

# ***SOS Support Group Facilitator Handbook***

**Creating a Safe Place for  
Those Dealing with Suicide Loss**

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# SOS SUPPORT GROUP FACILITATOR HANDBOOK

## Contents:

Preface.....	3
SOS Support Group Statement of Purpose.....	4
Introduction to SOS and SOS Support Groups.....	5
Starting and Organizing an SOS Support Group.....	6
SOS Support Group Process Issues.....	10
SOS Support Group Facilitation.....	12
Some Things You Should Know About Suicide.....	15
What is Different About Suicide Loss?.....	18
What are the Immediate Needs of Suicide Grievers?.....	19
Maintaining the Group.....	20
Selected Glossary.....	21
Some Resources .....	22

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*This booklet is dedicated to the memory of all those in the tri-state metropolitan area lost to suicide.*

## Preface:

*"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."*

*Kay Redfield Jamison, 1999*

Suicide grievors have three basic needs at the outset of their journey to recovery form their loss:

- (1) To learn that their bereavement is a "normal" aftermath of an abnormal and tragic loss
- (2) To have support in coping with their loss
- (3) To develop an understanding of suicide and the dynamics leading to the loss of their loved one.

An effective helping strategy for those bereaved by a suicide must provide:

- The opportunity for suicide grievors to talk about their loss as soon as possible
- The availability of peer led support and mutual self-help groups
- The access to information about suicide and the nature of suicide loss and grief.

This is the role of Survivors of Suicide, Inc., and the function of an SOS, Inc. Support Group.

This booklet is for facilitators of suicide loss support groups. Hopefully it will be of value to both new and experienced facilitators, but it cannot address every situation that you may encounter. It is best used in a training where discussion can clarify and expand upon the material given herein.

It draws on the experience of SOS, Inc. as an organization dedicated to meeting the support needs of those bereaved by suicide. It also includes information from the literature on suicide loss. It reflects the practices of SOS, Inc., and is primarily intended for our facilitator, but may be useful elsewhere.

Thank you for helping others on their journey to recovery from suicide loss.

Tony Salvatore

PURPOSE

**SURVIVORS OF SUICIDE, INC. (SOS)** is a self-help group whose purpose is to assist its members to get back to the business of living and loving fully. We feel we can help ourselves do this by joining in mutual support. Our method is simple. We listen and share with one another.

Many of us have used various forms of therapy to assist in our recovery, but, self-help, as such, should not be confused with or substituted for professional help. We believe this misuse of the group would be unfair to you and counterproductive to the group as a whole.

All of us have come together for recovery. We all have the right to expect the group's attention. We have the mutual responsibility to assure each member the time to share and to be listened to. Please share so that all may benefit.

Suicide has touched us deeply. It is a fact that all aspects of our lives have been affected. The reality of the suicide never goes away, but the pain diminishes with time and support. We believe **PURPOSE** can return to our lives if we allow it and work at it.

Thank you all for coming tonight. Simply, without you, there would be no group such as **SURVIVORS OF SUICIDE** for those of us living with this most terrible loss.

*Every SOS Support Group facilitator reads this statement at the beginning of every meeting. Our founders wrote it. It clearly lays out why SOS offers the groups, what we hope the participants will take away from the session, and what's expected of participants.*

### **SOS Support Group Fundamentals:**

#### ***What is Survivors of Suicide, Inc. (SOS)?***

SOS, Inc., is a nonprofit, all-volunteer organization. It started in the Philadelphia, PA area in 1983. Two mothers who had experienced a suicide in their families were separately looking for other people who had suffered this tragedy. They sought a "safe place" with people who had "been there."

No such resources existed at the time, but they "connected" through contacts with the Self-help Clearing House in Philadelphia and started our first support group. Soon after, a second group began in Chester County. In 1987, an SOS group was formed in Delaware County. Groups followed in Bucks and Montgomery counties, southern New Jersey, and adjacent areas.

We believe that sharing our experiences and feelings with each other is the best form of help. We feel that all who have suffered a suicide loss can help others comprehend the incomprehensible. We strive to assure the availability of a safe place to give and receive support. Our mission is to offer support to individuals and families suffering from the trauma of losing someone to suicide. We accomplish our mission by:

- Holding monthly support group meetings facilitated by volunteers who are survivors of suicide.
- Promoting the increased availability of grief support resources.
- Providing community information and education on suicide loss and survivorship.

#### ***What is an SOS Support Group?***

It is a means of mutual self-help involving three or (preferably) more people. Self-help is the process of helping yourself by helping others. A group aids this process and gives a sense of belonging and acceptance. Participation is empowering and enhances self-esteem and coping ability for both the facilitator and the participants. Information sharing and education are key elements. Groups are safe places for grievers. SOS groups are open to adults and teens.<sup>1</sup>

#### ***How do SOS Support Groups Work?***

We introduce ourselves, say what we are comfortable in disclosing about our loss, and share our thoughts and feelings on grieving. Facilitators may distribute materials for discussion or later reading. Meetings are open-ended so you can join anytime.

All SOS, Inc. groups are led by a peer volunteer, which means that the group facilitator is also a suicide griever. He or she acts as an enabler rather than as a chairperson, and tries to assure that each meeting is meaningful and effective for all in attendance.

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<sup>1</sup> SOS feels that the groups may not be appropriate to the needs of children and young teens bereaved by suicide. SOS tries to refer parents to grief resources for young people.

