



# The Lighthouse

Newsletter of Touched by Suicide, Survivors Gather

Volume 6 Issue 3

Winter 2009

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## From the Editor

### AS WE SEE IT:

#### Symbols and Emblems: We are in Good Company

I am always attentive whenever I see a photo or drawing of a lighthouse, or when a lighthouse is used as an emblem. Recently, I conducted a search for uses of 'lighthouse' by organizations and businesses and for determining symbolic expressions of its meaning. Here is some of what I found:

The earliest known lighthouse was in Alexandria in the third century B.C. The early Muslim World is said to have had an extensive system of lighthouses, and many watchtowers and lighthouses were built by early Romans.

Worldwide today there are organizations, associations, societies and museums that promote, maintain, preserve and restore navigational lighthouses. There is a [Lighthouse Society of America](#), a [National Lighthouse Day](#), and a [National Lighthouse Museum](#) in New York City.

The lighthouse, as a name and emblem, is often used to suggest guidance and hope by a variety of both secular and religious organizations. For example:

The [Lighthouse Baptist Church](#), Callahan, FL, and the [Apostolic Lighthouse UPC](#), Macon, IL. Six miles south of Oregon, IL, is the [Lighthouse United Methodist Church](#) on a site of the home of the first medical doctor in the area from 1835 to 1846. His wife kept a light burning in the window so he could find his way home at night.

The [Light House Village](#), Congers, GA, is a 27+ acre complex being developed to serve special needs children and adults. [Lighthouse Communities](#), Grand Rapids, MI focuses on revitalization and developing affordable housing. [Lighthouse for the Blind](#) is a well-known national organization with local facilities and services for the blind. [I Need A Lighthouse, Inc.](#), is a Virginia Beach, VA non-profit organization that

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## A Different Kind of Lighthouse

At right is one of three lighthouse photos in this issue:

*Representation of "The Lighthouse", a 66-story skyscraper to be built in Dubai, United Arab Emirates*



## LIVINGWORKS: SUICIDE EDUCATION PROGRAMS

On June 30, 2005, I lost my nineteen year old son, Patrick, to suicide. As survivors know all too well, the devastation that followed almost consumed me. What I discovered through my grief journey was that the more I learned, the more I healed. My journey of healing led me to LivingWorks. Nine months after my son's death another young lady from our community died by suicide. Thanks to our high school parent coordinator, a committee was organized to research suicide educational programs and I was asked to help. This endeavor gave purpose back to my life and meaning to my son's.

Our research led us to LivingWorks, Education. I read their core values and finally found a proactive, direct way to talk to someone who may be at risk of suicide. In December, 2006, I became a LivingWorks ASIST trainer. Just two months later, February, 2007, our community sponsored its first ASIST program (Applied Suicide Intervention Skills Training) which was filled to capacity with 30 participants. Since that time, we have held six additional workshops with a total of 210 people who have been trained in suicide intervention.

As one of the core values states, "large numbers of people can be taught intervention skills." We have trained all kinds of caregivers including educators, police officers, clergy, mental health professionals, college resident hall assistants, students, and many others. Just like CPR training, participants trained in ASIST can provide "suicide first aid."

LivingWorks has two other educational programs: suicideTALK and safeSUICIDE. SuicideTALK, a two hour "awareness" program, is open to the public. Its purpose is to break down barriers and stigma associated with talking about suicide while creating awareness that suicide is a community health problem. SafeTALK is a three hour "alertness" program for any member of the community. Its purpose is to train participants to not "miss, dismiss or avoid" signs of suicide and then use the TALK steps (Tell, Ask, Listen, Keep Safe) to help connect a person with suicidal thoughts to someone who can help. To date, we have trained over 500 people in suicideTALK and 142 people in safeTALK.

**Cheryl Robinson**  
**LivingWorks trainer**  
**Sterling, IL**

**EDITORS NOTE:** For more information about LivingWorks and its core values visit [www.livingworks.org](http://www.livingworks.org), or contact Cheryl Robinson at 815-441-4708.

## A READER'S REFLECTIONS

I do think your newsletter is excellent and done very professionally. I know that it is needed and hopefully appreciated. I'm sure it means a lot to many survivors. I am a Survivor of Suicide for almost 20 years and edited a newsletter for four years in the early 90s. I know how much work it is, but also how much it helped me heal. I always felt I got so much more by doing it than anyone did who received it. Keep up the good work --- until it is no longer needed for you.

