Suicide Prevention Toolkit:

A Resource for Military Chaplains

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Table of Contents

Purpose

The following toolkit is aimed at military chaplains to provide a reference guide and assist them when ministering to individuals bereaved by suicide, including families and unit members of the deceased. The toolkit consists of a concise summary of appropriate information concerning the impact of suicide on individuals and families, a case study from a completed suicide in a deployed environment, grief models, and postvention actions that can aid chaplains when performing core functions of advising leadership and providing spiritual care for military members and their families on matters pertaining to loss of a loved one, subordinate, or colleague to suicide.

Above photo courtesy of Airman 1st Class Deana Heitzman, August 18, 2014, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2000929456.
Cover photo courtesy of Senior Airman Scott Jackson, Goodfellow Celebrates 75 Years with Flag Raising Reenactment, January 26, 2016, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2001338293.

Introduction

"What is this thing that men call death this quiet passing in the night?"[1] Death is a complex part of life that has long been the focus of philosophical and spiritual discussions throughout history. One of the most mystifying aspects of death is its dual nature—personal and impersonal. Of this dual nature, Dr. Edwin Shneidman wrote, "One can experience empathically the death of another but, paradoxically, cannot experience the death of himself. Thus all of our 'experience' of death is indirect and, on that account alone, is the more puzzling and tantalizing."[2] One of the most 'puzzling' aspects of death is when

Photo courtesy of Sean Kimmons, December 12, 2015, Air Force Photos, accessed March 21, 2016,http://www.af.mil/News/Photos.aspx?igphoto=2001324901.kneeling.jpeg

someone dies by way of suicide.

When someone completes suicide, it can have various and far reaching effects on loved ones—family, friends, and colleagues. By Shneidman's estimation, with each suicide there are six other-

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1. Gordon B. Hinckley, *What Is This Thing Man Calls Death?* (Salt Lake City: The Church of Jesus Christ of Latter-Day Saints, 2012), accessed July 27, 2014. https://www.lds.org/music/text/other/what-is-this-thing-man-calls-death?lang=eng.

2. Edwin Shneidman, *Deaths of Man* (New York: Quadrangle / The New York Times Book Co., 1973), 55.

ndividuals affected.[3] Over the past decade, suicide numbers have increased at an alarming rate amongst U.S. military members, peaking in 2012 with 522 total suicides, which is higher than the estimated 294 service members killed in Afghanistan that same year.[4] Numbers dropped slightly in 2013 to 479, but still seem to remain uncomfortably high.[5] Regardless, the numbers of suicide cases have increased despite the development and implementation of suicide prevention programs within the military and Department of Defense (DoD), which creates a tremendous need of additional support for survivors of suicide.

Extensive studies have been conducted concerning the contributing factors and susceptibilities of service members to suicide. One such study reexamined a previous study that attempted to link mental disorders during the Civil War to the high suicide rates of the time and suggested that there are implications for military personnel returning from combat in Iraq and Afghanistan.[6] Another study interviewed 72 soldiers who had attempted suicide, and concluded that the primary reason for suicide was to "alleviate emotional distress."[7] Another study analyzed suicide in the U.S. Air Force, looking for trends and ecological factors and suggested that depression, alcohol usage, unhealthy relationships, and job dissatisfaction were potential

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3. Edwin S. Shneidman, *On the Nature of Suicide* (San Francisco: Jossey-Bass, 1969), 1.

4. Patricia Kime, "Military Suicides Declined Slightly in 2013, Pentagon Says," *Army Times*, July 22, 2014, accessed September 22, 2014, http://www.armytimes.com/article/20140722/ NEWS05/307220072/ Military-suicides-declined-slightly-2013-Pentagon-says; Robert Burns, "2012 Military Suicides Hit Record High of 349," *Military.com News*, January 14, 2013, accessed September 22, 2014, http://www.military.com/daily-news/2013/01/14/2012-military-suicides-hit-record-high-of-349.html.

5. Patricia Kime, "Military Suicides Declined Slightly in 2013."

6. Richard J. McNally, "Psychiatric Disorder and Suicide in the Military, Then and Now: Commentary On Frueh and Smith," *Journal of Anxiety Disorders* 26, no. 7 (October 2012): 776-78.

7. Craig J. Bryan, M. David Rudd, and Evelyn Wertenberger, "Reasons for Suicide Attempts in a Clinical Sample of Active Duty Soldiers," *Journal of Affective Disorders* 144, no. 1 (10 January 2013): 148-52.

contributing factors.[8]

Numerous research endeavors have also examined the various effects that a completed suicide can have on family and loved ones of the deceased, as well as grief and postvention. However, most of these studies have been conducted in the civilian realm, directed toward the general population, with very few studies being aimed specifically at the effects on military personnel and their families. One such civilian study surveyed 166 families bereaved by suicide and discovered that 94% of the families indicated a desire to receive help with grief management, yet only 44% actually received any support. Even then, only 40% of those who received professional help said they were satisfied with it.[9]

Grief and bereavement are some of the major issues facing these families and friends as they cope with losing someone by way of suicide. In her study, Audra Knieper recognized that "those left behind, the survivors of the suicide, tend to experience a very complicated form of bereavement."[10] She also discussed the differences between "normal" grief and the "complicated" form of grief that survivors of suicide experience.[11] Furthermore, suicide carries with it an associated negative stigma in our society, which can cause the bereaved to feel added shame and self-blame.[12]

The following will further summarize appropriate information concerning the impact of suicide on individuals and families, a case study from a completed suicide in a deployed environment, grief mod-

8. Jennifer Langhinrichsen-Rohling et al., "Risk for Suicidal Ideation in the U.S. Air Force: An Ecological Perspective," *Journal of Consulting and Clinical Psychology* 79, no. 5 (2011): 600-12.

9. Anne Wilson and Amy Marshall, "The Support Needs and Experiences of Suicidally Bereaved Family and Friends," *Death Studies* 34, no. 7 (2010): 625.

10. Audra J. Knieper, "The Suicide Survivor's Grief and Recovery," *Suicide and Life-Threatening Behavior 29*, no. 4 (Winter 1999): 353.

11. Knieper, 356.

12. Knieper, 358.

Photo courtesy of Staff Sgt. Caleb Wanzer, *CSAF*, April 11, 2015, Air Force Photos, accessed March 21, 2016,http://www.af.mil/News/Photos.aspx?igphoto=2001333390.caleb wazner.jpegcaleb wazner.jpeg

Definition of Terms

Loss

According to one author, "Loss is a common life process. Some losses are more permanent than others, e.g., saying goodbye to children as they leave for college is a more temporary loss than experiencing the loss of a loved one to death…. Each loss, however, involves a period of immediate grief, a period of transition and adjustment to the loss, and a period which heralds the beginning of the next cycle in life."[13] Although loss can have a wide range of meaning, including loss of employment or financial means, loss of relationship such as through divorce or estrangement, loss of opportunities, or loss of a loved one through death. In line with the focus of this toolkit, the term will hereafter refer to the losses that are associated with suicide.

Suicide

The term suicide can refer to the act of killing oneself or to the person who attempts or completes the act of suicide.[14]

Survivor

The term survivor signifies someone who has survived—one who has continued to live, or remains alive following the death of someone.[15] The delineation here is somewhat important because suicide survivors "do not always have the opportunity to grieve and mourn effectively."[16] For this project, the term survivor will refer to individuals who remain alive following the death of a loved one or colleague by means of suicide (not to be confused with "survivor" meaning someone who attempted suicide but did not die).

Grief/Bereavement/Mourning

"Bereavement is the term used to denote the objective situation of having lost someone significant through death."[17] It is a "blanket term to describe the vast array of emotions, experiences, changes, and conditions that take place as a result of the loss."[18] Closely related to bereavement is grief. "Whereas bereavement represents the state of the loss, grief represents the particular reactions one experiences while in that state."[19] Grief is the word used to describe the primary emotional (affective) response to the loss of loved ones through death.[20]

14. Merriam-Webster.com, s.v. "Suicide," accessed February 15, 2016 http://www.merriam-webster.com/dictionary/suicide.

15. Merriam-Webster.com, s.v. "Survive," accessed February 15, 2016 http://www.merriam-webster.com/dictionary/survivor.

16. Knieper, 356.

17. Stroebe Margaret S. et al., *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention* (Washington D.C.: American Psychological Association, 2008), 4.

18. Catherine M. Sanders, *Grief: The Mourning After*, 2nd ed. (New York John Wiley and Sons, 1999), 4.

19. Sanders, 4.

20. Stroebe et al., 5.

Grief can also be described as a naturally occurring process that someone goes through after suffering loss, which can be described as the equation: "*Grief = Bereavement + Mourning*."[21] Although the term mourning is sometimes used synonymously with grief, mourning more specifically designates the socially and culturally driven public displays or rituals to act out feelings of grief.[22] Mourning following a suicide can be different—"normal rituals are compromised by a notable lack of social support that is related to and perpetuates the denial, stigma, and shame surrounding death by suicide."[23]

Postvention

Postvention is a term that was coined by Edwin S. Shneidman, who is often referred to as one of the fathers of "contemporary suicidology."[24] He defined postvention as the process to alleviate the "effects of stress in the survivor-victims of suicidal deaths. . . those appropriate and helpful acts that come after the dire event itself."[25] Some professionals in the field acknowledge that there is still much to learn in the area of postvention. One study investigates and addresses a number of questions surrounding suicidal bereavement and postvention, specifically defining who a suicide survivor is, how suicidal bereavement is different from other types, what some of the needs are for a suicide survivor, and whether postvention can be prevention.[26] Department of Defense Directive 6490.14 (Defense

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21. Mishara, 104.

