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DEATH BY SUICIDE
– WORK WITH FAMILY IN MOURNING

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A b s t r a c t. Suicide – calling for help, cry of despair, incomprehension, shock and a question ‘Why? Why did not he want to live, why did not he ask for help, why did not we notice anything?’ Death by suicide is always an immense shock for the family, acquaintances and the closest environment. It is the act of incomprehension of the causes and reasons for taking their own lives. When we hear of suicides we tend to focus on people who committed suicide and forget about those who were left with the unanswered question ‘Why?’ In most cases we ponder on the suffering of the person who committed suicide, on their motivation and an inexplicable choice of death and we forget about the relatives who have to face the suicide of a close person, struggle with loss, sorrow and despair. Family in mourning very often cannot handle the loss of a close relative and need some outside help because they either cannot rely on help from the family or friends or it is insufficient. We often do not know how to behave in the face of death, how to help people in mourning to accept the loss and come back to social and family life which goes on regardless of anything. Social work should become an answer to the needs of families in mourning and especially the ones that faced suicidal death. The article is an attempt to present methods and actions that a social worker can and should undertake while working with a grieving family. It points out the need for complete and professional preparation of a social worker. Social work with a client who has experienced the suicide of a close person necessitates a complete and professional action based on knowledge, intuition and also experience.

Key words: suicides, mourning, grief, social work, support, social work with family, education of social workers.

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SUICIDE – A SILENT CRY OF DESPAIR

“[...] I am afraid of this step but I have to do it. Farewell everyone. Andrzej aged 21¹. I do it of my own will, these are family matters, please don't butt in. A man aged 48². I love you my dearest Kakunia. I didn't know that but I couldn't tell you that. That's who I was. I loved you for three years. A boy aged 17”³.

Anonymous people's silent cry of despair, human fate, human tragedies. The tragedy of people who have chosen death and their relatives left in grief and mourning. Suicide – an intentional act of self-destruction, murder, reluctance to live⁴. The phenomenon of suicide has fascinated researchers for ages. Due to cultural conditioning it has become a form of problem solving, escape from pain, protest against inevitability of death, an act of free choice of the place and way of passing away⁵. It is estimated that worldwide approximately 3000 people die at suicide and 1500 people make a suicidal attempt⁶. Accordingly, every 40 seconds somebody commits a suicide and every 3 seconds somebody attempts at a suicidal death⁷. Global statistics alarm about the increasing number of suicides especially among the youths and more often also among children. It should be pointed out that apart from the statistics there is a dark number of suicides which are often covered up and concealed for many different reasons. The most common reason for concealing suicides is social condemnation and incomprehension of self-destruction acts. Socially unaccepted acts of self-destruction burden and stigmatize relatives who are in mourning. According to police statistics conducted in Poland the main reasons for death at suicide in recent years have been mental illness (app. 1000 deaths annually), family conflicts (app. 600 deaths annually) and economic conditions (app. 400 deaths annually)⁸. Equally frequent causes of suicides are chronic illnesses (app. 400 deaths annually) and

¹ B. Hołyst, *Samobójstwo. Przypadek czy konieczność. Listy samobójców* (Suicide an Accident or a Necessity. Suicides' Letters), Warsaw: PWN 1983, p. 471.

² Ibidem, p. 473.

³ Ibidem, p. 468.

⁴ Compared with: J. Stukan, *Diagnoza ryzyka samobójstwa* (Suicide Risk Diagnosis), Opole: Prometeusz 2008, pp. 21-23.

⁵ Hołyst, op. cit., pp. 32-33.

⁶ M. Jarosz, *Samobójstwo* (Suicide), Warsaw: Wydawnictwo Naukowe PWN 1997, p. 54.

⁷ World Health Organization, Polish Suicidological Society, *Preventing suicides a Manual for Basic Health Care Workers*, Geneva–Warsaw: Folia 2003, p. 9.

