Preventing Suicide

How to Start a Survivors' Group

Department of Mental Health and Substance Abuse
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FOREWORD

Suicide is a complex phenomenon that has attracted the attention of philosophers, theologians, physicians, sociologists and artists over the centuries; according to the French philosopher Albert Camus, in *The Myth of Sisyphus*, it is the only serious philosophical problem.

As a serious public health problem it demands our attention, but its prevention and control, unfortunately, are no easy task. State-of-the-art research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from the provision of the best possible conditions for bringing up our children and youth, through the effective treatment of mental disorders, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention programmes.

In 1999 WHO launched SUPRE, its worldwide initiative for the prevention of suicide. This booklet is the revised version of one of a series of resources prepared as part of SUPRE and addressed to specific social and professional groups that are particularly relevant to the prevention of suicide. It represents a link in a long and diversified chain involving a wide range of people and groups, including health professionals, educators, social agencies, governments, legislators, social communicators, law enforcers, families and communities.

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The collaboration of IASP with WHO on its activities related to suicide prevention is greatly appreciated.

The resources are being widely disseminated, in the hope that they will be translated and adapted to local conditions - a prerequisite for their effectiveness. Comments and requests for permission to translate and adapt them will be welcome.

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The importance of self-help support groups

What are self-help support groups?

Self-help support groups are groups made up of people who are directly and personally affected by a particular issue, condition or concern. They are run by their members, which means that those directly affected by the issue are the ones who control the activities and the priorities of their group. While many self-help groups obtain resources and assistance from outside the group, e.g. from professionals or other groups, the members are the decision-makers.

Background

Evidence strongly suggests that self-help support groups are a powerful and constructive means for people to help themselves and each other. It has been shown that the groups can make a significant contribution to positive outcomes for those who participate. There appears to be an increasing tendency for individuals to get together and form such groups.

The drive for the establishment of groups has come from two directions:

- from individuals in response to unmet needs;
- from formal services in an effort to provide additional support and care.

The establishment of self-help support groups became popular after the Second World War. Groups to support bereaved widows in both North America and the United Kingdom were established in the 1960s. Groups specifically for suicide bereavement started in the 1970s in North America and have since been established in various centres throughout the world. In a number of countries established bereavement groups branched out and formed suicide bereavement groups. These include The Compassionate Friends, which was originally established in Coventry, England, and now operates extensively in Canada, Malta, New Zealand, the United Kingdom and the United States of America. Other such groups are CRUSE in England, SPES in Sweden and "Verwaiste Eltern" in Germany. The majority of groups are in English-speaking countries.

Survivor ("survivor" refers to those who are left behind) support groups are gaining recognition as a means of providing for the need of survivors, supported partially in some countries by government funds, but also by religious groups, donations and the participants themselves. The International Association

for Suicide Prevention (IASP) has noted a marked increase in interest in this area over the past decade, and has established a permanent Postvention Taskforce to encourage activity in this field. The driving force behind the formation of many of the groups comes from survivors themselves.

Importance of self-help support groups for those bereaved by suicide

Suicide survivors report more frequent feelings of responsibility for the death, rejection and abandonment than those who have lost someone from natural causes. Feelings of stigmatization, shame and embarrassment set them apart from those who grieve a non-suicidal death. The survivor is more likely to spend a greater proportion of time pondering on the motives of the person who committed suicide, the question "why" being continually present. The universal assumption that parents are responsible for their children's actions can also place parents who have lost a child by suicide in a situation of moral and social dilemma. There are more taboos attached to the discussion of suicide than to any other form of death. Those bereaved by suicide often find it very difficult to admit that the death of their loved one was by suicide, and people often feel uncomfortable talking about the suicide with them. Those bereaved by suicide therefore have less opportunity to talk about their grief than other bereaved people. A support group can assist greatly, as a lack of communication can delay the healing process.

The coming together of those bereaved by suicide can provide the opportunity to be with other people who can really understand, because they have been through the same experience; to gain strength and understanding from the individuals within the group, but also to provide the same to others.

The group can provide:

- a sense of community and support;
- an empathetic environment and give a sense of belonging when the bereaved person feels disassociated from the rest of the world;
- the hope that "normality" can be reached eventually;
- experience in dealing with difficult anniversaries or special occasions;
- opportunities to learn new ways of approaching problems;
- a sounding board to discuss fears and concerns;

- a setting where free expression of grief is acceptable, confidentiality is observed, and compassion and non-judgemental attitudes prevail.

The group may also take on an educational role, providing information on the grief process, on facts relating to suicide, and on the roles of various health professionals. Another major function is that of empowerment - of providing a positive focus enabling the individuals to regain some control over their lives. One of the most devastating aspects of a suicidal or accidental death is that there is invariably much unfinished business and many unanswered questions, and yet the individual can see no way of resolving the situation. The support of a group can often gradually dissolve the feelings of hopelessness and provide the means whereby control can be regained.

Surviving a suicide

The journey of a suicide survivor after the loss of a significant loved one can be excruciatingly painful, devastating and traumatic. Cultural, religious and social taboos surrounding suicide can make this journey all the more difficult. An understanding and knowledge of factors relating to suicide will assist the survivor along the road to recovery and make the experience less bewildering and frightening. Some of the deaths may have been anticipated, but most survivors are faced with a death that is unexpected and often violent. Shock and disbelief are generally the initial reactions to the news. The reality of the loss will gradually penetrate, and a variety of feelings will emerge. These feelings may range from anger to guilt, denial, confusion and rejection.

