

**Local suicide loss support groups:**

**Chester County, PA:**

Paoli Memorial Hospital  
Lancaster Pike (Route 30)  
Paoli, PA  
2nd Wednesday @ 7:30 PM

**Delaware County, PA:**

Crozer Chester Medical Center  
15<sup>th</sup> Street & Upland Avenue,  
Upland, PA  
3<sup>rd</sup> Tuesday 7:30PM

**Montgomery County, PA (Main Line):**

Bryn Mawr Hospital, Bryn Mawr Ave. & County Line Rd, Bryn Mawr, PA  
Clothier Auditorium (Across from ambulance entrance to the ER)  
1st Wednesday 7:30 PM

For information about SOS groups please call 215 545-2242 or send an e-mail to [phillysos@hotmail.com](mailto:phillysos@hotmail.com).

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SOS was formed in 1983. We are an all volunteer nonprofit organization that helps individuals and families who have lost a relative, other loved one, or friend to suicide in the greater Delaware Valley area. We work to provide a "safe" place for suicide griever. We believe that mutual self-help, the sharing of grief experiences and feelings, is the best form of help. SOS is governed by a volunteer board of directors made up of individuals who have experienced a suicide loss and who serve SOS as support group facilitators or in other volunteer capacities. SOS works to increase community awareness of suicide and suicide loss.

# Recovering from Suicide Loss

*Self-help for individuals  
and families who have lost  
someone to suicide*



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*November 2009*

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**Distributed by the Delaware County  
Suicide Prevention & Awareness Task Force**



## What may complicate my grief?

Situations like these may worsen your loss experience:

- Inability to express your grief - You may be in a setting where open grieving is not possible or you may be around others who discourage your grieving or deny your loss. If you can't control your circumstances grieve as you can in private.
- Witnessing a suicide or finding the body - Being present when the suicide took place or coming across the body may increase the trauma you experience. Try to replace the image in your mind with that of a past pleasant memory or photo.
- Not being nearby when the loss occurred - Being away from those who share your loss may cause you to feel isolated in your pain. Try to find a way to pay your respects if you are unable to attend the service. A personal memorial may help.
- Controversial suicide - Most suicides are only known to a few people. Others may be "newsworthy" because of the method or public stature of the victim. The media can be insensitive to the bereaved and their questions may be hurtful.
- Legal issues - The police, EMTs, and the coroner are part of every suicide because it is an unnatural death. Their questions are necessary but may be painful.
- Problematic relationship - You may have been estranged from your friend or loved one at the time of her/his death. Try to set that aside and connect with the memory of a time when things were better.

Lastly, some of the things commonly said to comfort the bereaved have the opposite effect after a suicide. Remember that most of those around you have no clue as to what you are going through and most of what they believe about suicide is wrong. Don't let their lack of insight add to your suffering.

## About this booklet:

Losing someone to suicide is the worse loss that anyone can endure. No one is prepared for it. When someone is lost to suicide the aftermath is clouded by the many misconceptions and the stigma that surround suicide.

This booklet is for those bereaved by a suicide. It reflects the self-help philosophy of Survivors of Suicide (SOS), a volunteer group of individuals who have lost someone close to suicide. It covers concerns often discussed at SOS support groups.

We have used a question and answer format because the grief journey that a suicide loss sets you on is often driven by a search for answers.

See your health care provider as soon as possible after your loss. Consumers should immediately contact their mental health provider. If you are taking medications for mental illness tell your doctor about your loss and your grief.

*This booklet provides basic information and it is not meant to replace the advice of qualified health care professionals. This booklet is primarily intended for adults, but may be helpful to older teens. A version for young people will soon be available.*

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\* \* \* Written in Memory of Paul A. Salvatore 1968-1996 \* \* \*

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**What will I need later to help my recovery?**

Your work isn't over when you are able to finally put these first seemingly endless weeks and months behind you. You still have a long road to travel before you will feel that you have recovered from your loss.

You must be ready to deal with "triggers." These are events or things that may rekindle your grief and possibly cause you to lose ground on your movement towards recovery.

The most common triggers are occasions that remind you of your loss. Chief among these are anniversaries of your loss. The first holidays after the loss and those that follow may be problematic, especially if they involved family get-togethers.

The best way to handle these occasions is to not go it alone. Draw on the support of those you trust. Think about going out for dinner to avoid seeing the empty chair if eat at home or at a relative's .

