Grief for someone who lost the will to live

Support for relatives and close friends after a suicide

Ullakarin Nyberg

Foreword

You are valuable. We see you. Only you understand the anguish of what you have been through. This booklet is intended for those who have lost a relative or close friend to suicide. We humans have unimagined, inherent resources to bear us through grief and pain, but help and support are also available, as is the possibility of meeting others who have gone through similar experiences.

Since 1900, Betaniastiftelsen has been committed to working with people in vulnerable life situations from a holistic perspective, with the goal of helping as many as possible to feel quality of life, even when death is approaching.
With this material, we want to show you a path through grief, remind you that you are not alone and that help is available. You may find that each passing day brings you closer to a way of living with your grief and that you can look ahead in your own time.

The author, Ullakarin Nyberg, suicide researcher and psychiatrist, is one of Sweden's leaders in the field. Drawing on her long experience from meeting suicide loss survivors and with a profound understanding of what such a loss might mean, Ullakarin guides us through the special circumstances surrounding a suicide and the various guises the subsequent grief may take, while focusing on finding the will to live in the wake of the unthinkable.
The Public Health Agency of Sweden is tasked with strengthening efforts to promote mental health as well as prevent mental illness and suicide within the population. We would like to extend a heartfelt thank you to the Public Health Agency of Sweden for the opportunity to produce this support material. A heartfelt thank you is also extended to the National Association for Suicide Prevention and Survivors' Support (Riksförbundet för SuicidPrevention och Efterlevandes Stöd, SPES) for its valuable expertise on what it is like to be a suicide loss survivor, what grief might look like and what support may be needed.

This booklet can be read at whatever pace suits you at this time. You do not need to read it in any particular order. The contents of each section can be seen under the chapter heading, making it easy for you to choose the information you can handle right now. You might want to return later to anything you leave aside.

With warmth and hope,

Ulla Burman
Acting Director, Betaniastiftelsen

Introduction

This booklet is aimed at those who are grieving for someone who has taken their life. The grief after a suicide is often more complicated than other forms of grief and can feel impossible to get through. Our hope is that the contents of this booklet will provide knowledge and guidance that will deepen your understanding of the nature of grief and facilitate your grieving process.

Chapter 1

Underlying causes of suicide

About suicide as an expression of suffering and desperation, emotions linked to suicide, religious taboos and the disease depression.

Suicide is a death that often arouses powerful emotions such as fear, shame, guilt and anger. There are reasons for this. We humans are created for survival. When we have a sense of well-being, we generally desire to live as long as possible. An individual who knows that their life will be curtailed by illness is usually prepared to endure both suffering and distressing side effects of medical treatment for a chance to live a little longer. The instinct of self-preservation is strong, enabling us to avoid danger without having to think about it first. We instinctively recoil, for example, if a car drives towards us at high speed or if we stumble near a precipice. In addition, there are religious taboos that affect attitudes towards suicide. It is therefore frightening and hard to understand how someone can end their own life.

Despite the fact that four people take their own lives every day in our country, there is widespread misunderstanding of the underlying causes of suicide. Many people say that a person "chooses" to take their life or describe suicide as a selfish act. But nothing could be further from the truth. Suicidal acts are not an expression of free will but rather of suffering and desperation. Anyone considering taking their life is experiencing, in that moment, their situation as unbearable and impossible to handle and has usually fought hard to cope with their life for a long time. The trigger of the suffering varies between individuals and is influenced by personal circumstances, state of health, previous experiences, cultural background, personality, gender and age. The trigger may be anything from a loss or illness to a traumatic experience or failure. But common features are feelings of loneliness, hopelessness, resignation, worthlessness and abandonment. Many feel they are a burden for others around them and may even think that it would be better if they were gone. Suicide can consequently be an expression of misdirected concern for loved ones.

There is never a simple explanation for why someone would take their life – multiple factors work together. There is usually an underlying depression that may have been triggered by the pressures of life. The depression paints everything black and is beyond the sufferer's volition. It may have emerged recently or persisted over a long period of time. However, it is not a foregone conclusion that the sufferer or the people around them will understand that depression is an illness that requires contact with healthcare services and is treatable in most cases. On the contrary, many people blame themselves for not feeling well and believe that it is a sign of weakness or personal failure. It is also common that the sufferer seeks care but is misunderstood. This is particularly true of men and individuals from another cultural background.

The perceived experiences of a depressed and suicidal person are not necessarily objectively true. For example, there may be a large number of people around the person who want nothing more than to help. Depression is a skilful liar that makes the sufferer believe that the distressing emotions and thoughts are true and that change is impossible. A wise person once said "Being depressed is like wanting to pull yourself up by the bootstraps but not having any bootstraps to take hold of." You want to solve your problems but cannot do it on your own and lack the ability to accept the help offered by others. This explains the ambivalence suicidal people often describe: I don't want to die, but I can't bear living.

An example of life circumstances that can lead to suicide

Hamid

Hamid was 35 years old when he took his life. He came from a large, close-knit family and worked as a PE teacher. Hamid loved his job and always said that he had the good fortune of being able to combine his greatest interest, sport, with his work. He was married to his childhood sweetheart. The couple had two children whom he was very committed to.

