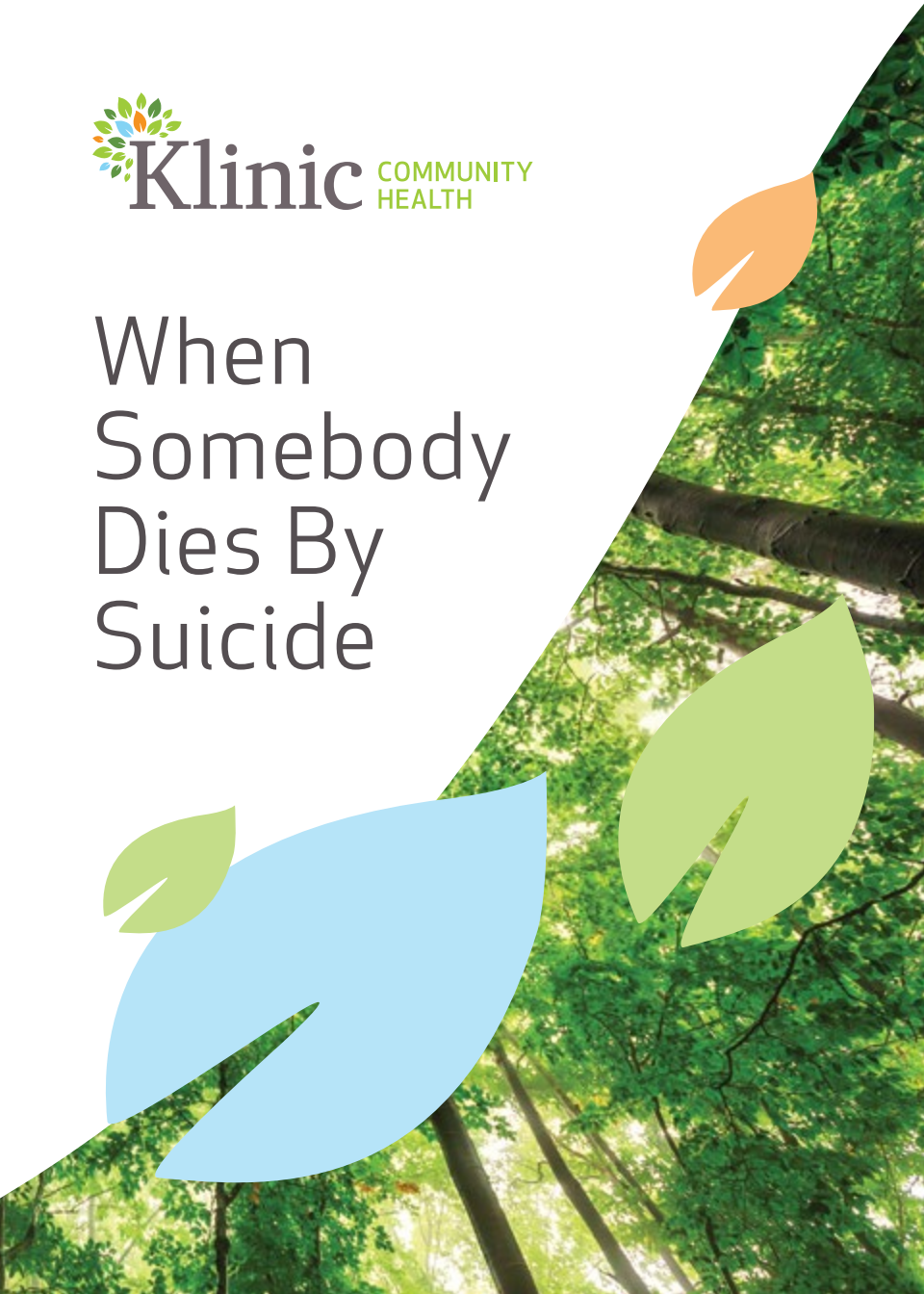




# When Somebody Dies By Suicide



Klinic Community Health would like to acknowledge that this handbook would not be possible without the generosity of a multitude of people. One such group, SPEAK, was started in 2001 by five families who had lost a child to suicide. It was their hope that what they learned through their collective experiences would help others on their path to healing. Over the years, as this handbook has developed and changed, Klinic has been fortunate to encounter people who were willing to share their knowledge, expertise and thoughtful consideration to facilitate our learning about the impact of suicide on family and friends.

*This handbook was originally made possible by funding from the Government of Manitoba's Youth Suicide Prevention Strategy.*

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## Disclaimer

By using this “When Someone Dies by Suicide” handbook, you acknowledge and agree that any information contained in this handbook is provided on an “as is” basis. While every effort has been made to ensure accuracy, we do not provide any express or implied warranties on the accuracy of the information. By using this handbook, you acknowledge that there may be errors and those errors, once known, will only be corrected through later editions of the handbook.

By using this handbook, you acknowledge that you understand and agree that the information provided through this handbook is intended for general understanding and education only.

This handbook is not, and is not intended to be used as, a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician, psychiatrist, psychologist, nurse, or other qualified healthcare provider before you undergo any treatment or seek answers to any questions you may have regarding any medical condition that may result from your grieving after losing your loved one to suicide.



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# INTRODUCTION

The purpose of this handbook is to provide general information about the experience of losing someone to suicide. If you are reading this handbook because you have lost a loved one to suicide, it is our aim that you will find information, validation and resources to refer to over the course of your journey through grief.

If you are reading this handbook because you are supporting someone who has experienced a loss by suicide, it is our hope this information helps you determine how best to support a bereaved person.




If you are reading this handbook immediately following a death, funeral homes will be in the best position to provide you with current and accurate information on choices available for burial and for dealing with your loved one's affairs. Both the Government of Canada and Provincial government websites have detailed web pages providing information regarding legal requirements a family member may need to address in the weeks and months following a death. In Manitoba, many funeral home websites tend to include practical information as well as Frequently Asked Questions sections which you may want to access should you find yourself not knowing what your next steps might be.

## **How and What to Say to Others**

Following a suicide loss, you may be faced with the difficult task of informing people about your loved one's death. During these necessary phone calls, you might find it hard to tell others how your loved one died, and you may feel put on the spot, especially if you are asked for details. Keep in mind that people who care about you often want to be helpful but may not know what you need. Asking a trusted friend to make any of these phone calls on your behalf may be something for you to consider.





Remember that you are always in charge of how much or how little you want to share and that what you are willing to share may change over time. Depending on your stage in your grief process, the relationship with the person asking questions, the setting and context you find yourself being asked, and how you are feeling on any given day will all likely influence your decision in what you want to safely share. Remember, there is no need to go into details and it is okay to let people know that there are things that you will and will not disclose.

It is your choice how to talk about your loved one's death. Acknowledging that a death was by suicide can be an important part of the grieving process; however, only you will know when that feels right for you. You may want to first discuss this with a trusted friend or a professional support person and together explore various responses to questions around how your loved one died. They may help you figure out which words to use and how you want to talk about what has happened. You may be able to practice your response in a safe and private setting.

