



THE HONG KONG JOCKEY CLUB
Centre for Suicide Research
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THE UNIVERSITY OF HONG KONG
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Behind the Grief

A Handbook for Survivors of Suicide



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FOREWORD

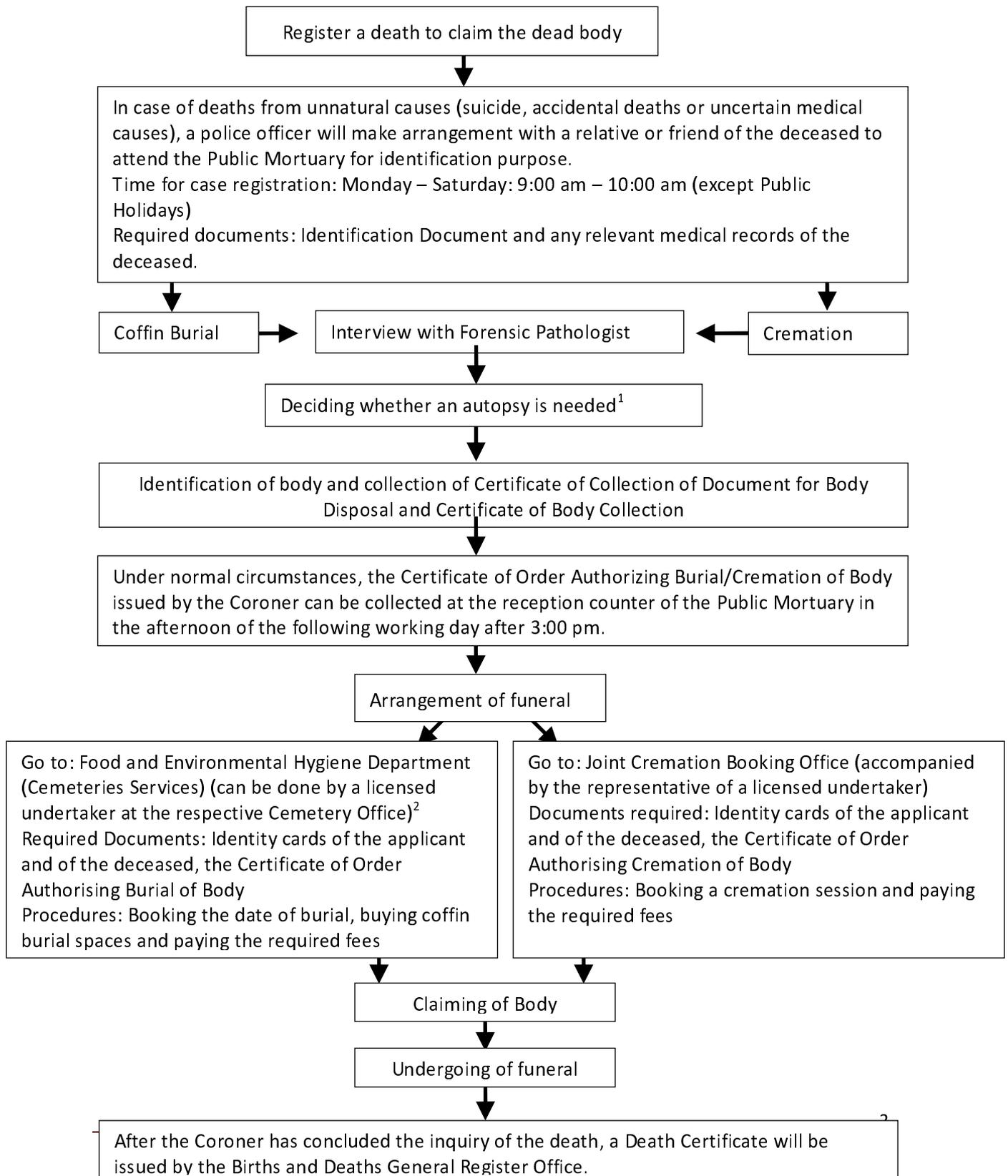
This booklet is written for people whose family members, friends or colleagues have ended their lives by completing suicide, outlying the sorrow and subsequent problems that the suicide have brought. It aims at helping the public know more about the emotional distress that bereaved survivors may suffer from in times of grief, as well as things they should pay attention to while making after-death arrangements.