Hamid was described as a person with high ambitions and great perseverance. He was reserved but reliable. As one of Hamid's many friends put it in his eulogy at the funeral, "Even though he didn't say much, you knew where you had him." When Hamid and his wife moved into their dream house, their family and friends believed that the couple's happiness was complete as they had yearned so long to be able to exchange "concrete for nature", as Hamid liked to say. What no one knew – not even his wife – was that Hamid had taken out several short-term loans to buy the house. He had envisaged being able to moonlight as a taxi driver to pay off the loans quickly. Those plans, however, came to nothing when he developed severe back problems after a serious cycling accident. For the longest time, Hamid tried to work despite the pain. But eventually, he could not cope and was signed off on sick leave.

During his sick leave, Hamid became more and more uncommunicative. He told everyone who asked that everything was fine. Nonetheless, those who knew him well noticed that something was wrong. The most striking difference was that he stopped laughing and became increasingly irritable as time went on. He snapped at his children, had outbursts of anger at the slightest adversity and often left home on his own without saying where he was going. He also stopped sleeping at night. Hamid's wife and several of his friends suggested that they could book a medical evaluation and offered to accompany him to the appointment, but Hamid firmly rejected all suggestions for professional help. "They are going to say I'm mentally ill. I know it. But this is something else, and I don't want to take a bunch of pills," was his standard response to those who tried to help.

One day when Hamid's wife came home from work, she found him dead in the hallway. He had left a note that read "Sorry, I love you, but I can't take it anymore."

Comments: Hamid suffered several setbacks within a short period. This triggered a depression that he did not want to acknowledge or have words to describe. His back pain combined with the depression prevented him sleeping at night, and he became increasingly anxiety-ridden. Hamid was ashamed of not being able to work and was beleaguered by the financial difficulties his loan presented. He was a man who was used to solving problems on his own and regarded having to ask for help as a terrible failure. Hamid came from a family where people had never talked about emotions and where mental illness was described as a sign of weakness.

His family and friends blamed themselves for his death. They received professional help to understand the link between depression and suicide and that Hamid had not been himself when he took his life. The healthy Hamid would never have left those he loved most and took so much responsibility for. They were also helped to distinguish between what they wish they had done and what would have been possible to do. Today they are doing well.

In this booklet, Hamid's relatives and close friends will share their stories with you, five years after the suicide. The stories are extracts from a video which supplements the booklet, available to watch at www.livsakademin.se.

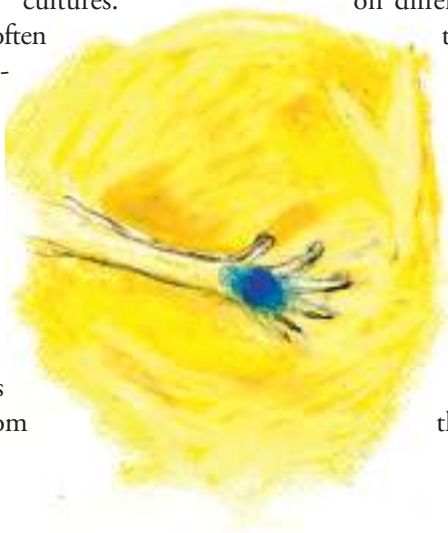
Chapter 2

What grief is and what it looks like in different individuals

About individual grief responses and common symptoms of grief, cultural differences, acceptance of expressions of grief and the way forward with grief as a companion.

Grief is a normal emotional response to a terrible loss, such as a death or separation. Virtually all people experience grief at some point in life, and it may be traumatising to varying degrees. Grief is not an illness. However, a grief response often makes it more difficult to function normally in daily life. Grief can cause illness-like complaints that affect work or school, as well as one's private life dramatically. Many describe grief as having a "before" and an "after". The majority of individuals affected by a potentially traumatic loss recover on their own or with the help of their network, although this can take a long time.

The view of grief differs between cultures. In Sweden and other Western cultures, we often think of grief as an individual, psychological process, while in many other countries, grief is regarded as a collective event in which it is important for as many people as possible to take part. It ought to go without saying that we can talk to each other about similarities and differences in the way we grieve, but unfortunately the theme of loss and grief often generates a restraint that prevents us from learning about ourselves and from each other. It can be helpful for you to bear in mind that the grieving process will provide you with a unique competency that is needed in our society and that can be shared with others.



It is common for grief to be described as a journey or process that you, the griever, needs to go through in order to eventually be able to weave the loss into your daily life. The grieving process is energy-intensive, both mentally and physically, and it takes time. It is difficult, sometimes impossible, to speed through the grieving process. It is worthwhile to allow grief to take its course. There is no right or wrong way to grieve; grief takes on different forms in different people. You, the reader of this booklet, may find it difficult to talk and prefer to grieve on your own, while others around you want to share their experiences through conversation. Some prefer to write about their grief or engage in practical activities, such as chopping firewood, cooking or going for a forest run. Sometimes the ability to work is affected so that a period of sick leave is needed. On the other hand, there are those who

prefer to work or continue with their studies. Some readily show how they feel and want to be comforted, while others prefer to keep their feelings to themselves. You may have recourse to culturally based rituals that are helpful and provide comfort, but that is not the case for everyone.