22. Stroebe et al., 5. See also Catherine M. Sanders, *Grief the Mourning After: Dealing with Adult Bereavement*, 2nd ed. (New York: John Wiley and Sons, 1999), 5; Sheila Payne, Sandra Horn, and Marilyn Relf, *Loss and Bereavement* (Buckingham: Open University Press, 1999), 18-19.

23. Mishara, 105.

24. Antoon A. Leenaars, "Lives and Deaths: Biographical Notes On Selections from the Works of Edwin S. Shneidman," *Suicide and Life-Threatening Behavior* 40, no. 5 (November 2010): 276-91.

25. Edwin S. Shneidman, Deaths of Man (New York: Quadrangle, 1973), 33.

26. Karl Andriessen and Karolina Krysinska, "Essential Questions On Suicide Bereavement and Postvention," *International Journal of Environmental Research and Public Health* 9 (2012): 24-32.

Suicide Prevention Program) defines postvention as "response activities undertaken in the immediate aftermath of a suicide that has impacted the unit, deceased's family and friends, and community at large. Its two purposes are to assist survivors cope with their grief and prevent additional suicides."[27]

You will never be free from the things you have seen and done…you carry sadness throughout your life.

Impact of Suicide

"The impact of a suicide on next of kin or loss survivors is immeasurable and profound."[28]

Several studies have concluded that bereavement following var-

Photo courtesy of Staff Sgt. Christopher Gross, *A Widow's Story*, November 11, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2001319794.widows story.jpeg

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27. DoD Directive 6490.14, "Defense Suicide Prevention Program," (June 18, 2013), 14.

28. Rajeev Ramchand et al., *Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors* (Santa Monica, CA: RAND Corporation, 2015), 51.

ious forms of death demonstrate more similarities than differences with one another; for instance, no significant differences in long-term health issues for survivors are noted between expected, sudden, accidental, or suicide deaths. Most studies have shown that when differences do occur between bereavement types, they are usually associated with themes of obsession and anxiety rather than intensity. "In other words, the overall level of adaptation in terms of preoccupation, depression, and health problems, differs only marginally between modes of death."[29]

A general impact that suicide can have on bereaved individuals is the trauma they may have experienced from either witnessing the death from a close distance or its direct consequences by discovering the body, which is fairly common with suicide. In these cases, the bereaved individual can also experience issues associated with intense post-traumatic stress reactions as part of their grief and bereavement process.[30] "Suicide is usually a heavier burden to bear and more difficult to handle than sudden death by other causes, because the cause of death was initiated by the deceased personally, unlike accidents, where death occurs due to something external to the deceased and was neither desired nor controlled by a personal act of will, or as a result of illness, where death crept up from within."[31]

Clark and Goldney referred to themes of grief to describe the impact that suicide has on family and friends of the deceased. "Although an individual's grief is as unique as his/her fingerprint, there are commonalities to the emotional experiences following suicide."[32] The following (Table 1) summarizes the themes of grief as

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29. Mishara, 13.

30. Mishara, 15.

31. Kari Dyregrov, Einar Plyhn, and Gudrun Dieserud. *After the Suicide: Helping the Bereaved to Find a Path from Grief to Recovery*. (London: Jessica Kingsley Publishers, 2011), 15.

32. Sheila E. Clark and Robert D. Goldney, "The Impact of Suicide on Relatives and Friends," in *The International Handbook of Suicide and Attempted Suicide*, ed. Keith Hawton and Kees van Heeringen (West Sussex, England: John Wiley & Sons, 2000), 470.

laid out by Clark and Goldney.

Photo courtesy of Airman 1st Class Lauren M. Johnson, *Low Crawl*, December 15, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2001328610.low crawl.jpeg

Table 1. Themes of Suicide Grief[33]

Shock/Disbelief	» from discovering the body
	» at the death and that it was suicide
Relief	» that the threat of suicide is over and that life can resume normally
	» the deceased person is no longer in pain and out of distress
Horror	» from the emotional distress of the deceased
	» from the suffering in the dying process
How?	» what method and substances were used
Why?	» the events and relationships leading to the death
	» the state of mind of the deceased before death

33. Source: Adapted from Clark and Goldney, Table 26.1.

Guilt	»	for contributing to the suicide or for not prevent-ing the suicide
	»	for poor parenting, the breakdown of the rela-tionship, or for sibling rivalry with the deceased before death
	»	using the guilt to punish oneself for the suicide
	»	about having a death wish (to join the deceased)
	»	at the sense of relief after the death
	»	from the content of the suicide note
Blame	»	towards other people for their contribution
Rejection	»	towards other people for their contribution
Shame	»	about mental illness, the suicide, blame, guilt
Loss of Trust	»	difficulty in maintaining old or forming new relationships
	»	lonliness and social isolation
Wasted Life	»	remorse at unfulfilled talents and opportunities
Crisis of Values	»	fall of self-esteem
	»	confusion in personal and existential values and beliefs
Suicidal Thoughts	»	to join the deceased
	»	from loss of meaning and purpose in life, clinical depression
Fear of Another Suicide	»	over-protection of family members
Unfinished Busi-ness	»	wishing the deceased had known how much they were appreciated
	»	about past disputes
Anger	»	at the deceased for the emotional pain and added responsibilities
	»	at being cheated out of the relationship, at not being able to retaliate
	»	at the system, self, press, therapist, God

Grief Recovery	» reasoning that the deceased is out of emotional pain
	» discerning a peaceful expression on the deceased's face after death
	» fulfillment of the deceased's wish, relief that the suicide is over
	» recognizing there may be few answers
	» developing a new spiritual relationship with the deceased
	» finding meaning from the loss

Photo courtesy of Justin Connaher, *200108-F-LX370-1313*, January 8, 2020, accessed February 7, 2020, https://www.af.mil/News/Photos/igphoto/200223621 2/200108-F-LX370-9313.jpeg

Impact on Family

Cleiren conducted a psychological assessment on 44 suicide-be-reaved families and found that death by suicide was not as unex-pected as one might imagine. Of the 44 cases, in 36 there was a long history of depression, including related hospitalization. In nearly half the cases, there were earlier suicide attempts, and in five cases the deceased family member actually announced their intentions in advance. In seven cases, the family member was experiencing extreme amounts of pain, and at least two of them had requested euthanasia

but were denied. Of the 44 cases, only five did not fit into any of the other categories. Overall, about half of the suicide bereaved families reported that the suicide was, to a certain degree, expected.[34]

According to Cleiren and Diekstra, there are several components of the loss that impact the family—loss of roles and goals, loss of resources, loss of the assumptive world, and loss of self-definition. "In close relationships, when people live together, daily roles (in particular marital, and parental roles) are partly or entirely disrupted as a consequence of loss. Meaningful activities the bereaved performed for the deceased, as well as functions the deceased had in the life of the bereaved, are lost."[35] Often times there can be an emotional distancing between the deceased and the bereaved, particularly with suicide. The bereaved may look back on the relationship with less intimacy, less satisfaction, and more ambivalence. However, "openly problematic or ambivalent relationships do not seem to give rise to a problematic bereavement process," but rather "appear to mark a more independent self-definition in the bereaved."[36]

Another impact on the family unit is manifest in the form of a loss of resources necessary to cope with the consequences of the loss of a family member. Cleiren and Diekstra defined these as material and social resources. For example, the loss of a spouse can also spell a drop in family income—material resource. Loss of social resources can manifest itself in a few ways. First, generally within a marital relationship one spouse is leaned on more for emotional and practical support. Married men often rely on their spouse to be their "gateway" to social networking while married women typically find sources of support from friendship relationships with other females. Additionally, widows and widowers may see a breakdown in friendship bonds with other couples as the same-sex members of befriended couples

34. Mishara, 14.

35. Mishara, 17.

36. Mishara, 17-18.

see the bereaved spouse as a threat to their own relationship. Second, the bereaved family member can experience social loss by being stigmatized because of the nature of the death (i.e., suicide) or blamed by their social environment for the loss itself or for the circumstances that led up to the death. Particularly in religious communities, suicide can be viewed as an egregious sin, which can lead to condemnation of the act and isolation of the bereaved individuals.[37]

The assumptive world, or the way that a person makes sense of the world around them, can also be disrupted with the loss of a family member. This loss of the assumptive world can be made evident in the form of undermined beliefs of controllability and trust or as challenged existential or religious beliefs. For instance, "when the characteristics of the bereaved and [his or her] situation closely resembled those of the deceased (which is often the case in siblings), and when the bereaved identifies with the deceased, the trust in a 'safe world' may be strongly affected…. In the suicide bereaved, it is common fear that they may resort to suicide, often by the same method as the deceased, should problems occur."[38]

The extent to which a bereaved individual's sense of self-definition is affected by the loss is perhaps the greatest link to whether they will experience long-term issues related to the loss. The deceased family member can often be seen as an extension of self for the surviving member, necessary for one's own ability to function or be satisfied in life. A combination of the losses of the assumptive world, roles, and goals with the inability to restructure or repair the losses can affect the self-concept of the surviving family member.[39]

With the death of a family member, a void is created within the family. This vacancy may beg to be filled or simply to be reminisced.

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37. Mishara, 18-19.

