

English Edition

# SUICIDE is never the Answer

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## *If You are Suicidal...*

You are not alone. I am very pleased that you are reading this. And let me remind you that there is nothing more important than your life. Nothing. The first thing you should know is that virtually every person who has attempted suicide, and survived, was glad that they lived. So the emotions that were causing the suicidal feelings did pass. Things got better; the sun did come out. So, let me extend that hope to you.

If you are in intense emotional and/or physical pain, remember that, that pain is clouding your judgment. If you are considering suicide, you are trying to end that pain. Please do not confuse ending your pain with ending your life. The two are very different.

Let me also tell you that if you are suicidal, you probably are suffering from clinical depression, bipolar disorder, schizophrenia, postpartum depression, PTSD, or something similar. And if you have something along these lines, you actually have a chemical imbalance in your brain - and you cannot possibly think straight because of it. That is beyond your control. You are not weak. You just need some treatment. This imbalance can occur for several reasons, from genetics to a traumatic life experience, and it is extremely common for people to have this imbalance, so do not feel like you are alone. You are not. This imbalance may be rectified in several ways, but first you need to be assessed so that the cause may be understood. I would request that you please go to a medical doctor.

The doctor can determine if there is a secondary problem (such as a thyroid problem) that is causing the imbalance. If so, an appropriate medication may be prescribed to you. Next, you should visit a therapist. This will allow another assessment to occur and will also allow you to begin talking about your feelings. If the therapist determines that you need a prescription, he or she may refer you to someone who may assist you in that area.

Please leave the option open for taking medication. Some people erroneously believe that they can simply use will power to control their suicidal feelings. The problem with this thinking is that, again, there is probably a chemical imbalance in the brain. And that needs to be treated with medicine. So let me ask you this. If you had a broken leg, would you get treatment or



would you just keep walking on it, writhing in pain, and trying to convince yourself that you just needed will power to overcome the pain? You would get treatment, and you would do so immediately. You would not even think twice about it. And I would most respectfully submit to you that your situation is similar. If you are diagnosed with clinical depression, or something similar, then there is a physical cause for your condition. And you need to seek treatment immediately. It is not just emotion. Please understand this. The brain, after all, is an organ. And sometimes needs treatment.

After your initial assessment, you will need to see a therapist long enough to work through all of the issues that are bothering you. Do not be in a hurry - things will get better. You may feel like you are on an emotional roller coaster ride, but those ups and downs will level out.

Thank you so very much for reading this. It means a lot to me because the mere fact you are reading this indicates that you are reaching out, and that you really do want to live. So, I want you to do something else that is very important. Please make a commitment to stay alive. To not die by suicide, no matter what. Make this commitment for all of the people who care for you, and for yourself. Remember that if you try to end your pain by ending your life, you will start a world of pain for the loved ones that you leave behind. And you will deprive yourself of many wonderful things that you have yet to experience. Thank you for making that commitment.

One final thing. Relax. That's right. Relax. Take some deep breaths and do something that you enjoy that relaxes you. Take a bath. Go for a walk. Listen to some nice music. Just take it easy. And engage in these activities that relax you on a regular basis. You are on your way to a better life.

### ***What is suicide?***

Suicide is the process of purposely ending one's own life. The way societies view suicide varies widely according to culture and religion. One myth about suicide is considering suicide to always be the result of a mental illness. Some societies also treat a suicide attempt as if it were a crime. However, suicides are sometimes seen as understandable or even honorable in certain circumstances, such as in protest to persecution (hunger strike), as part of battle or resistance or as a way of preserving the honor of a dishonored person (killing oneself to preserve the honor of family members).