Another trigger may be the death of someone close. You may find yourself taking this loss harder than you expected. This is because you still have some open grief issues. Don't be reluctant to seek help if you feel that you need it.

We all grieve in our own way. We each have our own path to recovery from our loss. Proceed at your own pace. Don't set impractical goals or let others impose unrealistic expectations or timeframes for you.

### What is a suicide loss support group?

Support is critical to recovery from suicide loss. Suicide loss support groups are one way to provide this needed help. This is one of SOS's services.

Mutual self-help is helping by helping others. Being part of a group provides a sense of belonging, acceptance, and normalization.

A support group is empowering and enhances self-esteem and coping ability. Information sharing and education are key elements. Many suicide griever describe support groups as "safe places" where they can be with others who understand their loss and their feelings.

Recovery from suicide loss begins when you start to open up. By telling your story you are organizing thoughts and feelings. This may be the first step in understanding the "why", "what ifs", and "why didn't I?"

Most grief support group meetings simply involve participants introducing themselves, saying what they are comfortable in saying about their loss, and sharing feelings on grieving. Facilitators may share copies of materials for possible discussion.

SOS support groups are "open-ended." You can join the group at any time. The groups are peer-led by a suicide griever. Group leaders are facilitators. They try to assure that each meeting is meaningful and effective for all in attendance.

*A listing of SOS suicide loss support groups serving Delaware and Chester counties is given in the back of this booklet. Groups are also sometimes offered by other organizations.*

*Information about SOS support groups is available at <http://phillysos.tripod.com> or [phillysos@hotmail.com](mailto:phillysos@hotmail.com) or 215-545-2242. The American Foundation for Suicide Prevention ([www.afsp.org](http://www.afsp.org)) maintains a national list of suicide loss support groups.*

### What is suicide loss recovery?

The bereaved often hear things like "healing" or "getting over it" or "closure." These terms do not apply to what you have experienced. "Recovery" comes closer. It means, "to regain," "to get back," or "to restore."

A suicide always changes those that it affects. However, you can get back, recover, that sense of things being normal that you felt before your loss. You can get to a different normal, a "new normal." That is what recovery is all about.

Recovery from a suicide loss is a process of learning to deal with each day's challenges. It is adding coping skills, and getting to where you are living with your grief rather than only grieving. Self-help aids recovery.

In suicide loss, a lessening of most of the emotions that you are feeling right now, marks recovery. The anxiety, the sadness, the depression, the stress, and the pain gradually become manageable and move into the background. Your personal, social, school, or work-related activities become less of a strain and more routine.

Recovery is not just letting things take their course. It is active, something that you have to work at and work towards. It is how you get back your well being and quality of life. Recovery is the goal of your journey through suicide grief.

### How can I help myself with my recovery?

In the first weeks and months of your bereavement, you need to see that what you feel is normal, to get support, and to gain insight into your loss.

You are probably asking: "How can what I feel possibly be considered 'normal'?" It is what happened to the one that you lost that is abnormal. Suicide is the most abnormal death; suicide loss is the most abnormal loss. Your present emotional response to them is perfectly normal.

Support is mentioned a lot in the pages to follow. This may be something you didn't need with past losses. This is because those were probably comparatively "normal" deaths. They may have involved old age, natural causes, and may have been expected. You felt the loss but you recovered quickly. The present situation is very different.

Suicide loss makes you vulnerable to other problems. You may experience some or none of them, but you must be aware of them and alert for their signs in yourself and those who share your loss. Depression and severe anxiety reactions can occur. Complicated grief reactions can occur. Suicidality can occur.

We will discuss these needs and concerns.

*Sometimes those who experience a suicide loss may be troubled by severe thoughts of suicide. If this occurs immediately call a county crisis center. In Delaware County call Crozer Chester Medical Center (610-447-7600) or Fitzgerald Mercy Hospital (610-237-4210). In Chester County call 610-918-2100.*

### How can I help myself get through my recovery?

Initially you can do two things. The first is to acknowledge your loss as a suicide and avoid denial. Don't adopt a mentality of silence. Try to talk about what happened. The second is to seek support, particularly from among those closest to you. Offer them your support and understanding.

Next you need to adopt a damage control mode. It is hard to stand against the emotional forces overtaking you. Try to control your reactions as much as possible. Try to resolve any feelings of anger and to move away from any sense of guilt. Suicide is something that happens to someone. It is not caused by somebody.

