

# Difficult Conversations:

A guide for funeral directors addressing  
deaths by suicide



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## Introduction

Preventable deaths from suicide have been increasing in Minnesota over the last several decades - an unfortunate trend that you or your community have most likely experienced first-hand. Thousands of Minnesotans have died from suicide and many more have been affected by these losses. Many times, families that have lost a loved one to suicide, experience stigma or are fearful of being treated differently. Stigma is the discrimination directed towards someone because of an event or characteristic that is thought of negatively by others. Stigma can lead to feelings of shame, isolation, and being undeserving of care and support.

Funeral directors play a very important role in supporting those bereaved by suicide loss. There are many grief support resources available to support survivors of unexpected loss, and a compassionate funeral director can be one of those important resources. A funeral director can help survivors of these losses to understand there is no shame in suicide, they are worthy of support, and there is hope for acceptance and healing.

## Suicide in Minnesota

In 2018, 745 Minnesotans died by suicide (Minnesota Department of Health, 2020). Put into perspective, many small towns in Minnesota have fewer than 800 residents. This is the equivalent of losing an entire town's population each year due to suicide, which is a preventable death. Suicide is the eighth leading cause of death in Minnesota (Minnesota Department of Health, 2020). The suicide rate among men living in Minnesota is over four times higher than the female suicide rate (Minnesota Department of Health, 2018).

Suicide deaths have increased 79% since 1999 from 438 to 745 in 2018 (Minnesota Department of Health, 2018). These preventable deaths are not experienced equally across age groups, race, genders, or geography in Minnesota:

- Firearms are the leading mechanism of suicide deaths for males and account for 54% of male suicide deaths.
- From 2017 to 2018, Minnesota saw a decrease in the rate of suicide for males and females.
- There has been an increase in the rate of suicide among every racial group from 2009 to 2018.

When a person dies by suicide, very often the survivors of this loss are in shock and will not have been expecting this death. Funeral directors are sometimes the first person outside of family or medical personnel that a family interacts with following a suicide. Funeral directors play an important role in providing comfort to the family and creating a space where they can discuss the death openly without fear of judgement.

## Causes of Suicide

Suicide is rarely random or inevitable. There is not one single cause or path that leads to suicide. Suicide death is complicated and is often the result of a combination of factors experienced across a lifetime like childhood trauma, serious mental illness, substance use,

painful loss, exposure to violence, bullying, social isolation, loneliness, and easy access to lethal means (Centers for Disease Control and Prevention, 2020). The impact ripples across the age span, life span, communities, and generations.

However, there can be biological, psychological, and social factors that could have developed over a long period of time leading to extended stress and pain. These factors could include chronic pain or long-term illness, difficulties at work or home, or the lack of a support system. Most people who die by suicide do not want to die, but they feel like they do not have any other options to end their pain and suffering.

## Common Experiences of Loss from an Unexpected Death

Grief stemming from a loss from suicide can be complex for survivors. It is common for survivors to feel guilt, shame, blame, fear, and isolation following a loss from suicide. These same feelings are common for people who lose loved ones to other causes of death, but survivors of suicide loss can face additional burden from stigma and reluctance to openly discuss the death with others. A funeral director's understanding of these feelings can help when supporting these families, listening, and normalizing some of the emotions they are feeling as common.

Three commonly felt emotions are guilt, shame, and self-blame. These three emotions are very similar, but different in important ways. Guilt is a feeling of regret for an action, or lack of action. Shame is a painful feeling of being flawed or having acted imperfectly. Self-blame is a feeling of taking responsibility for an action or result. Despite these differences, all of these emotions are emotionally draining for survivors to experience.

### Examples of statements you might hear someone experiencing one of these emotions make:

**Guilt:** "I feel horrible that I didn't do more to help them or recognize they were struggling."

**Shame:** "I am a really bad friend for not noticing something was wrong. What will others think of me for not seeing that they were struggling?"

**Self-blame:** "I should have checked in on them more and connected them with a therapist."

## Guilt

Suicide is preventable. It is common for survivors to feel guilt about not being able to stop the suicide. When someone feels guilty about a loss, they are probably regretting not taking steps they feel could have prevented the death. Survivors might feel guilty that they missed warning signs or feel like they could have done more to support the person who died. Guilt can be especially prevalent when the person used means available in the home, such as a firearm belonging to a different family member. Based on feelings of guilt, survivors can feel responsible for the loss and feel that it is their fault that their loved one passed away.

