



**Even the smallest act of caring for another person is like a drop of water, it makes ripples throughout the whole pond**



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# Equipped to Care



## Workshop 3

# Responding to those affected by suicide and self-harm

(offering appropriate intervention or support)

A manual to assist people who care about people – bringing understanding and hope to those struggling with life issues

# HOPE TRUST



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Assisting people with life difficulties through counselling and equipping people with skills to assist others.

Hope Trust is an Irish charity formed in 2006 to offer a Christian response to the high suicide rate in Ireland. All four branches of Hope, namely Hope Counselling, Hope Training, Hope Community and Hope Ministry, aim to assist people struggling with life's problems in a holistic manner.

Since its inception DVDs, literature, booklets, healing retreats, workshops, bereavement support groups and a counselling service have been developed to assist people to address life in a proactive way, particularly when life feels hopeless, overwhelming and lacking in purpose. Hope Trust aims to educate, equip and empower people with life skills and, where appropriate, offer counselling support to those who need it. Our goal is to be supportive in community outreach where meaningful connection is made with those who struggle with isolation and need to be integrated into society.

This manual is the third in the series.

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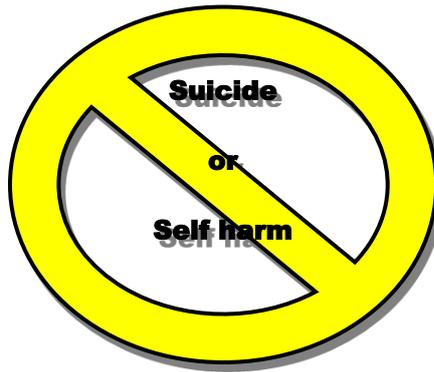
### **Why we are concerned about improving good mental health in Ireland**

In Ireland, there are approximately 500 suicides per annum, although these figures reflect a decrease in 2017 to 392. A conservative estimate suggests that there are at least 60,000 cases of self-harm occurring per year, most of these go unreported. On Christmas Day 2019, there were 800 calls to Childline (The Irish Times Thurs 2<sup>nd</sup> 2020) and Samaritans Ireland responded to nearly 3 million calls between 2014-2019 (<https://www.samaritans.org/samaritans-ireland/>).

1 in 10 of us are believed to be suffering from 'depression', while 1 in 4 of us are estimated to suffer from 'mental health issues' in any given year. Research evaluating the pilot sites for Suicide Crisis Assessment Nurse (SCAN) service found that approximately two thirds of those referred were not 'mentally ill', but were struggling with 'psychosocial issues' such as alcohol and drug overuse, relationship problems, financial crisis amongst others.

Whilst statistics may appear overwhelming and a cause for concern; it does give the church an obvious opportunity to reach out in compassion and provide appropriate support or fellowship to those who struggle with mental health issues.

This workshop was developed to offer some understanding to those who care and would like to be supportive to someone struggling with suicidal ideation.



### **Responding to those affected by suicide or self harm**

The thief comes only in order to steal and kill and destroy. I came that they may have and enjoy **life**, and have it in abundance [to the full, till it overflows]( John 10:10 AMP)

‘For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.’ (Romans 8:38-39 (NIV)

‘It has been sometimes said that because of his psychological constitution, man cannot live without attachment to some object which transcends and survives him, and that the reason for this necessity is a need we must have not to perish entirely. Life is said to be intolerable unless some reason for existing is involved, some purpose justifying life’s trials’. (Emile Durkheim)

### **Suicide**

‘No man is an island’; belonging within a particular group, whatever the context, is a human need. God stated that in Genesis 2:18 when He says that it was not good that man should be alone, prior to the creation of Eve. Belonging generates a sense of cohesion and purpose and when a group shifts or fragments the people within it can become disorientated, or isolated, and their sense of purpose depreciates. This can become a breeding ground for negativity and fragmented and depressive thought processes. If a human life has value, and God has created us all with destiny

and purpose, then suicide is a human tragedy. It is tragic when individuals either lose or do not experience connection, lack purpose for existence or become convinced that escape in death would be superior to life as they know it.

Early research into suicide was undertaken by Emile Durkheim in the early 20th Century and he identified three main types of suicide

- Egoistic > man no longer finding a basis or purpose for existence in life. So, for example following the great depression, some are unable to develop coping skills to adapt to their altered financial status and social standing, etc.
- Altruistic > man's basis or purpose for existence lies beyond life itself. So, for example, individuals driven by religious fervour or collective social expectation; such as suicide bombers, kamikaze pilots, ritualistic Hindu burning of widows on their husband's funeral pyre.
- Anomic > man becomes so detached in society that it is difficult to make sense of life. Individuation and self-reliance to an extreme, with a loss of desire for group connection, can lead to detaching from meaningful external relationships that might offer purpose, direction or perspective.

Whatever the type, according to Durkheim, most suicide originates from either

- deep depression;
- obsessional, fixated thought patterns;
- impulsive suicide, following abrupt and irresistible impulses;
- or, where a person is predisposed to suicide through an altered mental and/or moral constitution.

In 2001 Mary Hanafin, the then Minister of State for Department of Health and Children stated that, through information gained from Irish relatives, most suicides were as a result of long lasting emotional problems such as depression, anxiety, unhappy relationships, alcohol and drug-related problems, unemployment, feelings of loneliness and guilt and problems with relatives. Little has changed in Ireland to date in terms of the number, or causes, of suicide.

Most people seriously considering suicide talk about needing to make the pain stop; not that they particularly desire death but that they have reached such a place of despair that it seems that ending their life is preferable to the struggle to try and cope with managing it. The anguish is just too big. They may have clinical depression which is very demotivating, limiting and self-perpetuating and should be treated medically. However they may be struggling with feelings of depression which are symptoms of something else which need to be explored, like an unresolved loss or grief.

### **Understanding Suicide**

- What signs would cause you to be concerned that someone might be considering suicide?
- What would you say, if anything, to the person about your concerns?
- What would you do about your concerns?

### **Warning signs that may be indicators (but not necessarily that they will carry this out)**

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Uncharacteristic anxiety or agitation or behaving recklessly (unusual behaviours for the person as you know them).
- Sleeping too little or too much.
- Withdrawn or feeling isolated.

- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people to say goodbye.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions.

### **Myths about suicide**

- People who talk about suicide won't really do it.
- Anyone who tries to kill him/herself must be crazy.
- If a person is determined to kill him/herself, nothing is going to stop him/her.
- People who 'suicide' are people who were unwilling to seek help.
- Talking about suicide may give someone the idea. ([www.save.org](http://www.save.org))
- You can always tell when someone is going to suicide

We are not called to be each other's counsellors, but on occasion we may spend time with others who frequently talk about suicide, but refuse to get outside help. This can lead to feelings of powerlessness for the person they are sharing with. Sometimes it is helpful to let the person know that those are not feelings they alone feel.

