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Bereavement by Suicide: The Collective Consciousness & Peer-Support

By Alex Robertson

Bereavement by Suicide

It is not the purpose of this article to suggest those bereaved by suicide are more or less likely to be afflicted by acute grief reactions. Rather, it depicts how the dysphoria of grief caused by suicide can augment a sense of shared-consciousness amongst survivors of bereavement by suicide. Finally, it will address how this results in a societal need to provide outlets for affected individuals to meet with similarly afflicted individuals.

Whilst any bereavement can contribute to a major depressive episode, the survivor of suicide is prone to experience debilitating longer-term psychological and physical symptoms. These symptoms include feelings of 'great guilt, anger and pain [alongside physical sensations such as] exhaustion, migraines, colitis, alcoholism, sleep problems, anxieties, crying spells, heart problems and fear of being alone'. For the bereaved individual, the loss can be all-consuming, preventing them from fully engaging in the present, or proceeding with plans for the future. They are in effect 'stuck' in their loss. This inability to process what has happened suggests a diminished sense of future orientation; preventing the individual from being capable of fully comprehending and narrating their experience.

Beyond (Society's) Comprehension

Further impeding an individual's ability to narrate their experience is the stigma of suicide in contemporary UK society. This sense of shame and guilt can be powerful

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enough to render an individual silent by making them feel they are not permitted to discuss the deceased or in turn, the effect of the death upon their consciousness. Although the UK decriminalised suicide in 1961, many communities perceive such death to be intrinsically incompatible with religious beliefs or customs.

Suicide's historical identification as an act of criminality depicts society's perception that ending one's life is an inherently immoral act. The suggestion that those bereaved by suicide feel prevented from entering a dialogue about the deceased is evidenced by Alexandra Pitman (et al.) in: The stigma perceived by people bereaved by suicide and other sudden deaths. Utilising a sample of 3432 respondents composed of individuals aged 18-40 affected by sudden and traumatic deaths, it was determined that 'People bereaved by suicide (n = 614) had higher stigma scores than people bereaved by sudden natural death. […] shame, responsibility and guilt scores were also significantly higher in people bereaved by suicide, whether compared with bereavement by sudden natural death or sudden unnatural death.'

This potential inability to comprehend what has happened, coupled with this societal stigma alludes to a need for the provision of interventions that are capable of accommodating the unique characteristics of bereavement by suicide. To provide support to those bereaved by suicide, it is necessary to offer assistance through a suitable medium where the affected individual is able to discuss their thoughts and emotions without fear of being ostracised or causing offence.

The Collective Consciousness: Durkheim's Social Integration Hypothesis

The existence of a collective consciousness, capable of influencing the emotional wellbeing of subjects in any given society is not new. Emile Durkheim referred to the construct in The Division of Labor in Society (1893) as 'the totality of beliefs and sentiments common to average citizens of the same society forms a determinate system which has its own life'.

For Durkheim, the emotional, moral and legal convictions of a given society are not interpreted to be inanimate doctrine, but rather a sentient force capable of exerting its will on citizens. Durkheim's definition is interesting as it depicts the necessity of adherence to a common set of sentiments/beliefs across a given society. Without shared consciousness, individuals may feel excluded from the society encompassing their lives, and others within this. This goes some way to explaining individuals who are unable or incapable of maintaining shared sentiments could find themselves ostracised by the society and peoples in which they participate. It is perhaps not surprising that those whom do not conform to historically prevalent social norms are at increased risk of suicide. In the UK, education acquisition of wealth and job status (economics), along with marriage and child-rearing are heralded as being especially desirable attainments and indicators of success. Such achievements are seldom attainable to absolutely all of society's participants, a notion that implies certain individuals are at greater risk of suicide. Recent research conducted by Samaritans has emphasised how socio-economic disadvantage can result in increased suicidal behaviour – especially amongst men whom have historically been seen as being responsible for the economic welfare of their family.

Durkheim's Social Integration: Religious Affiliation and Suicidal Behaviour

The significance of religion should not be underestimated when analysing how deterioration of collective consciousness results in increased suicidal behaviour. This is certainly evident from a historical perspective, when many of the (now) independent societal 'sentiments and beliefs' identified by Durkheim were incorporated into the wider, encompassing notion of religion. Few studies have investigated the association between religion and suicide either in terms of Durkheim's social integration hypothesis or the hypothesis of the regulative benefits of religion. The relationship between religion and suicide attempts has received even less attention.

In Religious Affiliation and Suicide Attempt (2004), Dervic implies the decline of religious affiliation can be directly attributed to increases in suicidal behaviour: 'Religiously unaffiliated subjects had significantly more lifetime suicide attempts and more first-degree relatives who committed suicide than subjects who endorsed a religious affiliation. Unaffiliated subjects were younger; less often married, less often had children, and had less contact with family members. Furthermore, subjects with no religious affiliation perceived fewer reasons for living, particularly fewer moral objections to suicide.'