## Making Arrangements

Funerals, wakes, and other memorial practices help you to acknowledge and express your emotions at a time of loss. It is an opportunity, whether privately or publicly, to acknowledge your loved one, and to ultimately say goodbye in a way that is meaningful and reflective of your beliefs. The emotional journey of grief is universal to all cultures, ethnicities and belief systems. Funeral directors, Elders, clergy, or a celebrant speaker can all help you make choices that are right for you and your family.

A funeral director will arrange the final disposition, whether that is cremation, burial or entombment. More importantly they can help you create a thoughtful way of paying tribute to your loved one. A funeral does not make everything okay. But it does give everyone that was close to the deceased the permission to grieve in a way that is meaningful to them. It is the first step in creating a new normal, and a path forward for you and your family.

There are many ways of paying tribute to the one you love. Some people choose to hold a service where their loved one's body is present, others do not. It is your choice. What is important, though difficult at a time of tragedy, is to take this time to pause. Reflect on your loved one and what they meant to you. Take time as an individual, a family and community member to acknowledge the life that has been lived. We all often have an involuntary reaction to avoid any further pain, but a thoughtful service of remembrance will help you and all those that you love to

move forward in the journey of grief. This will also allow children and youth to be a part of the ceremony if you wish. Often it is wise to talk with them ahead of time about what will happen, and by doing so they'll feel a part of the process. If a child or teenager does not want to attend, then let them know that it is okay too. Sometimes adults forget that the young also experience and struggle with their own perspective of loss and grief. In the words of Alan D. Wolfelt, Ph.D., "anyone old enough to love is old enough to grieve."

If you want to, it is okay to say that the person died by suicide and to acknowledge the pain the deceased was feeling. This can help you answer questions about the manner of death without the need to speak with each person individually. When we talk openly about suicide without blame, but instead with sensitivity and compassion, we also reduce its stigma. Shrouding a death by suicide with secrecy can increase feelings of guilt and shame and impair the grieving process. Talking about the fact openly should only be done at a pace and in a way that is of your own choosing. Do not hesitate to celebrate the life of your loved one and talk about the happy memories.

How someone died does not change what they meant to us when they were alive or diminish what they brought to our lives and family.

**To avoid any potential harmful effects on others who may be vulnerable and potentially at risk of suicide, consider the following suggestions:**

- Present a balanced view of your loved one that includes positive traits, as well as those things they may have struggled with, such as drug abuse, depression, mental illness, trauma, etc. Distinguish between their qualities and accomplishments and their final act of suicide. Avoid glorifying, romanticizing or idealizing the person or their death.
- Although a prevailing belief may be that the afterlife is a much better place, this should not be emphasized publicly. For those attending the service or gathering who are dealing with suicidal thoughts, "the lure of finding peace or escape through death" may make suicide a stronger option.
- Communicate the painful and permanent consequences of suicide.
- Avoid overt details about the means and place of death.
- Emphasize help seeking behaviour and resources.

Some families choose to write an obituary and one of the first considerations will be what to include. The decision to include that a loved one died by suicide is a personal choice and should only be made by those closely involved. Other word choices may include, (tragically, unexpectedly or suddenly) As previously discussed, consideration should be given to the language that is used. For example, the details of the means and place of death should not be included.

Funeral costs can sometimes be difficult for family and friends. Remember not to emotionally overspend in this time of crisis. If you have First Nations Status, some help may be available, so contact your Band or Indian and Northern Affairs Canada. Your communities and any organizations your loved one belonged to may also be able to help. If your loved one was in the Canadian Armed Forces, they may be given a military service. You will need to contact the Last Post Fund (**1-888-233-3073**, Manitoba **204-233-3073**) at Veteran's Affairs for information.

Klinic Community Health would like to thank Lee Barringer, Manitoba Funeral Educator, for providing information on making arrangements.







# **SECTION ONE**

## **UNDERSTANDING SUICIDE**

## Why People Die by Suicide

It can be difficult to understand why someone would want to end their own life. While every suicide is unique, it is often the result of a complex situation where an individual's intense despair overwhelms their sense of hope. As much as people often look for one key piece of information or one triggering event that would help them understand their loved one's mind at the time of their death, the truth of the matter is much more complex. Every person who dies by suicide was shaped and influenced by their physical and mental health, relationships, history, environment, social, cultural and spiritual backgrounds. There is almost never one piece of information that points to a single cause of suicide.

Many factors and circumstances can contribute to someone's decision to end their life. Factors such as loss, addictions, trauma, depression, physical and mental illness, and major life changes can result in some people feeling overwhelmed and unable to cope. It is important to remember that it is how a person experiences an event, and what that event means to a person that is important, not the event itself. What for many people may be seen as small, unimportant and easily dealt with may seem crucial, overwhelming and unbearable to someone else.

While there is a strong relationship between suicide and mental health it is important to remember that mental illness does not cause suicide.

Suicide is complex and cannot be attributed to any one single cause.

People who experience suicidal thoughts and feelings are often suffering tremendous emotional pain. Part of that pain may include the belief that their pain will never end, and that suicide is the only way to stop their suffering. Sometimes it can happen that when people try different strategies to lessen or heal their pain, that strategy works temporarily, or not at all. Over time the human brain can narrow the list of strategies to only include suicide.

When this occurs, people are left thinking that suicide is the only viable option to end their pain. At these times, it can be incredibly difficult for people to access the care and support around them.

It can be difficult for others to understand how someone can feel alone and hopeless even when surrounded by people who love and support

them. When people have thoughts of suicide, they often feel disconnected from others and the world around them. For some people, the pain they are experiencing can overwhelm their ability to ask for help and see options. Other people may go to great lengths to hide their pain and distress from their loved ones.

What is crucial to remember is that it is never any one person's fault that someone else made the decision to end their life.

## **How Might Suicide Grief Differ from Other Grief Experiences?**

Grief associated with a death by suicide may be different than what people experience following death by other causes. Death by suicide is usually unexpected, almost always difficult to understand and falls outside of what we understand to be the "natural order" of the life cycle. As human beings, we know and expect that death is part of life and that all living things, animals and plants included, will at some point die. What we don't expect is that someone will take their own life. Suicide loss is different because it is often unexpected, you were likely unprepared for the death and the decision your loved one made to end their life was outside of your control. In addition to the unexpected nature of suicide, there are situations of discovering the body, or unimaginably, bearing witness to the suicide. For these reasons, a suicide death is often considered a traumatic experience. Professional support is often required when experiences feel traumatic.

Grief associated with suicide loss is often complicated by external factors that occur after a suicide. Depending on the circumstances of the death, police investigations to rule out that a crime has occurred may leave family members feeling "under suspicion." Awaiting autopsy results, experiencing invasions of privacy in the form of media coverage, social media posts and life insurance investigations can all compound the pain of having lost a loved one to suicide.

The social stigma surrounding suicide adds another layer that is distinct from death by other causes. People do not often feel shame or judgment if their loved one died from cancer. Societal judgments of those who take their own lives can be strong and fear of stigma can prevent family members from reaching out for much needed support.