According to American suicidologist Edwin Shneidman, the suicide of a loved one would cause traumatic stress to at least six of his/her friends and relatives. Affected parties include: parents, siblings, partners, friends, relatives, colleagues, teachers and professional counsellors. A research conducted by the Centre for Suicide Research and Prevention has found, of the 150 suicide survivors aged between 15 and 59 interviewed, most expressed that they have developed different levels of emotional and psychological distress. For instance, they may feel lonely, anxious and fearful, among other psychological pains in times of grief. At the same time, physical symptoms such as headache and backache may also be experienced. In addition, suicide survivors may feel ashamed of losing a loved one to suicide.

One thing to note is that everyone grieves differently – there is no set timetable. Therefore, do not worry about yourself not having the same emotions or behaviours that others have. There are no right or wrong ways to experience in such a difficult moment in life. We hope, with this handbook, you will be able to have a better understanding of the grief and sorrow that suicide may bring, and can thus work to alleviate the mental distress, get over the bereavement and regain hope in life.

AFTER-DEATH ARRANGEMENTS

Flow Chart of the Application Procedures



¹ If you wish to apply for a waiver of the autopsy, you must inform the Forensic Pathologist during the interview and provide adequate medical documentation to assist the Forensic Pathologist in giving an opinion on the medical cause of death of the deceased.

² For coffin burial in Cheung Chau Cemetery, Tai O Cemetery or Lai Chi Yuen Cemetery, the applicant must produce a certificate issued by the respective rural committee to certify that the deceased was a local resident of the island concerned or the offspring of the local residents.

(Sources: Food and Environmental Hygiene Department, The Forensic Pathology Service under the Department of Health)

FUNERAL ARRANGEMENTS

For more details, please refer to "A Guide to After-Death Arrangements" published by Food and Environmental Hygiene Department of Hong Kong Special Administrative Region.

- Immediate family members can directly contact licensed funeral parlours for funeral arrangements, or through licensed undertakers (“coffin shops”)
- Coffin shops do not have such facilities as mortuaries and service halls. They can only be entrusted to take care of services such as the transportation of bodies, arrangement of funeral rituals and booking of funeral parlours. In general, a full package price is inclusive of a coffin, the room for storing the body, funeral ceremonies and renting a service hall, as well as transportation of the dead body and the burial/cremation ceremony
- The funeral expense vary according to the request made by the family of the deceased, for example, what materials they would prefer the coffins to be made of, as well as the styles and the amount of funeral ceremonies held
- Those with financial difficulties can choose to have a simple funeral ceremony held at the International Funeral Parlour or TWGH Diamond Hill Funeral Parlour operated by the Tung Wah Group of Hospitals (TWGH), which offer packages of lower price. They can also choose to entrust licensed undertakers to make funeral arrangements for holding the funeral ceremony in the hospital (i.e. the funeral for the deceased will be held in the hospital)
- If the deceased was a recipient of the Comprehensive Social Security Assistance (CSSA), there will be a burial grant with an upper limit provided by the Social Welfare Department (SWD) to the relatives/friends concerned to cover the expenses of the funeral
- It is advisable for the public to pay attention to the following while choosing among religious ceremonies:
 - Chinese ceremony: Price will be higher if monks are hired to recite Buddhist scriptures and burn paper sacrifice
 - Western ceremony: If a western religious ritual is to be held, family members of the deceased should inform the pastor or priest of the particular church that the deceased belonged to for arrangement of any mass or memorial service

