Rising *from the* Grief of Suicide

For those left behind, there are ways of coping.

BY TOM SMITH

ON MONDAY, JANUARY 13, 2003, around 1 p.m., in a warehouse apartment on the west side of Tulsa, Oklahoma, our 26-year-old daughter, Karla, shot herself and died instantly.

Shock, loneliness, anger, guilt, shame, depression, and a consuming, debilitating, pervasive loss took possession of my heart, mind, my whole being. It took time, pain, prayer, spiritual direction, and sustained grief work to assimilate her death into my new life, my life without my only daughter.

My wife, Fran, and Karla's twin brother, Kevin, struggled with their grief in their own way. We still miss Karla greatly, but we now also share the legacy of her life.

Why would she kill herself? She and Kevin went to a Catholic grade school and high school; he graduated from St. Louis University.

My wife's career was primarily in Catholic schools, as a teacher and then 10 years as a principal. I worked most of my life in leadership positions in two dioceses; Karla was always deeply spiritual. How did she live in that environment with her adventuresome personality, expansive intellect, overflowing compassion, exceptional beauty, and extraordinary talent—and still die by her own hand?

How? In short, because she had a mental illness, bipolar disorder to be exact. That's what mental illness can do sometimes. The human body is extremely complex, and the brain is the body's most complicated organ. Because it houses millions of cells and multiple chemicals, it is no wonder that sometimes some of those components fail to work properly. A mind out of balance leads to unusual thinking and behavior, which we then label a mental illness. And sometimes mental illness is fatal, just as cancer is sometimes fatal.

Unanswered Questions

Karla died because of her illness, but that answer isn't completely satisfying. She had other options: Why didn't she see them? Could I have prevented it? Could someone else? Why didn't God intervene? Was some part of her death not due to her bipolar disorder but to a choice? Where do you draw the line between illness and personal responsibility?

Her life didn't seem that desperate; she was only three classes away from completing a degree in English literature from Oklahoma State University, with a 4.0 GPA. She loved college and was planning her master's program. Why end it all? Not all questions have answers.

She is not alone. Each year about one mil-

ILLUSTRATION BY MATT MANLEY

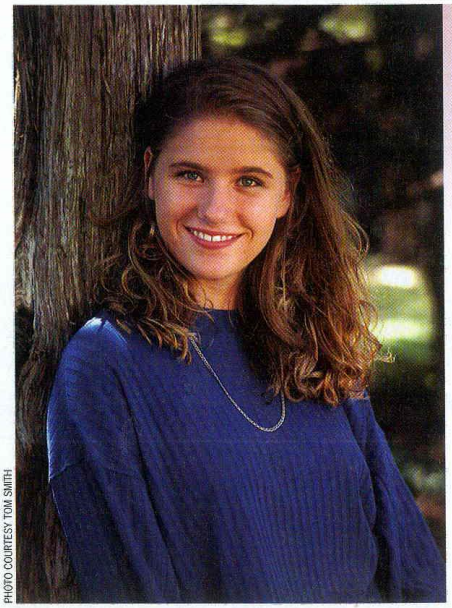

PHOTO COURTESY TOM SMITH

Karla's Serenity Prayer

God, grant me the serenity
To accept the things I cannot change,
Courage to change the things I can,
And wisdom to know the difference.

Show me the trace of You in everyone I know.
Gently turn my gaze back home,
Toward simplicity, grace, and gratitude.
Remind me that we are all imperfect, holy, and free.
Open me to know and embrace Your peace.

(Reinhold Niebuhr wrote the first part.
Karla Smith wrote the second.)

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lion people worldwide die by suicide. In the United States, there are almost 37,000 suicides a year, one every 15 minutes. There are many other deaths that might be suicides but are not officially recorded that way. This means that every 15 minutes, there are at least six to 10 new family members and friends who grieve the loss of a loved one to suicide.

While the numbers are staggering, each suicide is very personal. The stigma that accompanies mental illness and suicide paralyzes many family members so that they don't handle the grief very well. The reaction to a suicide is so wrenching that they quickly try to end the grief by walling it off within themselves. They may stuff it in a remote corner of their psyche, believing that they can't or won't deal with it anymore. For some men, that is the "manly" thing to do: bury it; get on with life.

