



Dealing With Suicide, Grief and Bereavement

The Impact of Suicide on The Family System

According to Barlow Coleman, (2003) the processing emotions for survivors of suicide is a personal challenge and restoring personal balance of their life, due to this survivors feel powerless and constantly have thoughts of whether they have made a difference in the person's life. Survivors strive to maintain relationships with the deceased. Individuals within the family unit must develop their own interpretation and understanding of the suicide act. In addition, an important part of the family after the suicide is to have respect for and acknowledge the difference in the grief reactions and coping style among each family members. Moreover, siblings that are survivors of suicide experience twice the impact from the death of their siblings and cope with grief and withdrawing from their parents. Most siblings have feelings of depression, loneliness and anger. There are three major highlights when examining the long-term effects of suicide survivors among parents and siblings. Surviving children may become fearful about the genetic origins of mental illness and the effects of stress due to mental health. They begin to hide their pain and be in denial as survivors until adulthood with unresolved grief. Their grief will either continue to hide or seek to heal, however, acknowledging the pain years later will need work and interpersonal problems can cause one to seek counseling.

Maple, Edwards, Minichiello and Plummer, (2013) mentions that the death of a child during adolescence or young adulthood can interrupt the family unit. It can erupt the basic makeup of the

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future of the family. Children can hold many meanings to their parents of the past, present and future. The death of a child from this perspective through bereavement is thought to be unique. Maple, Edwards, Minichiello and Plummer, (2013) states that challenges parents may experience may not be a feature in some forms of death to include shock, guilt, shame, blame, anger and stigma. Because of these factors related to suicide and bereavement, those who deal with these types of features usually feel alienate from their support networks. This type of grief is considered a disenfranchisement that happens following a loss that can't be openly acknowledged, publicly mourned or socially supported. This experience provides additional thoughts of social experiences of loss among parents. Also, the type of death experiences can influence how one grieves

According to DeSpelder and Strickland (2020), the death of a close friend can be just as equivalent as surviving the death of a family member, friendship or a mate. These relationships can vary according to the intensity of the intimacy or perception of the roles and expectations in the person's life. Also, the quality of the relationship that was shared between the deceased and friends can be more important than just the death of a co-worker or neighbor.

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There are limited research regarding the effectiveness of intervention focused on supporting survivors of suicide. However, it is important for those working with survivors of suicide to allow survivors to tell or write their story regarding narratives of their loss in order to maintain integration of their experiences. Social workers can help survivors in their search for answers regarding the death of their loved one. Also, social workers can help provide survivors with information that can broaden their perspective by allowing them to ask questions and answer them in an informed and compassionate manner. Furthermore, if social workers are unable to provide support to survivors suffering from complicated grief or post-traumatic stress disorder, they should refer them to co-workers. The author encouraged social workers to reach out to survivors because they could suffer from isolation or dealing with being the blame for the cause of death of person who committed suicide act (Dransart, 2013).

Gerner, (2020) web page discusses how grandparents have feelings of guilt that can be very strong which is called survival guilt. There is a perception that children should outlive their grandparents versus grandparents outliving their children and grandchildren.

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Grandparents feel that they have lived a long and full life and the dead child was denied that opportunity. It can be unbearable to deal with a child who is unable to live out their life.

Grandparents feel angry as the parents and become very angry with God for taking a child. They also can become angry with doctors and nurses, feeling that they have not done enough for the child. At times, memories of their own child who have died can be a trigger which can be painful and bring back pain that they felt in the past. This experience is fairly common among grandparents since the death of children occurs more often before the days of advanced medical technology.

Explain how mental health workers can prepare to assist families



Mental Health Counselor assisting a Suicidal Teenager

According to the Erps, Ochs and Myers, (2020) when studying the risk of suicide among youth it is important to recognize the developmental stage in understanding the death and exposure to the media and parental belief systems. During the adolescent stage young teens begin to experience life transitions and make more awareness of life stressors as they take on responsibilities and increase their own awareness. Also, Transgender and LGBTQ teens are five times more likely to attempt suicide. In a survey of transgender adults, 92% reported at least one suicide attempt before the age of 25 compared to heterosexual.

