The Stigma of Suicide and How It Affects Survivors' Healing by William Feigelman, Ph.D.

This short article summarizes a longer work completed by two coauthors: Dr. Bernard S. Gorman and Dr. John R. Jordan and myself. Suicidologists have long recognized how society stigmatizes those who complete suicide and their surviving relatives. Historical records show that during the Middle-Ages suicide corpses were regularly mutilated to prevent the unleashing of evil spirits; suicides were denied burial in church cemeteries; afterwards, property of surviving kin was usually confiscated and families excommunicated for failing to pay the heavy tithes expected by the church. Today analysts claim suicide stigma is more subtle with blame being cast upon survivors and survivors being subjected to informal isolation and shunning. Today it is often noted that stigmatization promotes more grief difficulties and mental health problems for survivors. Yet, we were surprised to find no one has verified whether these assertions about stigma are supported with systematic evidence. Do survivors experiencing greater shunning have more grief difficulties than those that do not? How common is stigmatization among survivors? We were also wondrous whether suicide survivors were exposed to more stigma than other survivors of traumatic deaths and natural deaths.

To investigate these questions we collected surveys from a sample of parents losing children to suicide (462 cases) and a contrast population of other parents who lost children to other traumatic deaths (i.e. auto accidents, drug overdoses, homicides, etc.) (58 cases) and natural deaths (24 cases). Our sample was drawn primarily from the ranks of members of suicide survivor support groups and from several chapters of The Compassionate Friends, a general bereavement support group open to parents that experienced untimely deaths of children. We had no way of knowing whether our sample accurately represented the parent survivor population, only that it represents a diverse cross-section of survivors and it comprised the largest ever sample of parent suicide survivors. Most respondents (75%) were between ages 46-65. Most of their decedent children (80%) died between the ages of 16-35. Respondents came from every state and community type, and were widely represented in terms of their socioeconomic and religious differences. In our support group based sample we oversampled women, Whites, and US born respondents.

In addition to asking respondents various standardized diagnostic questions about their grief difficulties, depression and suicidality, we developed a new stigmatization measure. The measure consisted of 22 questions asking respondents whether, following the loss of their child, they experienced harmful (instead of helpful) responses from various kin and non-kin, i.e., from parents, in-laws, children, siblings, other relatives, close and less close friends, neighbors, and coworkers. Respondents were also asked whether relations with any of these groups had become more strained after their loss. Our measure showed internal consistency. In addition, we asked respondents to write onto their survey forms any hurtful things said and done to them following their loss.

Our write-in questions yielded comments from over 80 % of respondents. The overwhelming majority (80 %) of these, gave either negative or mixed negative comments. We grouped these comments into one of seven types: a) *Avoidance* (expressed most frequently) e.g. "People avoided me." "Friends or family didn't call me afterwards." "People who I thought would be at the funeral or send a sympathy card didn't show any acknowledgment of the death." b) *Unhelpful advice* (expressed by a majority) e.g., "It's time to move on," "Are you still going to that support

group, now?" "Haven't you grieved enough already?"; c) *Absence of a caring interest* (expressed by a majority) e.g. "No one asked me how I was feeling afterwards." "If I started talking about my lost child, they quickly changed the subject." "People just passed over my tragedy as if my child never existed." d) *Spiritual* (expressed by a minority) e.g. "God called him;"; "He's in a better place now"; "It was meant to be." Although it might seem these remarks were helpful, respondents did not appear to take them that way. One male physician said, "If there was anything I found exasperating it was people saying "He's with God now; How do they know I'm a Christian?" An office manager said: "I was annoyed with people saying he's with God. I wanted him here with me now, alive." e) *Blaming the victim* (expressed by a minority) e.g. "That was a cowardly thing he did; "He was selfish"; "He was so reckless in how he lived." f) *Blaming the parent* (expressed by a minority) e.g. "Didn't you see it coming?" "Why didn't you get him into therapy?" g) *Other negative* (expressed by a minority) e.g. "Well at least he didn't kill anyone else when he died;." "At least you have other children;" and "He could have shot himself—I guess that would have been worse" (said to a parent whose child died by hanging).

Our numeric measure of stigma showed that 53% of survivors reported harmful responses from one or more family member groups following their loss and 32% reported harmful responses from at least one non-kin group. Also, about half of the respondents (55%) reported one or more strained family relationships after their loss and 47% reported one or more strained social relationships. These frequencies attest to the pervasiveness of stigma.

When we examined whether those gaining higher scores on our stigma scale had more grief difficulties, depression and suicidal thinking (compared to low scorers), our findings confirmed this. This hypothesis was even confirmed as we considered several potential confounders to the relationship: time since the death and the type of death (whether traumatic or not). A somewhat surprising result emerged when we compared stigma exposures among our three survivor subgroups: suicide, other traumatic deaths and natural deaths. The results showed suicide survivors much like other traumatic death survivors in experiencing stigma and both showing more stigma exposures than parents of a child's natural death.

These findings suggest most sudden deaths, whether by suicide, a fatal automobile accident or drug overdoses evoke similar fear-based avoidance responses. People think "it could have happened to us," and often evade survivors in terror and dread, rarely offering comfort to those on the front lines of grief. This puts suicide survivors in much the same boat as other traumatic death survivors in experiencing stigma.

Survivors reading over this may not be very surprised with some of these results. Stigma experiences are part of their every day lives, as they strive to cope with loss and repair themselves. What makes these stigmatizing experiences so irksome to them is the expectations survivors have of gaining support and solace from these close family and social intimates. Who else should be able to readily understand their personal devastating tragedies? Clinicians dealing with survivors may need to help them assess the kinds of supports that survivors may be gaining (or losing) after loss, for some associations may be impeding survivor healing. Survivors too, need to take stock of their supports (and interfering responses) gained from intimates after loss. In some cases it will be necessary to avoid some significant others in the interests of promoting their own mental health. In other cases it may be necessary to impose a moratorium in association with others. And in still other cases, survivors may need to teach their significant others how to be more supportive to them. Future research should concentrate more on stigma, attempting to better understand its dynamics in survivor relationships, in efforts to promote better survivor

mental health and healing.

Readers interested in the longer work from which this article was based will find it in a forthcoming issue of Death Studies, entitled "Stigmatization and Suicide Bereavement," or contact this author for a copy at: feigelw@ncc.edu.