For instance, a completed suicide is very complicated to process. It's not normal grief. The family may have years of unresolved trauma to deal with due to the deceased person's battle with mental illness leading up to the death. Don't expect a normal grieving pattern.

The founder of a national organization that works closely with grieving parents said it takes upwards of eight years or more for many to heal from the death of a child.

Never ever stop reaching out to the family—including the children--even if it feels awkward. And never stop praying for them. (The funeral was just the beginning of a long and complicated healing journey ahead.)

And if you don't know what to do or to say, send a thoughtful card or brief note that expresses you are thinking of and praying for them.

Acts of kindness are invaluable.

Love is what heals a broken heart.

"Love is patient, love is kind. . . . It always protects, always trusts, always hopes, always perseveres. Love never fails."

(I Corinthians 13: 4, 7-8)

The following resources have been very helpful to me:

- Professional counseling with a licensed therapist (sometimes a therapist is not a good fit; keep looking until one is found)
- The book Healing Your
 Traumatized Heart; 100 Practical
 Ideas After Someone You Love Dies
 a Sudden, Violent Death by Alan
 D. Wolfelt, Ph.D.
- CompassionateFriends.org (local chapters of group support for parents who are grieving the death of a child)
- A local community grief center. (A place where those grieving may receive free counseling and group support, as well as a lending library full of excellent resources.)

Emily Boller and her husband, Kurt, have been married for 37 years, and together they have raised five children. They lost their 21-year-old son to suicide in 2012. Today, Emily shares her story nationwide in order to impart hope and raise awareness. To book her for your next conference, workshop, or event, contact her at:

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WHEN SOMEONE DIES BY SUICIDE

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First of all, the family is in intense shock. They may not fully grasp or understand the news of what has just happened.

Initially, in those first few hours, they are in this perpetual state of shock—and scrambling to get the news delivered to other family members.

Their brains are on overload. It's like being suddenly tossed into a washing machine on spin cycle.

At this point they can't process a lot of phone calls and texts, except from close friends and family members. Give the family the necessary time and space to process what has just happened. They may be dealing with detectives, an investigation, organ donation--on top of viewing the body.

Sit tight for a day or two.

Do nothing but pray at this point.

Close friends and clergy should come by the house during this time to be with them, of course, because their comforting presence is invaluable. (A nearby neighbor brought over warm soup and fresh fruit that first day. Another close friend brought a large salad—and another gave a wad of cash.)

After a day or two, food in disposable containers, and practical items such as paper plates, toilet paper, tissues, and bottles of water are welcome and appreciated. At this point the family is consumed with funeral and burial decisions, and the last thing on their mind is life's basic necessities.

If you are bringing food, consider food that promotes healing instead of inducing additional stress such as hypertension or high blood sugars. Examples would be vegetable or fruit platters, salads, raw nuts and seeds, and no-salt bean dips or vegetable soups.

Monetary gifts, gift cards, and cards of sympathy are also greatly appreciated. They are suddenly inundated with an avalanche of unplanned expenses;

everything from funeral and burial expenses to crisis-intervention counseling. And especially, if a child was involved, most parents don't financially plan for the death of a seemingly healthy child. However, be sensitive with sharing Bible verses such as Romans 8:28 or Jeremiah 29:11 at this time.

Practical helps such as mowing their lawn or taking out their trash are also appreciated. The family is mentally and emotionally overwhelmed and distraught. They may not have the mental capability to even know what needs to be done. Don't be afraid to take initiative and do practical tasks for them—whether they are a close friend or not.

Refrain from saying, "Call me if you need anything." Although the kind intention may be much appreciated, they don't have the mental fortitude yet to take the initiative to reach out.

If you know details about the death, don't post anything on Facebook or send email blasts out until the family is talking publicly about it. (Some may never talk about it—ever. And that's okay; respect their privacy.)

In that first week/month, the family's routine is completely out-of-sync. Sleep habits are severely disrupted. Everything is upside down in their world. They may not even be able to comprehend or remember anything that is spoken to them.

Wounds are profound; emotions are raw.

Eventually, after the funeral is over and life is a bit quieter for them, visit inperson—but call first. If they don't answer, take no offense. They may just need space at that moment . . . or they may be embarrassed how messy their house has become in the aftermath of the tragedy. They may want company on-down-the-road. Try again later. Don't give up on them.

If they respond, extend a listening ear without asking a lot of questions. Silence is okay. Just sit with them in their grief. Your presence is invaluable.

Whatever you do, please don't tell them *your* grief story. They may act interested to be polite, but on the inside they may be falling apart and can't handle it.

Younger children appreciate getting breaks away from the chaos and sorrow at home. Offer to involve them in your family's happenings for a welcome distraction—but not for long periods of time—home is still a place of comfort for them.

Teens oftentimes are uncomfortable with receiving hugs from individuals they don't know—be sensitive.

Most of all, know that they may suffer for weeks, months, and possibly years to come.