Nearly 1 million people worldwide commit suicide each year, with anywhere from 10 million to 20 million suicide attempts annually. The true number of suicides is likely higher because some deaths that were thought to be an accident, like a single-car accident, overdose, or shooting, are not recognized

as being a suicide. Suicide is the third leading cause of death for people 10-24 years of age. Teen suicide statistics for youths 15-19 years of age indicate that from 1950-1990, the frequency of suicides increased by 300% worldwide. As opposed to suicidal behavior, self-mutilation is defined as deliberately hurting oneself without meaning to cause one's own death. Examples of self-mutilating behaviors include cutting any part of the body, usually of the wrists. Self-tattooing is also considered self-mutilation. Other self-injurious behaviors include self-burning, head banging, pinching, and scratching. Physician-assisted suicide is defined as ending the life of a person who is terminally ill in a way that is either painless or minimally painful for the purpose of ending suffering of the individual. It is also called euthanasia and mercy killing. Physician-assisted suicide seems to be less offensive to people compared to assisted suicide that is done by a non-physician, although the acceptability of both means to end life tends to increase as people age and with the number of times the person who desires their own death repeatedly asks for such assistance.

### *What are the effects of suicide?*

The effects of suicidal behavior or completed suicide on friends and family members are often devastating. Individuals who lose a loved one to suicide (suicide survivors) are more at risk for becoming preoccupied with the reason for the suicide while wanting to deny or hide the cause of death, wondering if they could have prevented it, feeling blamed for the problems that preceded the suicide, feeling rejected by their loved one, and stigmatized by others. Survivors may experience a great range of conflicting emotions about the deceased, feeling everything from intense emotional pain and sadness about the loss, helpless to prevent it, longing for the person they lost, and anger at the deceased for taking their own life to relief if the suicide took place after years of physical or mental illness in their loved one. This is quite understandable given that the person they are grieving is at the same time the victim and the perpetrator of the fatal act.

Individuals left behind by the suicide of a loved one tend to experience complicated grief in reaction to that loss. Symptoms of grief that may be experienced by suicide survivors include intense emotion and longings for the deceased, severely intrusive thoughts about the lost loved one, extreme feelings of isolation and emptiness, avoiding



doing things that bring back memories of the departed, new or worsened sleeping problems, and having no interest in activities that the sufferer used to enjoy.

### ***What are some possible causes of suicide?***

Although the reasons why people commit suicide are multifaceted and complex, life circumstances that may immediately precede someone committing suicide include the time period of at least a week after discharge from a psychiatric hospital or a sudden change in how the person appears to feel (for example, much worse or much better). Examples of possible triggers (precipitants) for suicide are real or imagined losses, like the breakup of a romantic relationship, moving, loss (especially if by suicide) of a friend, loss of freedom, or loss of other privileges.

Older people are more likely to kill themselves using a firearm compared to younger people. Another suicide method used by some individuals is by threatening police officers, sometimes even with an unloaded gun or a fake weapon. That is commonly referred to as “suicide by cop.” Although firearms are the most common way people complete suicide, trying to overdose on medication is the most common means by which people attempt to kill themselves.

### ***What are the risk factors and protective factors for suicide?***

In most countries, women continue to attempt suicide more often, but men tend to complete suicide more often. Although the frequency of suicides for young adults has been increasing in recent years, elderly Caucasian males continue to have the highest suicide rate. Other risk factors for taking one’s life include single marital status, unemployment, low income, mental illness, a history of being physically or sexually abused, a personal history of suicidal thoughts, threats or behaviors, or a family history of attempting suicide.

Data regarding mental illnesses as risk factors indicate that depression, manic depression, schizophrenia, substance abuse, eating disorders, and severe anxiety increase the probability of suicide attempts and completions. Nine out of 10 people who commit suicide have a diagnosable mental-health problem and up to three out of four individuals who take their own life had a physical illness when they committed suicide. Behaviors that tend to be linked with suicide attempts and completions include violence against others and self-mutilation, like slitting one’s wrists or other body parts, or burning oneself.

