



DISCOVERY SERIES

When You're Left Behind

Surviving The Aftermath Of Suicide

When You're Left Behind

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by Tim Jackson

One of my favorite childhood memories was staying up late every Christmas season with my mom and watching the black-and-white version of Frank Capra's *It's A Wonderful Life*. Only now do I see how the film drew its power from an underlying theme that is far more common than a young boy could have known. George Bailey (played by Jimmy Stewart) loses all hope and control over his life in a small American town in 1945. In despair and desperation, he was about to jump from a bridge into the frigid waters of a river during a Christmas Eve blizzard. It's only through the intervention of Clarence, a bumbling rookie angel, that George gets his wish to see what life for others would have been like if he'd never been born.

In 1989, the film *Dead Poets Society* again drew on the theme of self-inflicted loss. In an unforgettable scene, a sound awakens Mr. and Mrs. Perry in the middle of the night. They get out of bed to discover their son's lifeless

body behind his father's desk in a pool of his own blood. His father's handgun lay nearby. The anguish and torment on their faces is excruciating to watch.

Suicide shows up in the movies because it's one of the unspoken realities of so many lives. Every 30 seconds, someone somewhere in the world makes the fatal decision to end his or her own life. That person is someone's child, parent, spouse, or friend. Even if we haven't personally experienced the suicide of someone close to us, many people we know have been left behind to wrestle with the aftermath of a suicide.

Albert Y. Hsu's father suffered a debilitating stroke and then took his life 3 months later. In Albert's attempt to come to grips with his loss, he wrote:

Many of those who resort to suicide have

felt utterly alone in their depression or pain and have believed that nobody else knows how they feel. The fact is that many others share the same thoughts and struggles, and if they had known of others in their shoes, they might have found the hope to go on. Survivors, likewise, must not believe the lie that nobody knows how we feel. We are not alone in this trauma. Others have experienced the same tragedy and have weathered the storm. They have been able to go on. We can too.¹

It's important to know that survivors of a loved one's suicide are not alone. They don't have to suffer alone in silence. Every person who has lost a loved one to suicide has a story of loss that seems too much to bear. If you're a survivor, you know what I mean. You

may be reading these words looking for answers.

You're not alone. There are many other survivors. They've been where you are, walked where you're walking, felt what you're feeling, and have chosen and are still choosing to continue moving on with the business of living. Although they would never wish their pain on anyone else, many are slowly learning to live in a manner that brings healing to their hearts and honors the life of their loved one.

As you continue reading, please keep in mind that the following pages are not meant to be a substitute for individual counseling or participation in a group for survivors. The complexity of the unique grief in the aftermath of a suicide necessitates that survivors take full advantage of the many helpful resources that are available.

The Magnitude Of The Problem

"With much wisdom comes much sorrow; the more knowledge, the more grief" (Eccl. 1:18).

Those ancient words are all too true for those who face the sobering impact and frequency of suicide.

"Death has been called the 'the new obscenity,' the nasty thing which no polite person nowadays will talk about in public."² If that's the case, suicide is the proverbial elephant in the room that everyone would rather ignore than talk about. "While suicides often take place in isolation, they never are unnoticed by others."³

There are over one million suicides worldwide every year, each leaving behind at least 6 and often 10 or more survivors to wrestle with the aftershock. About 32,000 suicides occur

in the US alone each year. That's one every 17 minutes, making it the eleventh leading cause of death.⁴ More people in the US die each year by suicide than by HIV or homicide.⁵ It is estimated that in the US alone there are well over 5 million suicide survivors, and more than 12,000 children who will lose a parent this year to suicide.⁶

While those numbers alone are staggering, it's even more sobering to learn that for every death by suicide there are 25 attempts. Yet such statistics do not even begin to reveal the oceans of despair behind them.

Who's At Risk? Who is most vulnerable to suicide? Although there are many exceptions, gender, race, and age are all factors.

Gender. While males are four times more likely to die by suicide than females, females attempt

suicide three times as often as males. The disparity in these numbers has to do with the fact that males usually choose more lethal means. Males use a gun 60 percent of the time, while females often use a drug overdose.⁷

Race. White Americans are twice as likely to die by suicide than all other racial backgrounds.⁸

Age. While the overall rate of suicide among youth has slowly declined since 1992, suicide still remains high and is the third leading cause of death among young people ages 15-24 and the second leading cause of death among those 22-34.⁹

Surprisingly, suicide rates increase with age and are very high among people 65 and older, especially those who are suffering with physical illnesses or are divorced or widowed.¹⁰ In fact, the group most

vulnerable to suicide is white American males over the age of 65.

In spite of the desperation suicidal people battle with, the real victims of suicide are not those who die but those who are left behind to face the aftermath of a self-inflicted death.

They are called *survivors*.

Who Suffers? A self-inflicted death does to the hearts of surviving loved ones what a suicide bomber does to the bodies and souls of his victims. Those closest to the emotional blast experience not only the physical impact but also the emotional devastation of a suicide. But whole communities are also deeply affected.