## **SECTION TWO**

### **UNDERSTANDING GRIEF**

## Common Experiences Following a Suicide Loss

Grief is an unavoidable part of human life, although admittedly most people would wish to bypass grief altogether. Grief is painful and messy, touching every aspect of our lives. In the following pages you will find common experiences people may have following a suicide loss. These experiences have been organized around various aspects of your personhood because grief touches all aspects of your being: physical aspects, emotional aspects, mental aspects and social aspects. While there are many similarities people describe following a suicide loss, everyone is an individual who copes with shock, grief and loss differently. The following common experiences are simply that, common and should not be interpreted as a list people should or need to have.



***Grief is not a disorder, a disease or a sign of weakness. It is an emotional, physical and spiritual necessity; the price you pay for love. The only cure for grief is to grieve.***

**—EARL GROLLMAN**

## Physical Experiences

### Loss of Sleep

Grief is a physical experience. Not only do our hearts and minds feel the full impact of the loss, but so too does our body. One of the most common physical impacts of grief is disrupted sleep patterns. In the first few weeks following the death your body will be under a great deal of stress. For most people, when their body is under stress and is in survival mode it releases hormones whose job it is to keep us alert for danger. These hormones in your system make relaxing into sleep difficult. Having a poor night sleep for one night is downright unpleasant but when it lasts for a day or two the impacts can be serious. Sleep deprivation can negatively impact your memory, concentration and problem-solving abilities. It can weaken your immune system, affect balance and co-ordination and put you at increased risk for accidents ([www.healthline.com](http://www.healthline.com)). Ultimately, we all need adequate sleep to maintain the necessary energy levels in our body and regulate our emotions. If you are struggling with sleep, there are many informative websites with a variety of strategies you might want to experiment with such as “Tips of Coping with Sleeplessness In Grief” found at [www.griefhealing.com](http://www.griefhealing.com).

### Change in Appetite

Other physical impacts of grief include changes in appetite. During grief, your body is often under acute stress, and you may notice a sharp decrease in your appetite.

Even if your appetite hasn't changed you may notice changes such as nausea, making eating challenging. If you are eating the bare minimum, please try to choose foods that offer the healthiest amount of nutrition for your body. Grieving is hard work and you need all the energy you can get. In the months following the death, when experiencing the hard days of sadness and loneliness, you may notice yourself eating or drinking more than usual to cope with these feelings. Whether you notice an increase or decrease in eating, drinking, or weight, try to remember that these changes are common when grieving.

***Grief is a strange thing. It has an actual palpable weight that makes breathing arduous and seems to stifle the heart. At night the weight increases tenfold and pins you to your bed like an unwanted lover***

**—JANN ARDEN**



Due to the way your body experiences stress you may notice other physical symptoms such as: increase in headaches, irregular heartbeat (especially in the first days after the loss), decreased immunity and increase of illness, as well as anxiety which is often experienced as a churning stomach, shakes, a racing heart and being hypersensitive to noises. Because grief has so many physical impacts it is helpful to share with your health care provider that you have experienced a traumatic loss. Your medical practitioner will be in the best position to monitor your health and rule out any underlying issues.

## **Caring for Yourself**

While you are grieving try to take the best care of yourself that you can. Try to eat as regularly and as healthy as you can. Try to sleep and keep your energy levels up. Listen to some favorite music, enjoy your pet, or focus on a hobby. Go for a walk every day, or just spend some time outside with nature. These small acts of living can remind you to continue moving forward in your own life, as challenging as that may feel. Take care of your physical health and be aware of what your body is telling you. Physical activity is healthy. As one person observed "movement is medicine." This could include walking, exercising, meditating, yoga, or Qigong. To learn more about other ways of coping, visit the Canadian Virtual Hospice website at [www.virtualhospice.ca](http://www.virtualhospice.ca).



## Emotional Experiences

It can be helpful to remember that while physical effects are common and are considered a normal part of the grief process you may also be noticing any number of emotional reactions. As unpleasant as “negative” emotions might feel, they are all considered normal aspects of grieving.

Any death is a painful experience regardless of the circumstances and whether it was expected or not. The cascade of emotions that people experience following a death can feel overwhelming. Sadness and longing, or variations of those emotions, are commonly felt regardless of the cause of death. However, there are some differences between what one feels following a suicide death and a death from natural causes. Emotional reactions to a suicide can be intense and complicated.

*No one ever told me  
that grief felt so like  
fear. I am not afraid,  
but the sensation is like  
being afraid. The same  
fluttering in the stomach,  
the same restlessness,  
the yawning.*



**—C.S. LEWIS**

## Shock and Numbness

Suicide bereavement is one of the most intensely painful experiences people are likely to undergo. Initially, the pain may be so overwhelming that the body allows some people to temporarily “turn off” some of their emotions. People share having experiences where they feel like they are sitting in the audience, watching a play about their own life, but not really taking an active part in that life. Other people talk about feeling disconnected from their physical body and describe their life feeling like it’s on “autopilot”. Emotional numbness protects people from the full impact what has just happened. This disconnection does not last and at some point, the numbness leaves. When the “thaw” occurs, people can gradually experience the pain that has been buried.

## Fear and Anxiety

Some people fear that other family members or friends might die or that other traumatic events may occur. People talk about experiencing the world that was once predictable and relatively consistent now being unpredictable and frightening. People may become easily triggered by hearing about other traumatic events.

## Deep Sadness

It is common to feel a deep and profound sense of sadness. People describe feeling intense anguish about what their loved one may have been experiencing in the period leading up to their death.

## Depression

Grief, which is a natural response to loss, can look similar to depression. In addition to the physical and emotional symptoms of grief, you may also experience symptoms of depression such as:

- changes in their motivation, confidence and/or self esteem
- prolonged feelings of despair, hopelessness and helplessness
- diminishment in problem solving and decision making abilities
- changes in sleeping patterns.

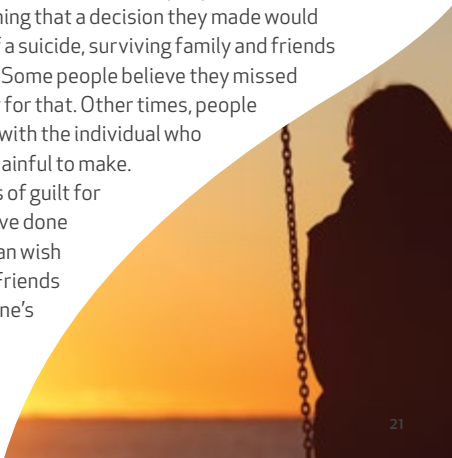
It is important to share any prolonged symptoms with your health care provider. For some individuals, scheduling a professional assessment for depression may be a wise decision.

## Anger and Blame

Anger and blame are common reactions to suicide. People often find themselves looking for reasons to blame others for the suicide or for not acting to prevent someone's death. Anger may be directed toward the person who died by suicide or other people involved in their life. Anger and blame might be directed back to themselves, outwardly toward personal friends and family members, or professional helpers who had a relationship with the individual. Anger and blame may be directed at no one in particular but more broadly toward God, a higher power or the world at large.