*What makes someone an effective SOS Support Group facilitator?*

SOS doesn't have a job description for group facilitators, but if we did it might look like this:

**POSITION DESCRIPTION**

***Title:***

SOS Support Group Facilitator

***Summary:***

Part-time volunteer peer facilitator of a support group for adults who have experienced a suicide loss

***Requirements:***

- Suicide survivor whose loss occurred two or more years ago
- Knowledge and understanding of suicide loss issues.
- Basic familiarity with group dynamics and group process.
- Good people and communication skills.

***Responsibilities:***

- Serve as a model of recovery from suicide loss for group participants.
- Enable all group participants to draw optimal support from participation.
- Assure that all participants have the opportunity to contribute to the group's discussion.
- Assure confidentiality and respect for the individual needs of group members.
- Promote the group's availability to potential referrers/participants.
- Assure that group participants respect policies of meeting site host.
- Report on group activity and needs to SOS Board of Directors.

***Relationships:***

Appointed by the Board of Directors of Survivors of Suicide, Inc.

## SOS SUPPORT GROUP FACILITATOR HANDBOOK

SOS, Inc. requires that the individuals who lead our groups be suicide survivors. Our reasons are twofold. First, suicide survivors originally started all of our groups. Second, our philosophy rests upon the mutual self-help model in which the facilitator is a peer and draws support from her or his role in the group.

SOS is very much aware that there are many support groups that are not facilitated by suicide survivors that are doing an excellent job in their communities. SOS also understands that there may not be a suicide survivor in a given area able or willing to take on the responsibility of facilitating a group and that if a non-survivor did not volunteer there would be no group at all. Nonetheless, wherever possible SOS would opt for a peer facilitator.

SOS also feels very strongly that a support group facilitator be well along their path to recovery from her or his loss before taking responsibility for a group that will generally include participants whose loss experience is very recent and whose grief will be very acute. SOS feels that those who have come to terms with their loss can both better serve as a model for new grievors to emulate and be better able to support new grievors because they have already confronted many of the concerns troubling the group participants. This takes about two years, and sometimes longer.

### ***What about SOS sponsorship of groups?***

Survivors of Suicide, Inc. works to meet the needs of those bereaved by suicide in southeastern PA, southern NJ, and northern DE. SOS provides technical assistance, training, and support to those organizing and implementing suicide loss support groups in the tri-state area.

SOS is interested in assuring that all groups under its auspice follow the same objectives and practices. The SOS Board of Directors charters groups that are SOS affiliates and function under the rubric of "Survivors of Suicide". The SOS Board recognizes the facilitator (and co-facilitator, if applicable).

SOS is a collaborative and coordinative organization. It acknowledges the need for additional support resources throughout the region. It supports the development of appropriate groups and programs by other organizations and individuals independent of SOS. We cooperate with other entities serving suicide survivors and try to avoid duplication of activities as much as possible.

Participation in SOS group facilitator training or the use of this handbook in no way obligates anyone to SOS. However, we do ask that groups in our service area calling themselves "survivors of suicide" work with us and follow our guidelines to avoid confusion among those we serve.

***"One thing appears quite certain - the intensity, complexity, and duration of the bereavement after a suicide is significantly shaped by how those affected are treated by those they encounter or look to for help."***

***What Clergy Need to Know about Suicide Loss (SOS, 2006)***

## **Starting and Organizing an SOS, Inc. Support Group:**

### ***What should you do before you start an SOS Support Group?***

Here is our “pre-launch checklist”:

- Attend several meetings of an existing SOS Support Group (if possible)
- Ask the group facilitator if he/she will act as a mentor
- Arrange to co-facilitate one or two group meetings
- Review your performance and feelings about being a facilitator

We understand that any or all of the above may not be practical or possible to do in every area, but we encourage prospective facilitators to seek out comparable experience with other nearby grief resources (e.g., hospice, hospital-based support group, The Compassionate Friends). At the very least, it would be helpful to have a positive personal grief support group experience to build on.

### ***How do you start an SOS Support Group?***

There is no fixed formula, but most groups originate in one of three ways. A prospective facilitator visits one or more existing groups and then takes what he or she has learned back to the community and forms a local group. Alternatively, someone may attend a support group facilitator training to acquire the skills and knowledge necessary to start and facilitate a group. From time to time, groups are also started by organizations like SOS to fill a community need. In such cases, an experienced SOS facilitator may recruit and mentor the new group facilitator for a time through jointly leading the meeting and then providing back-up support as needed.

### ***How long does it take to launch a new group?***

It is SOS’s experience that with time for the group facilitator’s learning phase, locating a suitable meeting site, publicizing the group’s availability, and so forth, it typically takes about six months to a year to get to the point of the first meeting. Of course, this timeframe varies with the amount of time that the group’s facilitator is able to give to the task. Most facilitators have other responsibilities and may only be able to devote a few hours a week to planning and organizing the group.

### ***How do you locate and arrange a place to meet?***

Presently, SOS-sponsored groups in the greater Philadelphia area meet at community hospitals and churches. In other areas, groups meet at community centers and municipal facilities. Groups hosted by social service or mental health agencies may meet at their facilities. SOS helps find sites for meetings under its auspice. However, a good place to start looking is places where other support groups convene such as the locations mentioned previously.