Risk factors for adults who commit murder-suicide include male gender,

older caregiver, access to firearms, separation or divorce, depression, and substance abuse. In children and adolescents, bullying and being bullied seem to be associated with an increased risk of suicidal behaviors. Specifically regarding male teens that ultimately commit murder-suicide by school shootings, being bullied may play a significant role in putting them at risk for this outcome. Another risk factor, which renders children, and teens more at risk for suicide compared to adults is that of having someone they know commit suicide, which is called contagion or cluster formation.

Generally, the absence of mental illness and substance abuse, as well as the presence of a strong social support system, decrease the likelihood that a person will kill him- or herself. Having children who are younger than 18 years of age also tends to be a protective factor against mothers committing suicide.

### ***What are the signs and symptoms for suicide?***

Warning signs that an individual is imminently planning to kill themselves may include the person making a will, getting his or her affairs in order, suddenly visiting friends or family members (one last time), buying instruments of suicide like a gun, hose, rope, pills or other forms of medications, a sudden and significant decline or improvement in mood, or writing a suicide note. Contrary to popular belief, many people who complete suicide do not tell their therapist or any other mental-health professional they plan to kill themselves in the months before they do so. If they communicate their plan to anyone, it is more likely to be someone with whom they are personally close, like a friend or family member.

Individuals who take their lives tend to suffer from severe anxiety or depression, symptoms of which may include moderate alcohol abuse, insomnia, severe agitation, loss of interest in activities they used to enjoy (anhedonia), hopelessness, and persistent thoughts about the possibility of something bad happening. Since suicidal behaviors are often quite impulsive, removing guns, medications, knives, and other instruments people often use to kill themselves from the immediate environment can allow the individual time to think more clearly and perhaps choose a more rational way of coping with their pain.

### ***How are suicidal thoughts and behaviors assessed?***

The risk assessment for suicidal thoughts





and behaviors performed by mental-health professionals often involves an evaluation of the presence, severity, and duration of suicidal feelings in the individuals they treat as part of a comprehensive evaluation of the person's mental health. Therefore, in addition to asking questions about family mental-health history and about the symptoms of a variety of emotional problems (anxiety, depression, mood swings, bizarre thoughts, substance abuse, eating disorders, and any history of being traumatized), practitioners frequently ask the people they evaluate about any past or present suicidal thoughts, dreams, intent, and plans. If the individual has ever attempted suicide, information about the circumstances surrounding the attempt, as well as the level of dangerousness of the method and the outcome of the attempt, may be explored. Any other history of violent behavior might be evaluated. The person's current circumstances, like recent stressors (end of a relationship, family problems), sources of support, and accessibility of weapons are often probed. What treatment the person may be receiving and how he or she has responded to treatment recently and in the past, are other issues mental-health professionals tend to explore during an evaluation. Sometimes professionals assess suicide risk by using an assessment scale. One such scale is called the SAD PERSONS Scale, which identifies risk factors for suicide as follows:

- Sex (male)
- Age younger than 19 or older than 45 years of age
- Depression (severe enough to be considered clinically significant)
- Previous suicide attempt or received mental-health services of any kind
- Excessive alcohol or other drug use
- Rational thinking lost
- Separated, divorced, or widowed (or other ending of significant relationship)
- Organized suicide plan or serious attempt
- No or little social support
- Sickness or chronic medical illness

### ***What is the treatment for suicidal thoughts and behaviors?***

Those who treat people who attempt suicide tend to adapt immediate treatment to the person's individual needs. Those who have a responsive and intact family, good friendships, generally good social supports, and who have a history of being hopeful and have a desire to resolve conflicts may need only a brief crisis-oriented intervention. However, those who have made previous suicide attempts, have shown a high degree of intent to kill

themselves, seem to be suffering from either severe depression or other mental illness, are abusing alcohol or other drugs, have trouble controlling their impulses, or have families who are unwilling to commit to counseling are at higher risk and may need psychiatric hospitalization and long-term outpatient mental-health services.

