

**INSIDE
THIS ISSUE**

Presidents Message	1
Lanny Berman	2
Online Support and Resources for People Bereaved by Suicide	3
AGUS Chris Paul	4
Upcoming Events	5
Where does Grief Go?	6
Tony Gee	7
4th Asia Pacific Conference Australia November 2010	8
Contact Details	11

President's Message
Lanny Berman, Ph.D., ABPP
President, International Association for Suicide Prevention

Recent years have served witness to the growth and voice of the Survivor movement within the international Suicidology community. In many countries, it has been this community that has spurred the development of national suicide prevention strategies.

In some countries, survivor passions have fuelled practically everything significant in the way of attention to and progress in Suicidology and suicide prevention. While professionals get entrenched in their daily research protocols or their clinical practices, it has been Survivor passions that have served as the bedrock for clinical and research advances to better understand those suicidal, thus to prevent the next suicide.

The study of postvention, moreover, is significant if we are ever to help survivors better work through and translate the anguish of their experience into some level of resolution and growth. We know far too little however, about how and if the grief work attendant to mourning a suicide truly needs to be understood apart from that initiated by other manners of sudden and traumatic deaths.

In this regard, the jury is still out, from my perspective, as to whether we should remain independent of - or begin collaborating with - others who work in the field of victimology or Homicidology (interesting, no, that this word has not yet been coined by that community?) regarding common versus distinct pathways in grief-work.

Continued on pg 2...

Continued from page 1

Here in the States, there is an active call to increase research attention to postvention. Here in my brain, there is an active call to learn a great deal more from survivors about where our clinical efforts must improve to have greater likelihood on not being cut short by the suicidal behaviour of their loved ones.

I am greatly concerned that we will not move forward our clinical care of those at risk for suicide until, in concert with survivors, we can better frame and address questions regarding how we can increase help-seeking among those at risk, how we can increase help-receiving (adherence, compliance...) among those at risk, where and how we need to better align our efforts with family members and the extended community of potential survivors in order to have better outcomes, etc.

Bottom line – we need IASP members to join forces with those already at work on these questions. We have a terrific Postvention Task Force in place, comprised of some dedicated members of the Association; but it further needs to develop with energy and added brain power to address and answer tough questions. We have thousands of told stories of past losses (these, indeed, need to keep coming to be kept in our daily consciousness); where we need to turn our attention is to proactive efforts to abstract from these stories, and the experiences of those who have them to tell, and to translate their messages into a call for researchers and clinicians to better collaborate toward a future goal of having far fewer stories to tell, because we have far fewer suicides.

Won't you please consider getting involved?

On-Line Support and Resources for People Bereaved through Suicide; What is Available?

Karolina Kryszynska, PhD, and Karl Andriessen, MSuicidology

The internet is a potentially valuable source of information for the bereaved, but the current knowledge regarding the type and quality of online material on suicide bereavement is very limited.

This study was designed to explore the types of online information and support available for people bereaved by suicide and the quality of such resources.

Four popular Internet search engines were searched using terms related to suicide bereavement and support.

Although a wide range of Internet resources exist for people bereaved by suicide, these resources may not meet basic quality standards.

It is unknown who uses these sites, how such material is used, and whether it helps people to cope effectively with grief after suicide.

Suicide and Life-Threatening Behavior 40(6) December 2010

© 2010 The American Association of Suicidology

The IASP Website has updated the postvention and suicide bereavement pages. Please look at these links:

- <http://www.iasp.info/resources/postvention/>
- <http://www.iasp.info/postvention.php>

Do you know any additional useful resources (e.g., PDF of brochures or links) or links to national suicide survivor organisations?

If so, please forward same to **karl.andriessen@pandora.be**

AGUS

Chris Paul

Beginning in 1989 with the enthusiasm of one single survivor starting a self-help group in South Germany, AGUS has established a unique nationwide support system for suicide survivors.

The AGUS-Office is situated in the small city of Bayreuth, Bavaria. The office staff offers network information for survivors, but also for media, politicians, healthcare professionals and students. There is a special helpline with time to talk for survivors once a week. Leaflets about different aspects of grief after suicide are produced and distributed; there is a newsletter twice a year and an exhibition about suicide and grief after suicide can be hired.