Past experiences from childhood and adolescence to adulthood have a great impact on how individuals are able to handle loss in the present. Gaining an understanding of the impact that intense grief has on everyday functioning will also assist in working through the complex emotions that accompany the loss.

Physical, behavioural, emotional and social reactions may remain with the individual in varying degrees for periods ranging from months to years. The aim of survivors will be to "survive", initially from day to day, and eventually having learnt to live with the loss and adjusting their lives accordingly. In the early stages of grief this does not seem possible; survivors are consumed with thoughts of their loved ones and with often strong feelings of "wanting to join them". With the loss of a significant loved one the survivors often experience changes in their values or belief systems and emerge from the experience as

different people. Self-help support groups for suicide survivors can assist individuals to grow with the changes that confront them.

Impact of suicide

When an individual takes his or her life the impact of the death has a ripple effect. All who had a relationship to the person will feel a loss. The quality and intensity of that relationship have been identified as key variables influencing bereavement outcomes. Caring for the immediate loved one will often overshadow the needs of other significant loved ones. If families and friends can be brought together to share and support each other during the bereavement the adjustment to the loss of the loved one will be more readily achieved.

People will need to resolve their feelings in their own way, in their own time. What works for one person may not work for another. If survivors can gain an understanding of the differing responses to grief that individuals may experience, they can all be helped by providing supports for each other. A few of the factors influencing the grieving process are the relationship to the deceased, the age and sex of the deceased, the age and sex of the survivor, the trauma of finding the deceased, family traditions, rules, habits and beliefs, expectations of the environment, personality of the bereaved, and the availability of other support systems. It has been estimated by various sources that for each person who dies by suicide, the number of people severely affected by the loss is between five and 10. This can represent a significant number as the circle is extended to include the contacts individuals and families make throughout their lives and within their communities.

Among the many problems that may inhibit families from grieving together are denial of the fact that the death was a suicide; denying feelings of grief, pain, or anger; withdrawal and social isolation from friends and former sources of support; keeping extremely busy, e.g. in work or hobby; addictive behaviours, such as abuse of alcohol or drugs; or projecting blame on members of the family or mental health professionals. The effect of a suicide on various family members should be considered, as it may differ for each. A number of examples may serve to heighten awareness.

The needs of **children** in the family where a suicide occurred may be overlooked. A death in the family can be a very frightening and confusing event for a child. The natural impulse for the parents or carers of the young is to shield

and protect them from the trauma. Children often draw the inappropriate conclusion that they were to blame for the death of the loved one. Parents will need to provide reassurance against the guilt and comfort for the sudden loss. Parental reaction to death has a definite impact on the child's reactions. At the core of helping children to cope and adjust is the need to include children in the grieving process, to be open and honest to the extent that they are able to comprehend, and to explore their knowledge and feelings on death and dying. Children and adolescents need time for their grief, as much as adults do.

Adolescence as a developmental stage in growth brings with it many complex changes. The conflicts of activity and passivity, pleasure and pain, love and hate, despondency and autonomy are shared by the developing adolescent and people who are grieving. Both involve coping with loss and the acceptance of reality. Young people's grief reactions can differ markedly from those of adults and can often be misinterpreted. Behavioural response may be at either end of the scale from adopting a parent-like role not typical of their age group to adopting the opposite stance and "acting out" to gain attention and assurance. Males as portrayed in Western society do not encourage emotional expression. As an outlet for the release of tension adolescent males may exhibit such behaviours as aggression, anger, the testing of authority, and abuse of drugs and alcohol. Adolescent females, in contrast, will often feel a longing for comfort and reassurance. Adolescents will often show resistance to professional intervention, e.g. counselling or self-help support groups. The main source of support for adolescents comes from within the family unit. However, many times they do not follow the ways of bereavement of their parents (e.g., they usually resist graveyards or talking about the deceased) and need to find their own way. While it is acknowledged that adolescents often seek their peers to discuss personal matters, teenagers use family members as confidants significantly more often. Programmes aimed at lessening the risk of post-bereavement disorders need to be considered for implementation with adolescents.

Too often ignored, **siblings** experience the same wide variety of feelings described above, but additional feelings may appear, such as guilt because of a recent quarrel, or there may be special feelings of grief due to the loss of a valued confidant or a third parent figure, or of anxiety as their own future is shaken and looks less secure.

The elderly, whether as grandparents or parents who have lost an adult child, will suffer profoundly. The spouse or partner of the adult child will be the recipient of the first line of condolences. The community may consider, because

the child has grown and been conducting an independent and separate life away from the parents, that the effect is lessened. This is not the case. A child, regardless of age, will always be a part of the parent. To grandparents, the death of a grandchild imposes grief that is two-fold - the acute pain they feel as parents for their son or daughter and also the intense grief for the loss of their grandchild.

Friends and colleagues will also be affected by the death in varying degrees, depending on their relationship to the survivor, to the deceased and to the family as a unit. Pre-existing attitudes will also influence reactions, as they do with all people coming into contact with suicide. Indeed, all who have a close relationship to the deceased may in some manner experience the feelings that are unique to those bereaved by suicide.

Avoidance behaviour is common amongst friends and colleagues, similar to that occurring in the families of the bereaved. Such behaviour may indicate ignorance of the facts relating to suicide or an inability to cope with the feelings that the suicide has raised for that person. Common expressions of such anxieties are "I don't know what to say", "I don't want to make it worse for them", "What if I say the wrong thing?" or "They need the help of a professional, there is nothing I can do".