The Immediate Family members are the first and most obvious of the unwilling victims. One woman (now in her forties) spoke of the horror of finding her mother hanging

in her bedroom closet after she returned from a date her mother didn't approve of. She was 17. She has relentlessly questioned her own judgment ever since.

One father left a suicide note instructing his 12-year-old son to clean up "the mess" from the shotgun blast in the basement so that his mother wouldn't have to deal with it later when she came home after work. The stains on his heart and soul still linger 50 years after he'd scrubbed his hands raw cleaning up the basement floor and walls. He still keeps the note tucked away in the back of a dresser drawer, reassuring himself that at least he obeyed his dad's final request.

But family members are not the only survivors.

The Community where the individual worked or went to school also suffers.

The suicide of a student

touches everyone: not only other students but teachers, administrators, and support staff. In a very real sense, the school itself becomes a community of survivors.

I remember my son's experience as a college sophomore when one of the seniors in his dorm committed suicide during spring break. When my son arrived back on campus, the whole tone of the school had shifted. The chapels were different, the faculty was shaken, and students spent hours talking late into the night. They were all taking a crash course in suicide survival that no one had signed up for.

The Church where the person worshiped will have members who will question God's lack of intervention, the value of their own faith, and what went so wrong that another's faith didn't seem to be enough. In the aftermath of a suicide,

questions about eternal destiny, loss of hope, and forgiveness will most likely surface as well.

The Neighborhood where the individual lived is also impacted, especially if the suicide took place in the home.

I remember the phone call from my parents informing me about the suicide of an elderly neighbor who lived across the street from us when I was growing up. He had long since retired from the police force and was caring for his ailing wife. Apparently he had lost all hope of any meaningful quality of life in their future together. So one night after getting ready for bed, he shot his wife with his service revolver and then turned the gun on himself.

Even though I was removed from direct contact with them by years and distance, I was not immune

to the impact of their deaths. The peaceful street where I grew up was now changed by a violence that left its damage. The sudden impact of this man's irrevocable decision left a lingering sadness for my parents and the rest of the neighbors.

Turbulent Feelings

"Suicide doesn't end pain. It only lays it on the broken shoulders of the survivors" (Ann-Grace Scheinin).

The wounds inflicted on suicide survivors are unwanted, unanticipated, and overwhelmingly intense. Nothing could have prepared them for this assault on their sense of well-being.

Carla Fine's husband took his life in his medical office. She put words to the tormenting anguish that

she and other survivors share together in their support groups:

We walked into those meetings rudderless, not knowing what had hit us. We were survivors of a shipwreck, consumed by guilt for having failed to save the dearest people in our lives and ashamed at being alive and abandoned. We were dazed by our helplessness, confused by the anger that laced through our mourning.¹¹

Anyone caught in a rip tide knows how extremely dangerous it is. During major storms, the relentless pounding of waves along the shoreline creates powerful currents that suck everything back into the raging sea. Even the strongest of swimmers caught in this dangerous surf risk death.

Emotional undertows are even more dangerous

for suicide survivors. Emotional wave after wave pounds on them, knocking them off their feet and sapping whatever strength they had. It can feel so overwhelming that they lose all hope of ever regaining any measure of sanity and stability in their lives.

These turbulent feelings include, but aren't limited to:

Shock & Disbelief.

Shock provides an emotional cushion during the initial stages of any traumatic loss. In one survivor's words, "It took several weeks for my sensations to start to become distinct. The state of shock protects you from taking in the full extent of devastation, so you don't totally lose your mind. You know something disastrous has happened but not the full impact."¹²

Numbness & Disorientation.

It feels as if everything is

spinning. Waves of painful reality and competing emotions complicate and intensify the survivor's feelings of chaos. Numbness and disorientation become normal. C. S. Lewis describes this chaotic turmoil as "a sort of invisible blanket between the world and me. I find it hard to take in what anyone says."¹³

Anger & Sadness.

The tension between anger and sadness is complicated because the person you are most angry with is the same one who killed the person you are saddest about losing. The fluctuation between fits of rage and crushing sadness can be milliseconds apart, and totally exhausting both emotionally and physically.

Rejection & Abandonment.

Suicide feels like the ultimate form of rejection. It is one of the cruelest forms

of abandonment possible. If the question of being loved or feeling insecure were ever doubted previously, the deadly desertion of suicide cripples many survivors by confirming their suspicions that they are unlovable—otherwise their loved one would not have left them.

Failure & Guilt.

Survivors are plagued with feelings of failure. Having lost perspective, they succumb to feelings like, “If only I had been a better parent (spouse, child, friend), he wouldn’t have killed himself.” This is especially true if the survivors had some type of caretaking role, like parent, spouse, doctor, nurse, counselor, or pastor.

