

Survivors After Suicide

YOUR PATH TOWARD HEALING

A Program of Didi Hirsch Community Mental Health Center • April/May/June 2008 • Volume 21, No. 2 • Published Quarterly

Welcome to our new Director of Clinical Operations

By Kita S. Curry, Ph.D., President/CEO



Rebecca (Becky) Gaba, Ph.D., L.M.F.T., joined Didi Hirsch as the Director of Clinical Operations on March 17. Previously, Becky was the Chief Operating Officer at the Center for Multicultural Human Services (CMHS) in Falls Church, Virginia, where she oversaw all day-to-day operations of an agency

dedicated to providing mental health and substance abuse services to immigrants and refugees. Her duties included program development, clinical oversight, budget preparation, quality assurance and quality improvement. Fluent in Spanish herself, Becky led a staff that spoke more than 30 languages.

Before moving to Virginia, Becky worked in Los Angeles at the Children's Institute Incorporated (CII) for ten years and was the Director of the Child Trauma Center when she left. In that role, she was involved with many local trauma-oriented organizations, as well as serving on SAMHSA's National Child Traumatic Stress Network. She also implemented Department of Mental Health-funded programs at CII and was part of the development and implementation of several major grants.

With a B.S. in Environmental Science and Secondary Education from Rutgers University, Becky taught science, chemistry and physics before becoming a clinician. She earned her M.S. in Counseling Psychology at Mount St. Mary's College and her Ph.D. in Clinical Psychology from Fuller Theological Seminary.

Save the Date!

July 12, 2008

SAS SUMMER POTLUCK
"The Healing Power of a Smile"

September 28, 2008

Alive & Running for Suicide Prevention 5K

See *Calendar of Events* on page 2

Suicide Statistics

By Rick Mogil, SAS Coordinator

The headline in the *New York Times* on February 19, 2008, read "Midlife Suicide Rises, Puzzling Researchers." The article by Patricia Cohen goes on to state that the Center for Disease Control (CDC) "found that the suicide rate among 45 to 54 year-olds increased nearly 20% from 1999 to 2004." I guess "nearly 20%" is a stronger statement than the actual percentage of 16.9 (16.2 in 2005, released in January 2008).

Now, I don't mean to get picky over a 3 to 4% difference. I just expect to hear or see the correct statistics and not exaggerations that fan the fire of distrust that arises when statistics are mentioned. Too many people feel that Benjamin Disraeli was right when he said, "There are lies, damned lies and statistics."

But, even at 16.9% (or 16.2% for 2005), this is a startling trend since suicide rates among all other groups have shown moderate increases under 10% and even some decreases. For example, suicide among:

- ❑ White males: increased by 3%
- ❑ Black males: decreased by 13%
- ❑ Asian/Pacific Islanders: decreased by 14.8%
- ❑ Latinos: increased by 2% (based on year 2000 data)
- ❑ Total increase of 2.8%

So, how does all of this relate to us, the survivors? The rates go up, the rates go down, the rates don't go anywhere. Not only do the suicides matter to us, but what really hits home is there is always an increase in the number of survivors each and every year. There were 217,386 suicides from 1999 to 2005. Over 1.3 million people became survivors, which is approximately 590 new survivors each day or 24 every hour. Okay, here I am, doing exactly what I accused the *Times* of doing - utilizing the statistics to suit my agenda.

How many of the 217,386 suicides were the result of a previous suicide in their family or immediate circle of friends/acquaintances? That could dramatically change the 1.3 million figure as the same people who are survivors of one suicide may be survivors of multiples. You might ask, so?

Cohen said it best when she wrote, "The confusion over the evidence reflects the confusion and mystery at the heart of suicide itself."

The fact is, there are more than 30,000 suicides every year and regardless of whether there are 1000, 10,000 or 100,000 affected by suicide, there are new survivors every day. They are not just numbers. They are people - people like us.

Survivors After Suicide (SAS) helps people resolve their grief and pain in their own personal way, and helps them move forward in their lives, positively and productively.

