



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

Caring Support Education Awareness

January to March 2026

Has Grief Made You Lose Your Mind?

Megan Devine

Because we don't talk about the reality of grief in our culture, lots of grieving people think they're crazy.

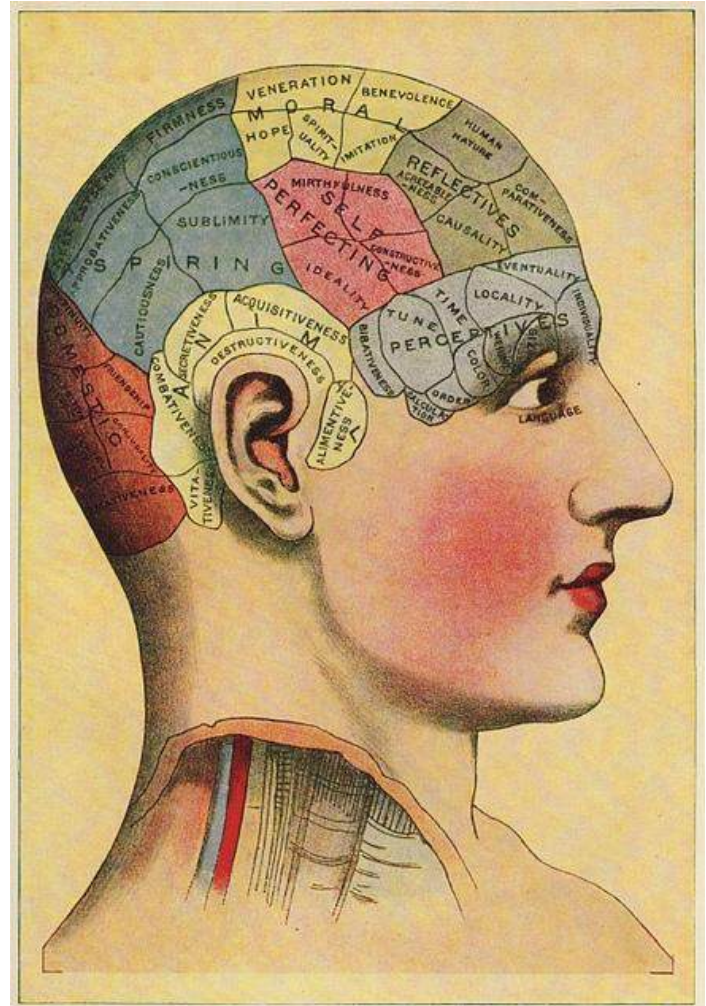
When my partner first died, I lost my mind - and not in the ways you might think.

I used to be a person who could read books. I used to have a really great memory. I used to be a person who could keep everything straight without notes or a calendar.

I used to be a person who could do all of these things and suddenly I was putting my keys in the freezer and forgetting my dog's name and couldn't remember what day it was or if I had eaten breakfast. I couldn't read more than a few sentences at a time, and usually had to go back and reread those same lines many times.

My mind simply stopped functioning. Has that happened for you? Has grief made you lose your mind?

There's no resource, no check list, for grief that says "these things are normal." I mean, we have the stages of grief model, but that is entirely unhelpful. ([see why at this link](#)) Many grieving people simply suffer alone in the weirdness of



grief, wondering if they've lost their minds on top of everything else.

When I talk with people, one of the things that brings the most relief is letting them know they're normal; they're not crazy. You feel crazy because you're inside a crazy experience. Grief, especially early grief, is not a normal time. It makes perfect sense that you're disoriented: everything has changed.

Memory loss, confusion, an inability to concentrate or focus - these things are all normal inside grief. They do tend to be temporary, but they last a lot longer than you would think.

For a lot of people, it's a few years before their entire cognitive capacity comes back to any recognizable form. There are losses in that too. Some of those losses are temporary and some of them mean your mind is just different as you move forward. The thing to remember is that physiologically, your body has experienced a trauma. Your brain is working hard to make sense of something that can't ever make sense. All of those mental circuits that used to fire so clearly are trying their best to relate to this entirely changed world.

Your mind is working so hard, there's very little brain power left over to track more than a paragraph in a book or remember that your car keys go on the hook, not in the freezer. It's hard to think in an orderly, concise fashion when you're reeling from loss.

While I can't magically fix your mind, I can tell you this: you are not going crazy. Your mind is doing the best it can to keep a bead on reality when reality is crazy. Be patient with yourself. Make a lot of lists. Set reminders. Whatever you need to do.

Remember that this is a normal response to a stressful situation, it's not a flaw in you. You're not crazy. You're grieving. Those are very different things.

Having your experience validated is powerful, isn't it. It's why I speak about my own early grief so often - it's important to hear these stories. One of the most powerful parts of the Writing Your Grief course is seeing how many people are experiencing the same crazy-making things you are. Being able to say what's true for you, and have other people say, "me too!" - somehow, it makes grief easier to bear.

If you'd like to be part of a community like that, please join the next session of the [Writing Your Grief course](#). There's always room for you.

Megan Devine is the author of the audio book, [When Everything is Not Okay: Practices to Help You Stay in Your Heart & Not Lose Your Mind](#). She writes, speaks, and teaches on out-of-order death and how we withstand suffering that cannot be fixed. You can find her at refugeingrief.com, where you can also join the

upcoming session of her popular [Writing Your Grief 30 day course](#). As one student wrote, “In a world of Kardashians and cat videos, the Writing Your Grief course kind of redeems the internet.”

Please google her to find out more, or if you are reading this online I have left the links intact.