SOS does not use private homes (especially the facilitator’s) as meeting sites. There are many reasons, but the main one is that it closely identifies the group with an individual. The meeting site should be neutral and public insofar as it is the group’s place when it is meeting. Meeting at non-residential locations enables the facilitator to maintain some space from the group between meetings.



## SOS SUPPORT GROUP FACILITATOR HANDBOOK

Obviously, the key requirement is that the meeting site be centrally located and accessible. Nearby parking and public transportation are considerations. As groups usually meet in the evening some thought should be given to security and safety. The actual meeting location should be a room that affords some privacy and can accommodate potentially emotional sessions without interfering with other activities in the facility.

### ***How do you publicize an SOS Support Group?***

It is helpful to have a basic trifold with the group's name, purpose, meeting place, and meeting times. These can be distributed to organizations that may have contact with those who have experienced a suicide. This may include funeral directors, ambulance companies, the police, and coroner or medical examiner offices. Information should also be sent to Employee Assistance Programs in care of the human resource departments of local businesses.

Notices can be placed at churches, schools, organizations, clubs, shops, hospitals, community bulletin boards, libraries, post offices, and senior centers. Presentations may be made before groups: church, community, civic, private, business. Try to reach out to clergy, doctors, agency directors, social workers, media, nurses -- anyone who might help spread the word.

Here are some further promotional ideas:

1. Contact your local hospital, social services agencies, and county health department.
2. Approach local business about getting notices in their periodicals or newsletters.
3. Contact local offices, associations and foundations that address grief (e.g. office on aging, mental health association, etc.)
4. Call you local information and referral (I&R) helpline/hotlines --make sure they know of your group's existence.
5. Write a brief notice and ask that it be placed in church bulletin or newsletters.
6. Write letters to the local newspaper, explaining the group's purpose.
7. Write a brief public service announcement and send it to local radio and TV stations.

### ***What about meeting frequency and times?***

SOS groups meet monthly in the evening. SOS groups met more often in the past, but the demands upon a volunteer facilitator's time and the variation in attendance from meeting to meeting made this impractical. From time to time it may be appropriate to change the meeting date in order to determine the "right time" for participants. SOS groups may meet from 1-2 hours.

### ***Does SOS accept donations at meetings?***

Some groups accept voluntary donations, others note that donations may be sent to SOS, and all mention that SOS participates in e-Scrip and similar programs and welcomes United Way donor designated contributions. SOS, Inc. is a tax-exempt charitable Pennsylvania nonprofit corporation that meets the provisions of IRS section 501(c)3.

### **SOS Support Group Process Issues:**

#### ***How do you to avoid “running” an SOS support group meeting?***

More will be said about the facilitation process below. Here it is sufficient to note that the role of an SOS Support Group Facilitator is to assure that the group fulfills its mutual self-help mission. This must be kept in mind at all times. While the term “group leader” is used interchangeably with facilitator, it should be understood that the task is more one of gently guiding than actively steering. The facilitator works at keeping the group within broad boundaries rather than on a narrow track. He or she helps the group avert obstacles instead of telling it where to go and how to get there. Facilitators are not chairpersons or agenda followers. They are there to support the process of giving and receiving support through the group.

#### ***What about confidentiality in an SOS support group?***

Confidentiality is the practice of keeping private what is learned about the other participants in the group as well as what occurs and is discussed during a meeting. Since members often interpret this idea in different ways, it is important to define what your group wishes to keep confidential. As a general rule, SOS asks participants to say nothing about what was seen and heard in the meeting outside the group.

#### ***How do you deal with anger and other emotions in an SOS support group?***

SOS Support Groups draw individuals and family groups at varying stages of the grief process. Some may be only days away from their loss, others months or even years. Some lost children, others siblings, spouses, other relatives, partners, or friends. All bring different emotional issues to the group. Open expressions of emotion are a sign that the group is doing its job and that the participants feel secure enough to “let go.”

Ground rules are a practical way of assuring that emotions work for the group rather than against it. At the outset of a meeting the facilitator may remind the group that everyone is there to help and support each other. This means that the feelings of all in attendance must be respected. Participants may be reminded that while they share a common loss, they may be at far different places in regard to the loss than their neighbor.

#### ***What’s the difference between problem solving and advice-giving?***

Facilitators help the group or individual members work through an issue rather than supplying a solution. The facilitator encourages the members of the group to respond to another member’s question or problem. He or she should try not to provide specific advice. It is acceptable to do so when the group asks the facilitator how he or she would deal with a particular concern. In this situation, the facilitator is answering as a member of the group and not playing “expert.”

### *How do “open-ended” and “closed-ended” groups differ?*

An “open-ended” support group format is one in which:

- A new participant can join the group at anytime
- There is no fixed discussion topic agenda
- There is no closed meeting schedule or sequence

Traditionally, all SOS, Inc. Support Groups have been open-ended. This allows new grievors to have access to the group as a support resource without having to wait until the present group meeting series is completed or until it is offered again. In open-ended groups the discussion is not constrained by any topical outline and may go where the participants feel the need to explore.

A “closed-ended” support group format<sup>2</sup> has these features:

- It has a pre-set, fixed meeting schedule (e.g., 6 to 8 meetings)
- It has a predetermined discussion agenda for each meeting
- Participants may usually only join the group at the first session

Both formats have advantages and disadvantages. In some ways the open-ended group seems best suited to those newly bereaved by suicide. Participants may attend as they need to for either a set period or off and on over a few months. While this is a benefit to participants it lessens the likelihood that there will be a consistent group membership from one meeting to the next. Each meeting brings a new group and the same topics may be taken up. This may frustrate some attendees.