Suicide-prevention measures that are put in place following a psychiatric hospitalization usually involve mental-health professionals trying to implement a comprehensive outpatient treatment plan prior to the individual being discharged. This is all the more important since many people fail to comply with outpatient therapy after leaving the hospital. It is often recommended that all firearms and other weapons be removed from the home, because the individual may still find access to guns and other dangerous objects stored in their home, even if locked. It is further often recommended that sharp objects and potentially lethal medications be locked up as a result of the attempt.

Vigorous treatment of the underlying psychiatric disorder is important in decreasing short-term and long-term risk. Contracting with the person against suicide has not been shown to be especially effective in preventing suicidal behavior, but the technique may still be helpful in assessing risk, since refusal to agree to refrain from harming oneself or to fail to agree to tell a specified person may indicate intent to harm oneself. Contracting might also help the individual identify sources of support he or she can call upon in the event that suicidal thoughts recur.

Talk therapy that focuses on helping the person understand how their thoughts and behaviors affect each other (cognitive behavioral therapy) has been found to be an effective treatment for many people who struggle with thoughts of harming themselves. School intervention programs in which teens are given support and educated about the risk factors, symptoms, and ways to manage suicidal thoughts in themselves and how to engage adults when they or a peer expresses suicidal thinking have been found to decrease the number of times adolescents report attempting suicide.

Although concerns have been raised about the possibility that antidepressant medications increase the frequency of suicide attempts, mental-health professionals try to put those concerns in the context of the need to treat the severe emotional problems that are usually associated with attempting suicide and the fact that the number of suicides that





are completed by mentally ill individuals seems to decrease with treatment. The effectiveness of medication treatment for depression in teens is supported by the research, particularly when medication is combined with psychotherapy. Also, the use of specific antidepressants has been associated with lower suicide rates in adolescents. Mood-stabilizing medications like lithium (Lithobid) -- as well as medications that address bizarre thinking and/or severe anxiety, like clozapine (Clozaril), risperidone (Risperdal), and aripiprazole (Abilify) -- have also been found to decrease the likelihood of individuals killing themselves.

### ***How can people cope with suicidal thoughts?***

In the effort to cope with suicidal thoughts, silence is the enemy. Suggestions for helping people survive suicidal thinking include engaging the help of a doctor or other health professional, a spiritual advisor, or by immediately calling a mental-health crisis center. In order to prevent acting on thoughts of suicide, it is often suggested that individuals who have experienced suicidal thinking keep a written or mental list of people to call in the event that suicidal thoughts come back. Other strategies include having someone hold all medications to prevent overdose, removing knives, guns, and other weapons from the home, scheduling stress-relieving activities every day, getting together with others to prevent isolation, writing down feelings, including positive ones, and avoiding the use of alcohol or other drugs.

### ***How can people cope with the suicide of a loved one?***

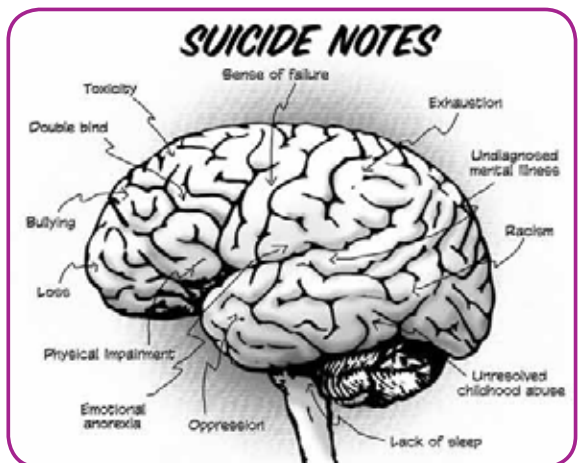
Grief that is associated with the death of a loved one from suicide presents intense and unique challenges. In addition to the already significant pain endured by anyone who loses a loved one, suicide survivors may feel guilty about having not been able to prevent their loved one from killing themselves and the myriad conflicting emotions already discussed. Friends and family may be more likely to experience regret about whatever conflicts or other problems they had in their relationship with the deceased, and they may even feel guilty about living while their loved one is not. Therefore, individuals who lose a loved one from suicide are more at risk for becoming preoccupied with the reason for the suicide while perhaps wanting to deny or hide the cause of death, wondering if they could have prevented it, feeling blamed for the problems that preceded the suicide, feeling rejected by their loved one and stigmatized by others.

