

# REACTIONS TO SUICIDE TRAUMA

## Reactions to suicide related trauma

The suicide of a loved one certainly is traumatic. It is an event of such intensity as to seriously wound a person's sense of themselves, their value and worth, their world view, and their sense of safety in the world.



- Trauma is caused by witnessing disturbing and horrific scenes but can also occur for those not present, when they are told about what happened. The experience of trauma is a reaction to these traumatic events.
- As trauma is different to grief, trauma and grief may be experienced either alternately or at the same time. It is possible that the combination of trauma and grief may intensify the reactions they have in common. Sometimes, the impact of the trauma must be addressed before bereavement can begin to make progress.
- Researchers have examined exposure to suicide as a traumatic event. Studies show that trauma from exposure to suicide can contribute to PTSD. In particular, adults and adolescents are more likely to develop PTSD as a result of exposure to suicide if one or more of the following conditions are true: if they witness the suicide, if they are very connected with the person who dies, or if they have a history of psychiatric illness.
- Studies also show that traumatic grief is more likely to arise after exposure to traumatic death such as suicide. Traumatic grief refers to a syndrome in which individuals experience functional impairment, a decline in physical health, and suicidal ideation. These symptoms occur independently of other conditions such as depression and anxiety.
- The use of self-blame can provide an illusion of control. Survivors of a completed suicide often blame themselves:



- *If I had not been at that location, worn those clothes, behaved in that way, then it wouldn't have happened*
- *If I had only done x, the suicide would not have happened, and if I do x from now on, another suicide is preventable – I just need to manage things differently*
- Self-blame is partly due to an internalization of social attitudes that blame the victim or family, and also due to the effort to gain power over the situation
  - *To imagine I could have done more is more tolerable than total helplessness*

*A person's mind and body may react to trauma over a period of time, perhaps days, weeks, or months. Trauma related to a loved one completing suicide may present itself in a variety of ways. Some of the more common reactions are listed below, but everyone will not likely experience them all. Circle those you have been experiencing.*

### **Behaviors**

- palpitations, trembling or sweating
- easily startled by noises
- breathing difficulties, headaches, or muscle aches
- digestive problems such as nausea, constipation, diarrhea, or a change in eating patterns
- tiredness, fatigue, restlessness
- increased irritability
- increased use of alcohol and/or drugs
- withdrawal or detachment from others, loss of interest in social activities
- lack of motivation
- avoidance of certain places or situations that are reminders of the experience
- sleep problems

### **Thoughts**

- flashbacks or re-experiencing the disturbing event while awake, or in dreams
- pre-occupation with what happened, repetitive thoughts, asking 'why?'
- confused or slowed thinking
- difficulty concentrating or making decisions
- experiencing memory problems
- feeling responsible

### **Emotions**

- increased anxiety, panic attacks
- troubled or distressed when exposed to other disturbing events such as television or in social media
- worry about others



- feelings of abandonment, isolation, powerlessness
- feeling out of control or that life and the world are out of control
- numbness and/or have mood swings
- may experience a variety of emotions, including depression, sadness, guilt, blame, anger, frustration, fear, and irritability

