The Tasks of Grief for Survivors of Suicide

In the late 1960s, Elisabeth Kubler-Ross described grief as a series of five phases over which a person has little control. A more current understanding of bereavement developed by William Worden in 1992 envisions the grieving process as a series of “tasks” that need to be accomplished before mourning is completed. In Worden’s framework, there is no timeline or order to the tasks. Although death by suicide may complicate the grieving process, healing can occur for survivors and other bereaved persons once they complete the tasks.

Four Tasks of Grief
1. Accepting the reality of the loss.
2. Working through the pain of grief.
3. Adjusting to life without your loved one.
4. Emotionally relocating your loved one.

Task One – Accepting the Reality of the Loss
While the initial reaction to the news of a death may be shock and disbelief, these feelings are usually replaced by a dawning recognition of the reality of what has taken place. As difficult as it might be, we are gradually able to mitigate the significance of our loss. A sudden, unexpected death, especially in the case of suicide, can also carry the pain of regret and unfinished business as well as the guilt that perhaps we could have done something to prevent the death. Homicides bring fear and concern about the violence and randomness of life in addition to worries about our own safety. Suicide often burdens survivors with an exaggerated sense of responsibility for the death. Guilt and blame, which frequently take the form of scapegoating, are often mixed with the initial shock of the death. Ignoring these feelings does not make them disappear; we simply store them up and are often confronted with them at some future time. Acknowledging and talking about them gives us the opportunity to understand them and put them in perspective. While some of these feelings may resurface as we are confronted with reminders of the deceased, they do diminish with time.

Task Two – Working Through the Pain of Grief
Sadness, anger, hurt, emptiness, and loneliness naturally accompany loss. A sudden, unexpected death, especially in the case of suicide, can also carry the pain of regret and unfinished business as well as the guilt that perhaps we could have done something to prevent the death. Homicides bring fear and concern about the violence and randomness of life in addition to worries about our own safety. Suicide often burdens survivors with an exaggerated sense of responsibility for the death. Guilt and blame, which frequently take the form of scapegoating, as we search for an explanation for the suicide, are often mixed with the initial shock of the death. Ignoring these feelings does not make them disappear; we simply store them up and are often confronted with them at some future time. Acknowledging and talking about them gives us the opportunity to understand them and put them in perspective. While some of these feelings may resurface as we are confronted with reminders of the deceased, they do diminish with time.

Task Three – Adjusting to Life Without Your Loved One

The rearranging, restructuring and redefining that takes place as we begin to identify and fill the roles formerly occupied by our loved one defines this third task. When the deceased played a marginal role in our lives we may find this easy; when he or she seemed to finish

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The Brother-in-Law I Would Never Know

By John Boettcher

I stood looking down at the face of my brother-in-law. This was the first time I had ever seen him in person and he wasn’t here to meet me.

I was alone before a coffin. It was polished black wood with silver handles and trimmed white satin inside. It sat on a waist-high table, framed by smooth drapes, backed by two candles. His tie was pink.

The room was muted. There was quiet crying and the soft ebb and flow of hushed conversations. I didn’t hear any of them. There was nothing in my ears but silence as I looked down, studying the face I was seeing for the first time and never would again.

The phone rang at three in the morning. Nobody calls at that hour with good news. My sleep shattered, I answered the phone to hear sobbing. There’s a tone to real grief, an indescribable sound that instantly sets you on edge. It was my wife’s mother. Her pain had stripped away any preamble as she told me that Craig had killed himself and asked me to tell my wife. She hung up saying she’d call back.

My wife was awake but I couldn’t speak. I had never been struck dumb before but the shock of the news was more than I could process. She had the look of terror about her face as she watched me try to parse out the words in my mind. I wish I delivered the news with grace, but all I could say was:

“Craig is dead. He killed himself.”

I watched helplessly as horror passed through her features. There was nothing to

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Registration Open for 2012 Alive & Running

You can support the Suicide Prevention Center’s biggest fundraising activity by signing up to walk, run or serve as a team captain for the Alive & Running 5K Walk/Run on Sunday, September 23.

Last year’s event, which included Japanese drummers, activity booths and a moving exhibit about student suicide, drew more than 1,200 people and raised a record $220,000 for suicide prevention.