Common symptoms of grief include despair, dejection, anger, anxiety, self-reproach, lack of energy, feelings of unreality, sleep disturbance, listlessness, sentimentality and cognitive impairment, such as memory disorders and difficulty concentrating. You may feel physically ill and exhausted, worked up or abnormally tired. At its worst, it may feel as though life is not worth living.

In Sweden, there is an expression: 'grief is striped'. It means that the emotions grief gives rise to alternate in intensity. Emotions are influenced by external factors, such as doing something nice with people you like, visiting the grave or passing the anniversary of your loss. The bereaved commonly feel guilty about times when they experience joy or other positive emotions. You might ask yourself: How can I be laughing now when the worst has happened? It is easy to be hard on oneself. However, we know from research that people who have the ability to switch between different moods during the grieving process are better placed to recover. In this way, grief can be compared to a severe state of stress. Balance is needed between stress and recovery in order to cope and, therefore, you occasionally need to take a break from grieving.

It can be scary when emotions and other symptoms are so intense that they affect the way you are, leaving you unable to recognise yourself. Your basic personality traits are not changed by going through grief, but it may feel that way because the grief often draws out new, unknown aspects of yourself. It may be helpful to try to remind yourself that strong emotions and new behaviours are completely normal after a terrible loss. You are not abnormal. The situation is. Therefore, you should try to accept your way of grieving. Treat yourself as you would treat a dear friend going through a similar situation and try to take care of yourself. With time, grief provides new perspectives and experiences, but grief for a loved one never goes away completely. Nevertheless, it is possible to live a meaningful life despite having suffered terrible losses.

Chapter 3

Grief after suicide

About what distinguishes grief after suicide from other forms of grief, strong emotions linked to grief after suicide, grief as a process, the value of information about what happened and preserved memories.

In the initial period following a death, it is common for both thoughts and emotions to revolve incessantly around what happened. Many people describe strong feelings of unreality. The realisation of the loss and the understanding of what happened usually comes gradually. This presents an opportunity to get used to the new situation by degrees.

Coming to terms with a death often takes a long time, and it is difficult to start processing it before doing so. Accepting that someone has taken their life is often particularly difficult and sometimes impossible. You may feel anger and disappointment in parallel with sadness and loss – a complicated combination to deal with. This is one of the many reasons the response to grief after a suicide is often stronger and more protracted than in the event of an expected death and also why there is greater risk of a complicated grieving process. The individual who takes their life leaves their close friends and relatives with unanswered questions that are challenging or impossible to find answers to. Weren't we, the ones left behind, important enough for you to keep living? Why didn't you say anything to us? Why didn't you give us the chance to help you? Why exactly did you take your life? Why didn't you want to seek medical attention? Was suicide your way of punishing us? How could you abandon your children?

As someone grieving for a person who has taken their life, you need help to find answers to your questions and create some kind of comprehensibility around the event. Dealing with a series of question marks is difficult, as is processing an event about which there is no information. Therefore, it often helps to go through all the details surrounding the death with a professional, with a family member or friend, with other people who have suffered a loss or on your own when you feel you have the strength. Even details that are frightening and unpleasant should be framed and connected into a chain of events, which does not have to be absolutely true or complete but must be possible to relate to. Many people find it valuable to put their story on paper so that the details are not forgotten.

Remember that it is not the job of healthcare services or other agencies to protect you by withholding information. You decide which information you want. As a close relative you are entitled to, for example, read the deceased's medical record, the police report and the forensic report if any. In rare cases, the medical record may

contain information that the deceased did not want shared with others. If this is the case, you may have access to parts of the record. You can ask the responsible care provider to be with you while you read through the record so that they can answer your questions as you read. It is also possible to ask someone else you trust to keep you company while you read or that this person reads the record first so that they can prepare you for what is written. You even have the right to see any suicide notes or other written messages healthcare services may have access to.

Without help to understand the possible underlying causes of a suicide, a griever will often lay the burden of responsibility upon themself, which can lead to a tremendous amount of guilt. You should try to bear in mind that it is always easy to be wise in hindsight; the various signs that the person who is now dead planned a suicide attempt become clear in retrospect but are difficult to interpret at the time. The fact that a person, for example, invites the whole family to a nice dinner, gets their papers in order, reviews insurance coverage or talks about their impending funeral may have completely natural explanations and is not always a cause for concern. After the suicide, however, patterns may become apparent. Many survivors blame themselves for not having seen and understood what was going on. If you are racked with guilt, it is important that you get help to make your peace with your own inability. Had you understood what was about to happen, of course there would have been no limit to what you would have done to prevent the person you are grieving for from taking their life.