It is important to remember that suicide does not occur in isolation but within **communities**. Groups and organizations (schools, the workplace, religious groups) within the community that are affected by the loss may benefit from the assistance of professionals such as health care workers or similarly trained persons to provide after-care and guidance. Cultural, religious and social beliefs can also be explored and discussed. This interaction can provide a safety net to identify those who may also be at risk and provide an increased understanding of the circumstances that can relate to a death by suicide. It is important to recognize those who suffer symptoms of clinical depression or any other mental disorder and refer them to mental health professionals.

A healthy community response is one where all sectors are considered in the stage after the event.

Sources of help for the bereaved

Self-help support groups for survivors of suicide have an important role to play in identifying and encouraging members to make full use of assistance and supports available to them.

While grief is a “normal” process for individuals to work their way through, the death of a loved one by suicide is generally not experienced as “normal” although suicide is a commonly recognized cause of death. The needs of people bereaved by suicide are many and can be quite complex. Assistance and support can be forthcoming from a variety of sources. Each source or contact can play an important role in helping the individual experience the normal process of grieving. Seeking help should be seen by the bereaved as a strength, not as a weakness, and as a vital step to the integration of the deceased person into their resumption of a full life. A range or variety of supports and assistance will offer choices to the individual, taking into account individual preferences. If a range of supports are utilized by individuals, this will enable them to express different levels of feeling.

Families are the major source of support and assistance. Families that are able to share their grief have found this to be a major factor in coming to terms with the loss. The sharing of grief will also serve to strengthen the family unit. Factors that may assist families in achieving this are the family's openness to expressing grief, the absence of secrecy surrounding the death, and the understanding of family members’ right to grieve in their own way.

Problems that may inhibit families from grieving together are:

- destructive coping strategies;
- hiding the pain;
- denying the feelings the death has brought;
- avoiding, by pushing the death out of consciousness;
- secrecy and hiding the means of death;
- fleeing - escaping from contacts and the environment that are associated with the person who has taken his or her life;
- working, as a coping strategy, and keeping extremely busy;
- developing addictive behaviours, e.g. eating disorders, abuse of alcohol or drugs;
- blaming family members for the death.

Self-help support groups can assist group members by sharing situations and discussing problem-solving strategies as they arise in the family setting.

Friends and colleagues have a vital role to play in assisting the bereaved. The reactions of those in close contact with the bereaved are important, as their support, care and understanding can provide the opportunity for a safe haven and relief. Some of the vital functions of friends may relate to:

- Listening and hearing, and responding with empathy;
- Knowing when the person needs to talk of his or her loss and serving as a soundingboard for emotional relief;
- Providing the safety-valve for the relief and ventilation of true feelings. Family members will often hide their pain from other family members to protect them;
- Assisting in clarifying concerns relating to other family members;
- Assisting in practical ways with formalities that need to be completed after a death or assistance in maintaining the family home;
- Suggesting professional help when appropriate.

Suicide, like homicide and "accidental" death, is generally perceived as an unnatural death that can be horrific. As suicides occur frequently in the home setting, the survivor may also have found the loved one. The mental anguish and torment, flashbacks and visualizations, as a result of the method chosen to take the person's life, will often stay with the bereaved for extended periods. Professional help is often necessary. Consulting the doctor of the bereaved can be the first step, as referrals can then be made.

Professional assistance can provide the opportunity for objective support. One of the benefits of professional support is that the bereaved will not feel that they have "burdened" the individual. This is a real fear in contacts with family and friends.

Health professionals of different types can provide assistance in a variety of ways. If physical health problems are experienced as a result of the bereavement, the local doctor can provide the care needed. Advice on general health care and symptoms that may be of concern to the bereaved, either in themselves or in family members, can be discussed and addressed.

If there are mental health or other stressful issues relating to the death, professional counsellors may provide relief by helping survivors in integrating the reality of the deceased and seeking meaningful solutions. A counsellor who specializes in or who has an understanding of grief issues can help the bereaved

by providing them with an understanding of the grief process itself, thereby "normalizing" the feelings they are experiencing and reducing the sense of isolation.

Psychologists can work with the bereaved in resolving specific problems that may have arisen since the death, e.g. anxiety or panic attacks. They can support the bereaved in working through their blaming and self-blaming, they can let them vent the aggressive feelings towards others, towards themselves, and finally towards the deceased, which they usually are afraid and ashamed of.

Psychiatrists can also play a vital role, particularly if the bereaved are experiencing prolonged depression in which they feel trapped. If they express the thought that they are "losing their mind", the support of a psychiatrist and medication may be needed for a period. "Normalizing" the use of specialist services is of vital importance.

Social workers can help the bereaved in integrating the social relationship impact of cultural taboos, social supports, professional resources and their personal responses in going through the grieving process.

How to initiate a self-help support group for survivors of suicide

There are no predetermined rules for support groups and no guarantees of success. Cultural diversities will, of course, heavily influence their operation. For some, the idea of sharing the very personal feelings evoked by a suicide will create a major barrier to forming a group. However, if two or three people can find a common basis for sharing their experiences and feelings, the group process can begin. Experience gained by support groups that have functioned for a number of years suggests that some guidelines merit consideration by those contemplating starting a group or those interested in evaluating an existing group. No claim is made that the following points are all-inclusive.

Getting started

Starting a support group can take a lot of time and energy. A number of factors need to be considered by the individual proposing to start the group. It is important to recognize that there are costs involved (to pay for meeting space, refreshments, mailing of notices, honoraria for professionals, etc.), and to deal with the issue early in the operation of the group.

- Who will serve as leader or facilitator of the group? If you are one who has been bereaved will you be a lead facilitator or will you seek professional help to support and conduct the meetings? In the early stages of the group, a member of a helping profession may assist in setting up the group. Or, a survivor of suicide may want to join forces with a mental health professional to start a group where the experience of each can contribute to its success.

