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Registration Open for 2012 Alive & Running

You can support the Suicide Prevention Center's biggest fundraising activity by signing up to walk, run or serve as a team captain for the Alive & Running 5K Walk/Run on Sunday, September 23.

Last year's event, which included Japanese drummers, activity booths and a moving exhibit about student suicide, drew more than 1,200 people and raised a record \$220,000 for suicide prevention.

This year's Walk/Run will include a Health & Wellness Expo, a pre-race stretch and warm-up and other fun activities. To sign up, go to www.didihirsch.org and click on "News & Events" to access the Alive & Running page. Earlybird registration costs \$10 using the special sign-up discount code RR10.

Potluck Gatherings

Anyone who has ever participated in a Survivors After Suicide group is invited to attend our summer and winter potluck gatherings, which typically take place on the first or second Saturday of June and December. Summer potlucks are during the day; winter potlucks take place in the evening. The program includes a presentation, sharing time and a closing ceremony. Guests are welcome.

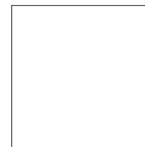


Left to Right: Suicide prevention pioneer Dr. Norman Farberow; Lyn Morris, Director, Suicide Prevention Center; Rick Mogil, Director, Suicide Prevention & Bereavement Services; Laurie Woodrow, Advocate & Volunteer for SAS



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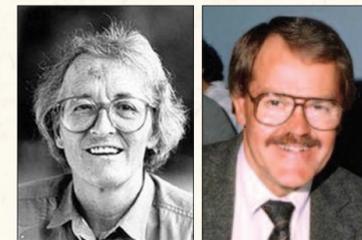
Survivors After Suicide

Your Path Toward Healing

A Program of Didi Hirsch Mental Health Services

June 2012

The Tasks of Grief for Survivors of Suicide



Elisabeth Kubler-Ross

William Worden

In the late 1960s, Elisabeth Kubler-Ross described grief as a series of five phases over which a person has little control. A more current understanding of bereavement developed by William Worden in 1992 envisions the grieving process as a series of "tasks" that need to be accomplished before mourning is completed. In Worden's framework, there is no timeline or order to the tasks. Although death by suicide may complicate the grieving process, healing can occur for survivors and other bereaved persons once they complete the tasks.

Four Tasks of Grief

1. Accepting the reality of the loss.
2. Working through the pain of grief.
3. Adjusting to life without your loved one.
4. Emotionally relocating your loved one.

Task One – Accepting the Reality of the Loss

While the initial reaction to the news of a death may be shock and disbelief, these feelings are usually replaced by a dawning recognition of the reality of what has taken place. As difficult as it might be, we are gradually able to acknowledge that the deceased is gone from our lives forever. When there is time to anticipate the loss, we may be less likely to get stuck in denial of the reality of the death.

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Some forms of denial include discussing the deceased in present tense or retaining the deceased's possessions. Other forms can be subtle, like denial that our relationship with the deceased had any meaning in an attempt to mitigate the significance of our loss.

Task Two – Working Through the Pain of Grief

Sadness, anger, hurt, emptiness, and loneliness naturally accompany loss. A sudden, unexpected death, especially in the case of suicide, can also carry the pain of regret and unfinished business as well as the guilt that perhaps we could have done something to prevent the death. Homicides bring fear and concern about the violence and randomness of life in addition to worries about our own safety. Suicide often burdens survivors with an exaggerated sense of responsibility for the death. Guilt and blame, which frequently take the form of scapegoating as we search for an explanation for the suicide, are often mixed with the initial shock of the death. Ignoring these feelings does not make them disappear; we simply store them up and are often confronted with them at some future time. Acknowledging and talking about them gives us the opportunity to understand them and put them in perspective. While some of these feelings may resurface as we are confronted with reminders of the deceased, they do diminish with time.

Task Three – Adjusting to Life Without Your Loved One

The rearranging, restructuring and redefining that takes place as we begin to identify and fill the roles formerly occupied by our loved one defines this third task. When the deceased played a marginal role in our lives we may find this easy; when he or she seemed to finish

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The Brother-in-Law I Would Never Know

By John Boettcher

I stood looking down at the face of my brother-in-law. This was the first time I had ever seen him in person and he wasn't here to meet me.

I was alone before a coffin. It was polished black wood with silver handles and trimmed white satin inside. It sat on a waist-high table, framed by smooth drapes, backed by two candles. His tie was pink.