Closed-ended groups take more initial planning and call for different facilitation skills. The facilitator must “herd cats” and try to keep discussion focused on the discussion schedule while not “running” the group. Generally speaking, open-ended groups are more often peer-led and closed-ended groups tend to be favored by professionals.

Closed-ended groups also tend to be much more formal and structured. Participants usually commit to attend all sessions and notify the group leader in advance if they will be absent.

Closed-ended groups may be the best way of meeting a specific support objective, e.g., a bereaved fathers group or one for teens who lost siblings. SOS may offer groups of this nature in the future.

There is a hybrid model of the open-ended group that has a set meeting agenda but which permits participants to enter the group on an ongoing basis.

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<sup>2</sup> For an example of this approach see S. Wesner, *Survivors of Suicide: A Support Group Leader’s Handbook*, Pittsburgh, PA: STAR-Center, University of Pittsburgh, 1999.

### **SOS Support Group Facilitation:**

This section looks at some of the dynamics of the facilitator role and some specific skills that may enhance the group's effectiveness.

#### ***What are the roles of an SOS Support Group facilitator?***

A suicide loss support group facilitator has two roles. The most obvious function is to enable the group to be an optimal support source for the participants. The other role is more subtle, but no less important. The facilitator also serves as a model of suicide loss recovery. This means that he or she demonstrates to the group members that someone who has experienced a suicide can recover and come to terms with their loss.

The facilitator is often the first person that those new to suicide meet who has actually "been there" and shares their loss experience. This means that the facilitator may be seen as an "expert" of sorts who has many of the answers that they are seeking. This may be true in some respects, but not in others. Nonetheless, the facilitator is not there to serve as a suicide loss expert.

#### ***How do you facilitate an SOS Support Group?***

As a SOS Support Group facilitator is an individual your job is to help to manage a process of support sharing, coping skill learning, and information exchange. All of these things come from the group. Your role is to help them draw on their own emerging expertise as individuals bereaved by suicide to help each other and you. You don't have to have all of the answers. Your role is to help the group find answers that meet their needs.

#### ***Should you have a co-facilitator?***

Partnering with someone in facilitating a group can make the job easier in many ways. Most notably it relieves one person of the entire burden of keeping things going within the group. It also doubles the perspective on listening to questions coming from the group. It adds to the range of communication and emotional skills in the group.

A co-facilitator can be a source of support between meetings as well as someone to lead groups when you can't be available. Partnering can also help prevent facilitator burnout. For all these reasons and others a co-facilitator may be a very valuable asset.

#### ***What is Active Listening?***

Active listening is not just sitting there nodding attentively but otherwise just being a passive party to the discussion. It is engaging the speaker and the group in "listening to understand." Active listening is a communication technique that focuses on the group participant who is speaking.

In a support group setting it is a means of encouraging understanding among all of the participants. As an active listener a support group facilitator needs to focus full attention on the person in the group who is speaking while assuring that what he or she is saying is clear to the others.

## SOS SUPPORT GROUP FACILITATOR HANDBOOK

The way a group facilitator can show that he or she is actively listening is to do the following:

Ask good questions of the person and the group

Always listen non-judgmentally

Paraphrase by restating the question or statement in fewer words to make sure that you and the group understand the person's statement

Empathizing with the group participant (which doesn't necessarily mean that you agree)

Active listen involves clarifying meanings: "I hear you saying you are frustrated that your spouse will not talk to you about your son's death, is that right?" It is about learning about a group member's thoughts and feelings: "Tell me more about how you think that your family will deal with the upcoming anniversary of your daughter's death?"

Asking questions is more helpful in support building than giving answers. Answers at best may be taken at face value as recommendation or even as guidelines that the participants may feel compelled to follow because they come from the facilitator. On the other hand, answers are more likely than questions to provoke disagreement.

### *How do you ask "good" questions and suggest discussion topics?*

Most groups respond better to "open-ended questions" that permit a wide range of possible responses. This is usually more helpful to the group than a "close-ended question" that limits the answer and the discussion. Some examples of open-ended questions include:

- What are some of the things that you have found helpful in coping with your loss?
- What are some of the things that trigger intense memories about your loss?
- What are some of the things that happened which didn't help you with your grief?
- How do you handle holidays, birthdays, and anniversaries?

Questions like these allow for more expansive answers and discussions than those that lend themselves to yes/no or brief responses.

A good source of discussion topics is the SOS booklet entitled ***Recovering from Suicide Loss: A Self-help Handbook for Those who have Lost Someone to Suicide***. It offers brief answers to most of the questions that have come up at past SOS meetings. Copies are available on request (phillysos@hotmail.com) or at <http://phillysos.tripod.com>.

### *What are the characteristics of an effective SOS Support Group Facilitator?*

Here are some of the attributes that good facilitators offer:

- Being better at asking rather than telling
- Being skilled in evoking group participation
- Being able to initiate the group discussion rather than waiting for someone else to

## SOS SUPPORT GROUP FACILITATOR HANDBOOK

- Being able to asking for other's opinions rather than always having to offer their own
- Being capable of listening without interrupting
- Being a good coach
- Being able to avoid over-analysis
- Being able to assure that all group members have an equal opportunity to participate and contribute

Overall, an effective SOS Support Group Facilitator understands that the group is a means to an end rather than an end in itself. This means that he or she is able to keep in mind that the group is a helping and supportive setting rather than a task force with a job to do.

