



S.O.S.
SURVIVORS OF SUICIDE
BEREAVEMENT SUPPORT
ASSOCIATION INC.

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An Open Letter (extract)

- David Horgan (www.aftersuicide.com.au)

A LETTER TO ANYONE AFFECTED BY THE SUICIDE OF ANOTHER PERSON

I am truly sorry if you are reading this website following the suicide of someone close to you. I hope what I have to say will be helpful to you in this extremely difficult situation and time in your life.

My name is David Horgan, and I am a medical practitioner who has specialised as a Psychiatrist. As part of my work through the registered charity, Australian Suicide Prevention Foundation (www.aspf.com.au), I am providing this website as a voluntary service to the community, to offer some assistance in a very complicated area.

Regrettably, you are not the only one affected by the suicide of someone close to you. Unfortunately, about 60 people each week commit suicide in Australia, and ten to thirty times that number of people attempt suicide. I hope the following information will help you or someone close to you.

IT IS AN ILLNESS

The first thing you must understand is that people who commit suicide nearly always suffer from a psychiatric illness, often undiagnosed, which drives them to suicide. Medical research over the years, repeated in very many countries around the world, shows that the vast majority (95% or more) of people who commit suicide were suffering from a severe psychiatric illness at the time. **The illness is nearly always Depression, with a minority of people suffering from Schizophrenia, Alcohol Addiction or Drug problems.** There are a number of other equally painful but statistically less common illnesses which also affect people, unfortunately driving them to suicide.

It is not generally understood that the vast majority of severe emotional illnesses are in fact breakdowns in the internal chemistry of our bodies, brought about by stress. The broken chemistry is the source of great suffering for the person involved, who often does not realise why they are having such trouble coping, and why they are suffering so much.

HOW DOES ILLNESS CAUSE SUICIDE?

What usually happens unfortunately, is that depression, and other psychiatric illnesses, distort the thinking of the individual who is affected by the illness. They see everything around them in a very negative way, see the past in a very negative way, and in particular, see the future as guaranteed to be negative and full of emotional suffering. **The illness also makes people believe (wrongly) that there is no hope of significant improvement.** The person is then left with the one hundred percent conviction that life is currently full of suffering, and will continue in this way well into the future.

WERE THEY SUFFERING?

Yes, unfortunately. Dr John Horden, a previous president of the main GP organisation in Britain, is quoted as saying that his depression was more painful than the heart attack and the kidney stones he suffered also (quoted in Malignant Sadness by Prof Lewis Wolpert). Frightened by this picture of guaranteed endless suffering, people attempt to escape the pain by suicide. In many cases, people see what they are doing as a form of euthanasia for an illness they believe is incurable, without realising or being able to believe that the illness may well be cured in very many cases.

Even if someone close to you has died in this tragic way, it is very important to let other people know that the illness can indeed be cured should they also be affected by depression.

DID THEY THINK OF THE EFFECT ON OTHER PEOPLE?

Another standard distortion of thinking in people with depression, and other psychiatric illnesses, is that they are a burden on their families and friends, and they are therefore driven to think it would be a relief for others if they were not alive. Accordingly, **very unwell people see their suicide as actually removing a burden from those around them, and do not think of suicide as a major cause of burden to their loved ones.**

ARE MY REACTIONS NORMAL?

Almost every human emotion is likely to be triggered off by the suicide of someone we know. Disbelief that the action could have occurred, anger, great distress, panic, intense sadness etc. etc. are all perfectly normal standard reactions. It is also understandable that people will look for a cause for the suicide; it is very important **not to interpret one situation or one event as the cause of suicide.** As indicated above, nearly all suicides take place in those who have quietly developed a severe psychiatric illness, and final events tend to be the last straw that broke the camel's back, not the cause in themselves. Just as a heart attack may be triggered by a small amount of exercise or a vigorous dream, we all realise such events will only cause a heart attack in someone with heart disease that has developed due to multiple factors over a period of time. The same applies to suicide, being the last event in a complicated scenario which has resulted in psychiatric illness, waiting for **almost any negative to be the final straw.**

WILL I RECOVER EMOTIONALLY?