⁸ www.statystyka.policja.pl/ST/wybrane-statystyki/samobojstwa (dostęp: 10.04.2013).

love disappointment (app. 300 deaths annually) as well as a sudden loss of source of income (app. 200 deaths annually)⁹. It is worth pointing out that more men commit suicides whereas more attempts of suicides are reported among women¹⁰. It can be concluded that suicide is not always a conscious choice of a person resigning from life in a responsible way. Deaths at suicide are most often the acts of calling for help, the last silent cry of a person who is left with their own problems, despairs and difficulties which they cannot handle themselves. The acts of self-destruction become calling for help, struggle to be noticed and requests for better future. Suicide becomes the form of disapproval of unsatisfactory life. Eventually, it is a failure of an individual who is burdened with tears, unhappiness and protest. A person who chooses death at suicide perceives life as boundless void, senseless existence and suicide becomes a form of existential pain relief, often physical pain relief, the end of frustrations, dreams and aspirations. In all these cases suicide is an immense tragedy of an individual regardless of the fact if the decision was made spontaneously or was a long process. It is often said that mentally weak people who cannot deal with difficulties commit suicides and death is the only possible solution. Suicide is the symptom of various problems that a person is made to face. Social, mental, family and often personal issues are the source of losing the will of life. Undoubtedly, people who choose suicide are lonely, isolated, misunderstood and thus have relational problems. Paradoxically, social loneliness becomes the source of human tragedies since people who consider suicides look for help in society. It is estimated that eight out of ten suicides have openly expressed their intentions¹¹. Suicides often clearly indicate their intentions in many different ways. They often express them openly, sometimes as a joke and eventually more often in the Internet. The Internet has become the place where everyone can anonymously inform about their plan in a convenient way. Thus, suicide can be seen as a silent cry, calling for help because most suicides waver between the will to die and live mostly expecting others to rescue them.

⁹ Ibidem.

¹⁰ Ibidem.

¹¹ W. B a d u r a - M a d e j, A. D o b r z y ń s k a - M e s t e r h a z y, *Interwencja Kryzysowa w przypadku zachowań samobójczych* (Crisis Intervention in the Case of Suicidal Behaviour), in: W. B a d u r a - M a d e j (Ed.), *Wybrane zagadnienia interwencji kryzysowej: poradnik dla pracowników socjalnych* (Selected Topics on Crisis Intervention: Manual For Social Workers), Warsaw: Wydawnictwo Interart 1996 s. 184.

Suicide is often compared to a stone thrown into water which leaves some circles on the surface. Similarly, in the case of suicidal death which leaves miscomprehension, mourning, sorrow that affect many people. When talking about suicide we tend to linger on the person who has taken their own life. However, it is worth remembering that the circles affect also parents, immediate family, acquaintances, friends and finally the environment in which the person lived and functioned in their everyday lives. It is vital to realize the necessity to provide help for the family struck by the death of the beloved person. When we focus on the causes and suffering of the suicide we do not think of what their relatives feel¹². It is supposed that suicide averagely affects six out of twenty persons who have known the dead. Research conducted in the USA in one of the crisis intervention units has shown that people who have been in twenty eight types of relation with the dead suicide reported for psychological support and help¹³. Most often the closest relatives of the dead, including children, parents, spouses, close and distant relatives, friends, subordinates and also physicians, therapists or helpline consultants who have dealt with the dead have reported for help¹⁴. Edwin Shneidman, one of the most outstanding American suicidologists, in 1960's highlighted the sorrow of the relatives and acquaintances of the dead. He said that: „the person who takes their own life leaves their psychological skeleton in the emotional cupboard of those who remain. They condemn them to many negative feelings and what is more for obsessive thinking if they were really guilty of their suicide death or if they could do something to prevent it. It can be a heavy burden”¹⁵. Suicidal death often leaves relatives deeply wounded and they cannot be healed all their lives long. Suicide mourning has a different character and dynamics. Literature offers various opinions on mourning after suicidal death. It is claimed that it can be prolonged and more difficult, on the other hand it is believed that it is fairly similar to sudden deaths for instance in car accidents. It is indisputable that grief and sorrow in the case of suicide of a close person is marked with incomprehension and lack of answer to the question ‘Why?’

¹² K. K r y s i ń s k a, *Żaloba po śmierci samobójczej* (Mourning after a Suicidal Death), www.dracus.eu/cmspl/item/227 (dostęp: 4.11.2013).