### **Tips for supporting and acknowledging feelings of guilt:**

A funeral director will not be able to convince a survivor that the death is not their fault or responsibility, but the funeral director can listen compassionately. A funeral director can acknowledge how difficult these feelings must be by saying things like “it sounds like these emotions would be very hard to carry.”

## Shame

Survivors of suicide loss may feel like they have to keep the cause of death a secret due to feelings of shame. By keeping the cause of death private, the bereaved might think that they are protecting themselves or the person who died from being stigmatized or feeling shame. Shame is closely related to stigma.

Stigma is the root of shame. Shame is a feeling that comes from our perception that others will think that an action, or lack of action, was the wrong thing to do. Stigma can be subtle, like a friend appearing uncomfortable discussing the death by suicide, or it can be very overt like an old friend no longer answering the survivor’s phone calls after a death by suicide.

### **Tips for supporting and acknowledging feelings of shame:**

The funeral director can reduce feelings of shame and stigma best by engaging survivors the same as they would any other client. This equal treatment helps the survivors to feel that they are not being judged or treated differently because of how their loved one died.

## Blame

When a person dies by suicide, the survivors of these losses might blame themselves or the person who died for the death. Sometimes, blame can lead to obsessive thoughts over actions that were done, actions that were not done, and what could have been done differently. Survivors might blame family members, friends, or others for not preventing the death. For example, if a person expressed suicidal thoughts to a friend, the survivor might blame the other person for not doing enough to save their loved one’s life. The survivor might also blame the person who died for not seeking help for their mental health. These feelings of blame can at times lead to feelings of guilt or anger as well.

### **Tips for supporting and acknowledging feelings of blame:**

Similar to feelings of guilt, funeral directors will not be able to convince a survivor that the death is not their fault or help them find something to blame for the death. Funeral directors should listen empathically and acknowledge how difficult it must be to have these feelings. A funeral director can say “I hear you saying that you are struggling with some of your feelings.”

## Fear

When a loved one dies unexpectedly, the survivors of this sudden loss can feel fearful that they or someone else they love will die unexpectedly as well. It is common to feel fear and anxiety that other people who have expressed suicidal thoughts in the past could feel this way again. It is natural to feel fear and anxiety after losing someone suddenly. This can be very difficult for survivors to process as these emotions are not frequently discussed as a part of the grieving process.

### **Tips for supporting and acknowledging feelings of fear:**

Funeral directors can acknowledge that fear and anxiety are commonly experienced emotions following any death, but especially a sudden death. It is not the funeral director's role to diagnose or treat anxiety issues, rather the funeral director's role is to listen and provide connection to grief support or mental health resources if the survivor expresses an interest. The funeral director can offer that the survivor can contact them at a later date for resources if they are not ready at the time of the conversation. For example, a funeral director could say "I understand that there is a lot going on right now. I will be here to give you information whenever you are ready."

## Isolation

Survivors of suicide loss may experience heightened feelings and experiences of isolation. Changes in social connections could occur if a survivor's feelings of shame or depression lead them to isolate from support networks. Grief can also lead to self-isolation and turning inward or feeling uncomfortable spending time with others.

### **Tips for supporting and acknowledging feelings of isolation:**

A funeral director can encourage connection with supportive people and the community, beginning with supporting the survivor planning a memorial service. A funeral director can share the benefits of personal connection during times of grief. They can refer survivors to grief support groups in their community or to online grief support resources. A funeral director could say, "I hear that you are feeling alone right now. It can be helpful to spend time with family, friends, or others who have experienced this type of loss."

## Anger

When someone dies by suicide, the survivors might be angry with the person who passed away. The survivor could feel upset that the person who died did not seek help or chose to end their life. The survivor could also feel anger that the person who died has abandoned them or did not care about them. Anger could also be directed at themselves if they feel that they did not do enough to notice their loved one was struggling. Anger is an uncomfortable emotion that the bereaved might not be expecting. Feelings of anger can sometimes be unintentionally directed towards the funeral director.

### **Tips for supporting and acknowledging feelings of anger:**

Funeral directors can support survivors by letting them express their anger freely and non-judgmentally. Funeral directors can acknowledge anger is an emotion felt by many survivors of suicide loss. As the survivor is mourning, it is important the funeral director recognize and remember that any anger directed towards them is not intended to be hurtful.

## Denial

When a death has been ruled a suicide by a coroner, the survivors might deny this as the cause of death. Denial can stem from feelings of guilt that they did not recognize their loved one was suffering. Survivors may not want to acknowledge that their loved one died by suicide if these types of deaths are viewed negatively in their social circles and community.

