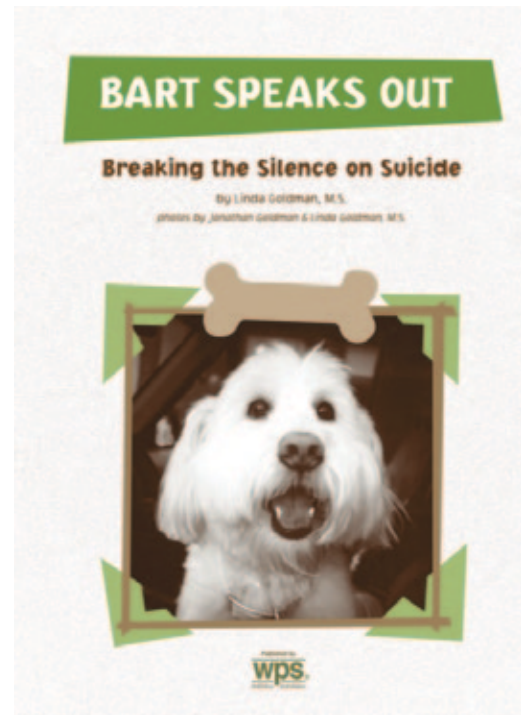


Talking to Children about SUICIDE

by Linda Goldman

“Suicide is when someone makes his or her body stop working. They may be so, so, so sad or so, so, so angry or so, so, so depressed that their mind becomes mixed up. They forget they can get help another way.” -GOLDMAN, “BART SPEAKS OUT”



WHAT IS SUICIDE?

A CHILD'S DEFINITION:

Children and suicide in today's world

Suicide ... was the second leading cause of death among children aged 12–17 years in 2010.

--CDC, Centers for Disease Control, 2013

The topic of suicide and children is one that is often approached with great difficulty. Many times parents, educators, therapists and other caring professionals are unwilling or unable to speak to young people about the issues surrounding suicide. Yet in our nation and in our world, girls and boys are inundated directly and vicariously with issues surrounding suicide. The media can act as a surrogate parent and ongoing source of information, creating graphic accounts for kids to witness and potentially glorify and imitate. Suicide/murder rampages in our schools; suicide/murder devastations within family systems; sensationalized celebrity suicides and terrorist suicide/murder traumas within our communities are relived repeatedly on television and the Internet.

Children impacted by a death by suicide are becoming an increasingly larger population. Thousands of children a year will have a parent die of suicide, with hundreds of thousands of others living with friends or family members suffering from depression and suicidal thoughts. Researchers estimate 7,000 to 12,000 children lose a parent to suicide (Forsloff, 2010). Suicide has become one of the leading causes of death among young people.

THE SILENCE OF SUICIDE

Despite children's growing awareness, society suggests children are too young to talk about suicide. A first-grade teacher died of suicide and the school requested help. “Linda, please help us talk to our students about death. We've decided not to

tell the children about the suicide.” I found my hands were tied if I kept that secret, and I persisted in emphasizing that without telling the children the truth, they could not fully grieve the death of their teacher.

Six-year-old Sophia's mom died of suicide. Just before being sent off to camp she was told that Mom died but not how she died. At age 20, Sophia learned Mom had died of suicide. Shocked, she spent much of her adult years feeling angry, frustrated and cheated. Not only did she grieve the death of her mom and the way her mom died, but also the loss of the trust of her emotional environment during childhood. “It wasn't my mother's irrational act that was so devastating,” Sophia explained, “but the way the adults around me handled that act.”

TALK TO KIDS ABOUT SUICIDE

Parents and professionals must explore the topic of suicide openly with children to break through the barriers of shame and secrecy on this topic, and create fertile ground for opening the grief process. It is natural for children to grieve the death of someone who is a significant person in their lives. Suicide can create a set of traumatic emotional issues that tend to separate young people from their natural flow of grief. Sometimes kids cannot say that someone died for fear they would have to say how that person died. These unresolved life issues, these frozen blocks of time, create a wall of ice between the child and his or her grief, and it is up to us as caring adults to help melt down that wall by:

1. **Stressing the underlying belief that it is helpful to separate the person who died from the way that person died to facilitate the grief process.**
2. **Defining suicide to children in simple and direct language that eliminates judgment.**

SUICIDE AND THE SURVIVING PARENT OR GUARDIAN

Seven-year-old Justin's dad had died of suicide and his mom, Alice, could not bring herself to tell him the truth. Using role-plays involving role reversals with parent and child can create a comfort zone for open discussion, reduce adult fears and provide a model of language to use for communicating.