Gradually self-help capabilities come back. Learning will come easier. You will be less encumbered by the emotion that you felt earlier. You may develop an understanding of the "why." You can more objectively examine feelings of guilt, blame, or responsibility.

At some point you develop a perspective on your loss that you can live with. This may make you feel uncomfortable. Don't feel guilty because you feel better. You are need to get to a "new normal" and return to wellness. You are not leaving your loved one or friend behind. You are outgrowing the more hurtful aspects of your loss.

### Does suicide loss recovery follow any pattern?

There isn't a standard grieving process. It is different for each of us. However, there seem to be some phases that we each experience. These do not necessarily unfold sequentially but it is easier to discuss them that way.

We all seem to face an initial period after the loss when nothing literally fits. It is like a "personal 9/11" because of the extent of disbelief, anguish, and emotion. It can be a time of panic, blame, and incrimination.

It may be followed by a phase when you feel that you are breaking down emotionally. Pain, stress, and depression bring this about. You feel separate from those who do not share your loss. You feel a loss of control over your life, a sense of powerlessness. This is a time when consumers may be at high risk of crisis.

These phases may last some time. Gradually you rebound emotionally. Your grief eases. The emotional pain holds at a level you can bear. You seem to have more energy and some interests that were set aside may come back. This is a kind of pre-recovery stage. You are moving in the right direction.

In the last phase you arrive at a changed sense of who you are as a result of your loss. You are not "better" or "stronger" just different. Your personal beliefs and values are affected by what you have experienced. Part of this is the emergence of a "new normal." You can function better and you feel normal again.

### Why do things seem out of control?

You have suffered a severe emotional shock. Suicide is the worst traumatic loss. It is sudden. It is unexpected. It may also have been violent. Suicide destroys interpersonal relationships and personal roles.

Suicide tears someone that you loved or cared for from your life. It temporarily shatters you. It leaves you changed in many ways.

You may feel betrayed, angry, out of control, disoriented, and hurt. You may feel that the one you lost has let you down by leaving you behind to mourn. You may feel anger that he or she never gave you the chance to help. These feelings are okay.

You may feel guilt because you feel that you should have or could have done something. You may feel responsible because of something that you said or did. Most suicides are the result of many things overtime not just one event.

This is what happens after a suicide. Suicide overwhelms anyone whom it affects. It is not "painless." Suicide loss is incomprehensible to anyone who has not lived it.

What you are feeling will pass in time. How long this takes depends on you, your resilience, and the support that you give and receive. You can recover and come to terms with what has happened. You are taking some of the first steps in this process right now by learning some things that will help you on your way.

### Why did this happen?

This is the big question. It probably came to mind as soon as you became aware of your loss. Your search for an answer started before the tears left your eyes.

Every suicide is different. Studies of suicide suggest that intense psychological pain and extreme feelings of hopelessness or worthlessness play a role.

Psychological pain comes about when there is a seemingly irresolvable and totally frustrating life situation. This may be a compelling personal or interpersonal problem, a financial or job loss, or something else

Whatever the nature of this problem, it is something that an individual may find devastating and something that cannot be resolved. Coping and problem-solving skills do not suffice and self-esteem and control diminish. This brings about hopelessness.

Psychological pain may become so unbearable that someone may believe that it can only be stopped by death. This is when a suicide may happen. The tragedy of suicide is that this pain is only temporary.

Suicide risk is increased by drinking or drugs. These lessen inhibitions, impair judgment, and increase impulsiveness. This heightens exposure to thoughts of suicide and makes things worst.

Suicide is not predictable. We can determine if someone is suicidal but we can't tell if, when, or how they may attempt suicide. Suicide is generally the outcome of a process over time and infrequently the result of a single recent experience.

### What about suicide loss and mental illness?

Any significant interpersonal loss may increase vulnerability to mental illness. When the loss is caused by suicide the vulnerability is greater.

For some, the mental health consequences of the suicide loss may pass as they recover from their loss. For others problems may persist. That is why you must see your provider. Help is available for some of the problems that may accompany grief.

Individuals with a history of mental illness may be very seriously affected by the loss of a relative or friend to suicide. Their support system may be weakened or lost. Emotional turbulence may make an illness worse or trigger a recurrence.