## Guilt

Guilt is experienced when people feel responsibility or regret for some offence or wrong, whether that offence is real or imagined. It is natural for people to think that the death could have been prevented by imagining that a decision they made would have changed the outcome. In the aftermath of a suicide, surviving family and friends often experience guilt for a variety of reasons. Some people believe they missed earlier warning signs of distress and feel guilty for that. Other times, people may have had to establish difficult boundaries with the individual who has died. Boundaries are often necessary but painful to make. Hindsight almost always plays a role in feelings of guilt for what people think they should have or could have done differently. Part of "if only" thinking is the human wish that the outcome could have been prevented. Friends and family are not responsible for their loved one's decision to take their own life.





*I not only live each endless  
day in grief, but live each  
day thinking about living  
each day in grief.*

**—C. S. LEWIS**

## Shame

Often confused with guilt, shame is a feeling that arises out of the belief that an individual has done something dishonourable or improper. Knowing that some people may still continue to believe that suicide is a sinful or criminal act, shame can often be experienced by surviving family and friends. People may naturally want to protect the reputation of their loved one from shame, as well as protect themselves from potential shame and judgment from others. It can often be difficult for people to discuss how their loved one died due to the fear of judgment that frequently happens, even by well meaning people who make comments that are experienced as judgmental and hurtful. There continues to be stigma attached to suicide loss when people using words such as “coward” to describe the person who died by suicide. Many people use secrecy to protect themselves from feeling shame, but unfortunately, this will only intensify any feelings of shame. Sharing when you feel safe and accepted can reduce feelings of shame.



## Relief

Sometimes people experience relief after a suicide, especially when the relationship with the person who died was particularly difficult and/or they suffered for a long time. Oftentimes, people notice feelings of guilt or shame at the same time they notice a sense of relief. Again, sharing these confusing and opposing feelings with a non-judgmental and accepting person can be helpful.

## Mental Experiences

In addition to feelings or emotions that seem out of control, your mind, or mental wellbeing may also seem fragile following the death of your loved one. Some people may retreat to their mind where they can visit their loved one in memories; others may be plagued by their mind revisiting memories or images that are frightening. You may find yourself thinking about aspects of your loved one or their death over and over and this can be distressing. Some people share that they think about suicide themselves following a suicide death. It's important to share thoughts and feelings that are upsetting, frightening, or obsessive with someone you trust.

In addition to feeling tired and exhausted, you may also be upset with how forgetful you may have become. You may forget relatively simple things like where you put your keys or why you walked into a particular room, or more substantial things like making or keeping important appointments. You may also experience difficulty focusing. Be patient and remind yourself that this is a normal response to grief. Use all the strategies and technological tools you find helpful.

## Thoughts of Suicide

Experiencing the trauma of a loved one dying by suicide is a suicide risk factor. Due to the intensity of the grief, significant feelings of guilt, unanswered questions, the profound wish to see their loved one again, or the natural desire to have feelings of pain and sadness end, some people may begin to experience their own thoughts of suicide. Having these thoughts is common and it does not mean that a person will act on them. However, it is important to ask for help to discuss these thoughts and feelings.



In Manitoba there are several resources people can turn to for help including:

**Manitoba Suicide Prevention and Support Line** — 1.877.435.7170

**First Nations and Inuit Hope for Wellness Help Line** — 1.855.242.3340

**Klinic Crisis Line** — 204.786.8686 or 1.888.322.3019

**WRHA Mobile Crisis Service (Adult-Winnipeg)** — 204.940.1781

**WRHA Crisis Response Centre** — 817 Bannatyne Ave

## Denial

There are times when people may not fully accept the reality of the suicide. Sometimes people search for other explanations for the cause of death. This is especially common in the initial phase of grief. While coming to terms with the truth that your loved one ended their life through suicide can be painful, many people share that there is some lessening of the pain with that acceptance.

## “Why” Questions

Asking “why” over and over in an effort to make sense of what has happened is a normal part of the grieving process following a death by suicide. Why did the individual have to die by suicide? What thought process was the individual going through? How badly was the person suffering? Why did the person lose all hope? Why did the person leave loved ones behind? Why did I not see this coming? These questions are a natural extension of the human need for explanation and understanding. People struggle to find answers in an effort to ease their pain, but there is seldom an answer to our asking “why” that provides relief and comfort. The person who could respond to these questions is no longer alive to answer them.





## Intrusive Thoughts

It is common for people to experience intrusive or repetitive thoughts about the person who has died and the circumstances of their death. These thoughts can interfere with focus, connection to others, feeling fully present, and most importantly, your sleep.

*One of the things that happens to people in grief is they secretly think they're crazy, because they realize they are thinking things that don't make sense*


—JOAN DIDION

Intrusive thoughts are defined as thoughts or mental images that are unwelcome and involuntary as well as being upsetting, distressing and difficult to manage or stop. You may have witnessed the act of suicide, or you may have been the person to discover the body. You may vividly remember being notified of the death or having to notify other family members of the death. As a result, you may find yourself experiencing intrusive thoughts, flashbacks or nightmares.

When people ruminate, they think about a problem or memory over and over again. This time spent thinking does not help much and if you are ruminating you may notice that you don't find the peace of mind, answer or clarity you are looking for. When people "grief ruminate" their repetitive and recurring thoughts tend to focus on the causes and consequences of the loss and other loss-related emotions.

## Social Experiences

The experience of a suicide loss can become a defining moment in your life and can change many things you once thought were foundational to who you are. It can cause you to question your sense of self, your relationships with friends and family as well as your faith or belief system. Some changes may be liberating and affirming and some may be confusing and bring with them their own grief and loss. For a while everything may feel uncertain as you try to re-establish order, meaning and balance.



*As your life changes, so will your circle*

—ANONYMOUS





### Changes to Spiritual or Religious Beliefs

Suicide is often such a profoundly devastating loss that challenges spiritual beliefs. Suicide loss challenges teachings about the natural order of things. Some people find themselves questioning the meaning and purpose of life. Some people may experience stigma or shame from their spiritual or religious community. Some people may find themselves questioning the justice of the universe or blaming “God” for the pain their loved one experienced. Other people find that their religious or spiritual life has been deepened, challenged, renewed or changed following a suicide loss.

### Changes in Relationships

As a result of many stressors, including the uncomfortable relationship modern society has with death in general and the stigma associated with suicide in particular, many people experience significant changes in their relationships following a suicide death. Suicide in particular challenges the sense of control we all want to experience. Suicide can force us to confront feelings of helplessness and powerlessness. It is important to remember that you have done nothing wrong to cause distance in a relationship following a suicide loss.

Distance may develop within family and friend relationships. It can be difficult to predict how these changes will be experienced. In addition to the loss of the loved one to suicide there may be other losses in the form of relationships that do not survive. However, other relationships may become more intimate and supportive. A friend you least expected to support you may offer unconditional support. You may meet other survivors of suicide loss in a support or peer group. Whether negative or positive it is safe to assume that there will be changes in many relationships.



## For Adults

*Grief is like the ocean;  
It comes in waves,  
ebbing and flowing.  
Sometimes the water is  
calm, and sometimes it  
is overwhelming. All we  
can do is learn to swim.*

**—VICKI HARRISON**

Grief is a universal life experience. There are numerous ways people can learn about it, through books, blogs, Elders, workshops, the arts, faith communities, friends, or counsellors. This handbook provides basic information about grief. If you want to explore additional resources on grief, please do. The information in this handbook is a starting point only.