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Schools should implement procedures and assessment interventions to examine those who are at risk of suicide. Furthermore, when identifying those who are at risk for suicide, to refer students to mental health providers. It is important for mental health counselors to provide suicide by education or training to those who are working with adolescence.

Mental Health Counselor assisting spouse with small children who has lost her spouse to suicide

Perceived burden and decrease feelings of belongingness are two factors that contribute to suicide ideation for couples. Feelings of burdensome is when the person believes they are a liability to the other person and this can result in shame and low self esteem and self hatred. This is more relevant to older adults because they may require additional assistance with activities of daily living, finances and other areas of their lives which leads some to consider death. Older adults with high functional impairment such as terminal illness or those that usually reside in living facilities experience feelings of burdensome.

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Surviving military dependent families may possess a disorder called Persistent Complex Bereavement Disorder or PCBD; this condition was recently included into the Diagnostic and Statistical Manual of Mental Disorders in the 5th edition. The disorder causes impairment that is unique from major depressive disorder and post-traumatic stress disorder and specifically responds to grief focus treatment by military dependent family members. Military spouses are usually young women survivors faced with challenges of increased movement and the lack of access to consistent or ongoing community and health care services after service members death as well as being separated from supportive family members. Bereaved military children are also at risk for creeped out comes because of their age similar to their parents they are likely to be at increased risk for psychiatric problems when the surviving parent is to press in addition to risk protective factors impacting bereaved military family members must be considered social support has been associated with psychological recovery following drama events community and institutional resources have a positive influence on child outcomes in civilian communities after a traumatic stress and bereavement (Cozza, Fisher, Jing Zhou, Harrington-LaMorie., Flair, Fullerton, Ursano, Zhou, and La Flair, 2017).

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Mental Health Counselor assisting an elderly man with contemplating suicide

DeSpelder and Strickland (2020), further states elderly people are at a higher risk for suicide than any other age group. Especially white males and widowers. Later adults are people over the age of 65. Some major risk factors include being divorced, living alone and psychiatric or physical illness. Older people are not likely to express suicidal ideation or have previous suicide attempts. Some researchers seem to agree that elderly people who attempt suicide want to die versus younger people and their attempts are often a cry for help.

My List and Plan of Action

1. As a counselor I will develop my own crisis intervention plan of action for those who express contemplating suicide and follow sample from the crisis prevention institute website @ https://institute.crisisprevention.com/De-Escalation-Tips.html?code=GSIT01DT&src=PPC&utm_source=google&utm_medium=cpc&utm_campaign=dt_resource202011&utm_content=tofu_gen&gclid=Cj0KCOjw9O6HBhCrARIsADx5qCSxM98FK88Unaa1LGqrjfyxkQijeKN A4STOME_bd7Ok3N7jSiV_Gr8aAqcKEALw_wcB
2. Create a quick mini card for high risk individual who contemplate suicide utilizing the following information: National Suicide Prevention Phone Number, Name of person they trust, Counselor or organization they receive treatment and download App of suicide safety plan.

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My List and Plan of Action

3. Download a copy of the Patient Safety Plan template of the National Suicide Prevention website @ https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf and have the patient complete the plan
4. Talk to emergency contacts to ensure they have their own safety plan in place for the person
5. Follow-up with the patient every week to re-evaluate the level of risk and follow-up with the emergency contact to see how they are doing because they will be the go to and the person with the most critical information.

Recommend Resources and Websites With Other Local Resources)

Good Grief Children Support Group <https://www.palmettohealthchildrens.org/>

In Columbia, South Carolina there is a children's hospital, Prisma Health. The hospital has a children's and teens support group called Good Grieving. They help children and teens cope with loss and death. Children and teens attending this group are between the ages of 5 through 17 years and it is designed to help them learn how to cope with the death of a loved one. There are four sessions offered throughout the year to help children through the normal grieving process and to adjust to loss. They are grouped by age and participate in activities intended to promote expressions of their feelings, understanding of the lost, good coping skills and memory preservation.

