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# Five Things Every Funeral Director Should Know About Suicide

Joanne L. Harpel, M.Phil., J.D.  
Professional Suicide Bereavement Advisor

Even as you're called upon to comfort families at their most raw and vulnerable, and even as you pride yourself on anticipating and meeting each family's particular needs, suicide presents a unique set of challenges. It's a subject that's frequently misunderstood, and has a way of bringing intense emotions rushing to the surface.

And even as you're bearing witness to others' intense grief and pain, you still have a job to do. So to help you navigate this tricky territory, here are five things every funeral director should know about suicide.

## ***1. Suicide Is Complicated.***

Suicide is almost always shocking. You hear things like: *"We just never saw it coming."* Or, *"he was the last one you'd expect."* But suicide isn't inexplicable. And it doesn't just come out of nowhere.

It's also not just the result of stress. You hear things like: *"It's because he lost his job."* Or, *it's because her husband left her."* Or, *"it's because he was bullied."* With something as frightening as suicide, it's human nature to look for a straightforward explanation, a way for it all to make sense. But it's really important to remember that the overwhelming number of people who lose their jobs or their marriages or are bullied don't kill themselves. It's simply not a normal reaction even to extremely stressful life circumstances.

Suicide isn't a sign of weakness, or a character flaw, or an easy way out. There's almost always a very complicated mix of things going on, which simply may not be obvious to the outside. Most importantly, there's almost always an underlying vulnerability due to some kind of mental disorder. In fact, we know from the research that more than 90% of people who die by suicide have some kind of mental disorder at the time of their death, most commonly depression, bipolar disorder, schizophrenia, or substance abuse, or some combination. These illnesses often go unrecognized, and even if they're diagnosed, they're often not treated,



or not treated effectively. And even if they're treated, in some people they can be fatal.

It's essential to know that these illnesses can cause excruciating psychological pain and desperate hopelessness. Someone can appear to have everything in the world to be happy about (and to live for), and still be suffering tremendously on the inside. You can have a great job, a good-looking spouse, a nice house, and still have cancer, right? Well, depression is no different. It's an illness. And mental disorders can impair a person's ability to think clearly about their future and their options, and make it hard for them to make good decisions, including about the need to get help. Of course, the vast majority of people who are depressed never become suicidal, but just like people can die of heart disease or cancer, they can die as a consequence of serious mental disorders.

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The author and her brother, Stephen, the night before his wedding, July, 1991. He was the valedictorian of his high school class and an honors graduate of Yale University, who went on to Harvard Law School and then married his college sweetheart. He was so popular, he had eleven groomsmen at his wedding. But at the age of 26 he suddenly developed bipolar disorder, and despite the love of family and friends, and efforts to get him the right treatment, he took his own life less than a year later. Those same eleven young men were pallbearers at his funeral.





## ***2. News Flash: It's better not to say "committed suicide."***

You've probably heard and even said those words a hundred times and never even gave it a second thought. It's what most people say. It's what you typically see in the paper and hear on the news. So what's the big deal?

For someone who's lost a loved one to suicide those words can sting. They can feel negative and judgmental and hurtful. You see, you "commit" things like crimes and sins. But you would never say someone "committed" cancer or a heart attack. So, what should you say instead? Try this: "he died by suicide" or "she took her own life." Or even "he killed himself." It may feel a little awkward at first, but the families you work with will appreciate your sensitivity.

And while we're on the subject of language, think about how many times you've heard about a suicide attempt being "unsuccessful." Sounds pretty awful now, doesn't it? After all, there's really no such thing as a "successful" suicide, is there? Much better to talk about a suicide attempt as being "fatal" or "non-fatal."

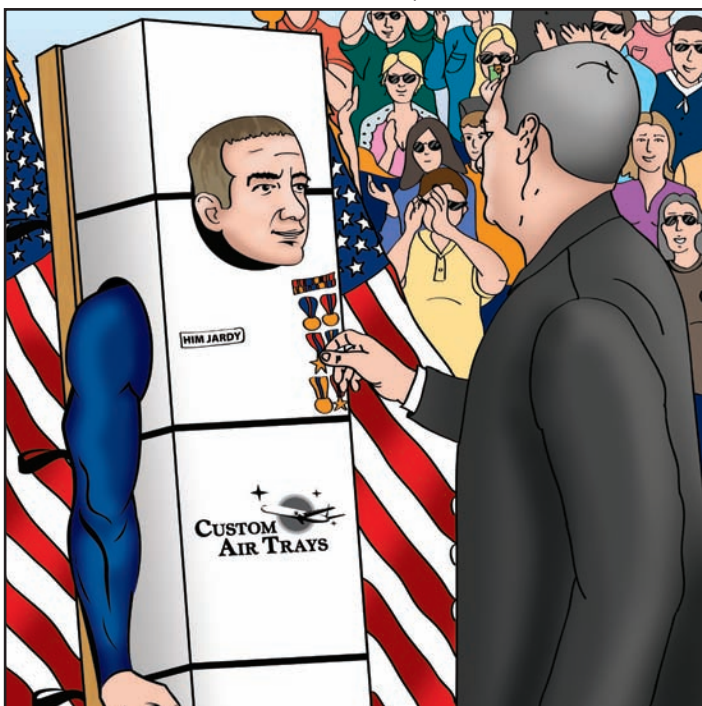
## ***3. The people left behind may be blaming themselves...***

It's not uncommon for grieving loved ones to relive those last days over and over again, asking themselves a thousand questions that all begin the same way: "Why?" They may find themselves scouring their memories, wondering whether there was something, anything, they said (or didn't say) or did (or didn't do) that could have somehow made everything turn out differently. They may feel guilty, responsible, ashamed, as if somehow it's all their fault. Of course it isn't. We've all heard about the "stigma" that unfortunately still persists around suicide. What we don't always remember is that often that stigma comes from the inside.

## ***4. ...Or each other.***

It's also common for those left behind to blame someone else: the wife who left him, the boss who fired her, the mother, the principal, the bully, the therapist. This heartbreaking round robin of anger is all too common after a suicide, and can cause tremendous pain, even driving families apart. It can make it impossible for people to support and care for one another when

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they need each other most. Most of this, thankfully, will soften over time, as people come to have more understanding and perspective. But at the time of the funeral, all of that emotion can be very intense. There may not be much that you can do to soothe those feelings, but just knowing that they may be simmering below the surface can help you be that much more compassionate and supportive.

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### **5. You Can Be a Resource.**

As you fulfill your unique professional role as part trusted confidante, part counselor, part event planner, the more comfortable you are with this subject the better able you'll be to support the families who come to you. First, know that it's a myth that asking someone if they're suicidal can somehow put the idea in their minds. If you're worried about someone, don't be afraid to ask them directly if they're thinking of hurting themselves. And keep this number handy: 1-800-273-TALK. It's the National Suicide Prevention Lifeline.



If you're interested in understanding a little more about the experience of losing a loved one to suicide, *No Time to Say Goodbye: Surviving the Suicide of a Loved One* by Carla Fine, is excellent.

And finally, we know from the research that during the course of our lifetime, more than 85% of us will lose someone we know to suicide. If you've been touched by suicide yourself, this may hit close to home for you. Take good care.



*A world-renowned expert on suicide bereavement and the longtime survivor of her own brother's suicide, Joanne Harpel is a professional suicide bereavement advisor, available to provide personalized guidance and support (either in person or*

*by phone) to individuals and families coping with suicide loss. She can be reached at joanneharpel@icloud.com. For more information, please visit [www.linkedin.com/in/joannelelewerharpel](http://www.linkedin.com/in/joannelelewerharpel).*

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