Unfortunately, there is a risk of you yourself developing depression as a result of the shock of this event and the subsequent stresses and consequences. If the emotional pain is not starting to improve within a few months, you may have developed depression as a complication of your own grief reaction. Do discuss this with your own doctor. Australian research has indicated that at least forty per cent of people develop depression following the death of someone close to them, so that they now have two conditions to deal with, a normal grief reaction plus a depressive illness needing treatment.

However, you certainly will recover from the emotional pain, although you will of course never forget the person who has died so tragically. If the pain is not starting to reduce within a few months, I strongly urge you to see your doctor or a counsellor to ensure that healing of your emotions is taking place normally, and to ensure you yourself have not developed depression as a result of the traumatic event.

COULD THE SAME THING HAPPEN TO OTHER FAMILY MEMBERS?

Unfortunately, medical research indicates that the suicide of a family member is associated statistically with an increased suicide risk for other members of the family. This may be due to the risk that a number of members of the same family have inherited the genes that predispose them to depression or other psychiatric illnesses. The same illness may tempt other family members to suicide also, if the illnesses are not diagnosed and treated effectively.

Therefore, just as we advise the family members of someone who has had a heart attack to have their cholesterol checked, it is important that family members of someone who has died by suicide are themselves very aware of the early signs of depression and other psychiatric illnesses, such as finding it hard to read or follow TV.

“Anniversary reactions” are a particular problem in dealing with grief, and this includes those close to the person who died, wondering about dying themselves also. Special event dates, such as the anniversary of the death, special family dates and birthdays, and special dates in our society (such as Christmas etc.) are all periods of increased emotional reflection and concern.

While we all miss those close to us who die, it may help to remember that the person who died from suicide did not know that there was in fact very effective treatment to stop the emotional pain they were trying to escape. The person who died would obviously not want other people to die also due to not being aware of the very effective treatments available.

WHERE CAN I GET HELP TO COPE?

There are many people willing and able to help you, and able to assist you in the long haul, not just the immediate crisis. These include:

1. Your family doctor
2. Local mental health services or clinics
3. www.suicideprevention.com.au has a section on the front page labelled “emergency help in Australia”. Clicking on this section will give you website addresses and also telephone numbers of voluntary agencies around Australia who can help you.

CONCLUSION

Once again, I am truly sorry if you are reading this letter, following the suicide of someone close to you. I hope the information I have provided is of use to you. I would welcome your feedback about this site, any suggestions you may have, and any support you can offer or organise.

Presidents Report

- *Cherrie Cran*

Hi everyone and welcome to the second newsletter for 2018. We hope that you all had a peaceful Easter.

It has been 8 years since I lost my son, and I have to say that even though I have formed, what we call, “a new normal”, I still miss him every day. I have only recently come to accept that the part of me that broke when he died simply isn't fixable, and I will have to live with that break for the rest of my time here. It's simply a part of who I am now. For those of you whose loss is recent, I can only say that time does make the loss easier to carry, but the pain never completely goes away. This is a loss that will be with us forever, and we are forever changed.

If any of you would like to share your own story of life after your loss, please write to us at secretary@sosbsa.org.au. We would love to hear from you, and share your story, so please make sure you include your permission to publish your story if that's what you want.



2018 Committee

Welcome to our new Management Committee for 2018. We welcome our new committee members, Peter and Chris and look forward to a great year. Peter is our new Secretary and has been and will continue to help out on the Facebook page. I'd also like to say a big thank you for the continued support of our Treasurer, Darrin and our Vice-President Donna. Without the support of those who are willing to give of their free time to help form the Management Committee we as an association wouldn't be able to continue.

This newsletter

This newsletter includes a couple of articles that have been given to me as suggestions. Thank you to those who made these suggestions – we are always looking for things to share in our newsletter.

Our first submission is an open letter from David Horgan. David's qualifications and memberships are listed below. This is a letter written to all of us who have lost a loved one to suicide and includes some really great information. I have included an extract from the full article.

