, it is when a moment or event breaks ones spirit or one's ability to function. It is these moments that often lead to suicidal thoughts, it is these moments when people are most at risk.

(c) Isolation

Isolation is being separated from other people and your environment. Sometimes this occurs through decisions we make ourselves, or because of circumstance e.g. doing a job that requires travel or relocation.

Some reasons you might feel lonely or isolated

- Losing a loved one or friend through death or relocation
- Lack of close family ties
- Sexual orientation
- Living alone
- Difficulties in meeting new people due to access issues, an introverted personalities, or feeling like you don't belong
- Feelings of loss or grief
- Poor physical health, frailty, mobility issues

- A mental health condition such as depression or anxiety
- Fear of rejection from others or feelings of being “different” or stigmatised by society
- Inability to participate in activities due to access issues, mobility, illness, transport
- Retirement from work, home relocation, starting out in a new role or community
- Lack of purpose or meaning in life
- Language or cultural barriers, or reduced connection with your culture of origin
- Geographic isolation
- Feeling lost in the crowd

(d) Sense of Failure

At one point or another in a person’s life, some form of disappointment, rejection or failure is bound to be experienced. Many types of events can induce us to feel a sense of failure.

A professional sense of failure may stem from not making an important sale or making a bad business decision, losing a job or having difficulty in obtaining a job.

A financial sense of failure may stem from not being able to balance the budget, falling behind in the payments and or not being able to adequately provide for the family; it needs to be said that this can be taken as not being able to provide to the standard that a person feels they should provide as opposed to not being able to provide at all.

A personal sense of failure may stem from doing poorly on a test, or going through a relationship breakdown.

All of these experiences are disheartening and may negatively affect our motivation and self-esteem. Failure may be interpreted as a loss in a person’s sense of self. This is especially true when a person is terminated from a long standing job or going through a divorce. A person experiencing failure may undergo a process similar to that of grieving a death. Some reactions may include Shock, Fear, Anger Shame and/ or Despair. Failure is also a driving theme behind a significant amount of suicidal behaviors.

(e) Abuse

Abuse is the “violation of an individual’s human or civil rights, through the act or actions of another person or persons.” Types of abuse include:

- Physical abuse - such as punching, hitting, slapping, burning etc
- Sexual abuse - forcing someone to take part in sexual activity against their will
- Psychological or emotional abuse - threatening, harassing or intimidating a person
- Constraints and restrictive practices - restraining or isolating people other than for medical necessity or to prevent immediate self-harm
- Financial abuse - the wrongful use of another person's assets or denying a person the use of their own assets
- Legal or civil abuse
- Systemic abuse

Abuse in any of its forms is emasculating and disempowering and a continual attack on ones sense of self and self-esteem.

Situational depression is depression brought on by environmental factors and may be as long lasting as clinical depression or for as short a time as it takes to resolve the issue. It can be all consuming and debilitating and is a major cause of completed suicides.

The trigger

For everyone, there is a single point in time where something happened or something was said to set us off, a trigger. With suicide it is important to understand that the suicidal person is already in an extreme state of distress, filled with an intense pain that consumes their subconscious. The trigger itself may be completely unrelated to the current situation or state of mind, it may be a reminder of something that occurred many years ago, or it may be something to reinforce their sense of worthlessness/helplessness. The trigger itself may have been a single thing or an accumulation of things; it may be something completely innocuous and make sense to no one else. It is imperative that you understand that in looking back it may be impossible to recognize a specific thing or things that were the trigger.

The decision

A common misconception is that for most people a simple decision is made followed by an attempt to suicide. It is actually far more common for the decision to be made significantly before the attempt. As disconcerting as it may be to hear, once the decision is made to take your own life, there are still a number of decisions to make for example how? And when? Many will actually attempt to in subtle ways, try to say goodbye or deliver messages before an attempt is made. It often requires planning not to mention it takes time to acquire the means. It can be days, weeks or in some cases months after the decision is made that an attempt will be made. It is important to recognise in some instances it is an act of impulsivity and no planning was involved.

The lack of signs

One of the most common themes I have heard over the years is that there were no signs, or there was no warning. Unfortunately the reverse was true, in many ways the ones we have lost have tried to communicate with us and for one reason or another we have not understood the message. You need to appreciate that someone in that much pain will reach out in a way they think you should understand while in fact the message is received in obscurity. For them it is a moment overpowering their thoughts and vividly clear, for us it is a moment in time confused and clouded, out of context, and a fragment that we may shelve for later evaluation or dismiss.

It's important to recognise that even a lot of trained professionals would not have been able to understand these messages and that we need to put this into context and be kind to ourselves as you are not responsible and you have done everything you could with the tools you had available. The messages may become clear in hindsight but that does not mean we should have understood them at the time.

There are many different signs to look for and in hindsight we would probably still miss most of them. The old adage "familiarity Breeds Contempt" is very fitting in this situation as it is very easy to explain away things from someone so close to us, we know them so well it is difficult to recognize something that is out of character. As painful as it is to accept, the ones closest are the ones least likely to recognize the signs, that's not your fault, it's human, and you were not trained to understand these signs.