### **Tips for supporting and acknowledging feelings of denial:**

It is not the role of a funeral director to convince survivors of the cause of death. A funeral director can create a safe space for grieving where the survivors can process the death in their own way. People may experience denial that the death was indeed suicide. Instead, they might say that the cause of death was something else. A funeral director can be prepared to acknowledge that some might not agree with the cause of death. A funeral director could say "Some people might not be ready or able to accept that this happened."

## Relief

A survivor could feel relief that their loved one is no longer suffering from mental health challenges; they might feel guilty about feeling any emotion other than sadness. If a survivor was invested in supporting the person who died and had been spending time and energy helping them, the survivor might feel relief at no longer having to worry about their loved one. Feeling relief after someone passes away is actually quite common and is experienced after the passing of someone who has been perceived to be suffering, such as a person with cancer or a chronic illness.

### **Tips for supporting and acknowledging feelings of relief:**

A funeral director can use empathic listening and acknowledge that it is understandable that the survivors feels this way. A funeral director can acknowledge that certain feelings that appear unexpectedly or seem inappropriate can be surprising for survivors but is normal.

## Suicidality

Survivors of suicide loss are at an increased risk of dying by suicide themselves (Chapman & Dixon-Gordon, 2007). A survivor of suicide loss may express suicidal thoughts themselves, either implicitly or explicitly. Survivors may say they want to go to sleep and never wake up,

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they wish they would get sick and die, or they want to end their life. Most survivors who express suicidal thoughts do not act on these thoughts.

As funeral directors usually only interact with survivors for a short period of time, it may be difficult to recognize warning signs but becoming familiar with them can help to identify concerning behaviors or statements. If a funeral director is concerned about a survivor, they can refer them to mental health services. A funeral director could share the list of warning signs above that a survivor could look for in themselves and others as signs that they may need additional supports. A funeral director could say “If you recognize any warning signs in yourself or others, there is help.” Funeral directors can look up the adult mental health crisis response phone numbers for their area to provide if needed.

Funeral directors can be aware of the warning signs of suicide listed below and contact the National Suicide Prevention Line (1-800-273 TALK (8255)) or [suicide crisis services in their community](#) if they feel that the person is exhibiting any warning signs.

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling helpless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about revenge
- Displaying extreme mood swings

If a person seems to be in immediate danger, do not hesitate to call 911. More information on suicide prevention is available from the MDH webpage [Everyone Plays a Role in Suicide Prevention \(https://www.health.state.mn.us/communities/suicide/basics/index.html\)](https://www.health.state.mn.us/communities/suicide/basics/index.html).

It is important for funeral directors to be prepared to directly address suicidality and engage in conversation. Talking about suicide openly will not encourage someone to act on suicidal thoughts or give them the idea of taking their life, rather it can help them to feel heard and supported. If a funeral director notices warning signs of suicide, they can ask the person direct questions like “Are you thinking about dying?” and “have you thought about how or when you’d do it?”

Funeral directors should have a follow-up plan to use if someone says that they are thinking of suicide. The follow-up plan can include calling a crisis line, getting someone to an emergency room, and/or calling 911 if the person is in immediate danger.



## Supporting Survivors

A funeral director is often one of the first people that a survivor of suicide loss will interact with outside of family, medical personnel, and law enforcement. Funeral directors can support survivors of these types of losses by providing the opportunity to discuss the loss openly without fear of judgement, be an empathetic listener, and build a narrative of hope and resilience by being thoughtful in the language that is used in conversations.

### Language to Use When Speaking with Survivors

The way in which we talk about deaths by suicide matters. If used positively, our language can help reduce the stigma often experienced by people who die by suicide. It may be helpful to review examples of [safe messaging around suicide](https://www.health.state.mn.us/communities/suicide/documents/suicidemessaging.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/suicidemessaging.pdf>).

The table below shows some examples of language to use to help reduce stigma and make families feel more comfortable discussing a death. Some words and terms have a negative connotation that can increase feelings of shame or guilt while other words are more neutral to use in conversation.

**Table 1. Examples of language to use when speaking with survivors**

Commonly used language	A better choice	Why?
“They committed suicide.”	“They died by suicide.” “They took their life.”	The word “committed” is a verb associated with crimes and can reinforce the notion that suicide is something to be ashamed of.
“They had a successful suicide attempt.”	“They ended their life.”	Implying suicide was desired or a positive outcome is not representative of how the deceased or their family would feel.