David Horgan is:

- Clinical Associate Professor, Department of Psychiatry, University of Melbourne
- Former Senior Specialist, Royal Melbourne Hospital
- Consultant Psychiatrist
- Fellow of the Royal Australian & New Zealand College of Psychiatrists
- Member of the Royal College of Psychiatrists (UK)
- Diploma in Psychological Medicine (London)
- Master of Philosophy in Psychiatry (University of Edinburgh)
- Doctorate of Medicine in Psychiatry (University of Melbourne)
- Fellow of the Royal College of Physicians (Edinburgh)
- Founder/Director of the Australian Suicide Prevention Foundation

The second article is one that addresses the argument as to why we shouldn't say that suicide is a permanent solution to a temporary problem. I have personally always thought that this wouldn't be very helpful to someone who is suicidal as they simply don't see it that way – and he explores the reasons behind this. This article is written by Franklin Cook and comes from the website 'The Mighty'. If you have some time to spare, please have a look at this site – it has some really great articles on there.

Newsletters

If anyone has anything they would like us to publish in this newsletter please send them through to secretary@sosbsa.org.au as we are always looking for newsletter content.

Membership

If you aren't yet a financial member I'd like to encourage you to join us. Our association is run completely by volunteers and we don't receive any on-going funding. We rely completely on our membership fees and donations to operate and provide support to those who need us. To vote or stand office you must be a financial member.

Fundraising

Late last year we received a huge donation from Busy at Work in the amount of \$3,000. This money is so very much appreciated and will go a long way to keeping us going. I big thanks to all at Busy at Work, and to Tracy Taylor from the Springwood office for presenting me with the cheque.



We are always looking for ways to raise funds, so if anyone has any ideas for fundraising please let us know. If you wish to make a donation or become a member, you can do so on our website at www.sosbsa.org.au under 'about us'. All donations of \$2 and over are tax deductible.

Take care and be kind to yourself

Cherrie xoxo

Brisbane Support Group
(473 Annerley Road Annerley)

Friday fortnightly at 7:30pm

April – 6, 20

May – 4, 18

June – 1, 15, 29

Contact: Cherrie 0423 567 055



Management Committee



President: Cherrie Cran

Vice President: Donna Cumming

Treasurer: Darrin Larney

Secretary: Peter Wakeling

Members: Chris Scott

Other S.O.S.B.S.A. Support Group Meetings

Cairns Support Group

Cairns Red Cross Wellbeing Centre Cnr Grove and Lake Street, Cairns
Entrance off Grove Street.
2nd Tuesday of every month at 7:30pm.

Contact Fran: 4045 2955
or 0407 695 891

Bundaberg Support Group

Neighbourhood Centre
111 Targo Street, Bundaberg
2nd Wednesday of every month at 10:30 am

Contact Peter: 07 4155 1015

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Membership

Pensioner / Student	\$20
Adult member	\$30
Family	\$50
Not-For-Profit Org.	\$50
Affiliate Business	\$100

You are now able to do this all online:
www.sosbsa.org.au (About us tab/Membership)
or contact secretary@sosbsa.org.au

Memberships help pay for printing, copying, mailing
and our telephone help line.

SOSBSA Phone

Volunteers WANTED

We are looking for expressions of interest
regarding volunteering for our
1300 help line.

Training will be provided.

Contact secretary@sosbsa.org.au
or 1300 767 022 for more information.

Newsletter Contributions

We are always looking for articles to run in our newsletter. If you would like to share something or found something you think might benefit others please email me at secretary@sosbsa.org.au.

SOSBSA Facebook

We now have more than **19,500** people who follow us on facebook.

Join in our online support group.