Handling Cremated Ashes

- Cremated ashes can be placed at home, in Buddhist temples, in Taoist temples, or in columbarium offered by church that the deceased belongs to
- Charges of columbarium vary between \$2,900 and \$4,300 (for the latest charges, please refer to the information released by the government)
- If you choose to put the cremated ashes in monasteries, nunneries or temples (such as the Yuen Yuen Institute, Ching Chung Sian Yuan or Po Fook Hill), charges will vary according to the height and direction of the columbarium. These places generally charge more. Management fees are also required for some of them
- You may apply to the Board of Management of the Chinese Permanent Cemeteries for scattering the cremated ashes in gardens of remembrance in government crematoria

Burial Arrangements

- Burials at public cemeteries are not permanent. Human remains buried in public cemeteries for up to six years have to be removed or exhumed from graves. Relatives/friends of the deceased may choose to arrange the exhumation of the remains through a registered mason, which is followed by cremation or re-burials at a urn grave of Wo Hop Shek Cemetery
- Charges for tombstone vary according to the quality of the stone, where they are from, sizes, shapes and the inscription required.



LIST OF COMMON HOTLINE

For procedures of after-death arrangement

The Births and Deaths General Register Office	2867 2784
The Coroner's Court	2886 6871
Public Mortuary Client Relations Officer	
Victoria Public Mortuary	2817 2026
Kwai Chung Public Mortuary	2612 5810
Fu Shan Public Mortuary	2606 9333

Mortuary Funeral Services

Food and Environmental Hygiene Department	
Office in Hong Kong District	2570 4318
Office in Kowloon	2365 5321
Office in New Territories	2364 5364
Office in Outlying Islands	2981 5177
Tung Wah Group of Hospitals Hotline	2303 1234

Crematoria

Cape Collinson Crematorium	2556 1377
Diamond Hill Crematorium	2325 9996
Fu Shan Crematorium	2699 5090
Kwai Chung Crematorium	2614 4390
Wo Hop Shek Crematorium	2675 5200
Cheung Chau Crematorium	2981 5177
Wo Hop Shek Cemetery	2675 5296
Cheung Chau Cemetery	2981 5442
Tai O Cemetery	2852 3606
Lai Chi Yuen Cemetery	2852 3606



Organizations Offering Bereavement Services

Comfort Care Concern	2361 6606
Jessie and Thomas Tam Centre	2725 7693
The Samaritan Befrienders Hong Kong	2389 2222
The Samaritans Hong Kong	2896 0000
Suicide Prevention Services	2382 0000
Care for Life Association	2863 8151

Counselling Hotlines

Social Welfare Department Hotline	2343 2255
Caritas Hong Kong – Caritas Family Crisis Support Centre	18288
Baptist Oi Kwan Social Services	3413 1500
Breakthrough Counseling Centre	2736 6999
Hong Kong Family Welfare Society	2527 3171
Caritas Hong Kong – Caritas Children Hotline	2522 2929
Christian Family Service Centre	2861 0283

You may also write down any useful numbers in the space provided below:

REACTING TO THE NEWS

Psychological, Emotional and Physical Needs

Everyone grieves differently. There is no set of timetable for the process. Some people may still suffer emotional turmoil even years after their beloved's departures. There are no right or wrong grief reactions. Below are some emotional, physical and behavioural changes that you may face:

If you had lost a loved one to suicide, you might have the following reactions:

Physical Symptoms	Muscle tension, rapid breathing and fast heart rate, headache, sleep disturbance, nightmares, loss of appetite, lack of energy, exhaustion, etc.
Cognitive Symptoms	Difficulties in focusing, judging and making decisions, disbelief, forgetfulness, suicidal thoughts, etc.
Emotional Symptoms	Shock, fear, helplessness, guilt, anger, despair, denial, sense of abandonment, etc.
Social and Behavioural Symptoms	Social withdrawal, silence, loss of control, talking to oneself, etc.