For Dervic, a lack of faith has a causal relationship with suicidal behaviour; those whom do not identify with any specific religion are more likely to end their lives. What is especially interesting in Dervic's research is the suggestion that religion not only creates a sense of integration and societal-belonging (subsequently reducing the risk of suicidal behaviour), but acts as an additional buffer against suicide by imposing a moral barrier against fulfilment of such acts. An individual's religious affiliation seems to not only prevent such thoughts from arising, but also reduces the likeliness of acting on suicidal thoughts due to their incompatibility with a person's spirituality.

It is perhaps not surprising those younger individuals who are less often married and without children are at increased risk of suicide. In the UK, suicide remains the biggest killer of young males – a statistic that could in part be attributed to declining rates of identification with any religious order. It is also perhaps not surprising that

those bereaved by suicide are likely to be older. For someone bereaved by suicide, especially if they identify with a particular religion, the lack of others' understanding and accompanying stigma results in the need to locate a separate (additional), potentially non-religious shared consciousness felt exclusively amongst those who have similar experiences of bereavement in terms of how the death is viewed and interpreted by both the unaffected individual and the wider society they belong to. By facilitating a means for such individuals to come together, it should be possible to navigate around, or even detract from the hold societal stigma can exude on its subjects.

Facing the Future: Support Groups for those Bereaved by Suicide

"I definitely feel better about things, I've got a more positive outlook now, I feel more confident that I can get through this." (Facing the Future participant)

Since 2015 Cruse Bereavement Care, working in partnership with Samariatns has delivered over 75 Facing the Future groups. Each group lasts for six consecutive weeks and is open to a maximum of eight attendees; all having been bereaved by suicide. Each group has a specially trained volunteer from Cruse and Samaritans (respectively) present to facilitate the sessions. Although facilitated, the direction each group takes is the direct result of peer-led interactions and discussions.

By providing a confidential means and physical space that is both within, but separate from wider society, individuals are able to defy any stigma of talking about suicide and in turn, the range of psychological and physical symptoms that manifest in the bereaved individual.

"It is important to talk and to hear from others in a similar situation. It is a comfort to talk to people who really "get it" without having to explain yourself". (Facing the Future participant)

Facing the Future, having been independently evaluated in 2016, continues to make advancements in terms of how it effectively challenges the lingering stigma that affcets both the individual at risk of suicidal behaviour and those bereaved by suicide.

89% of respondents reported feeling emotionally better since attending the sessions

96% of respondents found the group helpful with over two thirds finding the sessions very or extremely helpful because it enabled them to:

- meet people who understood how they felt
- talk in a safe environment
- listen to others
- be part of a group discussion
- feel less isolated

Following intervention, 98% of attendees said they would recommend the service to someone else in their situation. Facing the Future, and indeed many other examples of peer-led group support across the UK continue to challenge the silence perpetuated by a society when it is confronted by a phenomena that threatens the historically-dominant collective consciousness.

About the Author

Alex Robertson

I joined Cruse in November 2016 as the Project Manager for *Facing the Future*: Support Groups for those Bereaved by Suicide. More recently, I have managed *More than Words*: Bereavement Social Groups and *You Behind the Uniform*: Support for Emergency Service Personnel. I additionally served as the interim deputy manager for bereavement support in the immediate weeks following the Grenfell tragedy.

I devoted both my undergraduate and MA degree towards analysis of PTSD in the memoir and testimony of those incarcerated in concentration and prisoner of war camps. Specifically, my work focused on the feasibility in notions of 'full recovery' from trauma induced by genocide and war. My current research centres on representations of trauma, memory, mental and physical health in Holocaust literature. Rather than focusing solely on survivor testimony, I depict how historical and medical narratives can be used to provide insight into the life of the sufferer and their families, both real and envisaged. I am especially interested in contrasting first-hand accounts of illness against 'hybrid' and fictional narratives of affliction to emphasise how perceptions of illness, memory and wellbeing have altered over time.

Suicide remains the leading cause of death amongst young people aged 20-34, with males considerably more likely to end their lives by suicide. Cruse Bereavement Care, working in partnership with Samaritans aims to improve society's care of those bereaved by suicide by offering listening support to any bereaved individual. By offering a narrative addressing some of the reasons why suicide remains so heavily stigmatised in contemporary society, it is hoped more individuals will be feel permitted to not only talk of their experiences, but also seek specialist support, both as individuals and as members of larger groups where negative perceptions and attitudes can be collectively overcome.