



The Lighthouse

Touched By Suicide
Survivors Gather

Volume 10 Issue 3
Winter 2013

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Layout

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

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Newsletter of Touched by Suicide, Survivors Gather

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BRIEFLY STATED

Tony Scott, British film director, died by suicide when he leaped from a bridge in August, 2012. He had been diagnosed with inoperable brain cancer.



From the Editor AS WE SEE IT Transforming Grief

"Grief: the state of mind brought about when love, having lost to death, learns to breathe beside it."

"Grief comes to you all at once so you think it will be over all at once. But it is your gift for a lifetime."

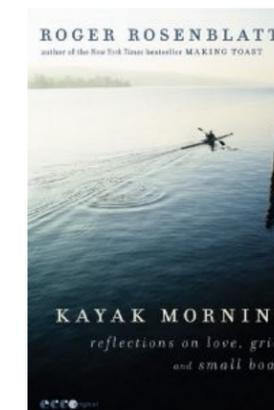
"I feel worse now than shortly after she died. And you'll feel even worse next year; and worse the year after that, unless you find a way to transform your grief."

These profound words from Roger Rosenblatt's Kayak Morning caused me to pause and reflect on the impact of suicide and the grief that follows for the survivors. Knowing that everyone experiences grief differently, are there any universal approaches to living with grief or changing the conditions surrounding one's present situation? How can survivors gain the courage and understanding to help them move forward in their lives?

Survivors may ask: Will I ever be the same again? Will I be able to live fully like I did before? What will it take to make my life whole again? The questions imply that something tragic not only happened to a loved one, but also to me. Yes, something deeply felt changed the way I dream about the past and the future, relate to others, and think about what really matters. A myriad of other subtle changes in my thoughts and actions have occurred that may not readily be apparent. But they are now part of my reality ...of who I am.

Reaching for direction and priorities is essential for my future. Personal transformational experiences will help me develop new

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PTSD AMONG SOLDIERS AND VETERANS

Robert Morgenthau, in a Wall Street Journal opinion piece dated September 24, 2012, makes a case for ensuring that service personnel and veterans get the care they need for PTSD. He makes several points concerning military and veteran suicides:

- 20% of all suicides in the U.S. are carried out by military personnel or veterans.
- For every combat death, 25 veterans are dying by suicide.
- An estimated 338,000 to 520,000 (13% to 20%) military personnel returning from Iraq or Afghanistan have, or may develop, PTSD.
- Many veterans wait too long to receive help. Fewer than one in three who died by suicide made contact with the VA in the previous year.

Morgenthau cites details of one particular case of a 63 year old veteran of Vietnam who sought help from the VA. He was in psychiatric inpatient care at a VA hospital facility when he took his own life.

Article furnished by:
Anna Hatzipanagiotis
Mt. Morris, IL

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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As We See It: Transforming Grief - continued from page 1

positive behaviors as I continue on a journey of healing. Here are a few suggestions that may help "the gift of grief" become incorporated in a person's positive future:

- Become involved in projects that reflect and honor their memory
- Bring comfort to others
- Carry out acts of kindness and good deeds
- Express grief through art, music, poetry, story
- Talk about the person with people you trust, sharing only what you want
- Engage in reading, meditation, prayer
- Become more healthy in diet, rest and sleep, and physical activity

All survivors need non-judgmental support. What might hinder this transformation is a lack of compassion and caring by relatives, friends and the community at large. While some may mean well, they may not really appreciate the depth and character of an individual's grief and his/her desire to "learn to breathe beside it in love."

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References:

- Roger Rosenblatt, *Kayak Morning: Reflections on love, grief and small boats*, NYC, Harper Collins Publishers, 2012, 146 pp.
- *Suicide Awareness Voices of Education*, @ <http://www.save.org/>, "Coping With Your Grief"

BACK IN TIME

Graeme Obree, nicknamed 'The Flying Scotsman', is a 48 year old time trial specialist racing cyclist born in 1965. He twice broke the one hour velodrome world record in 1993 and 1994 on a home-built bike. He was inducted into the Scottish Sports Hall of Fame in 2010.

Obree now is involved in writing, working in media and as a motivational speaker. Much of his time is spent addressing cycling clubs and other prominent societies and organizations. He continues to race occasionally. His life and exploits were dramatized in the film, "The Flying Scotsman", and is available on DVD.

He has a history of mental illness, and attempted suicide three times. The first time was as a teen by gassing himself, and the second time involved an overdose of aspirin. The third time he tried to hang himself in a horse stable barn. He was diagnosed as having severe bipolar disorder three years earlier.

Excerpted from: Wikipedia and www.obree.com

**A MOTHER'S PLEA IN RESPONSE TO
JORDAN BURNHAM'S STORY**

I had the privilege of hearing Jordan Burnham's story* on his suicide attempt and life afterwards. Jordan told of all the "little failures" he endured up until the time he decided to take his life. He was not a stereotype of someone who would die by suicide; he was successful at school and in athletics. No bullying was involved, showing that suicide can happen to anyone.

I couldn't help but think this could have been a conversation with my own son. He was the same age Jordan was when he attempted, and he would be Jordan's age now if he had survived.

Before the event, as a bus from Putnam County unloaded a group of students who had lost one of their own, I couldn't help but think "where is the Princeton High bus?" My son was a PHS student in 2007, and since his death Princeton has lost three students to suicide, three more out of high school in their teens and twenties, and several adults. Those are the ones I personally know about.

