

*INSIDE
THIS ISSUE*

Survivor Story: Alan

By

Carol Anne Milton

“He was popular - the ‘life and soul of the party’, had a good job, a lovely girlfriend who adored him and a close circle of loyal friends whom he had known since he started school at five years old. Within the family circle he was deeply loved and loving. He was involved in swimming, football, going to the gym; he was gifted artistically, creative, talented...”. This is a description which I have heard many times of a person who has completed suicide, leaving us wondering why such a person, with everything apparently going for them, would want to destroy their lives and that of their family. What is it that causes a previously cheerful, confident and self-respecting person to become so angry toward him / herself, so full of self-loathing that they become convinced that they are a burden on their family and friends, and that their death may actually be doing their family and friends a favour?

The above is also a description of my youngest son, Alan, who, as I write, will be eight years gone from us on March 1st. So, how are we doing as a family, and how am I getting on as a mother, eight years after living through what has been the most horrific period of our lives? How to put words on the still-open wound in the family unit, and within the hearts of each family member as we continue to live without our beloved Alan? At the time of his death we had no idea that our feelings of outrage, of rejection and abandonment, and deep sadness at his loss were only the beginning of what was to be the most arduous journey that any family can be forced to undertake.

Alan had been diagnosed with ‘a mild cyclical disorder and some depression’ by a psychiatrist three months before he died. He was prescribed a light dosage of anti-depressant medication which after a couple of weeks seemed to alleviate the nausea and sleeplessness which had been increasing in intensity, and which had been the reason that he finally agreed to seek medical help. My relief at his improved health was immense, but short-lived. Three weeks before his death, Alan’s girl-friend told me that he had stopped taking his medication because he had gained weight. I knew that Alan would not manage his worsening illness without medical help, and at some deep level I think that I began to expect his suicide. He had previously told his girlfriend that he would at some stage end his life. True to his intention, on Thursday, February 28th 2002, as he was beginning to come out of a mood slump that had lasted some days, he went for a drink with his friends and was in high spirits while he was with them. However, having said goodnight, he came into the house, waited until all was quiet, then went outside to the shed at the back of our house, fetched a ladder and a rope which he brought to a tree at the bottom of the garden. He climbed the ladder, put the rope around his neck and killed himself.

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Living with the threat of suicide was little in comparison with the radical changes that had to take place in our family after Alan's death. It was not as if we could sit down and plan the changed life that we would be living from now on; we had to learn by trial and error. In those first few weeks and months I remember longing to be on a desert island somewhere, where I could process what had happened alone, and thus gain the strength to be able to deal with my family's grief as well as my own. We all wanted to withdraw and 'lick our wounds' alone, and yet we needed each other as never before. We had to walk the fine line between being supportive of one another and respecting each others' individual grief. We had to keep in mind that each of us had a distinctly different relationship with Alan.

In trying to make sense of Alan's suicide, I almost walked into the destructive trap of blaming something or someone for Alan's death. In the days after his death I found myself looking around the family, trying to remember angry flare-ups, heated arguments, even minor differences of opinion that could have triggered the self-hatred that made Alan destroy himself. I searched my memory to see where I had failed as a mother. This searching within the family for reasons could have had a detrimental effect on our already fractured family unit, and was a fruitless exercise anyway, as we will never know the real reason or the combination of reasons, why Alan chose to die.

If I were to give one piece of advice to someone recently bereaved by suicide, it would be this: Try not to go in search of the answer to the 'why' of suicide. It could be destructive to self and family, and ultimately could cause us to lay blame on one event or one person. The only person who knows the whole truth is the person who has completed suicide.

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**

Cross Cultural Perceptions of Helpful Suicide Postvention (Abstract)

Kari Dyregov, PhD

A person's death is not only an ending, it is also a beginning - for the survivors. Indeed, in the case of suicide the largest public health problem is neither the prevention of suicide, nor the management of attempts, but the alleviation of the effects of stress in the survivor-victim of suicidal deaths, whose lives are forever changed (E. Shneidman).

