

# After An Attempt: The Emotional Impact of a Suicide Attempt on Families



**Suicide Prevention  
Council**

Education Support Resources

P.O. Box 7193  
Radnor, PA 19087  
Phone: 610-715-0076  
Fax: 610-935-7705  
E-mail: [feelingbluespc@aol.com](mailto:feelingbluespc@aol.com)

## Quick Facts and Information:

### A Few Risk Factors for Suicide:

- A previous attempt
- Family history of suicide
- Loss of job, home, money
- Death or terminal illness of a loved one
- Divorce or loss of major, significant relationship

*See page 13 for more risk factors*

### A Few Warning Signs for Suicide:

- Talking about suicide
- Statements such as, "Soon you won't have to worry about me"
- Suddenly happier and calmer
- Giving away prized possessions

*See page 14 for more risk factors*

### What to do if you suspect someone is suicidal:

Talk to them alone in a private setting;

Ask them if they are thinking of killing themselves or are suicidal;

Ask them if they have a plan.

If the answer is *yes*, take them to the Emergency Room **RIGHT AWAY** and **DON'T** leave them alone.

If the answer is *no*, make an appointment for them to see their therapist, psychiatrist, or doctor as soon as possible, and ask them how you can help them.

Try to get them help as soon as possible. Ask them to make an agreement with you that they will not hurt themselves before they get help, or will come to you if they feel they are in crisis.

*“After my husband’s first suicide attempt he voluntarily received inpatient treatment. I assumed he would not attempt suicide again because he was now educated about and aware of the signs of depression.”*

*Husband, Father, Teacher, Scout Leader,  
Referee and Umpire*

*Age 49 - Death by Suicide*

*Anonymous*

## Coming Home from the Emergency Room

When a family member attempts suicide, it is a traumatic event that affects everybody. A variety of emotions may emerge, all of which are completely normal.

These can include, but are not limited to:

- ◆ Anger at the person who made the attempt
- ◆ Guilt
- ◆ Anxiety and a sense of insecurity
- ◆ Shame
- ◆ Powerlessness, helplessness, a lack of control
- ◆ Betrayal

You may feel some or all of these feelings, or perhaps there are images you can't get out of your mind. Again, all of your feelings are normal.

The anger may be overwhelming; one father said, "I was so angry - I wanted to kill her myself!" Having such feelings is normal. However, reacting with anger will not help them or you in the long run. Try to acknowledge the anger and release it as quickly as possible. Often times just talking about the incident with your spouse, trusted family member or friend, rabbi, priest, etc. will diffuse its intensity. Try to remember the person was in severe emotional pain and distress when they attempted suicide.

You may also be thinking that you should have known, or you should have done something to prevent the attempt. Keep in mind that you are not responsible for the actions of other people. Suicidal people can be very good at keeping secrets and their feelings to themselves. Frequently the family members are the last people to know about your loved one's distress or emotional state. Had you known it was going to

happen, don't you think you would have done anything in your power to stop it? Your loved one may be suffering from depression or another mental illness caused by a chemical imbalance in the brain. Depression is an illness, and people cannot create the illness in someone else.

Perhaps upon leaving the hospital you feel relieved or validated. You could feel relieved that you're not the one to blame, that there is a medical explanation for your loved one's behavior, and that you're not imagining all this. Again, remember whatever you are feeling is normal.

*The National Suicide Prevention Lifeline has a series of practical guides for families and the suicide attempt survivors after an attempt. These can be downloaded directly from their website, [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).*

*Instead of going home to clean the area, if needed, try getting a cleaning service to do it for you instead. Many home owners' insurance policies cover cleaning expenses.*

## *First Time Versus Repeat Attempt*

After the shock and sense of surprise wears off, particularly after a first attempt, you may feel a sense of loss and grief. Your life as you knew it is over, that sense of the idyllic is gone, and you may wonder if life will be good again. You **CAN** go on to lead a happy healthy life even after an attempted suicide.