Many people go through periods of life when they consider 'escaping' or have distorted thoughts about how others (or they themselves) would be better off not being alive. Keeping the person occupied and talking may help. Encouraging them to consider some of their life goals can re-orient their thinking back to purpose (for example – walking up the aisle at their daughter's wedding). Helping them know they are valued may reconnect them to hope. Look for ways to build hope that are genuine.

## Assessing the risk

<b>LOW</b>	Occasional thoughts of suicide – no accelerants like drugs or alcohol
<b>MEDIUM</b>	Thoughts and methods considered, but no definite plan. Don't ignore this
<b>HIGH</b>	Definite plan in place and reckless behaviour – take action

## Talking about suicide

- Talk about it in a non-judgmental, non-confrontational way
- Use compassion .. “tell me what’s happening. I know there is a way out, it may not be easy but I will help you find a way”
- Use gentleness and kindness – don’t try to rationalise with them, it may escalate their confusion
- Assure them that they will be missed – “never met a family who felt better off without their lost loved one”
- Questions okay to ask:  
"Do you ever feel so badly that you have thoughts that life is not worth living?"  
"Do you have a plan to suicide or take your life?"  
How often?
- "Have you thought about when you would do it (today, tomorrow, next week)?"
- "Have you thought about what method you would use?"
- Remove the risk where possible - Give me your tablets / the rope
- **Never keep a plan for suicide a secret.**
- Don't try to minimise problems or shame a person into changing their mind.
- If you feel the person isn't in immediate danger, acknowledge the pain is legitimate and offer to work together to get help

### Points to consider

- Don't worry about risking a friendship if you truly feel a life is in danger. You have bigger things to worry about-someone's life might be in danger! It is better to lose a relationship from violating a confidence than it is to go to a funeral. And most of the time they will come back and thank you for saving their life.
- **Don't try to minimize problems or shame a person into changing their mind.**

Your opinion of a person's situation is irrelevant. Trying to convince a person suffering that it's not that bad, or that they have everything to live for may only increase their feelings of guilt and hopelessness. Reassure them that help is available and that suicidal feelings are temporary. Life **can** get better!

- **If you feel the person isn't in immediate danger, acknowledge the pain is legitimate and offer to work together to get help.**

Make sure you follow through. This is one instance where you must be tenacious in your follow-up. If you're in a position to help, don't assume that your persistence is unwanted or intrusive. Risking your feelings to help save a life is a risk worth taking, but work with the family or within the authority framework they have if it is appropriate to do so.

### **Crisis Management**

#### WORSENING SITUATION :

- Keep safe... find a place where you (or the person struggling) are not alone
- Phone a friend ('safety contacts' – keep at least three names and contact numbers available for a time of emergency)
- The Samaritans – Phone - 116 123 (free call)
- Childline - [www.childline.ie](http://www.childline.ie); Ph. 1800 66 66 66; Text Talk to 50101
- The name and number of your GP or the nearest 'out of hours' medical help  
➔ Emergency Department/Accident & Emergency ➔ 999/112

If in doubt, always err on the side of caution!

**URGENT:**

- Contact GP or GP 'Out of Hours' Service
- Go to, or contact, the Emergency Department of your nearest general hospital
- Contact emergency services by calling 999 or 112

SOURCE: [http://www.yourmentalhealth.ie/support\\_services/](http://www.yourmentalhealth.ie/support_services/)

**What is helpful to know when you are dealing with a suicidal person?**

- Expect the unexpected – no-one can predict accurately all the time how different people will respond to your help
- That you may feel overwhelmed by someone else's suicidal thoughts. Acknowledge that you feel 'out of control' or terrified but don't react to it or entertain the fear; remain calm outwardly
- If you are feeling overwhelmed by someone else's disclosure, it is possible to become victimised by vicarious traumatisation (referred trauma transferred through hearing/sensing another's trauma), particularly if you have been sworn to secrecy. Talking through your feelings with someone you can trust, can help alleviate that; but it should be someone in a position of authority who can offer guidance, support and assurance that the actions you have taken were correct and be empathic with your emotional response
- Don't lose sight of the hope you are called to. As believers we are not alone and God has a purpose for everyone's life, even if it's not possible for them to see it at present
- Don't try to work in isolation – always ensure that you have the freedom to work with others, don't fall into a trap of thinking you can manage alone – everyone has limits and it is more mature to recognise your own

- That others may see you as the answer to all their problems and place high expectations or demands upon you – plan ahead and widen the circle, help communicate that you are not able to meet all their expectations but let them know what you can offer instead

### **Why is there such stigma attached to suicide?**

Probably for a number of reasons

- It goes against the very nature of life; our need to survive and embrace life
- Fear of what lies ahead for those who suicide
- Fear and confusion for family and friends unable to help their loved ones sustain a will to live, sometimes attached to guilt or false guilt
- Shame for the family at how they will be perceived by others
- Anger that the one lost made a selfish or a weak choice
- Shame that they didn't care more for the ones who would be left behind
- Ignorance over the state of mind of one who considers suicide

Until 1993 suicide was considered a crime, prosecutable by law in Ireland, this complicated the lives of surviving family members who might be faced with hostility, social disgrace or possible disinheritance. It is 23 years since that law was abolished but it takes a long time for people's mind-sets and paradigms to shift.

Whilst suicide should never be considered 'normal', much can be done to educate people in understanding that poor mental health can lead to distorted thinking and actions. That support is what is required and not judgment or hostility. Some families may be worn down by the persistent threat of suicide and needing to be on the alert constantly with certain family members. Sharing the burden, talking with support groups, following the advice of professionals or asking for support within one's church can help to alleviate some of this anxiety.

## The role of the Church

The Lord is **close to the brokenhearted** and saves those who are crushed in spirit.  
(Psalm 34:18 NIV)

Historically the Church did not have a compassionate outlook concerning suicide, although this has changed. Church opinion for centuries considered it a moral sin and both Catholic and Protestant clergy had firm guidelines over what could be pronounced during a burial service; adding to the pain already being suffered by the deceased's family. According to Dr. Frank Campbell in 'Spiritual and Ethical Issues of Suicide' said 'great stigma and shame based on centuries of confusion around the cause of suicide and presumptions about afterlife for the deceased make suicide very different from other sudden and traumatic deaths'. This confusion in Christian churches was based on biblical interpretation by Augustine of Hippo in the 1st century who stated that suicide was murder and precluded the deceased from repentance.