TIPS FOR HELPING CHILDREN IN GRIEF

Each bereaved survivor may react differently at various stages during the grief period. Those mentioned above are only some of the many. As a friend/family member of the bereaved survivor, your support and care will be of great help to them. Below are some tips in helping children or teenagers in handling grief:

- Be an active listener
- Validate feelings and encourage children to share their thoughts and feelings
- Allow children to process the grief at his/her own pace, do not push them
- Keep in mind that grief is a natural and normal human response
- Be honest and open to them about the death
- Offer explanations that are age appropriate and at the level he/she can understand. Allow children to guide us as to the need for more clarification of the information presented
- Help the children understand what dead means, that “the body stops working and will not work anymore”. The suicidal person is feeling pervasively sad, desperate and depressed, and is convinced that absolutely nothing can be done to improve his or her situation and no one else can help so he/she decides to stop the body from working
- Be calm and genuine. Encourage children to express their grief freely, for example, crying can be one way of expressing deep emotions
- Most children suffer from sleeping problems in times of grief; therefore, adults should pay close attention to their children before they sleep
- Be aware of your own need to grieve, it is important for you to seek help and care for yourself as well

GETTING TO KNOW ABOUT MENTAL ILLNESS AND SUICIDE

Mental Illness and Suicide

According to statistics and research, psychiatric patients generally have a higher rate of suicidal behaviour when compared to average citizen. It was found that 10 per cent of the psychiatric patients would commit suicide within 10 years since being diagnosed with mental illness. Although the mentally ill generally have higher risks of completing suicide, the action is actually very complicated and involves multiple factors mutually affecting one another. Thus, there is no single factor that would trigger suicide. According to a 'Psychological Autopsy' study conducted by the Centre for Suicide Research and Prevention, below are some common mental or psychological problems encountered by people aged between 15 and 59 who completed suicide between 2003 and 2005:

Psychological Disorders	Proportions
Mood Disorders (e.g. depression)	62%
Schizophrenia	30%
Substance abuse	14%
Anxiety	14%
Gambling addiction	14%

A report released by World Health Organization (WHO) in 2001 indicated that about a quarter of the world population suffer from different levels of mood disorders or emotional and behavioural problems. It is estimated that by 2020, depression will be the second leading contributor to the global burden of disease.



WHAT IS DEPRESSION?

Depression is one of the most common mood disorders. It may affect people of any age and background. Often time individuals would miss the early signs of depression because we all go through ups and downs in life. Some people who notice the early signs and symptoms may try to beat and deal with it themselves, in many cases; however, the conditions and consequence usually get worse.

Symptoms and severity of depression may vary for different people. Below are some of the common symptoms (subject to the diagnosis of professionals):

Physical Symptoms	<ul style="list-style-type: none">- Sleep disturbance (finding it hard to sleep / sleeping too much)- Appetite disturbance (loss of appetite / gluttony)- Menstrual disorders- Loss of libido- Lack of energy- Feeling unwell
Cognitive Symptoms	<ul style="list-style-type: none">- Difficulty in focusing- Forgetfulness- Guilt / Self-reproach- Feeling hopeless about future- Appearance of suicidal thoughts- Thinking that survival is meaningless- Loss of confidence, Self-abasement
Emotional Symptoms	<ul style="list-style-type: none">- Feeling depressed- Grumpiness- Mood swings and sadness- Anxious
Behavioural Symptoms	<ul style="list-style-type: none">- Loss of interest in things- Lack of motivation- Social withdrawal- Frequent crying- Drug / Alcohol abuse- Harming oneself

FREQUENTLY ASKED QUESTIONS

Q: Could the tragedy be avoided if I had handled it better?

A: No. You are unable to control whether a person chooses to live or to end his/her life. There are many factors contributing to deaths by suicide. It is impossible to stop someone from completing suicide with the sole power of a single person.

Q: How long can grief and pain be healed?

A: There is no time frame for bereavement. Even if bereaved survivors stop feeling upset or sorrowful, emotional turmoil might still appear at times. Nonetheless, grief and sorrow will gradually fade over time.

Q: Should I move out of the house or throw away all the belongings of the deceased?

A: Moving out, changing jobs or abandoning the deceased's things might help to avoid reminding them of the loved one. Yet, changing the environment may add stress to the bereaved. Therefore, it is better to make such decisions after a certain period of time.