### Grief as a Journey

Complicating the experience of grief is the reality that what people need when they are grieving is specific to them. As Earl Grottman says, “each person’s grief journey is as unique as a fingerprint or a snowflake.” Journeys bring to mind imagery of exploration, unexpected encounters, the passage of time, and the unknown. This is why grief is often understood as a “journey.” There is no one ‘right’ way to make this journey and everyone will grieve, mourn and cope differently. It can be hard to predict what to expect from yourself following the death of a loved one. Many families have spoken (or unspoken) rules about what is or is not “appropriate” when grieving. This can make things challenging if what you need is different from family expectations. If you can, resist the urge to compare your grief journey to anyone else’s, even if you are sharing the loss. Some people might think (and comment) that you are moving too quickly or too slowly through your grief. Resist taking that judgment as a direct criticism, your grief journey is yours alone. Contrary to what others may think and want, or what you may think and want for yourself, you do not and will not “get over” your grief. Grief doesn’t come to an end, but rather it changes and evolves over time. You can explore the ideas captured in this section with the Suicide Survivors Bill of Rights by Dr. Allan Wolfelt at the end of this handbook.

Grief can also feel like being on a rollercoaster. You take your seat, get locked in, and then the motor and machinery take over. You are powerless to do anything but experience all the twists, turns and rattles that are part of the ride. It can be hard to predict what any day will bring. You may feel out of control, like you are “losing your mind”, or completely bewildered. You may feel afraid that the painful moments will last forever. Some people describe their emotions on such a rollercoaster that they move from tears to laughter within moments. Sometimes this happens without you even noticing the shift and you suddenly find yourself laughing amid tears. Be assured that this is a normal part of the grieving process. Laughing does not mean that you are taking the situation lightly. Laughter can be helpful, so do not feel guilty when you notice yourself smiling or laughing during your grief journey. Humor can buffer us from stress and has many benefits such as releasing tension and helping us reclaim the goodness of the person who died. Laughter opens our hearts and helps us cope with the difficult grief days. Welcome laughter when it arises.



***I wasn't prepared for the fact that grief was so unpredictable. It wasn't just sadness, and it wasn't linear. Somehow I'd thought that the first days would be the worst and then it would get steadily better—like getting over the flu. That's not how it was***


**—MEGHAN O'ROURKE**

Much like a vacation where you discover you want to stop travelling and rest, there are times when you need to take a break from the exhausting work of grieving. Grief breaks are acceptable and necessary. Go to the movies, go out for dinner, go for a walk with a friend, engage in a creative activity, laugh. Your loved one was so much more than the way they ended their life, and you are so much more than the pain of your loss.

Your grief journey will change over time. The rollercoaster ride will end. How you feel today is not how you will always feel.

## **Difficult Days and Special Occasions**

It can be helpful to remember that there will be difficult and challenging grief days during the years following the death. Sometimes these days are unpredictable, and they might catch you off guard. Some people refer to these days as “grief bombs” or “grief waves” and you might find yourself tearier, missing your loved one anew, thinking of the past, revisiting “why” questions, or any other grief behaviour that is particular to you. Rest assured that this is a normal part of the grief process. Use



*Celebrate and honour your loved one in the way that is right for you, sharing your memories with those you trust and who will listen.*

**—GRIEF COUNSELLOR**

the coping strategies that you found most helpful, share your feelings with a trusted friend and most importantly, be gentle and compassionate with yourself when these grief waves catch you by surprise.

Significant days and special events during the year will likely be more predictable to you. Special occasions such as Hanukkah, Christmas, Thanksgiving, or Eid Al-Fitr will likely be painful in the first year following the death of your loved one. Other days like birthdays and anniversaries that are special for your family will also take on new meaning. The anniversary of the death is another predictable milestone to live through. Many people have found it helpful to create a plan for how they are going to approach and cope with their grief on these special days. Keep in mind that what you need on a special day might be different from what other family members need. It is okay to approach these days needing different things. If you have young children or teenagers living with you it can be helpful to help them plan for these special days and talk to them about what they might need to do. Don't be afraid to do things differently than you have done in the past as you incorporate the grief and loss into the new normal. Enlist the help of supportive friends in your plan if that feels comfortable for you.

## **Maintain Connections**

A familiar saying argues that it takes a village to raise a child. A similar statement can be said about people who are trying to make sense of things following a death by suicide. You may find that you need a surprising number of different people to support you during this time; however, many people find asking for help or even

accepting help that has been offered as difficult and awkward. Sometimes it's shame that makes asking for help hard, the fear of being seen as needy, valuing independence and self-sufficiency, or simply not knowing where to look for help. Despite how difficult it can be to receive help it is often a crucial component of grief. Many people share that what was most helpful was receiving unconditional support and compassion from those around them.

Experiencing a loss through death is personal and while much of the healing journey is private, the support, connection and acceptance we receive from others can be incredibly helpful. It is often beneficial during the grieving process to share what you are thinking and feeling with people in your life who are accepting and loving and comfortable with outward expressions of grief. Some people are more private and prefer to only share with a small, trusted circle of friends. Some people may feel completely comfortable sharing details widely, with a great number of others. There are no 'right' or 'wrong' ways to maintain connections. Remember that you are in control of how much or little you want to share and where and when you want to share. Establishing personal boundaries around your grief journey is completely appropriate even though it might feel uncomfortable. It is also important to remember that some people you reach out to may not be able to offer the support you need. While this might feel like a rebuke or abandonment it is crucial to remember that this is a reflection of the discomfort of the other person and not a reflection of you or your loved one.

While there is an ever-growing recognition that suicide should not be an off-limits topic, the stigma lingers for many people. For example, the support and compassion people receive when a loved one dies from cancer is often not the same when a loved one dies by suicide. As a result, many people choose to keep the details of the death a secret for fear of being responded to with shame or judgment. Keeping suicide a secret can interfere with healing and can make it harder to grieve. Whenever you do decide to share your grief journey experience you are helping to break down the stigma of grief and suicide.

## Social Media

Many people use social media to share information, process experiences, and search for community. Social media platforms like Facebook or Instagram are a common way to maintain connections to friends and family, or you may find yourself watching online videos on platforms such as YouTube. Please exercise caution when engaging in social media. Consider how public you are when (or if) sharing moments of your grief journey on social media platforms. Give your privacy settings some thought. Unfortunately,

you may encounter comments that are uninformed, judgmental and distressing. Please refrain from reading upsetting comments on social media. You may also come across blogs and vlogs that are triggering. You are encouraged to have a friend preview any material or sit with a trusted friend to watch and then debrief together.

## Formal vs Informal Support

Support can be thought of in two different ways, informal and formal. Informal support is all the help you might get from people in your life. Friends, colleagues and neighbours may all offer support in big and small ways. This might be structured like a weekly coffee date or spontaneous like dropping off some food. Do not underestimate the benefit that informal support brings to you.

