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In that sleep, what dreams may come?

By Wang Yuke

There is a shock running through the city because of a surge of suicides, but while many go in search of reasons, others turn to those left behind, contemplating for themselves the question, 'to be or not to be.' Wang Yuke finds an answer.



When someone commits suicide, feelings of stigma attach to those left behind, their friends and families. The “survivors” face lives of doubt and ask the question, “could I have done something to prevent it?” There’s also guilt. “Maybe something I said or did set it off. If only I had.....”

Thoughts like these can ignite additional tragedies, says Wong Wai-ching, research fellow at the Centre for Suicide Research and Prevention of the University of Hong Kong. People bottle up their anguish and do their best to hide the scars from their wounds.

Grief almost drove Bonnie to take her own life after her partner committed suicide more than five years ago. She found help after she joined the Suicide Prevention Service (SPS). It was a last resort for a young woman who spent years, unable to cope with what happened. Her partner jumped to his death from the window of the apartment they shared.

“I beat myself up every time I overheard my neighbors gossiping about my partner’s suicide. My boss’s mother said it was my controlling influence over him that was to blame. Her cruel accusation touched a raw nerve in me,” recalled Bonnie.

Most societies regard suicide as a taboo, particularly in China, where many people believe the spirits of venerated ancestors may inhabit the living. Wong believes that surviving family members who live with that shame and fear, don’t reach out to find the help needed for them to heal.

It was Christmas Eve, 2010. Bonnie was psyched for a celebration. Her phone rang. The police called giving her the world shattering news that a man had jumped from her apartment building and that they believed the man was her partner. She rushed home. The body had been removed by the time she got there. The window of her apartment was open and the grille removed. Photos taken by her friends and neighbors brought the terrible truth. What had been her reality a few hours earlier vanished into a black void.

“It was not real. It was just a total nightmare,” Bonnie said. She kept her grief under tight rein, as she got ready for the ordeal of the funeral. “I did not shed a tear at his funeral but my heart was numb and dead.”

Bonnie avoided people. Forced to be around others, she shut down whenever the conversation seemed headed for questions about her partner. “It is not because I was reluctant to talk. It was the way people reacted. They made me feel ashamed and that made my feelings of guilt worse.”

Help at hand

There’s no shortage of services to help people like Bonnie. People in situations like hers need suicide prevention counseling and bereavement therapy, says Wong. When a

person commits suicide, at least six others who are close to them, or who are witnesses, can be emotionally harmed, warns Vincent Ng, executive director of SPS.

Nearly half the people who commit suicide in Hong Kong jump from buildings, says Hsu Siu-man, supervisor of counseling services at the Hong Kong Federation of Youth Group (HKFYG). "That means hundreds of witnesses who are disturbed by that graphic scene will develop post-traumatic stress disorder. Then they are at increased risk of suicide."

Here in Hong Kong, services for people in need are more plentiful than Thailand, Malaysia or Taiwan. In Hong Kong there are SPS and the Samaritans. The problem, Wong says, is that people don't use them.

That's just what happened to Bonnie. She withdrew and went to sleep, hoping to wake up in the morning and find it was all just a bad dream. Morning brought another cold slap of reality. A chill would pass through her, every morning around 9 am. That's around the time he jumped.

Shock is devastating, but it also acts as a ward against things too much to handle all at once. In the months after, as Bonnie's life returned to something close to normal, the shock wore off. Bonnie felt the hurt in earnest. She felt shrouded in darkness. She didn't eat. Her weight dropped from 120 pounds to 80. She didn't know how to deal with life and found herself nurturing thoughts of suicide.

"I felt an impulse to hang myself when I saw the shower curtain. When I was on the platform waiting for the train, I'd think of hopping onto the rail. I'm thankful I woke myself up each time and stepped back from the brink."

Family and friends saw she wasn't safe left by herself. Someone stayed close to her wherever she went. "I would have jumped from that same window if no one had kept an eye on me." The after effects lasted a long time. Even as things started becoming more normal, she still couldn't concentrate on reading in Chinese and English. She had short-term memory loss.

