Remembering a Sister Down Under

By Alexandra Gee

For years, whenever I saw a kid walking down the street who looked like her, I would wonder if it was her. I had seen her body, this was so illogical, but my mind couldn’t comprehend that she was actually gone. Whenever something funny happened or I completed a level in a video game I used to play with her I’d think, ‘I should call Nell and tell her.’ And then I would remember.

I’m pleased to say I am happy now, probably more happy than I have ever been in my life, but it’s a new happy, a different life, and one that will never be the same. Someone once described losing a close family member as losing a limb. I think it is like being in a violent car crash. You lose your whole life for a while, and you have to go through a kind of emotional rehabilitation, which is also physical.

I barely left the house for the month after she died, couldn’t drive and could barely walk from the pure emotional pain. I suffered anxiety attacks and couldn’t work for a long time. I had put my law degree on hold when she had been hospitalised, but now I knew I couldn’t go back. It took me at least a year for things to start to normalise. Even then it wasn’t the same and I knew it wouldn’t be. But I have come through it as a stronger person.

In 2010 Nellie would be turning 21. She loved ice hockey and had real potential to play for Australia. She had been accepted to train with the Australian women’s team. One of her dreams was to skate on an open frozen lake in Canada.

For her 21st birthday, my family plans to do this in honour of her.

One of the most important things when a death in the family occurs is to stay true to that person. I still struggle to talk about her because often it is too hard for me, but I hope that one day I will be able to speak freely about her and the amazing life she lived. I had her in my life for 15 years; I don’t want to focus on the four that she’s missed. I’ll always miss her and be sad that she’s not here. I lost a sister and a lifelong friend, cousins to my children, and a bridesmaid at my wedding; things that should happen in the future but won’t. But I loved her as much as any sister could, and she deserves to be remembered.

About the Author

Australian Alexandra Gee began a law degree after finishing high school in 2003. Following the death of her sister, she travelled extensively and worked as a nanny in England. She is a volunteer for several charities including the Life Is... Foundation which works in suicide prevention, and Compassionate Friends, where she has recently completed training to be a phone grief counsellor. She is now studying psychology and hopes to be able to use her experience to help others in the future. Her email address is alexandra_gee@live.com.
Norm Farberow Shares His Recollections of the History of the Survivor Movement

By Norm Farberow

Editor’s Note:
Norm Farberow is a true pioneer of the survivor movement. The bulk of his career was spent at the Didi Hirsch Center working with Edwin Schneidman on the ground floor of suicide prevention and survivors. For IASP, he took the time to share some of that history as he remembers it.

What’s in a name?

We had difficulty arriving at our program’s name, Survivors After Suicide. It goes back to when we first started our survivor program and had to decide on a title for it. The most obvious choice was “Survivors of Suicide,” but that conflicted with the common, popular use of the term “survivor” as a person who had tried to kill himself and had not succeeded, an attempter. We found that the use of of in the title almost always required further explanation to indicate our focus was not on the attempter, but rather on those affected by a suicide death. We wanted to keep the term survivors.

To us, the word “survivors” seemed just as apt for those left behind, the loved ones, families, lovers, and friends, as it was of the attempter. They were grieving, depressed, angry, with some saying they did not see how they could survive their loss. We decided we would make our title more precise, so we inserted the word after in place of the term of, with “after” indicating the event was in the past.

It may be, however, that our concern with the appropriateness of our title may have been more local than global. Most other programs did not seem to share our concern. At this time, I am aware of only one other “survivor” program that has employed the term ‘after’ in its title, “Heartbeat/Survivors After Suicide,” LaRita Archibald’s program in Colorado Springs, Colo. Most other survivor programs have simply continued use of the title “Survivors of Suicide,” or have used other identifying words, such as bereavement, postvention, healing, etc.