But remember, someone else may need a turn in order to benefit from the healing it provides. The Lighthouse is really a good publication.

**Patricia Richards**  
**Dallas, TX**

## **ELDERLY DEPRESSION AND SUICIDE: A SOCIAL WORKER'S PERSPECTIVE AND ROLE**

I am the Director of Social Services for Pinecrest Community, a multi-faceted care center in Mt. Morris, IL. I have been at Pinecrest for twenty-two years meeting the social and emotional needs of the older adult residents and their families.

My bachelor's degree was from Carthage College, Kenosha, WI and my master's degree in social work, with an emphasis on health and aging, was from the University of Wisconsin-Milwaukee. I also completed a Certificate in Gerontology from the University of Illinois in 1996.

As a social worker, I deal with individuals with depression. At Pinecrest, social workers use the Geriatric Depression Scale when residents are depressed, or when staff feels they are at risk for depression. Physical problems, disease and some medications may cause symptoms of depression. After the Depression Scale is completed, the results are reported to the physician so they can be reviewed. Anti-depression medication may be started or adjusted. Also, individuals may be referred to other social service agencies and for psychiatric care as needed.

Pinecrest has specific guidelines for staff to follow if an individual is suicidal. A social worker or nurse is responsible for determining the suicide risk by interviewing and counseling the individual. A series of questions are asked to determine whether individuals intend to harm themselves or have thoughts of suicide. Staff also determines if they have formulated a plan.

If staff feels an individual is an immediate risk, that person is put under one-on-one supervision and transported to an area hospital for evaluation of suicide intent. The social worker keeps in contact with the family and continues to monitor the individual's mood.

Some of the warning signs that we look for in an elderly person who may be contemplating suicide are: statements about death/suicide, reading materials about death/suicide, statements of hopelessness/helplessness, disruption of sleep patterns, failure to take care of self or follow medical orders, social withdrawal, and overt suicide threats.

Some people believe that depression is a normal part of aging --- which it is not. Depression is not normal at any age. While there has been a dramatic increase in the elderly suicide rate over the past two decades, the elderly (age 65 and older) comprise only 13% of the U.S. population, yet account for 18% of all suicides.

**Diane Schmidt**  
**Licensed Clinical Social Worker**  
**Mt. Morris, IL**

## ANOTHER METHOD OF SUICIDE – HIS WAY

In an earlier issue of The Lighthouse I wrote of my mother's long term attempt to leave life by excessively using cigarettes and aspirin over several months. No one called it suicide although the motive was exactly the same. If the public realized that many people choose to leave their lives in a variety of ways and do so successfully, perhaps the past idea of suicide as an act of violence, violence against self, would be dissolved. Suicide could become a more acceptable ending of life. The following is another example of personal choice regarding one's own death.

When he was not sleeping, the old soldier's eyebrows arched angrily and his voice was hoarse and gruff. "I am leaving! I am leaving now," he announced. "Oh no, Mr. Carr," the sweet-faced nurse gently disagreed. "You cannot leave the hospital until you show us you can eat and drink on your own." "Eat? Eat!," her elderly patient roared. "Bring me my dinner!"

Mr. Carr ate his dinner that night, was discharged the next day and went home. There he fell asleep again, except for one eye and eyebrow which arched open when someone new came into his room. He was now in his fifth week with only one partial meal and still refusing intravenous nutrition. He and his care givers expect that he may leave in a couple of weeks.

His way is being monitored by the angelic souls from Hospice who administer morphine when his body language says he needs it (the stoic old soldier will not admit pain). They try with occasional success to get him to take liquids which helps the body follow natural and less painful ways of shutting down. He is doing it his way.

**Betsi McKay**  
**Durham, NC**

**EDITOR'S NOTE:** Mr. Carr, a World War II veteran who served in the Philippines, died at home in Peoria, IL on Veterans Day, November 11, 2008

## A THOUGHTFUL LETTER TO THE EDITOR

I have not met Bud Wiener in person but I have met him on every page of The Lighthouse. I have never attended a Suicide Support Group, but I can feel Kim Brabender's and Diana Knapp's support from here. As I read the articles in The Lighthouse each season, I know that a beacon of light is there for me and for others, and it gives me hope that I can also be a beacon of light.