Summer Potluck

The Healing Power of a Smile

July 12, 2008

12:30 to 3:00 p.m.

In the beginning there was pain, inconsolable grief, anger and all of the other emotions we experience in the first moments we don the mantle of "Survivor".

But, somewhere in the healing process a curious thing begins to happen. We step into the eye of the emotional storm and find something to smile about.

It could be something as small as a flash of the variegated chest of a hummingbird, in the sunlight, or something huge like finding a photograph where our loved one's smile is open and genuine.

Our mouths curve up, our eyes crinkle at the corners, and we kind of nod our heads knowingly.

When we first smile, our pain and grief has a chance to evolve into peace of mind and hope. And, when there is hope there is room for laughter.

Bring a photo of you smiling, a photo of your loved that made you smile, or share a moment in your lives together that made you chuckle or laugh.

If you wish to share your moment of laughter please e-mail Patricia Serrano at pserrano@didiirsch.org.

We would like to create a video of our loved ones' photos to be shown at this and other functions. If you wish to include a photo, please send it by June 15, 2008 to:

Patricia Serrano, Survivors After Suicide
4760 Sepulveda Blvd. | Culver City, CA 90230

*"You've got to get up every morning
with a smile on your face,
and show the world all the love in your heart."
- Carole King*

Corrections

The last line for e.e. cummings' poem "i carry your heart with me" submitted by Mary Halligan for the Holiday Potluck should read "i carry your heart (i carry it in my heart)." Our apologies for the misprint.

Calendar of Events

NAMI Annual Conference

June 13-16, 2008

Orlando, Florida

For more information, visit www.nami.org

Out of the Darkness

June 21-22

Seattle, Washington

For more information visit www.afsp.org

SAS Summer Potluck: The Healing Power of a Smile Didi Hirsch Community Mental Health Center

July 12, 2008

For information, call Patricia Serrano, (310) 895-2304

Alive & Running for Suicide Prevention 5K

September 28, 2008

For more information, visit www.didiirsch.org

Lifekeepers Memory Quilt

Our quilts are displayed at national meetings, suicide-related conferences and other events. All 50 states have come together in this joint effort to educate the world about the need to reduce the incidence of suicide. You can share your pictures and sentiments by dedicating a square in the Lifekeepers Memory Quilt, offering the image of your loved one. A \$20 fee covers the cost of material, labor and postage necessary to create your visual tribute. You will receive a cotton square and instructions on how to proceed.

Yes, I want to create a quilt square to honor:

Send the material and instructions to me:

Name: _____
Address: _____
Phone Number(s): _____
E-mail: _____

Enclosed is my \$20 check or money order made out to Mary Halligan to cover the cost of material, labor and postage.

Mail to:
Mary Halligan
21422 Grant Avenue, Torrance, CA 90503
or call Mary at
(310) 316-4392 for information



Rick Mogil

Forgiveness

By Rick Mogil, SAS Coordinator

I was going to write about spring and how it is a time of rebirth, growth and renewal. However, for us, as survivors, the greatest April Fools joke has already been played but without the "Gotcha!"

No one is having a good laugh at our expense. But, at the February monthly drop-in meeting in Sherman Oaks, we began talking about forgiveness.

Can we forgive our loved one for their choice, and, can we forgive ourselves for the myriad of things we would want to be forgiven for? Can we forgive ourselves for things like turning a blind eye to their pain, abuses, rants and attempts? Or, for being too obtrusive in their lives, removing them from the decisions of treatment or selection of mental health caregiver? Or, for any of the things in-between that we can point to and say "if it were not for this action (or inaction) on my part, he (she) would be alive today"?

Real or imagined, it is done. The outcome cannot be changed, only we can be changed.

If we can forgive them, then we should be able to forgive ourselves. After all, do their lives not mirror our own and the day to day struggle to rise above "just surviving"?