Search **SOSBSA**



Wishing the Rainbow

It's been so long
You've been away
Still miss you more
Than words can say

There's now a cloud
Above my head
Hope you can't see
The tears I shed

Some days it's hard
To get along...
You know I'm trying
To be strong

I miss your laugh
The sound so dear
The way you joked,
Your constant cheer

If I could have
Just one more day
I beg you darling,
Please, please stay

I'd wish you back
But not in pain
I'd wish the rainbow
Not the rain

One day I know
We'll meet again
But it's so hard
To wait 'til then

- Kp (Out of the Ashes FB)

Other Suicide Support Groups

If our support groups don't meet your needs – please check our website for a list of other support groups across Australia

Go to www.sosbsa.org.au

*Hover over 'Support Groups' in the top bar
Choose the appropriate sub-section.*

Please note – this information is only as good as the information we are provided – if you see errors please let us know at secretary@sosbsa.org.au

Items for Sale

You can now purchase items from us online with payments through paypal
www.sosbsa.org.au ('Items for Sale' tab)

Mourning Dove Pin

Purchase one of our beautiful pewter Mourning Dove pins to honour and remember your loved one

\$8.00 each (+\$3 postage)



Grief's Little Emergency Kit

Gentle reminders to keep us strong.
Fits perfectly into a handbag or drawer.
A small gift to give someone who grieves when you feel lost for words

\$4.00 each (+\$3 postage)



or email us at secretary@sosbsa.org.au

The Case Against Saying 'Suicide Is a Permanent Solution to a Temporary Problem'

- Franklin Cook (www.themighty.com)

I have worked in [suicide](#) prevention and suicide grief support for a little more than a decade, and for the past year and a half, I've scanned hundreds of articles on this tragic subject. In the course of my encounters with what is said and written in communities across the country and on the internet, I have been subjected about a thousand times to the declaration "suicide is a permanent solution to a temporary problem," and I cannot hear it one more time without crying out: Please stop saying that!

I know it must seem like a clever and even a helpful thing to say (or else why would people have kept saying it, right up to the point where it has become nothing less than a cliché but with the power, I'm afraid, of an axiom). The declaration seems clever, I suppose, because it has the pleasant sing-song rhythm of an advertising jingle, like "I am stuck on Band-Aid, 'cause a Band-Aid's stuck on me." And it seems helpful because, of course, it is true: Indeed, *suicide is a permanent solution*.

But here's why I argue that we should stop saying it:

The statement violates the age-old principle that **what we communicate ought to be designed specifically with a focus on the audience for whom the particular communication is intended**. "Suicide is a permanent solution to a temporary problem" might strike *someone who is not suicidal* as a clever statement, and it might be a helpful thing to hear from the point of view of someone who already believes (or is likely to be convinced) that *his or her problem is temporary*. But the audience for this anti-suicide ditty is, of course, *people who are suicidal*.

As Edwin Shneidman points out in his *Ten Commonalities of Suicide*, "The common purpose of suicide is to seek a solution." So emphasizing to a suicidal person that suicide is a *permanent solution* is as likely to be unhelpful — or even harmful or dangerous — as it is to be helpful.

The problem a suicidal person is trying to solve, according to Shneidman, is how to escape from *psychache*, which Shneidman defines as "intolerable emotion, unbearable pain, unacceptable anguish ... [that] *cannot be abated* by means that were previously successful" (emphasis added). In other words, from the point of view of someone who is earnestly considering killing himself or herself, the pain from which suicide would provide escape *is not temporary*.

Even though the perception that the pain is permanent is not accurate, the strategy of trying to convince a suicidal person that his or her pain is temporary is as likely to be counter-productive as it is to be productive.

For one thing, a suicidal person might be irrational regarding the subject of whether his or her pain is permanent or temporary. *Irrational* might not be the right word for it, but what lies at the core of many suicidal people's dilemma is that the usual cognitive tools we rely on — such as reason or logic — are not available to them in their battle with their dark, self-destructive

thoughts. So relying on a logical explanation of the nature of their pain to “convince” them of something could be ill-advised both because it might be fruitless and it might be seen as argumentative (“Your pain is temporary.” “No it’s not.” “Yes it is.”)