Formal support differs because it most often involves the help of a professional. Formal support may be accessed through individual or group counselling. As previously acknowledged, you may notice that you are left with a great many unanswered questions. You may have had a difficult or stressful relationship with the person who died. You may feel uncomfortable talking freely about the suicide and your grief in your friend or family network. You may not know how to talk about the death with your children, or they may have needs you do not feel equipped to handle. Formal support may be a necessary chapter in your grief journey.

Formal support may be relatively brief in scope such as short-term grief counselling sessions or a structured bereavement group. Other formal supports such as peer groups, often made up of people with a lived experience of suicide loss, may be longer term. Many people have said they felt more comfortable in peer groups where they knew other people could relate to their pain. Explore what your needs are and remember that these needs will likely change over time.

Communities vary in the amount of support they offer. Resources to approach include your family doctor, the Internet, an Elder, your faith community, your school, your EAP program a social worker, the hospital or a social service agency. In Manitoba, some agencies may be based in Winnipeg provide province-wide support. If the thought of researching available resources in your community seems overwhelming, consider asking one of your informal supports to take on this task. They may welcome a concrete way to help you.





***There's no map  
to get back to the  
living, no one size fits all  
approach. You build your  
path to healing as you go,  
slowly putting one foot in  
front of the other***

**—Nita Johnson**

## **Children and Teenagers**

All children and teenagers grieve. They navigate their own grief journey and are on their own rollercoasters. They will turn to trusted adults (parents/caregivers/teachers) for support, comfort and answers. Remember that whatever children and teenagers are feeling, they need support and opportunities to find expression, to be seen, and to be heard. They also need to know that the person who died loved them, but because they were so sad, so confused, or in so much pain, they could not tell you and forgot that they could get help.

In many ways children and teenagers react in the same way as adults. For example, children may feel sad and lost and believe they are to blame. Children and teenagers will likely ask questions about why their loved one died or where they went. You may not be able to answer their questions, but you can reassure them that nothing they said or did could have prevented their loved one from dying. It is also important to tell them the truth. As a parent your inclination may be to shield your child or teenager from the pain of a suicide loss. As understandable as this is, the truth will eventually come out and it can be devastating to learn their grief journey was based on misinformation. Remember that telling the truth does not mean telling all the details at once. Answer what has been asked, in age appropriate language, and do not feel it is required to answer more than that. As your child or teenager develops into adulthood, they will likely have different questions, and you can always provide more information later. For now, comfort them and let them know they are still loved, and you will always listen to them. Remind children that when they feel sad, it is important for them to talk to someone and ask for help. If you cannot find the words to talk about what happened, let your children know this and help them by letting them talk with other family members, Elders, people they trust, or a counsellor.





Unlike adults, children may more readily express what they truly think and feel. Because the coping skills of young people are not as sophisticated as adults the expression of their emotions can be stormy and excessive. It can be important to be emotionally prepared for a range of feelings from your children or teenagers. They may feel:

**Abandoned** and that the person who died by suicide didn't love them.

**Afraid** that they themselves, or another important adult will die also.

**Fearful** about the many changes that a death can potentially bring about.

**Worried** about who will take care of them.

**Guilt**y because they may have wished or thought of that person's death.

**Embarrassed** to see other people or to go back to school and have to talk about or answer questions about suicide.

**Angry** that they have to cope with a situation they didn't choose, with the person who died, at God, at everyone.

**Lonely** and missing the person who died, feeling disconnected from friends, missing classmates.

**Confused** by the feelings they are having, by the questions that are left unanswered.

**Frustrated** and wishing this would all go away, that their life would go back to "how it was before", that they can't change the circumstances.

Three general ideas to keep in mind when thinking about what to tell young people about death are:

- how old they are
- how close they were to the person who died
- how curious they are about the death.

It may also be helpful to consider typical grief reactions from a developmental-stages lens:

**Babies under the age of one** do not have the ability to conceptualize death. What they do have is a highly tuned and nonverbal relationship with their parents and they will have an awareness of changes in the stress level in the home. Children under the age of two will not be able to understand the finality of death. Their language and thinking are concrete. They will feel the stress and emotion in the adults in their life. Stick with your family routine as much as you can and offer lots of reassurance and hugs.

**Children between the ages of two and four** continue to not understand the finality and permanence of death. They may ask where the deceased person is or wonder when they will return. You may notice increased separation anxiety. As a parent you may have to answer the same question over and over again. Try to be as consistent in your answers as possible. Use plain language, even if it feels uncomfortable, as your child will be confused by vague language. Expressions of grief or anger may come out in play, pretend time or their drawings. Children in this age group will shift between grief and happily playing within moments.

**School-age children between four and nine** may be curious about the process of dying and ask many “how” or “why” questions. As a parent grieving the loss of a loved one by suicide you may be struggling with these questions yourself. Try to be as straightforward and honest in your answers as you can be. Young children may also engage in “magical thinking” when they believe that their thoughts and wishes can cause things to happen. They may experience guilt for odd things and may believe that they are responsible for the death. Encourage your child to grieve, cry, ask questions and express their feelings through creativity and play.

**Children between nine and twelve** are likely able to understand that death is permanent. Their language is more sophisticated and while they may know how to express their feelings they may choose not to for a variety of reasons. Oftentimes children in this stage of development are concerned with how they look in front of others and do not want attention. Preadolescents may be concerned with the stress level or grief level of their parent or caregiver. They may also have thoughts and feelings around the funeral or memorial planning or have ideas about what to do with the belongings of the deceased person.

**Teenagers** are physically full grown, but emotionally and mentally they are still maturing. Adolescence is the stage of development where young people are striving and searching for autonomy and independence. They can think abstractly and have questions, opinions and thoughts about life and death and their place in the world. A death by suicide can be derailing for teenagers. This may or may not be their first experience with death and they may be confused and overwhelmed with the impact grief has. Teenagers may be experiencing “big feelings” for the first time, and they may be watching their parent or caregiver cope with extreme feelings as well. Teenagers will likely not have a full range of coping strategies in place to handle these strong feelings, and the strong feelings of others, on their own.

In many ways the support a grieving teenager needs is like what a grieving adult needs: compassion, understanding, acceptance, and the freedom to grieve and cope with the loss in a way that makes sense to them—provided they aren’t harming themselves. Teenagers may cope with painful emotions by using unhealthy and potentially dangerous behaviours like drugs, alcohol, sex and engaging in physically risky or dangerous activities. Teenagers are not as capable as adults at assessing risk. Make sure someone is paying attention. Check in and keep lines of communication open with your teenager. Even though they are grieving, boundaries and limits are still important. As a parent, it can be challenging, worrying, frustrating and fearful to witness your teenager grieve. Rely on trusted friends, family and professionals for the support you will need as a parent.

Teens may downplay their grief in public and save emoting for private time, which may occur with parents, and/or with friends. As the parent of a grieving teen, it is important to maintain communication and to offer care and support, even if you are rebuked. Teenagers are developmentally self-focused and may come across as being self-centered or lacking compassion. They may have a difficult time accepting that everyone grieves differently.