- Are you at a stage in your grieving that enables you to put the necessary energy into setting up the group? In the early stages of grief people's energies may be needed just to survive on a day-to-day basis. Those who are further along the grieving process, i.e. one to a few years, will have more strength, will likely have made some progress in regaining a purpose and meaning in life, and probably have "integrated" the loss of their loved one or friend enough to be able to reach out to help others.

- If you are a bereaved person and intend to be closely involved in facilitating the group, do you have the support of family members? They may not wish to be part of the group but if they are supportive of your need to form a group this will assist you.

- Do you feel a commitment to help others in the same situation?

- Do you feel the commitment to sustain a group over a period of time? There is a responsibility that goes with the formation of the group; once started, it will need to be sustained.

- Do you have experience - possibly from a work situation, committees or group work - or organizational skills that can help you to get started? Skills in facilitating and working with groups are also useful. You should not hesitate to talk to professionals in your community about ways of obtaining additional skills or assistance. Once the group has been formed, it will have a pool of skills to draw on to so that its members can take on the roles identified for the group to function effectively.

- What kind of bereavement support groups already exist in your local community? You can check likely sources of information by reading local newspapers, talking to your doctor, asking at the community health centre, scanning community notice boards, or visiting your local library. What has been the history or success of these groups? What have the leaders of these groups learned about what works and what does not?

- Is there an organization in the community that could serve as an umbrella organization for your group (for example, in Australia, a religious group, the Salvation Army, supports survivors' groups). The survivors' group should be seen as non-religious, as a religious emphasis may be a discouragement for some individuals. If you are able to operate under a larger structure it will assist in sustaining the group. If that larger organization also provides access to referral services, that is an additional bonus. An agreement will need to be reached with the umbrella organization that sets out mutually approved aims and objectives for the group.
- Should you consider mental health professional involvement? The professional might be involved, for instance, for consultation and/or supervision, for evaluation of members, to consider suitability of applicants, to determine psychiatric symptoms, to observe for major depressive symptoms, to provide advice and recommendations for hospitalization, to provide referrals for professional care, to determine progress or burnout, or to help in evaluating progress.

Identifying the need

The first step in starting a self-help support group for survivors of suicide is to find out if there are others in the community who are in the same situation and wish to get together to form a group. To make contact with like-minded people and plan an initial meeting, some background work will be necessary. You could begin by preparing a notice/circular that provides the basic details for the intended group.

This notice will need to include:

- The purpose of the meeting, e.g. that a self-help support group is to be formed for friends and families who have been bereaved by suicide.
- The date of the meeting. Sufficient lead-time should be allowed to get the information out to people.
- The time of the meeting. An evening meeting in the first instance will make it easier for people occupied during normal working hours to attend.
- The venue for the meeting. You will need to decide whether to conduct the meeting in a public place or in a private home. Keep in mind that if it

is held in a home the needs of family members will have to be considered and also the safety issues relating to inviting strangers into the home. Often a public place can be seen to be more neutral. The venue should be warm, inviting, comfortable and safe. Facilities for tea-making or other refreshments will also need to be available. The room should not be too large or too small, and should be closable to ensure privacy. Preferably it should be located close to public transport. Public buildings such as local council premises, community centres, schools, libraries or health centres often have suitable rooms that can be hired free of charge or at low cost by community organizations.

- A contact person for further information. It will not be easy for individuals to come to the group, which can take a lot of courage. It may be helpful for them to talk to those who are organizing the meeting prior to the date. Friends of the bereaved may also wish to make contact.

Copies of the notice will then need to be distributed throughout the community to reach people who might be interested.

Helpful distribution channels might include established organizations that may already support the bereaved such as community health and medical centres, doctors' offices, local hospitals, community centres, religious groups or other support groups.

Other methods of contact will be through the media, and might include: local radio stations that make community service announcements, local and regional newspapers, community notice boards, notices in the local post office, and newsletters relating to an associated area, e.g. mental health.

Preparation for the first meeting

Planning for this meeting is likely to include the following steps:

- Draw up a list of all the things that need to be done;
- Book and confirm the meeting place;
- Prepare an agenda for the first meeting - it is essential that the format of the meeting is planned and that those attending know how it is to proceed (suggestions for a possible agenda are listed below);
- Prepare to collect written information, e.g. contact details for people attending;

- Have name tags available;
- Consider whether the support of a professional or an experienced group leader/facilitator may assist in this first meeting.

A possible agenda would be:

1. Welcome from the meeting organizer;
2. Introductions - those attending may be asked to give their first name and say how they found out about the meeting;
3. Explanation of the broad purpose of the group;
4. Topics relating to formation of the group (see points below);
5. Refreshments and socializing.

Topics to be discussed at the first meeting by the group could include the following:

- Is there sufficient interest to form a group? Having attended the initial meeting, do people wish to continue? Two or three people can usefully support each other and share information and ideas. While some survivors prefer a small group of five or fewer so that each person can talk more, others like a larger group where they can "get lost in the crowd".
- The frequency of the meetings: should they be held weekly, every two weeks or monthly? Factors to consider are that if meetings are too frequent the individuals may develop a dependency on the group; on the other hand, if meetings are too infrequent bonds may be difficult to form.
- Length of meetings: how long should the meeting last? Most groups find that meetings of one and a half to two hours work well. If meetings are longer they can be too emotionally draining for the participants. A two-hour frame time allows time for settling in, running the meeting, and socializing with refreshments. The group size may determine the length of the meeting, as larger groups may need longer group meetings. Keep in mind that if the group is large, it may be suitable to split it into subgroups for part of the meeting. The preferable size is 10-12 members. The bigger size brings problems in sharing the group dynamics.