According to Rt. Rev Harper, speaking at the Irish Association of Suicidology Tenth Annual Conference, Thomas Aquinas (13th Century) continued on this theme arguing 'that no one has the right to deprive society of her/his presence and the contribution s/he might make to the common good and the benefit of society. Suicide is therefore an offence against society...'. So in a time when survivors or families of the deceased might seek solace and comfort from God, through His church, they instead faced persecution and social pressure and no church yard burial for their loved deceased, in some cases. The church, and God by implication, appeared unapproachable.

However if one uses the bible as a means of referencing the relationship between God and man, the guidance offered shows that God has compassion on our feeble frame and our weakness. Whilst God desires that we have life in abundance and has created us with a purpose and destiny, He still knows our feeble frame, and is close to the broken hearted.

- Isaiah 63: 1-3 a prophetic announcement is being made about Jesus coming to heal the broken hearted

- Matthew 11: 28 there is a call for those who are overwhelmed to come to God direct for relief;
- Isaiah 42:3 shows His heart for the crushed in spirit, 'A bruised reed he will not break, and a smouldering wick he will not snuff out. In faithfulness he will bring forth justice'.
- Hebrews 2: 14-18 (Living Bible) 'Since we, God's children, are human beings – made of flesh and blood – he became flesh and blood too by being born in human form, for only as a human being could he die and, in dying, break the power of the devil who had the power of death. Only in that way could he deliver those who through fear of death have been living all their lives as slaves to constant dread. We all know he did not come as an angel but as a human being- yes, a Jew. And it was necessary for Jesus to be like us, his brothers, so that he could be our merciful and faithful High Priest before God, a Priest who would be both merciful to us and faithful to God in dealing with the sins of the people. For since he himself has now been through suffering and temptation, he knows what it is like when we suffer and are tempted, and he is wonderfully able to help us'.
- James 2:13 (NIV) 'because judgment without mercy will be shown to anyone who has not been merciful. Mercy triumphs over judgment.'

These are not isolated scriptures either but reflect a heart concerned about people who are suffering, abandoned and alone, to draw them back into relationship, particularly with God. Sadly, the church has been portrayed as offering more judgment than mercy at times and failing to reflect God's heart of compassion. However, many have also experienced compassion and mercy reflected through the church; they have experienced Christ as a Saviour and had access to a more excellent way of reaching to them as they are struggling. Whilst we do have a basis for assurance of salvation, we cannot execute judgment over what God will or won't do – God looks at the heart of man, we have no idea what happens between

God and individuals in their last moments of life. It is presumptuous of us to make assumptions.

### **Spiritual Misunderstandings around death and suicide –**

It is understandable that people are seeking comfort at a time of death, particularly sudden and traumatic death. Whilst it is important to be empathetic with people in pain and not strip them in order to 'be right' scripturally, there are some common beliefs people have held onto in order to comfort themselves and others, that have no supporting biblical evidence to back them.

- **Those who die become God's little angels.**

1 Corinthians 6: 2-3 – refers to the role of saints (believers) as being higher than angels

Hebrews 1: 14 – says the function of angels is as ministering spirits/servants sent by God to assist those who will inherit salvation (saints).

- **That our loved ones are watching over us to protect us when they have died -**

No Jesus is – he makes intercession and advocates for the saints where Satan accuses and deceives (Acts 7:55/Rom 8:34/Col 3:1/Heb 1:3/Heb 8:1/Heb 10:12/1Peter3:22).

Hebrews 11:40 – refers to God's honoured heroes waiting for a time of fulfilment when we would all come into perfection together and until then they are witnesses and bear testimony to the Truth of Jesus.

1 Samuel 28 : 7-20 – Saul seeks direction from a medium and asks to consult with his old mentor and friend, the dead prophet Samuel – he opens himself up to deception by doing this. Satan uses a familiar spirit to appear as an apparition of Samuel to condemn Saul, who wants to repent but leaves discouraged and ends up taking his own life after receiving Satan's direction.

Our memories of loved ones can feel so strong that it feels like their souls are very close, as if they are with us. There is often a lingering sense of their presence and

God does not judge or condemn us for holding those memories close. However Satan is very aware of our vulnerability, particularly around death which he used to have dominion over before Jesus conquered death. He can attach familiar spirits which appear real where people give him opportunity to, such as when invoking the presence of the dead person, making a shrine with selected objects, or habitual ritualistic behaviour memorialising the dead person.

- **That we can contact the dead to receive reassurance from them**

Deut 28:10-12 reveals that such practises as using mediums, or trying to reach the dead – ‘necromancy’ is strictly against God’s will. It is referred to as an abomination in the bible and in the category of witchcraft. It is viewed as seeking direction from sources outside of God’s covering and protection.

Luke 16: 19-32 > Jesus shares a parable about a rich man who dies, ends up in hell, regrets the choices he made in life and desires to leave hell and can’t, or to return and warn his family. Jesus refers to a chasm between hell and heaven separating the two and that it is not possible for either to move out from where they are or across the chasm once they are in that place.

### **Emotional responses around death - what is commonly referred to as the ‘grief cycle’?**

People who are grieving can often experience a barrage of emotions that are unexpected and intense. This is particularly true for those who have been traumatised by the loss of a loved one to suicide. Their grief may become complicated. Elisabeth Kübler-Ross in ‘On Death and Dying’ originally identified a cycle of grief as she worked with those facing terminal illness. Whilst these stages are listed it must be recognised that people do not necessarily go through them in a neat order or experience all of them. They may revisit some or even get stuck in a particular stage. Grieving is a normal response to a tragedy or loss of some sort, including a comfort or something familiar or known (such as the ending of a relationship). However complicated grief may be further intensified through the trauma suffered.

The 5 stages of grief and loss (may, or may not, be experienced in this sequence) are described as:

- **Denial and isolation** – the sense of being in a type of mist, can't believe the situation has just happened. A desire to disown or deny the reality of the moment. It may be accompanied by a deep sense of abandonment or a feeling of being on one's own, that no-one can understand how you are feeling at present – particularly if someone has died unexpectedly
- **Anger** – a compelling desire to 'hit back' against the pain that is being experienced, which may be accompanied by a desire to 'blame' someone, or find a reason for the loss. It is difficult to contain the out of control and sometimes irrational levels of emotion experienced. Behaviours may seem uncharacteristic and extreme. However with the possible unfairness of the situation being faced, anger is a normal outlet for this pain.
- **Bargaining** - is characterized by attempting to negotiate with a higher power or someone or something, whether realistic or not, that may have some control over the situation. Promises may be made to God in return for the painful situation not to occur or for things to go back to how they were before the loss or change. In the bargaining stage one may become intensely focused on what could have done differently in order to prevent the loss or change. One may also think about all the things that could have been, or how wonderful life would have been if not for this unpleasant situation. Moving through this is important in order to not get 'stuck' in regret, guilt or bitterness, however it is a normal part of the process in getting to a place of acceptance.
- **Depression** – is when the reality of the situation really settles in, that no amount of anger, denying or bargaining will change it. The heaviness and emptiness seem to settle and grief surrounds one like a dense fog. The depression may feel unending, like it will last forever. This is a natural response to something one has no control over, it is not a sign of mental illness. Thoughts of hopelessness and despair may flood in with a sense of

there being no point in continuing to live without the person lost. There may be hours of reflecting and crying and withdrawing from others. They may become distanced from the ones within their closest circle. Although one may want to 'fix' the person who is grieving, the greatest gift one can give is time, acceptance, love and support. It is impossible to say how long this stage will last as it is dependent upon many differing factors, but in order to reach a semblance of normalcy on the other side of pain and grief, one usually has to push through the depression to reach the other side.

