WHAT ARE COUNSELING CONSIDERATIONS FOR
THOSE FAMILIES DEALING WITH THE SUICIDE OF A FAMILY MEMBER?

Today’s the day…three months ago
You made the decision to go away,
To end your life and the struggles and pain
Leaving us in a world that will never be the same.
My heart is breaking and the tears flow free
As I try to accept your pain I did not see.
My arms yearn to hold you once again
And to heal the pain and to help you mend.¹

This is an excerpt from a poem that a grieving mother had written after losing her son to suicide on November 10, 2003. As this mother unfortunately discovered, thousands of people die every year by committing suicide. This is one of the leading causes of death in the United States of America according to the National Vital Statistics System (NVSS)’s National Vital Statistics Reports.² Health Canada has reported that every year close to 3,700 people in Canada commit

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suicide\textsuperscript{3} and according to the National Vital Statistics Reports \textsuperscript{4} 34,598 people died in the United States of America as a result of suicide in 2007.

With the number of deaths due to suicide, hundreds of thousands of family members are left behind to put the pieces of their lives back together. As a counselor you are going to need to know how to counsel them, from the time the suicide is discovered, to helping them through the next few weeks during their time of greatest need.

In June Kolf’s book, \textit{Standing in the Shadow},\textsuperscript{5} she touches on four main phases and issues that family members may deal with after they have lost a loved one to suicide. These are:

- Shock and Denial
- Accepting the Reality
- The Stigma
- The Control Issue

\textbf{SHOCK AND DENIAL}

In the Shock and Denial stage the family members may feel numb, as though they are in a fog. This feeling is like sitting on the side of a play about your life, but not really taking part in life itself.\textsuperscript{6}


Physical symptoms are also very common. The family members may complain of tightness in the throat, upset stomach, diarrhea, shortness of breath, and a general feeling of slowness in moving around.\(^7\)

Denial is also a big factor in dealing with the loss of a loved one. As humans we retreat into what is automatic when we receive devastating news. The family member may say things like “This cannot be happening to me” or “This is just a bad dream.” These are very common responses and they are only natural.

As a counselor you should encourage the family members to express their feelings. Ask them when was the last time they saw or spoke to their loved one. What do they wish they had said?\(^8\) Questions like these will help them work through their grief and help them think about their loved one when they were still alive.

**ACCEPTING THE REALITY**

Seeing the reality and accepting it are two different things. The reality is that the family members have lost a loved one, but that does not mean that they are willing to accept it. Who wants to believe that a loved one took his/her own life?\(^9\) This is the reality that the family members will be facing.

Help them by encouraging them to surround themselves with loving friends and family who will listen and be there for them. Take it slow and easy; do not expect them to accept this in a matter of days or even weeks. It could take months or years before they finally accept this new reality.

\(^9\) Kolf, 16-17.
THE STIGMA

One of the most difficult things when dealing with suicide is the stigma that those left behind now carry. Parents of suicides are often criticized for being unaware of the child’s problems or condemned for not getting the child the needed help. Suicide survivors experience the social environment as less supportive and more rejecting than persons coping with deaths from natural or accidental causes.\(^{10}\) It seems as though the only ones who understand are the ones who have experienced it. One family member who had lost a loved one said, “It’s an exclusive club I joined without wanting to, but I passed the initiation so I guess I’m a member.”\(^{11}\)

What they need is a safe and friendly environment where they will be able to share without the fear of being judged or condemned because of the suicide. Suicide support groups are one of the best ways to provide this. Everyone is in the same boat and they are all travelling along the same road.

THE CONTROL ISSUE

The family members may feel like they should have been in control of the situation, when in reality it was the individual’s choice to commit suicide and end their own life. It was not in the control of the family and this is something that may lead to guilt and many questions. Some of these questions may be:

- Why did my loved one take his/her life?
- Did I miss something?
- Could I have prevented this?

\(^{10}\) Kenneth Mottram and Larry Vandecreek, “Understanding Suicide and Its Bereavement: A Primer for Chaplains,” *Chaplaincy Today* 21 no. 2 (September, 2005): 8.

