Inspiring Healing in the Aftermath

IBSC, London, 2011

Charles E. Streff, Ph.D.

• Introduction
• The Event
• The Context
Inspiring Healing in the Aftermath

- Role of instant communication
- Impact on Constituents
  - The “How?” and “Why?”

Impacted by Suicide

- Students 40%
- Alumni 30%
- Faculty/Staff 15%
- Parents/Families 10%
- Community at large 5%

Inspiring Healing in the Aftermath

- Impact on Alumni
- Impact on headmaster
- Initial impact on faculty
  - Email to faculty
Inspiring Healing in the Aftermath

- Impact on students
- Impact on parents
  - Email to parents

Consulting Psychologist’s role at this juncture:

- Their reactions are valid
- The need to give and accept support
- Be alert for those considering suicide as a viable decision

Inspiring Healing in the Aftermath

Secondary aftermath

- Classes and Advisor Groups
- Individual students and faculty
- Community at large
Developmental Aspects
A. Younger Boys (ages 9-11)

- Confusion/Anger

- Disbelief/Denial
  - Fear

I can’t go to the memorial because I still have a cold. Well, really I can’t go because...
Developmental Aspects
A. Younger Boys (ages 9-11)

- I used to be a happy kid, then I saw everyone crying – at least I saw a lot of older guys crying…

Photo: Creative Commons: flickr kris morrell

--

Developmental Aspects
A. Younger Boys (ages 9-11)

- Withdrawal
- Sadness
- Silliness/Joking

--

Developmental Aspects
A. Younger Boys (ages 9-11)

Contextual variables for each boy
- Preparation for the death – none
- Experience of past losses/death
- Reactions of adults and significant others
- Cultural and religious background
Developmental Aspects
B. Older Boys (ages 12-15)

• Shock and confusion

Developmental Aspects
B. Older Boys (ages 12-15)

• Words cannot express the pain and loss of a suicide, especially when the guy who did it...

Photo: Creative Commons: flickr mesaj

Developmental Aspects
B. Older Boys (ages 12-15)

• Disbelief/denial
• Anger
• Sadness
• Fear
Developmental Aspects
B. Older Boys (ages 12-15)

• There are no words to describe the pain and agony I still feel one week later…

• Withdrawal/need to escape

• I’m looking outside and see clouds drift away, and realizing: so do the ones we truly love…
Developmental Aspects
B. Older Boys (ages 12-15)
Contextual variables for each boy
• Preparation for event – none
• Personal and family experiences with death
  • Personal experiences with suicide
  • Reaction of peers
• Reactions of significant adults
• Personal convictions regarding morality/cultural norms

Reactions of Alumni and Parents
(in addition to those for older boys)
• Need to talk about the event
• Need to gather data
• Need to protect others: peers and other teens

Reactions of Alumni and Parents
(in addition to those for older boys)
• I feel a need to raise a question more broad and philosophical than in the email we received: how do we take the next steps?...
Reactions of Alumni and Parents
(in addition to those for older boys)

- I am at a loss of what to do. My son refused to go to sleep last night...

For younger alumni:
- Need to glorify the deceased

Contextual variables for alumni/parents
- Personal experiences of loss
- Suicides in the family or of loved ones,
- Cultural and religious norms
- Reactions of friends and peer group(s)
On-going aftermath

- Holidays and Anniversary

Inspiring Healing in the Aftermath

- Conclusion and Discussion
Email to All School

Dear Colleagues,

This is a difficult day for all of us. Our focus must remain on the students, of course, and I am offering a few suggestions that may help with their questions and their reactions, should they arise in today’s workshops.

1) Their feelings and reactions are legitimate – WHATEVER THEY ARE. There are no right or wrong responses to the suicide. We should expect: confusion, fear, sadness, anger, withdrawal, and even some apparently inappropriate silliness and jokes.

2) All of us have questions about “Why?” and “How?” I would strongly encourage you to continue to say, “We don’t know for sure.” Information regarding the “Why?” we may never know, so I encourage you to ask them NOT to speculate. “How?” is a question for the family to answer, not us. It is an invasion of their privacy; the news of the suicide has been public enough without us (or the boys) pressing for details. Whatever they have heard cannot be corroborated at this time, and speculation only increases the fear and confusion.

3) Please acknowledge the difficulty of the situation, acknowledge the feelings that are present in the room, but encourage the boys to concentrate on the workshops and activities they are involved in today. Getting them to function as normally as possible will help them (and us) through the process.

4) I will be on campus throughout the day, either in my office or visiting classrooms. Ellen knows where I am at all times, and she can contact me via cell phone if you feel there is an emergency.

5) Jerry assures me we can meet for a brief period after the final assembly. I will be there to answer any questions I can.

We are in this together, and we will support one another and our students through this difficult period.

Charlie
Dear Fenn Parents,

I am sure most of you are aware of the tragic death of one of our alumni late last night. Our consulting psychologist, Dr. Charles Streff, has worked closely with me and the entire faculty and staff to address our students and their reactions throughout this difficult day. As much as possible, while acknowledging their feelings and reactions, we have tried to keep the focus on our annual Cultural Arts Festival. We will, of course, continue to address the boys’ concerns, confusion, and sadness as the days continue.

For the present, let me offer these suggestions Dr. Streff has made for the immediate care of your sons.

Let him express his reactions without correction or judgment. There are no “correct” or “incorrect” feelings in response to a suicide. Please help him understand that we do not have answers to “Why” or “How”, and we should all avoid speculating on the answers.

Assure him that he is safe, and that you and the family are safe. He may wonder whether someone in the family or among your loved ones could commit suicide; try to assure him that your job as a parent is to take care of him and one another.

He may ask why anyone would want to hurt himself to the point of dying. If you are comfortable, you can talk about people feeling depressed or overwhelmed. But please emphasize that hurting oneself in those situations is NOT the solution; talking to a trusted adult is the best approach. Assure him that you are available if he is troubled by such thoughts or feeling overwhelmed in any manner.

He may have trouble going to sleep, or wake from a nightmare. Please assure him again that he is safe and that you are taking care of him. Please let him know that the adults at Fenn are trying to help him and all the boys feel safe as well.

If you have any questions or concerns, you may contact me at Fenn or be in touch with Dr. Streff. He will be here all day on Friday and available by email over the weekend. You may also reach him at his clinical office number: (978) 263-0439. I will keep you updated on the situation at the school as the days go on.

With sincerest wishes for your family,

Gerald Ward
Headmaster
Brief Bibliography

The role of the brain in human sexuality


Adolescent development and sexuality


Teaching problem-solving skills


Prepared for IBSC by

Nat Carr

Charlie Streff, Ph.D.