This year’s Walk/Run will include a Health & Wellness Expo, a pre-race stretch and warm-up and other fun activities. To sign up, go to www.didihirsch.org and click on “News & Events” to access the Alive & Running page. Earlybird registration costs $10 using the special sign-up discount code RR10.

Potluck Gatherings

Anyone who has ever participated in a Survivors After Suicide group is invited to attend our summer and winter potluck gatherings, which typically take place on the first or second Saturday of June and December. Summer potlucks are during the day; winter potlucks take place in the evening. The program includes a presentation, sharing time and a closing ceremony. Guests are welcome.

Summer Potluck
Saturday, June 9
12:30 p.m. to 3 p.m.
Veterans Memorial Building, Rotunda Room
4117 Overland Avenue
Culver City, CA 90230

Left to Right: Suicide prevention pioneer Dr. Norman Farberow, Lyn Morris, Director, Suicide Prevention Center, Rick Mogil, Director, Suicide Prevention & Bereavement Services; Laurie Woodrow, Advocate & Volunteer for SAS
I am really excited about the return of our Newsletter! It has been quite some time since our last issue and there are many promising things that have happened with the Suicide Prevention Center and the Survivors After Suicide program. We will include the changes and program enhancements in future issues. Thank you for your patience.

I would like to address the often-heard cliché, “Time Heals All Wounds.” This quote is probably not from a survivor whose loved one died by suicide. For many of us, there was no time to say goodbye, no time to apologize, no time to say, “I love you.” No time at all.

Our wounds are deep, the pain profound. Yet, many people trying to be helpful seem to have the expectation that the time we didn’t have (or chose not to use) will heal our wounds and remove our pain.

I think Rose Kennedy, who suffered much loss in her long life, had the right view on time and wounds. Here is what she had to say on the subject:

“It has been said, ‘Time heals all wounds.’ I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue and the pain lessens. But it is never gone.”

More wisdom can be found in immortal words of The Byrds’ classic song from 1965, “Turn! Turn! Turn!”

In their musical rendition of “There is a time for everything,” which comes from Ecclesiastes 3, they sing, “A time to laugh, a time to weep…a time to dance, a time to mourn…”

Yes, there is a time for everything, even our pain. We can’t deny it and shouldn’t hide it. We carry it with us but can learn to accept it, embrace it and even share it. Open yourselves to the possibilities.

Rick Mogil has been program director of Didi Hirsch’s Suicide Prevention and Bereavement Services since 2007.

Resources for Survivors and Suicide Prevention

**HELP LINES**

**Didi Hirsch Mental Health Services**

Suicide Prevention Crisis Line
Los Angeles and Orange Counties: (877) 7-CRISIS or (877) 727-4747

National Suicide Prevention Lifeline:
(800) 273-TALK or (800) 273-8255

TEEN LINE:
Suicide hotline for teens staffed by trained teens 6-10 p.m.
(800) TLC-TEEN

Trevor Helpline:
Suicide hotline for gay, lesbian, bisexual, transgender or questioning youth
(800) 850-8078

**RESOURCES**

For a full resource list go to www.didihirsch.org

**American Association of Suicidology (AAS)**
(202) 237-2280
www.suicidology.org

**American Foundation for Suicide Prevention (AFSP)**
(888) 333-2280 • www.afsp.org

**Didi Hirsch Mental Health Services**
Eleven sites in Los Angeles and Orange County provide suicide prevention services. LA: (310) 390-6612
OC: (714) 547-0885.

**Suicide Prevention Resource Center**
(877) GET-SPRC (438-7772)
www.sprc.org or www.sprc.org/thespark
SPRC also has an online newsletter.

**NEWSLETTER**

A publication of Survivors After Suicide, which provides support groups for those who have lost a loved one to suicide and is a program of Didi Hirsch Mental Health Services.

SAS Program Number: (310) 895-2326
Crisis Line Number: (877) 7-CRISIS (Toll-free in LA and Orange Counties).

