MCDES Spring Conference Review

Grief After Suicide: Understanding the Consequences and Caring for the Survivors

Reviewed by Mike Erickson

Through the generosity of the Dorothy Geis Scholarship fund, the Metro North Grief Support suicide survivor's facilitator team was privileged to attend the MCDES Spring Conference: Grief After Suicide: Understanding the Consequences and Caring for the Survivors. The Metro North Grief Support group recently celebrated it’s fortieth anniversary. Director Jackie Sandusky works with the social services team in the Anoka School System and has served as the Director for nearly two decades. Donna Mattis, a retired nurse, having spent a career at Children’s Hospital, has been a group facilitator for over fifteen years. I am a semi-retired engineer and have been a facilitator for nearly a decade. Every Monday night we have the honor of sharing stories with people at arguably the most vulnerable time in their life—the weeks and months following the suicide death of a loved one. While we have all gone through facilitator training, participating in this conference provided an invaluable opportunity for us to learn about recent progress in the field from a recognized expert.

Dr. Melinda Moore immediately connected to the audience by sharing the story of her husband’s death by suicide. As she talked about what she experienced through her grief journey, I saw my own journey and felt as if in those few moments we had become kindred souls. Dr Moore shared with us the latest statistics about suicide. In 2017, suicide was the tenth leading cause of death, with 47,173 Americans dying by suicide. I was struck by that number: in 2007, the year my son completed suicide, the CDC reported that 34,598 Americans died by suicide. Certainly the number is heading in the wrong direction. Based on these numbers, it would appear that suicide prevention strategies have been ineffective, yet certainly we have saved lives and but for the efforts in the field, the number would very likely be higher. However, as Dr Moore shared with us it is not easy to draw any conclusions from the trend—the field is “challenged by the lack of conceptual clarity about suicidal behaviors and a corresponding lack of well-defined terminology” making it difficult to accurately count the number of suicides and attempts...

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that happen annually, and of greatest concern to me, “establish suicide and suicide attempts as a major public health problem that warrants investment of resources.” I often wonder how many deaths it will take before legislatures and the public take note and invest in prevention strategies like they have for distracted driving or the opioid epidemic.

Dr. Moore then talked about different approaches to understanding suicide. Dr. Thomas Joiner’s Interpersonal Theory of Suicide struck home with me. I had read Joiner’s books in the first year after my son’s suicide. Then, his three elements included: a perceived sense of burdensomeness, a perceived thwarted sense of belonging, and access to lethal means. In the years since he first introduced the approach, access to lethal means has evolved to acquired capability. And, it just made sense to me that if you remove any of the three elements you can significantly reduce the chance of a completed suicide. Dr. Marsha Linehan’s Dialectical Behavior Theory also resonated with me in that a person’s behavior corresponds with the level of emotions they are experiencing. Behavior happens for a reason—understanding where the emotions come from could be an important step in prevention. As facilitators after the fact, understanding these approaches gives us another tool to use in our groups that may offer some comfort to our constituents.

Dr. Moore dispelled some myths about suicide survivors for me. For the last twelve years, I have believed that for every suicide there are six survivors. The Continuum of Survivorship showed us that the real number is closer to 135—understanding the categories of exposed, affected, bereaved short-term, and bereaved long-term will help us to serve our group as we better understand their specific needs.

I think most relevant to our contribution in the field was the discussion on Post-Traumatic Growth. Picasso once said “Every act of creation is first an act of destruction,” the concept of post-traumatic growth epitomized. We see it all the time in our group when
people show up in the immediate aftermath of the shattering of their assumptive world. In the early weeks most of them can’t see anything good coming out of that event. What we provide is an environment for them to “ruminate” over the elements and share in the rumination of others in the group. We have the great privilege of guiding people through the three conceptual categories: changed sense of oneself, changed sense of relationship with others, and a changed philosophy of life—coming out on the other side, forever changed by the previously unimaginable tragedy they have experienced yet, recognizing as Hamilton Jordan said “the simple joys of life are everywhere and are boundless.”

I want to thank MCDES and the Dorothy Geis Scholarship fund for giving me the opportunity to attend this seminar. I know I will be a better, more effective facilitator because of it.

Dorothy Geis Scholarship Fund

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