¹³ Ibidem.

¹⁴ Ibidem.

¹⁵ Ibidem.

WHY? – WHEN DEATH BECOMES THE FACT

“After the funeral when everyone went home I was taken with sorrow and a feeling of being lost. I didn’t know what to do [...] I felt guilty and empty”¹⁶.

Death, regardless of whether it comes unexpectedly or we have time to get accustomed to, is always an immense shock. Death of a close, beloved person is the most traumatic, upsetting and devastating experience in the life of every person. It is an experience which leaves a mark and which we can only learn to live with. Death which becomes a fact and at the same time our personal experience provokes us to question the sense of life and love. Sorrow after the loss of a close person and the length of mourning is a long process and the way we undergo it depends on individual characteristics of the person experiencing it.

Mourning takes different forms and its intensity depends on the various circumstances. It is an individual and unique process which depends on the mourner and the people that they come across as well as support they can provide the sufferer

Literature presents many studies on the process of mourning, its stages and ways of handling. Helen Alexander has undertaken one of the attempts of discerning the stages of mourning. She divides the process into five stages. The first stage is shock on finding out about the death of a close person. Disbelief, negation and numbness are one of the symptoms which occur at this stage. Shock manifests itself in both mental and physical symptoms such as fear, lack of appetite, panic, shortness of breath and so on¹⁷. The second stage is called searching. It is connected with mourning and the sense of being an orphan inner void and inability to find the dead person. Longing for the lost person is so strong that although we are aware of the person’s death our strong emotions make us search for their presence. We often hear their voices, we have an impression of their presence, we can smell them and sometimes we can also see them. The need to look for them and experience their presence can also lead to frequent visits to the cemetery in the hope of seeing them again in the place where we paid them the last tribute. Unconscious need of finding the dead person can be so strong that it can disrupt

¹⁶ H. A l e x a n d e r, *Doświadczanie żałoby, różne rodzaje śmierci, różne typy żałoby* (Experiencing Mourning, Different Kinds of Death, Different Types of Mourning), Poznań: W Drodze 2001, s. 9.

¹⁷ Ibidem, p. 55.

everyday schedule. Lack of interest in work, eating, sleeping and even meeting the closest family are the main symptoms of this stage¹⁸. The third stage is anger which occurs because we need to blame somebody for the death of the close person. We can blame physicians, ourselves or the dead person who has 'left us' or God who let the beloved person leave us forever even though he is merciful and good. Anger is the sign of our protest against inevitability and irreversibility of death as well as the experience of loss and incomprehension. Unfortunately, we often project the feelings on other persons who accompany us and try to help us in these difficult moments¹⁹. Another phase described by Helen Alexander is depression which is a natural reaction to the loss of a close person. Grief, void and meaninglessness of life often last for a long time and take different forms such as crying, insomnia, being disoriented and so on. Depression can last for a long time since it is the state of suspension between disbelief and acceptance of the situation. Depression is the state of the soul, mind and physical body which often requires professional help to be cured²⁰. The last stage of mourning described by the author is acceptance of the situation. Coming to terms with the death of a close person does not mean forgetting it but being able to come back to normal life including work and other duties. Acceptance does not exclude returns of sorrow and grief but makes it possible to experience also good emotions connected with the dead person. Accepting the loss gives us power and strengthens us internally²¹. Martin Herbert, in one of his books, describes grief of people who have lost a close person and discerns four stages: numbness as a reaction to unexpected death, longing and sorrow, disorientation and despair as well as reorganization as the moment of accepting the loss and learning to live without the dead person again²².

The stages of mourning only determine and organize the time of mourning and sorrow. These stages are not fixed as they depend on many different factors. They can merge and reappear and we should let ourselves experience mourning in our own individual way. It is vital, however that the process should head for accepting the situation and functioning in the new reality and

¹⁸ Ibidem, pp. 55-56.

¹⁹ Ibidem, pp. 56-57.

²⁰ Ibidem, p. 57.

²¹ Ibidem, p. 58.