Should we not smell a rose and wish to share it with them? Or the tangy, acrid burst of the first peeling from an orange? Or the guilty pleasure of TWO Costco hotdogs (at a buck-and-a-half, who couldn't afford two)?

They have redefined our lives and thrust us into darkness. If we can forgive them for this, we can redirect our lives to embrace the light of self-forgiveness.

Need reassurance? Call a friend from your group or attend one of the monthly meetings. Who better to understand the need for forgiveness?

Peace and love,
Rick

Volunteer Highlight

By Rick Mogil, SAS Coordinator

Survivors After Suicide is composed of three sub-programs. The first is something we are all familiar with, Survivors After Suicide, which includes the eight-week suicide bereavement groups, the monthly drop-in groups, the potlucks and the quarterly newsletter. Next is a relatively new program (since October 2004) called the Suicide Response Team. This consists of seventeen volunteers who are on call 24/7 to go to the scene of a suicide when requested by the Crisis Response Team of the Los Angeles City Mayor's Office. We are able to provide comfort, compassion and information on community resources in the first moments after the suicide of a loved one when loneliness, shock and despair seem overwhelming.

The third component is the community outreach program. This program is an educational resource that provides interactive presentations and trainings on suicide prevention and intervention for public schools, clinics, volunteer organizations, health fairs, religious/secular organizations, and universities. We also offer specialized training for community law enforcement, SWAT teams and the FBI. This component also has seventeen volunteers who graciously give their time to help educate our communities, providing information on the warning signs and risk factors for suicide, as well as techniques in how to help a suicidal person.

I would like to extend a sincere and grateful thank you to our wonderful volunteers who have participated in outreach events in the past quarter: Amy Disparte, Celia Pool, David Davis, David Singer, Debbie Pikul-Zent, Ester Bryant, Laurie Woodrow, Lois and Sam Bloom, Pam Farkas, Paul Rosenberg, Rosalind Lee, Stan Lelewer and Susan Celentano. If you are interested in finding out more about the outreach program, or know of a group/organization that would like to schedule a presentation, please e-mail or call me at rmogil@didihirsch.org or (310) 895-2326.

Contributions

February 1, 2008 to April 30, 2008

Thanks for your generosity!

IN MEMORY OF

Geri Cook, from Maureen Clavin
Rebecca S. Lemmon, from Ann and Robert Lemmon
Patrick Brian Montgomery, from Judith Laurence
Ann Lofsky, from Marlene Abel
Margaret Ou, from Mary and Shin Asami, Claribelle Cendana, Patricia and Winston Chang, Evelyn and Vince Chun, Dorothy Jung, Sandy and Roger Lee, Elaine and Arnold Ng, Steve Ou, Lisa Shigeta, Rosa and Conrad Tang, Mely and Stan Vander Vegt, Arlene and Gary Yee
Bill Wunderlich, from Rick Mogil

IN HONOR OF

Patty Lyon's 70th birthday, from Judith Laurence
Matt's family, from Thomas Bent

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Emotional lifeline available for families of suicide victims

By Susan Abram, Staff Writer, the Daily News of Los Angeles (originally published May 3, 2008)

The notes they leave behind speak of love and a loss of will. And they almost always offer an apology - and a good-bye.

Ed Mogil left such a letter before he drove 100 miles from his Oregon home and shot himself. He was 48.

But for Mogil's brother Rick and countless others who have lost a loved one to suicide, the notes also bring a lingering torment with often-unanswered questions.

"We never really know why because we can't ask them," said Rick Mogil, a program coordinator for the Culver City-based Didi Hirsch Community Mental Health Center. "The real dark reason is never evident. We can never know their pain."

This year, the nation's first suicide prevention line, established at the Didi Hirsch center, commemorates its 50th anniversary. And this month, the center plans to launch an eight-week bereavement-group program in Sherman Oaks to help those left behind after a loved one's suicide.

"So often, we are the forgotten mourners," said Mogil, 61, of Studio City, who began working at the center after his brother's death. "There's been no voice for us."