The annual AGUS-Conference is held near Bayreuth with up to 150 participants from all over Germany. Topics of the Conference 2010 were *Grief Counselling for Children and Adolescents after Suicide* and *Dealing with Guilt in the Bereavement Process*. There are also workshops and the possibility to meet and exchange experiences in a positive and constructive surrounding.

AGUS concentrates on the support of survivors after the suicide of a loved one. It offers the opportunity to meet and exchange experiences with others in a safe and respectful setting. The main work is done in more than 50 AGUS self-help groups organised by volunteers all over Germany. The volunteers are trained in specially designed workshops for the startup of a self-help group for survivors and annual weekends to exchange and supervise their experiences.

Up to 20 people form an AGUS-group and usually meet once a month for 2 hours. Some groups collaborate with local hospices, bereavement counsellors, self-help centers or local suicide prevention projects.

In addition to the self-help activities, since 2002 AGUS has been offering therapeutic workshops for survivors called "*daring to trust again*" (Vertrauen wagen) run by a team of experienced bereavement counsellors who are survivors themselves.

Each year at least four basic workshops for adults take place: one especially for parents, one for siblings, one for partners and one for grown-up children of someone who has died by suicide.

There is also a follow-up workshop on dealing with guilt plus the workshop "Young Survivors" for kids and adolescents. These workshops are attended by survivors from all over Germany and occasionally as well from Austria and Switzerland. They are a unique

Continued on pg 5...

Continued from pg 4...

opportunity to experience understanding and support for their grief, anger, anxiety, questions of guilt and meaning as well as sharing a loving and respectful memory of the deceased.

Throughout the years, the Internet has become an important part of the work of AGUS concerning publicity and counselling. The internet platform of AGUS contains information for survivors and supporters. In the AGUS forum, hundreds of survivors chat regularly about their situation.

In addition to this work with and for survivors, AGUS is involved nationally and internationally with suicide prevention, e.g. as member of the National Suicide Prevention Programme in Germany, where AGUS managed to broaden the acceptance of the survivors' needs. One of the results is a leaflet designed for nationwide distribution through police staff, with useful and consoling information for survivors in the first days after a suicide.

Upcoming Events:

20-23 March, 2011

6th Aeschi Conference
Aeschi, Switzerland

<p>The Aeschi Working Group The therapeutic approach to the suicidal patient: New perspectives for health professionals</p>	
<p>6th AESCHI CONFERENCE, 20.-23. MARCH 2011 Patient-Oriented Concepts of Suicide: Trauma and Suicide Hotel Aeschi Park, Aeschi, Switzerland www.aeschiconference.unibe.ch</p>	

13-19 September 2011

XXVI IASP World Congress,
Beijing, China

<p><i>Integrating Cultural Perspectives in the Understanding and Prevention of Suicide</i></p>	
	<p>XXVI IASP World Congress 13-17 September, 2011 Beijing, China</p>
	

Where Does Grief Go? A Personal Reflection on Loss and Healing after Suicide

Tony Gee

I didn't invite Grief into my life. Grief simply arrived. It didn't knock, didn't ask permission, it simply burst through my door and was there. An ominous and overwhelming uninvited guest who took over my life and began to affect every aspect according to its whim.

Like most of us dealing with the loss of a child (or sibling), since the suicide of my youngest daughter, Nellie in 2005, Grief has been my constant companion. Whether it be a 'good day' or a 'bad day', whether I was involved in work or other tasks, or directly focussing on Nell, Grief was, and is, always there.

But as time has gone by, I have begun to notice that Grief has changed. Perhaps it has grown older, matured one could say, perhaps it has become less intense as time passes, perhaps weary, perhaps, perhaps, perhaps....

In any event, I think I have finally made friends with Grief.

But I suspect that somewhere along the line, before I really knew it, Grief began to shift itself into something else.. it began some sort of metamorphosis.. and I have now begun to recognise that that 'something else' was healing. Unlike Grief however, healing held no loud arrival. It didn't crash down the door. It seemed to have crept up on me slowly and steadily, like a gentle breeze that had begun to whisper for quite some time before I really noticed.

But how did this happen? Unlike much of what I had read about loss and bereavement, I do not believe Grief simply became less intense, less energised and then sort of 'fizzled' out; and then the healing began as if they were two very different and distinct processes, one being somehow 'completed' before the other began. That certainly has not been my experience nor the experience of many people I have talked to... for I really don't think Grief goes away at all.