The social stigma surrounding suicide adds insult to the already traumatic injury and complicated grief that survivors bear. “Not only do we feel abandoned by the

one who died, we may also find ourselves alienated, shunned by others who are uncomfortable with the fact of suicide.”¹⁴ Margaret Atwood describes this form of societal blame in her novel *The Blind Assassin*: “I’m sure they’re blameless, but they’re alive, and whoever’s left alive gets blamed. That’s the rule in things like this. Unfair, but there it is.”¹⁵

“Guilt is a usual and corrosive presence after suicide.”¹⁶ Survivors of tragic events often feel guilty for simply surviving when others died. While the same is true for suicide survivors, they get caught in a vicious riptide of regrets, remembering and ruminating about all the “what ifs” and “if onlys” that may have prevented this senseless death. It’s the assumption of responsibility for the death that fuels this self-inflicted guilt. Over

time these feelings will eventually subside as survivors come to realize that their loved one's suicide wasn't their fault.

Grief is the agonizingly painful response to a loss. And while much has been written about the stages of grief, traumatic grief follows no formulaic stages. Stages give the false impression of a predictable linear format to grief. Nothing could be further from the truth.

In writing about normal grief, C. S. Lewis says, "In grief nothing stays put. One keeps on emerging from a phase, but it always recurs. Round and round. Everything repeats. Am I going in circles, or dare I hope I am on a spiral?"¹⁷ If that's true of normal grief, then suicide intensifies grief beyond words.

The downward pull of grief that engulfs the survivor is complicated by the trauma over the way

the loved one died. Many factors contribute to the volatile and erratic nature of suicidal grief. All the feelings previously described get in the way and block healthy grieving over the loss.

The sudden and unexpected nature of suicidal loss ambushes the survivor without warning. Getting hit with the loss and also with the "whys" that always follow slows down the absorption time needed to process the loss. For those who discover the body of a loved one after a suicide, the image of what they saw is often permanently etched in their minds, invading their days and haunting their nights. The level of violence used also magnifies the level of trauma experienced.

The greatest deterrent to survivor grief may be the unimaginable cruelty of those who force their loved

ones to witness their final act of self-destruction. This willful pain inflicted by a loved one is so devastating to those left behind that it's amazing anyone survives such brutality without going insane.

But people do survive. They do go on and they do learn to live and love again. The healing journey, though, is complicated by a relentless barrage of soul-wrenching questions.

Agonizing Questions

“Many deaths leave survivors with unfinished business, but few may be said to create more of it than suicide.”¹⁸

Suicide survivors feel ambushed not only by the sudden death of a loved one but also by the crossfire of questions—some of which can be answered and others that cannot.

Why? What could we have done differently? How could we have not known? These are only some of the disturbing questions that tear at the hearts and minds of stunned survivors. In a desperate attempt to understand this incomprehensible event, we search for answers. Yet answers, even if we could find them, cannot replace the loved one we have lost.

Kay Redfield Jamison describes the agonizing journey survivors must travel: “Death by suicide is not a gentle deathbed gathering; it rips apart lives and beliefs, and it sets its survivors on a prolonged and devastating journey. The core of this journey has been described as an *agonizing questioning*, a tendency to ask repeatedly why the suicide occurred and what its meaning should be for those who are left.”¹⁹

Why Do Some People Choose Suicide?

The most haunting question that survivors must face is “Why?” Why would a loved one choose to end his or her life prematurely?

Albert Camus, the French philosopher and novelist, wrote in *The Myth Of Sisyphus*: “There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy.”²⁰

The vast array of these “why” questions are what initially torment survivors on the first necessary leg of their questioning journey. While they may not address the deeper “whys” of what may have caused the suicide, the search for answers clears the way for survivors to move on and wrestle with the deeper questions of the heart.

Albert Hsu describes his quest as a survivor to find answers to his father’s suicide: “Those of us left behind often find ourselves searching for a precise event that caused the suicide. We think that the act will cease to be incomprehensible if we can identify something as the cause. But we must make a distinction between causes and triggers.”²¹

The Centers for Disease Control and Prevention agrees. Its 1994 guidelines for the media when covering suicide stories stresses: “Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems.”²² What is often identified as the final triggering event is rarely if ever the real cause of the suicide.

It’s helpful to understand

the distinction between causes, triggers, and predispositions if we are to avoid simplistic explanations for why some people choose to end their own life.

Triggers are those normal and sometimes tragic difficulties that everyone faces regularly. All of us have our fair share of “thorns and thistles” (Gen. 3:17-19) and “trouble” (Jn. 16:33) to deal with. And it’s encouraging to remember that in spite of the magnitude of the struggles, most people find a way to face those disappointments and even disasters without ever resorting to suicide. While a death, divorce, financial reversal, illness, job loss, or ending of a relationship may be blamed for pushing someone over the edge, these are precipitating events, not final causes.

“Difficulties in life merely precipitate a

suicide,” wrote American artist Ralph Barton in his own suicide note, “but they do not cause it.”²³

Causes are like the internal operating system, the software that directs the choices an individual makes in response to a triggering event. Causes are not singular but multifaceted and complex. They are interwoven into the core fabric of what a person has come to learn about life, himself, and God. And they govern his capacity to choose. The bottom line is that whatever makes him tick on the inside eventually implodes from the outside in.

As important as they are, causes and triggers don’t tell the whole story. There’s more to consider.