Also a good facilitator must have a high frustration threshold and not internalize varying levels of group participation as a direct reflection upon their skill or dedication. Similarly an effective facilitator is someone who does not need immediate gratification and who implicitly understands that he or she may not readily see the results of his or her efforts.

### ***What about group-related record keeping?***

New members are asked to give their name and e-address for the SOS e-mailing list (see below)<sup>3</sup>. Facilitators track the number of participants at each meeting for the SOS Board of Directors. No minutes are kept of group discussions, and no files are maintained on group participants. Facilitators may bring concerns to the SOS Board's attention, but the identities of any individuals involved do not go outside the group. Some facilitators send e-mail notices of the next meeting to participants.

### ***What about the SOS, Inc. mailing list?***

SOS maintains an e-mailing list comprised of the names and addresses of individuals who wish to receive the SOS Newsletter and other SOS-related e-mailings. SOS does not share this list with any other organization. Group participants and those attending SOS events are asked if they wish to be added to the SOS e-mailing list.

### ***Can non-participants attend an SOS Support Group meeting?***

From time to time SOS receives requests from researchers, journalists, and students to observe a group meeting. SOS strictly prohibits this practice as intrusive and inconsistent with the purpose of a group meeting. However, individual participants may serve as a respondent or interviewee if they wish with the understanding that what happens in group sessions may not be disclosed. Facilitators may pass along requests to participate in surveys or other research projects. However, participation is a totally individual matter.

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<sup>3</sup> The sign-in policy is voluntary in some groups and no one will be denied admittance to any SOS group if they do not wish to sign-in.

## **Some Things You Should Know About Suicide:**

All support groups, whether related to health or mental health concern, directly or indirectly help those that they serve to gain a better understanding of the condition that has caused the need for support. Most of us knew very little about suicide before our loss and the same applies to those seeking support from a group. Understanding why and how suicide occurs can help in coming to terms with the loss. A facilitator does not have to be an expert on suicide or suicide prevention. He or she need only have enough familiarity to address basic questions that may arise in the group.

### ***What is Suicide?***

A suicide is an act of self-harm intended to result in death. Some suicides may seem sudden and impulsive, but most seem to be the result of a process that happens over many weeks, months, or even years. This is one reason that we refer to suicide as being completed – because it is the outcome of a process of psychological debilitation rather than a decision.

### ***Why does Suicide Happen?***

Every suicide is different and the circumstances leading up to it are unique to the individual involved. However, the common underlying factor is intense psychological pain and extreme hopelessness on the part of the individual taking his or her life. Psychological pain arises when there is some seemingly irresolvable and totally frustrating situation in an individual's life. This may be a compelling personal, interpersonal, financial loss and/or problem, or something else.

Whatever the problem it is something that he/she finds devastating and something that seemingly cannot be resolved. Coping and problem-solving skills do not work. Next self-esteem and sense of control over his/her life diminishes significantly. This brings about hopelessness.

Hopelessness may lead to suicidal thinking. In the absence of strong protective factors (e.g. family, religion, social supports) and in the presence of high risk factors (e.g., drinking, access to a gun), suicide may occur. Death is the means not the end. The tragedy of suicide is that its victims were not able to see that their pain was only temporary.

The risk of suicide is greatly increased by drinking or using drugs, which lessen inhibitions and increase impulsiveness. These substances heighten vulnerability to thoughts of suicide and make things, like depression and anxiety much worse.

Suicide also has a neurological dimension. Researchers have found that chemical imbalances in the body and faulty neural processes in the brain play a role in suicide.

***How does Suicide Happen?***

Psychologist Thomas Joiner notes that the completion of suicide requires both a desire for death and a capability for lethal self-harm<sup>4</sup>. A desire for death arises from perception of burdensomeness and low sense of belongingness. This occurs when someone experiences extreme hopelessness and helplessness and comes to feel that nothing or no one can help them. A capability for lethal self-harm is brought about by “mental practice” and/or self-injurious behavior or severe pain. This means that doing things like going over their death in their mind, literally practicing the attempt (e.g., visiting a bridge), engaging in nonlethal self-harm, and enduring intense psychological pain, an individual can overcome our innate inhibition against self-harm and complete suicide.