Georgia Department of Behavioral Health and Developmental Disabilities Support Services
<https://www.gadoe.org/wholechild/Documents/Support%20for%20Survivors%20of%20Suicide%20Loss.pdf>

This organization provides support for survivors of suicide loss. They have a suicide prevention program and receives federal grants. This organization also discusses the stages of grief and

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several other information. A pamphlet can be downloading and a copy of they provide a handbook for children and teens regarding suicide loss through the American Foundation for Suicide Prevention. The organization provide suicide support groups and are located in 12 cities throughout the state of Georgia. They have partnered with other local organizations to meet the needs of their customers such as, The Georgia Crisis and Access line, a link for counseling centers and a suicide prevention action network as well as many more. They also discuss and talk about Complicated Grief Therapy. I like this website because it is offered by the state and located in 12 cities throughout the state of Georgia and federally funded. Most organizations may receive federal funds and are mainly nonprofit organizations. However, this organization is set up by the state for survivors of suicide with grief counseling for children, teens and adults.

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Camp Hands of Hope

Hospice & Palliative Care Foundation

PO Box 151

Drayton, South Carolina 29333

843-409-7991

www.hpcfoundation.org

Hospice & Palliative Care Foundation provides support and assistance to bereaved and grieving family members through funding for bereavement camps, support groups and educational materials. Camp Hands of Hope is open to children and youth ages 5-18 who have experienced the loss of a loved one in the past 3 years. At least one (1) Parent or Guardian must attend Camp with the child/youth. I believe this program will work for the father and daughter because this program focuses on younger children by providing support groups for them. However, this program is specific as to how far out the loved one has passed away. Also, the father is able to obtain educational materials for dealing with grief and helping his daughter as well as participate in camp with his daughter.

How Mental Health Workers can Prepare To Assist Families

The Significance of Cultural Competency When Dealing With Various Religious and Social Views About Suicide and Assisted Suicide



Philosophical Arguments and Perspectives On Suicide of Different World Religions

Gardoski (2011) discusses the Declaration of Independence regarding America's debate over the right to life. The author focused on the statement about the pursuit of happiness and how men are created equal. Gardoski, highlights how God is the author of human life and is the one who creates life. Gardoski, uses the Declaration of Independence to reflect how the right-to-life is the right of living human beings to continue to live.

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Moreover, it is rooted in the philosophy of Western and judeo Christians views which is taught in the bible. Furthermore, the author reflects how a person who comprehends the right-to-life and how it affects their life and their ability to voluntarily end their life.

Islam: This religion is a believer of the book of Qur'an. There is a passage in which those who are a believer, states that one should not destroy or do anything that will cause harm to themselves with their hands through wickedness or injustice or he will be burned. However, a person who freely gives their life is in the path of Allah and is considered a martyr in jihad holy war; a person who dies defending themselves, their family or property against any aggression will be considered a martyr (Corr & Corr, 2012). In addition, arguments used against the morality of assisted suicide and euthanasia is regarded as slippery slope which means once a decision is made to end someone's life for whatever reason it can gradually move to sliding in other people's lives for other reasons. Once an action has begun it is difficult to halt the act before it goes too far. Other arguments against assisted suicide and euthanasia are having the wrong diagnosis and prognosis and medicine moves fast at times with some degree of unpredictability.

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New therapies and cures can be discovered at any moment and this decision and act may undermine the trust that is important for physician and patient relationship (Corr & Corr, 2012)

The Important for Mental Health Workers To Understand Different Cultural Views On Suicide and Assisted Suicide

Issues related to euthanasia will be introduced to society by individuals who seek to have their views known over others in separate situations. Efforts made to legitimize the widespread practice in some form of public policy decisions will be ongoing in individual circumstances, although someone will be the decision maker and this is what concerns a lot of people. Someone will have to decide when assisted suicide or euthanasia is to be provided and grounds for making more decision is the fundamental matter (Corr & Corr, 2012). Moreover, I believe that mental health professionals and other counselors who provide treatment services to those who are in a position where the decision of whether they live or die are going to be in the hands of those who love them.