- What are the expectations of those attending? Develop a clear picture of why people are attending. Are the expectations realistic?
- Contact details of those who wish to continue to meet. The group may also wish to exchange contact numbers for support between meetings.
- Date of the next meeting.

Developing the operational framework for the group

The next step is to develop a set of operational guidelines and framework for the group's functioning. Areas that will need to be considered are discussed below:

Aims and objectives

The group will need to establish its aims, in the form of a statement that describes the overall purpose or vision of the group. Similarly, it should fix its objectives - a set of clear statements that define the areas the group wishes to focus on.

Establishing the group's structure

Two broad types of structure may be considered as options:

1. "Open" and ongoing, without a set end-point, meaning that the group members attend and stop attending according to their needs. The group is permanent and meets at certain times throughout the month/year. It becomes known within the community as a resource for individuals to participate in as the need arises.

Advantages. Members are able to join at any point in time. The nature of the group makes the group appear open and available to the community in case of need. Members do not need to have an ongoing commitment, which can be overwhelming in the early stages of grief.

Disadvantages. Maintaining the leadership/facilitation of the group over a longer period may be difficult. Effort is needed to ensure that group leaders are recruited from the members and are prepared to take over and/or share the role. Maintaining the group's size can be difficult at times, since numbers will fluctuate. "Marketing" or spreading the word about the group is a continuing

function. Some survivors may become stuck in the group rather than dealing with their own individual issues and moving forward in their healing process. The contents of the discussions can be repeated when new people come in, and this can be boring or difficult to bear for the "old" members. It can also bring more insecurity, and less trust.

2. "Closed" indicates that membership stays the same throughout a specified period of time, usually over a number of weeks, e.g., 8-10 sessions. Generally members cannot join after the second meeting. A specific programme may be organized for those who attend the initial meeting.

Advantages. The time-limit placed on the group clearly defines the start and finish for members. People get to know and trust each other, as membership is stable, which helps to build strong interpersonal relationships that may extend beyond the group meetings. Members are encouraged to explore their grief issues within the allotted time and then move on in their overall healing process. If there is a program for every session the agenda can be easily followed.

Disadvantages. The structure limits referral of people to the group, because they have to wait until the next group starts. In smaller communities it may be difficult to recruit members who are committed to completing a programme.

Membership and group name

The people for whom the group is intended should be clearly defined. Thus it can be stated that membership is open to adults who have lost a family member or friend by suicide, and that the group is not intended for children under the age of 16 years. Children can be best served by attending specifically designed activities to meet their special needs. It can be stipulated that this is a rule to protect all who attend.

To avoid confusion, the name of the group should clearly indicate its intended membership, i.e. people who have lost someone by suicide, so that it cannot be misinterpreted to include those who have attempted suicide.

Format for meetings

There are two formats for consideration:

1. Structured or formal. This format provides for a set procedure to be followed at each meeting. The group will decide on how the meeting will open, what will happen during the meeting, and how it will close. A structured format need not be restrictive, but can offer members stability because they know what to expect.

   A suggested procedure might be as follows:

(a) Welcome and introductions;

(b) The "code of ethics" determined by the group is read out;

(c) Sharing experiences;

(d) Information or education on prepared topic;

(e) Recapitulation of the content of the meeting and planning for the next meeting;

(f) Refreshments and socializing.

2. Unstructured or informal. This format does not have a set agenda. The group discusses whatever issues arise from the participants' needs. It is recommended that step (b) of the procedure for the structured format be adhered to.

Roles and responsibilities

There will be tasks that need to be carried out before, during and between meetings. Members are expected to share in these tasks.

Shared responsibility gives individuals a sense of ownership of the group and is the core of self-help groups. The skills that members bring to the group will help to determine what role they volunteer to fulfil.

Tasks may include:

- Collecting the key and unlocking the room for the meeting;
- Getting the room ready for the meeting or putting it back the way it was afterwards;
- Looking after name tags for people as they arrive;

- Assisting with the refreshments;
- Facilitating the group (this role may be shared among members). The facilitator may be responsible for opening the meeting; guiding the proceedings according to the programme; keeping members on the subject; reminding members if they exceed their time allocation for input or interrupt other members; and summarizing and clarifying discussions;
- Being responsible for organizing projects as they develop, e.g. information sessions;
- Being involved in making the group known, e.g. through the distribution of printed material;
- Doing research on printed material for the group to use.

Code of ethics

The group collectively will need to establish a "code of ethics" or set of ground rules for the operation of meetings. Setting boundaries will let members know what to expect from the group and help to provide a safe place for people to meet. Within the sanctuary of this group, an individual is asked to express openly, often with complete strangers, feelings and emotions that are rarely known to anyone else, including family members. In open group format, it may be necessary to read out these rules at the start of each session and copies distributed to new members. Some sample ground rules for consideration are listed below:

1. Group members will respect the rights of all to confidentiality. Thoughts, feelings and experiences shared by the group will stay within the group, which means that members have the privacy to share their thoughts and feelings.
2. Group members will recognize that thoughts and feelings are neither right nor wrong. Everybody is entitled to his/her unique feelings.
3. Group members will not be judgemental or critical of other members, and will show tolerance.
4. Group members have the right to share their grief and/or feelings or not. They should make some spoken contribution to the meeting, but if they wish just to "be there" at times the group will accept that.

