

Survivors of Suicide: Coping with Suicide in the Campus Community

Facts about Suicide

- Suicide claims approximately 30,000 lives a year in the United States.
- Every suicide is a unique story. Suicide is a multi-determined act that results from a complex interaction among many factors including but not limited to: Familial history of suicide, psychiatric illness such as depression, substance use, physical illness and chronic pain, hopelessness, high anxiety and agitation, life crises, access to means, etc.
- Suicide is a rare, unpredictable event. Mental health professionals do the best they can to recognize and deal with suicide threat given the complexity of a suicide event. There is no predictable “profile” of a person who will complete suicide.
- Suicide risk factors and suicidal thoughts are present in many individuals with depression who do not complete suicide.
- Studies show that clients frequently deny to their mental health providers any suicidal ideation, intent or plan before attempting or committing suicide. In some cases, those who complete suicide appear especially functional and happy before they kill themselves.
- Suicide rates for all college-age individuals have been climbing since 1950.
- Though there are some warning signs for suicide and intervention usually works, people with a high intent to complete suicide usually do not tell others they are thinking about suicide. They hide the information from treatment providers and family, friends and colleagues.
- Suicide completions are often the outcome when lethal means such as firearms are used.
- A history of previous suicide attempts heightens the risk of an actual suicide completion in the future.

Common Reactions to Suicide by Someone We Know:

Unique to Each Person: Each person will have their own unique and individual response to the death by suicide of someone they know. It is important to respect these differences and understand them. Some people want to talk about it and some do not. Some people will show their reactions openly and others will not.

Shock and Disbelief: Typically people experience immense shock and disbelief when learning of a suicide. It may take quite a long time to struggle with questions about why this happened.

Irrational Guilt: Family, friends and colleagues frequently feel irrational guilt after a suicide believing that somehow they should have recognized the threat and that they could have done something to prevent the suicide. This guilt is a common reaction but it is irrational and untrue. Even expert and responsible mental health professionals may have trouble recognizing periods of risk.

Feelings of Inadequacy: Survivors may experience the suicide as a personal rejection. They may also feel that if they had been more knowledgeable and capable they could have prevented the suicide.

Blaming: A common reaction could include blaming those close to the victim who one thinks should have known or prevented the act. This is a true case of “blaming the victim” and should be completely avoided.

Anger: A common reaction for those close to suicides. One can feel emotionally rejected, made the objects of blame or speculations, or left to handle the emotional and practical difficulties of a death by suicide. Suicide usually produces more anger than any other type of death.

Sadness: As with any loss, feelings of sadness and depression are typical aspects of the response to the death by suicide of someone we know.

Campus Resources:

Coping with the death of someone we know by suicide is an especially difficult challenge. At the Tang Center there are professional services available to provide individual and group assistance when a suicide has occurred with a member of the campus community whether it be a faculty, staff or student.

For students, please call UC Berkeley Counseling and Psychological Services (CPS) at 510-642-9494.

For faculty and staff, please call UC Berkeley CARE Services at 510-643-7754.