Recently disclosed results of an analysis of the nation's death rates U.S. deaths for five years through 2004 revealed that the suicide rate increased nearly 20 percent among people ages 45 to 54 - people like Ed Mogil.

The federal Centers for Disease Control and Prevention also found that the percentage increase - 31 percent - was especially high among women in that age group.

The reasons for the increase remain unclear, though some suspect mood-altering prescription drugs. Others say depression among the middle-aged is often overlooked.

In all, more than 3,000 people die in California each year of suicide, while 16,000 others try. There were nearly 33,000 suicides nationwide in 2005, the last year for which data were available.

"Outreach and treatment for those 15 to 24 ... - and then older - has been there longer, and their advocates have done a great job helping people," said Kita Curry, president of Didi Hirsch Community Mental Health Center. She said the same is true for senior citizens.

"People are more sympathetic to youth and older adults, but there's nothing newsworthy to being middle-aged," she said.

While requests and funding for more services tailored for suicide-prevention services are increasing, Mogil and others say the loved ones left behind continue to exist in shadows, dealing alone with the pain and shame.

The biggest challenge for friends and family after a suicide often is picking up the phone and asking for help, Mogil said.

"A lot of (suicides) go unreported because of the stigma," he said. "I try to tell (callers) that going to a group is going to be the second-hardest thing you've done. The first was calling me."

Attending bereavement groups helped San Fernando Valley resident Linda, whose husband of 29 years, a musician in his 60s, killed himself in their home. Linda, who didn't want her last name published, said he became depressed when he was no longer able to find work as a session musician.

"The music business is a very young business," she said. "If you're 35, you're considered old. When my husband first became a musician, every television show had a live band. But little by little, those were eliminated, and he would stop receiving calls. The work began to stop."

He left a suicide note that read like a love letter, she said.

"I was devastated," she said. "If it hadn't been for the bereavement group, I wouldn't be alive. I had nothing to live for."

Indeed, thoughts of suicide can creep into the minds of those who have lost a loved one to suicide, Curry said.

"We've had people say it took 10 to 15 years to find a place where they could

go," she said. "People who have had a family member commit suicide are at a higher risk, which means we need to find them quick."

Meanwhile, the recent slump in the economy - with record rates of foreclosures, high unemployment and a roller-coaster stock market - could add to the suicide toll, Curry said.

"There's a shame to having to downsize when you had to give up a big house," she said, adding that fewer people now have medical insurance that will cover mental health care. "Fewer and fewer people have no medical insurance to receive mental health care."

Mogil and his three brothers grew up in the Valley. The one who eventually killed himself always struggled with health problems.

"With Ed, his self-esteem was really low. He was picked on as a child," Mogil said. "In his teens, he started getting involved with alcohol and drugs."

Still, Ed Mogil embraced art and in 1970 dedicated a mosaic to Adat Ari El temple in Valley Village.

Before he died, he had a good job in Oregon, where he was married and had two daughters.

"He was a beautiful man. He was artistic, but he couldn't live with the pain," his brother Rick said.

Rick Mogil said he wanted to get involved with suicide-bereavement work partly because he knew how survivors feel and partly because he was suited for the job.

"Telling Ed's story was difficult in the beginning," said Mogil, who still visits the mosaic his brother created - bits of red, orange and yellow tile pieced together to symbolize the flame of life.

That flame reminds Mogil that through his brother, he found a new path in life, one that includes helping people.

"I'm sad, and I'm sorry," Mogil said he would tell his brother. "But then, thank you."