6. Group members appreciate that each person's grief is unique to that person. Respect and accept what members have in common and what is particular to each individual.

7. Group members respect the right of all the members to have equal time to express themselves and to do so without interruption. All members should listen to each other and be silent when somebody else is speaking.

Identifying and gaining access to resources to support the group

Possible resources can encompass a wide range of areas of information that will be of value to the group or individuals within the group. The process of gathering and compiling the information can be developed into a group project, with members following up on specific areas. The information collected can then be put in a folder for all members to use or placed on computer to build up a database.

Such a project can serve a two-fold purpose. It will increase the awareness of various sectors of the community about the group while bringing it valuable information. It will also involve members of the group in an activity that is practical and of value to them individually.

The following points may serve as a guide to action:

- Gain information on and/or visit local community mental and health organizations, hospitals, emergency clinics.

- Identify "experts" from within the community who can be approached as guest speakers for future meetings. This group could include health or mental health professionals, public health nurses, police or parole officers, members of associated groups, educators, law enforcement persons, undertakers, and financial experts. Topics that could provide useful information for the information/guest speaker portion of meetings might include: education on the facts relating to suicide; the roles of health professionals (including the mental health area); understanding and recognizing depression and mental illness; complementary therapies; understanding grief; gender differences in grieving; and caring for the carers. The group can prepare questions to discuss with the guest speaker, and the meeting could be organized with a few groups together.

As such, one's own support group stays the place for the emotional work.

- In areas with diverse populations, lectures concerning the various cultures and religions encountered in the area can be sought, for instance, from universities, colleges, local ethnic associations, or churches.
- Identify educationalists who could provide training for group members. Possible areas for training could include: understanding grief; facilitating groups; working with groups; communication skills; and caring for the carers.
- Contact libraries and related organizations that will be able to provide the group with book lists and with reference and reading material. The IASP Task Force on Postvention or the Compassionate Friends, for instance, have extensive collections of information sheets on a wide range of topics, covering all facets of grief and loss, with a great deal of material on the effects of death by suicide. Contacting these organizations or similar ones will provide access to a wealth of information.

Gauging success

Many factors come into play in assessing the outcome of a group. Some of the elements in successful functioning are outlined below.

- *It's not just about numbers.* Success in many things in life is measured in numbers. Usually the bigger the number, the bigger the success. In support groups, success is not a matter of the number of people who attend the group, but how much the people have been helped in their journey to becoming "new persons" after the suicide of a loved one. Of course numbers are significant, but what do they really mean? Do they indicate that the number of suicides in the area has increased, or that the group's publicity is working? Are they an indication that the group process being used is really helpful to the people attending and that they may have passed this information on to others? Or do they mean that survivors who have stifled their feelings for years are now finally recognizing that help is available and are taking advantage of this resource. Facilitators may find it useful to ask new members how they

heard about the group and why they are attending. The answers will help the group to serve the needs of the community as well as possible.

- *Tell your story.* One of the primary goals of a support group should be to get each person to tell his or her own story about the suicide loss and the life of the person experienced. Telling the story can be very therapeutic. The more people tell their story, the more likely they are to deal with the many issues that are involved. Of course, no members can be forced to tell their story. The facilitator should encourage each member to tell his or her story and be sure that an adequate opportunity is provided to do so. This suggests that some degree of control over a person who monopolizes the group's time should be exercised by the facilitator.

- *Looking back.* From time to time, it will be helpful to ask members to look back to where they were in their journey when they first came to the group and where they stand now. This will help individuals to realize that they have made progress, although it may be difficult to believe at times. It will also help the facilitator to gain a better sense of the degree to which the group and its process have been successful in helping survivors become "new" and more effective members of society. Such an exercise can be useful in encouraging people to look ahead and think about the future, perhaps for the first time. It is easy to become stuck in grief and think there is no future. Looking back tends to dispel this feeling and prove again that life goes on, even though it may be very difficult at times. An example of how to evaluate one's status and to see the evolution, is to graphically assess the grief and other feelings in simple shapes such as triangles and cakes: survivors can draw where they were and where they are now.

- *Reaching out.* One of the surest signs of success for a support group is the stage when people start reaching out to help others, particularly new members. The realization that your journey as a survivor has now progressed to the point where you have something useful to share with a newly bereaved survivor can be an empowering moment. The sense of having been in the same situation and lived through the same experience can renew a survivor's energy and enthusiasm to keep on and not to give up. Reaching that point is a true measure of success for most survivors.

- *Do not get stuck on the unanswerable questions.* All survivors have unanswerable questions, and they always will. Trying to deal with all such questions during meetings can be disruptive if allowed to go on and

on. Acknowledging such questions as honest and realistic is quite appropriate. Trying to give answers is not. The experience of other survivors suggests that listening to the questions and then setting them aside and moving on can often be helpful.

- *I don't have to know.* All survivors face the difficult and unanswerable question "Why did my loved one commit suicide?" The question is unrelenting and demanding for newly bereaved survivors. This is quite normal. At some point in the grief process, most survivors are able to accept the fact that they will never know the answer. Once they accept this fact, they can set the question aside and move ahead. Therefore, one of the surest signs of a successful group process is when members are able to come to this realization, verbalize it, and show that they are moving on with their lives by the new actions they take. When it happens, all members of the group should find some satisfaction that they have had a part, however small, in making this success possible.

- *No timetable.* Much has been written about the stages of grief and their "normal" or expected sequence. Sometimes survivors feel that they too should be following some type of "normal" grief progression. Experience suggests that survivors each develop their own pattern and timetable for grieving and healing. Expecting a survivor to meet some one else's timetable can lead to unnecessary problems. A veteran of working with survivors has suggested that "trust your own gut feeling" is good advice when trying to find your personal timetable.