²² M. H e r b e r t, *Żaloba w rodzinie. Jak pomóc cierpiącym dzieciom i ich rodzinom* (Mourning in a Family. How to Help Suffering Children and Their Families), Gdańsk: GWP 2005, s. 35-37.

mourning can also become a pathological experience which can prevent us from coming back to normal life. The reason for the pathology of mourning is the character of the relationship with the dead person, personality of the person in mourning as well as type of death. It is pointed out that death by suicide destroys the process and makes it more difficult as well as can result in its pathological character²³.

Suicide is always a shock for all persons who have known the victim and it is especially deep and traumatic for the closest relatives. In the face of constantly rising number of suicides, especially of young people and even children²⁴, experiencing the process of mourning is significantly hindered and often requires help of external intervention. In the case of death by suicide the closest relatives often do not accept the cause of death. They deny suicide and insist on an accident or participation of third parties. Denial of the real cause of death is the first stage of prolonged mourning. Denial of suicide most often results from the shame, fear and social condemnation. Stigmatizing the families of the suicides leads to social isolation and consequently reduces social support in the process of mourning. Thus, the family do not cope with stress and mourning²⁵. The most difficult part in coming to terms with suicidal death is the need to find an answer to the question ‘Why?’ ‘What led to suicide, could I do anything that would stop it.’ Sense of guilt and responsibility for the death or searching for the guilty leads to a situation when relatives cannot go through the process of mourning. Lack of security, incomprehension, rejection and feeling of not being loved by the person who has committed suicide may be so strong that they will require professional help from a psychologist, psychotherapist or social worker. It is also vital to provide spiritual support from a clergyman who has the power and belief to deal with the fears of the family concerning condemnation of the dead and inevitability of punishment for what they have done.

²³ Ibidem, pp. 38-39.

²⁴ The number of deaths of young people is rising significantly in recent years in America but also in Europe. Research conducted in Great Britain has shown that suicide is the third most frequent cause of young people’s death soon after they come of age. According to the research not all young people intended to kill themselves but most of them choose suicide as a form of drawing other’s attention to them and their problems. Suicide of young people more often becomes a silent cry for help which is not always heard on time. Compared with H. Alexander, *Experiencing mourning, different kinds of death, different kinds of mourning*. Por. A l e x a n d e r, *Doświadczanie żałoby, różne rodzaje śmierci*, s. 143-162.

²⁵ Compared with: K r y s i Ń s k a, *Żaloba po śmierci samobójczej*.

Multidimensional support for the family in mourning after death at suicide is the only possibility and opportunity to accept the situation and undergo the process of mourning.

The first step towards accepting sorrow and mourning after the loss of a close person who has committed suicide is finding someone who will assist you in the process and in making an attempt to explain and accept the situation and the choice made by the close person. Standing by the grieving family that has experienced death by suicide is the best thing we can offer. It is crucial that the person assisting the family should specialize in spiritual support such as a priest, physician, social worker or friend. They should have appropriate knowledge and above all the ability to listen, without commenting. The families that have experienced suicidal death of their member especially lack occasions to be listened to and not commented. Ability to experience loss in peace is invaluable²⁶. One should remember that “even if somebody I loved wanted to die, I did not want them to die. That is why, I have all rights to bewail them”²⁷.

SOCIAL WORK WITH A FAMILY IN MOURNING AFTER A DEATH BY SUICIDE

In accordance with the Act on Social Aid from 12 March 2004 (gazette from 2008, no. 115, position 728) social work is supposed to improve the life of people and families in their social environment in various forms of functioning. Therefore, the need for undertaking professional actions for the family having experienced death of a close person acquires special significance. If the family has already had difficulties coping with their situation, it requires some organized support especially in the face of mourning. A social worker is very often the first person who reaches the family. He or she is confronted with the tragedy of people bewailing the loss of the family member. That is why they should be very well prepared to work with a family in mourning. Willful death of a close person may evoke a sense of guilt that the death was not prevented and the closest people equally frequently blame themselves for the death. Emotions of anxiety, fear, resentment and the sense of damage, which the suicide caused by leaving them alone, challenge

²⁶ Ibidem.