The room was muted. There was quiet crying and the soft ebb and flow of hushed conversations. I didn't hear any of them. There was nothing in my ears but silence as I looked down, studying the face I was seeing for the first time and never would again.

The phone rang at three in the morning. Nobody calls at that hour with good news. My sleep shattered, I answered the phone to hear sobbing. There's a tone to real grief, an indescribable sound that instantly sets you on edge. It was my wife's mother. Her pain had stripped away any preamble as she told me that Craig had killed himself and asked me to tell my wife. She hung up saying she'd call back.

My wife was awake but I couldn't speak. I had never been struck dumb before but the shock of the news was more than I could process. She had the look of terror about her face as she watched me try to parse out the words in my mind. I wish I delivered the news with grace, but all I could say was:

"Craig is dead. He killed himself."

I watched helplessly as horror passed through her features. There was nothing to

**safeTALK
Training**

Survivors of Suicide are encouraged to sign up for a safeTALK training on Tuesday, June 12 or Thursday, Nov. 13. The training sessions are designed to help people over the age of 15 to identify persons with thoughts of suicide and to connect them to first aid resources. Sessions, which typically run from 9 a.m. to 12 p.m., take place at Didi Hirsch Mental Health Services' headquarters at 4760 Sepulveda Blvd. in Culver City. To register for a three-hour session, please call Patricia Serrano, (310) 895-2304.

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.



Rick's Corner

I am really excited about the return of our Newsletter! It has been quite some time since our last issue and there are

many promising things that have happened with the Suicide Prevention Center and the Survivors After Suicide program. We will include the changes and program enhancements in future issues. Thank you for your patience.

I would like to address the often-heard cliché, "Time Heals All Wounds." This quote is probably not from a survivor whose loved one died by suicide. For many of us, there was no time to say goodbye, no time to apologize, no time to say, "I love you." No time at all.

Our wounds are deep, the pain profound. Yet, many people trying to be helpful seem to have the expectation that the time we didn't have (or chose not to use) will heal our wounds and remove our pain.

I think Rose Kennedy, who suffered much loss in her long life, had the right view on time and wounds. Here is what she had to say on the subject:

"It has been said, 'Time heals all wounds.' I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue and the pain lessens. But it is never gone."

More wisdom can be found in immortal words of The Byrds' classic song from 1965, "Turn! Turn! Turn!"

In their musical rendition of "There is a time for everything," which comes from Ecclesiastes 3, they sing, "A time to laugh, a time to weep... a time to dance, a time to mourn..."

Yes, there is a time for everything, even our pain. We can't deny it and shouldn't hide it. We carry it with us but can learn to accept it, embrace it and even share it. Open yourselves to the possibilities.

Rick Mogil has been program director of Didi Hirsch's Suicide Prevention and Bereavement Services since 2007.

THE TASKS OF GRIEF – Continued from Page 1

every sentence we began and was so much a part of our everyday lives that we feel like we have lost a part of ourselves, accomplishing this task may be more difficult. We may also find it simpler to take care of the concrete tasks that were part of the deceased's contribution to our lives than to fill the emotional roles, which can often escape our notice until much later in the grieving process. Learning how to balance the checkbook after the death of a spouse, for example, may be a lot easier than finding someone who makes us smile. This readjustment usually takes place over time as we recognize the implications of the loss and come to terms with all of the gaps, both real and symbolic, that the death has created in our lives.

Task Four – Emotionally Relocating Your Loved One

The major work of grieving is resolved when the fourth task is completed. In simple language, "emotionally relocating" the deceased means moving from the feelings of loss and longing for the deceased to being able to hold the

memory of that person in our hearts. They become a part of our lives in a way that allows us to go on living without them. We tend to be less conscious of the loss, less preoccupied with the deceased. Although there may always be times when sadness catches us off guard and we are reminded of how much this loss has affected us, we have released some of the emotional energy that was tied up in the relationship with the deceased, which is now available to be invested elsewhere. We may invest that energy in other relationships or in something that commemorates the life of the deceased.

What Helps?

Self-expression: Many survivors say finding ways of expressing their thoughts and feelings is most helpful. Some may express themselves by talking to friends. Others may find self-expression in creative pursuits such as writing, journaling, painting, gardening or making music.

Rituals: Rituals allow the expression of complex and abstract emotion. If 'traditional' rituals don't appeal to you, perhaps you can create your own family ritual such as lighting a candle or reading a poem to commemorate the

deceased on important holidays or milestones.