Justin had been fighting on the playground, especially when someone asked him how his father died. Although told his dad died of a stroke, Justin sensed this wasn't true. That uncertainty emerged as rage with classmates.

The terror of telling her son and the overwhelming shame of her husband's suicide had silenced Alice's voice. She decided to put her explanation into a letter to Justin. It was a first step to honesty, externalizing the secret and creating an avenue to talk about his dad's death. The following is an example of that explanation:

Your dad died of suicide. Suicide is when someone makes his or her own body stop working. Your dad had been very, very sad for a long time. That is called depression. He would sleep all day, or be angry and not know why, forget things and get overwhelmed with his sad feelings. One day he took too many pills and it made his body stop working. He left Mom a note saying he didn't want to live anymore. Dad said he loved you a lot and he was proud of what a great football player you are (Goldman, Great Answers to Difficult Questions About Death, 2009, p. 27).

SUICIDE AND SHAME AND STIGMA

Zoe was a fifth grader whose dad died of suicide on her birthday just before her summer vacation. She spent the summer alone, angry and ashamed. When Zoe began a new school in the fall she explained she had not called any of her old friends. "If I called them I would have to tell them that my dad died and then I would have to tell them how my dad died. Remaining ashamed and silent, Zoe experienced not only the death of her dad and the shame and stigma surrounding it, but also the secondary loss of friendships.

SUICIDE AND LOSS OF TRUST OF THE EMOTIONAL ENVIRONMENT

Zoe experienced another loss, the loss of the trust of her emotional environment. Soon after dad's death she began feeling her mom was "on her case," fearful of drug use, promiscuity and failing grades. Six months later her mom shared a deep secret; she was left the following note by her husband. "It

is your fault I am killing myself. Please do not tell Zoe how I died. And remember to keep an eye on her because you know suicide runs in our family. Love, Mark." Only after she could speak of this note could she begin to acknowledge the overwhelming terror of the prophecy that her daughter would follow in her father's footsteps.

MAGICAL THINKING, GUILT AND OVER-RESPONSIBILITY

Gabrielle was a 10-year old whose mom had died of suicide by shooting herself in the head in the closet of her bedroom while Gabrielle was watching TV. She told her school counselor she was happy her mom killed herself. "My mom wanted to kill herself and if she is happy, I am happy." Gabrielle's mom had suffered with depression for many years. She felt it was her job to make her mother happy, a job she could never do right. Children and adults often feel an over responsibility, guilt and magical thinking that they could have saved this person. With difficult relationships, girls and boys may feel a conscious or unconscious sense of relief that they no longer have the impossible task of making that person happy and well.

"PARENTS AND PROFESSIONALS MUST EXPLORE THE TOPIC OF SUICIDE OPENLY WITH CHILDREN TO BREAK THROUGH THE BARRIERS OF SHAME AND SECRECY ON THIS TOPIC..."

SUICIDE AND MANIPULATION

A teacher had asked advice about a problem. She felt 10-year-old Katie was being manipulative and wanted to stop the behavior. Her dad died of suicide and she kept talking about him and the way he died to her friends and teachers at school. This teacher failed to realize a basic understanding – children need to tell their story over and over again within a safe environment.

Eleven-year-old Kevin threatened to jump off the roof of the school building and kill himself. His principal felt he was just being manipulative and expelled him from school. "Suicide could be the ultimate manipulation," I explained. "Would you want that on your hands?" He began the process of seeking professional help for Kevin. We need to educate all caring professionals and children that any threat of harm to oneself should be taken seriously.