With time, most bereaved individuals gain an acceptance of the changes that the loss has brought and begin to shape a life for themselves without the one who is gone. Most people move back and forth between different phases in the grieving process for several years, but eventually the new life becomes the norm, as does the identity gained as a result of the loss. For most bereaved individuals, painful memories are gradually counterbalanced by good memories, even though the grief remains. If the person who took their life suffered from a serious illness, a comforting thought that may counterbalance the loss is that they have now escaped their suffering. Many people worry about forgetting the person who is no longer there. To avoid this, it can be helpful to keep talking about the person for whom you are grieving with people who knew them, look at photographs, watch videos, visit significant places that bring back memories and write down important events.

A relative's story

Hamid's wife

"Hamid was the love of my life. He is the love of my life. Five years have passed, and now I can actually feel happiness again. It may sound absurd, but I can feel happy that he existed, that I have been able to truly love someone and be loved. I'm also happy and relieved that I can feel this way again because I was angry with him for so long.

I'm not angry anymore. Although it felt really good to be angry. When the rage disappeared, the feelings of guilt started. Then came thoughts that I had tricked myself into believing I knew him and guilt that I had failed. I felt that I had only taken from him and not given when he needed it most, that I had never managed to give him what he needed. My hardest task was forgiving myself, accepting that there wasn't anything I could have done. That I actually tried to give but that he could not receive because he was ill and that changed our lives completely."

A close friend's story

Hamid's friend

"The big question I've had is 'why'. Why? Of course, we talked about what was happening in our lives, but we probably didn't really open up to each other. Now, five years after Hamid's death, I feel awful that we didn't talk to each other more about what was actually going on a little deeper inside.

We're all left here sitting with this why, why, why, why? When we so wanted to help. When we all felt we had the combined strength to help him. But he didn't want our help. He didn't take it. He just wouldn't take us up on it. He seemed to be inching away from me, away from family and people close to him.

And again, we've been wondering, why didn't we do something? Knock on the door one more time? Why didn't we get more involved? I can get so f****** pissed off about that. Why didn't I get more involved?"

Reflection: *Can you relate to these stories? Which aspects resemble your grief and which are different?*

Chapter 4

Complicated grief

About complications associated with grief after suicide, problems that may require professional support and the need for sick leave.

Suicide is a dramatic and potentially traumatic event that is more likely to cause complicated grief than other deaths. A grieving process that does not diminish over time but continues to give rise to major difficulties in coping with daily life or adapting to a new life is called complicated or prolonged grief. It is not possible to specify a one-size-fits-all timeline for grief. It is individual. However, we know that grief after suicide often takes longer to recover from than grief following other deaths.

The dividing line between normal and complicated grief is blurred, but you may be guided by knowing that a normal grief response varies in intensity and that eventually it is usually possible to find the way back to a functioning life with room for both grief and joy. If you feel that you are stuck in grief, that you have complications that are difficult to deal with or that you are constantly haunted by memories of past events, do not hesitate to seek professional help.

Common disorders or symptoms that may require professional intervention are sleep disturbance, nightmares, intrusive memories, mood swings that you cannot control, emotional numbness, depression, anxiety, overconsumption of alcohol or other substances, and stress reactions such as fatigue and post-traumatic stress. You may be on constant alert for new disasters, worry excessively about your loved ones or have trouble relaxing. These complications are not signs of weakness – anyone can be affected. It may be that you have struggled or are struggling with psychological difficulties yourself and, therefore, find it easier to handle and talk about grief and mental health issues. However, such difficulties may also make you particularly vulnerable, putting you at a higher risk of suffering complications. Regardless of past experience, anyone suffering grief following a suicide should be alert to any problems that may require professional help. It is important to seek help swiftly so that you can get adequate support. Waiting often aggravates the problems. Remember that you have the right to receive help! You can, for example, seek help from pupil or student health services, occupational healthcare services or your healthcare centre.

Grief responses and depressive symptoms may resemble each other. Depression, however, is less responsive to external factors, such as socialising and pleasurable activities. Many people describe their depression as a dark blanket that smothers all light from existence, while most people who are grieving can experience brief moments of satisfaction and joy that make it possible to take a break from grief for a while. The low spirits of depression are persistent – the lack of motivation, joy and energy is more domineering than in uncomplicated grief.

Anxiety is a normal reaction to the fact that your own tools are inadequate to effectively handle the situation you are in. So, it can be difficult to determine when professional intervention is needed. Many people who suffer from anxiety are surprised that it is felt so tangibly in the body. For example, you may experience palpitations, chest tightness, stomach ache, sensations of something crawling on hands and feet, breathing difficulties, dizziness and feelings of panic. Anxiety reactions are not dangerous, but they can feel extremely unpleasant. You should not hesitate to seek professional help if you are unable to manage your anxiety or if you are unsure of the cause of your ailments. Helpful medication and therapies are available. It also usually helps to find your own ways to calm the anxiety, such as reminding yourself that it is not dangerous and that you are not going to die, even though it may feel that way in the moment.