SOMEWHERE DOWN THE LINE,

and it's different for everybody, you find that the waves are only 80 feet tall, or 50 feet tall. And while they still come, they come further apart. You can see them coming. An anniversary, a birthday, or Christmas, or landing at O'Hare. You can see it coming, for the most part, and prepare yourself. And when it washes over you, you know that somehow you will, again, come out the other side. Soaking wet, sputtering, still hanging on to some tiny piece of the wreckage, but you'll come out.

afsp.org/nevada



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We now have more than **156,000** people who follow us on facebook.

Join in our online support group.

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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 online at www.sosbsa.org.au (About us tab/Membership) or contact secretary@sosbsa.org.au

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

Mourning Dove Pins

You can now purchase 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)



or email us at secretary@sosbsa.org.au

The Suicide Survivor

A grief like no other, so hard to
 comprehend
 My Head can't understand as to why you
 saw the end
 So very much to live for, still so much left to
 do
 Still so much to discover and explore in life
 for you

As I search for reasons as to why you had
 to leave
 The guilt lies so heavy so it's impossible to
 grieve
 Getting through each hour is like a year
 without you here
 I would give up everything to hug and hold
 you near

A mothers love inside me with nowhere left
 to go
 I search for a purpose..you'd want me to, I
 know
 The heartbreak and longing will never go
 away
 I just try and find the strength to get
 through each and every day

My love always and forever

Mum xxx
 Emma Webb (for Brodie) forever 16

Presidents Report

(Cherrie Cran)

Hi everyone and welcome to our first newsletter for 2026.

Membership

We rely completely on our membership fees and donations to operate and provide support to those who need us. Please join or renew your membership at <http://sosbsa.org.au/membership>.

Newsletters

We are always looking for content and would love to hear from you. If any of you would like to share anything with our readers about your experiences or life after your loss, please write to us at secretary@sosbsa.org.au.

Facebook

Our Facebook page now has over 156,000 followers from around the globe – if you haven't yet found us – please join us there. Our page is a public page and will remain so, just be aware that if you post / share on our page that your friends will be able to see your posts.

Take care

Cherrie xoxo



!!2026 AGM!!

Tuesday 10th February 2026 at 7.00pm - ONLINE

An email notification will be sent closer to the date, and you will need to RSVP to be included in the online meeting. Please email secretary@sosbsa.org.au to RSVP.

Note: you must be a paid financial member to vote at the AGM and to hold office

ALL WELCOME

If you are unable to attend and wish to vote – please send your proxy by **5th Feb.**

At the 2026 AGM we will be presenting updates to the Constitution for your agreement

Along with the normal business (listed below)

- a) the receiving of the statement of income and expenditure, assets and liabilities and of mortgages, charges and securities affecting the property of the association for the last financial year.
- b) the receiving of the auditor's report on the financial affairs of the association for the last financial year.
- c) the presenting of the audited statement to the meeting for adoption.
- d) the election of members of the management committee.

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.

That Girl

Forever feeling her life is dying
But the doctors keep on lying.
"Your daughter will be fine,
Just give her some time."

But she wasn't okay
Because your baby girl took her life today.
She couldn't keep running
And she wouldn't stand living.

Her silent plea's for love
Left her heart on black doves.
"I'm in pain"
Her innocence cut, her pride slain.

Her cries fell on deaf ears
So no one realized her fears.
No one saw her fatal change
Until her heart was out of range.

She wrote out letters
Saying her life would be better.
She laid the pistol on her heart
And blew her body apart.

Her parents cry themselves to sleep
And all her friends weep.
They loved that girl well
And left her alone in Hell.

Maybe her soul can be free
And everyone will see
The lost life of one teen
And the love there could have been.

- Amber 2008

Brisbane Support Group

(Lvl 1, 493 Ipswich Road Annerley)

Friday fortnightly at 7:30pm

January – 16,30

February – 13,27

March – 13,27

RSVP through sosbsa.org.au/brisbane

Management Committee

President:	Cherrie Cran
Vice President:	Donna Lang
Treasurer:	Darrin Larney
Secretary:	Sue Dignan
Committee:	Ray O'Brien Julie Ferguson

Other SOSBSA Support Group Meetings

Support Groups Update

Please see the update on our Support Groups in the Presidents Report, and check the website at <https://sosbsa.org.au/support-groups>. The information on the website will always be up-to-date. Alternatively please email us or reach out on Facebook.

Townsville Support Group

Selectability House

59A Cambridge St, Vincent, Qld 4814

1st Monday of every month at **7:00pm**

Coffee Catch up: 10.00am 3rd Saturday of each month

Contact Ray : 0407 490 965

or Geoff & Lowell: 0438 604 744

Support Group dates:

February 2

March 2

Coffee Catch up Dates:

February 14

March 14

Details: sosbsa.org.au/townsville

Online Support Group

This group is for those living in regional Queensland and who don't have access to a face-to-face group.

3rd Monday of every month at **6:30pm**

Please register through the website :

[Online - sosbsa.org.au](https://sosbsa.org.au)

Support Group dates:

January – 19

February 16

March 16

Disclaimer

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In Memoriam



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.

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

Loved one lost to suicide: **Neville Graham Dykes**

Date of Birth: 28th January 1950

Message: *You live on in my heart forever & will always be remembered with love. Donna*

Your Name: **Donna Cumming**

Date of Death: 31st January 2011

Helplines

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

Suicide Callback Line: 1300 659 467 (24 hour)

LifeLine: 13 11 14 (24 hour)

Mensline: 1300 789 978 (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)