38. Mishara, 20.

39. Mishara, 20-21.

Often times, family narratives are created and retold, solidifying the memory of the departed loved one. These memory narratives, or stories, about the deceased member of the family will often reinforce the role they held in the family.[40]

Parents

Many comparative studies on bereavement have indicated that the loss of a child can be the most devastating—with the intensity of grief being the highest among bereaved parents. "Parents who lose a child, regardless of its age, show more depression, anger, guilt, and despair than those who lose a spouse or parent. Mothers are particularly at risk: many experience an overwhelming feeling of loss of control over the world and their lives."[41]

Spouses

"The loss of a spouse substantially differs from other family relationships in a multitude of roles, goals, and social characteristics. The importance of the spouse as a provider of security and support, the frequent operation of the couple as a social unit, and the intricate entanglements of daily life are, to some extent, unique or apply more strongly to the spousal relationship."[42]

Photo courtesy of Sean Kimmons, December 12, 2015, Air Force Photos, accessed March 21, 2016,http://www.af.mil/News/Photos.aspx?igphoto=2001324899.siblings.jpeg

Children

When a parent is the one who dies by way of suicide, it can be understandably distressing for surviving children. The death of a parent by suicide seems to exacerbate already existing problems within the family (legal, financial, etc.), thus necessitating added attention to the children. Young child survivors of suicide often internalize the suicide and become fearful of dying by suicide themselves. Additionally, surviving children of parent suicide appear to be at increased risk for psychological issues and future suicide attempts or death by suicide.[43] However, Ratnarajah and Schofield performed a review of current literature on the topic of individuals impacted by their parent's suicide and concluded that this is a relatively under researched area of study, "especially when the death occurred during childhood or adolescence."[44]

Siblings

It is not uncommon for a child or adolescent siblings to feel the need to step into a vacated family role. "The death of a sibling may leave the [surviving] child with a concern about 'living up to,' or replacing, the deceased brother or sister."[45] Nancy Dickens similarly wrote, "Children and adolescents often carry a huge burden within the family grieving the loss of a child. Siblings do not want to burden or upset their parents any further by discussing their own grief, so they keep emotions deep within themselves."[46] Death of a sibling can affect adult siblings differently than younger siblings. In the words of one author, "Adolescence is a particularly difficult time to grieve the death of a sibling, because it is a time of significant physiological, relational, cognitive, and psychosocial change."[47] Additionally, following the death of a child, the parents are grieving as well, and therefore, have a reduced capacity for tending to the needs of their surviving children, which in turn deepens the feelings associated with grief symptoms in the children.[48]

Friends

Ringler and Hayden suggested that a common discussion within research has been the vulnerability that bereaved adolescents appear to exhibit due to the substantial social and biological changes going on in their young lives. Because adolescents often identify more with peers than with family, and the fact that a peer loss is likely to be a sudden or violent death, there can be additional stress with their bereavement that may go unacknowledged or unrecognized.[49]

Military Families

Very few studies have specifically examined bereaved military families. Though referring primarily to combat-related deaths, Har-

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49. Laural L. Ringler and Davis C. Hayden, "Adolescent Bereavement and Social Support: Peer Loss Compared to Other Losses," *Journal of Adolescent Research* 15, no. 2 (Mar 2, 2000): 211.

rington-LaMorie and McDevitt-Murphy discussed the impact that death can have on a military family. "After the loss, spouses often feel the loss of an identity as a 'military spouse,' loss of a way of life as a 'military family,' loss of housing (if on base or post), loss of friends through the unit or command, and a loss of feeling connected to the greater military community."[50] For a violent death of a parent, children may present symptoms of childhood traumatic grief (similar to symptoms of PTSD) as they imagine the details of the death.[51] Depending on the circumstances, parents and siblings of deceased military members can find themselves feeling forgotten by the government and without adequate space to express their grief. Parents often feel intense feelings of anger, guilt, and blame (regardless of whether the causal reasons for these feelings are real or perceived). Siblings of military members are "often an unrecognized and disenfranchised group of survivors, who cope to survive in the shadow of their service member sibling's death."[52]

"Forgotten Grievers"

The term "forgotten griever" is often used to describe someone who is suffering from disenfranchised grief. Disenfranchised grief can be described as grief that is not openly acknowledged, displayed or mourned in public, or is not socially supported.[53] Kenneth Doka, a well-known practitioner in the study area of disenfranchised grief, divided it into five broad categories: 1) the relationship with the deceased is not recognized, 2) the loss is not acknowledged, 3) the griever is excluded in the mourning process, 4) severe circumstances of death, and 5) individuals grieve in different ways.[54] Disenfranchised grief can manifest itself for individuals who are not seen as having a primary relationship with the one who has died. For example, when

50. Neimeyer et al., 267.

51. Neimeyer et al., 268.

52. Neimeyer et al., 269.

53. Brenda Mallon, *Dying, Death and Grief: Working with Adult Bereavement* (London: Sage, 2008), 153. See also Sanders, 145.

54. Kenneth J. Doka, *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice* (Champaign, IL: Research Press, 2002), 10-14.

a child passes away, it is usually referred to and thought of as the parents' loss, and siblings, grandparents, and other extended family members, though grieving themselves, can become an afterthought in the grieving process (hence "forgotten").

Likewise, when a military member is killed, the loss tends to be viewed exclusively as the family's loss and the comrades of the fallen soldier can become forgotten or disenfranchised. Harrington-LaMorie and McDevitt-Murphy acknowledged that,

> military related deaths have a broad effect. Recognized primary grievers usually include spouses, children, and parents. The acute influence of grief upon fellow service members is typically quickly addressed by a unit memorial service, and the implicit message for the soldiers is that their grieving process is at an expected end, although loss-related feelings continue to resonate. The mission must continue, and service members go right back to duty. The study of the effects of traumatic death loss (acute and long-term), intervention strategies, and risk and resiliency in both these populations is immensely underrecognized.[55]

55. Neimeyer et al., 263.

Impact on Military Members

The bonds formed by those in the military, especially those who face combat together, cannot and should not be discounted. As one military mental health professional observed, "In the U.S. Army, a company can consist of about one hundred soldiers. They train together for months prior to a deployment and then live with each other in close contact for a year or more when deployed to a combat zone. Such a lifestyle can foster lifelong friendships. Therefore, a suicide within a company can affect all of its members as well as those in surrounding units."[56]

In many ways, the attachments shared by soldiers and the relationships forged through the fires of combat are just as strong (if not stronger) as those of blood relations. The sudden death of a comrade can have profound effects on military members.[57] "We can never fathom the soldier's grief if we do not know the human attachment which battle nourishes and then amputates…. Combat calls forth a passion of care among men who fight beside each other dthat is comparable to the earliest and most deeply felt family relationships."[58] Major Dick Winters, Commander of Easy Company of the 506th Parachute Infantry Regiment that served in Europe during World War II, echoed these sentiments when speaking of the men he served with, his "buddies with whom I shared a unique bond, to men who are my brothers in every sense of the word."[59]

Grief can be further complicated and disenfranchised by relationship to the deceased. For example, the role of commander is a lonely position to be in, which can become even lonelier when a soldier under his or her care and stewardship is killed. On his personal combat leadership experience, a U.S. Army Captain anonymously stated, "I doubt that anything could fully prepare a company commander to deal with the death of one of his Soldiers." [60]Another

60. Anonymous, "Leadership and the Death of a Soldier," Army 56, no. 7 (July 2006): 63.

affirmed, "I now understand the things I'd heard about the burden of command…. I wouldn't wish this experience on any leader."[61]

Major Winters also said of his experience leading his men during World War II, "I am still haunted by the names and faces of young men, young airborne troopers who never had the opportunity to return home after the war and begin their lives anew. Like most veterans who have shared the hardship of combat, I live with flashbacks—distant memories of an attack on a battery of German artillery on D-Day, an assault on Carentan, a bayonet attack on a dike in Holland, the cold of Bastogne. The dark memories do not recede; you live with them and they become a part of you."[62] In this regard, service members can carry sadness throughout their lives.

Some studies have focused on the impact of suicide in non-military organizations. For example, Kinder and Cooper examined the effects of suicide on a civilian workplace. Some of the effects of a suicide within an organization can include the company's name becoming tarnished, fellow employees feeling anger toward the organization that they may have in some way contributed to the death of their coworker, and the memory of the event having far-reaching impact on the local community. Additionally, a great deal of time and other resources may be expended by management and other personnel, which can ultimately affect the company's "bottom line." Furthermore, it can create a taxing situation for other members of the organization, including managers who assume a "front-line" role, human resource professionals, healthcare practitioners, and other personnel in support functions.[63] The needs of various members of the organization should not be overlooked, particularly mental health practitioners in the organization can find their own psychological

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61. Anonymous, "Leadership and the Death of a Soldier," 65.

62. Winters, 3.

63. Andrew Kinder and Cary L. Cooper, "The Costs of Suicide and Sudden Death within an Organization," Death Studies 33, no. 5 (2009): 414.

wellness become affected if one of their clients commits suicide.[64]

Impact on Spirituality

Though much evidence reveals the negative effects that can occur when an adolescent has a sibling die, other evidence has suggested

Photo courtesy of Staff Sgt. Joshua Turner, *MARE*, December 15, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2001333218.walking silhouette.jpeg

a seemingly more positive outcome. For instance, Professor David Balk, who has published many works in the areas of bereavement and adolescent behavior, stated that "many youth attain an increased sense of maturity, resiliency, and psychological growth as they cope with their sibling's death. Growth-producing aspects include perceptions of being more mature than friends, belief in the ability to cope more successfully with distress, increased empathy and compassion toward parents, and an increased sense of creativity."[65]

64. Kinder and Cooper, 417.
65. David E. Balk, "The Self-Concepts of Bereaved Adolescents: Sibling Death and Its After-math," *Journal of Adolescent Research* 5, no. 112 (January 1, 1990): 114.

