

Grief After Suicide: Walking the Journey with Survivors

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DISCLOSURE

- The presenter DOES have an interest in selling a technology, program, product and/or service to CME/CE professionals – Authored Books



WORKSHOP OVERVIEW

- Introduction
- Understanding the Experience of Suicide Loss
- Recovery Tasks for Survivors
- Guidelines for Clinical Work with Survivors
- Questions



Prominent Themes For Survivors

- WHY? - Making Sense of the Death
- RESPONSIBILITY - Guilt & Blame
- TRAUMA & HELPLESSNESS - Shock & Horror
- ANGER - Rejection & Abandonment
- RELIEF - The End Of Suffering



Prominent Themes For Survivors

- SHAME - Stigma
- SOCIAL DISRUPTION – Isolation & Social Ambiguity
- SUICIDALITY – Why Go On?
- SORROW – Grief & Yearning



Post-Traumatic Growth After Suicide

- Changed identity
 - Survivor
 - Worthy of self-care
- Changed relations with others
 - More priority on relationships
 - More expression of love/ affection
 - More compassion for others
 - Ending dysfunctional relationships



Post-Traumatic Growth After Suicide

- Changed outlook on life
 - Purpose – sometimes a new purpose
 - Greater appreciation/ gratitude
 - Deeper spirituality/faith
 - Hope
- Growth



WHAT CAN WE DO TO HELP?

- Recovery Tasks for Survivors
- Summary: Guidelines for Clinical Work with Survivors



Recovery Tasks of Loss Integration

- Containment of the trauma & restoration of control
 - Bio-rhythms
 - Management of intrusive images, memories
 - Face the horror of the death in a controlled fashion
- Creation of a “narrative” of the suicide - Psychological autopsy
 - To understand the mental state of the deceased
 - Sort out realistic responsibility for the death and develop a realistic perspective about the multiple causes
 - To learn to live with the “blind spot”
- Dosing - Cultivating analgesia and finding sanctuary
 - For traumatic images, memories
 - For “grief pangs” – Dual Process Model of grief



Goals of Postvention & Tasks of Loss Integration

- Learn social management skills
 - Eliciting support from helpful social network
 - Avoiding/managing “toxic” people
- Repair and transformation of the relationship with deceased
 - Dis-identification with the deceased
 - Internalizing positive connection with the deceased
- Develop a “durable biography” of the deceased
 - Cultivating memories from others
 - Honoring the life, not the death
- Reinvestment in living
 - Finding new connections, pathways for the self



Summary: *Guidelines for Clinical Work with Survivors*

- **Revise Your Assumptions About the Grieving Process & Clinician Role**
 - Duration & intensity of grief
 - Integration not resolution
 - Expert companionship vs. “treatment”
- **Goal = Provide a Safe & Sheltered Context for Doing Griefwork & Learning Coping Skills**
- **Attend to Traumatization**
- **Support Construction of a Narrative**
 - Psychological autopsy/inquest/“trial”
 - “Walk in the shoes of the deceased” – Sands
 - Differentiate the self from the deceased



Guidelines for Clinical Work with Survivors

- Help With Learning to “Dose”
 - Confronting the loss
 - Compartmentalizing the loss
 - Validate any form of analgesia that is not destructive
- Address Family & Social Network Issues
- Facilitate Contact With Other Survivors
- Go Slowly With Guilt
- Follow the Principle: *“Don’t Waste Your Grief”*



Three Final Thoughts

- Postvention is Prevention
- It Takes a Village to Prevent Suicide
- It Takes a Village to Journey with a Survivor