In order to process your grief, you need sleep. In case of acute sleep problems, a short course of pills that promote falling asleep or a medication that increases time spent asleep may be of value. Pills that promote falling asleep rarely cause drowsiness the day after and are tolerated by most people but should not be used regularly for a long time as there is some risk of developing a tolerance to them. You can also go to sleep school arranged by healthcare services or online.

Sick leave may be appropriate if your responses to grief mean that daily life becomes dysfunctional, for example if you are unable to concentrate or are very tired. The doctor you meet might not necessarily be familiar with the consequences of grief that impact the ability to work, and it can be hard to explain when you yourself are in crisis. Therefore, it is often a good idea to bring someone with you who can be your advocate during the visit or to write down your complaints and any questions you may have before the visit.

Chapter 5

Agencies' responsibilities after a suicide

About the police's work after unexpected deaths, forensic autopsy, wanting to view the deceased or not and contact with the funeral home.

The initial period following a suicide is almost always characterised by shock and feelings of unreality. At the same time, many practical arrangements need to be taken care of and contact needs to be made with numerous professionals. All unexplained deaths are brought to the attention of the police, who are often involved in informing relatives about the death. The location in which a suspected suicide has taken place is regarded as a crime scene until a crime has been ruled out by the police. This may mean that you are not allowed access to the location until their investigation is complete. The fact that outsiders have access to more information than you for a period of time can feel very upsetting.

A forensic autopsy is performed to determine the cause of death. The doctor performing the examination looks for physical changes that have not arisen naturally, such as substances in the blood and urine. The doctor also considers other information, such as whether there was any communication about suicidal intent or contact with mental health services. After the autopsy, the deceased is moved to a mortuary. Here, family and friends are given the opportunity to view the deceased on one or more occasions. A viewing can also be arranged through the funeral home. If you want to talk to the person who performed the autopsy, it can be arranged in most cases. If you object to the autopsy, for example for religious reasons, it is always best to make personal contact with the professionals involved to make your wishes known.

The decision to view the deceased or not is a personal choice. Through research, we know that those who choose to view a friend or relative's body rarely regret it, while those who decide not to are more likely to regret their choice. Since suicide is a death that often occurs without loved ones having had the opportunity to prepare themselves, a farewell where you see the deceased may make it easier to understand that it has really happened. At the same time, it can be frightening to see a dead person. You should decide for yourself what is right for you and not let yourself be talked into making decisions that are contrary to your own convictions. However, you should not say no just because of fear or uncertainty. It is better to first talk to someone who can guide you. It is possible to prepare a viewing appropriately so that it is not frightening. If the body has injuries, you can be shown a limited part of it, such as a hand or foot, while the rest of

the body remains covered. It may be a good idea to ask a professional, such as the funeral director, to tell you how the deceased looks so that you can mentally prepare yourself. If it feels right, you can touch the body, take photographs or keep a memento, such as a lock of hair. Remember that it is you who decides what is right for you.

Contact with the funeral home is important – they assist with all the practical arrangements. You can choose a civil or religious funeral service, depending on your beliefs. You do not have to have a belief in God to choose a church funeral in the Church of Sweden. However, the deceased must have been a member. You can have a say in the structure of the funeral ritual. Many people find it consoling when the funeral reflects the deceased's personality and wishes. The texts that are read and the eulogies that are given are important as they often become memories for life for you, the griever. Some find solace in creating a book of remembrance or a celebration of life guest book in which people who knew the deceased can write personal memories and paste photographs or other images and symbols.

Chapter 6

Understanding and supporting children and young people who are grieving

About adults as role models in grief, the value of being truthful, letting the young person's questions steer the conversation, changing roles in a sibling group and the need for professional help.

It is common and understandable that adults, with the best of intentions, try to protect children from the consequences of a suicide by withholding the real cause of death. However, this rarely works out well. Children are able to sense when the truth is not being shared with them. In such cases, they may blame themselves and form their own explanations, which not infrequently are actually worse than the reality. When adults are not truthful, there is a risk that children will feel excluded from the community of the bereaved and that they will lose some of their trust in the adult world. They also do not get the chance to ask questions based on their own level of maturity and inquisitiveness, or do things to help and comfort others who are grieving.

An effective way to explain things to a young person is to let their questions steer the conversation. You should give straight, honest answers, but you do not need to elaborate or go into depth. Just answer the questions that are asked and encourage the young person to come back with their thoughts and questions. They do not have to know everything all at once. However, everything you say must be true. Try to convey that a suicide is never about other people having done something wrong and tell them about the connection between illness and suicide. Get help from books for children and young people about death and grief, as well as from other people's experiences. A little boy once described the depression that led to his mother taking her life as "a sickness of the will", and it has become a phrase that many have benefited from.

It is important to pay attention to siblings. They are often forgotten since parents and others in the network may have their plates full with their own grief and all the practicalities to take care of. It is common for siblings to assume an assisting role and avoid burdening adults in their vicinity. This role is often encouraged and is in danger of persisting at the expense of the sibling's own needs. Changing places in a sibling group, for instance going from being a middle child to the oldest sibling, is complex. It is not uncommon that the person who has taken their life has shared confidences with their sibling that have not been passed on to parents or others. It is also painful to be forced to separate from a person with whom one shares childhood memories and to think that, in the future, one will not be able to be there for each other through sharing the different phases and obligations in life. Feelings of guilt and self-blame are common among siblings. In such situations, adult support and sometimes professional help is needed.