Continued from pg 6...

Nor has there been any discernable timeframe. In fact I think now that Grief always remains, that it is and will always be there, but it changes, it shifts, and it eventually transforms....

And in some strange way I found that idea very comforting. I realised I have become so used to my constant companion, who always keeps me linked to my daughter, but just as I change, and just as life changes, my companion is now also changing.

And if healing was taking place, then I began to wonder what it actually was; what did Healing really mean? The dictionary defines it as; "to become sound or healthy again: to cause a wound or disease or person to heal or be healed: to put right or to alleviate". And when there is a physical wound this seems quite clear. But what about emotional, psychological and spiritual wounds, what about non physical trauma that can so often accompany loss of a loved one ?

In that sense, I used to think that healing meant finding peace. Peace within oneself and with others, including with our loved one lost. But now I think it is more than that. I think real healing means somehow re-finding one's place in the world, but in a different world. For me, it is a world without the physical presence of my daughter, but a world that now encompasses a much wider dimension (some may call it a spiritual dimension) of which she is a part... and of which I am a part and in some manner of which we all are a part. The Lakota have a saying - *Mitakuye Oyasin* - which is like a prayer and means "to all my relations". In that Indigenous wisdom tradition these relations are both living on this material plane as well as 'living' on other planes or dimensions as well. And we all remain connected....

I think that we all have enormous capacity to heal, that all healing is essentially self healing and is an inherent part of our human makeup. I now also think that for the most part healing needs some sort of connection to the spiritual (or whatever one would like to name it), or at least to an expanded vision of the world... otherwise it stays static and has nowhere to go....

Continued on pg 8....

Continued from pg 7....

However the inner 'drive' to heal needs the right time, circumstances and understanding, as well as a conducive environment. In many ways this is not an easy journey and often requires help and many of us can get 'stuck' at times. And this is where our "compassionate community" can guide and assist, as the trauma and the Grief that follows loss can at some point be transforming, if we can find the right 'space' for it, the right understanding of how healing can occur.

I know that for me, a deep reflection of the spiritual has kept me (so far) relatively sane. I think we have so little understanding of the mystery inherent in life and in death and the ongoing nature of spirit. I miss the physical presence of my daughter every day, but feel she continues to walk with me and her siblings. She remains very much a part of our everyday lives and that thought/feeling/knowingness is in itself of great comfort and a healing presence.

So in a strange way my Grief and then my healing and a recognition of a wider dimension has expanded my world. In a strange way my Grief now has a larger 'container' ... it is still there, it is still connected to my daughter...but in this expanded place it has become healing.

So where does Grief go?

I now don't really think it goes anywhere.... but in time and with understanding and guidance, I think that it can transform into healing. We may not notice it at first, we may not recognise its initial breath, but nonetheless I think it happens. So for me, Grief remains an ongoing companion but one who has changed and will continue to change. Grief still connects me to my daughter but now in more positive and hopeful ways. Whilst grief was once a dark companion, It is now lighter and can hold hope and joy. For just as life keeps shifting and changing, just as change is the very nature of our existence, it seems to me that Grief must continue to change as well.

4th Asia Pacific Conference of the International Association for Suicide Brisbane, Australia November 2010

The IASP Brisbane conference theme of '*A Dialogue across Disciplines and Cultures*' truly encapsulated the postvention sessions and activities which took place throughout the Conference.

With more than 50 countries represented at the Conference the opportunity for sharing knowledge and practice about the postvention field was captured with a Conference program that featured full day parallel postvention symposiums as well as several postvention presentations and workshops in other symposia areas. The conference program well illustrated the inter-relationship between postvention and suicide prevention activities and the interaction that occurs in our efforts to reduce suicide and support those affected by suicide loss. Support from the Australian Government Department of Health & Ageing enabled attendance of a range of people touched by suicide from across Australia who provided post Conference reports about the integration of their learning and examples of how these have since been applied in their community.

