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There are two words that a funeral director dreads hearing when taking an initial call from a family. One is 'child' and the other 'suicide'. Both come with challenges, practical and emotional.

By Chris Parker - Fellow of the Society of Allied & Independent Funeral Directors

Prior to 1961 death by suicide was an illegal act and those who tried and failed stood the risk of a custodial sentence, whilst those who succeeded would be denied burial in consecrated graves. Suicide was decriminalised in 1961, yet the term 'committed suicide' is still common parlance and goes some way to reinforcing the stigma and shame felt by the families of the deceased person.

Legal Processes

Suicide is, by definition, a sudden death, and is thus one which is automatically referred to HM Coroner, or Procurator Fiscal in Scotland, and subject to an inquest.

Routinely the body will be removed to the nearest mortuary licenced to carry out Coroner's post



mortems, which may well be the local hospital. That moving of the body may be done by the family's own funeral director or, as is common in many areas, by a funeral firm contracted by the local authority. It is a good idea for families to instruct their own funeral director at an early stage, so that he or she can liaise with the Coroner on behalf of the family.

It's important to note that there will be a need for many legal processes to take place:

- An initial action prior to the post mortem will require a member of the family to carry out a formal identification. In some circumstances, however, it may not be possible to visually identify the person and so other factors, such as

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photographs or dental records will be used .

- Once the post mortem examination has been completed the pathologist's report will be sent to the Coroner who will then set a date to open the inquest. The inquest is usually set to open within a week or two and, in its first sitting, will deal with names, addresses, place of death and identification. At this stage it is adjourned with the required certificates issued, one for the funeral director to allow the funeral to take place, and an interim death certificate.
- The full death certificate is only issued following the final hearing, which may be some months away. This can cause the family problems; for example some institutions such as banks and insurance companies may accept the interim certificate, whilst others may demand the final one

Many families find that lengthy delay until the full inquest a particularly difficult time but due to the necessary gathering of reports, evidence and witnesses it is unavoidable.

However, that delay means that in some cases a family are just beginning to come to terms with the death when they are then forced to relive the experience at the final inquest hearing, etc. At this point their reactions may be more intense than at the time of the death as they are no longer in a state of shock, which can serve as a buffer against the waves of emotions.

Guilt and Anger

Families who experience the death of a loved one through suicide will, of course, experience all the usual feelings and emotions common to any bereavement. Death by suicide brings its own set of emotions. Most common is guilt. Families will struggle with not having recognised the signs and feel that they should have known what was going on in the mind of the deceased person. They may feel guilt that they were so tied up in the minutiae of everyday life that they failed to notice a family member struggling. They may also be intensely angry that their loved relative or friend has done this, and this is most usual when the death has occurred in a place where the body can easily be found by a family member, or worse, by their children. Anger is especially evident when the death has occurred by means that render the body 'unviewable', for example on a train line. The anger then extends to 'They didn't even allow me to see

them after death.'

Stigma and Shame

As I said earlier in this piece, there is still stigma attached to suicide and some families feel ashamed. Shamed, not just because a member of their family took these drastic steps, but shame that others may regard them as a poor relative or friend who was unable to support the person they loved at such a critical time.

They may be reluctant to confide that the death was suicide and I have experienced families who have been in the process of arranging a funeral and only shared the fact that the person took their own life right at the end of the interview.

Impact on Children

Where children are left behind, a surviving parent often finds it hard to explain to them why 'Mummy' or 'Daddy' did this. Children may feel, as they often do when marriages break up, that they were somehow responsible. 'Was it because I was naughty?' or 'Didn't Daddy love me anymore?'

Excluding a child from the facts may feel like protecting them, but isn't always the right approach. If a child then discovers the truth about their parent dying by suicide many years after the event it can lead to a lot of memory searching, questioning and a breakdown of trust. Children need clear, honest, age appropriate explanations.

Supporting a family with specialist child bereavement support is often top of my list and organisations like Winston's Wish, or local charities running along similar lines can be an invaluable resource.

In 2017 there were approximately 5,821 registered deaths by suicide in the United Kingdom, equating to an average of 16 suicides per day. It is the single biggest killer of men under the age of 45 in the country. Thankfully mental health is now something which is talked about openly and may help, in some small way, to reduce this unacceptable number.

The Ripple Effect on Mental Health

Whilst considering mental health, it is worth noting the toll that suicides take on those around them. The intense grief of a family can, and does, often impact on the mental health of others. We need, therefore, to be mindful of our own wellbeing. The effects of a death by suicide has been described as a pebble being thrown into water: each of the

concentric circles representing a group of people affected by the death.

The first circle and those impacted most dramatically are, naturally, those closest to the person who died: family, friends, work colleagues and classmates. As a result, the people who interacted regularly with the individual who ended their life will miss the physical presence of that person and typically feel the loss most intimately. The next circle includes those people who are members of an individual's community, such as neighbours, members of a church or other faith community, teachers and other students in a school or service providers who all may also be affected by a suicide. Some of these people may feel the impact in a way that feels similar to those closest to the person who has died. In a situation where the individual has struggled openly with mental health concerns, those who knew of their struggle will feel the pain of the loss – likely wondering if they could have done more, much as the immediate family do. The final circle will be those people who may not have even personally known the individual who died but who can also be impacted. This group may include first responders, funeral directors, health care professionals, clergy and others who provide support to the family, either at the time of death or afterwards.

Ultimately, an entire community can be changed by a suicide. According to a 2016 study in the USA it was estimated that 115 people are exposed to a single suicide, with one in five reporting that this experience had a devastating impact or caused a major-life disruption.

People bereaved by a suicide often get less support because it's hard for them to reach out and because others are unsure how to help. Many people find it hard to speak to a newly bereaved person and this is multiplied several times when that death is by suicide.

It is becoming more and more difficult to obtain counselling. The NHS has long waiting lists, as does Cruse, and for many the alternative is private counselling, which may not be readily affordable. I am thankful that SAIF, my trade association, has put in place access to a free professional counselling service for both our clients and our staff (www.saif.org.uk).

My work as a funeral director for almost forty years has given me a wonderful opportunity to support those people in my community at the worst time in their lives, and I am grateful for that blessing.

Chris Parker

Chris trained as a nurse in the mid sixties. She worked for the local health authority until 1981 when she became a clinical tutor for pre nursing students at a further education college. In 1983, she set up Abbey Funeral Services in Tonbridge with her husband, Jim, when the funeral firm he worked for was sold to a large conglomerate. In 1995 Chris co-founded the Independent Funeral Directors College. Using her knowledge of NVQ training she wrote training courses designed for all levels of funeral staff. This accredited training is available throughout the UK and Chris continues to lead a dedicated team. Despite retiring as MD of Abbey in August 2019, a position now held by her eldest daughter, she continues as Principal of the college.

Chris is involved in voluntary work with both a bereavement support charity which she founded in 2006 and with local dementia action. Chris is a Fellow of the Society of Allied & Independent Funeral Directors, their National President in 2006 and an honorary life member of the British Institute of Funeral Directors. Chris was a 'Woman of the Year' in 2006, and an unsung hero of Kent in 2018. She is married to Jim and has 3 children and 7 grandchildren.