Years have passed and I think that I have mellowed; I think that I have accepted; I think that I have come to terms with my sister's suicide. And most days that is true. But then, there are other days when I really need a lighthouse beacon to help me gain perspective and peace.

Thank you to Bud and to the contributors to The Lighthouse for being my beacon of light.

**Rea Kirk**  
**Platteville, WI**

## A SOCIAL WORKER COPES WITH CRISIS

It's a cold winter night and the clock shows 2:00 A.M. when my phone rings. The caller explains that someone is having a mental health crisis and needs a social worker's help. With an almost automatic response I rise, quickly dress and rush to my car. Still sleepy, but on my way, I begin to think about what I might find when I get to the hospital, police station or jail knowing that every time I get a call the situation is different.

When I arrive at the location I generally receive background information from a doctor, police officer or family member; mom, dad, brother, sister, partner or friend. Even with this information in mind, and, before I meet the person and directly see the pain on their face, it is difficult to think how I might respond.

I generally have some solid principles I work with to offer help, principles that I live and work with everyday. They are what I call my personal WRAP ... Wellness Recovery Action Plan. It is like a self-directed toolbox to guide my everyday life. My toolbox is filled with daily workouts, meditation, eating well, taking vitamins, and getting enough rest. It also includes saying positive daily affirmations, receiving motivational e-mails, listening to music and when I am feeling pressure from negative emotions, talking to someone who is able to listen and be responsive.

I introduce myself and very gently ask about the situation they are in. I sit and listen attentively to the person who is in deep need; maybe because they lost their job, are getting divorced, can't stop drinking, were in a fight with a loved one, and they feel no hope. SUICIDE THOUGHTS RACE IN THEIR MIND AND THEY CAN'T SEE ANOTHER WAY OUT. Listening and offering hope, support, information, and helping the person change thoughts to a more positive future focus is not easy. Sometimes I might even pray with the person in his or her own way to provide something needed. I work at giving the person something to hold on to through this rough time.

Together we might write a safety plan for the rest of the day, or I might link them to another social worker or counselor that will help through their journey. Sometimes the crisis is too deep and I need to hospitalize them so they can gain medication and have a few days to become stabilized and get back to feeling safe. Whatever the case, I work collaboratively with them to make the right treatment choices.

No matter the resolution, and regardless of time spent with the person, from half an hour to three or four hours, the expectation I always embrace is 'recovery'. Living this expectation, and with my personal WARP plan, I move forward into each day.

Living with "wellness" one day at a time with a positive focus, I prepare myself to live fully. More often than not, responding to a crisis call can be physically and emotionally draining. Social work is not a 9 to 5 job!

**Alan F. Singer**  
**Area Office Supervisor**  
**Sinnissippi Centers, Inc.**  
**Dixon, IL**

## LUMINARIAS ALONG THE PATH

The third annual "Ray of Hope" lighting of luminaries took place on the Sinnissippi Walking Path in Rockford, IL the evening of October 9, 2008. The Log Lodge was nearly filled with families and friends who came to light one or several luminaries which had been set out earlier in the day along the path. At dusk they began to glow one by one from the lodge to the rose gardens numbering over 250, symbolizing the number of deaths by suicide in Winnebago County alone in the past ten years. Two sets of parents volunteered to light 80 luminaries surrounding the circumference of a large flower clock in the rose garden. This number symbolized the number of suicides in a 24-hour period across the United States. These lights could be seen by nearby passing traffic for the next five hours.

Following the lighting, we gathered in the lodge for refreshments and lit small tapers in a large circle naming those loved ones no longer with us as we passed the flame to one another. Coming together in this way to alert the community about the tragedy of suicide left an impact, especially on those who later called, e-mailed or were walking along the path that evening. Being together in such numbers for an evening, families were amazed that they are far from alone in this unique grief journey.

**Karon Pfile**  
**Ray of Hope facilitator**  
**Rockford, IL**

**Editor's Note:** The fourth annual lighting will occur in the same place October 8, 2009.

## BOOK REVIEW

**Lincoln's Melancholy - Joshua Wolf Shenk**  
**Boston, Houghton Mifflin, 2005, 350 pp.**

Is there strength in a depressive temperament as Shenk argues in examining the life of Lincoln? Could his depression actually have helped him more than causing him difficulties?