### Having the Conversation

It can be helpful for funeral directors to create a space for survivors to discuss the loss if they are ready. Survivors of these losses might want to discuss the death with others right away, while others will not be interested in doing this, and still others will want someone to just listen. The table below has some examples of what survivors might say when they want to talk

and when they just want to be heard. Some common phrases survivors might use are listed below with ideas for how you can respond to start these conversations.

**Table 2. Examples of phrases survivors might say and how funeral directors can respond**

Survivor:	Response:
“I just don’t really know what to feel right now. I am in shock and never expected this.”	“It must be difficult to process everything that has happened.” or “It is understandable that you feel this way.”
“I have a lot of things I want to say, but I don’t know where to start.”	“I am here for you and will listen if you want to talk, or we can just sit together.”
“I am nervous to tell anyone what happened. What if they judge me or think I didn’t do enough?”	“I’m hearing you say that you are nervous about being judged. I am here to support you and will not judge anything you say or choose to share.”

## Listening Empathetically

Survivors of suicide loss frequently report that what is most helpful is having someone that just listens to them without judgement, interruption, or advice-giving. Sometimes what survivors need is someone to hold space with them, meaning someone sits calmly with them without having a conversation at all. Feeling like another person cares enough to be with them, listen while they speak, and understand what they are saying can help a survivor by reducing feelings of isolation or that they do not matter. The Crisis Prevention Institute provides [tips for empathic listening \(https://www.crisisprevention.com/Blog/7-Tips-for-Empathic-Listening\)](https://www.crisisprevention.com/Blog/7-Tips-for-Empathic-Listening).

Empathic listening is a skill that takes time and practice to develop. Most likely, funeral directors already have these skills that have been honed during years of supporting loved ones through losses. Empathic listening is a form of active listening during which the listener will pay close attention to body language, inflection, eye contact, and the language being used to more fully understand what is being said, both verbally and emotionally.

## Continued Support

Grief does not follow a specific timeline and looks different for everyone. In American culture, it is common for loved ones to hold a funeral within a week after the death which involves quite a bit of work to plan funeral services, notify friends and families, and process initial feelings of shock, loss, and grief. During this time of mourning and funeral planning, loved ones are often receiving a great deal of support from family, friends, and colleagues. However, once the funeral services are completed, these systems of support can diminish. This period of time

following a funeral is when survivors of suicide loss may begin feeling new types of grief after the initial response to the death.

Survivors of suicide loss may not be ready to discuss the loss during the short period of time they are frequently interacting with a funeral director. While a funeral director is not able to be a grief counselor in the long term or provide intensive supports to survivors, a funeral director could offer to check-in with loved ones after a funeral service to provide an opportunity for empathic listening, showing support, and offering to connect to other resources such as a grief support professional or group.

A funeral director can play an important role in providing information on and connections to grief resources in their area. Grief resources can include meeting with a grief support professional, such as a therapist, meeting in a group setting, reading books, or watching videos. A list of some grief support resources for survivors of suicide loss are included at the end of this guide for you to share.

Recognizing the need for continued support and how difficult it can be for survivors to take the first step of reaching out, a funeral director could help connecting to grief resources by making the connection between a person needing services and another service provider (called a warm handoff). For example, if a person expresses an interest in meeting with a grief counselor, the funeral director could offer to make a call to a grief counselor with the person. Making the call together can be supportive for the person seeking support and can make them feel more comfortable connecting with a stranger if someone they already know and trust (the funeral director) is the one to make the connection.

Funeral directors can support connecting people to grief resources by making a connection themselves to counselors and groups in their area. Funeral directors could meet with grief counselors to learn about the services they provide and how to make a referral. They can use the information they learn to make connections more easily between the bereaved and service providers. Funeral directors could ask if it is appropriate to attend meetings of grief support groups in their area to learn about the different styles of these groups. Funeral directors could make a suggestion for a grief group to the bereaved that seems in line with the type of support the bereaved is looking for.

### Culturally Specific Grief Services and Resources

In Minnesota, mental health providers of color are underrepresented, especially outside of the Twin Cities metro area. This underrepresentation can make it difficult for people to find grief supports that are culturally specific. Culturally specific services are those that are informed by cultural perspectives, views, preferences, and language. Culturally specific grief resources can be just as important to the healing process as faith specific resources. Culturally specific resources and services may be held in a culturally meaningful space, in a specific language, or incorporate cultural traditions.

As experienced funeral directors, you are most likely already aware of the value of culturally specific mourning and funerary traditions, rituals, and ways of expressing grief. If a family is not

able to have the types of mourning rituals that are typical in their culture, the funeral director can work closely with the family to determine what type of services or memorials would be most appropriate for them to honor their loved one.