By taking these words from the "father of Suicidology" seriously, there is no doubt that suicide postvention has to be lifted forward more strongly than today. In some countries worldwide, the survivors have supported each other in grief groups and survivor organizations for years. Although close networks want to support, they often feel helpless in their approaches.

Until recently, politicians, researchers and society have largely neglected the situation of the suicide survivors, and in some countries, they still do. Several programs have been set up without asking the bereaved about their perceived needs. The point of departure should be the experiences of bereaved, so as not to risk that we offer support and help that is unwanted.

A deeper understanding claims that survivors inform researchers worldwide, acknowledging the bereaved as the experts that they unfortunately are. To succeed, researchers must work closely with survivors, preferably as co-researchers.

I will explore and discuss the following themes: what do we know about suicide survivors' perceived needs for help and support worldwide? Are there any differences between gender, groups, cultures, etc? What may govern different ways of perceiving needs?

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New Publications

Cerel, J., Padgett, J.H. & Reed, G.A.Jr. (2009).

Support groups for suicide survivors: results of a survey of group leaders. *Suicide and Life-Threatening Behavior*, 39(6), 588- 598.

Cutcliffe, J., & Ball, P.B. (2009).

Suicide survivors and the suicidology academe, reconciliation and reciprocity. *Crisis*, 30(4), 208-214.

de Groot, M., van der Meer, K., & Burger, H. (2009).

A survey of Dutch GPs' attitudes towards help seeking and follow-up care for relatives bereaved by suicide. *Family Practice*, 26(5), 372-376.

Dyregrov, K., & Dyregrov, A. (2008).

Effective Grief and Bereavement Support. The role of family, friends, colleagues, schools and support professionals. London: Jessica Kingsley Publishers.

Website of the publisher: www.jkp.com/catalogue/book/9781843106678

Feigelman, W., Gorman, B., & Jordan, J. (2009).

Stigmatization and suicide bereavement. *Death Studies*, 33(7), 591-608.

Upcoming Events

Title: 12th Annual National Survivors of Suicide Day.

Date: 20th November 2010

Organized by the "American Foundation for Suicide Prevention" (AFSP), in various US cities, as well as in a few other countries.

Info: survivingsuicideloss@afsp.org ; www.afsp.org

Title: Effets et conséquences du suicide sur l'entourage: modalité d'aide et de soutien [Effects and consequences of suicide for the social environment: ways of help and support].

Date: 25th—26th November 2010

Organized by the "Fédération Française de Psychiatrie", in Paris, France.

Info: ffpsychiatrie@wanadoo.fr

Title: 9th Annual Flemish Suicide Survivors Day.

Date: 27th November 2010

Organized by the Flemish Working Group on Suicide Survivors, in Elewijt, Belgium.

Info: info@werkgroepverder.be ; www.werkgroepverder.be

IASP - Taskforce on Postvention and Suicide Bereavement

Open Meeting held at the XXVth World Congress of the International Association for Suicide Prevention

27-31 October 2009

Montevideo, Uruguay

Minutes of the meeting – 29 October 2009 – 19.15h-20.15h

Agenda:

1. Attendees and apologies
2. Report of activities
 - Update WHO-IASP guidelines: “Preventing Suicide: How to Start a Survivors’ Group”
 - Update of resources in the postvention page of IASP Website
 - Survivor presentations during congresses
 - Postvention Newsletter
3. Future activities
 - Worldwide study of survivor services
 - Plans for presentations, symposia
 - Other collaborative projects?
4. Any other business

1. Attendees and apologies:

n/a

2. Report of activities

2.1. Update WHO-IASP guidelines: “Preventing Suicide: How to Start a Survivors’ Group”

In 2008, the revised and updated version of the WHO booklet “Preventing suicide: How to start a survivors’ group” was published as a joint WHO-IASP publication. At the time of publication it was said that WHO would be able to print and disseminate a large number of copies. However, the booklet was printed in a limited quantity only, leaving several requests from IASP members to receive copies unanswered.