However, if this is not the first time you may be feeling frustrated and disappointed and fearful. You may be asking yourself, "what am I doing wrong?", "what is it that I'm not getting?", "how can this be happening again?" Mental illness is just that, illness, and you are not to blame. While it is tempting to feel like giving up on the person, remember they are in pain.

Some people will be more prone to repeat attempts, and others won't be. There are successful treatments available for people who struggle with chronic thoughts of suicide and have made multiple suicide attempts. Until we learn more about depression and suicidal behavior, we will continue to struggle to find treatments that work for everyone. Just because one type of therapy or medication didn't work, doesn't mean another type won't work. It may be difficult at times and time-consuming, but the important thing to remember is not to give up hope and to keep trying to get help. Ask a mental health professional about all the different treatment options available for your loved one.

In both instances, the suicide attempt can be a wake up call. While this is a traumatic event, change can be a catalyst for improvement in yourself, your life and your relationships.



©2004stock.xchg/Matthew Bodwen

*Only 10% of the people who attempt suicide will go on to complete and die by suicide. But 80% of the people who die by suicide have made a previous attempt. So while chances are your loved one won't attempt again, he or she is also at an increased risk for dying by suicide. The first six months after a hospitalization are especially critical to the suicide attempt survivor, and the person remains at an elevated risk for the entire first year.*

## Things NOT To Do:

- Let the person, especially adolescents, be in control of their medication upon release from the hospital. Dispense the medication(s) yourself.
- Ignore it and hope things get better.
- Tell everyone this is family business and keep it a shameful secret.
- Focus all your attention on the suicidal child to the exclusion of other children.
- Hover and monitor every action of the loved one, never allowing him or her a minute to themselves.
- Blame the family member who made the attempt.
- Blame yourself.
- Think it will never happen again.
- Try not to make statements such as, "How could you do this to me?," or "What on earth were you thinking?" or "Whatever made you do it? "



*Unknown artist*

## Things To Do:

- Remove all guns from the house and restrict access to lethal means as much as possible.
- Suggest a session with the therapist for the them **and** the family/caretakers *before* leaving the hospital.
- Get individual and family therapy.
- Create scales for 3-5 emotions or thoughts such as loneliness, depression, or suicidal thoughts that can help gauge how he or she is doing and whether or not he or she need your help. (See page 7 for more detail.)
- Family members need to be supported to deal with their own feelings/reactions. Reach out to trusted friends for help and encourage the rest of the family to do the same.
- Ask your mental health professional for information on suicide and mental illness. Learn more about what your loved one is experiencing and possibly how to help.
- Talk about it with trusted friends and/or family members.
- Be gentle with yourself and remember to take care of yourself also.
- Try to make statements such as, "I'm sorry you felt that way and I wish I could have helped you," or "I'm sorry I didn't realize you were in such pain," or "I can't imagine how bad you must have felt," or finally, "I want to help you, tell me what I can do to help you now."

## Back Home

Your loved one is home, now what? You may be wondering if you will be responsible for his or her safety. Some people will want to distance themselves from the loved one and immerse themselves in other projects or work, to try to forget what happened. Other people will want to hover and constantly check on the loved one and not leave the person alone at all. Ultimately it is your loved one's responsibility to keep him or herself safe, but he or she will need your help.

The family and attempt survivor will need to learn to work together to create a reasonable and balanced way of creating a safe and effective plan for recovery. Create an open and honest atmosphere for dialog. Ask them:

- How do you want to be treated?
- How can I check on you?
- How often should I check on you?
- How safe do you feel?
- How depressed are you?
- When do we need to intervene?
- Learn their triggers (or what causes them) to feel upset and suicidal.

The person also needs to learn how to let others know about their distress and to find a trusted family member or friend to talk to when they begin to feel upset. Perhaps you can work up a system much like our homeland security system. If emotions begin to enter that dark yellow to orange stage, he or she needs to let someone know and begin to discuss their feelings.