Predispositions are the temperament and genetic vulnerabilities that make some individuals more susceptible to suicidal thoughts and behavior.

They are the “hardware” that the “software” runs on.

Studies in Europe, Asia, Australia, and the US all confirm that 90 to 95 percent of suicides are associated with some form of diagnosable mental illness, including, but not limited to, depression, manic-depression, borderline and antisocial personality disorders, and schizophrenia. Of those, major depression afflicts 50 percent, making the suicide rate for people tormented with depression eight times higher than the general population.²⁴

Those struggling with these inherited predispositions often resort to drugs or alcohol to self-manage their inner turmoil. Instead of helping them, their vulnerability to self-destruction increases exponentially.

While this is alarming, it's encouraging that most

people who struggle with such disorders don't succumb to suicidal urges.

The intricate interplay between triggers, causes, and predispositions is so complex that rarely are the conclusions definitive enough to provide the understanding that survivors are looking for.

So Why Ask Why?

Survivors can't stop asking why—at least for a while. Margaret Atwood describes a survivor's incessant search for answers:

Curiosity is not our only motive: Love or grief or despair or hatred is what drives us on. We'll spy relentlessly on the dead: We'll open their letters; we'll read their journals; we'll go through their trash, hoping for a hint, a final word, an explanation, for those who have deserted us—who've left us holding the bag, which is often

a good deal emptier than we'd supposed.²⁵

The search for clues to help them understand propels survivors to ask, "What could they possibly have been feeling or thinking that made dying seem like the only option they had left?"

What Caused Them To Choose Suicide?

No one knows with certainty the final feelings or thoughts that push a person to suicide. But the brutal honesty of those who hurt so bad that they want to die provides insight into the *overwhelming desperation* and *distorted determination* that seems to best describe the turmoil churning within.

Overwhelming Desperation. T. S. Eliot wrote, "Man cannot bear much reality."²⁶ Reality in a fallen world will eventually either drive us to God or to despair.

The desperate reality for those who take their own life often includes but is not limited to what seems like unbearable pain, intolerable isolation, and debilitating hopelessness.

Unbearable pain is much more than chronic physical pain. Internal anguish is the basic ingredient of a suicide. Acting on a death wish is the ultimate form of flight from the pain of unmet longings and seemingly insurmountable losses.

Two thousand years before Christ, a man by the name of Job suffered such despair of heart that he cried out:

Why is light given to those in misery, and life to the bitter of soul, to those who long for death that does not come, who search for it more than for hidden treasure, who are filled with gladness and rejoice when they reach the grave? . . . For

sighing comes to me instead of food; my groans pour out like water. What I feared has come upon me; what I dreaded has happened to me (Job 3:20-25).

A suicidal struggle is almost always a battle with ambivalence, but at some point death becomes more attractive. While most don't necessarily want to die, they simply don't want to continue to live with the pain that has become unbearable for them.

Intolerable isolation compounds despair. Much of what we long for is related to meaningful relationships within a family or community. Suicidal people often feel alone and confined to the darkness of their pain. They feel abandoned by God and by those they looked to for the love they craved.

Psalm 88 speaks of being

cut off from God's care (v.5), placed alone in the darkest depths (v.6) without close friends (v.8). The psalmist then cries out:

Why, O Lord, do You reject me and hide Your face from me? . . . You have taken my companions and loved ones from me; the darkness is my closest friend (vv.14,18).

It's difficult enough to endure pain with the help and support of others. But when a suicidal person is abandoned and alone, hope evaporates.

Debilitating hopelessness sets in when the pains and losses of life seem intolerable, when shameful consequences are unavoidable, and when a person feels his world is spinning out of control. He feels powerless and worthless.

A suicidal person often feels, "No matter how hard

I try, I can't change what really matters to me. I'm such a loser. I don't deserve to live." With the illusion of control stripped away, the suicidal person, rather than openly facing what he's powerless to handle on his own, hides under a blanket of self-contempt and yearns to disappear. Self-destruction becomes the only hope of escape from the pain and isolation.

"People seem to be able to bear or tolerate depression as long as there is the belief that things will improve. If that belief cracks or disappears, suicide becomes the option of choice."²⁷

Proverbs 13:12 reminds us that lost hope is at the heart of despair: "Hope deferred makes the heart sick, but a longing fulfilled is a tree of life."

Persistent, unfulfilled longings lead to a condition of hopelessness that infects

the mind and distorts our determination to live.

Distorted Determination. Self-preservation is normal. Self-sacrifice is learned. But the determination to self-destruct is the result of a darkened state of mind that has been altered by despair blinded by anger.

The *demand for relief* from the painful torment of living is the most obvious form of suicidal determination. As one suicide note read, "Of course, I do not want to die, but it is suffering to live."²⁸

Asaph described his own response to grief and bitterness as "a brute beast" (Ps. 73:21-22). He recognized that a grieving and embittered heart can lead to foolish demands for relief, not trust.

Rather than battle through despair and cry out for help, the suicidal person loses all hope of

ever being rescued—so he gives up. The demand for immediate relief from vulnerability is, in the end, an angry refusal to suffer while waiting for God to rescue—both now and in the hereafter.