• Were things really that bad?
• Why did he/she not talk to me?
• Why did I not see this coming?
• Whose fault is it?
• Why now?

These are questions that only the deceased can answer, but the questions will remain.

Encourage family members to talk it through with those they trust and help them understand that they may never know the answers but that it was not their fault.

ANGER

Anger is a common emotion for most family members who have been left behind. They lash out at God for taking their loved one away, a teacher for not having seen this coming, or at countless others who may or may not be deserving of such anger. Survivors often blame the victims themselves for dying.\(^1\)

Anger is a good thing. Anger shows that the family member has come out the depths of depression and is now able to show emotion.

THE FUTURE

As counselors we are going to try our best to help the family members in their grief, but what is our goal? Where should we strive to help them to go? David B. Biebel states it best as the family members becoming a “person of the heart”. These people are:

• Authentic—speaking truth, asking and listening to the hardest questions
• Transparent—being open, not afraid to let others see inside
• Trusting—willing to live with the ambiguity of the riddle called life
• Dependent—centered on God instead of on anyone or anything else, yet also interdependent, needing others and being needed by them
• Forgiving—free from the need to get even because they have seen their own depravity and weaknesses
• Empowered—with supernatural strength because they know they are not strong enough by themselves
• Hopeful—even when despair seems more reasonable
• Humble—having a servant heart, willing to sacrifice for another’s welfare
• Faithful—with spiritual eyes that see and embrace eternal realities and the earthly values that flow from them
• Peaceful—because all is in God’s hands
• Joyful—having gone beyond mere happiness
• Patient—willing to wait for God and others
• Kind—willing to treat others as “kindred”
• Gentle—“bruised reeds they do not break; flickering wicks they do not snuff out”
• Tender—responsive to needs, without judgment
• Benevolent—merciful, caring for the down-and-out
• Generous—giving without keeping account
• Compassionate—able to feel others’ pain in their hearts
• Loving—committed to the best interests of others as a result of intimacy with God\textsuperscript{13}

This is not only a good goal to help suicide victims try to reach, but also every counselee that we encounter. These are also characteristics that we should strive for if we are Christians because this is a mirror of the characteristics of Jesus Christ.

WHAT DOES THE BIBLE SAY?

We also need to keep in mind what God’s Word has to say about counseling others, and the words that it gives us.

The Bible gives us great examples of turning sorrow into praise through the book of Psalms. The reality of brokenness and grief is not denied in the laments but—and this “but” is a critical aspect of the movement—the movement does not stay stuck in the plea, in brokenness and grief. There is more beyond. There is ultimate praise.\textsuperscript{14}

We as counselors need to help them through this point by pointing them to God and showing them that they are not walking through this alone. God is with them and He will never leave them. Psalm 23 is a good chapter to use in situations like this to point the counselee to God and show them that He will provide for them.

WHAT TO SAY AND NOT TO SAY

Refrain from saying words that you may find comforting but are very insensitive, such as:

\textsuperscript{13} Biebel and Foster, 139-140.

“God must have wanted him/her with him.”

“He’s/she’s in a better place.”

“Be happy for the time that you had with them.”

These phrases sound callous and it makes the family member feel very alone.\(^\text{15}\)

Tell them that you are there for them if they want to talk and that you are sorry for their loss—and if you are not sure, do not say anything.

Do not be afraid to talk and try to get them to open up and share what they are feeling. This will help them unleash some of their built-up emotions and it will also give you a chance to talk things through things with them.

In conclusion, as counselors we should strive to help our counselees with their walk with God and not become a hindrance. We should seek to encourage them with words of love; this does not mean that we tell them what they want to hear but that we speak the truth with love. Our goal should always be to help, not hinder, and to always do so in love.

\(^\text{15}\) Biebel and Foster, 28.
BIBLIOGRAPHY


Mottram, Kenneth and Larry VandeCreek. “Understanding Suicide and its Bereavement: A Primer for Chaplains,” *Chaplaincy Today* 21 no. 2 (September, 2005), 8.