You can also create a numeric scale: on a scale of 0 to 10, 10 being the most, how upset are you? The family (or

trusted friend) and the attempt survivor need to partner together to develop a plan that works for both of them. The scale would include several factors that may trigger suicidal thoughts such as loneliness, depression, hopelessness, or not feeling connected with friends or family. This will help in overcoming the anxiety, doubt and fear family members often feel upon their loved one's return. There are two important things about this scale. First it allows everyone to monitor the direction of change. Are things getting better or worse? Second, you can ask the person what they need from you at a given level. You can also ask them to do certain things at a given level. For instance, no one wants to talk about every dark thought they have. But you might decide that once the person hits a "6" he or she needs to let someone know that he or she is at a "6".

*Try not to focus only on the act itself. What else was or is going on in the person's life that may have precipitated the attempt?*

- Do they abuse alcohol or drugs?*
- Do they gamble?*

*These are some issues that are often associated with attempts. Support is available for these issues.*

Consider having your loved one make a survival kit or box, where they can put music, pictures, poetry, anything that will help comfort them and represent safety. If the attempt survivor believes it would be helpful, letters and objects to remind them of their value and the negative impact it would have if they killed themselves can be included. Then, whenever they are upset, they can go to the box and begin to focus on the moment and not the fu-

ture.

Also, consider making Hope Cards. These are index cards with two sides. The attempt survivor and a supportive person sit down and write what causes them to feel suicidal on one side of the card and on the other side, they work together to create a list of things that can challenge or change those thoughts. For example, perhaps someone feels suicidal when they believe nobody cares for or loves them. On one side they would write, "Unloved," then on the other side they would list all the people in their life who do love them, such as their parents, spouse, siblings, partner, etc. The cards could be carried at all times and when these feelings arise and the person begins to feel suicidal, he or she can easily pull out the stack of cards, read them, and manage his or her feelings.



© Heidi Bryan, 2001

***A person can't cause someone to try to kill themselves any more than they could cause someone to have heart disease. We are all responsible for our own actions and our own decisions.***

## Risk Factors for Suicide

- \* Diagnosis of depression
- \* Previous suicide attempt
- \* Family history of suicide
- \* Loss of job, home, money
- \* Death or terminal illness of a loved one
- \* Divorce or loss of major, significant relationship
- \* Loss of health, either real or imagined
- \* Someone close to the person has completed suicide
- \* Recent disappointment or rejection
- \* Being expelled from school/fired from job
- \* Sudden loss of freedom/fear of punishment
- \* Victim of assault or bullying

## Warning Signs of Suicide

Talking about suicide

Statements such as, "Soon you won't have to worry about me," "I just want to go to sleep and never wake up," "I just want out"

Sense of worthlessness, hopelessness, or helplessness

Suddenly happier and calmer

Giving away prized possessions

Getting affairs in order, making arrangements

Visiting or calling people one cares about

Preoccupation with death

Loss of interest in things one cares about

## Effects on the Rest of the Family

*Picture your family as a mobile, with each part in careful balance with the other, moving together with the different air flow. Now imagine someone has removed or greatly disturbed one part—all the other parts move in reaction to it. In the same way, a suicide attempt affects the entire family.*

### Spouses

Your spouse is back home and you don't know what to do. You're afraid you might trigger another attempt or make them feel worse by talking about your feelings. You may feel alone, isolated and depressed yourself. The attempt survivor often feels ashamed by what they have done and initially angry that they are alive. This is bigger than the both of you, so you'll need help. Counseling, both individual and marital can help you through this period. If you cannot afford or don't have access to therapy, then try talking to your preacher, rabbi, spiritual leader, or a trusted friend. (See resource section for information on where to find professional help.) Slowly, by sharing your feelings again, rebuilding your trust, working through all the emotions and supporting each other, your marriage can not only remain intact but perhaps even improve. Learning about depression and other mental illnesses can help you to understand your spouse better and realize that you are not to blame.