Children and young people mourn in spurts. Focusing on one's own needs is part of child development. It may be interpreted as selfishness or absence of grief whereas this may not be the case at all. You can let the young person grieve in their own way, but you should remind them at regular intervals that you and other adults know they are going through a tough situation and that you are on hand should the need to talk arise. You should also explain a little about how grief works, that it may come in waves and take time, as well as that it is important to talk to a trusted confidante. Bear in mind that the way you grieve affects the children and young people close to you. If you show that there is no danger in showing emotions, talking about what has happened or asking for help, it is more likely that the young person will do the same. Shame, guilt and other painful emotions grow if they are left uncommented and, therefore, it is particularly important to try to find a way to talk about them.

Not all children and young people want school to know that a suicide has occurred in their family or network. If they express such a desire, you should try to understand the reason for it and talk about the advantages and disadvantages of being open based on the young person's situation. Try to motivate them to accept that at least one adult at school should know what has happened and ask who they want that person to be. Consult with the school about how the child can be offered relief in different ways, for instance through homework help and postponement of exams. Professionals from pupil or student health services can provide advice and act as a sounding board. You should not accept a vow of complete silence. Your role as an adult is to explain the benefits of various alternatives. But do not forget that the young person is the expert in their own situation, so do your best to listen to their viewpoints even when they clash with yours.

A relative's story

Hamid's child

"Of course, what comes to mind is 'Could I have done something better? Could I have been a better daughter?' But yes, he wasn't happy. Mum said that depression is like cancer of the soul. It's sort of impossible to do anything about it. I couldn't have done anything if he had had cancer.

It's been five years. I'm 17 years old now and it feels like this period of my life is pretty important. But I've still thought about if I would have been different as a person if he had been here.

I felt that when there was so much focus on the funeral, everyone would cry for years, and we would never live a normal life, never be able to really forget it. Then I felt a bit like 'Hold up now, this is your Dad. How can you go out and hang with friends now that your Dad...'

Obviously I remember Dad, but I still have... If you don't see someone for a long time, or ever now, then it feels like your brain forgets. Their face becomes less sharp. Sure I'll have photographs, but it won't be the same."

A relative's story

Hamid's sibling

"I've been really angry. I screamed when noone was home. We have a photo of Hamid at home with a bowl and a small candlestick next to it. When I lit the candle on his birthday for the third time, I wasn't angry.

I could start grieving for Hamid once I finally stopped being angry with him. And when I stopped being angry with myself, I could start grieving in a different way. Of course, I might still get sad, but I can also think of Hamid and smile.

I wonder where he is now. When I was staying with Mum in the first days, it felt as though he had his arms slung around our backs. I could feel his hands on my back, as though he was hugging us. I often think that he does the same with his children, that he walks besides them with his arms lightly slung around their backs. I hope so."

Reflection: *Can you relate to these stories? Which aspects resemble your grief and which are different?*

Chapter 7

Recovery, daily routines and personal tools

About personal tools that make the grieving process easier, the value of non-verbal communication, talking with someone with personal experience, getting help from others and taking care of yourself.

The majority of those suffering grief after suicide gradually rebuild a functioning life, but the road there is paved with pain, suffering and hard work. As we have varying levels of vulnerability and resilience, it is not possible to exactly predict the way you will feel, the time frames that apply to you or if you will need professional help. On the other hand, it is possible to say that everyone who grieves has recourse to personal tools, i.e. things you can do yourself to make things feel a little better in times of plight.

Most of us are unused to thinking about our personal tools. We solve problems and handle difficulties in the way we have always done and, for the most part, this works out well. After a suicide, much of what you have been through before usually seems easy and uncomplicated in comparison, and you may think that people around you waste time on irrelevant trifles. It may feel as though all your previous experiences are insufficient and that your toolbox is completely empty. Despite that feeling, it is advisable to pay extra attention to the things you do that provide some relief in the moment as these promote your recovery, such as talking to someone you get on with, spending time in the great outdoors, listening to music, taking a hot bath, eating something nice, looking at photographs, sitting on a bench and watching birds, lighting candles, doing some breathing exercises or going for a walk. Anything that helps in the moment can be done a little more, while anything that makes you feel worse can be postponed or taken care of by someone else.