The PDF version of the booklet is available on the WHO website:

www.who.int/mental_health/prevention/suicide/resource_survivors.pdf

IASP members who want to translate the booklet for local use are invited to contact the Taskforce’s Co-Chairs.

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2.2. Update of resources in the postvention page of IASP Website

The postvention page in IASP website was updated: www.iasp.info/postvention.php.

In line with the suggestion that was made during the previous Taskforce meeting, the words 'suicide bereavement' were added to 'postvention' in order to specify the content.

The website now includes:

- all issues of the Postvention Newsletter
- minutes of the Taskforce meetings
- resources for survivors: links to brochures, survivor guides, websites
- suicide survivor bereavement services
- national suicide survivor organizations

Taskforce members and contacts are invited to forward any suitable materials/links to the Co-Chairs of the Taskforce who will take the editorial decision regarding the inclusion of a specific item in the website.

2.3. Survivor presentations during congresses

The Taskforce is grateful that this IASP Congress included a plenary postvention presentation by Kari Dyregrov (Norway). In addition there were two parallel sessions on postvention, and a few scattered postvention presentations. The meeting members decided that we should continue to ask congress organizers to include at least one plenary postvention presentation and to group postvention presentations together in parallel sessions in a postvention stream thus improving the visibility of postvention and suicide bereavement.

2.4. Postvention Newsletter

The IASP Postvention Newsletter is published four times per year, and is disseminated to the whole IASP membership. Jill Fisher (Australia) is the new Chief Editor.

Each issue includes a variety of topics such as a survivor story, a report from an organization, a summary of a study, and announcements.

The members and contacts of the Taskforce are encouraged to submit articles on suicide bereavement, postvention services, survivor stories, etc. In addition, the Editor can invite individual persons to write on a specific topic. The meeting members suggest that the Newsletter would include a list of upcoming events and new relevant publications.

3. Future activities

3.1. Worldwide study of survivor services

A few years ago, IASP published the European Directory of Suicide Survivor Services. Recently Julie Cerel and colleagues published their findings from a survey regarding USA suicide survivor support groups. Karl contacted Julie and she is interested to participate in a worldwide survey of survivor services (an old idea in this Taskforce). In addition, a few other members/contacts are interested to join in this project. The start is scheduled in March 2010 with the aim to present the results during the XXVI IASP Congress in 2012.

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3.2. Plans for presentations, symposia

Suggestions from the meeting members:

- Could there be a table at the conferences with leaflets, materials for survivors on display or to give away?
- Organize a workshop with representatives from different continents to exchange experiences between organizations/countries. In the past this has been organized successfully a few times. Onja will inquire from the organizers in Rome if it would be possible to hold such a workshop.
- Should we organize a 'healing conference'? This is not obvious since the IASP congresses are scientific meetings.
- Role of faith communities in bereavement support (Sally Spencer-Thomas).
- A meeting for survivors and professionals together? This was tried in Canada but it turned out to be a difficult exercise. Survivors and researchers speak different languages. It's important to respect each group.
- Pre-congress workshops? This was done twice in the recent past, with success. However it demands an additional fee from the participants.
- Working with suicide bereaved children. What research needs to be done? (Workshop idea from Kari and Alte Dyregrov). Including perspectives of clinicians, researchers and survivors.

3.3. Other collaborative projects?

Karl Andriessen and Karolina Krysinska start a study on online resources for people bereaved through suicide.

4. Any other business

- To update and to circulate the e-mail list.
 - Contact with each other is also possible via www.bereavedbysuicide.org
 - The next Taskforce Postvention meeting will be held at the 13th ESSSB Congress in Rome, 1-4 September 2010.
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