- **Acceptance** - is the point when one comes to terms with the changed situation and one starts looking beyond what has happened. It does not mean that there will not be times of sadness and remembering, but these moments become more bearable as they are buoyed by a new sense of belief in the future. There is an acknowledgement of the 'new normal' and a beginning of engagement in life moving forward. Acceptance is typically visible by people taking ownership both for themselves and their actions. They start to do things and take note of the results, and then change their actions in response. They will appear increasingly happier and more content as they adjust to this new phase.

### **How did Jesus express His grief**

It is interesting when reading and comparing Luke 22:40-46 / Mark 14: 33-42 and Matthew 26:37-40, in which are recorded the agony and grief Jesus suffered in Gethsemane, and to see that he himself went through a process in his grief over his impending trial, persecution and death.

(Mark) Whilst Jesus was in Gethsemane he was struck with terror and amazement, was troubled and **depressed** and is described as being overwhelmed with grief, so overwhelmed that he felt it was almost killing him. He was pleading for support. He collapsed on the ground and starts praying. He withdrew from his disciples and appears in **denial** about the reality of what is going to happen next; he is asking if this fatal hour could pass away.

(Matthew) He is pleading and **bargaining** with God; he knows that God is able to release him but he is willing if God chooses not to do so. He returns to his disciples for support and encouragement but finding them asleep, he becomes annoyed and frustrated with them; he is **angry** that they are not able to at least stay awake with him.

(Luke) He leaves them in deep pain and **depression**, Jesus is sweating drops of blood in the agony of his grief. God sends an angel to help strengthen him. God didn't take the cup away BUT He never abandoned his son during his grief.

Finally Jesus leaves his travail of grief, **acknowledges** that his betrayer is at hand, he knows he is not going to escape the next part. He **accepts** this and is ready to face the betrayal and persecution and the agony of the cross. He had counted the cost to himself and was willing.

Through this description we can recognise that Jesus experienced grief intensely as a human being and that this was just as much a process for him as it is for us, that denial was just as much a reality for him as for us but that he was not willing to stay in that space and agonised to the point of letting go and accepting his role as Saviour of the world. If Jesus needed time and space to face the reality of what that cost before he could come to a place of acceptance; how much more us?

### **What about families affected by suicide?**

For families affected by suicide we need to allow space and the opportunity to grieve. Kübler-Ross in 'Living with Death and Dying' talking about grief says:

'Families have to go through this anguish and rage, first denying God, then being angry at God, and then coming to grips and peace with God.

So especially if a member of the clergy is not judgmental but can even accept the patient's anger at God, or questioning of God, then he or she practices a true ministry of acceptance and unconditional love.'

**Safe Space** : Their anger may make us feel uncomfortable and seem unjustified to our mind-sets, but God does not need us to defend him; sometimes having the space to express the inexpressible is enough. Acceptance and moving on is a process of coming to terms with a very altered life and perspective on one's assumptions. When these have been altered traumatically and outside of one's control, as in suicide, a family member may feel violated. Coming to terms with the emptiness takes time, many outpourings of grief and remembrance.

**Time** : Everyone grieves differently and traumatic grief can take **much** longer for some. As Christians we need to become more respectful of that fact and not assume that people should have 'moved on'. It is possible for people to become stuck in their grief, but kindness is more likely to help them realise this, than confrontation.

### **How does grief affect those close to the deceased?**

- **Shock and denial** – trying to understand something that seems incomprehensible. Even when the deceased may have indicated or verbalised a desire to die prior to their death, family members still suffer shock and denial - can't believe it's real or that it has happened, or that they followed through with what they had spoken of
- **Trauma** – particularly for the one discovering the body. For the one's left behind there would be a sense of uncertainty over how they will cope
- **So many questions without answers** - what if I had ... if they had done ... who is to blame ?? WHY
- **Guilt** – usually false and not based on intentional sin or negative actions
- Frequent **memories** or flashbacks to the person or last meeting

- **Strong emotions** about the person, the act, the impact on themselves or others
- **Unreality** about themselves – everything has changed and altered
- **Waves of grief** and sorrow over things unsaid, undone, things that will never happen now (father walking bride down the aisle, etc)
- **Referred anger** – irrational anger towards someone or something slightly related
- **Depression** or feeling of being out of control – inability to change the past, with a sense of uncertainty about the future
- Coming to terms with a new normal. **Transitioning** into a new expression of family and life. Being more in the present and the future and less in the past
- There are those who ‘**shut down**’ their feelings, suppress them in order to cope; which may make it difficult for them to empathise with others experiencing pain. Whilst others may have ongoing **long term overwhelming emotions** which inhibit their ability to live day to day. In both cases counselling may be helpful.

### **How can we respond to those who have lost family members or friends**

- Normalise the feelings and give space to express the sadness – there is no need for shame. Our sorrow is a normal reaction, we do not need to be brave
- The church should be a good outlet for this, a place where we do not need to wear our masks
- When those left behind are asking ‘Why?’ it is not an answer that can be definitively given. There is little rational sense to be made out of suicide. We

do know however that most 'suiciders' are thinking in an altered and irrational state and may have got into some rigid thought patterns and have lost touch with reality

- Perhaps specific prayer, services, pastoral visits can be arranged, anniversaries remembered. However the whole body of the church should be encouraged to participate, grief should be considered just as 'normal' as joy. We weep with those who weep, even when it feels uncomfortable for us. Talking and engaging with each other releases repressed emotions; repressing emotions has a tendency to lead to isolation and withdrawal
- Being available to listen and support for a long time after the event. Particularly at difficult times like an anniversary, birthday or the inquest when they may need your physical presence as well
- Don't avoid talking about the person, the family remember the whole life, not just the isolated incident of the death

#### **Helpful tips for anyone accompanying or attending an inquest :**

- Inquiries can be made before attending
- Dependent upon where the inquest is to be held, check what size the room is? (this will affect how many can be in attendance at the time)
- This is a public hearing and there may be reporters present
- Google the coroner to see his perspective online prior to attending
- Assurance from the coroner this is a **civil** proceeding not a criminal investigation. The things that will be covered are:
  - Where the death happened
  - When – establish a time and date
  - Who identified the body
  - The cause of death
- Expect the unexpected
- There may be time given for questions
- It is helpful to take/spend time afterwards processing with supportive people
- Schedule in a walk or a meal to relax

- Not good for children to be in attendance, they will not be able to process it objectively and may be affected by others' displays of emotion; it could also be a distraction to the parent/adult in attendance
- When children are involved – tell them the facts and give them space to feel their feelings
- No previous history is mentioned at an inquest
- Not looking for investigation from professionals or the reasons why
- In certain counties there may be several families attending other inquests in the same room and there might be some support and refreshments offered by counsellors on the spot. However this may not necessarily be the case so be aware of the public nature and also the physical needs on **the day**. It may take longer than you expect.