**Some Common Myths about Suicide**

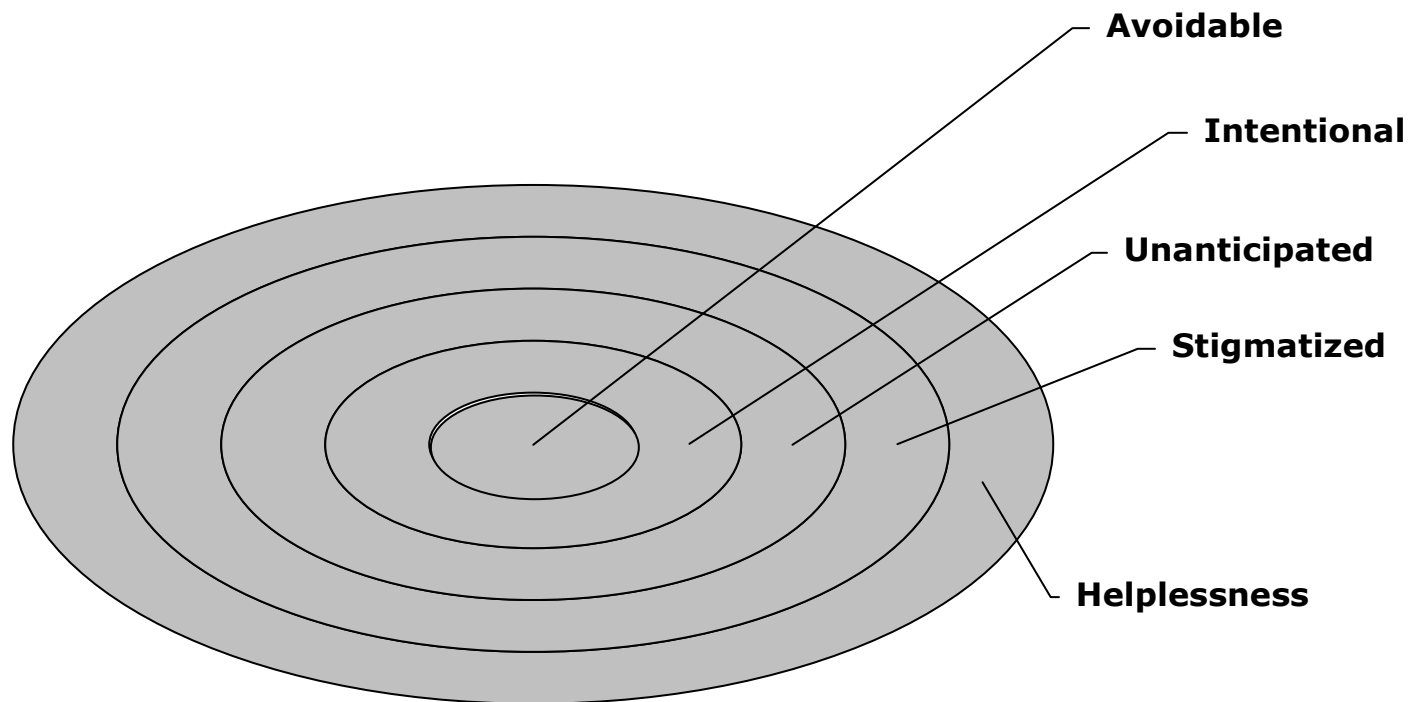
<b>Misconception</b>	<b>Reality</b>
<ul style="list-style-type: none"> <li>Those who have attempted suicide really wanted to die.</li> </ul>	Suicidal people only want to be pain-free and would go on if their pain could be ended.
<ul style="list-style-type: none"> <li>Asking someone if they are thinking about suicide will only give them “ideas.”</li> </ul>	Asking is often the only way to determine risk and to show that you care.
<ul style="list-style-type: none"> <li>Those who have attempted suicide are at very low risk of actually completing suicide.</li> </ul>	Many suicide victims made one or more previous suicide attempts.
<ul style="list-style-type: none"> <li>If someone says that he is suicidal, telling him to “do it” will snap him out of it.</li> </ul>	This may be the single worst thing that anyone can do. Never say “go ahead and do it.”
<ul style="list-style-type: none"> <li>Those who complete suicide are often psychotic.</li> </ul>	Many may have had symptoms of mental illness, but most were in touch with reality.
<ul style="list-style-type: none"> <li>A suicide attempt that does not result in death shows that the individual wasn’t really serious about dying.</li> </ul>	An attempt that doesn’t become a completion doesn’t mean that there was no serious intent to die.
<ul style="list-style-type: none"> <li>Non-fatal acts are only attention-getting behaviors or only attempts to be manipulative.</li> </ul>	For some people, suicidal behaviors are serious invitations to others to help them.
<ul style="list-style-type: none"> <li>Once a person is suicidal, he or she will be suicidal forever.</li> </ul>	Most suicidal crises are temporary, and will pass if help is provided.

<sup>4</sup> See *Why People Die of Suicide*, Cambridge, MA: Harvard University Press, 2005.



## What is different about suicide loss?

This section discusses some of the factors common to the suicide loss experience. It is offered as background for facilitators not as a script for answering group questions. The figure below shows what makes a suicide loss different



### *How does suicide being avoidable lead to guilt and responsibility?*

At some point, most suicides were preventable, and from the perspective of hindsight any suicide seems almost predictable. Whatever the case with her or his loss, the bereaved individual may perceive the suicide as the outcome of a linear sequence of events that he or she could have prevented or one that he or she may have caused. This may generate a sense of responsibility. Suicide is actually a complex, multifactorial process. There is no single cause that research has found. Its roots may lie far back in the victim's life history. Personality and even neurobiology play a role. Many risk factors and a dearth of protective factors may have contributed to the individual's vulnerability. Nevertheless, the degree of guilt and responsibility that accompanies a suicide is far greater than that associated with other traumatic losses. These feelings may impede the grief recovery process. Dealing with guilt and responsibility will be part of any support group's business.