NORMALIZING SUICIDE

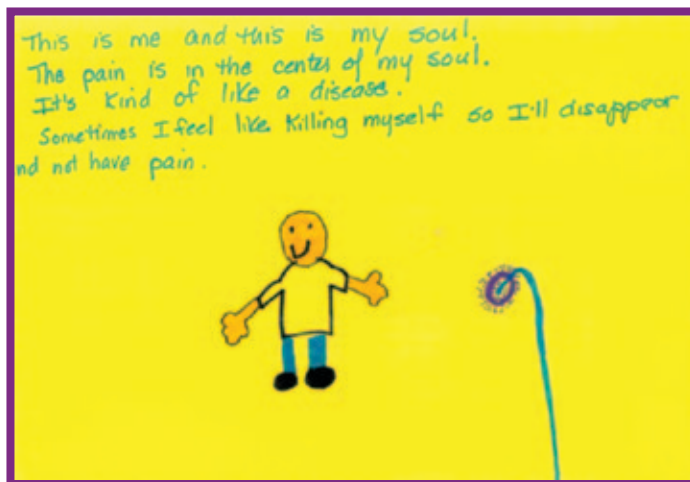
Many times children struggle with difficult feelings about suicide. Often grieving children express feelings of not wanting to seem different from other children. Sometimes children try to normalize very traumatic circumstances. One 14-year-old girl attempted to normalize a death by suicide using her own definition. She explained the way she saw suicide was that "Everyone who has died, except for elders, committed suicide" and gave examples of her thinking, including heart attack (overweight and smoking, did nothing about it); hit by a car (didn't look before crossing street); murdered (was prob-

ably involved with killer) and cancer – (smoking, never quit). She states, “Everyone does it sooner or later. Hurts themselves out of carelessness” (Goldman, *Breaking the Silence*, 2nd Ed., 2001, p. 37).

SUICIDAL THOUGHTS AND FEELINGS IN CHILDREN

Children can experience depression and not have the language or the emotional support to process difficult feelings. These thoughts and feelings remain hidden, with no outlet, and the young child may begin a process of disconnection that can emerge in teen years as suicidal or homicidal ideation, depression or violence and crime. The following drawing illustrates the emotional pain a child felt after experiencing the sudden death of his older sister Meredith.

Alex was 7 when Meredith overdosed on drugs. He describes his picture as follows: “This is me and this is my soul. My pain is in the center of my soul. It’s kind of like a disease. Sometimes I feel like killing myself so I’ll disappear and not have pain.”



Alex’s drawing exemplifies a smiling child, masking feelings of despair common among young children. His soul is separate from his body, depicting an archetype of a segment of today’s youth ... disconnected from their hearts, minds and consciousness, often choosing drugs, crime and violence as viable alternatives (Goldman, *Breaking the Silence*, 2nd Ed., 2001, p. 40).

He explained that sometimes when he was in school, he felt the walls were closing in on him. He drew the walls and gave them a name, Mom and Dad, another archetype of a child grieving in isolation.

Depression in young children may appear as false smiles, hyperactivity, inability to concentrate, bullying, withdrawal or isolation. As difficult as it is for parents and professionals to see and hear Alex’s feelings of despair, we can only imagine how much harder it would be for this child to live with these feelings in silence (Goldman, *Breaking the Silence*, 2nd Ed., 2001, p. 41).

RECOMMENDATIONS FOR CARING ADULTS

1. Talk to children about suicide.

- Define suicide: “When people choose to make his/her body stop working.”
- Give age-appropriate facts and explanations.
- Dispel myths of suicide.
- Re-tell good memories.
- Model feelings and thoughts for children.
- Emphasize suicide is a mistake because there are always other ways out.

2. Recognize signs of complicated grief issues in children

- Outbursts of aggressiveness or withdrawal.
- Extreme feelings of unworthiness or powerfulness.
- Nightmares, bedwetting, regressive behaviors.
- Conflicted relationship with person that died.
- Poor grades.
- Withdrawal from school and social activities.
- Extreme guilt and over-responsibility about the person that died.
- Hyperactivity, impulsivity and inability to concentrate.
- Giving away possessions and planning his own funeral.

