Recovering From Suicide Loss

A Self-help Handbook For Those Who Have Lost Someone to Suicide

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Some Books About Suicide Loss

About Survivors of Suicide, Inc. (SOS)

Suicide Loss Support Groups and Meeting Locations

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This booklet was written in loving memory of Paul A. Salvatore 1968-1996

About this Handbook:

Losing someone that you loved or cared for to suicide is the absolute worse loss that anyone can endure. No is prepared for it and only those who have experienced it can know what it involves and how it feels.

This handbook provides some basic information for those who are bereaved by a suicide. It is based on the self-help philosophy of Survivors of Suicide (SOS). It covers topics frequently discussed at SOS support group meetings and concepts from the suicide loss literature.

We have used a question and answer format because the grief journey that a suicide loss sets you on is often driven by a search for answers. This booklet can be read in order of the questions that most interest you.

This booklet is not a substitute for the mutual self-help offered through SOS or other support groups. It is a supplement to such support. It may be a resource for those in settings or communities without such services.

Suicide loss is psychologically and physically traumatic. You should see your health care provider as soon as possible after your loss. This booklet is not meant to replace the advice of qualified health care professionals.

A list of local suicide loss support groups is in the back of this booklet. Contact SOS at 215-545-2242 (phillysos@hotmail.com) with any questions or for information about help in the greater Delaware Valley. You may find resources in other areas in the Human Services Section of the phonebook or by calling a hospital, hospice, or grief counselor in your community.

What do you mean by recovery? What does that have to do with loss?

Recovery means, "to regain," "to get back," or "to restore." It has a lot to do with loss and with you.

Recovery is not "healing" or "getting over it" or "closure." Those terms do not apply to what you have experienced. Suicide loss does not go away and it can not be left behind.

You have not only lost someone dear to you; you have lost a part of yourself. You have lost your normality. You can't get back your loved one or your friend, but you can get back, recover, that sense of things being normal that you felt before your loss.

You can't get back to who you were before your loss. A suicide, to some degree, changes those that it affects. However, you can get to a different normal, a "new normal." You will always feel your loss, but you can move beyond its abnormal consequences. That is what recovery is all about.

Recovery is a process of learning to deal with each day's challenges. It is adding coping skills, and to getting to where you are living with your grief rather than only grieving. Self-help aids recovery.

In regard to suicide loss, a significant lessening of most of the emotions that you are feeling right now marks recovery. The anxiety, the sadness, the depression, the stress, and the pain gradually become manageable and eventually move into the background. Your personal, social, and school or work-related activities become less of a strain and more routine.

Recovery is not passive; it is not just letting things take their course. It is active, something that you have to work at and work towards. It is how you get back your well being and quality of life. Recovery is the goal of your journey through suicide grief.

What do I need to get started on recovery from my loss?

In the short-term, that is in the first weeks and months of your bereavement, you may need any or all of the following: to see that what you feel is normal; to get support; to learn more about suicide; to gain insight into your loss; and to minimize your risk of adverse grief reactions.

You are probably asking yourself, how can what you feel possibly be considered "normal"? It is what happened to you and the one that you lost that is abnormal. Suicide is the most abnormal death; suicide loss is the most abnormal loss. Your emotional response to them is perfectly normal.

Support is a term that you will see a lot of in the pages to follow. This may not be something you've needed with past losses. This is because those were probably comparatively normal deaths. They may have involved old age, natural causes, and may have been expected. You felt the loss but you recovered quickly. The present situation is very different. You may be able to go it alone, but it will be much easier with support.

Suicide is not something that most of us knew anything about before our loss. We knew that it happened, but it couldn't or wouldn't ever happen to us. We know better now. We now need some fundamental knowledge of what suicide is and why it occurs to begin to relate to our loss. We also need knowledge to fend off ignorance about suicide that we may find hurtful.

Probably one of the last words you want to hear right now is risk. Nonetheless suicide loss makes you vulnerable to a wide range of problems. You may experience some or none of them, but you must be aware of them and alert for their signs in yourself and those who share your loss. Depression and severe anxiety reactions can occur. Complicated grief reactions can occur. Worst of all, suicidality can occur.

We will discuss these needs and concerns. We all grieve differently and what we are trying to provide is more of an orientation than a roadmap.

Why do I feel like things are out of control?

You have suffered the greatest and most horrible emotional shock of your life. Suicide is a severe traumatic loss. It is the worst traumatic loss of all. It is sudden. It is unexpected. It may also have been violent.