Some self-help techniques for coping with the suicide of a loved one include avoiding isolation by staying involved with others, sharing the experience

by joining a support group or keeping a journal, thinking of ways to handle it when other life experiences trigger painful memories about the loss, understanding that getting better involves feeling better some days and worse on other days, resisting pressure to get over the loss, and the suicide survivor's doing what is right for them in their efforts to recover. Many people, particularly parents of children who commit suicide, take some comfort in being able to use this terrible experience as a way to establish a memorial to their loved one. That can take the form of everything from planting a tree or painting a mural in honor of the departed to establishing a scholarship fund in their loved one's name to teaching others about surviving child suicide. Generally, coping tips for grieving a death through suicide are nearly as different and numerous as there are bereaved individuals. The bereaved person's caring for him- or herself through continuing nutritious and regular eating habits and getting extra, although not excessive, rest can help strengthen their ability to endure this very difficult event.

Quite valuable tips for journaling as an effective way of managing bereavement rather than just stirring up painful feelings are provided by the Center for Journal Therapy. While encouraging those who choose to write a journal to apply no strict rules to the process as part of suicide recovery, some of the ideas encouraged include limiting the time journaling to 15 minutes per day or less to decrease the likelihood of worsening grief, writing how one imagines his or her life will be a year from the date of the suicide, and clearly identifying feelings to allow for easier tracking of the individual's grief process.

To help children and adolescents cope emotionally with the suicide of a friend or family member, it is important to ensure they receive consistent care-taking and frequent interaction with supportive adults. All children and teens can benefit from being reassured they did not cause their loved one to kill themselves, going a long way toward lessening the developmentally appropriate tendency children and adolescents have for blaming themselves and any angry feelings they may have



harbored against their lost loved one for the suicide. For school-aged and older children, appropriate participation in school, social, and extracurricular activities is necessary to a successful resolution of grief. For adolescents, maintaining positive relationships with peers becomes important in helping teens figure out how to deal with a loved one's suicide. Depending on the adolescent, they even may find interactions with peers and family more helpful than formal sources of support like their school counselor.

### *Suicide At A Glance*

- Suicide is the process of purposely ending one's own life. How societies view suicide varies by culture, religion, ethnic norms, and the circumstances under which it occurs.
- Nearly 1 million people worldwide commit suicide each year.
- Self-mutilation is the act of deliberately hurting oneself without meaning to cause one's own death.
- Physician-assisted suicide is defined as a doctor ending the life of a person who is incurably ill in a way that is either painless or minimally painful for the purpose of ending the suffering of the individual.
- The effects of suicide on the loved ones of the deceased can be devastating, resulting in suicide survivors enduring a variety of conflicting, painful emotions.
- Life circumstances that may immediately precede a suicide include the time period of a week after discharge from a psychiatric hospital, a sudden change in how the person appears to feel, or a real or imagined loss.
- Firearms are the most common means by which people take their lives, followed by overdose of medication, asphyxiation, and hanging.
- There are gender, age, ethnic, and geographical risk factors for suicide, as well as those based on family history, life stresses, and medical and mental-health status.
- In children and teens, bullying and being bullied seem to be associated with their committing suicide, and being bullied may put them at risk for committing murder-suicide.
- Warning signs that an individual is imminently planning to kill him- or herself may include the making of a will, getting his/her affairs in order, suddenly visiting or writing letters to loved ones, buying instruments of suicide, experiencing a sudden change in mood, or writing a suicide note.
- Many people who complete suicide do not tell any health professional of

their intent in the months before they do so. If they communicate a plan to anyone, it is more likely to be a friend or family member.