In a separate study, Balk examined the link between bereavement and spirituality. His argument was that life crises trigger spiritual change and that bereavement is indeed a life crisis.

> Crises trigger spiritual change, but only those crises (a) that allow time for reflection, (b) whose aftermath is forever colored by the experience of the crisis, and (c) which create a psychological imbalance or disequilibrium that resists readily being stabilized…. Bereavement, the prototypical life crisis, is the situation facing all persons with attachment to someone else. Rather than being solely a coping mechanism to loss, bereavement poses a life crisis because of the considerable power of bereavement to cause harm as well as to promote growth.[66]

He further argued that bereavement affects cognitive functioning and behavior, and that

> bereavement affects spirituality by challenging the griever's very assumptions about the meaning of human existence…. Bereavement contains all the ingredients needed to trigger spiritual change. It is a dangerous opportunity, producing extreme psychological imbalance, and possessing sufficient intensity and duration to allow for serious reflection. Its effects color a person's life forever after."[67]

In support of his argument, Balk used what he called "The Case of the Condemned Man." In this he referred to the Gospel accounts of the death of Jesus Christ and how there are two crises contained in the story—one crisis that he experienced himself and another crisis that his followers experienced. With the first crisis, Jesus found himself betrayed, abandoned, mocked and ridiculed, and killed in terrible manner; Jesus ultimately turns to God at the end of his mortal existence. Balk says that one might wonder what the story of Jesus has to do with them, and that the case of Jesus is not very relatable because

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66. David E. Balk, "Bereavement and Spiritual Change," *Death Studies* 23, no. 6 (1999): 486.
67. Balk, "Bereavement and Spiritual Change," 486-8.

it seems all too fantastical.

> Perhaps so. But what about the crisis experienced by the followers of Jesus? Have you wondered how they recovered from abject despair over his death and the utter destruction to their plans and hopes? Surely they suffered existential anguish over having been fundamentally mistaken. Surely they were bereaved, and yet they came out of it with the utter conviction that his death was the ultimate presence of the divine in their midst. The followers of Jesus passed from bereavement to a changed conviction about the meaning of life and death. Surely that was a spiritual change of the first order.[68]

Case Study: Suicide in a Deployed Environment

Dr. Russell Carr, United States Navy, closely examined a specific case where an Army soldier committed suicide while in a combat zone in Iraq, where Dr. Carr was the soldier's treating psychiatrist. On the reaches of the impact of the suicide, Dr. Carr noted that his account of the events "describes at least thirteen soldiers affected by the suicide, not including the Combat Stress Control (CSC) team [which consisted of one psychiatrist, two social workers, and three enlisted mental health specialists], a number that is well beyond Shneidman's six."[69] Dr. Carr observed, "The emotional reactions that followed the suicide varied among individuals, but were based on four general perspectives: members of his unit, soldiers on base from other units, staff of the Troop Medical Clinic, and the CSC staff. These reactions included guilt, disbelief, anger, shock, and, of course, sadness."[70]

Fellow Soldiers

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68. Balk, "Bereavement and Spiritual Change," 489-90.

69. Carr, 96.

70. Carr, 97.

From the deceased soldier's immediate Company, Dr. Carr recorded his observation of expected reactions from fellow soldiers and the leadership, including the commander and First Sergeant, who became increasingly more aware of signs indicating higher levels of stress, depression, and potential suicidal actions among members of the unit. He also noted that friends and fellow soldiers reported great feelings of guilt, sadness, and trauma (especially for the individual who found the soldier immediately after he shot himself in the chest).[71] Others on base, even soldiers who did not personally know the deceased, felt the impact of the suicide either as aggravations of previous mental health issues or from becoming scared and saddened by the news by perceiving his situation being similar to their own— shortly following the suicide, three separate soldiers were evacuated from Iraq to Germany for further psychiatric treatment.[72] The First Sergeant routinely accompanied soldiers to the clinic, checked up on other soldiers who had been seen at the clinic, and even took time to

71. Carr, 98.

72. Carr, 99.

visit with and "vent" to members of the staff of mental health professionals. Additionally, the Company leadership ordered ammunition to be kept in a storage facility except for during missions, and the senior leadership ordered a four-hour long interactive training on stress management for all 4,000 troops on base.[73]

Caretakers

Members of the base medical staff and CSC team were also affected by the suicide. The medical staff who worked to resuscitate the soldier experienced feelings of shock and sadness while trying and after failing to revive him. "Although the staff had all seen soldiers severely wounded in combat, many of them had difficulty treating a fellow soldier's intentionally self-inflicted wounds."[74] One of the three soldiers who were evacuated to Germany was one of the medics who worked to try to revive the soldier; she had already begun receiving treatment for depression and anxiety prior to the incident but was deeply affected by it and, though never experiencing suicidal thoughts previously, became suicidal to the point of needing psychiatric hospitalization.[75]

The stress level of the CSC team heightened as they saw an upsurge in workload following the death with an increase in the level of pathology seen at the clinic and in the administrative burden put on the team—not the least of which was the responsibility to provide the stress management training to 4,000 soldiers in increments of 20-person groups.[76] Along with stress that came with increased scrutiny from their chain of command and from other mental health care teams, the CSC team members also found themselves becoming excessively conservative and self-doubting in their practice as mental

73. Carr, 100-101.

74. Carr, 102.

75. Carr, 100.

76. Carr, 101.

health caregivers, which has been found to not be uncommon for providers to do so fearing lawsuits or other legal action.[77] Additionally, the CSC team was impacted when they were denied request to attend the closed memorial service for the soldier (except for the treating psychiatrist who was finally granted special permission to attend), which became a source of anger and disappointment for the CSC team members.[78]

Uniqueness of Military Service

Dr. Carr pointed out that out that the patient-client relationship in a military environment is often distinct from their civilian counterparts, which can create circumstances where caretakers are required to aside their own personal feelings and reactions to a suicide in order to focus on and care for other affected soldiers. "As a unique circumstance of a military environment, the mental health providers who treated the soldier before he committed suicide were the same ones who responded to the needs of his survivors. This situation is common in a military setting and can complicate the bereavement process for the providers."[79]

> Although a combat zone differs from the environments depicted in studies on suicide survivors in the literature, there are similarities between the aftermaths of those suicides and the effects this report documents. Stigma is one such area…. Although there were efforts to support the company following the suicide, the arrangements for the soldier's memorial service created stigma. Those personnel allowed to attend the service were limited, and the treating psychiatrist had to seek specific permission to attend it. Restricting access to the memorial service created a sense of shame about the death and, perhaps, for those who attended it,

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77. Carr, 102.

78. Carr, 102.

79. Carr, 102.

a sense of needing to be cordoned off from other soldiers. There was also frustration and a sense of disregard among those not allowed to attend but who wanted to be there.[80]

Recognizing the fact that most current research on the impact of suicide has been focused on immediate family members (spouses, children, parents, etc.) and sometimes extending to the effects on adolescent peers, Dr. Carr suggested, "Members of a military unit do not neatly compare to any of these groups. They also cannot simply be compared to friends of someone who kills himself."[81]

Postvention

A "pragmatic definition" for postvention comes from Karl

Photo courtesy of Tech. Sgt. Robert Cloys, *Florida Army, Air Force National Guard Kick Off Thanksgiving with 'Turkey Bowl'*, November 26, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/ Photos.aspx?igphoto=2001322517.football.jpeg

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80. Carr, 102.

81. Carr, 103.

Andriessen who described postvention as "those activities developed by, with, or for suicide survivors, in order to facilitate recovery after suicide, and to prevent adverse outcomes including suicidal behavior."[82] However, Andriessen also argued that the field is somewhat lacking operational and consensus definitions and nomenclature to describe what is meant by suicide survivor and postvention.[83]

Several works have provided guidance for implementing postvention and other post-suicide interventions. One grief and bereavement counselling guide, by Humphrey and Zimpfer, referred to suicide as a "triple threat" in that it spells the loss of someone significant to the bereaved, the death is sudden, and it is packed with emotional elements. Because of the special considerations with suicide, Humphrey and Zimpfer recommended the following interventions.

» First approach the situation in a similar manner to trauma, which begins with providing support for the individual as they face the immediate feelings of shock, horror, and numbness.
» Second, address the major emotions associated following a sui cide—shame, guilt, anger, and fear.
» Lastly, they recommended using cognitive interventions to ad dress the distorted and prevailing thoughts of the bereaved.[84]

The following are some recommended areas of focus when supporting and ministering to individuals and families bereaved by suicide.

Postvention as Prevention

Several studies have shown evidence "that those bereaved by sui-

82. Karl Andriessen, "Can Postvention Be Prevention?," *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 30, no. 1 (2009): 43.