In addition, saying, “Look, your pain is only temporary,” might minimize or negate the importance or validity of the person’s feelings, sending the message that he or she is wrong about the nature or value of the pain. It also might be taken as judgmental or condescending (the speaker knows what pain is really like, but the suicidal person is mistaken about it). Finally, it might oversimplify the ultimate solutions to the underlying problems that are causing the person’s pain, for the jingle suggests, in part, that if a person would merely believe that his or her problem is temporary, then all would be well.

Perhaps I think too much about this sort of thing, for in fact, I could write an entire post, as well, on the use of the phrase *completed suicide*. The field “invented” the phrase, so the story goes, to replace *successful suicide* because *successful* is a positive term describing a negative event (we don’t want to characterize a suicide attempt as being “successful” when someone dies and as “failed” when someone lives). But if the word *successful* has positive connotations, isn’t it starkly obvious that the word *completed* has them, too, just as much or even more so? We don’t say “completed heart attack” or “completed automobile accident,” we say “fatal,” and that’s what we ought to say with suicide, as in *suicide fatality* or either *fatal* or *non-fatal suicide attempt*.

It is true generally of all communication, but it is absolutely vital when it comes to messages about suicide that we think before we speak.

This post originally appeared on [Suicide Prevention News & Comment](#) in 2010.

"Grief Attacks"

When grieving we can be going along and everything seems to be okay. Then out of nowhere grief hits full force. These are not set backs, they are a part of the grieving experience.

Adolescent Research Outcome

- Karl Andriessen (University of NSW)

For those that remember, and those who are interested, the research that Karl was conducting over recent times, has now been published. If you would like a copy of the papers, please email us at secretary@sosbsa.org.au and we can send them to you. They are simply too big to publish here. Below is a note we received from Karl. We'd like to add our thank you to all who participated in this research.



Dear Colleagues,

Over the past few years we conducted a qualitative study on grief, mental health, and help-seeking of adolescents who had lost a family member or a friend by suicide or other cause of death. Your help with promoting the study contributed to the success of the study and has been much appreciated! Attached you find the two papers with the results of the study. I hope you find it interesting. And please, let me know if you have any questions.

Again with many thanks and kind regards

There are two papers:

“Don’t bother about me.” The grief and mental health of bereaved adolescents
and

“Help-seeking experiences of bereaved adolescents” A qualitative study.

If you have teenagers who have lost someone to suicide, I would urge you to read this research.



In Memoriam



If you would like an 'in memoriam', please send an anniversary record to us at secretary@sosbsa.org.au.

For everyone whose anniversary of their loved one is during January to March: On this anniversary of your loved one's death, may you remember the best experiences you shared, the most meaningful words that were spoken, the happiest moments you had together and the comfort that has given you the courage to go on.

Loved one lost to suicide: **Bede John McMullan**

Date of Birth: 20 September 1990

Message: *I miss you every day. I know you found the peace that you couldn't find here in this world. Your love continues to be my strength until we are able to be together again. Love you forever Mum xoxo*

Your Name: *Cherrie Cran*

Date of Death: 10 April 2010

Loved one lost to suicide: **Tony Barlow**

Date of Birth: 2 Aug 1976

Message: *We miss you so much Tony. We wish you were still here, so many memories that are never forgotten. Your daughter is so beautiful, inside and out. She looks so much like you, a constant reminder, a truly special gift. We love you so much xxoo*

Your Name: *Eva, Téa, Bob and Alison (Tony's parents)*

Date of Death: 24 June 2013

QLD Helplines

Standby Brisbane 07 3250 1856

Standby Response Service 0438 150 180

(24 hour mobile crisis response to suicide bereavement.)

Sunshine and Cooloola Coasts 0407 766 961

National Helplines

LifeLine: 13 11 14 (24 hour)

Mensline: 1300 789 978 (24 hour)

Suicide Callback Line: 1300 659 467 (24 hour)

National Hope Line: 1300 467 354 (24 hour bereavement support)

Beyond Blue: 1300 22 4636

Kids Help Line: 1800 55 1800 (24 hour)

SANE Helpline: 1800 18 SANE (M-F 9am-5pm)