### Self Harm

'How will you know I'm hurting  
 If you cannot see my pain?  
 To wear it on my body  
 Tells what words cannot explain'  
 (J. Freeman)

### What is self harm?

There are a number of terms associated with the term 'self harm' :

Deliberate Self Harm	Self-mutilation	Parasuicide	Self Injurious behaviour
Self-Injury	Moderate Self-mutilation	Self Abuse	Delicate cutting
Deliberate Self-Injury	Self-wounding	Self Inflicted violence	

## **Is there a difference between suicide and self harm?**

Yes. The difference between suicide and self-harm is that both are as a result of extreme emotional pain or isolation but with suicide death appears the only solution to the pain, whilst with self-harm, harming is the way of avoiding death and alleviating the pain. There are marked differences in intent between self-harm and suicide, although self-harm behaviours can escalate and the risk of progressing into suicide is much stronger.

Some people self-injure in a dissociative state whether through emotional detachment due to stressful triggers or through an altered state of consciousness whilst under the influence of alcohol or mind altering drugs. Self-harm is considered by some to be a failed suicide attempt or to others just attention seeking behaviour. Jennifer Harris's work refers to documented interviews with people who self-harm who had received hostile care in A & E departments of hospitals in the UK; one in particular was told 'I was wasting their time and taking up a bed that someone else could be using'. This ambivalence to treating self-harm in a consistent manner, or expending the time, energy and limited hospital resources sends a strong message to those affected, including their families.

## **In the Republic of Ireland (as at 2014)**

In the latest statistics for hospital treated self harm according to NSRF Statistics – 2018

- There are approximately 12 588 presentations to A&E pa [estimate 60,000; 1:5 (Kay Inkle, TCD)] The rate was highest among the young.
- At 766 per 100,000, the peak rate for women was among 15-19 year-olds. This rate implies that one in every 131 girls in this age group presented to hospital in 2018 as a consequence of self-harm.
- The peak rate for men was 543 per 100,000 among 20-24 year-olds or one in every 184 men.
- The average age of onset is 12years

## Different behaviours considered distinctive with those who self-harm

Cutting	Branding	Burning	Scratching	Banging or hitting body
Interfering with wound healing	Swallowing objects	Pulling hair out	Over eating	Starving self
Self-poisoning	Overdose of medication	Overuse of illicit drugs	Deliberate risk taking	Excess alcohol intake

### Self-Harm definitions

According to Sutton and Martinson in 'Self-Injury and Related Issues' self-injury is a compulsion or impulse to inflict physical wounds on one's own body, motivated by a need to cope with unbearable psychological distress or regain a sense of emotional balance. The act is usually carried out without suicidal, sexual or decorative intent'.

According to LifeSigns UK self-harm displays certain 'Psychiatric conditions': e.g. depression; anxiety; 'personality disorder' (especially bi-polar disorder); Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing themselves through pain.

### Self-harm : Why?

- A survival strategy
- A way of gaining or maintaining control
- A way of expressing and coping with both distress and something which is 'unspeakable'
- A way of preventing suicide
- A response to difficulties: poor relationships; relationship break up; bereavement; poverty; poor housing; etc (Hadfield et al. 2009)
- 'to try to get a reaction from someone'
- 'to get control of a situation'
- 'to stop bad feelings'

- 'to feel something' (Lloyd-Robinson et al. 2007)
- 'to get relief from a terrible state of mind' (Madge et al. 2008)

**Causal factors according to Sutton in 'Healing the Hurt Within' :**

<b>For Children/Adolescents</b>	<b>For Adults</b>
<ul style="list-style-type: none"> <li>• Childhood trauma – witnessing or being subject to physical violence</li> <li>• Divorce or separation of parents</li> <li>• Verbal abuse</li> <li>• Sexual abuse</li> <li>• Conflict with parents, friends, teachers, authority figures</li> <li>• Bullying – being constantly undermined</li> <li>• Being pushed too hard to achieve or succeed</li> <li>• Low self esteem / confidence</li> <li>• Poor self image</li> <li>• Unrealistic expectations by self (perfectionism)</li> <li>• Being in a minority group</li> <li>• Exam failure or fear of failure</li> <li>• Feeling of having let someone down</li> <li>• Unwanted pregnancy</li> <li>• Alcohol misuse in the family</li> <li>• Drug misuse in the family</li> <li>• Feelings of extreme unhappiness</li> </ul>	<p>Major traumatic experiences such as</p> <ul style="list-style-type: none"> <li>• Sexual abuse</li> <li>• Physical abuse</li> <li>• Emotional abuse</li> <li>• Neglect</li> <li>• Recent exposure to self-harm by friends or family members</li> <li>• Drug misuse</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Impulsivity</li> <li>• Low self esteem</li> <li>• Concern over sexual orientation</li> <li>• Isolation</li> </ul>

## ONE DAY (Veronica Zundel)

One day I will wake up and the sky inside me will not be grey.  
One day I will wake up without the pit of fear my stomach plummets into.  
One day my hands will not shake my legs not tremble.  
One day there will be no tears except healing tears.  
One day the news won't all be bad.  
One day I will look in the mirror and smile.  
One day I will want to stroke my skin instead of cutting it.  
One day food will be my friend and not my enemy.  
One day I will master drink and it won't master me.  
One day I will believe I am worth the same as any other person.  
One day I will be able to receive and give love.  
One day I will work and enjoy my work.  
One day I will play and really play.  
One day no one will use words like nut-job, head-case or jerk.  
One day no one will say, "Christians shouldn't be depressed" or "Just have more faith".  
One day churches will be places to be your real self in.  
One day I will pray and sing and mean it.  
One day I will know who I am.  
One day I will love who I am.  
*One day. . . .*

### **Comments and thoughts from, or about, those who self-harm**

'when there is no feeling when you're dead inside, the pain, the blood, it proves I am alive....To the woman who is oppressed on all sides by society, the act of cutting is something she herself can control, perhaps the only thing she can control. Therefore, the behaviour is understandable and possibly appropriate, given the circumstances in which it is produced' ... purgation means spiritual self-cleansing: it is literally the act of purifying the body to achieve a higher state of consciousness (Jennifer Harris in 'Cutting the Bad out of Me').