83. Andriessen, "Can Postvention Be Prevention?," 45.

84. Geraldine M Humphrey and David Zimpfer, *Counselling for Grief and Bereavement*, 2nd ed. (Los Angeles: SAGE Publications, 2008), 139-41.

cide are at risk for experiencing suicidal ideation, which is associated with increased risk for mental disorders and suicidal behaviors."[85] The terms suicide contagion (the idea that suicidal act causes or influences another) and suicide cluster (a grouping of suicides greater than would be expected) are often used in the literature to describe the observed phenomena of multiple suicide deaths happening in a single community; however, the term contagion remains somewhat contentious in pinning down an exact definition, whether there really is a causal effect following an exposure to suicide, and/or whether a suicide cluster denotes a contagion.[86]

This begs one of the major questions surrounding postvention, whether it can double as prevention. Andriessen concluded that suicide survivors are great contributors to what is known about suicide, giving insight into its prevention. "Suicidology without the involvement of survivors would be poor suicidology. Suicide prevention without survivors would be poor prevention. Given the fact that survivors are both a risk group for suicide, and simultaneously are involved in suicide prevention, postvention…is an integral and indispensable preventive part of a comprehensive suicide prevention program. Postvention is prevention."[87]

Grief Support

When ministering to Individuals and families who have been impacted by suicide, the effects of grief and providing grief support must be considered. Survivors of suicide unsurprisingly experience a great deal of grief. However, grief and bereavement from differing forms of death are more similar than not. Yet, those bereaved by sui-

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85. Ramchand et al., 17.

86. Qijin Cheng et al., "Suicide Contagion: A Systematic Review of Definitions and Research Utility," *PLoS One* 9, no. 9, e108724 (September 2014): 1. Jason R. Randall, Nathan C. Nickel, and Ian Colman, "Contagion from Peer Suicidal Behavior in a Representative Sample of American Adolescents," *Journal of Affective Disorders* 186 (1 November 2015): 219.

87. Andriessen, "Can Postvention Be Prevention?," 46.

cide are more likely to experience greater feelings of rejection, shame, stigma, and blaming. Additionally, suicide bereaved individuals have the potential of slipping into a more deeply entrenched, longer-lasting version of grief—complicated grief. Implied by the name, those suffering with complicated grief face complications with their grief, including elevated distress and adverse effects on physical health.

Is Suicide Different From Other Types of Bereavement?

Several studies have examined whether bereavement following suicide is different from other types of death. For example, Dyregrov et al., compared bereavement of parents of children who committed suicide, died by traumatic accident, and sudden infant death syndrome (SIDS). They observed that all parents expectedly displayed severe reactions to their children's deaths, but the parents whose children died by suicide and accidents experienced greater psychosocial health issues.[88] However, ultimately they concluded that "the similarities of grief reactions are apparently greater than the differences. This is evident both when it comes to general health problems, post-traumatic reactions, and complicated grief."[89]

Likewise, Sveen and Walby concluded that no substantial evidence exists that a unique brand of grieving exists for those bereaved by suicide than by other forms of death; however, "when specific aspects of the suicide survivors' grief are considered, the evidence clearly shows significant differences compared with all other survivor groups regarding the following variables; rejection, shame, stigma, concealing the cause of death, and blaming."[90]

Models for Grief and Bereavement

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88. Kari Dyregrov, Dag Nordanger, and Atle Dyregrov, "Predictors of Psychosocial Distress After Suicide, SIDS and Accidents," *Death Studies* 27, no. 2 (Feb/Mar 2003): 149-51.

89. Dyregrov et al., 162.

90. Carl-Aksel Sveen and Fredrik A. Walby, "Suicide Survivors' Mental Health and Grief Reactions: A Systematic Review of Controlled Studies," *Suicide and Life-Threatening Behavior* 38, no. 1 (February 2008): 25.

Kübler-Ross Stages of Grief

Photo courtesy of Senior Airman Christian Clausen, *Title*, February 11, 2016, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2001342672.paperwork.jpeg

After spending several years working with and observing dying patients, Elizabeth Kübler-Ross presented the five stages of coping mechanisms when facing death in her seminal work, *On Death and Dying* (originally printed in 1969)—denial and isolation, anger, bargaining, depression, and acceptance.[91] She explained that these various coping and defense mechanisms, which help people deal with difficult situations, "will last for different periods of time and will replace each other or exist at times side by side. The one thing that usually persists through all these stages is hope."[92]

Sanders' Integrative Theory for Bereavement

91. Elisabeth Kübler-Ross, *On Death and Dying*, Reprint ed. (New York: Macmillan, 1973).
92. Kübler-Ross, 122.

Similar to Kübler-Ross, Catherine Sanders defined five phases of bereavement as part of her integrative theory. These phases consist of shock, awareness of loss, conservation-withdrawal, healing, and renewal, and she defined each by characteristics of general feelings, physical symptoms, and psychological aspects.

- **Shock**—is where the bereaved finds his or herself in a "confused state of disbelief and is in an intense state of alarm" that is fueled by doses of adrenalin that provide the physical strength and protection to carry them through the expected motions.[93]
- **Awareness of the loss**—the protective numbness wears off and the bereaved individual is forced to face the reality of the loss, which can (among other things) bring about anxiety, stress, anger, guilt, shame, and sleep disturbance.[94]
- **Conservation-withdrawal**—is characterized by the fatigue, despair, and weakened immune system following the intense and physically taxing first two phases.[95]
- **Healing**—is where the bereaved begins to regain control and is the turning point of the bereavement process, characterized by increased energy and forgiveness.[96]
- **Renewal**—is where the pain of bereavement has (for the most part) subsided and the bereaved individual begins to turn outward with their newfound sense of identity.[97]

Furthermore, Sanders incorporated the process of the five phases into her integrative theory of bereavement, which includes the impact of internal (age, gender, personality, etc.) and external (social support, relationship, socioeconomic status, etc.) factors and an outcome that

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93. Sanders, 37.
94. Sanders, 38.
95. Sanders, 39.
96. Sanders, 40.
97. Sanders, 41.

will be positive, negative, or no change.[98]

Neimeyer and Sands Tripartite Model of Suicide Bereavement

Neimeyer and Sands advocated what they refer to as the tripartite model of suicide bereavement, which "is a meaning-making model that focuses on the distinctive themes with which those bereaved by suicide struggle in the aftermath of the death" and relies heavily on finding meaning through the reconstruction of the narrative surrounding the event.[99] They designated three phases of the model using a shoe metaphor of trying on, walking in, and taking off shoes of the deceased.

- **Trying on the shoes**—is "concerned with the difficulties of decoding and understanding the self-volition of a suicide death. These issues are explored through a range of themes that frequently take the form of 'why' questions."[100]
- **Walking in the shoes**—is "concerned with making sense of the pain of the life and death of the deceased. This entails attempts to understand the experience of the deceased and tends to be focused on the pain and trauma, known or imagined, of the deceased's life and death."[101] Walking in the shoes also incorporates what the authors refer to as the body of trust, which "facilitates making sense and integration of the bereaved person's own bodily sensations and challenging material."[102]
- **Taking off the shoes and the family snapshot**—helps the bereaved reconstruct and find meaning in the death, which both creates room for more refined layers of grief and validates the suffering of the deceased

98. Sanders, 41, 45.

99. Robert A. Neimeyer et al., eds., *Grief and Bereavement in Contemporary Society: Bridging Research and Practice* (New York: Routledge, 2011), 13-14.

100. Neimeyer et al., 14.

101. Neimeyer et al., 14.

102. Neimeyer et al., 16.

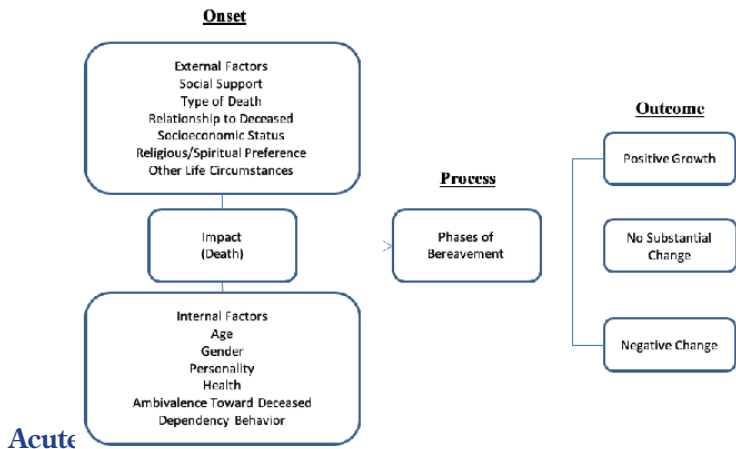loved one, and to reposition the deceased within the family. [103]

Figure 1. Sanders' Integrative Theory of Bereavement (adapted from Sanders, figure 3.1)

According to Shear, the typical progression of grief is acute grief—which lasts most of the day every day for up to six months and is characterized by disbelief and difficulty accepting the death, strong and painful emotions, preoccupying thoughts and memories of the deceased, and diminished interest in ongoing life—followed by integrated grief, which is when the grief gradually shifts over time into a background state. Complicated grief, which is also sometimes referred to as traumatic grief or prolonged grief disorder, is "a condition in which acute grief is prolonged indefinitely, accompanied by complicating thoughts, behaviors, and dysfunctional emotion regulation."[104] Shear further explained that complicated grief is both similar and yet different from normal acute grief. Similar in the sense that in both complicated and acute grief, the bereaved individual will

103. Neimeyer et al., 14, 18.
104. M. Katherine Shear, "Complicated Grief," *Psychiatric Annals* 38, no. 10 (October 2008): 663.

experience intense feelings of yearning, preoccupying thoughts, a mix of painful emotions, a sense of disbelief, and disinterest in life; however, complicated grief differs in that the grief does not subside after six months and is accompanying by excessive avoidance and deep, careful thinking about the death, the person, themselves, or the grief itself.[105]

Metaphors for Grief

The Sea Captain

"The consequence of a loss in our lives may be demonstrated by seeing ourselves as a ship captain in a stormy sea. The sea would be the metaphor for the world with its ever changing events and turmoil, with bereavement as the strong wind that sweeps up the water into roaring waves. Our ship is our body and on board we have the knowledge, skills, and abilities we possess about how to deal with the surrounding sea."[106]

A Hole in Your Heart

There is now a hole in your heart. The person you lost will never be replaced and the hole will never be filled. Gradually, you build a bridge over the hole as you come to accept the loss and the new person that you have become.