For other men and women, it's a matter of time and energy: "I don't have the time or energy to deal with my suicide grief right now, so I will get by this as quickly as possible and do what I have to do with the other parts of my life." But suicide grief is unique. Years later, the suicide still haunts survivors periodically, but they still don't want to, or know how to, cope with it. They continue to neglect their slow-burning but ongoing grief.

Other people have experienced the suicide of a parent, sibling, or friend when they were children or adolescents, and they were not old enough or mature enough to process their grief sufficiently. As adults, they may need to go back to that suicide, ask different questions—or even the same ones from an older perspective—and revisit the suicide in order to find greater peace in the present.

Trying to Understand

In an effort to respond to the "why" question more fully, people often guess about the motive for the suicide. Sometimes circumstances suggest the reasons. Karla, for example, had recently come out of a deep depression and hospitalization before she died. We learned later that the period after coming out of depression is extremely dangerous and that suicides go up over 200 percent the week after a patient is released from a treatment center. Had we known that when she was discharged (against our will), we would have been more watchful.

But that answer doesn't satisfy either because we probe further: Why did she shoot herself that Monday afternoon? There were other choices.

So the "why" question remains for all suicide grievers. For many of us, the question includes guilt and shame. What more could we have done to prevent it? The stigma of suicide overflows from the one who died and washes over the grieving family and friends. *Why* remains

a haunting, devastating, unavoidable question.

We know how pervasive this question is because two years after Karla died we formed the Karla Smith Foundation. It seeks to provide hope for a balanced life to the family and friends of anyone with a mental illness or to assist support groups for suicide grievers.

We have met with hundreds of these grievers over the years, and they invariably struggle with the "why" question. So many people grapple with this unique feature of suicide grief that researchers called "suicidologists" specialize in searching for answers to this critical question. While researchers immediately admit that they do not have a definitive answer, they have gained some persuasive insights that can point us in a reasonable and helpful direction.

One such researcher is Thomas Joiner, PhD. His father died by suicide when Joiner was a graduate student in Austin, Texas; Joiner later wrote *Why People Die by Suicide* (Harvard University Press, 2005). At the core of Joiner's theory, as well as that of other researchers, is the belief that at the time of their death, suicidal people are convinced that the only way to end their psychological pain is to end their life. They don't really want to kill themselves; they want to kill the pain and see no way to separate the two.

Joiner's theory is much more involved and includes what he calls failed belongingness ("I am alone") and perceived burdensomeness ("I am a burden"), coupled with an "acquired ability to enact lethal self-injury." In our common language, we say that people who die by suicide are not in their right mind when they kill themselves, and they have access to a means to take their lives.

Where Is God?

Suicide also raises questions from a spiritual perspective. How does suicide affect the relationship with God? Is suicide a mortal sin that condemns the person to hell? Is it a rejection of God? How do grievers process their loss spiritually?

The *Catechism of the Catholic Church*, after it reminds us that "everyone is responsible for his life before God . . ." and that "suicide is contrary to love for the living God" (2280–81), teaches that "grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide" (2282). The *Catechism* goes on to say: "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives" (2283).

The teaching is one thing; losing a loved one to suicide is another. It is consoling, however, to see the teaching reflect our instinctive feelings about the spiritual status of our loved ones. Karla, I believe, is with God. Depression killed her just as cancer killed my sister and brother. Our grieving support-group members echo that belief.

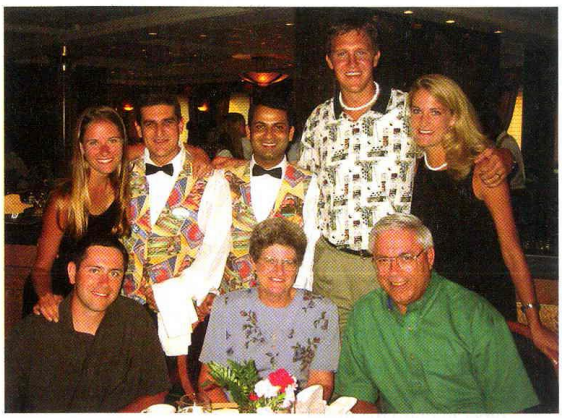

PHOTO COURTESY TOM SMITH

Karla (standing on left) poses with her family—Kevin, Fran, and Tom (seated left to right)—and friends on a cruise in 2002.

