

SUICIDE IN MODERN IRELAND
NEW DIMENSIONS, NEW RESPONSES

Advocacy & The Aftermath
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“SUICIDE SURVIVORS: BREAKING THE BAD NEWS”

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In the Chair: Ciara O'Connor – Console: Bereaved by Suicide Foundation
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Michael Egan: One of the most difficult tasks that any person will have to perform is advising a relative of the sudden death of their loved one. When the sudden death is by suicide it compounds the difficulty and raises a number of issues concerning the bereaved person's response and our own ability to communicate effectively. These difficulties are often reflected in a number of questions that are provoked by the complexity of emotions that a death by suicide triggers. What can you say that will not cause any further trauma? Is there someone other than me who could do this job? What happens if the person receiving the bad news blames me for the death or gets very angry with me; what do I do then?

Thoughts such as these are quite normal, particularly if it is a person's first time having to communicate bad news to someone. Essentially, it is the manner in which bad news is broken that will determine, in the vast majority of cases, how soon afterwards and how successfully a person will grieve. When breaking bad news being truthful, sensitive, open and supportive are the essential qualities required in supporting the bereaved.

What follows are general guidelines on what to do and say when 'breaking bad news'.

- **Name and address.**

On more than one occasion in the past the wrong family have been informed that a member of the family has died suddenly. It is devastating for all concerned and can take a considerable amount of time before some people recover from the shock. In rural Ireland and indeed in some of our larger towns it is not uncommon to have families bearing the same surname living side by side in the same street or in very close proximity to each other in the country. Situations have arisen where the deceased was misidentified which in turn led to the misinforming of the family.

Time spent establishing the correct identity of the deceased and the next of kin is time well spent. It prevents a lot of embarrassment and trauma afterwards.

- **Accurate information.**

Accurate information refers in the main to the scene of the suicide and all subsequent happenings. For example, relatives will want to know who found the body, the time it was found the name of Garda who arrived at the scene and who pronounced death. They will want to know the present whereabouts of the body and how it got there. Was it taken to the hospital by ambulance or by hearse? This information should be readily available for them. It is very frustrating not to have immediate answers – there is always present the fear that when the information is eventually obtained that the person will not return to the family and inform them.

Not all families will require such detailed information, but for those who do the person breaking the bad news should be well informed regarding the scene and subsequent happenings.

- **Be accompanied.**

For everyone's sake it is always safer to be accompanied when visiting the family with bad news. In the ideal world a man and woman should call to the next of kin. In the event of a woman being on her own in the house then there will be a woman present to comfort and console, likewise if

there is a man on his own there will be a man present. Being accompanied will also permit one person to stay with the bereaved if the other person has, for whatever reason, to leave the house.

- **What do I say?**

Each one of us is aware of our attitudes and emotions towards bad news. These feelings can vary within the family settings. People know by the demeanour of the bearer of bad news what is in store for them, particularly when that person is a Priest or Garda. In a sense it prepares them for the worst.

This is indeed the most difficult part because you cannot determine how "quickly" the person will want to hear the news. How can you be truthful and open and at the same time prevent further pain being caused? We must also avoid building up false hope so therefore we place emphasis on the "news" being bad rather than saying that the person is bad. The best method is to allow the people ask the questions and give them time to comprehend what you are saying. Bad news should never be blurted out as it could have a devastating effect on the bereaved.

The late Dr. Michael Kelleher, Cork, suggested the following method. For the sake of convenience the letter "P" shall stand for the person breaking the bad news while the letter "B" shall stand for the bereaved.

"P" "I am sorry I have very bad news for you"

"B" "What has happened?"

"P" "It is in relation to your son Anton"

"B" "Is he dead?"

"P" "Yes"

Offer your sympathies immediately after breaking the bad news. A number of families who had double tragedies were very conscious of the fact that when the suicide occurred the bearer of the bad news did not sympathise with them, therefore, increasing the stigma and guilt surrounding the death.

- **Denial that death has occurred.**

Practically every person who has bad news relayed to them concerning a sudden death will experience some form or other of denial. It can be expressed in many ways, perhaps, the most common are statement such as "My God this cannot be true" or "Please tell me I am only dreaming." Other emotions such as anger, crying, fainting, withdrawal or even uncontrollable laughter may also be present.

- **Cause of death.**

Explaining the cause of death is every bit as important as breaking the bad news. The word "suicide" or saying, "he took his own life" should not be used. Having established that the death is a suicide, you explain where the body was found and that the Gardai have finished their enquires, have ruled out foul play and it was not an accident. The bereaved are now aware of the situation and gives them the option of using the word suicide whenever they feel able to do so. The earliest time that I am aware of a family member being able to use the word suicide was within forty-eight hours after the event. The longest time was seven years.