Suicide loss is the worst loss that anyone can suffer. It not only tears someone that you loved or cared for from your life, it also temporarily shatters you and leaves you forever changed in many ways.

You may feel betrayed, angry, out of control, disoriented, and hurt. You may feel that the one you lost has let you down by leaving you behind to mourn. You may feel anger that that he or she never gave you the chance to help. You may feel guilt or responsibility because you feel that you should have or could have done something to prevent this. You have lost your emotional bearings and you can find nothing in your past experiences to help you cope. Most of all you feel a searing and growing pain in your heart and in your soul.

This is what happens after a suicide. This is what all of us who have been where you are felt at some point. Nobody is ever ready for the aftermath of a suicide. No one can ever be ready. It overwhelms anyone whom it directly affects. Suicide is not "painless." Suicide loss is utterly incomprehensible to anyone who has not lived it.

However, for all but a very few people, what you are feeling will pass in time. How long this takes depends on you, your resilience, and the support that you give to and receive from those who share your grief. You will recover and arrive at a "new normal" in which you come to terms with what has happened. You are taking some of the first steps in this process right now by learning some things that will hopefully help you on you way.

Why did this happen?

This is the $64 Billion question. You may be fixated on it for months or even years. Your need an answer and the search starts even before the tears have left your eyes. Sometimes an answer is found, but more often than not we just reach a general understanding.

Every suicide is different and the circumstances leading up to it are always unique to the individual involved. However, many studies of suicide suggest that it comes about because of intense psychological pain and extreme feelings of hopelessness on the part of the individual taking his or her life.

Psychological pain is something that many of us may have felt to some degree from time to time (and may be feeling right now), but most of us are not familiar with it. It comes about when there is some seemingly irresolvable and totally frustrating situation on our life. This may be a compelling personal, interpersonal, financial loss and/or problem, or something else

Whatever the nature of this loss or problem it is something that we find devastating and something that we cannot resolve. Our coping and problem-solving skills do not suffice and our self-esteem and sense of control over our lives diminish significantly. This brings about hopelessness.

We may never really know the source of the pain that our loved one felt. If we do we may not understand why he or she found it to be so troubling.

Sometimes this psychological pain becomes so severe and unbearable that those enduring it believe that it can only be stopped by death. This is when and how a suicide may happen. The tragedy of suicide is that those we have lost cannot see that their pain was only temporary.

Suicide is also greatly facilitated by drinking or using drugs, which lessen inhibitions and increase impulsiveness. This heightens vulnerability to thoughts of suicide and make things much worst.

Why didn't I know?

This is another question that you may struggle with for a long time and settle for something that may be less than conclusive. It is difficult to determine when someone is at very high risk of suicide. This is partly because most people just don't know the symptoms of depression or the warning signs of extreme hopelessness or suicide.

Many of those suffering depression may make some effort to hide it. This is especially the case with male teenagers and men. Some may not have realized that they were suffering from depression. Others may have feared seeming weak or incurring shame or stigma if they asked for help.

It is also sometimes difficult to tell depression and hopelessness from "the blues" or "being down." Even when we ask we may be told "Oh, I'm just a little sad but I'll be okay."

While there are several distinct warning signs, not all suicidal individuals show any signs of their risk or danger. Even when there is concern it is very hard to accept that someone you know so well is in mortal danger of suicide.

Being life-affirming and non-suicidal makes it hard to recognize the opposite states in others. It is hard for anyone to believe that someone that they care for dearly, someone that we would do anything for may be suicidal.

This may even be the case with those who have made previous suicide attempts. We wanted to believe that our loved one or friend was not at risk and we did. In reality, few of those who attempt suicide go on to complete suicide, but some do, and no one can tell for sure who will.

Why didn't my loved one or friend tell me?

Some individuals may find it very hard to ask for help. This is felt to be part of the reason that more males than females complete suicide. Other suicidal individuals may not want to burden others, in particular those whom they most care for, with their problems or cause them to worry.

Some may feel shame at being suicidal. While suicide bears less stigma than in the past many suicidal individuals stigmatize themselves. Personal and religious beliefs may cause them to keep their feelings to themselves.

Psychological pain is not conducive to open communications. Intense pain of any kind is distracting and consuming. It makes its sufferers self-centered and apart from those around them. Severe pain is alienating. It takes away the sense of control and the sense that anything can be done about it.