Reminiscing: For people bereaved by suicide, traumatic images associated with death may block other memories of the person. You may be able to stay in touch with positive memories of the person who has died by looking at photographs, telling stories or using a memory box or memory book.

Self-care: Eating well, exercising, sleeping and making time for things that give you pleasure are important to your well-being. Physical activities like kick-boxing can be a good way of expressing and releasing anger.

Survivor groups: Many survivors find that the best help comes from attending a support group where they can openly share their own story and their feelings with fellow survivors without pressure or fear of judgment and shame. Support groups can be a helpful source of guidance and understanding as well as a support in the healing process.

This article was adapted from the "Survivors of Suicide Fact Sheet" by the American Association of Suicidology and "The Tasks of Grief" by the Maine Center for Disease Control and Prevention.

SPC Awarded Grants

The California Mental Health Services Authority awarded Didi Hirsch's Suicide Prevention Center more than \$6.5 million in grants last year to lead the expansion of several key suicide prevention efforts in California. Projects include:

- The creation of a consortium of California crisis centers who will meet with various community and health representatives to come up with ways to reduce the risk of suicide and to share their best ideas with other crisis centers across the nation.
- An expansion of the SPC Crisis Line, which currently covers Los Angeles and Orange counties, so it can also be the official hotline for Imperial, San Bernardino, Ventura and Riverside counties.
- A focus on diversity, by hiring Vietnamese- and Korean-speaking crisis counselors for communities that are considered at high risk of suicide but lack adequate resources.
- The addition of overnight warmline services, which provide live telephone help for people with problems that are not emergencies, for three local warmlines that currently have limited hours.
- Additional suicide prevention training.

Writing Through Her Grief

By Madeline Sharples

The day my son Paul died I couldn't even put my underpants on right side out, and in the days that followed I had to retrain myself to do what I needed to do just to appear alive. I had to walk myself through the steps – get up, go to the bathroom, brush teeth, go into the closet, and pick out something to wear. It was as basic as that. I couldn't stay focused on anything. I was always on the verge of tears. I had to keep reminding myself that he was really gone – that it was true, that I would never see my oldest son again, that I would never hear him play the piano again, and that I would never have another chance to have another conversation with him as I did the night before his death.

When my sister-in-law wrote in a recent email, "It doesn't get any better, does it?" I had to answer, "No, it doesn't." But writing about his death and its aftermath and the steps I took to live a full and productive life after the worst tragedy that can happen to a mother and family helped ease the pain and enabled me to survive. Paul killed himself in our family home twelve years ago after a seven-year struggle with bipolar disorder. And in those twelve years I have learned to live with and survive this loss.

Early on a friend encouraged me to try traditional therapy, but after one visit I was convinced that a therapist who hadn't lived through an experience like mine couldn't begin to relate to me or help me. So, writing about my son's bipolar disorder and death became my therapy. Writing in my journal became an obsession and a balm.

Writing was healing because it allowed me put my pain on the page. Instead of carrying it with me every moment of the day and night, I found a place where I could have a little relief. There was so much I couldn't say out loud to anyone. I couldn't even cry in front of my husband or he would think I was having a breakdown. And since there was so much anger and grief in me, I needed a place to put it.

Writing in those early days after Paul died was like repeating a mantra. I just kept moving my pen across the page. I wouldn't let anything get in the way of my writing time. The page was always ready for my tears, my rants, my sorrow, my complaints, and my thoughts and ideas. The page never told me what to do or how to handle my grief. The page never told me it was time to stop grieving already. The page became my everyday friend – a special place I could go to empty my full heart.

For me just the act of writing is helpful. Yes, after twelve years I still need to write. Early on I wrote with pen in hand in a journal notebook. The classier the paper the better – and I wrote until my hand cramped. Now I type, sometimes pounding my fingers on my computer's keyboard. I find this works better for me because my typing fingers can keep up with the speed of the words in my brain. The faster my brain works the faster and harder my fingers press down. And I don't stop until I'm finished, sometimes finding I've typed one thousand words in less than thirty minutes.

Little did I know at the outset that my journal entries, pieces written in the many writing workshops I've taken in the last twelve years, and poems would turn into my recently published memoir. Using my source documents helped me create a raw and honest book that offers parents and siblings who have experienced a child's or a brother or



sister's death ways to get out of the deep dark hole they are in. Writing my story has also helped me keep my son Paul's memory alive.