- *Give hope, when you can.* People who have been in the group for some time can be a great help, especially to new members, by telling others how long it has been since their loss to suicide. This will give hope that it is possible to survive, even one hour or one day at a time, until those days add up to weeks and months. Looking back to see how far you have come is a good way to reinforce the fact that people can survive and make it through the seemingly endless despair survivors often experience. Similarly, describing successes in your healing process can be very helpful. For example, someone telling how he/she dealt with birthdays, holidays and anniversaries can be a great help to those facing these significant events for the first time. Also, helping others by sharing successes can be a great help in a persons' own recovery process.

- *Tears and hugs.* Survivors tend to cry often. For many people, this is an acceptable thing to do in private but not in public. They need to know

that it is all right to cry in support groups. In fact, it is expected. Shedding tears can be healing and helpful. It shows that the person is really working to resolve difficult issues. It gives other members a chance to reach out to be comforting and helpful to someone else, perhaps for the first time since their loss. Facilitators should anticipate that tears will come by having a supply of tissues available. This will give an advance signal that tears are welcome. Hugs are a possible way of showing unconditional acceptance. They are a sign of acceptance, caring and support - things that all survivors need. As members assemble for a group meeting, it is common for hugs to be shared as a sign of welcoming and caring. Hugs certainly convey a message of openness, a quality survivors will find essential as they move through the grief process. Facilitators will probably find it helpful to set an example that hugs are acceptable by greeting arriving members with a hug, even those they are meeting for the first time.

- *Am I finished?* How does a person know when to stop going to the support group? Trusting your "gut instinct" to know is probably the best advice. This too is a very personal matter. If going to the support group has become routine, it is probably time to think about moving on. If someone finds that the group meetings no longer provide new insights into feeling and emotions, or finds no interest anymore in attending the meetings in order to help new members by sharing experiences, then it is time to move on. Discussion of your feelings with group leader(s) should be helpful. Anyone can always go back for further exploration and support.

- *Moving on.* Perhaps the most certain measure of success is when survivors are able to integrate the support of the group and "move on", coming back only to visit the group. Generally speaking, when survivors do not continue in a group, it means that they feel sufficiently confident about their ability to deal with life with other supports and personal sustenance and no longer need regular attendance at a group to receive support. In fact this is not always the case, as some people choose to leave for other reasons - an unpleasant experience in the group, pressures at home or work, poor health, and so on. The group facilitator will find it useful to speak to members who "move on" and confirm the reasons for this change. If the conversation confirms that the person is truly "moving on" because of self-confidence, the news can be shared with the group as positive evidence that the process does work.

Potential risk factors for the group

There are several principles that are worth remembering when working with groups.

- Groups are made up of individuals, and individuals all have different personalities; this can at times result in conflict. A strong group will learn to welcome healthy tensions and overcome conflict.
- The group process of setting the framework and structure in place and establishing the "code of ethics" will serve as a safety net to use if problems arise.
- Not every bereaved person works out as a good support group member. People with extensive complications in the process of their grief or a history of serious emotional problems may be better suited to individual professional counselling.
- Avoid "burn-out" (the depletion of one's energy and enthusiasm for the task at hand), which is an occupational hazard for support group leaders. Facilitating a group can be an emotionally draining experience. Doing this on a regularly scheduled basis can eventually become wearing and tiring; the facilitator becomes less effective and somewhat disconnected from the group. While this may not be a universal reaction, it has been reported often enough to warrant highlighting as a distinct possibility. Frequently mentioned ways to avoid or deal with "burn-out" include taking time away from the task and involving others as co-workers or relief persons. Involving others as co-workers has the advantages of (a) allowing them a chance to "give something back" for the help they have received from the support group and (b) showing the group that people move on in the recovery process to the point where they can become group leaders.
- All survivors and facilitators are potentially vulnerable at any time to being overwhelmed by the latent emotion of the suicide of a loved one. This is true whether the suicide occurred three weeks or 30 years ago. A wave of emotion can break over a survivor at any time and any place, without warning. Implicit in the advice to survivors to meet their own needs is the idea of avoiding stress, overwork, unduly high expectations and loss of sleep: they should take care of themselves first, so that they are fit enough to take care of others.

The box below gives a sample of some of the risk factors that may arise in groups.

Potential risk	Management strategy
1. Group members are becoming reliant on one or two members to perform the bulk of the tasks for the group. Some of the group members are feeling drained.	1. Dedicate a portion of a meeting to discussing the way the group is functioning. Discuss the issue openly and ask for suggestions as to the best way to share the tasks.
2. A group member tends to dominate the meeting, takes more than a fair share of time and interrupts other speakers.	2. The group rules are read out at the start of every meeting and members are reminded if they overrun their time. Clear time-limits may need to be set.
3. A group member appears to be stuck in his or her grief and is having a negative effect on other group members.	3. The group member needs to be spoken with individually. Discussion should focus on the point that the group does not seem to be meeting the person's needs and that individual counselling and support may be more beneficial. Recommend where the person may seek that help.
4. The group seems not to be progressing or moving forward.	4. Discuss with the members within the group and redefine the group's needs with a view to making necessary changes.
5. All within the group need to be aware that those bereaved by suicide are themselves at risk of taking their lives.	5. Discuss this topic within the group. Reach agreement on how the group and its members can safeguard each other.