Being suicidal is a tremendous psychological burden that may distance those bearing it from those who care about them. Most suicidal individuals do not really want to die. They just want to end their pain and hopelessness. Many of those who complete suicide struggle with this ambivalence to the end.

It is becoming increasing clear that suicide is strongly related to changes in the brain and to chemical imbalances in the body. These factors may override the individual's ability to reach out.

Just because the one we lost didn't or couldn't share their anguish doesn't mean that he or she didn't care for those now suffering because of the loss. Tunnel vision is part of being suicidal.

Why didn't somebody do something?

Suicide is not predictable. To some degree it can be determined that someone may be at risk of completing suicide. However, there is no way to definitively project if or when a particular individual may complete suicide.

Sometimes suicidal individuals do share their intentions with others. Those whom they tell may simply not believe them or may just not know what to do.

Often those around someone who has a history of self-injury or even multiple suicide attempts come to be less concerned over time. They may not realize that risk is growing as the suicidal behavior continues. Consequently they may let down their guard and just stand by.

Perhaps the most tragic situation is when a suicidal individual binds others to secrecy about her or his plans. This often happens among teenagers who remain silent out of loyalty. They may fear losing a friendship and not realize that they may lose a friend.

Even professionals have a hard time seeing that someone's suicidal. Many suicidal individuals had contact with a health care provider shortly before their deaths. However, inadequate depression screenings and suicide risk assessments may cause these conditions to go unrecognized.

Mental health professionals may also be shortsighted about risk. Misplaced concerns about privacy and confidentiality may deter warnings to others.

Overall, suicides happen because suicide prevention efforts are limited where they exist at all. Crisis intervention services are inconsistent and unevenly available. And postvention or aftercare for suicide attempters or those who have experienced other suicidal behavior is almost nonexistent.

What role does mental illness play in suicide?

Mental illness is involved in some way in about 90% of all suicides. This is often misunderstood to mean that mental illness causes suicide or that only those who are mentally ill complete suicide. Neither is true.

Studies linking suicide to mental illness are mostly based on interviews after the suicide. The data for each individual is reviewed and a determination is made if the signs of a diagnosable mental illness are present. Depressive disorders are the most common illnesses found to be associated with suicide.

So what does this mean? Mental illness in general, and depression in particular, are risk factors for suicide *not* causes. Untreated or under-treated mental illness is a serious source of stress and can bring about psychological pain and hopelessness, which may lead to suicide. Also mental illness in combination with some adverse life event may lead to suicide.

Ignorance or misinformation about mental illness causes suicide. The stigma still strongly associated with any type of mental illness keeps many who could be helped from seeking help. Teenagers, adults, and elders alike may unnecessarily increase their risk of suicide by letting what they think others may think of them stand in the way of doing something about their problems.

Those bereaved by a suicide may come to learn how ignorant some people are about mental illness firsthand. It is not unusual for us to be beset by unkind and unfounded comments about our loved one's mental health.

Even in cases where our loved one had a serious mental illness it was not that alone that caused their death and our lost. Mental illness is often chronic and sometimes disabling, but it doesn't have to be fatal.

What about suicide loss and mental illness?

A suicide loss may definitively affect the mental health or wellness of someone without mental illness. It can also have a negative impact on the wellbeing of someone with a mental illness.

Children and adults who have experienced a significant interpersonal loss from any cause have been found to have an increased short-term and long-term vulnerability to mental illness. In adults, major depression, anxiety disorder, and other illnesses have been linked to traumatic loss. When the traumatic loss is caused by suicide the vulnerability is greater.

For some any mental health consequences of the suicide loss may pass as they recover from their loss. For others problems brought on by a suicide loss may persist or even worsen. That is why you must see your health care provider. There's no medication for grief, but treatment is available for some of the problems that may accompany it.

Individuals with a history of mental illness may be very seriously affected by the loss of a relative or friend (or therapist) to suicide. At the very least one's support system may be weakened or totally lost. This plus the emotional turbulence set off by the loss may make an existing illness worse or trigger a relapse in someone who had things under control.

Suicide loss influences attitude and motivation. It is hard to feel positive after a suicide and it's often hard to do anything but grieve. It is especially hard sometimes to care about yourself. Treatment routines and efforts to maintain sobriety may be casualties.