Copycat effect

Young people are particularly affected by any close brush with suicide. They are impressionable, stresses Hsu. "Unlike adults, youth find themselves powerless against these difficulties because they have no support. They are swayed by negative events and may copy the abnormal behavior."

The “copycat effect” seems apparent in the surge in youth suicides that has set off alarms in Hong Kong lately, Hsu reckons.

As Bonnie’s condition hastened downhill, it occurred to her mom that her daughter’s passive resistance to her tragedy wouldn’t work in the long term. Bonnie moved to her mother’s house.

Candice Choy, a social worker at SPS, says family members of suicide victims suffer significantly more than people who lose loved ones to natural causes. Suicides are a terrible shock. There’s no getting ready.

Choy says the symptoms that tore up Bonnie are common: depression, anxiety, hyper-arousal, lack of emotion, psychosomatic effects from emotional distress, and inability to deal with daily, routine things.

Normally it takes about a year for family members to come to grips with reality, Professor Wong remarks. It’s a dangerous year when the survivors of suicide victims may think of committing suicide themselves.

In hindsight, Bonnie remembered there were warning signs before her partner killed himself. “He would ask, in a half-joking way, ‘If I die, will you remember me, or forget me? If I died right now, how will you live on?’ I didn’t take it seriously.” It still angers Bonnie that she didn’t pick up the clues.

Under the repeated encouragement of her mother and friends, Bonnie looked for professional help. She found SPS. By then, she had learned of a shocking fact that may have played a role in her partner’s suicide. A relative had committed suicide in his family’s home — emphasizing the life-saving importance of suicide counseling and bereavement therapy.

“Here I found people who were willing to lend an ear and a shoulder for me to cry on. I sighed a long sigh of relief, because, for the first time, I could talk about the pain, I had been suppressing,” Bonnie said, smiling. “I did not expect anyone to pity me, I simply needed a listener, just a listener.”

The sharing of hard memories and regular counseling are part of the weekly therapy. Everyone in the group had similar bad experiences. “I found it the most secure place to confide in others. Swapping personal experiences really made me feel empowered. Before that I thought I was the most ill-fated person in the world. After hearing their stories, I learned I was not alone,” said Bonnie.

“They find mutual empathy and consolation from peer counseling,” Choy says. “It’s called normalization.”

What Bonnie found most useful was the letter she was told to write to her dead partner. She just jotted down her thoughts, not paying much attention, knowing they would never be read by the intended recipient. After a while she felt relief. To her it was a memorable moment.

“I needed to be engaged in positive activities to take my mind away from grief. Therapy inspired me to live in the present and find inner strength,” Bonnie says. She describes herself now as happy, talkative and confident.

She volunteers at SPS teaching yoga classes. After the lesson comes a sharing session. Bonnie tells her story and how she survived to help newcomers to the group still wandering in shock.

Reach out and touch

Ho Wing-hung, director and social worker at the Samaritan Befrienders, says it is critical to identify people who have high suicide risks and help them with timely intervention. “Because people are less likely to expose their suicidal thoughts to others, we are exploring an online consulting service,” says the executive director of Samaritan Befrienders Tsang Chin-kwok. On social media people feel free to talk anonymously. Putting suicide prevention services online has proven effective for identifying people who are struggling or showing early warnings of suicide.

HKFYG’s uTouch online counseling service already has helped hundreds of people overcome suicidal thoughts since it started operating in 2009. Social workers go online looking for people who drop dispirited lines on social platforms. The workers will approach the person, acting as everyday people. They don’t say who they are, but try to talk the person down. They identify themselves only if the potential suicide victim comes out of the dark place or if other kinds of intervention are warranted.

Hsu emphasizes the importance of increasing manpower on both the hotline and the online platform. “We have heard complaints that the hotline is often engaged. That’s dangerous for vulnerable people.”

Professor Wong expects psychological counseling for suicide survivors to get much greater attention in social work and psychology programs at local universities. Wong says

he has attempted to set up related courses in the past 12 years, but in vain because he failed to enroll enough students to get the class started.

“We don’t have plentiful, well-trained social workers specializing in suicide prevention and bereavement therapy. With the growing severity of the suicide issue in Hong Kong, we are in dire need of professionals,” Wong said.

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