The Wave

Sometimes a grief attack sneaks up on you, like a wave when you have your back to the ocean. You can be standing in the shallows watching all that is going on along the beach. You get used to the cyclic rise and fall of the water as the steady flow of waves comes

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105. Shear, 664.
106.Mishara, 9-10.

in. Without warning, a larger wave will come in and knock you off your feet, tossing you into the surf, forcing sea water into your eyes and mouth, and leaving you teary-eyed and gasping for breath. Grief can act in a similar fashion. You can be getting comfortable with the steady flow of life as you watch all that is going on around you, but then suddenly and without warning, something will remind you of your loss. A wave of emotion will strike, tossing you, and leaving you teary-eyed and gasping for breath.

The Ball in a Glass Jar

Grief is like a ball in a glass jar. The following are two different models to describe an individual's grief.

- In the first model, the ball (grief) is so large that it fills the jar, leaving little room for much of anything–even to breath—or emotional space enough to feel anything besides the feelings and emotions that come with grief from the loss. Over time, the balls shrinks in size to something much smaller and more manageable, creating increasingly more space for the ball to move around with room for thoughts, feelings, and actions other than simply grief. This model is more convenient for others, as it implies that a person's grief can diminish away to practically nothing.

- In the second model, it is the jar that changes size, not the ball. The ball remains the same while gradually over time the jar increases in size, creating room for other things in life besides grief. This model fits better with the bereaved individual who does not want to think of their grief fading away to nothing. Their grief is what ties them to the deceased and if the grief disappears, it seems to diminish their loss and the value of the person who has died.

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Figure ferent models the glass jar. [107] 2. Two different models of the ball in
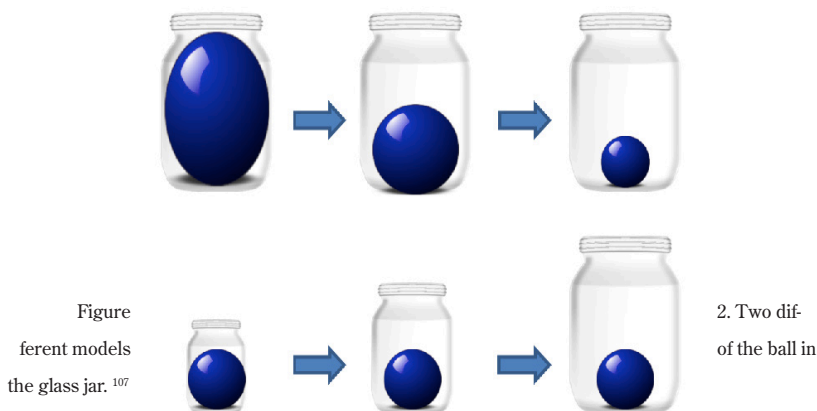
Suicide Survivor Support Groups

Survivors of suicide can find support and connection with other survivors through both support groups and by way of the internet resources. Bereavement support groups can be an effective intervention to help survivors relate with others who are feeling similar feelings of grief, shame, guilt, and stigmatization. Participation in support groups may also reduce feelings of anxiety and depression. Hughes noted that "survivors of suicide victims confront more guilt and more questions than many other groups of bereaved. Suicide is a shameful or disenfranchised death that intensifies the loneliness and despair of the survivors."[108] Often times, suicide survivors may become embarrassed to the point of not wanting to face other people; however, suicide bereaved individuals have responded well suicide

107. Adapted from Jerusha Hull McCormack, *Grieving: a Beginner's Guide* (London: Darton, Longman, and Todd, 2005), 114-5.

108. Marylou Hughes, Bereavement and Support: Healing in a Group Environment (Washington, DC: Taylor & Francis, 1995), 140.

bereavement support groups, finding a place where they can relate to others feeling similar feelings of shame, guilt, and social stigmatization.[109]

Feigelman et al., followed a survivor of suicide support group in order to study and demonstrate the progression of healing for individuals in such a setting. For their analysis, they applied Shulman's ten "dynamics of mutual aid"—sharing data, the dialectic process, exploring taboo areas, the "all-in-the-same boat" phenomenon, mutual support, mutual demand, individual problem solving, rehearsal, and the "strength-in-numbers" dynamic.[110]

No longer marginalized, survivors are able to offer each other important mutual aid, helping each other deal with the necessary life adjustments following a suicide loss. As survivors discover their similarities, they are drawn together to form a natural therapeutic environment. Through the successful models of coping behavior survivors offer to each other and their mutually reassuring and supportive responses, survivors are able to move beyond the isolating sadness of loss and once again envision possibilities for hopeful and meaningful future actions.[111]

Online Resources

The internet is a rising source of support as well. Studies have shown that some suicide bereaved individuals spend, on average, seven to eight hours per week using online resources.[112] Survivors can

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109. Hughes, 141.

110. William Feigelman et al., *Devastating Losses: How Parents Cope with the Death of a Child to Suicide or Drugs* (New York: Springer Publishing, 2012), 175; Lawrence Shulman, *The Skills of Helping Individuals, Families, Groups, and Communities*, 6th ed. (Belmont, CA: Brooks/Cole, 2009), 286.

111. Feigelman et al., 183.

112. Karolina Krysinska and Karl Andriessen, "Online Memorialization and Grief After Suicide: An Analysis of Suicide Memorials On the Internet," *Omega: Journal of Death and Dying* 71, no. 1 (2015): 39.

connect with others and tell their own story through various internet mediums such as chat groups, forums, email, and memorials. Online memorials in particular seem to resonate well with survivors to help them continue bonds with the deceased while maintaining bonds with the living. However, users of internet resources should remain cautious as there is no guarantee that online materials are trustworthy, helpful, or at least not harmful.[113]

Useful for Chaplains:

Tragedy Assistance Program for Survivors (TAPS) – www.taps.org
Military OneSource – http://www.militaryonesource.mil/
Goldstar Wives of America – http://www.goldstarwives.org/
Suicide Prevention Resource Center (SPRC) – http://www.sprc.org/
Defense Suicide Prevention Office (DSPO) – http://www.dspo.mil/

Photo courtesy of Lt. Gen. Mike Holms, *2015 TAPS National Seminar & Good Grief Camp*, May 22, 2015, Air Force Photos, accessed February 12, 2020, https://www.af.mil/News/Photos/igphoto/2001050307/TAPS.jpeg

113. Karolina Krysinska and Karl Andriessen, "On-Line Support and Resources for People Bereaved through Suicide: What Is Available?," Suicide and Life-Threatening Behavior 40, no. 6 (December 2010): 649.

Bibliotherapy

"The right story at the right moment is an arrow to the heart. It can find and catch what is hiding inside the reader (or the listener), the secret hurt or anger or need that lies waiting, aching to be brought to the surface."[114] - Bruce Colville

Bibliotherapy employs the "healing power of books" to help people with issues they are facing in life. Bibliotherapy has been defined to mean "helping with books," "healing through books," or "remediation through reading."[115] Melissa Allen Heath et al., stated, "Bibliotherapy consists of sharing books or stories with the intent of helping an individual or group gain insight into personal problems."[116]

First used as a form of therapy for emotional illness, bibliotherapy has grown into a wider range of applications in the field of mental health, to include weight control, treatment of phobias, attitudinal changes (prejudices, etc.), and improvement of self-concept.[117] Bibliotherapy is the "use of books to influence total development, a process of interaction between the reader and literature which is used for personality assessment, adjustment, growth, clinical and mental hygiene purposes; a concept that ideas inherent in selected reading material can have a therapeutic effect upon the mental or physical ills of the reader."[118]

"Bibliotherapy offers multiple benefits [for bereaved individuals]: providing information, augmenting insight, stimulating dis-

114. Beth Doll and Carol Doll, *Bibliotherapy with Young People: Librarians and Mental Health Professionals Working Together* (Englewood, CO: Libraries Unlimited, 1997), 8.
115. Doll and Doll, 6.
116. Melissa Allen Heath et al., "Bibliotherapy: A Resource to Facilitate Emotional Healing and Growth," *School Psychology International* 26, no. 5 (December 2005): 564.
117. Martha C. Grindler, Beverly D. Stratton, and Michael C. McKenna, *The Right Book, the Right Time: Helping Children Cope* (Boston: Allyn and Bacon, 1997), 1, 6.
118. Doll and Doll, 6.

cussion, communicating values, reducing perceived isolation, and generating solutions. Clients exposed to literature are more likely to recognize personal characteristics, understand complexity, generate new interests, increase their sense of cultural identity, and expand their worldviews."[119] Bibliotherapy can help normalize the grieving process for bereaved individuals, help them relearn the world around themselves as they come to accept the loss, and assist them in telling their own story and begin healing.[120]

Though bibliotherapy can be useful, there should be some caution against using it exclusively as the key to solving one's problems. "Self-help books should be seen as only part of a solution, rather than the entire solution" and that bibliotherapy should be considered "as a single tool to be used within a broader therapeutic context."[121] Heath et al., pointed out that "based on the mixed results of treatment outcomes in research studies, it is important to note that bibliotherapy should not be viewed as a magical fix or the sole intervention for promoting change."[122]
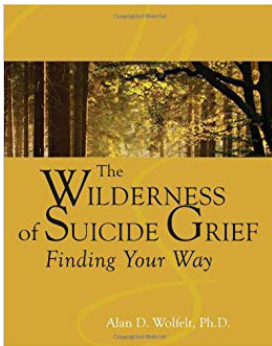
Examples of Books for Bibliotherapy

Book Title: *The Wilderness of Suicide Grief: Finding Your Way*
Author: Alan D. Wolfelt
Publisher: Companion Press
Year & ISBN#: 2010, 978-1879651-68-5
Number of Pages: 128
Reading Level: High School

119. Cynthia A. Briggs and Dale-Elizabeth Pehrsson, "Use of Bibliotherapy in the Treatment of Grief and Loss: A Guide to Current Counseling Practices," *ADULTSPAN Journal* 7, no. 1 (Spring 2008): 36.