Suicide loss influences attitude and motivation. It is hard to feel positive after a suicide and it's often hard to do anything but grieve. It is especially hard to care about your self. Treatment and sobriety may be casualties. Don't let this happen.

The more you let your loss impact your wellness the more you are increasing your own risk. You may feel so bad that you don't care about yourself. Don't let suicide be like that bunny in the commercial - *don't let it keep going*.

Take care of yourself.



### What role does mental illness play in suicide?

Among the myths of suicide are the widespread beliefs that mental illness causes suicide or that only those who are mentally ill complete suicide. Neither is true.

The incidence of suicide is high among those suffering from major depression, bipolar disorder, and schizophrenia. However, mental illness is a risk factor for suicide, not a cause.

Other serious risk factors include abuse, trauma, alcohol use, poor problem-solving, undertreatment, a history of suicidality, social isolation, and chronic illness. Suicide is more common among consumers because they experience more risk factors.

Reports show that about 40% of suicide victims had a history of mental illness. This says that not enough is being done to prevent suicide among those dealing with mental illness. Every community needs suicide prevention resources.

Ignorance about mental illness contributes to suicide. Stigma keeps many from seeking help. They may increase their risk by letting what they think others may think of them stand in the way of doing something about their problems.

Even when your loved one or friend had a serious mental illness it was not that alone that caused her or his death.

### Why didn't I know?

This is another question that you may struggle with for a long time. It is difficult to determine when someone is at risk of suicide. Also while some individuals share their feelings, not all do.

Those who are feeling suicidal may make some effort to hide it. This is often the case with male teenagers and men who may have fear seeming weak or incurring shame or stigma if they asked for help.

While there are several distinct warning signs, not all suicidal individuals show any signs of their risk or danger. Even when there is concern it is very hard to accept that someone you know so well is in danger of suicide.

Being life-affirming makes it hard to recognize the opposite state in others. It is hard for us to believe that someone that we care for dearly, someone that we would do anything for, may be suicidal.

This may happen with those who have made previous suicide attempts. We wanted to believe that our loved one or friend was no longer at risk. Few of those who attempt suicide go on to complete suicide, but no one can tell for sure who will.

Some individuals are chronically suicidal. They are persistently troubled by suicidal thoughts and make frequent threats. They may have never made an attempt and those around them may not realize they were at risk until they complete suicide.

### Why didn't my loved one or friend tell me?

Some individuals find it very hard to ask for help. Suicidal individuals often believe that they are a great burden to others. This may cause them to not say anything to those they care for the most.

Some may feel shame at being suicidal. While suicide bears less stigma than in the past, it is still stigmatized, and many suicidal individuals stigmatize themselves. Personal and religious beliefs may cause them to keep their feelings to themselves.

Psychological pain is distracting and consuming. It makes its sufferers self-centered and feel apart from those around them. Severe pain is alienating. It takes away the sense of control and the sense that anything can be done about it.

Being suicidal may distance those bearing it from those who care about them. Most suicidal individuals do not really want to die. They want to end the pain and hopelessness. Many who complete suicide struggle with this ambivalence to the end.

Suicide is also related to changes in the brain and to chemical imbalances. These factors may override the ability to reach out, increase impulsivity, or lower resistance to self-harm. Also as noted, drinking and drugs cloud judgment.

Just because the one we lost didn't or couldn't share their anguish doesn't mean that he or she didn't care for those now suffering because of the loss. Tunnel vision is part of being suicidal.

### Why didn't anybody do something?

Suicide is not predictable. To some degree it can be determined that someone is *at risk* of completing suicide. However, there is no way to definitively project *if or when* a particular individual may complete suicide.

Sometimes suicidal individuals do share their intentions with others. Those whom they tell may simply not believe them or may just not know what to do. They may not realize that risk is growing, and may let down their guard.

Even professionals have a hard time seeing that someone's suicidal. Many suicidal individuals had contact with a health care provider shortly before their deaths. However, these conditions may have gone unrecognized. Some may drop out of treatment before anyone can recognize that they are at risk.

Suicides also happen because suicide prevention efforts are limited, especially for adult males, the group that accounts for most suicides. Crisis intervention services can help, but they may be called too late.

Treatment for mental illness can lower suicide risk, but there is very little aftercare and support specifically for suicide attempters or those who have experienced other serious suicidal behavior.