²⁷ A l e x a n d e r, *Doświadczanie żałoby, różne rodzaje śmierci*, p. 161.

trust and faith that was pinned upon them. Negative emotions for the dead and not going through the stages of mourning may result in an onset of suicidal family tradition based on initiating destructive problem solving patterns²⁸. Thus, a social worker should focus on and undertake all possible measures aimed at assisting family members in overcoming suicidal death mourning. According to the research conducted by M. Sommereder in 1993, most families that have experienced death by suicide go through an unusual process of mourning. As many as 90% of the surveyed have not started the process of mourning due to the fact that they have not accepted the death of a relation as a real and irreversible fact. As a result, the family is unable to go through mourning and come to terms with the death of the relation. Moreover, fear of local society's stigmatization result in suicide and the family condition becomes taboo even for the family themselves²⁹. A social worker in order to support the mourning family professionally and effectively has to deal with their own way of perceiving death and understand what the family as a whole and as individuals may experience³⁰. It is highlighted that a social worker supporting a mourning family should experience themselves the loss of a relative and has gone through the process of grieving successfully. Thanks to this, they will be more credible and competent in relation with the client and could at the same time relate to their own experiences to fully understand the client³¹. Working with a family in mourning is extremely hard and responsible especially with a family having experienced suicidal death. One should remember that mourning after a suicidal death is connected with the possibility of family functioning disorder and result in high risk of suicide among the relatives of the dead. Losing the sense of security, willingness to protect the family members as well as emergence of some family

²⁸ B a d u r a - M a d e j, D o b r z y ń s k a - M e s t e r h a z y, *Interwencja kryzysowa w przypadku zachowań samobójczych*, p. 184.

²⁹ Ibidem, p. 187.

³⁰ E. S i w i ń s k a, *Pracownik socjalny w obliczu sytuacji rodziny w żałobie (A Social Worker in the Face of a Mourning Family)*, in: M. C z e c h o w s k a - B i e l u g a, A. K a n i o s, L. A d a m o w s k a (Eds.), *Nowe przestrzenie działania w pracy socjalnej w wymiarze etyczno-prakseologicznym (New Areas For Social Work in Ethical and Practical Dimension)*, Cracow: Impuls 2010, pp. 86-87.

³¹ G. R o c h f o r d, *Teoria, koncepcje, odczucia i praktyka, rozważanie kwestii deprywacji w ramach zajęć z zakresu pracy socjalnej (Theory, Concepts, Feelings and Practice, Considering the Issue of Deprivation as a Part of Social Work Classes)*, in: J. L i s h m a n (Ed.), *Podręcznik teorii dla nauczycieli praktyki w pracy socjalnej (Theory for Teachers of Practical Social Work)*, Warsaw: Wydawnictwo Interart 1996, s. 112.

myths connected with suicide, searching for the guilty or communication problems within the family are the main threats to the family system. A social worker who decides to work with a mourning family has to take all possible measures to comprehend the situation. They also have to take into account the fact that such measures may result in escalation of emotions among the family members.

A social worker becomes a kind of “substitute of the lost person” and thus has to be prepared for/take into account that they may vent anger and all the damages on them. Expressing negative emotions is an indispensable factor in the process of facing the client with the reality of a close relation suicide. Thanks to this they will move from the stage of denial to the stage anger. A social worker should also focus on learning and showing the client some possible way of dealing with negative emotions and states so as not to follow a destructive pattern of the close person who died by suicide. One of such methods may be therapy and solution-focused approach. Social work provided for the family in grief should refer not only to the client but also local environment, school, neighbours, colleagues or friends. We should let the clients talk about the incident and suicide of a person they knew personally. This does not mean that we are willing to glorify the suicide but it will enable expressing emotions which is a crucial factor in the process of bereavement³². Suicide can also lead to looking at a family from a different point of view which can show what needs changing and improving in order to reduce the likelihood of traumatic suicide in the future³³. A social worker as well as any other person helping the family in overcoming mourning should be present and support the family using their knowledge and various forms of psychotherapy, which is often indispensable in the process of recovering from a suicidal death of a close person. It is vital to point out that social workers come across various groups of clients in their everyday work. Thus they are compelled to use various methods of work depending on the specific character of the group that they have to deal with. Extensive knowledge of social issues is indispensable to select and work out proper models of action depending on the group of clients. One should make use of social workers’ potential and such tools as social interview questionnaire

³² Ibidem, p. 114.