An even darker side of suicidal determination can sometimes include the *demand for revenge*. Most of us want to believe that people commit suicide to end their pain, not to create pain for others. But that's not always the case.

Suicide can be the ultimate door-slamming exit that ensures nothing will ever be resolved. From this vantage point, suicide is an act of immense cruelty and disdain for others.

As one survivor wrote, “Even as we begin to understand that our loved one killed [himself] in a desperate attempt to end [his] pain, we often feel that [his] anguish has not been

extinguished but simply passed on to us.”²⁹

The torment passed on is sometimes more intentional than incidental. The location, timing, and violent method of a suicide can be choreographed to send a message. Survivors feel stained with indelible marks they can never wash off. They feel that the loved one who committed suicide was saying, “I’d rather die than live the rest of my life with you.” “You didn’t do enough for me.” “How could you hurt me so bad?”

Nothing trumps suicide as the ultimate in-your-face form of rejection that leaves both an internal scar and an external stigma.

The tandem demands for relief and revenge betray the heart of the suicidal person—the angry *refusal to trust* anyone ever again. Suicide in such instances is the last desperate act of final

rebellion against a hostile world and an uncooperative God, neither of which provided what was expected or wanted.

By contrast, King David used his distress as an occasion to wait and trust God to save him, rather than attempting to provide for his own relief:

In my distress I called to the Lord; I cried to my God for help. From His temple He heard my voice . . . He reached down from on high and took hold of me; He drew me out of deep waters. . . . He rescued me because He delighted in me (Ps. 18:6,16,19).

Where Is My Loved One Now? Behind that question is a survivor's longing for comfort now and the hope of reunion later. While some churches have taught that those who take their own lives do not go to heaven because of the

unforgivable act of self-murder, there is no biblical evidence to suggest that the final desperate act of a troubled person will prevent him from ever entering the presence of God.

The only prerequisite for anyone's entrance into heaven is personal faith in God's offer of salvation (Jn. 1:12; 3:16; Eph. 2:8-9). Once someone becomes a member of God's family, His promise is that nothing can ever separate that person from the love of God in Christ (Rom. 8:35-39). That "nothing" includes a final act of desperate self-destruction.

How Could A Christian Become Suicidal? Many wrongly assume that because Christians have hope in Christ, they should never struggle with depression or despair. We must never forget that not only have we been given the privilege

of believing on Jesus, but we have also been given the privilege to suffer for His glory (Phil. 1:29).

Nowhere does the Bible teach that Christians will be immune to despair or exempt from the temptation to end their own life. If the apostle Paul, undoubtedly a strong Christian leader, spoke of personally suffering under hardships and “great pressure, far beyond our ability to endure, so that we despaired even of life” (2 Cor. 1:8), then any of us can succumb to despair under dark circumstances.

Jesus predicted that His followers would have their fair share of life’s “trouble” (Jn. 16:33). He also warned of an evil enemy whose mission is to “steal and kill and destroy” (Jn. 10:10). That’s why the writer of Hebrews 12:2-3 fervently reminds us to keep our eyes riveted on Jesus as our example of endurance so

that we “will not grow weary and lose heart” in the battles of life.

Will Life Ever Be The Same Again? No, it can’t be. Life will always be marked by *before* and *after* the suicide. The victim’s absence will leave a void inside that will never be erased—at least in this life.

One survivor sums it up best, “The suicide of a loved one reshapes us: Our beliefs and perceptions have been shaken by the deliberate, permanent departure of a person we have cared for, depended on, cherished, and nurtured. . . . We must not only deal with their irreversible decision but also with all the unfinished business they have left behind.”³⁰

How Can We Ever Trust God Again? In the midst of any tragedy, we often wonder how God could have allowed it and how any good could come from it.

In *A Grief Observed*, C. S. Lewis wrote, “The sufferings of the world do not confirm God’s absence; rather, God makes His presence known through suffering.”³¹

God is most glorified when His children trust Him to help them move through a desert of grief and despair and into a new land of promise that brings renewed joy and hope.

Moving On: Life After A Suicide

“Suicide is a death like no other, and those who are left behind to struggle with it must confront a pain like no other.”³²

Moving on doesn’t mean forgetting. While this final and irrevocable act will forever linger in the hearts of survivors, it does not have the final say. Moving on will eventually take us

beyond the sheer survival mode and allow us to taste the freedom of learning to live again.

✿ “[*The Lord*]
heals the
brokenhearted
and binds up
their wounds. . . .
[He] delights
in those who
who . . . put
their hope in His
unfailing love”
(Ps. 147:3,11). ✿

As one survivor described it, “I do not think that any of us has ever forgotten the fact that there is an empty space—and we never will. But gradually it has become a space created by the death of someone we loved, without the emphasis on and preoccupation with

the suicide. However, this now normal attitude toward our loss took far too long coming—as it seems to be with all deaths by suicide.”³³

The challenge of moving on for survivors requires learning to let go of the demand for closure, lamenting the loss, daring to trust again, risking to love again, allowing laughter again, and honoring the memory of their loved one.