'In other situations where there has been sexual abuse for instance some people over-identify with certain parts of the body and re-enact by systematically cutting the affected part, an attempt to cut the bad out, as if through an act such as rape some contamination has taken residence in their bodies and needs to be released 'internal pain has now been placed on the outside' (Joan Freeman in 'Understanding Self Harm').

'it starts off because you hate yourself. You feel dirty or angry with yourself. You get wound up, like a knot inside your stomach. You can hear your heart beating faster, harder, nothing seems real. You can't sit still; you feel like you're going to explode .... It is all about coping. I do want to stop, but to be honest I don't know if I ever will 'cos it's been a way of life for so long that I don't know if I could cope without it..... (Jennifer Harris in 'Cutting the Bad out of Me'.)

### **Understanding the Capability to Act**

M. David Rudd, PhD of the American Psychological Association states that 'Hurting yourself isn't about attention, or proving you're emo, or being tough it's an addiction, a sickness. It starts off as almost a form or punishment toward yourself, but it quickly becomes an addiction, like a drug. You simply "have" to do it. Shortly after, you can't feel it, you can't feel pain. It actually feels good. You can cut yourself a half-inch deep and not even feel as much pain as a paper cut would. You do it again and again, wanting to feel pain, but you just don't feel it. Many people have killed themselves by doing this. You don't even want attention, you try to hide it. People that do this wear hoodies in 100 degree weather, just so people won't see the scars.'

### **Why would someone choose such a means to find relief?**

One needs to understand how we are socialised first in order to understand why it is difficult to function without that skill. The International Council of Nurses 'International Nursing Review 51' cites that part of the stages man needs to develop in are primary socialization and one's emotional development, in order to become an integrated individual. People growing up in sterile, or hostile environments, can have a very under-developed emotional world and may not develop the ability to bond or have a sense of belonging.

This is compounded by the expectations that society place upon individuals to conform in some way to traditions and norms, which can feel suffocating to someone who is isolated and has not developed the skills to fit in, or the strength to 'opt out' of dysfunctional behaviours. Even the tendency towards perfectionism can develop out of a need to 'fit in' or be acceptable to others. Peer identification can be extremely strong during the teen years, with the need to 'fit in' and one's identity marked by 'copy-cat' fashion trends, music, lifestyles and in which exposure to friend's self-harm activities can lead to 'copy-cat harming'. Sites on the internet with graphic self-harm pictures and stories have become triggers for a rise in self-harm amongst young people.

Self-harm is not the problem, it is a coping strategy to help face a chaotic life, a behaviour that has been adopted to help a person cope with painful issues in their world. As with eating disorders, addictions or promiscuous behaviours it is a way to either control or escape reality or medicate internal pain. People dealing with self-harmers can sometimes treat the issue as a behavioural problem rather than a psychological issue – they want the behaviour stopped but don't have the time to look into why the person has problems in the first place

### **How to respond to a person who harms themselves**

- First responses leave an impression so: pray silently and continue praying, do not get angry or make ultimatums. Listen and show care, this is one of God's creations in need of support. Try to see beyond the self-harm incident to the bigger picture; why is this person struggling right now? Encourage them to know they are valued and that there is a way beyond what they are seeing at present.
- Sometimes people don't talk about self-harm until they know you can be trusted with their pain – they may feel strong feelings of shame. It is important to be sensitive in handling the subject so they know it's alright to talk about it. As with suicide, talking about their thoughts around it will not be a spur, but it may alleviate the guilt around the thoughts

- It may be shocking to hear or discover evidence of self-harm and one's reactions can become reactive as a result. Remaining calm and allowing the person to know that you want to help, or find help, can help to de-escalate the shame or guilt they may be experiencing. It's important they understand that you are concerned about the pain they are inflicting upon themselves but if you respond out of fear, or anger, they are more likely to become more secretive and withdrawn
- Counselling can be helpful. However if a client is coerced into counselling because of someone else's fear it can be less effective because the issue might hinge around control and the client may not be invested in the process
- Counselling is a process not a quick fix-it – it may take time before the person is ready to learn new skills to handle emotional stress
- When someone talks about a recent incident, how serious was it? – investigate if it was a failed suicide attempt or an attempt to manage their pain
- Then manage the risk –discuss who is in their immediate support circle, name and phone numbers of people they would want to contact or have contacted. If this is not the first time they have seriously harmed themselves which hospital or clinic have they been working with and are they engaged already with professional help? Discuss who they would contact in a time of crisis.
- Discuss what course of action they want to choose to manage future temptations – what course of action they will agree to trying to distract them from harming themselves. Agreement that they will report when, or if, they harm again.
- Develop a trusting relationship – hearing their story empathically – discuss when you are not available though as boundaries are important if you intend

remaining in contact over the long term. Make sure you don't commit yourself to being their only source of help; know your limitations.

- On an emotional level they may talk about flashbacks, trauma or loss. They may need counselling help for this.
- On a physical level they may discuss body memories – pain within the body or the addictive nature of their coping behaviours and the cravings.
- On a spiritual level they may have lost connection with themselves, others and God. They may well be struggling with guilt and unforgiveness, or have a distorted God concept. Ask if you can pray with them, pray for reconnection and healing of relationships where appropriate.
- Cognitively they may be dissociating from reality and have false belief systems or assumptions about themselves or others

### **What are some signs to look for if you suspect someone is injuring themselves**

- Obvious cuts, scratches or burns that do not appear of an accidental nature;
- Frequent 'accidents' that cause physical injury;
- Regularly bandaged arms and / or wrists;
- Reluctance to take part in physical exercise or other activities that require a change of clothes;
- Wearing long sleeves and trousers during hot weather.