Editor: Kim Kowsky
Editorial Board: Lois Bloom; Samuel C. Bloom; Norman Farberow, Ph.D.; Rick Mogil; Lyn Morris, LMFT

Reprint Policy:
You are welcome to reprint material from our newsletter if you are a nonprofit support organization that produces periodicals.
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learning how to balance the checkbook after
the death of a spouse, for example, may be
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We may also find it simpler to take care of the
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THE TASKS OF GRIEF – Continued from Page 1
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part of our everyday lives that we
feel like we have lost a part of ourselves,
accomplishing this task may be more difficult.
We may also find it simpler to take care of the
concrete tasks that were part of the deceased’s
contribution to our lives than to fill the
emotional roles, which can often escape our
notice until much later in the grieving process.
Learning how to balance the checkbook after
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time as we recognize the implications of the loss
and come to terms with all of the gaps, both
real and symbolic, that the death has created
in our lives.

Task Four – Emotionally Relocating Your
Loved One
The major work of grieving is resolved when
the fourth task is completed. In simple language,
“emotionally relocating” the deceased means
moving from the feelings of loss and longing
for the deceased to being able to hold the
memory of that person in our hearts. They
become a part of our lives in a way that allows
us to go on living without them. We tend to be
less conscious of the loss, less preoccupied with
the deceased. Although there may always be
times when sadness catches us off guard and we
are reminded of how much this loss has affected
us, we have released some of the emotional
energy that was tied up in the relationship with
the deceased, which is now available to be
invested elsewhere. We may invest that energy
in other relationships or in something that
commemorates the life of the deceased.

What Helps?
Self-expression. Many survivors say finding ways
of expressing their thoughts and feelings is most
helpful. Some may express themselves by talking
to friends. Others may find self-expression in
creative pursuits such as writing, journaling,
painting, gardening or making music.
Rituals. Rituals allow the expression of complex
and abstract emotion. If traditional rituals don’t
appeal to you, perhaps you can create your
own family ritual such as lighting a candle or
reading a poem to commemorate the
deceased on important holidays or milestones.
Reminiscing. For people bereaved by suicide,
traumatic images associated with death may
block other memories of the person. You may
be able to stay in touch with positive memories
of the person who has died by looking at
photographs, telling stories or using a memory
box or memory book.
Self-care. Eating well, exercising, sleeping and
making time for things that give you pleasure
are important to your well-being. Physical
activities like kick-boxing can be a good way
of expressing and releasing anger.
Survivor groups. Many survivors find that the
best help comes from attending a support
group where they can openly share their own
story and their feelings with fellow survivors
without pressure or fear of judgment and
shame. Support groups can be a helpful source
of guidance and understanding as well as a
support in the healing process.

This article was adapted from the “Survivors of Suicide Fact Sheet” by the American Association of Suicidology and
“The Tasks of Grief” by the Maine Center for Disease Control and Prevention.

SPC Awarded Grants
The California Mental Health Services
Authority awarded Didi Hirsch’s Suicide
Prevention Center more than $6.5 million
in grants last year to lead the expansion of
several key suicide prevention efforts in
California. Projects include:

• The creation of a consortium of California
  crisis centers who will meet with various
  community and health representatives to
  come up with ways to reduce the risk of
  suicide and to share their best ideas with
  other crisis centers across the nation.

• An expansion of the SPC Crisis Line, which
  currently covers Los Angeles and Orange
  counties, so it can also be the official hotline
  for Imperial, San Bernardino, Ventura and
  Riverside counties.

• A focus on diversity, by hiring Vietnamese-
  and Korean-speaking crisis counselors for
  communities that are considered at high risk
  of suicide but lack adequate resources.

• The addition of overnight warmline
  services, which provide live telephone
  help for people with problems that are
  not emergencies, for three local warmlines
  that currently have limited hours.

• Additional suicide prevention training.
The day my son Paul died I couldn’t even put my underpants on right side out, and in the days that followed I had to retrain myself to do what I needed to do just to appear alive. I had to walk myself through the steps – get up, go to the bathroom, brush teeth, go into the closet, and pick out something to wear. It was as basic as that. I couldn’t stay focused on anything. I was always on the verge of tears. I had to keep reminding myself that he was really gone – that it was true, that I would never see my oldest son again, that I would never hear him play the piano again, and that I would never have another chance to have another conversation with him as I did the night before his death.

When my sister-in-law wrote in a recent email, “It doesn’t get any better, does it?” I had to answer, “No, it doesn’t.” But writing about his death and its aftermath and the steps I took to live a full and productive life after the worst tragedy that can happen to a mother and family helped ease the pain and enabled me to survive. Paul killed himself in our family home twelve years ago after a seven-year struggle with bipolar disorder. And in those twelve years I have learned to live with and survive this loss.