It is worth noting that we were not the only ones who felt discomfort with the muddling of the time element in the use of the term “survivors.” In 2004, Philip Seager, MD, of the University of Sheffield, England, wrote in CRISIS about a viewer’s wish to retain the clarity of the English language so that when one writes something in one situation, it means the same thing in a different situation. He protested the use of the anomalous term “suicide survivor” to describe the relatives or friends of someone who has died by suicide. He proposed a different word, RELICT, which he said, “originally referred to the widow of a dead man, but its use was extended to cover land, and also has specific usages in biology and geology.” The Shorter Oxford English Dictionary defines it as “Left behind, left by death, surviving.” Sadly, I’m afraid the fate of Dr. Seager’s suggestion is reflected by the title of his Letter to the Editor, “Is It Too Late to Turn Back the Clock?” (p92). [The Editor, John Connolly, replied that the use of the word to refer to those left behind is hardly anomalous and that the same Dictionary defines a survivor as one who (or that which) outlives another or others. Further, the word ‘survive’ is defined as “to continue to live after the death of another, or after the end or cessation of some thing or condition or occurrence; to remain alive, live on.” (p93)]

How the Didi Hirsch Survivors After Suicide program began

Many people are surprised when they learn that we were not the first to address the problems and needs of the survivors of a loved one’s suicide. While we cannot say we were the first to initiate a treatment program of survivor groups, as we can with so many other aspects of suicide and its prevention, we can say, however, that we were among the first to try. We actually started a survivor program in the early 1970s, but after two or three meetings and many absences by the participants, the program was terminated.

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The effort was the result of our experience in working with the Los Angeles Coroner's office in conducting Psychological Autopsies for Dr. Theodore Curphrey, then coroner of Los Angeles County. Ed (my colleague, Edwin Shneidman) and I had completed several researches on suicide in the community and in the local Veterans Administration (VA) and we had begun presenting our findings to the staffs of the VA and to local mental health professionals.

Dr. Curphrey attended one of our presentations, talked with us afterward, and invited us to work with him on a problem that plagued him and all other coroners in this country and in the world—the certification of death by suicide. In general, coroners were comfortable with the certifications in the other modes of death, natural, accident, and homicide, using evidence obtained from medical autopsies, toxicology scans, and physical evidence from investigations of the scene.

However, the certification of suicide depended on a different kind of evidence, that is, the factor of intention. Did the person consciously want to die? The question, the person's motivation, required knowledge of the person's emotional/psychological state.

This information was obtainable only through interviews of the persons who knew the deceased best, his family, loved ones, colleagues, friends, therapist, etc., to learn, insofar as possible, everything about the deceased's behavior, communications, affect, and state of mind in the period leading up to and immediately preceding the death. The process of gathering such information became known as a Psychological Autopsy.

This necessary information gave us first-hand awareness of the reactions of the survivors, the depth of the sense of loss, the difficulties and problems faced by the survivors in their bereavement, the feelings of stigma and the complications from the taboo of associated mental illness. We made several attempts to offer counseling and a group process but these met with little success with the clients dropping out quickly and the program lapsing. This was early in our program when our primary focus was on the development of our Center and our ongoing research.

In retrospect, many years later, we concluded that the reason for the “failure” of our early effort was that we had approached the program incorrectly. We had offered the participants therapy, as if they were patients, which they did not want. They were not mentally ill people searching for help in resolving conflicts and/or changing their personalities. Rather, these were people who were undergoing severe emotional distress as they grieved the loss of a loved one, and who needed non-judgmental emotional support in a place where they could share their feelings with others who were experiencing the same kind of loss.

Our program was initiated in the late 1970s at the strong urging of Donna Belland, a young secretary who had lost a brother by suicide. She was certain that a group program would be invaluable in helping survivors with their grief and unanswerable questions. She and Mickey Heilig started meeting with a group of survivors and a procedure was developed which, with very few modifications, has proved over the years to be both effective and gratifying. It's worth noting that the suicide survivor movement in the United States was initiated primarily by survivors who looked for help from the mental health professionals but didn’t find it.

Reflections

One of the perks of being an old timer is the opportunity to respond to the inevitable question, “You have been around since the field first started, so you've seen a lot of changes. What do you think has changed the most and where do we go from here?”

The changes have been monumental, with growth from zero when there were only insistent demands from individual survivors to be heard; through non-professional groups formed by the survivors themselves; through individual appearances at professional conferences; through development of survivor committees and/or task forces in professional associations; through the presentation of survivor-oriented sessions at conferences; through official recognition by integration into professional associations as divisions or sections; through the formation of advocacy survivor associations dedicated to advancement of and response to survivor issues; through the organization of conferences in survivor healing both separately and jointly with national, regional, and international associations; through publications of local, national and international newsletters; through inclusion as integral in the policies for suicide prevention in state, national and international governments; and the recent establishment by the various associations of awards to individuals for their contributions to the advancement of survivor causes.
Where do we go from here?