- **Denial of method.**

Because of the tragedy surrounding death by suicide, relatives may be of the opinion that the person was murdered. They should be allowed time to tell their side of the story and how they feel. Before sudden death is classified as a suicide, all avenues will have been carefully explored by the Gardai to ensure a simulated suicide has not taken place. In time, relatives will accept that it was suicide; this will help them in their grief and in coming to terms with the tragedy. For some it may not be that easy; they may insist that a murder had taken place, despite all available evidence indicating otherwise.

- **Withdrawal.**

This reaction is recognised when the bereaved person shows no signs of emotion whatsoever but rather appears to be totally unaware of what has taken place. It is also the time when you feel very uncomfortable and useless. Support can be given by staying with the person and being there to comfort them when they come out of this stage of shock.

- **Inappropriate responses.**

Because of the severe shock which they have received and the fact that they are in total denial can often lead to inappropriate statements being made. At 3.30am a father was told of his son's death following a traffic accident. His response came as a surprise when he asked "did you get me out of bed at this unnatural hour just to tell me this?" Others have expressed concern about the weather while others have expressed regret at having to cancel appointments or social outings. Their trauma is greater than words could ever express.

- **Support**

During the various reactions described above, the bereaved are at the same time concerned about informing relatives and friends. How are they going to tell them? How will they announce the death publicly, will it be by way of the printed media or community radio? Who decides on the funeral arrangements and when can we view the body? Are we allowed to bring the body home or has it to be taken to a funeral parlour or the hospital morgue? These are serious concerns and they will need a lot of help in making decisions and arrangements. This can be provided in a practical way by making suggestions but at the same time allowing them make the final decision. Yes, you may bring home the body if you so wish. Funeral arrangements can be made in the same way as they would in any other case. The fact that it was death by suicide does not deprive the next of kin the right to make funeral arrangements that they would prefer.

Support should not end with the funeral. Visits or phone calls by friends and neighbours should continue for a considerable time afterwards. Time limits cannot be placed on grief and it is very consoling for the bereaved to know that their friends remember them.

- **Role of the Gardai.**

Suicide was decriminalised in Ireland in 1993. This being so, why then are the Gardai concerned with a non-criminal act? When death is by suicide (or in any case for which a death certificate is not forthcoming) the Gardai are acting as Coroner's Officers. They will ascertain the facts surrounding the death for the information of the Coroner, information which will be required at a subsequent inquest.

- **Suicide Notes.**

Where a suicide note is found it should be handed to the Gardai. Suicide notes may be of paramount importance to the Gardai in that through expert analysis of the note it will help eliminate the possibility of a simulated suicide or otherwise.

- **Post Mortem.**

The post-mortem is a procedure to establish the cause of death. It involves an internal and external examination of the body. All stages will be carried out in a professional manner. There is no disfigurement of the body, which may be viewed afterwards in the same manner as if no post-mortem had been performed.

Queries relating to post-mortem reports should be made to the Coroner's office.

When death is by suicide a Coroner is obliged to hold an inquest.

- **The Inquest.**

To many people an inquest is looked upon in the same manner as a court of law. There is however a vast difference between the two. A Coroner's Court is not as formal as a civil or criminal court in that its main function is to enquire into who died, where they died, how they died and when they died. The findings in a Coroner's Court are not admissible in any other court. Relatives should be informed of the inquest and what will take place on the day. It can come as a very severe shock to a family to discover that just when they were beginning to function again as a family unit they now have to relive the whole tragedy again at an inquest. The inquest procedure should be explained and if at all possible and the family so desire, they should be shown to the actual location of the inquest.

Conclusion: The main purpose of this paper is to offer general guidelines that will help professionals to provide a caring, supportive service for the bereaved. However, professionals themselves are not immune to the effects of suicide and should therefore give support to each other following the event. Individuals, breaking the news, may be very competent with dealing with the suicide at the time of the death, but may themselves need some level of emotional support in the future. In some instances, it is often sufficient for someone to enquire how a person is, whereas, in other cases professional support may be appropriate. Persons involved in traumatic situations should meet at a scheduled time and place before they return to their respective abodes, where they can comfortably discuss what they have witnessed. Ad hoc debriefing sessions can be very beneficial to everyone while moving on in the knowledge that personal support will help you become more confident in providing a caring and sensitive service to those who are bereaved by suicide.