Expressing grief with non-verbal communication, for example through handicrafts, painting, drawing and music, can help considerably when words are not enough. Try to find a mode of expression appropriate for this period in your life. If you want to write about your grief, do so. If you want to talk about the person who died, find someone to talk with. Sometimes it is nice to talk with someone you know, but it can also feel good to talk with a completely objective person whose feelings you do not need to take into consideration or with someone who has had similar experiences. The non-profit organisation the National Association for Suicide Prevention and Survivors' Support (Riksförbundet för SuicidPrevention och Efterlevandes Stöd, SPES) is able to offer such help. At SPES, you can meet people who have also experienced losing a friend or relative to suicide. It often helps to know that the person you are talking with understands you in a way that others can-

not, and it may be hope-inspiring to see that it is possible to live with grief. There are other organisations that also offer counselling to the bereaved, and you can get help through your primary care provider/healthcare centre or the Church of Sweden. Dwelling on something is usually described as negative. However, when it comes to grief, dwelling on things is beneficial. You need to frame certain things and ask certain questions over and over until you are done. Then you can take the next step.

If you are severely affected by grief, it is understandable that you do not have the strength to think about your daily routines, such as getting up in the morning, getting yourself ready in the same way you usually do, eating breakfast, exercising and sleeping at night. For many, daily life becomes chaotic, impairing the possibility of recovery because chaos takes a toll on your strength. It is worthwhile to enlist the help of others to help you maintain your daily routines. Everything that remains recognisable, as it is reminiscent of a normal life, makes you a little more resilient, and everything that gives a glimmer of light in grief becomes a reminder that change is possible. This perspective is needed in order to cope.

It is very easy to fall into self-criticism and self-rebuke when you are filled with difficult emotions. It can be beneficial to change perspectives for a moment and imagine saying the same things to a friend who has been through a distressing event as you say to yourself. It often becomes apparent that it is easier to comfort others than to comfort yourself. But when you are grieving, it is important that you practice that ability. Speak kindly to yourself, show understanding and forbearance with your own emotions and reactions. Show yourself small attentions that signal consideration. Look in the mirror and say, "I will take care of you!" Sharing everything you are going through with others is impossible when a suicide has occurred. So, you need your own attentions more than ever to not feel completely abandoned.

Chapter 8

Relationships

About changing relationships, the desire to return to normality of people around you, listening without giving advice, asking for practical help, setting boundaries and finding a way to spend time with family and friends.

Relationships change when one grieves. Some people who are close to you will step up in a way you might not have expected. Others will withdraw – often due to fear and uncertainty. Meeting a grieving person requires a certain amount of courage, time, reflection and the ability to listen. The bereaved commonly experience that those around them are on hand in the beginning but that after a while they expect the grief to be over. People who are not personally affected by your loss always move on at a faster pace than you do and, therefore, you can count on receiving helpful advice on what you ought to do to make your grieving process go faster. After a disaster strikes, there is a strong longing for normality. This may manifest itself in exhortations that it is time to dispose of the deceased's possessions, look ahead, or return to studies or work. Remember – you are the only one who can decide what is right for you and when you are ready to take the next step!

Many people lack the ability to listen without giving helpful advice or encouraging comments. Sometimes it helps but by no means always. If you feel up to it, you can point out that no advice is needed and that the four Hs can be borne in mind instead: Hold me! Hold tight! Hold your peace! Hold out!

It is nice to know that the person you are talking with is able to bear that the situation is as it is. Many people struggle in such circumstances and are afraid of doing something that will worsen the situation but still want to help. Try to get used to asking for practical help with, for example, cooking, picking up children and driving them around, cleaning, shopping, making and cancelling appointments, paying bills, taking the car for a vehicle inspection and so on. The people close to you will often be relieved to be given a concrete task or tips on what you need.

This may help you practice setting boundaries. If you are prepared for various questions and advice and have a phrase on hand, it is easier to say things like the following: *"I appreciate your concern, but right now I don't want to talk about what happened. I'll let you know when I feel up to it."* Or *"I'm glad you're trying to understand, but I barely understand it myself, so I want to hold off on answering questions."* Or *"You've given me sound advice, but I'm trying to find what works best for me. It's going to take a while."* Sometimes you can refer to professional contacts: *"My therapist says that I should avoid answering detailed questions right now when I am so fragile."* Eventually, you will find a way to spend time with family, friends and acquaintances that suits you.

A relative's story

One of Hamid's elderly relatives

"I don't think I'll ever forgive Hamid for this. I'm not religious in the sense that I follow our traditions, but I don't believe people should do this. It's not right. It's unnatural to take your own life. I actually don't know how I feel about Hamid anymore. I don't understand how the hell anyone could do this. That's where I end up all the time. Over and over again. I just don't get it. It hurts. It's been five years, and it feels in a way like Hamid has stolen something from me."

Reflection: *Can you relate to this story? Which aspects resemble your grief and which are different?*

Chapter 9

Existential questions

About the meaning of life, thoughts on what happens after death and how existential reflections facilitate recovery, and finding a new direction after a suicide.

Every suicide raises questions about life and death in the minds of those left behind. People commonly think that one should join with the deceased by retreating from life oneself or that the unbearable pain that grief kindles is not compatible with continued existence. Many people also feel guilt over having all of life's possibilities at their disposal while the one they love has gone forever. Grief after suicide does not dissipate. Some questions are never answered. The experience that a beloved family member or friend has been lost in that way, however, usually leads many in grieving to new thoughts about the meaning of life and their own priorities. Why am I alive? What matters to me? How do I want others to remember me? What can I do to help others who are struggling? Where do I want to belong? What do I marvel at? What do I believe in? are examples of questions that make it easier to weed out the unimportant things in life and prioritise what matters.