- The assessment of suicide risk often involves an evaluation of the presence, severity, and duration of suicidal thoughts as part of a mental-health evaluation.
- Treatment of suicidal thinking or attempt involves adapting immediate treatment to the sufferer's individual needs. Those with a strong social support system, who have a history of being hopeful and have a desire to resolve conflicts may need only a brief crisis-oriented intervention. Those with more severe symptoms or less social support may need hospitalization and long-term outpatient mental-health services.
- Treatment of any underlying emotional problem using a combination of psychotherapy, safety planning, and medication remains the mainstay of suicide prevention.
- People who are contemplating suicide are encouraged to talk to a doctor or other health professional, spiritual advisor, or immediately go to the closest emergency room or mental-health crisis center for help. Those who have experienced suicidal thinking are commonly directed to keep a list of people to call in the event that those thoughts return. Other strategies include having someone hold all medications to prevent overdose, removing any weapons from the home, scheduling frequent stress-relieving activities, getting together with others, writing down feelings, and avoiding the use of alcohol or other drugs.
- Techniques for coping with the suicide of a loved one include nutritious eating, getting extra rest, writing about their emotions, talking to others about the experience, thinking of ways to handle painful memories, understanding their state of mind will vary, resisting pressure to grieve by any one else's time table, and survivors doing what is right for them.
- To help children and adolescents cope with the suicide of a loved one it is important to ensure they receive consistent care-taking, frequent interaction with supportive peers and adults, and understanding of their feelings as they relate to their age.

### ***What Causes Mental Illness?***

Mental illness is any disease or condition that influences the way a person thinks, feels,



behaves, and/or relates to others and to his or her surroundings. Although the symptoms of mental illness can range from mild to severe and are different depending on the type of mental illness, a person with an untreated mental illness often is unable to cope with life's daily routines and demands.

Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of genetic, biological, psychological, and environmental factors - not personal weakness or a character defect - and recovery from a mental illness is not simply a matter of will and self-discipline.

- **Heredity (genetics):** Many mental illnesses run in families, suggesting they may be passed on from parents to children through genes. Genes contain instructions for the function of each cell in the body and are responsible for how we look, act, think, etc. However, just because your mother or father may have or had a mental illness doesn't mean you will have one. Hereditary just means that you are more likely to get the condition than if you didn't have an affected family member. Experts believe that many mental conditions are linked to problems in multiple genes - not just one, as with many diseases - which is why a person inherits a susceptibility to a mental disorder but doesn't always develop the condition. The disorder itself occurs from the interaction of these genes and other factors - such as psychological trauma and environmental stressors - which can influence, or trigger, the illness in a person who has inherited a susceptibility to it.
- **Biology:** Some mental illnesses have been linked to an abnormal balance of brain chemicals called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are out of balance or are not working properly, messages may not make it through the brain correctly, leading to symptoms of mental illness. In addition, defects in or injury to certain areas of the brain also have been linked to some mental conditions.
- **Psychological trauma:** Some mental illnesses may be triggered by psychological trauma suffered as a child, such as severe emotional, physical, or sexual abuse; a significant early loss, such as the loss of a parent; and neglect.
- **Environmental stressors:** Certain stressors - such as a death or divorce, a dysfunctional family life, changing jobs or schools, and substance abuse - can trigger a disorder in a person who may be at risk for developing a mental illness.