Q: My family members avoid mentioning about the deceased. Why?

A: Each person reacts to and copes with bereavement differently. Avoid talking about the deceased means they are not yet ready to accept it. Nonetheless, you should still be honest with them and share your thoughts, be certain of your bond with them and help them to adapt as soon as possible.

Q: I feel extremely lonely at times and not being understood. Who can help me?

A: Talking helps alleviate sense of loneliness. Friends or counsellors can be your listeners.

Q: What are the symptoms if I am too overwhelmed by grief?

A: The following are some common symptoms:

- ⤴ Feeling numb and guilty continuously for two months or more
- ⤴ Realising that other family members / friends have been gradually resuming normal life, but you are still in deep sorrow
- ⤴ Thinking that you are worthless, and feeling hopeless and helpless
- ⤴ Feeling that you are not understood, and becoming socially withdrawn
- ⤴ Getting addicted to alcohol, drugs, consumption or gambling
- ⤴ Hallucinations and continuous nightmares. Always feeling that there are "supernatural" ghosts and evil spirits at home
- ⤴ Having suicidal thoughts

Q: Should I seek help from professionals?

A: You should seek help from professionals if you have five or more of the symptoms listed below in the past two weeks:

- ⤴ Feeling depressed or grumpy almost every day
- ⤴ Loss of interest in things. Feeling upset even after joining any activities
- ⤴ Sleep disturbance
- ⤴ Restlessness
- ⤴ Exhaustion, lack of energy
- ⤴ Feeling that you are useless and guilty
- ⤴ Frequent thoughts of death or suicide
- ⤴ Difficulty in concentrating and making decisions
- ⤴ Changes in appetite (gaining or losing more than five percent of the original weight)

TIPS FOR COMMUNICATING WITH SUICIDE SURVIVORS

Some suicide survivors never share with others their feelings about the departure of their beloved ones for fear of being discriminated and scaring others. Meanwhile, relatives/friends of suicide survivors avoid discussing the matter with the bereaved for fear of saying anything wrong. Please bear in mind, what you choose to do or not to do might have great influence on suicide survivors. Yet, as a relative/friend of the suicide survivors, you should always be willing to listen to them. Below are some points that you should pay attention to:

- △ Do not panic in front of the bereaved
- △ Show your care and support for the suicide survivors. Encourage them to share their feelings with you. Do not attempt to stop them from crying.
 - ◆ "Please let me know if you feel unhappy."
 - ◆ "Though I might not be able to help much, I am willing to listen to you and assist you in seeking help."
- △ Try your best to comfort them
 - ◆ Validate and acknowledge the person's feelings and be empathetic
 - ◆ Do not be critical, this helps make them feel being accepted and cared, and also prevents them from reproaching themselves any further.
 - ◆ Avoid saying words such as "At least he/she is free from pain now".
- △ Keep them company
 - ◆ Try to have at least one relative/friend to stay by their side quietly
- △ Seek help from professionals

A SHARING BY A SUICIDE SURVIVOR

Landslide – recalling the departure of a daughter

Suicides are landslides. Tumbling down from the slope of life, they destroy, tear and raze everything on their way; callous, they are capable of burying everything with their deadly weight, making all of us feel cold and isolated. This is how suicides are like.

At least, this is my own experience: At 1pm on January 13, 2003, a Monday, my 26-year-old daughter Katrina died of suicide. I described Katrina's death and how sad we were in an article titled "Angle from Paradise" that I wrote last summer, which was published in the three latest issues of *Obelisk*. We really hope that our experience will be helpful in solacing other suicide survivors.

When I was invited to write more reflections on this matter, I accepted immediately. Yet, I was not sure what to write about. It was only more than a year since Katrina's departure. Some suicide survivors whose loved one had passed away for a longer time period told me, there is still a long way before I can finally accept the departure of a loved one – a thing that I am sure about. In other words, the landslide in my heart is still ongoing, with plenty of guilt and self-reproach mixed in the rubble. Some of you might have already overcome this, but I am still battling with the tremendous pain and fear that my daughter's departure has left me.