120. Briggs and Pehrsson, 37.

121. Patti Lou Watkins and George A. Clum, eds., *Handbook of Self-Help Therapies* (New York: Routledge, 2008), 4-5.

122. Heath et al., 656-6.

Synopsis: This is one of a series of grief self-help books produced by grief counselor and bereaved individual himself (surviving the suicide of a close friend as well as the passing of his own father), Dr. Alan Wolfelt.[123] He has employed ten "touchstones" to guide the bereaved individual through the process of their grief. The ten touchstones are as follows (verbiage varies slightly from his other books and this one, which specifically focuses on suicide grief): 1) open to the presence of your loss, 2) dispel the misconceptions about suicide and grief and mourning, 3) embrace the uniqueness of your suicide grief, 4) explore your feelings of loss, 5) recognize that you are not crazy, 6) Understand the six needs of mourning, 7) nurture yourself, 8) reach out for help, 9) seek reconciliation, not resolution, and 10) appreciate your transformation. Wolfelt wrote, "In the wilderness of your grief, the ten Touchstones are your trail markers. They are the signs that let you know you are on the right path."[124]

Application: This book is well organized and easy to read for bereaved individuals. It can be used as a resource to help military and family members recognize and reconcile their feelings associated with their loss. Additionally, Dr. Wolfelt is the author of *Understanding Your Grief and Understanding Your Suicide Grief*, which each have a companion workbook journal to accompany the psychoeducational touchstone guide and help the individual come to grips with and tell their own story. "As you tell your story, your words will guide you on your unique journey through the wilderness of your grief."[125] The *Understanding Your*

123. Alan D. Wolfelt, *The Wilderness of Grief: Finding Your Way* (Fort Collins, CO: Companion Press, 2007); Alan D. Wolfelt, *Understanding Your Grief: Ten Essential Touchstones for Finding Hope and Healing Your Heart* (Fort Collins, CO: Companion Press, 2003); Alan D. Wolfelt, *Understanding Your Suicide Grief: Ten Essential Touchstones for Finding Hope and Healing Your Heart* (Fort Collins, CO: Companion Press, 2009); Alan D. Wolfelt, *The Understanding Your Grief Journal: Exploring the Ten Essential Touchstones* (Fort Collins, CO: Companion Press, 2004); Alan D. Wolfelt, *The Understanding Your Suicide Grief Journal: Exploring the Ten Essential Touchstones* (Fort Collins, CO: Companion Press, 2009).
124. Wolfelt, *The Wilderness of Suicide Grief*, 9.
125. Wolfelt, *The Understanding Your Grief Journal*, 1.
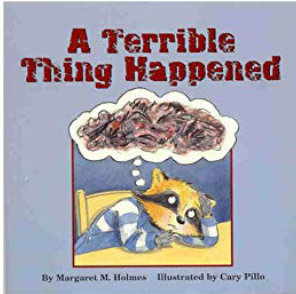
Grief and Understanding Your Suicide Grief series also have facilitator manuals for conducting bereavement support groups using the material.

Book Title: *A Terrible Thing Happened*
Author: Margaret M. Homes, illustrated by Cary Pilo
**Publisher:** Dalmatian Press
Year & ISBN#: 2000, 1-55758-701-7
Number of Pages: 32
Reading Level: Youth

Synopsis: Sherman sees something terrible—something he does not want to remember. He has trouble sleeping, has bad dreams sometimes when he does sleep, his stomach or head hurts, he gets nervous for no reason, and he feels sad but does not know why. All these things make him angry, and he starts to get into trouble at school. Then Sherman meets Ms. Maple. She helps him think about and express how he is feeling through drawing pictures and eventually through talking about it out loud. Sherman feels better once he is able to talk about how he has been feeling and about the terrible thing he saw. Sherman feels better now.

   Application: This book is great for children who have experienced something "terrible" but may not quite know how to express what they are feeling. The book does not explicitly say what the terrible thing is, which give the book a wide range of functionality. A possible application of this book may be to read it with a child and ask them how they think Sherman is feeling and whether they have similar feelings. This can be followed up with drawing pictures of thoughts and feelings like Sherman does in the book.
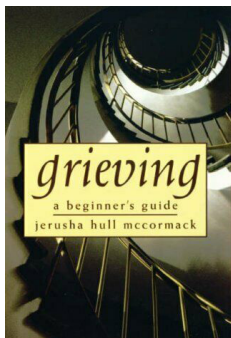
Book Title: *Grieving: A Beginner's Guide*
Author: Jerusha Hull McCormack
Publisher: Ticknor & Fields Books for Young Readers
**Year & ISBN#:** 2005, 0-232-52629
Number of Pages: 136
Reading Level: High School

Synopsis: Another example of a grief self-help book is Jerusha McCormack's *Grieving: A Beginner's Guide*. Similar to Dr. Wolfelt, McCormack has applied ten elements to assist the griever through the process. However, different from Wolfelt, she did not author her book as a professional therapist or counsellor, but rather as a fellow griever. As a sort of manual for the bereaved, she has encouraged the reader to find the resources of pain, use the human imagination to make sense of the death, explore the feelings of being lost and experiencing loss, utilize the imagery of grief being like a world without maps, transform the loss, find life after the death of the loved one, remember and forget, and grieve in a 'happy' world. She has also provided directions to what she calls a different place and guidelines for spirit guardians.

Application: In the words of Jerusha McCormack, "Grieving is not a problem to be fixed. Nor is the grieving person a problem to be fixed. There is no short cut or magic pill or formula that will cure grief. The pain is inevitable and unavoidable. The aim of grieving is not recovery…. The aim of grieving is acceptance: acceptance of the loss of someone loved; acceptance of pain; recognition of the inevitability of death."[126] This book is a relatively short, easy read for someone who may prefer psycho-educational reading to help them better understand their grief.

126. McCormack, 131.
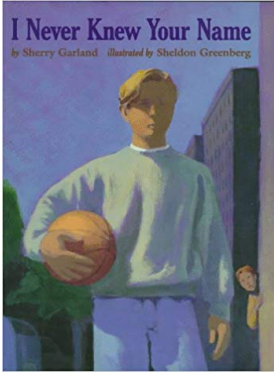
Book Title: *I Never Knew Your Name*
Author: Sherry Garland, illustrated by Sheldon Greenberg
**Publisher:** Ticknor & Fields Books for Young Readers
Year & ISBN#: 1994, 0-395-69686-0
Number of Pages: 27
Reading Level: Youth

Synopsis: A young boy becomes saddened and confused by the tragedy of a teenage neighbor who commits suicide. As the boy remembers the young man that he admired, yet admittedly did not even know the name of, and he realizes that his neighbor always seemed to be alone—playing basketball by himself late at night, feeding the pigeons on the roof, and caring for a stray dog. The boy regrets the missed opportunities for friendship, and begins to understand the importance of speaking up and reaching out to others.

Application: This book directly addresses the issue of suicide. When a service member commits suicide, surviving unit members may experience many similar feelings to the young boy in this story. Reading this book may aid service members with identifying some of the feelings associated with the complicated grief that can follow the death of a comrade by suicide and/or assist them with recognizing opportunities to reach out to others who may be in pain.
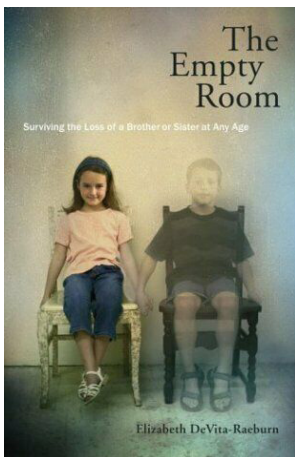
Book Title: *The Empty Room: Surviving the Loss of a Brother or Sister at Any Age*
Author: Elizabeth DeVita-Raeburn
Publisher: Scribner
Year & ISBN#: 2004, 0-7432-0151-5
Number of Pages: 229
Reading Level: High School

Synopsis: The author takes a deeper look into the difficult, and less frequented territory, of losing a sibling. She explores her own coping and bereavement of the death of her younger brother, who passed away after long, difficult journey battling a terminal illness, and incorporates the stories of other individuals, of varying ages and circumstances, who also lost siblings. She notes that losing a sibling is difficult at any stage of life and that a "fundamental theme in all sibling-loss is disruption: It isn't supposed to happen this way. What we expect of sibling relationships is varying degrees of competition, love, loyalty, friendship, ambivalence, conflict, and support that waxes and wanes throughout our lives…. When that story is cut off abruptly, the world and all our assumptions about it get thrown into the air. It's a violation."[127]

   Application: This book applies directly to surviving siblings of any age. Additionally, it may appeal to surviving military service members. In the military, strong inter-personal relationships are developed, which in many ways are more similar to sibling relations than not. When a service member loses a close friend, or brother/sister-in-arms, the process of grief and bereavement can mirror very closely the feelings associated with sibling loss, including complicated grief and ambiguous loss.