### **What does not help**

- To get angry or irritated
- To blame
- To stigmatise
- To humiliate
- To show no sympathy

- To view as manipulative
- To view as a 'time waster'
- To be off hand or flippant
- To 'go through the motions'
- To remain totally unemotional and 'detached'

### **Management Plans for trying to break out of harming behaviours:**

- Choose to put off harming yourself until you've spoken to someone else or waited for 15 minutes (and see if you can extend it for another 15 minutes beyond that, continue to do it again and so on until the feeling passes).
- Phone someone who you trust (have 3 phone numbers for emergencies), or call a helpline like the Samaritans or Childline.
- Write in a journal - you might like to use an online journal.
- Exercise - Go for a run or walk in the park to use up excess energy.
- Play video games - this may be a good way to distract yourself and may help until the anxiety passes.
- Yell or sing at the top of your lungs, on your own or to music. You might do this into a pillow if you don't want other people in the house to hear.
- Relaxation techniques - activities like meditation are often helpful in reducing anxiety.
- Cry - crying is a healthy and normal way (not weak or stupid) to express your sadness or frustrations.
- twang a band around your wrist
- draw or write in red over your body (instead of cutting)
- punch a pillow or punching bag
- squeeze ice cubes till your fingers go numb
- eat a chilli, or something really hot
- have a cold shower
- put vapour rub or deep heat under your nose (it stings and makes you cry)

## Looking after yourself when walking alongside those with harming behaviours



Never accept 'total confidences'! They can act as traps that bind

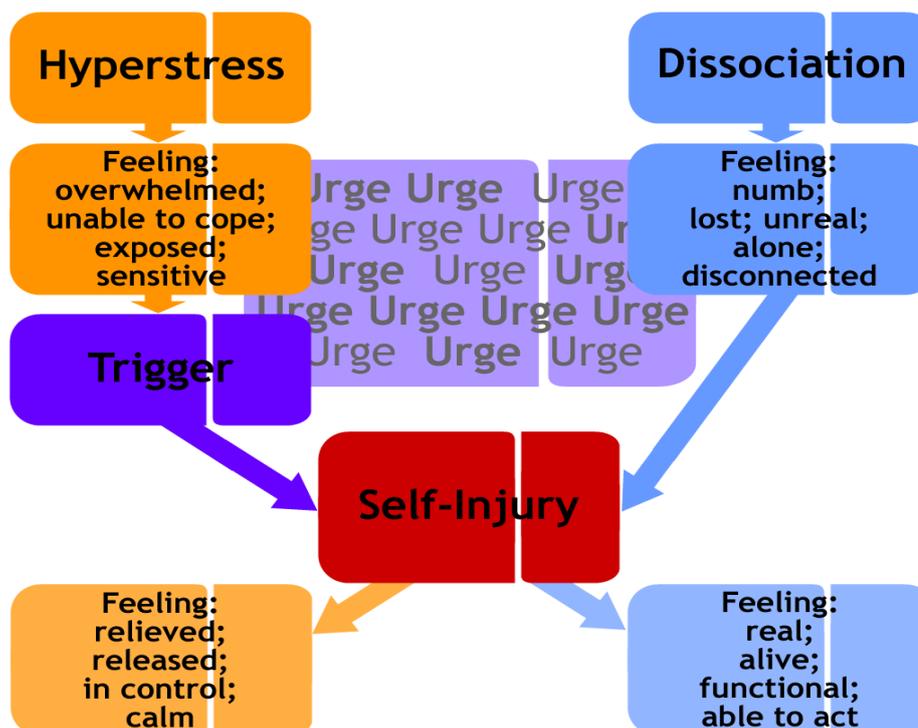
Try to avoid being in two minds!

Doubt can stop your effectiveness in acting, trust your first judgement of a situation

If in doubt, tell someone or do something!

Support Networks: who can *you* talk to?

### Self-harm why – graphic of the cycle



[www.FirstSigns.org.uk](http://www.FirstSigns.org.uk)  
[info@firstsigns.org.uk](mailto:info@firstsigns.org.uk)

[www.FirstSigns.org.uk/what/precursors.html](http://www.FirstSigns.org.uk/what/precursors.html)

Following are two examples suggesting possible triggers, responses and approaches to the differing behaviours by Jennifer Sutton:

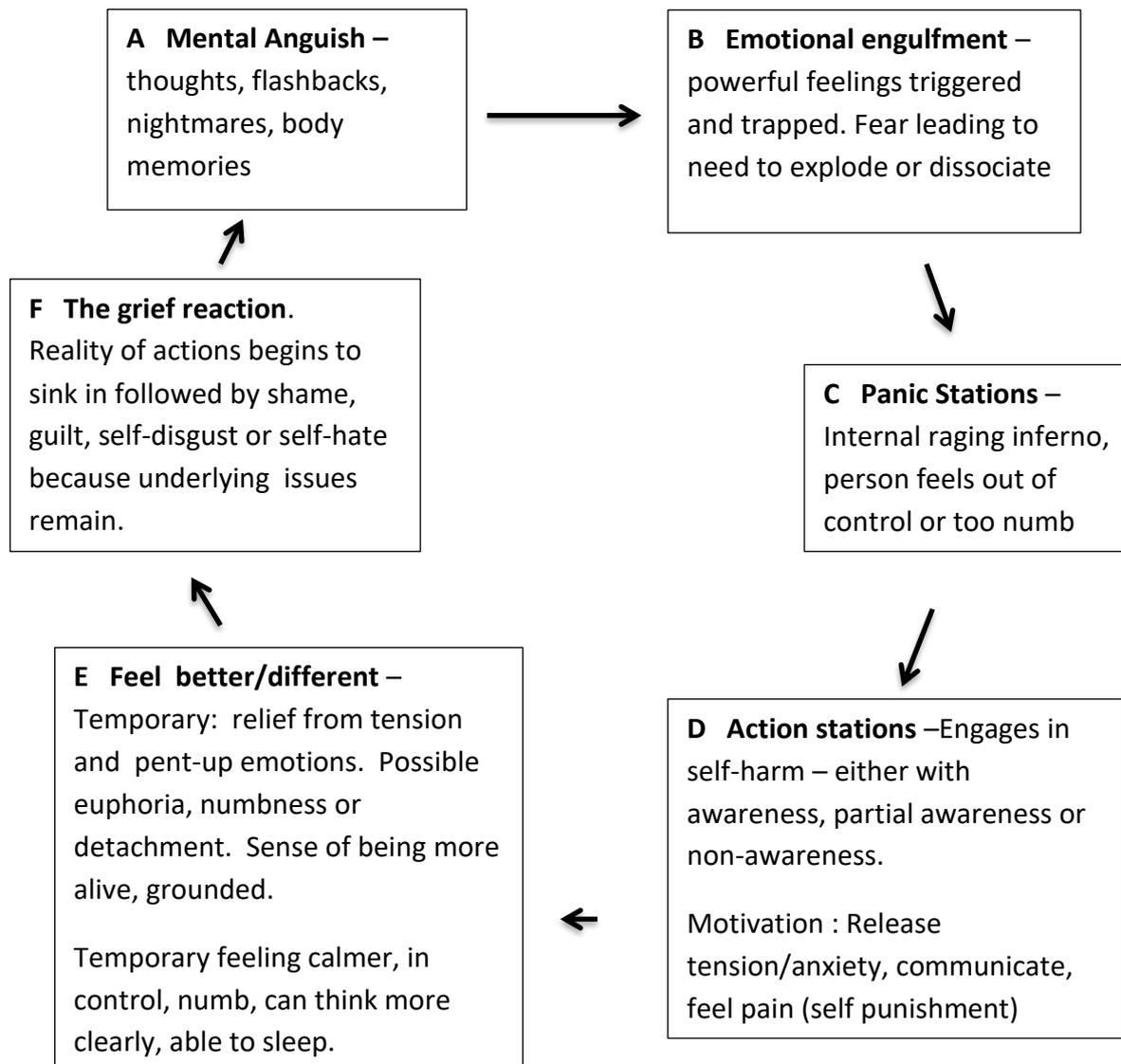
### Example 1 : Explosive – harming to release the emotional tension and self-hatred