Letting Go Of Complete Closure.

The all-encompassing search for answers must eventually be abandoned in order to move forward.

Albert Hsu describes how survivors come to accept the disturbing reality that ultimate closure is an unrealistic expectation that must be relinquished: “We can close on a house, but we can’t close on a person’s life. To put the past behind us

and lock it up in a little box dishonors the memory of our loved one; it says that we are trying to pretend that this didn’t happen. It’s a form of denial. No, instead we acknowledge what happened, and that it was tragic; we acknowledge that it has changed our lives forever. We live on as changed people who look at life and death differently now. . . . I did not find ‘closure,’ but I did experience God’s *closeness*.”³⁴

Lamenting The Loss.

Normal forms of grieving don’t apply to suicide survivors. Many experience the same post-traumatic reactions as those who are victims of war, rape, and violent crime. Many survivors suffer in silence because of the fear of being blamed for their loved one’s death. That fear, coupled with the social stigma attached to suicide, compounds the isolation

that survivors experience.

Sorting out the trauma from what would have been normal grief is an erratic process at best and always unique to each individual. It often requires help from someone trained to deal with traumatic grief.

Healing rarely takes place in isolation. The silence and isolation can be broken in the context of a safe healing community of survivors who are further down the healing path. The God of all comfort enables survivors who have received His comfort to pass it along to others to encourage them as they are getting started on their journey (2 Cor. 1:3-7). Paul tells us that Christ's comfort overflows through co-sufferers as they share their stories and bring comfort and hope for survivors.

Journaling is a tool that survivors can use to tell their story. For some,

it's easier to write it out first before taking the risk of sharing it face-to-face with others.

Journals often take the form of letters or prayers in which the survivor begins to demonstrate his renewed trust in God by pouring out his heart to Him (Ps. 62:8), knowing that He is the only refuge because He is strong and loving (vv.11-12).

Gradually, the acute rawness of the initial pain of suicide is replaced by a dull ache of sorrow and regret for the unfinished life of the one who is gone.

Daring To Trust Again. Because of feeling so ambushed by the trauma of a suicide, survivors often don't trust their own judgment anymore—*especially about relationships*. Doubts about their ability to be discerning have all but been eroded by the "I didn't see it coming" or the "How could I have

missed it?” feelings that torment their minds.

All relationships have flaws on both sides. But one’s personal inadequacies are never the cause of another’s suicide.

In the aftermath of his 20-year-old son’s suicide, Jack Bolton wrote, “Surely nothing in my life has taken so much out of me and at the same time given me so much hope for others.”³⁵

Embracing our struggle with tragic loss as a normal part of life provides the fertile soil for deeper trust in a God who has personally experienced our pain and suffering (Heb. 2:10).

Risking To Love Again. “Out of the ashes of tragedy, unexpected gifts often emerge.”³⁶ Isaiah described God’s redemptive desire to restore hope to His people by exchanging the ashes of mourning for a crown of beauty, and a spirit of despair for a

garment of praise (Isa. 61:3).

“Suicide sensitizes all of us to the extreme precariousness and preciousness of life, urging us to cherish and savor the life that we have, the relationships we enjoy, as much as we can for as long as we can.”³⁷

Loving others well involves getting close to them. Closeness requires risk. Risk can’t be avoided if we desire to love others the way God loved us. He took the ultimate risk to enter our world and pour out His life (Jn. 3:16; Rom. 5:8). And, ultimately, it’s because of His love that we can live well and risk loving again (1 Jn. 4:10-12).

Learning To Laugh Again. In time, survivors can laugh and be happy again. The return of laughter is one of the first signs of the winter thaw, that lament is melting and giving way to

spring—the joyful renewal of hope and new life.

When some survivors catch themselves laughing, they feel that they're betraying their loved one. Joy and happiness are not a betrayal but a return to a new kind of normalcy, a laughter that knows pain will never eclipse hope.

Remembering With Honor. Moving on means seeing your loved one's memory characterized not so much by how he died, but instead by how he lived. The details of how a loved one died often obscure the fact that you have lost someone you deeply miss.

It's important to remember why we grieve. We grieve deeply because we love deeply. If we didn't love much, we wouldn't suffer much either.

Telling the story of your loved one's life with its many memorable moments, without denying the tragic

ending, breaks the potential power of a hidden secret. Telling the truth honors your loved one's life and honors the God who gives hope in the midst of your grief.

Helping Survivors Of Suicide

What do you have to offer to a suicide survivor?

Don't allow your lack of understanding suicide keep you from reaching out to those who are grieving. Words aren't what they need the most. Sitting with them in their grief is more powerful than you realize. Just being there when they're confused and hurting helps them carry the burden that is too heavy to handle alone (Gal. 6:2).

Charles Ballard lost his own father to suicide when he was in seminary.

Now, as a pastor and suicide survivor himself, he offers some helpful suggestions to those who want to reach out and care for those facing the aftermath of a suicide.³⁸

Be Present. Just being there often says more than words ever could.