³³ M. S o b k o w i a k, *Przeciwdziałanie zachowaniom suicydalnym w pracy socjalnej* (Prevention of Suicidal Behaviours in Social Work), Gorzów Wielkopolski: Publikatornia 2011, pp. 84-85, www.publikatornia.pl (dostęp: 8.12.2013).

or social contract. What is more, psychotherapeutic skills should be improved so that the actions undertaken will not be bureaucratized.

Family in mourning after a death at suicide needs multidimensional emotional support, including value, instrument, information and spiritual support³⁴. Therefore, a social worker who has a broad knowledge of behaviours, symptoms and stages of coming to terms with mourning pain has the ability to support the family in mourning in a complete and efficient way. However, they should remember that the process of reaching acceptance of a close person's death takes time, effort and pain³⁵.

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Recently increasing number of suicides, especially among young people, induces intensification of actions aimed at suicide prevention and improvement of social services awareness in this area. One notices that knowledge and skills of social workers should be broadened in the field of working with a family in mourning, especially after a death at suicide. Family's functioning in the society is strongly conditioned by suicide. A social worker as well as any other person supporting the family should especially be present as the presence itself and accepting the pain that the family experiences is a relief. One should not judge neither the family nor the dead person but show interest at every stage of mourning process. One should also encourage to talk and provide an opportunity to be listened to. One ought to let them express their feelings and keep in touch with the family providing support and acceptance at the same time. Working with a family in mourning demands many experienced people willing to help in the most difficult moments of their lives. One should spare no efforts and enable social workers to improve their skills as they are often the first witnesses of human tragedies. Education of social workers in the field of preventing suicide in a family should become one of the priorities of social assistance. Thanks to the work and sound preparation of social workers to support families in mourning they offer a helping hand and do not close to the sorrow that will continue for a long time after the funeral. Thus they assist them in coming back to normal life in society, finding peace and accepting the death of a close person.

³⁴ S i w i ń s k a, *Pracownik socjalny*, pp. 86-87.

³⁵ *Ibidem*.

BIBLIOGRAPHY

- A l e x a n d e r H., Doświadczenie żałoby różne rodzaje śmierci różne typy żałoby (Experiencing Mourning Different Types of Death Different Types of Mourning), Poznań: W Drodze 2001.
- B a d u r a - M a d e j W., D o b r z y Ń s k a - M e s t e r h a z y A., Interwencja kryzysowa w przypadku zachowań samobójczych (Crisis Intervention in Suicidal Behaviours), in: W. B a d u r a - M a d e j (Ed.), Wybrane zagadnienia interwencji kryzysowej: poradnik dla pracowników socjalnych (Selected Topics on Crisis Intervention: Manual For Social Workers), Warsaw: Wydawnictwo Interart 1996, s. 184.
- H e r b e r t M., Żałoba w rodzinie. Jak pomóc cierpiącym dzieciom i ich rodzinom (Mourning in Family. How Can we Help Suffering Children and Their Parents), Gdańsk: GWP 2005.
- G ł a z S. SJ.: Sens życia (Sense of Live), Cracow: WAM 1998.
- H o ł y s t B., Samobójstwo – przypadek czy konieczność (Suicide – an Accident or a Necessity), Warszawa: PWN 1983.
- K r i e s e M., Piętno smutku. Słowa otuchy dla tych, którzy cierpią (A Mark of Sorrow. Hopeful Words for Those who Suffer), Radom: Polwen 2005.
- K r y s i Ń s k a K., Żałoba po śmierci samobójczej (Mourning after a Suicidal Death), www.dracus.eu/cmspl/item/227 (dostęp: 4.11.2013).
- K u b l e r - R o s s E., Śmierć ostatni etap rozwoju (Death: the Final Stage of Growth), Warsaw: Laurum 2008.
- K u b l e r - R o s s E., Rozmowy o śmierci i umieraniu (On Death and Dying), Poznań: Rodzina i Media 1998.
- R o c h f o r d G., Teoria, koncepcje, odczucia i praktyka, rozważanie kwestii deprivacji w ramach zajęć z zakresu pracy socjalnej (Theory, Concepts, Feelings and Practice, Considering the Issue of Deprivation as a Part of Social Work Classes), in: J. L i s h m a n (Ed.), Podręcznik teorii dla nauczycieli praktyki w pracy socjalnej (Theory for Teachers of Practical Social Work), Warsaw: Wydawnictwo Interart 1996, s. 112.
- S i w i Ń s k a E., Pracownik socjalny w obliczu sytuacji rodziny w żałobie (A Social Worker in the Face of a Mourning Family), in: M. C z e c h o w s k a - B i e l u g a, A. K a n i o s, L. A d a m o w s k a (red.), Nowe przestrzenie działania w pracy socjalnej w wymiarze etyczno- prakseologicznym (New Areas for Social Work in Ethical and Practical Dimension), Cracow: Impuls 2010.
- S o b k o w i a k M., Przeciwdziałanie zachowaniom suicydalnym w pracy socjalnej (Preventing Suicidal Behaviours in Social Work), Gorzów Wielkopolski: Publikatornia 2011, www.publikatornia.pl (dostęp: 8.12.2013).
- S t u k a n J., Diagnoza ryzyka samobójstwa (Suicide Risk Diagnosis), Opole: Prometeusz 2008.