While teenagers are often much more capable and independent than their younger siblings, a death in the primary family unit is a tremendous stressor. It is important to not rely on your teenager to take on adult responsibilities. Teenagers may feel anxious about changes in living arrangements, family finances, chores or responsibilities, and every other source of change a suicide impacts.

Parents and caregivers are not only responsible for navigating and coping with their own grief, but also need to support their children navigate their own grief journey. As a grieving parent of a grieving child, being responsive and compassionate to the feelings they are having may be particularly challenging; grieving already demands a huge amount of physical, emotional and mental resources. But how adults react to strong emotions, and questions about death and suicide can influence children's experiences of grief and loss into adulthood. To complicate matters, our modern society has a difficult time talking openly about grief. You may worry that you don't have the words to help children or teenagers with their experience of death. Please keep in mind that the qualities you already bring to your parenting, such as reliability, consistency, warmth, and openness, will be more beneficial than any words.

For further suggestions and tips on talking to young people about death and grief there are several online options in the resource section of this handbook. If you are worried about a young person, bring your concerns to other professionals such as their pediatrician, teacher, and guidance counsellor or school psychologist.







## SECTION THREE

### CONSIDERATIONS FOR THOSE IN SUPPORT ROLES

*Grieving people want and need to be heard, not fixed.*

—[GRIEFRECOVERYMETHOD.COM](http://GRIEFRECOVERYMETHOD.COM)



*When someone is going through a storm, your silent presence is more powerful than a million empty words*

**—THELMA DAVIS**

You may be reading this handbook because someone you know has experienced a loss through suicide. You might want to be a supportive friend but are unsure what to do or say and don't want to make a mistake and cause your loved one further distress. Fear of saying the wrong thing is common, and sometimes results in awkward scenarios where the relationship suffers. Your reluctance to reach out may be experienced as abandonment during a painful time. Those wishing to offer support should know that their caring presence is often what a grieving person needs, and that silent companionship is often more helpful than any words.

## **Finding the Right Words to Talk About Suicide**

We have been struggling to find suitable language to talk about suicide for decades. Finding the right words is challenging because of the stigma that surrounds mental health in general and suicide specifically. In Canada it was illegal to either attempt or take your own life until 1972. Much like an individual would “commit murder” an individual would “commit suicide”.



Suicide is a tragedy, not a crime. Describing the circumstances of the death as an act that was “committed” may reinforce the idea that suicide is an illegal, punishable or immoral act. To address the hidden judgment that comes with using the term “committed suicide” some groups suggest “completed suicide” or “successful suicide” as alternates. However, the words “completed” and “successful” are often used to describe something positive and are associated with feelings of pride and accomplishment.

Complicating the search for the right words is the silence that has surrounded suicide for so many years. For many people, speaking plainly and directly about suicide feels awkward or improper. The language people use can either support someone’s grief process or further stigmatize tragic situations and increase shame and secrecy. The stigma that many people experience following a suicide loss can be profoundly painful and isolating. The fear of stigma, judgment and shame makes it difficult for people to reach out for help.

There are two main reasons it is important that we find the right words to speak openly and honestly about suicide. First, honest and open talk about suicide will reduce the stigma that surrounds suicide and may, in turn, increase help-seeking behaviour for people contemplating suicide. Second, speaking openly and honestly about suicide may allow those bereaved by a suicide loss to feel supported and accepted. In contrast, some of the ways people talk about suicide increases feelings of judgment, and may include hurtful or misinformed opinions. For example, suggesting the person who died by suicide was “selfish”, “cowardly” or took “the easy way out”. Be mindful of your language so you don’t perpetuate negative and stigmatizing ideas. It is not helpful or supportive to imagine aloud how you would or would not have contemplated suicide if you were in similar circumstances. It is important to avoid speculating and assuming to know the intentions of the person who died by suicide.

“Suicide”, “death by suicide” and “died by suicide” are more neutral ways to talk about what has occurred. Saying that someone “died by suicide” may feel awkward and cumbersome at first, but over time, as more people become accustomed to speaking plainly about suicide, the discomfort will pass.



## Helpful Hints

You may find yourself in the position of caring and supporting someone who is grieving the death of a loved one to suicide. One concept that has been acknowledged throughout this handbook is that grief is a journey. Grief is not something that comes to a tidy conclusion, it doesn't "wrap up" and it doesn't end, it simply changes over time. Thinking of the support you can offer as a parallel journey can be helpful. Many people want to help but might not be sure of their place, know what is needed, or fear that they may impose on their grieving friend. Depending on the social network of the grieving person you might assume that they are getting adequate support from others. Often people who want to be supportive offer a comment that they are "always here for you", and then wait to be approached. We can tell ourselves that we offered support and feel good for doing so. The downside to this strategy is that the grieving person may not reach out. They may feel afraid, ashamed, in shock, forgetful, overwhelmed, tired etc. When people are feeling vulnerable reaching out and asking for help may be too much of a risk. As a support person, a helpful strategy in the first few months is to assume that the onus is on you to keep actively reaching out. The Good Grief website has a handy recipe for grief support people to follow. It looks something like:



### Step One: Check-In



### Step Two: Offer love and support



### Step Three: Repeat

### Here are some tips that you might want to consider:

- Be compassionate, listen with the heart, do not analyze with the head
- Accept the intensity of the grief and the expression of emotions of the bereaved person without attempting to change what they think or feel. Remember that grief comes in waves, some days it may be intense, other days, less so.
- Sit quietly with the bereaved.
- Cry with the bereaved.

- Tolerate and accept the endless search for “why” with loving patience.
- Do not assume or pretend to know their pain. Be open to learn and allow them to teach you about their experience. Ask if it is okay to jump in if you have something to share.
- Don’t shy away from using the name of the person who died, ask to see pictures, ask about their life. Bereaved people are often hurt that people stop talking about their loved one who has died. If the bereaved person wants to put some boundaries or limits up around speaking about the deceased person, respect their right to do so.
- If the bereaved person declines an invitation, doesn’t want to talk about their grief, or says “no” and makes a boundary with you, do not take it personally. Try to keep in mind that this person is grieving and is doing the best that they can under tragic circumstances. Choose appropriate times and places to talk.
- Offer and provide information when asked. If you are unaware of community resources offer to do some research for your friend. If you are concerned that your friend is contemplating suicide themselves, ask them directly and get help immediately if necessary.
- Be mindful that the bereaved may be experiencing feelings of guilt and self-blame. Remind the person that this was not their fault and that they are not responsible for their loved one’s decision to end their life.
- Remind them that their feelings are valid and normal part of the grief process
- Be sensitive to difficult days like the anniversary of their loved one’s death, birthdays, and holidays. Reach out, check in and offer support and love.
- Respect their grieving process. Be patient and continue to offer help, even if they refuse it.
- Be there because it makes them feel less alone but understand that sometimes they may want to be alone.
- Offer to do specific tasks or chores.
- Initiate contact on a regular basis.
- Be courageous and approach the bereaved person even if there has been some time since the death.
- Be mindful of your digital manners. Be considerate of online posts, exercise respectful and caring boundaries online. Remember that an online community may be larger than you think.