Be Honest. Denial doesn't help anyone. Respond honestly and compassionately as the facts become available.

Listen Carefully. Pay attention not only to the words said but also to the emotions underneath them.

Love Unconditionally. Your love is a reassuring and touchable reminder that God hasn't abandoned them.

Don't Blame. Blame invokes shame. Don't add to their burden; protect them from others who might.

Be Patient. Healing takes time, and some people take longer than others.

Helping Suicidal People

What should you do if you think someone may be suicidal? First, don't panic. The most powerful gift you have to offer someone struggling with self-destructive thoughts is to be genuinely interested, engaged, and listening.

Recognize The Acute Warning Signs. People contemplating suicide often display warning signs—directly or indirectly—that can tip off the alert listener to a serious threat. Here are some signs to watch for:

- Talk about suicide or death.
- Direct comments like, “I wish I were dead” or “I’m going to end it all.”
- Indirect comments like, “What’s the point of living?” “Soon you won’t have to worry about me,” or “No one

will miss me if I'm gone.”

- Isolation from friends and family.
- Expressing that life is meaningless/hopeless.
- Giving away cherished possessions.
- A sudden and unexplainable improvement in mood after being depressed or withdrawn.
- Neglecting appearance and personal hygiene.

These signs are especially critical if the person has a history of psychological problems, is abusing alcohol or other drugs, and has a past history of suicide attempts or a family history of suicide.³⁹

Listen Carefully To Their Hearts. Listen not only to what they're *saying*, but listen underneath the words for what they're *feeling*. Don't expect them to be able to handle logical reasoning. They aren't thinking that way. Emotions

have overridden their ability to have a healthy and normal perspective.

Don't waste time trying to figure out the right thing to say to them. Rather, focus on drawing them out by asking questions that invite them to tell you more. Listening paves the way for them to feel more comfortable about opening up and trusting you.

Identify And Acknowledge Their Pain.

The two most important questions to ask a suicidal person are: "Where do you hurt?" and "How can I help?"⁴⁰ Remember, most suicidal people don't want to die, they just want the pain to stop. Caring enough to shoulder a portion of their burden (Gal. 6:2) by inviting them to share their pain with you will lessen their intensity to feel they must do something drastic to relieve it.

Suggest Another Option. Suicidal people feel backed into a corner by their pain, circumstances, or choices. They see no way out except death. Cracking open a door to just one additional option—even a tiny one—begins weakening their grip on their distorted belief that suicide is the only possible solution to their pain.

Don't Condemn. They've probably already heard all the condemnation they can stomach. Telling them they're wrong and selfish for wanting to take their life isn't new information. They already know it's not right.

Take Your Time. Many suicidal people feel dismissed by family, friends, co-workers, and even fellow church members. They've lost all meaningful connection with others. Sometimes it's self-imposed isolation. But by taking the time to listen to their

story—their complaint, their hopelessness, their loneliness, their pain—you provide a glimmer of hope in their otherwise ever-darkening world. Showing that someone really does care awakens their hope for love. Then they might be able to see that if that's true, life may really be worth living after all.

Help Them To Get Help. Recognize your limitations. Don't play hero or counselor. If you've identified some of the acute warning signs listed above, keep them safe by staying with them until you can directly connect them with someone who understands suicidal struggles and can provide the level of safety and specialized help they need.

Contact a trusted pastor, counselor, social worker, or doctor about getting treatment. If no one is available, call a suicide

hotline or 911. Don't leave them alone until they are with someone who is better equipped to help reduce their risk of suicide.

A Reason To Live

A loss of hope can push desperate people over the edge. No one can live very long without hope.

The apostle Paul placed hope at the heart of life's three great virtues, "faith, hope, and love" (1 Cor. 13:13). Together faith, hope, and love provide a reason to live. A well-grounded *faith* gives us confidence in the goodness of God and in His ability to give us the strength to face the storms and losses of life. *Hope* rooted in such faith enables us to persevere. And *love*? According to Paul, "the greatest of these is love" (v.13). Love gives us a

reason to live for the good of others while they are still with us, and for their honor after they are gone.

It was love that inspired Kathleen Norris to become a poet after the suicide of her Aunt Mary. Kathleen reflects, "I believe I became a writer in order to tell her story and possibly redeem it."⁴¹ Kathleen's pursuit of hope in the face of a death that defied understanding led her back to a renewed and life-sustaining faith in God. From death, hope and renewed life were born.

While our love for those who have chosen to leave us could tempt us to despair, we still have the opportunity—with God's help—to honor them by living with faith, hope, and love in their absence.

When you feel overwhelmed by grief, or unable to deal with the questions that remain, I encourage you to run to the

arms of the One who said, “I am the resurrection and the life” (Jn. 11:25), and “Come to Me, all you who are weary and burdened, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and humble in heart, and you will find rest for your souls” (Mt. 11:28-29).

One of the ways Jesus helps those who come to Him is by leading them to the tangible love of others who will listen and care for them.