Strony internetowe

www.dracus.eu/cmspl/item/227
www.statystyka.policja.pl/st/wybrane-statystyki/samobójstwa
www.suicydology.org
www.survivorsofsuicide.com
www.publikatornia.pl

ŚMIERĆ SAMOBÓJCZA
– PRACA SOCJALNA Z RODZINĄ W ŻAŁOBIE

S t r e s z c z e n i e

Samobójstwo – wołanie o pomoc, krzyk rozpacz, niezrozumienie, szok i pytanie: Dlaczego? Dlaczego nie chciał żyć, dlaczego nie prosił o pomoc, dlaczego nic nie zauważyliśmy? Śmierć samobójcza jest zawsze wielkim szokiem dla rodziny, znajomych i najbliższego środowiska; aktem niezrozumienia przyczyn i powodów odebrania sobie życia. Słyszac o samobójstwach, najczęściej zatrzymujemy się nad osobami, które odebrały sobie życie, często zapominając o tych, którzy pozostali z tym pytaniem: Dlaczego? W większości przypadków zastanawiamy się nad cierpieniem osoby, która popełniła samobójstwo, nad jej motywacjami i niezrozumiałym dla nas wyborem śmierci, zapominając jednocześnie o tych, którzy zmuszeni zmierzyć się z samobójczą śmiercią osoby bliskiej, walczą ze stratą, żalem i smutkiem. Rodzina pogrążona w żałobie bardzo często nie radzi sobie ze stratą bliskiej osoby, potrzebuje wówczas pomocy z zewnątrz, ponieważ wsparcie najbliższych bądź przyjaciół jest niewystarczające lub nie można na nie liczyć. Często nie wiemy, jak się zachować w obliczu śmierci, jak pomóc ludziom przeżywającym żałobę, aby w sposób spokojny pogodzili się ze stratą i mogli powrócić do życia społecznego i rodzinnego, które bez względu na wszystko, toczy się dalej własnym biegiem. Praca socjalna powinna stać się odpowiedzią na potrzebę pracy z rodziną w żałobie, a zwłaszcza z tą rodziną, na krócej śmierć miała charakter samobójczy. Artykuł jest próbą ukazania potrzeby pełnego i profesjonalnego przygotowania pracownika do zadań związanych z pomocą rodzinie w trudnych sytuacjach życiowych, zwłaszcza ze wsparciem w obliczu śmierci jednego z jej członków. Czas żałoby powinien być czasem trwania pracownika z klientem, czasem rozmów i profesjonalnych działań mających na celu pomoc w powrocie do normalnego funkcjonowania i nauki życia bez osoby bliskiej. Ale jak żyć, ze świadomością, że najbliższa nam osoba wybrała śmierć?

Słowa kluczowe: samobójstwa, żałoba, praca socjalna, wsparcie, praca socjalna z rodziną, edukacja pracowników socjalnych.