### *Where do feelings of abandonment, betrayal, and rejection come from?*

While suicide is increasingly seen as the outcome of a process of physical and psychological breakdown, many people still regard it as a conscious decision on the part of their lost loved one. This leads them to viewing the suicide as the victim's decision to leave them rather than as a response to unbearable pain. Most prevailing definitions of suicide contain a strong volitional component. Seeing suicide as a decision may cause those left behind to feel abandoned, betrayed, and rejected by the victim. These feelings don't occur with most other traumatic losses and may complicate the post-suicide grieving process.

### *What about the acute sense of anxiety and vulnerability?*

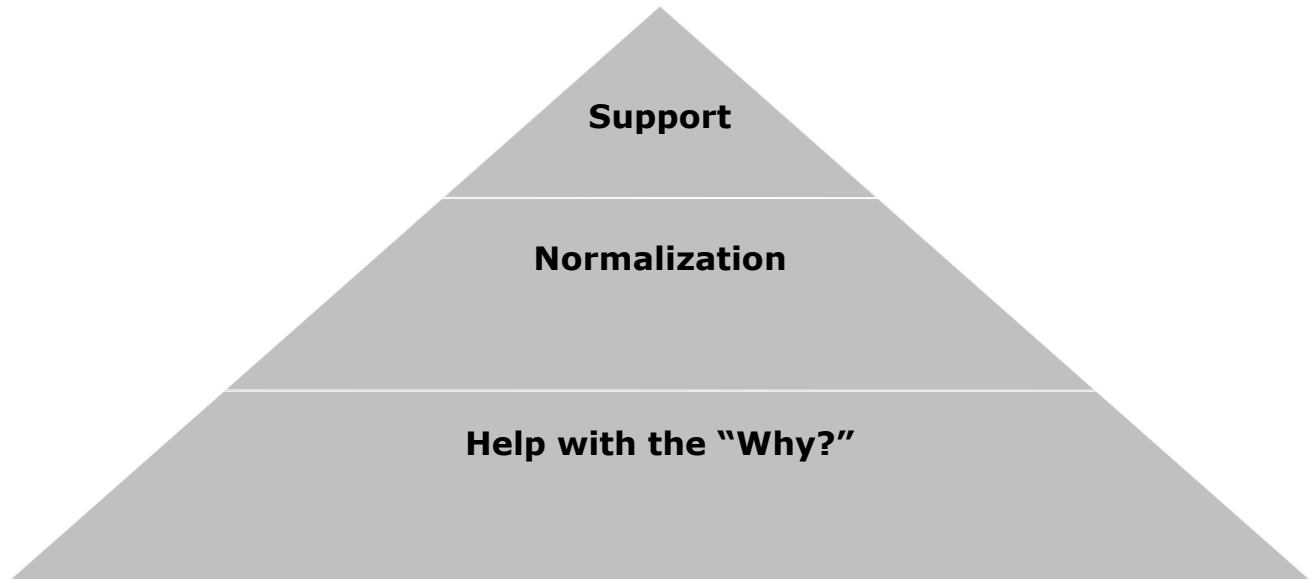
Nobody is ever ready for a suicide. Most never saw it coming. It is a sudden, totally unexpected, and often violent death. Other traumatic losses share some of these features, but they are not as often seen as preventable and intentional acts. Moreover losing someone in an accident, disaster, or catastrophe seldom involves any aspect of stigma (see below). Suicide was once referred to as a "personal Holocaust." It may also be described as a "person 9/11." It has many of the same "How could this happen?" or "Will this happen again?" dimensions as the September 11, 2001 tragedy. It removes any personal sense of safety or security in a way that no other traumatic loss can. Uncertainty, anxiety, and even panic follow suicides, which often happen literally right under a family's nose. This leaves the bereaved frightened for the lives of those closest to them.

### *How does stigma arise and what are its effects?*

Stigma is rooted in ages-old prejudices towards victims of suicide and those close to them, to cultural and religious proscriptions against suicide, to widespread ignorance and misconceptions about suicide and those it claims, and spill over from the stigma still directed towards those with mental illness. Whatever its source stigma may cause suicide survivors to isolate themselves and mistrust those outside their immediate family. Survivors may encounter stigma at almost any point in their grief journey. It can slow their movement towards recovery by adding an unnecessary stressor. The group can help by sharing experiences involving stigma countering some of the negative conceptions and comments in which stigma is voiced.

## What are the immediate needs of suicide grievors?

This figure shows the three most urgent needs of most individuals after a suicide:



Support is needed because of the enormity of the loss. Normalization is needed to help the newly bereaved understand that their emotional distress and turmoil is what happens after a suicide. Likewise the nature of suicide and the limited understanding most new grievors have lead most on a personal quest for the cause of the loss. Some insight into why people generally complete suicide may help, but coming upon the explicit cause of an individual suicide is not likely to occur. The group can help its members understand this.

### *What are some things that increase the severity of the grief after a suicide?*

These are situations that can make things worst for a suicide survivor:

- Witnessing the suicide
- Finding the body
- Losing a child (of any age)
- Conflicted loss (e.g., being estranged from victim at the time of the loss)
- Cumulative loss (i.e., experiencing multiple suicides or other traumatic losses)
- Insensitivity by first responders (i.e., police, EMTs, etc.)
- Public suicide; media involvement
- Distance (not being nearby when the loss occurred)

All of these experiences are appropriate for group discussion.