Here's a reality check: The more you let your loss impact your mental wellness the more you are increasing your own exposure to the risk of suicidal thoughts, suicide attempts, and possibly completing suicide. You may feel so bad that you don't care, but suicide is like that bunny in the battery commercial – *it keeps on going*. The one that you lost didn't have any idea of how you would be affected by his/her death. But you know how a suicide feels to those left behind. Take care of yourself.

Does suicide loss follow any pattern?

There doesn't seem to be a standard grieving process that we all go through. It is different for each of us in terms of what or when things happen. However, there seem to be some phases that we each experience. These do not necessarily unfold sequentially but it is easier to discuss them that way.

We all seem to face what can be called the dissonance phase. This is the initial period after the loss when nothing literally fits. It is the time that has been called a "personal holocaust" because of the devastation and the extent of anguish and emotion that sweeps over you. It can be a time of panic, blame, and incrimination.

It may be followed a debilitation phase, a time when you may feel that you are breaking down emotionally and psychologically. The acute pain that you feel along with stress and depression brings this about. You feel disaffection from those who do not share your loss. You may also feel a loss of control over your life, a sense of powerlessness.

These phases may last some months or a year or more. Gradually, and often imperceptibly, you rebound emotionally. The acute nature of your grief subsides. The emotional pain stops worsening and holds at a level you can more readily bear. We call this the desensitization phase. You seem to have more energy and some interests that were set aside may come back. This is a kind of pre-recovery stage. You are still vulnerable to relapses, falling back on more troublesome feelings, but you are moving in the right direction.

We call the last step the differentiation phase because by the time you reach you are truly a different person. You arrive at a changed sense of who you are as a result of your loss. You are not "better" or "stronger" just different. Your personal beliefs and values are affected by what you have experienced. Part of this is the emergence of a "new normal." You can function better and, except for that residual sense of loss that will always be with you, you feel normal again. Different, perhaps renewed, but normal.

What can I do to help myself get through these phases?

During the dissonance phase, the period of total personal and interpersonal disruption and turmoil, you can do two things to get your bearings. The first is to acknowledge you loss as a suicide and avoid denial. Don't adopt a mentality of silence, talk about what happened in so far as you can do so. The second is to seek out support, particularly from among those closest to you. Offer them your support and understanding.

In the debilitation phase, you need to adopt a damage control mode. It is almost impossible to stand against the emotional forces overtaking you. But you should try to control you reactions as much as possible. An example would be to strive to resolve any feelings of anger that came with your loss. Try to neutralize or at least move away from any sense of guilt. Maintain outside support. You can also start to try to learn more about suicide and to answer some of your "why" questions, but this may be difficult.

The desensitization phase is amenable to self-help because your capabilities in this area are coming back. Learning will come easier. You will be less encumbered by the raw emotion that you felt earlier. You can try to develop a personal understanding of the "why" if need be. You can more objectively examine your feelings of guilt, blame, or responsibility. If your self-worth and self-esteem took hits early in your grief now is the time to rebuild.

The differentiation phase centers on coming to terms with you loss and on your acceptance of your personal changes. You develop a perspective on your loss that you can live with. At first you may be more conscious of this accommodation, it may even make you feel uncomfortable. Your task is to see that your arrival at a "new normal" is the return of wellness and normalcy to your life. You are not leaving your loved one or friend behind. You are outgrowing some of the more dysfunctional aspects of your loss.

Can the Internet help with my grieving?

As we have indicated throughout this booklet, coping with suicide loss and working toward recovery require information and support. Both of these can be found on the Internet.

There are thousands of web sites offering information about suicide and suicide loss. Most sites dealing with suicide are intended for general audiences. This means that they may not necessarily approach the topic in a manner that meets your needs as a suicide griever.

Some sites may offer misinformation or reflect perverse personal, political, philosophical, or religious views about suicide or its victims. There are also sites containing graphic images or copies of suicide notes. Obviously sites of this nature will be of little help.

Here are two good places to visit for information about suicide:

American Foundation for the Prevention of Suicide (www.afsp.org)
American Association of Suicidology (www.suicidology.org)

In regard to suicide loss, there are hundreds of personal sites memorializing a lost loved one. There are fewer resource sites about suicide loss. These can be found by searching for "suicide survivor" or "survivors of suicide."

There are also a great many e-mail lists, message boards, and chat rooms for suicide grievers. These offer a readily accessible source of support and mutual self-help. They may be especially useful to those who live in areas without local support groups. Of course, they have their downside too.