*Often, it’s the unsaid that helps more than words people think they should say to make things better*

**—SURVIVOR OF SUICIDE LOSS**



Bearing witness to someone's grief journey can be a profoundly meaningful experience for both of you. In grief literature the word that is often used to describe a support person's role is that of "companion". The dictionary definition of a companion is someone who is frequently in the company of or accompanies another person. Companion, and the verb "companioning" is an accurate way to describe the relationship of a grief journey support person. You are alongside another person. It is important to acknowledge that there is likely going to be an emotional cost to you companioning someone on their grief journey simply because of the proximity you will be to their expressions of grief. When sitting with a bereaved person resist the urge to focus on the suicide and ask detailed questions about the death. Rather shift your care to the bereaved person and explore the impact the suicide has had on them.

In your care for a bereaved person, you may find yourself searching for answers to the unanswerable "why" in the understandable hope of alleviating their pain. Please keep in mind that you are not responsible to find a way out of their grief, nor is problem solving their grief possible. What is helpful is a person who can offer an open heart full of compassion and empathy and open ears full of acceptance and

nonjudgment. Getting good sleep and nutrition, exercise breaks through walks and fresh air, engaging in meaningful hobbies, attending faith-based services (if this is part of your spiritual wellbeing practice) and spending time with people in your own support network will go a long way in providing you the support you will also need.

## Saying Goodbye

Moving through your grief does not mean forgetting those who have died by suicide. You do not dishonour their memory when you move forward and live your life again. Your life may not be exactly as it was before, but that does not mean it needs to be worse. As a result of what has happened, over time you may know yourself more, have a better understanding of who you are and what you need, have new or different priorities, and be more involved in taking care of yourself and taking charge of your own mental health.

*The social stigma around suicide can make reaching out for help or accepting help difficult. It is important to remember that you are not alone. It has been suggested that for each suicide loss 7-10 people are profoundly impacted (<https://suicideprevention.ca>). The fact that someone died by suicide does not change our love for them, what they meant to us, their value, the contributions they made, and our right to celebrate and honour their lives. When someone dies by suicide, it does not mean that they did not love or value us. How a person dies does not define their life, us, or our relationship with them.*





## **SECTION FOUR**

### **RESOURCES**

*The Wild Edge of Sorrow* by Francis Weller (2015)

*Option B: Facing Adversity, Building Resilience and Finding Joy*  
by Sheryl Sandberg

*Healing Through the Dark Emotions* by Miriam Greenspan (2003)

*Supporting Children After a Suicide Loss: A guide for parents and caregivers* by  
Sarah S. Montgomery and Susan M. Coale 2015

*Finding the Words: How to talk with children and teens about death, suicide,  
funerals, homicide, cremation, and other end-of-life matters* 2013

*Tear Soup: A recipe for healing after loss* Pat Schwiebert and  
Chuck Deklyen (1999)

*The Wilderness of Grief: Finding your way* by Alan D. Wolfelt

*How to Survive the Loss of a Love* by Harold H Bloomfield,  
Melba Colgrove, Ph.D and Peter MacWilliams

*The Paradoxes of Mourning* by Alan D. Wolfelt

**Provided are a list of websites, know that this is a tiny sample  
of what is found on the internet. Don't be afraid to research  
the seemingly endless options and find organizations that  
resonate with you.**

[funeral-smart.com](https://funeral-smart.com)

Funeral Smart, Online Education.

[www.reasonstolive.ca](https://www.reasonstolive.ca)

[www.suicideprevention.ca](https://www.suicideprevention.ca)

Canadian Association of Suicide Prevention

[www.modernloss.com](https://www.modernloss.com)

[www.medium.com](https://www.medium.com) (search "grief")

<https://whatsyourgrief.com>



<http://www.crazygoodgrief.com/home/homepage-new-2/>

<https://www.dougy.org>

The Dougy Centre: The National Centre for Grieving Children and Families.

## TED talks

**Why we choose suicide (TEDxToronto) Mark Henick**

**You're still here—living after suicide Amy Biancolli**

## **The Suicide Survivor's Bill of Rights** **Alan Wolfelt**



Someone you love has ended his or her own life. Your grief is unique and profound, and you have special needs that must be tended to in the coming weeks, months, and years. Though you should reach out to others as you do the work of mourning, you should not feel obligated to accept the unhelpful responses you may receive from some people. You are the one who is grieving, and as such, you have certain “rights” no one should try to take away from you.

The following list is intended both to empower you to heal and to decide how others can and cannot help. This is not to discourage you from reaching out to others for help, but rather to assist you in distinguishing useful responses from hurtful ones.

**I have the right to** experience my own unique grief. No one else will grieve in the exact same way I do. So, when I turn to others for help, I will not allow them to tell me what I should or should not be thinking, feeling, or doing.

**I have the right to** talk about my grief. Talking about my grief and the story of the death will help me heal. I will seek out others who will allow me to talk as much as I want, as often as I want, and who will listen without judging. If at times I don't feel like talking, I also have the right to be silent, although I understand that bottling everything up inside will prevent my healing.

**I have the right to** feel a multitude of emotions. Confusion, disorientation, fear, shame, anger, and guilt are just a few of the emotions I might feel as part of my grief journey. Others may try to tell me that what I do feel is wrong, but I know that my feelings aren't right or wrong, they just are.



**I have the right to** work through any feelings of guilt and relinquish responsibility. I may feel guilty about this death, even though it was in no way my fault. I must come to acknowledge that the only person truly responsible was the person who took his or her own life. Still, I must feel and explore any possible feelings of guilt I may have in order to move beyond them.

**I have the right to** know what can be known about what happened. I can cope with what I know or understand, but it is much harder to cope with the unknown. If I have questions about the death, I have the right to have those questions answered honestly and thoroughly by those who may have the information I seek.

**I have the right to** embrace the mystery. It is normal and natural for me to want to understand why the person I love took his or her own life, but I also have the right to accept that I may never fully and truly understand. I will naturally search for meaning, but I will also “stand under” the unknowable mystery of life and death.

**I have the right to** embrace my spirituality. I will embrace and express my spirituality in ways that feel right to me. I will spend time in the company of people who understand and support my spiritual or religious beliefs. If I feel angry at God or find myself questioning my faith or beliefs, that’s OK. I will find someone to talk with who won’t be critical of my feelings of hurt and abandonment.

**I have the right to** treasure my memories. Memories are one of the best legacies that exist after the death of someone loved. I will always remember. If at first my memories are dominated by thoughts of the death itself, I will realize that this is a normal and necessary step on the path to healing. Over time, I know I will be able to remember the love and the good times.

**I have the right to** hope. Hope is an expectation of a good that is yet to be. I have the need and the right to have hope for my continued life. I can have hope and joy in my life and still miss and love the person who died.

**I have the right to** move toward my grief and heal. Reconciling my grief will not happen quickly. Grief is a process, not an event. I will be patient and tolerant with myself and avoid people who are impatient and intolerant with me. I must help those around me understand that the suicide death of someone loved changed my life forever.

<https://www.centerforloss.com/wp-content/uploads/2020/04/Alan-Wolfelts-Mourners-Bill-of-Rights.pdf>



Klinik Community Health  
167 Sherbrook Street  
Winnipeg, Manitoba R3B 2G7