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It is important for professional counselors to have the hard discussion with not only the families but first with the individual who is going through the experience of whether to continue to live or die, if they are capable at the time, to express how they feel about euthanasia. It is important for professional counselors to understand the culture of the individual and their families in order to know their view on euthanasia. They may be able to make an informed decision once all options have been discussed and explored. Unfortunately, some professional counselors find themselves caught in family feuds. Families fighting to make decisions for the individual who is incapable of making a final decision for themselves. I believe at that moment, a professional counselor should inform all parties involved regarding their options as to what would happen if they choose that the individual continue to live and or perform euthanasia and what that would look like, not only for them but also for the person who is receiving the treatment (Corr & Corr, 2012)

Conclusion

Corr and Corr (2012) state that there are various ways in which we can help those who are dealing with dying . Also, professionals and non-professionals can offer empathy by listening and staying with individuals who are dying and their significant others. We must address the fears, anxieties, desires and tasks of those who are dying as well as their family members and friends. Sometimes these things are often simple and important.

I believe it is also, it is important for Mental Health counselors to educate youths and adolescence about suicide and letting them know what services are available when they are in need of help to deal with issues and concerns they have in their life. Various religious community have their ideas and meaning about suicide and euthanasia. Most religion community dont believe in suicide if its personal harm to themself.

References

- Barlow, C. A., & Coleman, H. (2003). Suicide and Families: Considerations for Therapy. *Guidance & Counseling, 18*(2), 67–73.
- Castelli Dransart, D. A. (2013). From Sense-Making to Meaning-Making: Understanding and Supporting Survivors of Suicide. *British Journal of Social Work, 43*(2), 317–335. <https://doi-org.lopes.idm.oclc.org/10.1093/bjsw/bct026>
- Corr, C. A., & Corr, D. M. (2012). *Death & dying, life & living*. (7th ed.). New York, NY: Cengage. ISBN-13: 9781111840617
- DeSpelder, L. A., & Strickland, A. L., (2020). (11th ed.). McGraw-Hill. *The last dance: Encountering death and dying*. ISBN-13: 9781260130744
- Erps, K. H., Ochs, S., & Myers, C. L. (2020). School Psychologists and Suicide Risk Assessment: Role Perception and Competency. *Psychology in the Schools, 57*(6), 884–900.
- Cozza, S. J., Fisher, J. E., Jing Zhou, Harrington-LaMorie, J., Flair, L. L., Fullerton, C. S., Ursano, R. J., Zhou, J., & La Flair, L. (2017). Bereaved Military Dependent Spouses and Children: Those Left Behind in a Decade of War (2001-2011). *Military Medicine, 182*(3/4), e1684–e1690. <https://doi-org.lopes.idm.oclc.org/10.7205/MILMED-D-16-00101>

References

Jahn, D. R., van Orden, K. A., & Cukrowicz, K. C. (2013). Perceived burdensomeness in older adults and perceptions of burden on spouses and children. *Clinical Gerontologist: The Journal of Aging and Mental Health*, 36(5), 451–459.

<https://doi-org.lopes.idm.oclc.org/10.1080/07317115.2013.816817>

Gardoski, K. (2011). Right to Life, Right to Death. *Journal of Ministry & Theology*, 15(2), 54–76.

Maple, M., Edwards, H. E., Minichiello, V., & Plummer, D. (2013). Still part of the family: The importance of physical, emotional and spiritual memorial places and spaces for parents bereaved through the suicide death of their son or daughter. *Mortality*,

18(1), 54–71. <https://doi-org.lopes.idm.oclc.org/10.1080/13576275.2012.755158>

Margaret Gerner (2020) Survivors of Suicide Loss. Grief through the eyes of the grandparents *Reprint The Compassionate Friends Newsletter; Orange coast Chapter; 7-95.*

<https://www.soslsd.org/resource/grief-through-the-eyes-of-the-grandparents/#.YUfr1zvYo1I>