### **Maintaining the Group:**

#### *How do you keep an SOS Support Group going?*

Regrettably, it is mainly the continuing need for support with suicide loss that keeps groups going. However, the need for support isn't always enough to motivate people to seek support. They must first know that a source of support is available. Next it must be accessible to them in terms of meeting location and times. So the task is one of keeping the individuals likely to need the group's help aware of its existence. This involves most of the same promotional tactics employed to initially publicize the group at start-up. These may be supplemented by maintaining the group's inclusion on community bulletin boards and contacting the local media during "National Suicide Prevention Week" (first full week in September) and "National Mental Health Month" (May) about a feature on the group. Participating in local suicide prevention efforts will also raise the group's profile among potential referrers.

#### *How do you prevent burnout as a SOS Group Leader?*

Some of the things that lead to burnout among facilitators are the emotional levels of many meetings, the repetitiveness of discussions with the constant turnover of participants from session to session, the fluctuating attendance (especially "no show nights"), feeling that your efforts are making little or no difference, and doing the job for a long time. Many of these come with the territory, so to speak. They can't be directly changed but they can be offset. A facilitator's anti-burnout measures may include staying in contact with other facilitators as sources of support, solutions, and ideas, attending trainings pertinent to the facilitator role, and doing some community outreach (e.g., speaking at schools or to organizations). At some point it may be appropriate to turn the group over to someone else. This may occur if something changes in your life or you've reach your limit. In regard to the latter, some facilitators are into their second or even third decade of volunteering. However, how long you can stay with the group will vary by individual. Whatever you can do will be appreciated.

#### *How do you determine impact?*

Many times participants will thank you for being there for them but gauging the impact of a support group could take a long time as the benefits may not be readily apparent. SOS does not systematically gather information about those coming to its groups so feedback would be hard to gather by surveys or questionnaires. At past annual conferences SOS occasionally solicited user satisfaction information from those who have participated in groups. However, much of it comes down to understanding that the group makes a difference by reaching as many people as it can. Support is not a numbers game

*"Everyone who is touched by suicide has a contribution to make  
to ... better understand the suicidal process."*

*National Strategy for Suicide Prevention*

## Selected Glossary:

Source: The Suicide Prevention Resource Center ([www.sprc.org/suicide\\_prev\\_basics/glossary.asp](http://www.sprc.org/suicide_prev_basics/glossary.asp)):

**Postvention** – a strategy or approach that is implemented after a crisis or traumatic event has occurred

**Resilience** – capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes

**Suicidal act** – potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries

**Suicidal behavior** – a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide

**Suicidal ideation** – thoughts of engaging in suicide-related behavior

**Suicidality** – a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide

**Suicide attempt** – a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; an attempt may or may not result in injuries

**Suicide attempt survivors** – individuals who have survived a prior suicide attempt

**Suicide survivors** – family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors

## **Some Resources:**

### ***Selected Books***

- I. Bolton (1983) *My Son, My Son: A Guide to Healing After A Suicide In The Family*,  
 S. Chance (1997) *Stronger than Death: When Suicide Touches Your Life*  
 S.K. Goldsmith (2002) *Reducing Suicide: A National Imperative*  
 K. Jamison (1999) *Night Falls Fast: Understanding Suicide*  
 D. Lester (1992) *Why People Kill Themselves*  
 J.T. Maltzberger and M.J Goldblatt (Eds.) (1996) *Essential Papers on Suicide*  
 R. Maris, A. Berman, and M. Silverman (2000) *Comprehensive Textbook of Suicidology*  
 World Health Organization (2000) *Preventing Suicide: How to Start a Survivors Group* (Available at  
[www.who.int/mental\\_health/media/en/61.pdf](http://www.who.int/mental_health/media/en/61.pdf))  
 A. Wroblewski (1991) *Suicide Survivors: A Guide for Those Left Behind*

### ***Selected Articles***

- C. Barlow and H. Morrison (2002) "Survivors of Suicide: Emerging Counseling Strategies" *Journal of Psychosocial Nursing* 40 28-39.  
 J. Jordan (2001) "Is Suicide Bereavement Different? A Reassessment of the Literature" *Suicide and Life-Threatening Behavior* 31 91-101  
 M. Willis (2005) "My Father's Sweater: A Daughter Works to Unravel Her Family's Tangled Past" *Reader's Digest* December, 61-66.  
 C. Van Dongen (1991) "Experiences of Family Members after a Suicide" *Journal of Family Practice* 33(4) 375-380

### ***Selected Web Sites***

- American Association of Suicidology – [www.suicidology.org](http://www.suicidology.org)  
 American Foundation for Suicide Prevention – [www.afsp.org](http://www.afsp.org)  
 National Organization of People of Color Against Suicide – [www.nopcas.com](http://www.nopcas.com)  
 National Strategy for Suicide Prevention – [www.mentalhealth.samhsa.gov/suicideprevention/](http://www.mentalhealth.samhsa.gov/suicideprevention/)  
 National Suicide Prevention Lifeline -- [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
 Suicide Prevention Action Network USA - [www.spanusa.org](http://www.spanusa.org)  
 Suicide Prevention Resource Center - [www.sprc.org](http://www.sprc.org)

### ***Other Related Publications***

- T. Erbacher and T. Salvatore (2009) *Suicide Loss: What Teens Need to Know*  
 T. Salvatore (2006) *What Clergy Need to Know about Suicide Loss*

*This is a partial and non-exhaustive listing of some useful references and resources.  
 SOS welcomes other print and on-line sources that may be of help to support group facilitators.*