A funeral director can support families connecting with culturally specific grief resources by learning more about what culturally specific services look like, discovering if there are providers in the area that speak different languages or identify as members of a cultural community, and acknowledging the value of working with a provider or group that shares a culture.

## A Funeral Director's Role in Community Suicide Prevention

Beyond the many different, important ways funeral directors support families, they can play a crucial role as community leaders that develop networks of support and avenues for change. Helping to write obituaries, connecting with faith leaders, and lending grief expertise to schools, and other community organizations is influential for a community's healing. Community efforts to address grief and provide supports can help to prevent additional loss from suicide.

When a person dies of suicide, it is estimated that up to 135 people are exposed to this death (Cerel et al., 2019). These people are family, friends, co-workers, members of the community, and at times, complete strangers that are somehow impacted by the death. Some of these people will attend a funeral, but others may not. Following a death from suicide, survivors of the suicide loss might be at risk for suicide contagion. Suicide contagion is an increase in suicidal behavior in persons at risk for suicide following a direct or indirect exposure to suicide.

Funeral directors can support suicide postvention work in their communities. Postvention refers to an intervention conducted after a suicide takes place to facilitate healing among the bereaved, reduce the negative effects of exposure to suicide, and prevent suicide among those that are at highest risk. More information on postvention can be found online from the [Suicide Prevention Resource Center \(http://www.sprc.org/comprehensive-approach/postvention\)](http://www.sprc.org/comprehensive-approach/postvention). Funeral directors can engage in postvention work by:

Funeral directors can engage in postvention work by providing grief support directly to the family, connecting the bereaved with grief resources in the community, and using safe messaging around suicide. Funeral directors can develop a postvention plan for funeral home staff to implement when working with survivors of suicide loss. This could include 1) confirming with the family how they wish to speak about the death, do they want the death talked about as it being a suicide, 2) connecting the family to a grief counselor, if the family wishes, and 3) sharing the family's information with the National Alliance on Mental Illness (NAMI) Minnesota so they can send a packet of grief support resources, called a [bereavement envelope \(https://namimn.org/education-public-awareness/suicide-prevention/\)](https://namimn.org/education-public-awareness/suicide-prevention/), to the family.

Funeral directors can explore joining a suicide or overdose prevention task force or organization currently operating in their community. If this type of task force doesn't exist, a funeral director could consider partnering with organizations in their community to start one. Organizations that might be interested in joining a prevention task force include churches, schools, health departments, behavioral health service providers, and hospitals. A survivor of suicide or overdose loss might find purpose and hope in being involved in prevention work as well.

## Suicide Crisis Resources

- Find the adult and children's mobile mental health crisis response phone numbers for your county using the [County Mobile Crisis](#) webpage.
- Call the 24-hour toll free National Suicide Prevention Lifeline at 1-800-273-8255
- Use the Crisis Text Line to connect with a Crisis Counselor by texting MN to 741741.
- Find mental health treatment in your area using the [Minnesota Mental Health Fast-Tracker](#).
- Chat online with a counselor using the National Suicide Prevention Lifeline [chat feature](#) (<https://suicidepreventionlifeline.org/chat/>).
- Many different materials and resources are available on the [MDH Suicide Prevention](#) website.

## References

- Centers for Disease Control and Prevention. (2020). *Preventing Suicide*. Retrieved from <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>
- Cerel, J., Brown, M.M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*, 49(2), 529-534. doi: 10.1111/sltb.12450
- Chapman, A.L., & Dixon-Gordon, K.L. (2007). Emotional antecedents and consequences of deliberate self-harm and suicide attempts. *Suicide & Life-Threatening Behavior*, 37(5), 543-552. doi: 10.1521/suli.2007.37.5.543
- Minnesota Department of Health. (2020). *Suicide Prevention Data and Reports*. Retrieved from <https://www.health.state.mn.us/communities/suicide/data/suicidedata.html>
- Minnesota Department of Health Suicide Prevention Program. (2018). *Suicide Prevention: Legislative Report*. Retrieved from <https://www.health.state.mn.us/communities/suicide/documents/suicidepreventionlegreport2018.pdf>

## DIFFICULT CONVERSATIONS: ADDRESSING DEATHS DUE TO SUICIDE

Minnesota Department of Health  
Suicide Prevention Unit  
85 E 7<sup>th</sup> Place E  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-5484  
[health.suicideprev.MDH@state.mn.us](mailto:health.suicideprev.MDH@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

12/14/2020

To obtain this information in a different format, call 651-201-5484