If you or someone you love is struggling with suicidal urges, please seek help immediately. Call a trusted friend, your pastor, a counselor, your doctor, a hospital, or even the police or the national suicide hotline at 1-800-SUICIDE or online at: www.suicide.com. Please don't stop asking until you find the faith, hope, and love that bring with them a reason to live.

A Note To Pastors

Twice as many people with mental-health struggles will seek help from a spiritual leader rather than a therapist.⁴² People naturally look to their spiritual leaders to shepherd them through the many challenges of life, so they're often more comfortable turning to them first when life falls apart and they're considering suicide.

Because pastors are key gatekeepers in the prevention of suicide, they must be trained to recognize and identify those at imminent risk and be equipped with effective strategies to provide safety and caring support. They must also know how to secure professional help to reduce the individual's risk of suicide.

Church leadership

should have a well-defined, written plan for caring for someone who is suicidal. This keeps pastoral staff from getting in over their heads. It also ensures an appropriate and effective level of care for those who trust spiritual leaders to provide wise and reliable guidance to navigate through the treacherous waters of suicidal urges.

Pre-crisis planning dictates that pastoral staff build relationships with local counselors, social workers, psychologists, and doctors they can recommend with the confidence the person will be well cared for. This frees spiritual leaders to focus on the immediate spiritual needs of struggling individuals and to make better decisions about when and who should be contacted for help in a crisis.

Recommended Resources

Night Falls Fast: Understanding Suicide
by Kay Redfield Jamison (Vintage Books, 1999).

Grieving A Suicide by Albert Y. Hsu (InterVarsity Press, 2002).

No Time To Say Goodbye: Surviving The Suicide Of A Loved One
by Carla Fine (Broadway Books, 1997).

The Cry Of The Soul
by Dan B. Allender and Tremper Longman III (NavPress, 1994).

Additional RBC Booklets:

How Can I Live With My Loss? (CB921)

When Hope Is Lost (CB973)

When Tragedy Strikes (CB042)

Special Note: This booklet is informational in nature and not intended to be a replacement for therapy or counseling.

Endnotes

1. Albert Y. Hsu, *Grieving A Suicide* (Downers Grove, IL: InterVarsity Press, 2002), p.22; 2. J. I. Packer, *I Want To Be A Christian* (Wheaton, IL: Tyndale, 1977), p.62; 3. Fred C. Chay, "Pastoral Reflections On Suicide And The Local Church," in *Suicide: A Christian Response* (Grand Rapids, MI: Kregel Publications, 1998), p.443; 4. Kay Redfield Jamison, *Night Falls Fast: Understanding Suicide* (New York: Vintage Books, 1999), p.309; 5. Suicide Prevention Resource Center, *About Suicide* (www.sprc.org); 6. Ibid.; 7. Ibid.; 8. National Center For Injury Prevention And Control, (www.cdc.gov/ncipc/factsheets/suifacts.htm); 9. SPRC, *About Suicide* (www.sprc.org); 10. NCIPC, (www.cdc.gov/ncipc/factsheets/suifacts.htm); 11. Carla Fine, *No Time To Say Goodbye* (New York: Broadway Books, 1997), p.4; 12. Ibid., p.157; 13. C. S. Lewis, *A Grief Observed* (New York: Harper & Brothers, 1961), p.19; 14. Hsu, p.32; 15. Margaret Atwood, *The Blind Assassin* (New York: Doubleday, 2000), p.473; 16. Jamison, p.294; 17. Lewis, *A Grief Observed*, p.75; 18. Dunne, McIntosh, and Munne-Maxim, *Suicide And Its Aftermath* (Norton & Co., 1987) p.179; 19. Jamison, p.295; 20. Fine, p.214; 21. Hsu, p.78; 22. Jamison, p.280; 23. Ibid., p.86; 24. Ibid., p.100; SPRC, *About*

Suicide, p.1; SPRC, *Role Of Clinical Social Workers And Mental Health Counselors In Preventing Suicide*, p.1; 25. Atwood, p.494; 26. T. S. Eliot quoted in *Suicide*, p.443; 27. Jamison, p.94; 28. Ibid., p.83; 29. Fine, *No Time*, p.151; 30. Ibid., p.215; 31. Lewis, *A Grief Observed*, p.76; 32. Jamison, p.292; 33. *Suicide And Its Aftermath*, p.107; 34. Hsu, pp.136-137; 35. *Suicide And Its Aftermath*, p.89; 36. Fine, p.x; 37. Charles Ballard, "Pastoral Reflections On The Suicide Of A Family Member," in *Suicide: A Christian Response* (Grand Rapids, MI: Kregel Publications, 1998), pp.451-455; 38. *Suicide And Its Aftermath*, p.158; 39. SPRC, *Recognizing The Warning Signs* (www.sprc.org); 40. Edwin S. Shneidman, *The Suicidal Mind* (Oxford University Press, 1996), p.6; 41. Kathleen Norris, *Dakota* (New York: Houghton Mifflin, 1993), p.101; 42. SPRDS, *The Role Of The Clergy In Preventing Suicide* (www.sprc.org).

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