Trigger event / situation	I have a fight with someone. I raise my voice	
Feeling	I feel angry at someone else. Then I feel angry at myself, and scared. It scares me when I'm angry. I don't want to be like my Dad	
Link to past experience – can I see a connection?	My Dad used to yell at me	
Goal of self-injury ; what was I trying to get?	Reassurance, knowing I'm not my Dad. Relief from my anger. Punishment. Stopping myself from being angry at someone else.	
How to get what I need	Ask my therapist/parent/friend/partner for reassurance. Look at the ways that I'm different from my Dad, the way I don't take my anger out on people. Give myself permission to be angry with my father, and with what he did to me. Learn that it's okay to feel angry. Learn how to control and contain my anger. Learn how to safely express my anger. Take a course in meditation; Keep doing things on this list	
<p>Alternatives to self-injury:</p> <p>What can I do instead</p>	Get out the emotion	Go for a run, punch a pillow. Scream into a pillow. Throw a ball against the wall. Tear up a phone book. Throw raw eggs into the bathtub. Dance out the emotion. Write out how I'm feeling. Throw a sticky toy against the wall. Listen to a tape of a thunderstorm and yell along with it. Write a letter to my father without mailing it.
	Distract myself	Listen to loud music with my headphones. Go for a bike ride. Take the dog for a run. Watch a movie. Play a video game. Sing at the top of my voice. Throw some paint on a canvas or paper. Crunch a hard candy between my teeth
	Soothe and calm	Listen to some soothing music. Pat my cat or dog. Make a warm drink. Reassure myself, tell myself everything will be okay and that I'm a good person. Find a way to smell something that makes me feel good – a cinnamon stick, an orange
	Reach out to someone	Call my therapist. Call a friend. Call a crisis line. Go online to a chat room about self-harm (or abuse, or whatever has greatly affected you) and talk to someone there.
	Do something fun	Go roller-blading. Play badminton. Skip rope. Go for a run
Start at the beginning again if I need to	Positive messages	It's okay to feel angry; what's important is how someone uses their anger. I'm not like my Dad; I'm healing. I have a right to my feelings. I'm very strong to even try not to hurt myself. I deserve to feel happy. I deserve to have good things in my life.

## Example 2 : Implosive – harming to ‘feel’ emotions and alive

Trigger Event : Situation	I'm with my friends and they're all talking to each other, but not to me. I feel left out.	
Feeling	I'm afraid I don't belong. I'm afraid I'm not equal, or that they don't really like me. I feel sad, alone, vulnerable, unlovable, unloved. I feel like hurting myself	
Link to past experience: Can I see a connection?	My mother often told me that no one would love me	
Goal of self-injury: What was I trying to get?	To see my pain, to know how badly I felt. Comfort. Reassurance. Distraction from how badly I felt.	
How to get what I need?	Write out how I feel – write in my diary, write poetry, draw a picture. Tell someone I trust how I've been feeling. Ask my therapist/parent/friend/partner for reassurance. Ask for a hug. Ask a friend to go out for a walk with me or just to listen to me. Go to a movie.	
Alternatives to Self-injury:  What I can do instead          Start at the beginning if I need to	Get out the emotion:  Distract myself  Soothe and calm  Reach out to someone  Do something fun  Positive messages	Cry, if I need to. Tell a friend how I feel and what happened to me. Play sad music and sing along with feeling. Scribble out my feelings. Scream into a pillow. Go for a walk. Write some poetry. Write out how I feel.  Read a good book. Watch a movie or TV show. Call up a friend. Go on the internet. Play a game. Play with my pet. Do an art or craft project.  Make a warm drink. Spray some lavender in the room. Hold my teddy bear. Listen to fun or soothing music. Go for a walk and look at nature, notice the details. Have a warm bath or shower. Go to sit by the water and listen to the waves. Listen to a tape of the waves. Pat my cat or dog.  Call my therapist. Call my friend. Go on a message board. Email a friend. Write a letter to a friend. Call a crisis line. Go out in the street and just smile at someone.  Blow some soap bubbles. Buy myself a treat. Read a comic. Watch a cartoon. Put on the silliest clothes I can. Play with my cat or dog. Get a pack of gum and blow the biggest bubbles I can.  It's okay to feel sad. I'm a good person. I'm a likeable person. My friends love me. I'm compassionate, caring, intelligent and kind; I'm a person that I would like if I met myself. I deserve to feel happy. I am loveable and strong.

## Another graphic of how the cycle works



### Cycle :

- Everyone is different – individuals may follow completely different patterns
- Many who self-injure hold negative self-beliefs
- Trauma triggers (nightmares, flashbacks and body memories) which can be catalysts for self injury episodes
- Shame or embarrassment may deter reporting of, or seeking medical help for self injury
- Relief is generally short lived
- Breaking the cycle of self injury involves facing and working through the issues that are motivating and maintaining the act.

## **Breaking the cycle ->**

- Address the issue causing mental anguish – true healing involves coming face to face with unresolved internal issues and conflicts
- Negative self-beliefs need to be identified and challenged
- Issues such as shame, guilt, self-blame need working through, forgiving and letting go of.
- Losses need to be grieved
- Constructive coping strategies need to be developed to replace self-defeating behavioural patterns
- Strengths and esteem need to be enhanced
- Behaviours – how connected they are with people, relationships, etc – do they have attachment problems

## **Further courses available through the HSE, Ireland**

- safeTalk – ½ day
- ASIST (Applied Suicide Intervention Skills Training) – 2 days
- Understanding Self Harm
- See: <http://www.nosp.ie> for further details and how to contact local Suicide Resource Office

**There are four published workshops in this Equipped to Care series**

**Workshop One**

Relating and responding to others in an empathic way

**Workshop Two**

Developing healthy caring patterns by being aware of our own and understanding others

**Workshop Three**

Responding to those affected by suicide and self-harm

**Workshop Four**

Understanding anger, conflict and bullying and developing more proactive responses

For more information about obtaining booklets or organisation of a workshop contact

Email: [hopetrust.ie@gmail.com](mailto:hopetrust.ie@gmail.com)

[hopetraining.ie@gmail.com](mailto:hopetraining.ie@gmail.com)