## Parent

As a parent, we want to believe that we can “fix” everything for our children. We want to believe that it is within our power to protect our children from feeling pain. After your child makes a suicide attempt, you may have feelings that you failed at your job as a parent and that you should have known what your child was thinking and/or planning. However, you can only know what your children want you to know. Now that your child has been discharged from the hospital, the best thing you can do to help your child is to seek help from a mental health professional for your child. They may be very resistant to the idea or try to refuse to go to therapy, but it is very important that you try in every way to convince your child to talk to someone who can help them. Remember that the best predictor of future suicide attempts is a previous attempt, therefore *now* is the best time to intervene in the cycle. It will most likely be very difficult for your child to communicate to you what the causes of his/her pain are that have led them to feel this way, so have patience with them and be open to talking to them when they are ready. Remind them repeatedly that you love them and their suicide attempt hasn't changed the way you feel about them. It is also very important for you, as a parent, to seek help in understanding what has happened to your child and what the consequences will likely be.



©2005stock.xchg/Pete Smith

## Children

Depending on the age of your child/children, more than likely they will believe, at some level, their parent's attempt was their fault and they are to blame for it. If only they did their homework when asked, or maybe if they were "better" or more well-behaved, mommy or daddy wouldn't have had to go the hospital or away. They may withdraw or begin to act out, and not just immediately, but weeks or months from now. They may also have stomach aches and other various physical symptoms. Much like yourself, you need to remind them it wasn't about them, they aren't to blame, and their parent has an illness in their brain instead of their body. Again, family therapy would help them to learn to express their emotions and get a better understanding of the situation.

## Siblings

If there are other children in the family, they are reeling from the suicide attempt also. Siblings often feel strange and uncomfortable around the attempt survivor in the first few days upon release; they no longer know how to act around the loved one or how to treat them. Don't just focus all your attention on the child who made the attempt; your other children will need you too. Talk to them in an age appropriate way but don't go into gory details. Let them know it wasn't their fault, they didn't cause it, and it wasn't even about them, but rather the pain their brother/sister were experiencing at the time of the attempt. Keep reminding them of this until you are satisfied they believe it. Encourage them to express their feelings, remembering they are probably experiencing the same emotions you are also. Finally, they need to learn they can't keep secrets, and if they hear something, or their sibling tells them something, they need to let you

Counseling and therapy, both individual and for the entire family can help you to develop a plan and deal with all the emotions you are experiencing. If you don't know of a therapist or psychiatrist, ask your family doctor for a referral. While it is understandable that people want this type of problem to "just go away", that is not likely to happen by itself.

Not talking about what happened or ignoring the issue altogether often further complicates an already complicated situation and may even increase the risk of a future suicide attempt for your loved one. It becomes the proverbial elephant in the living room, that everyone sees and tiptoes around but nobody talks about it. This has the effect of making him or her feel alienated and separate from everyone. Humor can sometimes help ease the awkwardness and tension of the situation, provided it is in context and not harmful to the person. Someone once said that we're as sick as our secrets, and this applies to families as well as individuals.

***You and your loved ones can get through  
this and feel like a family again!***

Common symptoms following exposure to traumatic events include any of the following:

- ◆ An unusual feeling of being easily startled (e.g., “jumpiness”)
- ◆ Difficulty falling asleep or staying asleep; waking up early
- ◆ Nightmares and/or “flashbacks”
- ◆ Difficulty concentrating or paying attention
- ◆ Carelessness in performing ordinary tasks
- ◆ Outbursts of irritability or anger, sometimes without apparent reason
- ◆ Loss of religious faith and feeling angry at God
- ◆ Family or work conflicts that were not usually experienced before the trauma
- ◆ Unusual bodily fatigue
- ◆ Feelings of emotional numbness (such as being “in a daze,” or having an “*It doesn’t matter*” attitude)
- ◆ Recurrent anxiety over personal safety or the safety of loved ones
- ◆ Feeling especially alone (e.g., having a “*They weren’t there*” or “*They can’t understand*” attitude)
- ◆ An inability to let go of distressing mental images or thoughts
- ◆ Feelings of depression, loss, or sadness
- ◆ Feelings of helplessness, powerlessness, and lack of control
- ◆ Feelings of guilt for not having suffered as much as others
- ◆ Unrelenting self-criticism for things done or not done during the event
- ◆ Anxiety about, and avoidance of, specific reminders of the event

## Resources

### Websites:

American Association of Suicidology,

**[www.suicidology.org](http://www.suicidology.org)**

American Foundation for Suicide Prevention,

**[www.afsp.org](http://www.afsp.org)**

Feeling Blue Suicide Prevention Council,

**[www.feelingblue.org](http://www.feelingblue.org)**

National Alliance on Mental Illness (NAMI), **[www.nami.org](http://www.nami.org)**

National Institute of Mental Health, **[www.nimh.nih.gov](http://www.nimh.nih.gov)**

OASSIS, the Organization for Attempters and Survivors of  
Suicide in Interfaith Services, **[www.oassis.org](http://www.oassis.org)**

Substance Abuse and Mental Health Administration  
(SAMHSA), **[www.samhsa.gov](http://www.samhsa.gov)**

Suicide Anonymous, **[www.suicideanonymous.org](http://www.suicideanonymous.org)**

Suicide Prevention Action Network (SPAN) USA,  
**[www.spanusa.org](http://www.spanusa.org)**

Suicide Prevention Resource Center, **[www.sprc.org](http://www.sprc.org)**

### Books:

**Step Back from the Exit: 45 Reasons to Say No to Suicide**; Arena, Jillayne; Zebulon Press; 1995

**How I Stayed Alive When My Brain Was Trying to Kill Me**; Blaumer, Susan Rose; Harper Collins; 2002

**Children of Jonah, Personal Stories by Survivors of Suicide Attempts**; Clemons, James T., Ph.D., editor; Capital Books, Inc; 2001

**When Nothing Matters Anymore – A Survival Guide for Depressed Teens**; Cobain, Bev, R.N.; Free Spirit Publishing; 1998.

**Will's Choice: A Suicidal Teen, A Desperate Mother, and a Chronicle of Recovery**; Griffith, Gail; Harper Collins; 2005

**Conquering the Beast Within**; Irwin, Cait; Times Books; 1998

**An Unquiet Mind**; Jamison, Kay Redfield; Vintage Books; 1995.

**Ups and Downs: How to Beat the Blues and Teen Depression**; Klebanoff, Susan, PhD and Luborsky, Ellen, PhD; Price Stern Sloan, Inc; 1999.

**The Noonday Demon**; Solomon, Andrew; Touchstone; 2001.

**Seduction of Suicide**; Taylor, Kevin, M.D.; 1stBooks Library; 2002.

**Secrets of Suicide**; Tullis, Ken, M.D.; AuthorHouse; 2007.

Check your local universities that offer graduate training in psychology or psychiatry. They often offer low cost therapy or medication management.

This pamphlet was published as a pilot project. Please either fill out the enclosed card and return to Feeling Blue Suicide Prevention Council, or complete the survey online at [www.feelingblue.org](http://www.feelingblue.org)

Created by:  
Heidi Bryan, BA, Certified QPR Trainer  
With Assistance from:  
Katie Brophy, M.S.  
Amy Cunningham, M.S.  
Robert Schwarz, Psy.D.

**If you need help NOW, call:**

**National Suicide Prevention Lifeline**

1-800-273-TALK

(1-800-273-8255)

TTY: 1-800-799-4TTY

(1-800-799-4889)

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

1-800-SUICIDE

(1-800-784-2433)