In researching the subject, Shenk found that at the time, Lincoln's melancholy "seemed not a matter of shame but an intriguing aspect of his character and his grand nature." Although today he would be diagnosed with depression, he was able to use strategies to heal and help himself, and thereby contributed positively to what he accomplished.

How did he manage to survive two major breakdowns, avoid suicide, and live a meaningful and productive life? Shenk suggests that Lincoln used "common sense self-help therapies such as humor and poetry." He contends that Lincoln's ability to grasp reality and painful truths was in part due to his depressive condition and was vital to his political wisdom.

Shenk's assessment of the state of Lincoln's being is in sharp contrast to those who today deem depression a devastating disease. Readers who explore various aspects of mental health might want to examine Shenk's interpretations and weigh them against the chemical imbalance theory of depression, and specifically the serotonin-deficiency theory. How Lincoln dealt with his depression may be enlightening in that he was not given drugs, electroshock therapy, or other modern psychiatric treatments.

***From the Editor: As We See It  
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focuses on depression and suicide awareness education programs. Some examples of businesses that use the lighthouse name and emblem are: Lighthouse Roasters, Seattle, WA, which sells fine coffees and has a café in the city. Lighthouse Employment Services is located in Houma, LA. Lighthouse Virtualization Group, LLC, Lincoln, RI, analyzes and monitors capacity and implements chargeback and cost visibility.

Lighthouse Counsel, with offices in Franklin, TN, Athens, GA, and Richmond, VA, provides service and counsel to the non-profit community. They state that "American charitable organizations are true beacons of light for their communities." Their motto is "Never Underestimate the Power of Giving." Lighthouse Coaching and Consulting, Vancouver, BC, has as its motto "The Light That Never Goes Out, No Matter How Strong the Wind or How Big the Wave."

A friend in Ontario, Canada, photographs lighthouses that he happens on in his travels. While so many are remote and inaccessible, and can only be reached by water, he does have a collection framed and mounted on his bathroom wall! They were all selected for their scenic value. He further states that, "many old lighthouses have cannons used as an audible signal in days before foghorns so that when the fog hid the light, sound gave a warning."

When this newsletter began in Spring, 2003, **The Lighthouse** was a name suggested by someone in our group. The symbolism of a beacon and beam of light that provides safety and serves as a guide or path to a safe harbor seemed appropriate. Whether in need of direction or relief from uncertainties, the lighthouse shines brightly both wide and far.

It remains the intent of **The Lighthouse Newsletter** to bring information and inspiration to suicide survivors, support groups and communities. Also, it serves as a part of the effort to promote awareness and understanding, and challenge the myths of suicide. For me, personally, as a suicide survivor and editor, it continues to be a source of healing and hope.

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*East Point Lighthouse, East Point, Prince Edward Island, Canada*



*West Point Lighthouse, O'Leary, Prince Edward Island, Canada*



# The Lighthouse

## Touched By Suicide Survivors Gather

**Volume 6, Issue 3**

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Laura Peterson  
Layout design

The Suicide Support group gatherings are open to all individuals who have been touched by suicide. The group meets year round on the first Wednesday of the month 7:00 – 8:30 p.m. at Hospice of the Rock River Valley, between Dixon and Sterling at 264 Illinois Route 2, Dixon.

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## BACK IN TIME

Kendall McComas, former child actor born in 1916, portrayed Breezy Brisbane in the "Our Gang" comedy series in the '30s. As an adult, McComas gave up show business to become an electrical engineer in California. He was due to be forced to retire on his 65th birthday in 1981. Instead, he died by suicide two weeks earlier.

## PLEASE UPDATE YOUR MAILING INFORMATION

The U.S. Postal service now requires those who bulk-mail items, such as this publication, to bear the cost of postage of any mail that has to be forwarded or is not deliverable (and thus needs returned to sender) due to inaccurate addresses. In addition, without updated address information, some of you may not receive this publication if you move and your forwarding information expires.

Anytime your mailing address information changes, please send an email to one of contacts listed in this publication (Kim, Cheryl or Bud) so that we keep the Lighthouse mailing list as accurate as possible. You may also send updated address information via mail to: Lighthouse, c/o Sinnissippi Centers, Inc., 325 Illinois Route 2, Dixon, IL 61021.

Thank you.

***The Lighthouse is published quarterly at no charge. We welcome submission of news items, poems, reviews, and personal stories. Comments and suggestions to the editor are appreciated.***

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