Early on a friend encouraged me to try traditional therapy, but after one visit I was convinced that a therapist who hadn’t lived through an experience like mine couldn’t begin to relate to me or help me. So, writing about my son’s bipolar disorder and death became my therapy. Writing in my journal became an obsession and a balm.

Writing was healing because it allowed me put my pain on the page. Instead of carrying it with me every moment of the day and night, I found a place where I could have a little relief. There was so much I couldn’t say out loud to anyone. I couldn’t even cry in front of my husband or he would think I was having a breakdown. And since there was so much anger and grief in me, I needed a place to put it.

Writing in those early days after Paul died was like repeating a mantra. I just kept moving my pen across the page. I wouldn’t let anything get in the way of my writing time. The page was always ready for my tears, my rants, my sorrow, my complaints, and my thoughts and ideas. The page never told me what to do or how to handle my grief. The page never told me it was time to stop grieving already. The page became my everyday friend – a special place I could go to empty my full heart.

For me just the act of writing is helpful. Yes, after twelve years I still need to write. Early on I wrote with pen in hand in a journal notebook. The classier the paper the better – and I wrote until my hand cramped. Now I type, sometimes pounding my fingers on my computer’s keyboard. I find this works better for me because my typing fingers can keep up with the speed of the words in my brain. The faster my brain works the faster and harder my fingers press down. And I don’t stop until I’m finished, sometimes finding I’ve typed one thousand words in less than thirty minutes.

Little did I know at the outset that my journal entries, pieces written in the many writing workshops I’ve taken in the last twelve years, and poems would turn into my recently published memoir. Using my source documents helped me create a raw and honest book that offers parents and siblings who have experienced a child’s or a brother or sister’s death ways to get out of the deep dark hole they are in. Writing my story has also helped me keep my son Paul’s memory alive.

Madeline Sharples has been a member of Survivors After Suicide since 1999. The Manhattan Beach writer is now working on a novel and blogs for several websites.
SAS Group Meetings

Everyone who has completed an eight-week Survivors After Suicide Support Group is invited to attend scheduled monthly meetings at any of the locations listed below. There is no charge.

Monthly Drop-In Groups

San Gabriel Valley: San Marino United Church of Christ, 2560 Huntington Dr., San Marino. Meetings are held in the Choir Room the last Wednesday of each month from 7:00 – 8:30 p.m. Meeting dates: Jun 27, Jul 25, Aug 29, Sep 26, Oct 31, Nov 28, Dec 26.

San Fernando Valley: Sherman Oaks Hospital, 4929 Van Nuys Blvd., Sherman Oaks. Meetings are in the Doctor’s Dinning Room on the 2nd Saturday of each month from 11:30 a.m. – 1:00 p.m. Meeting dates: Jul 14, Aug 11, Sep 8, Oct 13, Nov 10, Dec 8.

West LA: Didi Hirsch Culver-Palms Center: 11133 Washington Blvd., Culver City. Meets on the 3rd Wednesday of each month from 7:00 – 8:30 p.m. Meeting dates: Jun 20, Jul 18, Aug 15, Sep 19, Oct 17, Nov 21, Dec 19.

Santa Ana: Didi Hirsch Orange County Office, 2021 East 4th St., Santa Ana. Meets the 1st Wednesday of each month, 6:30 – 8:00 p.m. Meeting dates: Aug 1, Sep 5, Oct 3, Nov 7, Dec 5.

South Bay: Beach Cities Health District, 514 N. Prospect Ave., Redondo Beach. Meets in the Beach Cities Room, 2nd Sunday of each month, 11:00 am – 12:30 p.m. Meeting dates: Jul 8, Aug 12, Sep 9, Oct 14, Nov 11, Dec 9.

Eight-Week Groups

For 2012, our eight-week support groups for those who have lost loved ones to suicide will take place on the following schedule:

Group 2: Late June/Early July  Group 3: Late August  Group 4: Late October

Groups meet once a week for an hour and a half for eight consecutive weeks, with locations in Sherman Oaks, Culver City, Redondo Beach, San Gabriel and Montrose. To be placed into a group, please call Rick Mogil at (310) 895-2326.