At the risk of repeating what has become almost a standard answer, we need research, lots of it, in the field of survivors. It is not so surprising that there has been so little research, considering its explosive growth and emergence from clinical concerns. As a new field, some of the most basic problems urgently need to be explored and questions answered. In a recent issue of the Postvention Taskforce Newsletter, Jerry Reed and Seamus McCarthy identify a number of concerns and current knowledge about them, such as differences between the survivors of suicide deaths and survivors of other modes of death; the role of complicated grief, especially in adolescents; what are the most effective ways to identify the needs of suicide survivors; and what are the optimally helpful programs for survivors?

It's a back-to-the-basics call to determine who it is that seeks help and what are the differences between the seekers and the non-seekers; what the survivors themselves say they need most; what are the most effective attitudes; what helps the most; for which goals; what is the best time interval between the death and the initiation of the program; open or closed group memberships; age, sex group constitution; kinship groups or mixed; leadership by professional, semi-, non-professional, or mixed; criteria for evaluation, and the list goes on.

A crucial concern is the difference in the social support received by suicide survivors and survivors of other deaths. Suicide survivors have reported a marked decrease in their social network and an absence or decrease of emotional and interpersonal support as well as practical help. Research is needed on the course of these feelings over the period of bereavement. How best do we ensure the availability of this significant element in recovery?

A long-standing puzzling question, not necessarily about survivors

Current thinking has considered suicide to be a part of, a cause of, the result of, and/or accompanied by mental illness in from 93 to 96% of the cases. What about the other 3 to 7% in which mental illness is not a part of the entire picture? What are they a part of, a cause of, the result of and/or accompanied by? Are there differences in the suicides and/or the survivors of this small percentage compared with the suicides/survivors in which mental illness had been prominent in the picture? In what way?

What are the long-term effects of the survivor group experience? Immediately after and short-term surveys indicate predominantly favourable results. We need long-term follow-up surveys of participants, 6 months, 12 months, and 2 years.

On a broad scale of policies and procedures, IASP always has aspired to be truly international in its membership, but has been limited by the problem of how to proceed in those countries where the culture/religion has embedded suicide with century old taboos. What is the best way to introduce, encourage and support suicide prevention? How does one reduce long-standing taboos, erase stigmas? Where to start? Which one first, or several, or wherever one can – education, all levels; teachers; general public; media; police; medical personnel; mental health professionals; social agencies; legislators; attorneys; court personnel; probation officers; parole officers; gatekeepers; politicians, etc.

There remains much work to do. While we have come a long way, we now are at a point where we can refine what we have done. And continue to move ahead.

About the Author

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A New Resource for Those Bereaved by Suicide

www.healthtalkonline.org


The aim is to help those bereaved by suicide by hearing about other people’s experiences. This new part of the website also will be used for teaching health professionals, members of the police force, coroners’ officers, counsellors, and others, helping them to understand the perspective of those bereaved by suicide. The website is free for anyone to use.

This new part of the website was funded by The Department of Health, and is based on high-quality research led by the DIPEX health experience research group at the University of Oxford. The site features summaries and extracts from narrative interviews with 40 people bereaved due to suicide.

The new part of the site, which can be found in a major section called “Living with Dying” will cover 29 topics each of which are illustrated with about 10 video, audio or written clips from the interviews. Each topic summarises what everyone said about why they thought the suicide took place, suicide notes, GPs and psychiatrists, finding out about the suicide, first reactions, changing emotions, seeing the body or not being able to do so, telling children and young people, other people’s reactions, the press and other media involvement, police involvement, practical matters, the funeral or commemoration, the burial or cremation, the inquest, reactions to the verdict, informal support, help and support from professionals, help from Cruse Bereavement Care, self-help groups, finding help via the internet, support for young children, coping with grief and keeping memories alive, adjusting to life without the person who died, and anniversaries and other special occasions.
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Upcoming Events


May 21-23, 2009: 2nd Australian Postvention Conference, Melbourne, Australia.