Our advice is to proceed with the same degree of caution and commonsense that you would apply to using any such interactive communication resource. Remember that all the participants are as sensitive and vulnerable as you may be, and some may need much more help than can be had on-line.

A comprehensive site for suicide grievers that also offers some moderated on-line support resources is "1000 Deaths" (www.1000deaths.com).

(A listing of books that may be of interest is at the back of this booklet)

What is a self-help support group?

Mutual self-help is the process of helping yourself through helping others. Being a member of a group facilitates this process and provides a sense of belonging, acceptance, and normalization. Support is critical to recovery from suicide loss and groups are an effective way to provide support.

Participation in a support group is empowering and enhances self-esteem and coping ability. Information sharing and self-education are key elements. Many suicide grievers describe support groups as "safe places" where they know they are with others who understand their loss and their feelings.

Most grief support group meetings simply involve participants introducing themselves, saying what they are comfortable in saying about their loss, and sharing thoughts and feelings on grieving. Facilitators may share copies of materials for possible discussion. Some groups may have guest speakers.

Grief support groups may take one of two forms. Some, like those run by SOS, are "open-ended." This means that there is no fixed agenda or timeframe and you can join the group at any time. Other groups may be "closed ended" in structure. This means that they cover a preset agenda over a set period of time, usually 8 to 10 weeks.

Some support groups are peer-led, which means the facilitator is a suicide griever. This is the case with groups sponsored by SOS. Volunteers or professionals who are not suicide grievers may also lead groups. Most grief support group leaders act as enablers rather than chairpersons. They try to assure that each meeting is meaningful and effective for all in attendance.

Individuals or organizations seeking to fill a need in their community start most groups. While there is no firm rule, most group leaders who are suicide grievers have found the role easier to handle after they have had some time to come to terms with their own loss. The best way to start is to attend a group to see what's involved.

What will I need later to help my recovery?

What you do early on in your grief experience is crucial to how well you do later on. However, your work isn't over when you are able to finally put these first seemingly endless weeks and months behind you. You still have a long road to travel before you will feel that you have recovered from your loss. Here we'll briefly look at some tasks that you will get to later.

In order to recover from your loss you must maintain recovery as your goal.

You must be ready to deal with "triggers." These are events or things that may rekindle your grief and possibly cause you to lose ground on your movement towards recovery.

The most common triggers are occasions that may forcibly remind you of your loss. Chief among these is the first and subsequent anniversaries of your loss. The first holidays after the loss and the traditional holidays thereafter may be problematic, especially if they were "family days" or involved family get-togethers.

The best way to handle these occasions is to not go it alone. Draw on the support of those you trust. If this is not an option, avoid the "empty chair syndrome" by going out for dinner rather than eating at home or at a relative's, if that was your custom.

Another trigger may occur when you experience the death of someone close or even a much-loved pet. You may find yourself taking this loss harder than you might have expected. This is because you still have some open grief issues. Don't be reluctant to seek help if you feel that you may need it.

Lastly, it cannot be overstressed that we all grieve in our own way. Likewise we each have our own path to recovery from our loss. Proceed at your own pace. Don't set impractical goals or let others impose unrealistic expectations for you.

What are some things that may complicate my grief?

Situations like these may worsen your loss experience:

- Inability to express your grief – You may be in a setting (e.g., prison, the military) where open grieving is not possible or you may be around others who discourage your grieving or deny your loss. If you can't control your circumstances grieve as you can in private. You have a right to grieve and you must do what you can to exercise this right for your own sake.
- Witnessing a suicide or discovering the body – Being present when your friend or loved one's suicide took place or coming across her or his body may increase there trauma that you experience. You must be concerned about possible Post-traumatic Stress Disorder (PTSD). Try to replace the image in your mind with that of a past pleasant memory or photo.
- Being away from the event or apart from those who share your loss – Not being in the area when the suicide occurred may intensify your sense of responsibility or guilt. Not being able to pay your respects at funeral or memorial services may interfere with your grieving. Being there may not have changed the outcome. Hold a personal memorial if you must.
- Controversial suicide – Most suicides are relatively private and only known to a few people. Others may be "newsworthy" because of the method or public stature of the victim. The media can be insensitive to the bereaved and their questions may be hurtful. It may be best to avoid reporters or ask a trusted friend to speak for you.
- Legal issues – The police, the medical examiner, and the coroner are part of every suicide (which is treated as a homicide until determined to be otherwise). Their investigations and your cooperation are necessary but painful. As with other unwelcome intrusions, you may need to literally grieve around them until they resolve their concerns.
- Problematic relationship – You may have been estranged from your lost friend or loved one at the time of her/his death. You can't change that, but you can try to set it aside and connect with the memory of a time when things were better. Such a "virtual" reconciliation will make it easier for you to get on with recovering from your loss.