## *Grief: Loss of a loved one facts*

- Grief is quite common and is the normal internal feeling one experiences in reaction to a loss, while bereavement is the state of having experienced that loss.
- Although most commonly discussed in reference to the death of a loved one, any major loss (for example, breakup of a relationship, job loss, or loss of living situation) can result in a grief reaction.
- Prolonged grief is a reaction to loss that lasts more than one year and the grief reaction affecting all of the sufferer's close relationships, disrupting his or her beliefs, and resulting in the bereaved experiencing an ongoing longing for their deceased loved one.
- Mourning is the outward expression of the loss of a loved one and usually involves culturally determined rituals that help make sense of the end of their loved one's life and gives structure to what can feel like a very confusing time. It is influenced by personal, familial, cultural, religious, and societal beliefs and customs.
- The potential negative effects of a grief reaction can be significant and are often aggravated by grief triggers, events that remind the bereaved individual of their loved one, or the circumstances surrounding their loss.
- The risk factors for experiencing more serious symptoms of grief for a longer period of time are related to the survivor's own physical and emotional health before the loss, the relationship between the bereaved and their family member or other loved one, as well as related to the nature of the death.
- Bereaved individuals who feel the death of their loved one is unexpected or violent may be at greater risk for suffering from major depression, posttraumatic stress disorder (PTSD), or prolonged grief.
- The seven emotional stages of grief are shock or disbelief, denial, bargaining, guilt, anger, depression, and acceptance/hope.
- Symptoms of grief can be emotional, physical, social, or religious in nature.
- For children and adolescents, their reactions to the death of a loved one usually reflect the particular developmental stage of the child or adolescent.
- To assess grief, a health caregiver usually asks questions to assess what symptoms the individual is suffering from, and then





considers whether he or she is suffering from normal grief, prolonged grief, or some other issue.

- Coping tips for grieving include the bereaved individual's caring for his or herself through continuing nutritious and regular eating habits, getting extra rest, and communicating with surviving loved ones.
- Bereavement sometimes ultimately leads to enhanced personal development.
- Consulting with an attorney or other legal expert is advisable when either planning for or managing the legal matters associated with a death.
- Some of the major legal issues involved with dying include the person's right to have informed consent to receive or refuse treatment, advance directives, establishing a living will, and making funeral arrangements.

### *What is grief?*

Grief is the normal internal feeling one experiences in reaction to a loss, while bereavement is the state of having experienced that loss. Although people often suffer emotional pain in response to loss of anything that is very important to them (a job, a friendship, one's sense of safety, a home), grief usually refers to the loss of a loved one through death. Grief is quite common, in that three out of four women outlive their spouse, with the average age of becoming a widow being 56 years.

Although not a formal medical diagnosis, prolonged grief, formerly called complicated grief refers to a reaction to loss that lasts more than one year. It is characterized by the grief reaction intensifying to affect all of the sufferer's close relationships, disrupting his or her beliefs, and it tends to result in the bereaved experiencing ongoing longing for their deceased loved one. About 15% of bereaved individuals will suffer from complicated grief, and one-third of people already getting mental-health services have been found to suffer from this extended grief reaction.

Anticipatory grief is defined as the feelings loved ones have in reaction to knowing that someone they care about is terminally ill. It occurs before the death of the afflicted loved one and can be an important part of the grieving process since this allows time for loved ones to say goodbye to the terminally ill individual, begin to settle affairs, and plan for the funeral or other rituals on behalf of the person who is dying.



"Suicide is never the Answer" is a publication of Shaan Creations International. This brochure gives you information about suicide prevention and how to protect yourself. Your life is worth living, don't throw it away. It's strongly recommended to see a specialist whenever you feel depressed. Feel free to express your opinion about this brochure at [www.shaancreations.com](http://www.shaancreations.com).

This brochure is available in Dutch and English.

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Authors:

**Amit Shaan** - Bachelor of Applied Psychology

**Neha Shaan** - Master Special Educational Needs

Shaan Creations International  
POBOX 188, 2680 AD Monster  
The Netherlands  
[ShaanCreations.com](http://ShaanCreations.com)



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