Aiko's Team

By Marilyn Nobori

When my 14 year-old daughter Aiko died, I was fractured. I would move through the day disjointed and aimless. Then I'd bounce between foggy awareness to pure despair. There was a hole in my heart that would never heal. I felt if I died, it would be okay because there was no reason to go on. I wanted the world to just stop. A little stray dog came into our lives and pushed me out of bed each day, family and friends shared my sorrow and memories, therapist and support groups created a safe place to explore my darkest emotions. I read books looking for the answer to "Why?" The Suicide Prevention Center at Didi Hirsch Community Mental Health Center provided factual information as their speakers gave presentations at church. As I learned more, I realized that no amount of information would satisfy me. What I was really saying when I asked "Why?" was I wanted a different storyline—nothing could explain the reality so I wanted the storyline to be different. When I realized this, I began to make peace with it. I also realized that I could celebrate Aiko's life. She was a gift. Her death was horrific, but how I responded to it would give it meaning.

The Suicide Prevention Center sent a flyer for the *Alive & Running for Suicide Prevention 5K* run/walk just 8 months after my daughter's death. I looked at it and wasn't sure I could walk. Some friends said they would walk with me. At the last minute we decided to call ourselves "Aiko's Team." Five of us walked and raised \$2,000. The pledges were gathered mostly by a friend who circulated after church each week. I thanked her and she said "I wanted to do something. I felt helpless. This I could do."

Suicide was not part of my vocabulary before Aiko's death, and neither was clinical depression. Perhaps if I had known then what I have since learned about suicide, things might be

different. We don't talk about suicide; it has a stigma, a shame. As you know, the Suicide Prevention Center operates a 24-hour Crisis Line, has bereavement groups for survivors after suicide and a speakers bureau that educates the public about suicide, and tries to erase the stigma. By organizing *Aiko's Team* for the next *Alive & Running for Suicide Prevention 5K*, I was no longer a victim of suicide, but a survivor. I was taking a stand. I was giving meaning to my daughter's death. Our efforts would help to erase the stigma so people can talk about it; be educated on the warning signs and take appropriate action; give survivors a safe place to process their grief; and a life line for those wanting to end the psychache.

As I tell Aiko's story, people come forward with their own stories. With 30,000 suicides a year, there are many stories out there. At the next *Alive & Running*, Aiko's Team consisted of 41 walkers/runners.

I am empowered to change a tragic event into a mission. Something meaningful could come from this pain. I told someone, it's like giving Aiko a party every year. I invite everyone and some RSVP and come. Each year, Aiko's Team has grown. In 2007 we had 56 participants in the race and 16 taiko players from Chikara Daiko. The team was recognized as the largest in 2007.

I am very grateful to the Suicide Prevention Center and Didi Hirsch for the opportunity to honor my daughter in such a meaningful way. As the number of participants grows, it means that many more people are talking about suicide prevention and are aware. I know of at least 3 or 4 who got intervention because someone knew about Aiko's death, was aware of the possibility and took action to help. It is a wonderful way to memorialize my daughter.

Please join me this year at the *Alive & Running for Suicide Prevention 5K* to honor your loved ones.



Aiko's Team 2003



Aiko's Team 2007

*You can organize a team for the next
Alive & Running for Suicide Prevention 5K!*

Resources for Survivors and Suicide Prevention

HELP LINES

Didi Hirsch Community Mental Health Center's Suicide Prevention Crisis Line
Los Angeles and Orange Counties:
(877) 7-CRISIS (727-4747)

Hopeline: 24-7 national suicide hotline
(800) SUICIDE (784-2433)

Lifeline: 24-7 national suicide hotline
(800) 273-TALK (8255)

TEEN LINE: Suicide hotline for teens
staffed by trained teens 6-10 p.m.
(800) TLC-TEEN.

Trevor Helpline: Suicide hotline for gay,
lesbian, bisexual, transgender or
questioning youth
(800) 850-8078

RESOURCES

American Association of Suicidology (AAS)
(202) 237-2280
www.suicidology.org

American Foundation for Suicide Prevention (AFSP)
(888) 333-2377
www.afsp.org

Before Their Time: A musical resource
to provide comfort to people after the
death of someone close
www.beforetheirtime.org

Compassionate Friends: For parents
grieving the death of a child; chat room
from 10 a.m. - 11 p.m.
National: (630) 990-0010
Los Angeles: (310) 368-6845
www.compassionatefriends.org