Survivor support in countries without support programmes and in rural areas

Support for survivors may be non-existent and suicide may be unrecognized as a national problem in a country. What can survivors of suicide in these countries do to find either support or ways to communicate their grief in an effort to advance their healing? In some countries there may be little that can be done at present. Nevertheless, this resource may be helpful, and individuals may find some of the ideas, experiences and thoughts it contains useful.

Collaborative action by WHO and the nongovernmental organizations it recognized as relevant to suicide prevention (e.g., IASP) is being focused on stimulating national activities in support of survivors and national suicide prevention initiatives.

The following list of ideas refers to types of activities, individual or collective, that may be helpful. As a minimum, such a list can stimulate creative thinking, which in turn could lead to culturally sensitive and appropriate activities in individual countries.

- *Establishment of a resource centre.* A resource centre that could deal with requests for information on survivor support and suicide prevention activities would be a strong first step in reaching out. The Suicide Information and Education Center in Calgary, Alberta, Canada could serve as a possible model.
- *Awareness/education programmes.* A collaborative effort by health and educational professionals to offer awareness/education programmes on suicide prevention and support for survivors could make a significant beginning.
- *Internet.* The establishment of websites and e-mail may be particularly useful for communications in rural and remote areas.
- *Wide distribution of this resource.* Wide distribution and availability of this resource could begin to bring awareness of and support for survivor issues.
- *WHO International Network for Suicide Prevention and Research.* The Mental and Behavioural Disorders team in WHO's Department of Mental Health and Substance Abuse and the International Association for Suicide Prevention have taken the lead in promoting worldwide suicide prevention and support for survivors of suicide. WHO has also

recognized a number of nongovernmental organizations and experts as being relevant to suicide prevention. This network is available to serve in an advisory capacity to help in the establishment of awareness and information programmes, and promote the development of national suicide prevention strategies as called for by WHO.

- *Individual activities.* For a variety of reasons, individual survivors must face alone the challenge of surviving the loss of a loved one to suicide. For some, their personal experience of the suicide of a loved one may be the only exposure to such a tragedy in their lifetime. With this in mind, and in the hope of stimulating the development of meaningful and appropriate ways of coping, the following suggestions are offered:

  - Talking: Communicating one to one with others provides an opportunity to share feelings and emotions. Finding someone to listen may not be easy but approaching family members, friends and members of religious groups may be good starting points.

  - Writing: Written communication has been used by many survivors over a long period of time. Whether by writing a letter to someone, keeping a journal or just filling a page with thoughts and emotions, people find that this form of self-expression can be helpful.

  - Art forms: Practising various art forms has been a means of personal expression for centuries. The medium used may be painting, sewing, pottery, woodworking or music, to name a few. Conveying your feelings, thoughts and emotions through some inanimate object can be helpful.

  - Joining: Although there may not be other survivors nearby to connect with, the possibility may exist of joining some type of group activity. Participating in such activities involves reaching out and beyond the self. This can help to move the healing process forward through a focus on others.

  - Meditation: This individual activity can help the person to focus on problem-solving to move beyond dwelling on the self-pity that survivors are prone to suffer from.

Humans are adept at surviving under the most difficult of situations. The above ideas are offered as starting points for individuals to begin to find their own way out of the tragedy of a loved one's suicide into the new life that is waiting to be discovered.

Survivor support through "involvement therapy" in other activities

Most of this resource is devoted to developing successful self-help support groups for survivors. However, the last 20 years of the 20th century saw the emergence of a wide variety of other group activities created and largely carried out by survivors acting collectively. These activities provide support for survivors through what has come to be called "involvement therapy".

The listing below, which is not exhaustive, gives a short description of some of these activities.

- *Survivor of suicide support teams.* Survivors are trained in making, upon request, home visits to those newly bereaved by suicide. These mutually valuable visits help to launch a successful recovery process for new survivors.
- *Educational/informational programmes.* Trained survivors make presentations to community groups, businesses and civic organizations on the problem of suicide. Warning signs and risk and protective factors are usually described.
- *Youth educational programmes.* Parents who are survivors of a youth suicide often find that presenting educational programmes to school audiences is well received. Care must be exercised to avoid conveying the perception that suicide is an acceptable option.
- *Joining suicide prevention/survivor associations.* A number of these associations offer special programmes and activities for survivors (e.g., telephone and/or e-mail contact, group activities, creative work), in addition to leadership opportunities for activists.
- *Lifekeeper memory quilts.* A survivor from the United States of America, Sandy Martin, conceived the idea of putting pictures of loved ones who have died by suicide on art-quality quilts. This highlights the tragedy of human life lost to suicide as a vivid contrast to the cold statistics normally used to portray suicide.
- *Lifekeeper memory jewellery.* Another specific action in the United States of America features the symbol for infinity, set in gold or silver jewellery, as a reminder to survivors to "keep life forever", even though they have lost a loved one to suicide. The jewellery provides a constant reminder to work for suicide prevention.

- *Advocacy/political will.* Working from UN/WHO strategies for implementing national suicide prevention programmes, the Suicide Prevention Advocacy Network (SPAN) USA has developed an effective programme that uses advocacy letters to build political will.
- *Help/crisis lines.* These telephone lines provide callers with a connection to trained response personnel, often survivors. The service is designed to provide a caring, concerned listener who can direct callers to appropriate services and divert them from self-destructive behaviour.
- *Volunteer services.* Many survivors find volunteering to help mental health non-profit organizations or outreach programmes of (religious) communities to be effective ways of "making a difference".
- *Awareness programmes/activities.* The possibilities here are almost limitless - from highway billboards to community walks, from civic programmes/activities to video programmes, and from clothing with printed messages to local survivor conferences.