Madeline Sharples has been a member of Survivors After Suicide since 1999. The Manhattan Beach writer is now working on a novel and blogs for several websites.

THE BROTHER IN LAW – Continued from Page 1

say or do. She fell against me in tears saying that it couldn't be, that there was some mistake, then asked over and over again why. I had no answer. I still don't.

My wife is from Australia, Queensland, near Brisbane but we live in Southern California. Two days later we were on a plane.

Now I stood before Craig, but he wasn't there to meet me.

Through cosmic conspiracy, mere coincidence or accident, I had never met Craig, hadn't even spoken to him on the phone. Now I never would.

He was coming over for Christmas. It was only October but the tickets were already bought. We were going to pick him up at the airport, and he was going to stay with us for two weeks. There were dinners planned, family

and friends here to visit, places we were going to go, things we were going to see. It was going to be wonderful. Now it would never happen.

The grief of the family was acute but I was left with only shock and wondering what might have been. I hadn't just lost a relative, I'd lost a relationship that I never had, and would never have. It hurt worse than anything had so far in my life. I didn't have happy memories, or even sad ones, to share. There was only an empty space that would never be filled.

Meeting with the rest of the family, and his friends, I felt like a complete outsider. I could only sit and listen to the others talk about the man I would never know.

The service was huge. So many attended they ran out of programs, then chairs. They were standing three people deep on the sides of the church and in the back, trailing out the

door. Sitting in the front row with my wife and her family, surrounded by over four hundred people, I still felt alone. All these lives he'd touched, all these people he knew, all of this would now be forever denied to me – by his choice.

It has been over three years now. My wife has adjusted as much as she can, as have I. But whenever I think about Craig, I feel hollow inside. That space that was within me that Craig was supposed to fill sits empty.

In those soft and quiet times, I come back to the same question. "Why?" But there is no answer. There never will be. Craig isn't here.

John Boettcher is a writer in Orange, California who, along with his wife, joined a Survivor After Suicide group two years ago. This is his first published article.

Resources for Survivors and Suicide Prevention

HELP LINES

Didi Hirsch Mental Health Services Suicide Prevention Crisis Line
Los Angeles and Orange Counties:
(877) 7-CRISIS or (877) 727-4747

National Suicide Prevention Lifeline:
(800) 273-TALK or (800) 273-8255

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

For a full resource list go to www.didihirsch.org

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

American Foundation for Suicide Prevention (AFSP)
(888) 333-2280 • www.afsp.org

Didi Hirsch Mental Health Services:
Eleven sites in Los Angeles and Orange County provide suicide prevention services. LA: (310) 390-6612
OC: (714) 547-0885.

Suicide Prevention Resource Center
(877) GET-SPRC (438-7772)
www.sprc.org or www.sprc.org/thespark
SPRC also has an online newsletter.

NEWSLETTER

A publication of Survivors After Suicide, which provides support groups for those who have lost a loved one to suicide and is a program of Didi Hirsch Mental Health Services.

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You are welcome to reprint material from our newsletter if you are a nonprofit support organization that produces periodicals.

Survivors of Suicide Attempts

People who have attempted suicide in the past are at a particularly high risk for killing themselves in the future. While many suicide attempters believe they could benefit from group support, most counselors shy away from offering them group counseling since there has been limited research to evaluate its success.

To help this vulnerable population, the Didi Hirsch Suicide Prevention Center launched a groundbreaking support group last year that gives suicide attempt survivors an opportunity to discuss their experiences and to develop coping strategies and safety plans to help them through future crises.

The eight-week groups, known as Survivors of Suicide Attempts, are open to attempt survivors who are at least 18 years old, not at imminent risk of suicide and residents of Los Angeles or Orange County.

"They talk about what it's like to have an attempt, the stigma attached to that, and how challenging it is recognizing that friends and family members don't know how to deal with it," says Shari Sinwelski, Associate Division Director of the Suicide Prevention Center (SPC) who has been facilitating the groups. "A lot of members talk about wanting support but not wanting to be a burden."

So far, six groups, each of approximately eight members, have completed the program, with many attempt survivors participating in more than one group. Sinwelski, along with SPC's outcomes manager, Rebecca Roberts, presented a lecture on the groups' development, implementation and evaluation at the American Association of Suicidology Conference in Baltimore in April.

For more information, email Shari Sinwelski at ssinwelski@didihirsch.org.