With other life experiences, I believe that sharing my feelings is the first step to disengaging myself from the grief. What I mean is to admit my guilt and self-reproach. I hope you can also achieve this so that both of us can let go of the pain.

Regret does not help – as everyone has told me, and as books have always pointed out; it would only hinder recovery, foment sorrow, and even lead to depression. Nonetheless, even the feeling of regret might just flash across your mind, it would, however, stay in your heart. Regret includes assumptions like "What if...?", "Why didn't I...?", "I should have..." and many others. It was foolish of me not even noticing something had been going wrong the weekend before Katrina's suicide! Why didn't I keep her company? We all knew that it would be dangerous to leave her

alone at home after she was discharged from the hospital; we all knew how hard it would be for her to return to school; we all knew she had thought of committing suicide – I knew all these. But why didn't I just buy an air ticket, go stay with her over the weekend, and help her with school matters, or with everything else? It was just this simple. If I had done these, my daughter would have still been alive. And now, as I roll down to the foot of the mountain, regret is the only thing I can find on my way.

In addition, I should have noticed that it would be safer to have her live with us; of course she could still have committed suicide at home, but this would have been more difficult. Things just happened as they did. If I had insisted on keeping her home, she might have been able to endure one more months, or even the many years after.

Adding to the list of regret is that apart from what happened that weekend, we are also deeply sorry about the decisions we had made for her and about her illness over the years.

All of us have things to regret about. Regret, in fact, can never be avoided in life. I regret about things that I have and have not done, about some relations that I have abandoned, some decisions, some unfinished plans, some unread books... the list is just so long. But I know I am handling my regret in a proper way – to admit it and then let go of it.

I wish I could handle the guilt I have over Katrina in the same way. Perhaps I can achieve this one day – it is still too early at this stage. We are still living in the present. My grief just does not allow me to ignore my guilt. The mountain is still cracking.

Regret is indeed a mild form of guilt. Regret means guilt and disappointment. Guilt is comprised of responsibilities, sins and faults. A regretful person lives in the feeling of fault. But who can I put the blame for Katrina's suicide on? The best answer is: no one (except her illness).

Like regret, blame does not help. I am sure that I will eventually be able to truly understand this; but not now.

I have been overwhelmed by resentment. I blame myself for doing too little and not being able to protect my family, and why Lin had got a gun. Yet, I cannot even

write down the blame I have on Katrina – not for her illness, but for how I had distinguished between her bipolar disorder and her personal responsibilities. Of course I blame the hospital – why they had discharged her so soon, and I blame Justin for hindering her recovery, I blame the little understanding of mental illness that society has, the different medical treatments for the rich and the poor, and the fact that university students suffering from mental illness are not insured by health insurance. There are just so many things to blame for. I know if I continued to blame everything, I would be overwhelmed by fury, and I will be looking for ways to take revenge for the rest of my life.

I choose not to live in regret, self-reproach, anger, revenge, depression and fury; but at the same time, I do not want these emotions to be ignored. Part of the grief can be digested. I know one day, I can accept all these calmly. It will not be easy, and will not be simple either.

There are times when landslides end and calm. Every mountain has a root, and I will reach that anyway. When mess ends and snow melts to form rivers, the terrain of the mountain will be changed forever. I look forward to seeing a new mountain, a new life, and a new form of normality. Before the arrival of that day, I will be hoping for beautiful scenery, calmness and joy.

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Electronic resource

Practical Guide for Suicide Survivor – <http://csrp.hku.hk/sos/survivor/tc/index.html>

Mindmap – <http://www.mindmap.hk/>

Comfort Care Concern – <http://www.cccg.org.hk/zh/index.php>

Society for the Promotion of Hospice Care –

<http://www.hospicecare.org.hk/big5/index.html>

Food and Environmental Hygiene Department –

http://www.fehd.gov.hk/tc_chi/index.html

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