3. Screen at-risk children.

Caring professionals can begin screening in the elementary school for at-risk, depressed children by asking the following questions:

- Do you feel sad all of the time?
- Do you feel hopeless all of the time?
- As a simple at-risk screening tool, ask young children to write or draw:
 - What makes you the angriest?
 - What scares you the most?
 - What makes you very sad?
 - What do you wish for the most?

4. Provide tools to help children recognize their support system.

Create an assignment with children called The Circle of Trust. Children place their picture or name in the center of concentric circles, then place people they trust the most in the next circle with phone numbers, people they trust next in the next circle, and people they don’t trust outside the circles. This tool can be used preventatively for children to increase awareness of their safe support system.

5. Use projective techniques with children.

Storytelling, drawing, puppets, clay figures, sand table figures, punching bags and foam bats and balls are extremely effective ways of working through difficult thoughts and feelings, releasing secrets and opening hidden grief.

Henry was a child who could not or would not verbalize his feelings directly. He created the following scribble picture as a projective technique. I asked Henry what he saw in the picture and to give it a name. He called it Tornado. “If the tornado could speak, what would it say?” I asked. Henry wrote, “Help me!” He needed outlets for his reservoir of unexpressed emotions (Goldman, *Breaking the Silence*, 2nd Ed., 2001, p. 12).

ACTIVITIES TO HELP CHILDREN PROCESS SUICIDE

1. Make a memory book about the person who died.

Remind the child that the suicide was not the child's fault.

Include the following:

- "Why did you kill yourself? Or "I feel _____ about how you died."
- "If I could do one thing over, what would it be?"

2. Make a collage with magazines and newspapers of ways to work through painful and overwhelming feelings safely.

3. Use third-person language because it's less threatening to kids. "Many people feel suicide is..."

4. Write a letter to the person who has died of suicide, expressing feelings about that person and about how that person died.

5. Create a "worry box." Children can write or draw a worry about a suicide and place it in the box.

6. Use activities involving writing, drawing or talking about secrets. "Secret Witchy" is a stuffed toy with an opening in her mouth in which kids can put their secrets.

7. Record feelings or secrets. Children can decide to share or not share the recording.

8. Use computers for storytelling and writing secrets. Children can create a secret file and share if they choose, reminding children some secrets are for sharing.

CONCLUSION

Inability to discuss the topic of suicide openly with children can create an atmosphere of fear, isolation and loneliness that can be far more devastating than the actual death of a loved one. As parents and professionals, we can create ways to discuss suicide through the use of age-appropriate language, teachable moments and non-judgmental values. The media broadcasts celebrity suicides like Robin Williams and suicide/murder rampages such as the Columbine High and Sandy Hook Elementary school tragedies for our school-age children to witness repeatedly. We can create a "teachable moment" of dialogue about the subject of suicide, present viable alternatives and policies to bullying and victimization and provide safe ways to work through dangerous and scary feelings.

Adults can model constructive ways to cope with depression, and provide guidelines to aid people who appear to want to harm themselves. Trainings on suicide awareness, signs of depression and appropriate interventions can help facilitate the natural grief process by eliminating the guilt, shame and silence often associated with suicide.

A useful paradigm for working with kids and suicide is what is mentionable is manageable. Helping children define suicide, giving age-appropriate explanations, allowing expression of good and difficult memories and challenging life events, and listening without judgment can enhance the natural flow of grief feelings all too often blocked when a suicide occurs. ◀

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Linda Goldman has worked as a teacher, guidance counselor and grief therapist for the past 35 years. She is the author of "Life and Loss, 3rd Edition"; "Lucy Let's Go; Breaking the Silence, 2nd Edition"; "Raising Our Children to Be Resilient"; "Great Answers to Difficult Questions About Death" and "Children Also Grieve." She has taught as an adjunct professor at many schools including John Hopkins University, Kings College and George Washington University. Linda has served on the board of The Association for Death Education and Counseling (ADEC), the advisory board of Tragedy Assistance Program for Survivors (TAPS) and Suicide Prevention Education Awareness for Kids (SPEAK). She was the recipient of the ADEC Clinical Practice Award and the 10th Global Concern of Human Life Award. Linda can be contacted by email at: linda.goldman@verizon.net or through her website: www.childrensgrief.net.