Crisis, Grief, and Healing: Articles of
interest and forum
www.webhealing.com

Didi Hirsch Community Mental Health Center: Nine sites throughout Los Angeles provide mental health care for those with severe mental illness and little money
(310) 390-6612
www.didihirsch.org

For survivors, click "Suicide Prevention Center" then click on "Lost A Loved One?"; current and past issues of the SAS newsletter are available as pdf's through this site

Fierce Goodbye: From a documentary focusing on survivors
www.fiercegoodbye.com

Friends for Survival
www.friendsforsurvival.org

Grief Net: Grief support; can connect you with various resources
www.griefnet.org

Heartbeat: A peer support group offering empathy, encouragement and direction following the suicide of a loved one
www.heartbeatsurvivorsaftersuicide.org

International Association for Suicide Prevention
www.med.uio.no/iasp

International Friends and Families of Suicide
www.friendsandfamiliesofsuicide.com

Living With Loss Magazine
(888) 604-HOPE (4673)
www.bereavementmag.com

Name a Star: Name a star in remembrance of a loved one
www.nameastar.net

National Alliance for the Mentally Ill (NAMI): Provides support for family members of those with mental illness
National: (800) 950-6264,
www.nami.org
California: (916) 567-0163,
www.namicalifornia.org

National Mental Health Awareness Campaign: A public service campaign to educate the public about mental health issues and eradicate the fear, shame and stigma commonly associated with mental illness
(877) 495-0009
www.nostigma.org

National Organization for People of Color Against Suicide (NOPCAS)
(866) 899-5317
www.nopcas.com

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

Parents of Suicide Mailing List: Submit your email to join the mailing list
www.groups.yahoo.com/subscribe/parentsof suicides

Parents of Suicide Support Site
www.parentsofsuicide.com

Sibling Survivors: Michelle Linn-Gust's website
www.siblingsurvivors.com

Suicide Awareness/Voices of Education (SAVE): Provides information on depression and suicide
(952) 946-7998
www.save.org

Suicide Discussion Board: Open for the purpose of suicide awareness, support, and education
www.suicidediscussionboard.com

Suicide Memorial Wall: A tribute to lost loved ones
www.suicidememorialwall.com

Suicide Prevention Advocacy Network (SPAN)
National: (202) 449-3600,
www.spanusa.org
California: (760) 753-4565,
www.span-california.org

Suicide Prevention Resource Center
(877) GET-SPRC (438-7772)
www.sprc.org
www.sprc.org/thespark to receive the Suicide Prevention Resource Center's online newsletter

Suicide Reference Library: Provides helpful information to those who are involved in suicide awareness, grief support, and educational activities
www.suicidereferencelibrary.com

Suicide Wall: Honoring Vietnam Veterans who have taken their own lives
www.suicidewall.com

SurvivorsAfterSuicide Yahoo Group: Created by a member of our survivor community, this group can be used to post photos and chat with other survivors
<http://health.groups.yahoo.com/group/SurvivorsAfterSuicide/>

Survivors of Suicide: A website dedicated to those who have lost a loved one to suicide
www.survivorsofsuicide.com

Yellow Ribbon Suicide Prevention Project, Light for Life International: Teen suicide prevention
(303) 429-3530
www.yellowribbon.org

Getting On With My Life

By Sara Shai

When my husband Moshe Shai, a noted Israeli journalist, died by suicide 35 years ago, I made a conscious decision: "I will put his act behind me and I shall get on with my life!" Soon after his death, I swallowed my tears, denied my anger and rearranged my confusion. I truly believed that by doing so, the pain would vanish. I intentionally turned my back on the shame, the blame and the guilt and silently accepted life on life's term. I was 24 years old and I thought that I knew it all and did not need anyone's advice. I desperately wanted to stop the sorrow and in attempting to do so, I shut down and denied the effect of suicide on my life. My only outlet to process my feelings was to write and record my experiences, my thoughts and my hopes. In those days of turmoil and uncertainty, when trust and tranquility were so rare, I found writing to be a most comforting friend.