These are all complex factors that can't be fully considered here.

Some Books About Suicide Loss

Victoria Alexander (1991) *Words I Never Thought to Speak: Stories of Life in the Wake of Suicide*, Lovington Books

T.W. Barrett (1989) *Life After Suicide: A Survivor's Grief Experience*, Richtman's.

Lois Bloom (1986) *Mourning After Suicide*, The Pilgrim Press, Cleveland, OH

Iris Bolton with Mitchell C. Bolton (1983) *My Son, My Son: A Guide to Healing After A Suicide in the Family*, Bolton Press, Atlanta, GA.

A.C. Cain, (Ed.) (1972) *Survivors of Suicide*, Charles C. Thomas.

Trudy Carlson (1998) *Ben's Story: The Depression, ADHD, and Anxiety Disorder That Caused His Suicide,* Benline Press, Duluth, MN

Trudy Carlson (1995) *The Suicide of My Son: A Story of Childhood Depression*, Benline Press

Sue Chance (1997) *Stronger Than Death: When Suicide Touches your Life*, W. W. Norton & Co., NY

Corinne Chilstrom (1993) *Andrew, You Died Too Soon*, Augsburg Fortress

E.J. Dunne, J.L. McIntosh, and K. Maxim-Dunne (Eds.) (1987) *Suicide and its Aftermath: Understanding and Counseling the Survivors*, Norton & Co., NY.

Carla Fine (1997) *No Time to Say Goodbye: Surviving the Suicide of a Loved One*, Doubleday, NY

Mariette Hartley (1991) *Breaking the Silence*, Mass Market, NY

John H. Hewett (1980) *After Suicide*, Westminster Press, Philadelphia, PA
Christopher Lucas and Henry M. Seiden (1989) *Silent Grief: Living in the Wake of Suicide*, Bantam Books

Rita Robinson (1989) *Survivors of Suicide,* Newcastle Publishing

Ann Smolin and John Guinan (1993) *Healing After the Suicide of a Loved One*, Fireside Book Simon & Schuster, NY

Eleanora "Betsy" Ross (1986) *Life After Suicide - A Ray of Hope for Those Left Behind*, Lynn Publishing, Iowa City, IA

Danielle Steel (1998) *His Bright Light*, The Story of Nick Traina, Delacorte

David C. Treadway (1996) *Dead Reckoning: A Therapist Confronts His Own Grief*, Basic Books, NY

Gloria Vanderbilt (1996) *A Mother's Story*, Random House, NY

Alison Wertheimer (1991) *A Special Scar, The Experiences of People Bereaved by Suicide*, Tavistock/Routledge, New York

Susan Wesner (1999) *Survivors of Suicide; A Support Group Leader's Handbook;* STAR Center Publications, Pittsburgh, PA

Adina Wrobleski (1991) *Suicide Survivors: A Guide for Those Left Behind,* Afterwords Publishing, Minneapolis, MN

Some Books About Grief in General

Kenneth J. Doka (Ed.) (1996) *Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke*, Hospice Foundation of America, Washington, DC

Kenneth J. Doka (Ed.) (1989) *Disenfranchised Grief: Recognizing Hidden Sorrow*, D.C. Heath, Lexington, MA

John W. James & Russell Friedman (1998) *The Grief Recovery Handbook*, Harper Collins

Teresa A Rando (Ed.) (1988) *Grieving: How to go on Living When Someone You Love Dies*, Lexington Books, Lexington, MA

About Survivors of Suicide, Inc:

SOS 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 was available, but they "connected" through contacts with the Self-help Clearing House in Philadelphia started our first support group. Soon after, a second group opened in Chester County. This group, based in West Chester, was continuously active for many years.

In 1987, an SOS group was formed in Delaware County. The group has now been in existence for 15 years. Groups followed in Bucks County, Montgomery County, southern New Jersey, and adjacent areas. SOS offers conferences on suicide loss and a newsletter.

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:

- Providing monthly support group meetings in the tri-state area 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.