Our God is a loving God who understands mental illness much better than we do and who knows the twisted thinking that a brain disorder produces. In other words, I like to think that God doesn't take Karla's suicide personally and welcomes her for the loving person she was—and is.

It is also comforting to connect the findings of the researchers with this teaching of the Catholic Church. The Church recognizes that "grave psychological disturbances" interfere with personal responsibility, and Joiner identifies some of those key psychological factors: "I am alone," "I am a burden," and "I have overcome the innate drive to preserve life."

Karla, in fact, told us three weeks before she died that she was a burden, not worth the chemicals that made up her body, that no one could penetrate her isolation as much as she appreciated our trying. She also attempted suicide previously, so she was capable of pulling the trigger

For more information on suicide, log in to the digital edition of the magazine at **StAnthonyMessenger.org**.

Digital Extras

What to Say and Not to Say

How do you comfort someone who lost a loved one to suicide, someone who is experiencing many of the emotions I mentioned at the beginning of this article?

Here are some things *not* to say:

- "It was God's will."
- "Aren't you over that yet?"
- "You have other children."
- "You need to forget about him or her."
- "You will get over it soon."

Here are some things to say or do:

- Listen without judgment, even if we have to tell the story over and over again. We need to say it out loud often in order to grasp the reality.
- If you say something, make sure you don't assign blame, assume feelings, or rationalize what happened.
- Avoid saying "committed suicide" because "commit" conveys guilt; it is better to say "died by suicide" or "took his/her own life."
- Remember holidays and anniversaries of important dates with a visit, a call, or an e-mail.
- Provide support for a long time—months and years later. Grief about someone's suicide often lasts much longer than other grief.
- Ask directly how the person is feeling. Don't be afraid to mention the suicide because those grieving are thinking about it anyway.
- You don't need many words; a handshake, hug, and "I am still with you" or "I'm sorry" works just fine.

that fateful Monday in 2003. Other people in our support group share similar stories.

Responding in Faith

Our personal spiritual lives are nourished within a faith community, usually a parish. A parish can be extremely valuable in terms of mental illness and suicide. Since both of these widespread realities are still stigmatized in our society, parishes can be leaders in speaking openly and praying often about mental illness and suicide. Well-informed homilies can easily tie into the Scriptures. Prayers of intercession can always include mental illness with physical illnesses. Parishes can host education events, sponsor support groups, distribute literature, and simply encourage parishioners to talk about it.

We encourage people to talk about mental illness with their families, among their friends, and, if applicable, in a small faith group. People can talk about it at work, in the neighborhood, among their extended families. But when people do talk about it, be compassionate, understanding, and informed. Try to see the world through the eyes of depression, bipolar disorder, and anxiety. You don't need to be a psychiatrist to know that these illnesses cloud perceptions, distort reality, confuse thinking, and unhinge emotions.

Talking about mental illness and suicide in a more compassionate, Christian manner starts with thinking about it more compassionately. Jesus shows the way. Erase the stigma of mental illness and suicide, just as we erased the stigma we once had toward cancer.

Statistically, most parishioners do not deal directly with suicide grief, although, once again statistically, there are many more parishioners who have a family member or friend who died by suicide than most people realize.

As those of us who lost a loved one to suicide walk our painful grief journey, it is a relief to know that other people, especially those in our faith community, support us. They cannot know what it is like to experience this grief unless they, too, have experienced it. But they can openly express their love and comfort just as they do when someone dies by cancer or heart disease.

Imitating Jesus' Compassion

There are many people and groups who shy away or run and hide when suicide is mentioned. A faith community can be better than that! Imitating the compassion of Jesus, we can learn to support those among us who struggle with mental illness in the family or who have experienced the suicide of a loved one.

Suicide grief is unique. An understanding and supportive network of friends is a great comfort as we walk that grief journey. A parish community is a crucial resource that can offer that network. A

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