Our own feelings

It is now important to understand your own feelings.

The pain both physical and emotional is real and normal. It manifests in many ways and has a significant impact on physical wellbeing and general health. Whilst it will be your last priority it is important to try to maintain your best level of health, as much as you will have lost your appetite, it is vital that you still eat regularly and try not to overindulge in things that are not good for you (eg Alcohol).

Anger is also a normal reaction, surprisingly the anger is not always directed at the one you have lost, but on those around you who have survived. The saddest side effect of the grief road you are travelling is the effect the anger can have on other relationships; try to be kind to each other.

Sadness is engulfing and enduring, our loved ones do not want us to grieve forever, in the first years it will of course be sad when we reach those milestones (first Christmas without them etc.) it will always be hard to forget the anniversary of that horrible day, but eventually it would be helpful if you could celebrate the birthdays and other happy anniversaries instead. It's about replacing reminders of the trauma with reminders of the celebrations, remembering the good times.

During all of this time it is so easy to become frustrated; frustrated at ourselves' and each other or outsiders. Again we need to be reminded that our journey is a very individual process, you are the only one experiencing your emotions at any given time. A whole group may experience the same things over the period of their grief, but in different orders and for different durations. Nobody but you understands exactly what you are feeling now so be patient with people, they probably are actually doing their best to be supportive.

We will often hide from the rest of society and more particularly others who are close because we are embarrassed. The stigma associated with suicide is something that we all need to battle as a community, but it's probably not a cause you want to take up today. More than likely you are embarrassed about being in the supermarket and when asked how you are; burst into tears and fled the store before having to explain yet again to a total stranger what has happened to you. Or feeling embarrassed in front of friends or family who can't seem to understand why you haven't gotten over it yet. Give them time they will understand that all of this is normal.

Guilt is a big one, how do we let go of the guilt? Should we feel guilty at all? The short answer is that if you do feel guilt, it is normal, if you don't then that's ok too. Should we feel guilt? Well that's not a question that anyone can really answer, I suppose it is reasonable to argue that there could be a bit of guilt for each of us to carry, but is it reasonable to expect that we should take responsibility for the actions of another human being and carry that as a badge of dishonour for the rest of our days? Absolutely not. Even in extreme circumstances, we cannot live the lives of others for them, we cannot wrap them up in cotton wool, so we need to accept that there are things that happen in life that are beyond our control. If you can't let go of your guilt, it is advisable that you seek counselling or support to help you move forward in your grief journey. Another in the same category as guilt is the "What If"s and "If Only"s, we need to move beyond these things as they are destructive to the healing process, but they are normal.

Feeling nothing at all, numbness, is something that can linger, nothing feels the same. Things that you used to enjoy will give you no pleasure, you may feel guilty if you do find pleasure in something, or guilt at the thought of laughing. Either way this will pass as time moves forward, but again it is entirely normal.

Relationships can be hard work at the best of times, but remember some of the things that I have talked about in the previous paragraphs. We all experience things differently, in different orders and for different durations. Unfortunately it is the ones closest to us that we tend to take everything out on. It is for this reason that it can be particularly difficult to go through something like the loss of a loved one to suicide with someone close to you. Again you need to respect each other's journey and give each other the time and the support to do what they need to do, let them express their feelings and respect their experience.

Time

So how long is all of this supposed to take to get over? Unfortunately this is probably the biggest misconception, we don't ever get over these things, what we do is learn to live with them. And as with all things in life, we are all different, we all learn in different ways, and we heal at different paces. The journey is

different for all of us so there is no clock with an expiry date for grief on it; some will move forward quickly and for others the journey may take years, be patient. Time does not heal – Healing takes time.

With understanding comes acceptance, so with this in mind I leave you with a few simple thoughts, may they eventually give you some peace.

- They are gone from our lives physically but they will always be in our hearts and minds as long as we remember them. (This may be painful at first but it will eventually give you comfort)
- It was their decision right or wrong and there is nothing that we can do now to change it, nothing will bring them back.
- We did the best we could for them given the situation at the time and from the information we had.
- In their own way, they loved us and did not really do this to hurt us.
- They would not want for us to grieve for them eternally.
- We are not alone.
- Whether we like it or not, life goes on, it's up to us how we choose to live it.

QLD Helplines

Standby Brisbane 07 3250 1856

Standby Response Service 0438 150 180

(24 hour mobile crisis response to suicide bereavement)

Sunshine and Cooloola Coasts 0407 766 961

National Helplines

LifeLine: 13 11 14 (24 hour)

Mensline: 1300 789 978 (24 hour)

Suicide Callback Line: 1300 659 467 (24 hour)

National Hope Line: 1300 467 354 (24 hour bereavement support)

Beyond Blue: 1300 22 4636

Kids Help Line: 1800 55 1800 (24 hour)

SANE Helpline: 1800 18 SANE (M-F 9am-5pm)

Photo by Pia Koskelainen