127. Elizabeth DeVita-Raeburn, *The Empty Room: Surviving the Loss of a Brother or Sister at Any Age* (New York: Scribner, 2004), 73.

Photo courtesy of Staff Sgt. Christopher Muncy, 106th Rescue Wing Honor Guard at Calverton National Cemetery, July 22, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/ Photos.aspx?igphoto=2001333257.trumpet.jpeg

Respect and Honor

"Ensuring that a service member who has died by suicide and his or her loved ones are both honored and respected is a multifaceted process. For the fallen, it includes how the remains of the deceased are handled and arrangements for memorial services, funeral rites, or posthumous honors received. For loss survivors, it includes both practical and social challenges related to understanding the death and learning to carry on without their loved one."[128]

For the Fallen

Many ways exist to show honor and respect for the deceased. Some things to keep in mind that are not always on the forefront of one's mind are thoughtfulness at the scene of death and sensitivity

128. Ramchand et al., 41.

for any cultural differences. First responders should avoid passing judgments at the scene and not punish witnesses if they may have tampered with the area (e.g., moved or cut down a hanging body) or lecture them on death scene procedures.[129] Additionally, it is important to remain aware of cultural differences (styles of communication, body language, etc.) and mindful enough to take steps in order to increase one's own cultural awareness.[130]

For Survivors

This can include family members of the deceased, fellow military service members, and caretakers or first responders. The following are a few recommendations for providing honor and respect for survivors:

- Survivors need space to grieve, which can take many forms, including support groups and individual counselling.[131]
- Reach out to and provide support for both the families of the deceased and of the loss survivors to make them aware of the suicide.[132]
- Allow for participation in the funeral or memorial service. For example, ensure fellow service members are given time off of work to attend and/or transportation to the event. Provide details about the service are distributed and available.[133]
- Provide care for caretakers (including self-care).[134] To use a passenger aircraft analogy, it is okay to put the oxygen mask on yourself first before you assist others.

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129. Ramchand et al., 74.
130. Ramchand et al., 71.
131. Ramchand et al., 76.
132. Ramchand et al., 78.
133. Ramchand et al., 77.
134. Ramchand et al., 69.

Advising Leadership

Advising leadership is an important core function of chaplain service, and suicide is an issue that no commander in his or her right mind wants to deal with on their watch. The following are some recommendations to keep in mind when advising leadership:

- Remember to honor the uniform. Just because someone died by suicide, does not mean that they never wore the uniform. Honor the fact that they died not how they died. Part of this is separating their overall service from a singular act (of suicide).
- Remembering the lessons from Dr. Russell Carr's case study, a funeral or memorial service should avoid, or at least not propagate, the stigma behind suicide.
- Encourage leaders to reach out to loss survivors (family and fellow service members), and to provide space for grieving. Help them to communicate in a calm, clear, and concise manner. Leaders can be informative, authoritative, and nurturing at the same time.[135]

Photo courtesy of Senior Airman Preston Webb, *9th CMSAF Laid to Rest*, August 14, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/News/Photos.aspx?igphoto=2001272615.comfort.jpeg

135. Ramchand et al., 74.

Appropriate vs. Inappropriate Communication

"It can be difficult to deliver accurate and effective messaging after a suicide because the reasons for the suicide are usually complex and not well understood. Messaging should not oversimplify the suicide or its causes and consequences, and it should not be judgmental or assign blame."[136]

Appropriate communications include being sensitive when speaking about the deceased, conveying that the deceased is responsible for his or her actions, and providing support resources to survivors.[137]

Inappropriate communications include describing in detail the way the person died to survivors, rationalizing the suicide, assigning blame for the suicide, oversimplifying the causes of suicide, and sensationalizing or glorifying the suicide.[138]

Say:	Do not say:
• "died by suicide" or "ended life"	• "no one could have stopped it"
• "died by suicide after prior attempt"	• "(he/she) should have been stronger"
"completed suicide"	• "see what using gets you"
	• "what a waste" or "how selfish"
Do not say:	• "God wanted them more than you did"
• "committed" or "successful"suicide	• "they are in a much better place now"
• "attempted suicide before succeeding"	• "it was his/or her time"
• "failed attempt"	

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136. Ramchand et al., 81.

137. Ramchand et al., 83.

138. Ramchand et al., 82.

Approaching the Topic of Suicide with Children:[139]

- Define suicide as when "someone makes their body stop working"
- Use age-appropriate facts and explanations
- Dispel myths and stigma about suicide
- Focus on retelling good memories and stories
- Model thoughts and feelings—children will follow your lead

Memorial Service (Interfaith) Template[140]

The following is a guideline that has been adapted from the *Reserve Component Suicide Postvention Plan*:

- Welcome (chaplain)
- Posting of Colors (Honor Guard)
- National Anthem
- Invocation - Opening Prayer (chaplain)
- Hymn (optional depending on desires and involvement of the family)
- Sacred Readings, Special Poems, or Music (unit members)
- Utilize sacred texts of the faith represented by the departed, if applicable
- Brief remarks of remembrance by unit members (optional) or civilian friends/co-workers
- Brief remarks of remembrance by the commander and/or employer
- Brief remarks by a state representative (optional)
- Message (chaplain)
- Focus on hope/healing rather than theological or personal beliefs

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139. Linda Goldman, *Breaking the Silence: a Guide to Help Children with Complicated Grief--Suicide, Homicide, Aids, Violence, and Abuse*, 2nd ed. (New York: Brunner-Routledge, 2001), 35.
140. Adapted from Jacqueline Garrick, *Reserve Component Suicide Postvention Plan: A Toolkit for Commanders* (Arlington, VA: Defense Suicide Prevention Office, May 2012), 25-6.

about suicide
- Prayer of Commemoration for the Departed (optional) (chaplain)
- If utilized, use prayers representing the faith of the deceased
- Closing Hymn (suggest Service-appropriate Hymn)
- Postlude - Closing Remarks
- Include a reminder that it is important to take care of ourselves and each other. If anyone is struggling with feelings of suicide, or knows someone who is, have them seek help immediately. Provide applicable support information.
- Retiring of Colors (Honor Guard)
- Taps (Honor Guard)
- Benediction (chaplain)

Military members are bearers of sadness…as chaplains, you help bear that sadness.

"How to Sit with Someone Who is Suicidal"[141]

Understand that their longing for death is really their longing for Home. This is a spiritual crisis, not merely a medical one. They are trying to awaken from a nightmare.

Understand that they cannot kill the Self, the One that they are, they can only kill the 'self', the one they have imagined themselves to be. Their longing to 'kill the self' is their longing to destroy the false, and awaken to Truth. Their longing to die has intelligence and creativity to it, and is worthy of respect. It is not a mistake, aberration or enemy, it is a yearning for authenticity.

Hold them, embrace them, as the urge to die - which is the urge to live in disguise - burns fiercely in them. Validate the place where they

141. Jeff Foster (www.lifewithoutacentre.com), Facebook post, November 1, 2015 (9:12 a.m.), accessed March 21, 2016, https://www.facebook.com/LifeWithoutACentre/posts/830187327078877.

are right now.

Don't try to control them or stop them feeling what they are feeling. Don't try to cheer them up or tell them that everything is really okay, or give them pre-packaged answers as a way to escape your own discomfort. They are sick of second hand answers! Go to the depths with them. Meet them in their aloneness without trying to fix them, without even trying to convince them that their desire to die is wrong, sick or invalid.

Hold their hand. Go where nobody else has dared to go.

Remember, you are only meeting yourself, meeting your own fear of death.

Don't speak to them as healer to victim, or as teacher to student, or as expert to novice, but as friend to friend, as intelligence to itself. Meet them beyond the divisive roles.

They are going through a profound crisis of identity, an essential rite of passage.

Healing always involves crisis - sudden and unexpected change. Something in them, some ancient pain, longs to be felt, touched, validated. This is a cry for love as old as humanity. Who will listen?

They long to live, but don't know how. They long for intimate connection but can't find it in 'this life'. They long for deep acceptance and profound rest.

Even though right now they feel like leaving, touch them with life, show your willingness to stay. Remind them that deep human connection is possible here, in this life, in this moment, in this place.

Show them that even in the depths of their despair, they are not alone.

Be present at their crisis. Your presence says more than words ever could. Your fear is not necessary here. You are witnessing something sacred and intimate. Offer all of yourself.

Perhaps you don't need to know how to fix or save them. Perhaps that is not your true calling. Whether they will live or die, meet them now in that strange place of not knowing.

Spend a conscious moment with them. Offer your deep listening. Remember, whether they stay or go, they are healing in the only way they know how.

All of them are beloved, all of them are worthy.

- Jeff Foster

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Photo courtesy of Senior Airman Sergio Gamboa, *Legacy, 5th Gen. Unite at Checkered Flag 16-1*, December 10, 2015, Air Force Photos, accessed March 21, 2016, http://www.af.mil/ News/ Photos.aspx?igphoto=2001326967.walking silhouette 4.jpeg

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