Attendance at the pre-conference workshop '*Best Practices for suicide bereavement support – key ingredients*' also almost exceeded the room capacity and enabled much lively discussion between practitioners, academics and those with lived experience. The workshop opened with two Australian Aboriginal participants bringing greetings from the eastern coastline across to Australia's western shore setting the scene for the breadth and depth of postvention dialogue across cultures which continued throughout the ensuing days. The workshop utilised the theme of the suicide bereavement journey to encourage perspectives from across all postvention areas and this concept underpinned many subsequent postvention sessions. Presenters from several countries contributed the international discussion. At the workshop conclusion participants were challenged to accepting the call "What action am I going to commit to make a difference to Postvention care and support?" by sending themselves prepared postcards from the Conference as a reminder of their task.

The Conference featured several presentations about postvention models including a presentation by P. Riseborough about working with suicide bereavement and trauma and a group presentation by T. Shorey, J. Fisher & colleagues about outcomes of expansion of the StandBy model across Australia. In the afternoon M. Maple and colleagues led a dialogue presentation featuring the interplay between research, practice and lived experience.

Continued on pg 10...

Continued from pg 9...

A touching performance piece and personal story by Joshua Sibosado, a young man from the Alive and Kicking Goals program in Australia's remote Kimberley region (previously featured in this newsletter) to the whole Conference highlighted the complexities of grief, trauma and suicide risk as well as the importance of hope and resilience for those who survive suicide loss. E. Stafford & S. Stafford also spoke of these issues in their presentation about healing at the Yarrabah community in far North Queensland. S. Coker addressed issues of suicide bereavement and mental illness within the SANE project in Australia whilst T. Prakan demonstrated a model of group psychotherapy from Thailand. L. Stafford provided outcomes from a support group study and D. Ratnarajah presented research outcomes about stigma and suicide bereavement.

The Postvention key note plenary "*The imperative of Postvention –suicide prevention for the future*" by J. Fisher from Australia and S. Palmer from New Zealand on the final day focused on current perspectives and practices in the international field of postvention with particular focus on the Asia Pacific region. Feedback collected from Postvention sessions was provided to the Conference with a summary call from the postvention community for all in the field of Suicidology to recognize the imperative of postvention and continue further research and investment in best practice after suicide care, if we are to save lives and provide a better quality of life for people who have experienced the tragedy of suicide.

A lunchtime event afterwards involving a dialogue discussion between Associate Professor Judith Murray from the University of Queensland and Maggie MacKellar, Australian author of "After the Rain" gave the large audience much to consider about the interplay between theory and lived experience.

This preceded the final Conference activity, a "*Reflection and Remembrance Ceremony*" held at sunset in an adjacent public park. To a large audience, IASP Chair Lanny Berman spoke about the impact of suicide and then invited various representatives to share their contribution to the journey of suicide bereavement. As the haunting sounds of the didgeridoo, an aboriginal musical instrument, carried across the city and scent of the eucalypt gum leaves used in the ceremony drifted in the air, the opportunity to honour those who have died by suicide and those bereaved by the loss provided a reflective conclusion to a robust Asia Pacific Regional Conference.

Newsletter Feature:

We hope to feature a biography of each of the IASP Postvention Taskforce Members over future issues of this newsletter.

If you would like to have your biography featured in this newsletter, please forward a short piece of 500 words or less and a photo of yourself to either

sean.mccarthy@hse.ie or maryl.oshaughnessy@hse.ie

Contact Details

Karl Andriessen (MSuicidolgy)
Co-Chair, IASP Postvention Taskforce
C/o Suicide Prevention Program MHC
Martelaarslaan 204b
9000 Gent, Belgium
Tel: +32 233 5099
Email: iasp-tf-postvention@pandora.be
Karl.andriessen@pandora.be

Sean McCarthy
Co-Chair, IASP Postvention Taskforce
Regional Suicide Resource Officer
Regional Suicide Resource Office, Health Service
Executive - South
Johns Hill, Waterford, Ireland
Tel: 00353 51 874013
Email: sean.mccarthy@hse.ie

IASP Central Administrative Office
National Centre for Suicide Research and
Prevention
Sognsvannsveien 21, Bygg 12
N-0372 Oslo, Norway
Email: office@iasp.info
Tel: (+47) 229 237 15
Fax: (+47) 229 239 58

Jill Fisher,
Editor, IASP Postvention Taskforce Newsletter,
C/o: StandBy Response Service,
United Synergies Ltd., 14 Ernest Street,
Tewantin, Queensland, Australia 4560
Tel: 61 7 54 424277
Mob: 61 0458 406 640
Email: jfisher@unitedsynergies.com.au