SOS, INC. WELCOMES DONATIONS AND ACCEPTS CONTRIBUTIONS IN MEMORY OF LOST LOVED ONES

SOS participates in the E-Scrip program through Safeway and Genuardi's Markets. You may designate SOS for your United Way contribution. Our number is 09449. Our address is: Survivors of Suicide, Inc., 2064 Heather Road, Folcroft, PA 19032

Survivors of Suicide, Inc. (SOS)

Suicide Loss Support Groups and Meeting Locations

(July 1, 2004)

Upper Bucks County, PA:
Survivors of Suicide
328 Park Avenue, Quakertown, Pa 18951
Facilitators: Anne Landis/Craig Landis (215) 536-5143
Meetings Twice Monthly

Lower Bucks County, PA
Survivors of Suicide, Inc.
Frankford Hospital/Bucks Co. Campus, 380 N. Oxford Valley Road, Langhorne, PA
Facilitator: Pat Lufkin (215) 545-2242
4th Tuesday 7:30 PM

Central Bucks County, PA (Doylestown Area)**:**
Survivors of Suicide, Inc.
St. Paul's United Methodist Church, 2131 Palomino Drive, Warrington, PA 18976
Facilitator: Nancy Heacock (215)-545-2242
2nd Tuesday 7:30 PM - 9:00 PM

Chester County, PA:
Survivors of Suicide
A new group is forming at Paoli Hospital.
Call (215) 545-2242 for more information

Delaware County, PA:
Survivors of Suicide, Inc.
Crozer Chester Medical Center, 15th Street & Upland Avenue, Upland, PA
Facilitator: Maryellen Carpenter (215) 545-2242
3rd Tuesday 7:30 PM

Philadelphia County, PA (Center City):
Survivors of Suicide, Inc.
Graduate Hospital, 18th & Lombard Streets, Philadelphia, PA
Facilitator: Ellen Feinstein (215) 545-2242
1st Tuesday 7:30 PM

Lancaster County:

Survivors of Suicide
St. Peters Lutheran Church (717-394-3541 for directions)
Lititz Pike and Delp Road, Lancaster, PA 17601
First and third Thursday of every month 7:30 PM - 9:00 PM
Facilitator: Kevin Eberle

Montgomery County, PA (Main Line-Lower Montco/City Line/Upper Delco):
Survivors of Suicide, Inc.
Bryn Mawr Hospital, Bryn Mawr Avenue & County Line Road, Bryn Mawr, PA
Clothier Auditorium (Across the street from the ambulance entrance to the ER)
1st Wednesday 7:30 PM
Facilitator: Linda Bates-Harnish (215) 545-2242

Philadelphia County, PA (NE Phila.):
Survivors of Suicide, Inc.
Frankford Hospital, Torresdale Campus, Knights & Red Lion Roads, Phila. PA
Facilitators: Gerri Cranford & Rosemarie Manes (215) 545-2242
4th Monday at 7:30 PM; Conference Rm. 1

New Castle County, DE:
First Unitarian Church, 730 Halstead Rd., Sharpley, Wilmington, DE
DE Mental Health Assn. (302) 765-9740
1st, 3rd, & 5th Mondays

Camden County, NJ:
Friends & Families of Suicide
Our Lady of Grace Church, 35 N. White Horse Pike (AKA Rt. 30), Somerdale, NJ
2nd Tuesday of each month @ 7:45 PM.
Facilitators: Tracy Toner (215) 462-9299 and Barbara Gundersen (856) 307-0331
Note: Enter through basement by front steps

Mercer County, NJ:
SOLAS (Sharing Our Loss After Suicide)
St. Francis Medical Center, 601 Hamilton Avenue, St. Clare Hall, Trenton, NJ 08629
Facilitator: Barbara Rubel (732) 422-0400
Meets Monthly

Ocean County, NJ:
Survivors of Suicide
St. Mary's Church, 747 West Bay Avenue, Barnegat, NJ 08005
(609) 698-5531 (Rectory)
Facilitator: Ettye Hurley, RN, CGC
4th Wednesday; 7:00 PM - 9:00 PM

It is suggested that newcomers call before attending the group to make sure that it is meeting as scheduled. This list includes groups that SOS sponsors or works with. SOS is very interested in adding any other support group resources to this list and helping to expand the availability of such resources in the tri-state area. Updated copies of this list are available at our web site.