Many describe grief as giving life a darker streak, yet at the same time making it easier to appreciate the brighter things in life. Eventually, most people find a balance between light and darkness that makes it possible to live well despite the grief. The road to achieving this balance often lies through meetings with others. By talking about your existential reflections, irrespective of faith, you can eventually create new opportunities for closeness and community as these issues concern us all.

Conclusion

And finally… When a person has taken their life, it may feel as though life has ended for you, the one left behind. But life goes on. It is possible to live with and even gain new insights from harrowing losses, although it may feel utterly impossible for a long time. By getting to know and respecting your personal way of grieving, asking for help when needed and showing compassion for yourself, the grieving process can be made easier. We hope the contents of this booklet can contribute to this.

Where to find support and more information:

Consultation with a psychologist. You may be entitled to a one-hour consultation with a psychologist via your home insurance. Contact your insurance company for further information.

Psychotherapy clinic for grief counselling. Unfortunately, not available in every municipality but can be helpful if available.

Healthcare centre. You can seek help from your healthcare provider.

Occupational healthcare services. Ask your employer for support.

Religious organisations and religious social welfare organisations. Contact your nearest religious centre for pastoral care or dialogue with a deacon, priest, imam, etc. Help is available from, among others, the Church of Sweden, the Uniting Church in Sweden (Equmeniakyrkan), the on-call priest of the Church of Sweden, Jewish congregations, Muslim congregations and mosques, as well as Muslim and Buddhist chaplaincies in healthcare institutions. All of the above offer counselling and can point you in the right direction if you are seeking contact with another religious organisation.

The National Association for Suicide Prevention and Survivors' Support (Riksförbundet för SuicidPrevention och Efterlevandes Stöd, SPES).
Through hotlines, counselling groups and online support groups, offers support to close family and friends when someone has taken their life. Everyone you meet at SPES has lost someone to suicide.

Emotional Support Helpline (Jourhavande medmänniska). Hotline and online chat for anyone wanting someone to talk to.

The Survivor's Guide (Efterlevandeguiden). A website where you will find concrete, practical information useful after a death.

We Who Have Lost a Child (Föreningen Vi Som Förlorat Barn, VSFB). Support for grieving parents, as well as siblings, grandparents and other relatives.

Cooperation for People in Grief (Samarbete för människor i sorg, SAMS). Support and information for survivors.

We Who Have Lost Someone in Midlife (Vi som mist någon mitt i livet, VIMIL). A network for survivors that arranges meetings, activities and forums.

Mind. Has several support lines and information about suicide.

Suicide Zero. Works to radically reduce suicides in society by, among other things, spreading knowledge and reducing taboos around suicide.

Children's Rights in Society (Barnens rätt i samhället, BRIS). You can contact BRIS for information on how you, as a close relative or friend, can support a child.

The Striped House (Randiga huset). Child grief support for those who are affected or know someone who is or those who, in a professional role, encounter someone who has been affected

Recommended reading:

Vägar i sorgen
By Lars Björklund, Göran Gyllenswärd, Natur Kultur Läromedel, 2020

Tröstebok
By Margaretha Zandrén-Wigren, Peter Björk et al., Columbus Förlag, 2016

En bro till framtiden: om förlust, sorg och -bearbetning
By Göran Gyllenswärd, Libris Förlag, 2020

Adjö, herr Muffin
By Ulf Nilsson, Anna-Clara Tidholm, Bonnier Carlsen, 2004

Vi skulle segla runt jorden
By Anna Sundström Lindmark, Natur & Kultur, 2018

Ett år av magiskt tänkande
By Joan Didion, Bokförlaget Atlas, 2007

I varje ögonblick är vi fortfarande vid liv
By Tom Malmquist, Natur & Kultur, 2017

Comedy queen
By Jenny Jägerfeld, Rabén & Sjögren, 2018

I sorgens famn
By Elisabeth Lindström, Grim Förlag, 2015

Våra älskade orkade inte leva
By Joanna Björkqvist, Grim Förlag, 2015

Så länge vi lever: hur insikten om livets korthet kan tydliggöra nuet och dess möjligheter
By Peter Strang, Libris Förlag, 2017

När en förälder plötsligt dör – att hjälpa barn genom trauma och sorg
By Ken Chesterson, Insidan Förlag, 2011

Leva med ovisshet: samtal om existentiell hälsa
By Lisbeth Gustafsson and Kerstin Enlund et al., Libris Förlag, 2021

A Handbook for Survivors of Suicide
By Jeffrey Jackson, American Association of Suicidology, 2019

Parents who have lost a son or daughter through suicide: Towards improved care and restored psychological health
Thesis by Pernilla Omerov, Karolinska Institute, 2014

Suicide in the family: Towards improved care of bereaved parents and siblings
Thesis by Rossana Pettersén, Karolinska Institute, 2015

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