For a new start, I decided to relocate. I left my home, my community, my family and my hometown Tel-Aviv. I did not think I was going to miss any of it. After all, people seem to be very uncomfortable around me, and gradually the visits and the phone calls stopped.

And so I traveled as far away as I could to the other side of the globe. I arrived in Los Angeles in June 1971. My encounter with L.A. was love at first sight. The new feeling was soothing and people were very friendly and accommodating. I literally could create a new life here and gradually, I started to share my past with friends. I began sincerely telling the truth when I was asked how my husband had passed away. Strange - here too, I immediately noticed the uncomfortable expression on people's faces and the same uneasy sensation in the air. I soon learned that no matter how far I ran, I still owned my past and its effects were here to stay. Getting on with my life was a difficult task and the passage of time did not heal this wound.

Many years went by and the stigma inherent in suicide formed a wall of resistance. It was hard to resume the usual and the ordinary. It became a block to life's natural course. I kept on writing and rewriting the book but could not completely let go of it. I often put it aside and continued with the business of life. I first worked as a teacher in L.A.'s Hebrew Academies and was promoted to principal. I also worked as a freelance writer for a women's Israeli magazine and pursued my career as a fashion designer. At one point, I owned three retail stores while continuing my passion for the creative arts. I painted in oil and acrylic, sculpted and carved in marble and alabaster,

and I was considered successful. I found the creative processes to be very soothing and meditative. But, the effect of suicide kept on showing up like an unwanted guest. I would restart the writing process but soon became overwhelmed by its recollections and realize that it is far more difficult to bare the intensity of its facts than I originally had thought.

Therefore, I left the manuscript aside with the hope that by doing so, I would be able to let go of its contents. But, this story kept demanding my attention and insisted on being told. I noticed moment by moment, day by day how something wrong in my existence was coloring my life blue, and how I had adapted to living in this world of guilt and shame. Thus, no matter how successful I became, I was still attaching myself to the world of less.

Last year, 35 years after my husband's suicide, I finally decided not to resist and actually allowed myself to be present to it and give it my full attention. The result of my experience actually allowed me to create an enormous opportunity for myself and for others. There were too many facts that could not be ignored or denied, realizing that suicide is a "silent epidemic." I was determined now to bring the book to a conclusion and to put it out in the open, and to once again, rise above life's challenges and be inspired by what is possible.

I understood for the first time that only by allowing the wrong to be expressed would I, in return, be able to emerge from it, totally release it from my being, and get on with a life full of joy and empowerment. I understood that reality is, by far, more piercing than any fiction. Therefore, I stayed honest to the real events in my life. My book, *Beautiful in Black: Conversations with Suicide*, was finally published July 2006 and is now available on amazon.com or directly from the publisher at beautifulinblack.com. In it, I bring forth the parallel lives of my husband and me from an early childhood and throughout our union. Hand in hand, two lives – so much alike yet greatly diverse. Our approach and attitude to life events were opposite and unlike each other.

It is my great hope that this honest story will remove the stigma, break the silence and bring forth the awareness that suicide is a public health issue and not shameful act. *Beautiful in Black* is dedicated to those who have lost a loved one to suicide and remained silent, while even in the face of suicide we continue to embrace and honor life.

SUBMIT ARTICLES TO THE NEWSLETTER

Each of us have moments of insight, clarity of events, outbursts of emotion, obstacles faced, milestones passed, etc. Sharing these moments can help us and others continue to process our grief and to hold hope. Sharing them helps connect us and build community. We invite you to submit your moments to the SAS Newsletter by sending them to Marilyn Nobori at SASNews@sbcglobal.net.

Survivors After Suicide Newsletter

A quarterly publication of Survivors After Suicide (providing support groups for those who have lost a loved one to suicide), a program of Didi Hirsch Community Mental Health Center.

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(Toll-free in LA and Orange Counties)

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