I know it was a school night, people have busy schedules, and life goes on. But would you know what to do if someone approached you about having suicidal thoughts? Would you know that those with such thoughts just want someone to listen and not ply them with your own opinions or judge them or dismiss their feelings because you didn't want to deal with suicide? Would you realize that their "little failures" are magnified a hundred times in their minds and ARE a big deal?

Only if suicide becomes as easy to talk about as the weather are we going to make any headway with this condition. For too many years, stigma and "shoving it under the rug" have been the response to suicide. Obviously, this doesn't work, so let's change it.

I'm proud to know many caring people in our community who want to prevent another loss and who are trying to keep others from living with an enormous heartache that they will have to endure the rest of their lives.

I'm proud to have known my son, DJ, who was only trying to get me to realize that he needed help, and my ignorance about the warning signs of suicide let him down. Don't allow ignorance to let someone down that you love. Get informed and involved, or just be open to have "that" conversation. Make a difference.

Durita Sendelbach,
Tiskilwa, IL

**Jordan Burnham survived his suicide attempt as a high school senior, and now shares his story to educate others about suicide intervention and prevention. Living Works of Princeton, IL sponsored his appearance at Illinois Valley Community College, Oglesby, October 24, 2012.*

A LIGHTHOUSE FOR ME

- Imagine for a moment that you are a single mom who has worked her entire life to raise two happy, healthy well-adjusted boys.
- Imagine that while you endured the normal bumps in the road, you feel secure knowing that you have successfully launched one out on to his own and are ready to launch the other. Your kids are not perfect, but you are just happy to see they are becoming nice, young adults.
- Imagine you feel pretty good about how things are turning out.
- Imagine you are home alone on a July night in 2001.
- Imagine the door bell rings at midnight.
- Imagine it is a police chaplain.
- And, for a moment, just imagine how it feels to have everything you ever knew or thought you knew about your life and your children completely, utterly, shattered.



On July 25th, 2001, I endured every parent's worst nightmare, the news that my son, the son who appeared normal, not perfect, but NORMAL, had died in his apartment as a result of a self inflicted gunshot wound. I lost my son, Jake, age 21, to suicide and instantly the questions and the guilt arose. "What did I miss?" "Why didn't I know he was depressed?" And the constant, "I could have prevented this if only..." were on my mind.

After this tragedy, I pondered how would I ever get out of bed, much less go out into the world again? I realized all I knew was education. I had either been a student or teaching students all my life. I decided to use my experience as an educator to reach out to students. It is only my faith and "I Need A Lighthouse" that have taken me from grief stricken mother to crusader for teen depression and suicide awareness and prevention.

I NEED A LIGHTHOUSE, Inc. was born from these thoughts. It is an educational program with the mission of reducing depression, suicide and suicidal behavior in teens and young adults through educational programs and community partnerships. Currently, my Deputy Director and I present to students. We educate students about the signs and symptoms of depression, the warning signs of suicide, and leave them with a step by step guide to reach out for help should they or a friend need it. Our presentation is based on the best practices established by years of research in suicide prevention.

I Need A Lighthouse has built a strong relationship with our local school system. Our presentation is now a mandatory assembly for all 9th graders. In addition, several local high schools have LIGHTHOUSE PSYCHOLOGY CLUBS where students interested in mental health are able to hear speakers give lectures on a range of mental health related topics. These clubs work with the dual goal of reducing the stigma associated with mental illness, and encouraging students to explore an interest in a career related to mental health.

We speak to students about their ability to act as a lighthouse, a beacon of hope, for a friend or family member who is struggling with depression and/or contemplating suicide. The image of a lighthouse as a shining light in the midst of darkness, or a storm, is quite powerful and accurate. A lighthouse is a harbor, lighting the way into safety and protecting ships from rocky and dangerous obstacles. In the same way, through education, we can empower students to light the way for friends as they navigate their way through the turbulent waters of adolescence. As you read this issue of The Lighthouse you may realize that lighthouses exist in many forms and locations, guiding and directing those in need of assistance and information.

Kathleen Wakefield
Virginia Beach, VA

Learn more @: <http://www.ineedalighthouse.org/> or on Facebook

LIVING WITH COMPLEX-PTSD

Everyone has always thought my life is really great – so why have I ended up alone in the dark so often, having to decide again and again whether to live or to die?

From a very young age, I always knew that something was very wrong with me inside. But I came from a family that was talented, attractive, and well-respected, and I quickly learned to live a double life, projecting everything was just fine to everyone outside my home. As a teenager, while happily participating in every activity going, my life was actually haunted by personal problems that I just couldn't solve. Those teenage days were just the beginning of a lifetime of time and money spent secretly searching for someone who could help me to understand and resolve my inner demons. But all of my years of efforts always and invariably ended in complete failure.

On the night I came closest to actually ending my life, it was the loving eyes of my young niece and nephew that saved me. A vision of their faces startled me, and I suddenly and absolutely could not put the trauma and legacy of my suicide into their young lives. I was inexplicably lucky to have something happen at that critical moment to help me escape the grips of my all-encompassing darkness and pain. And I am eternally grateful for whatever powers helped me step back from that dreadful precipice at that dreadful moment and survive until morning.

I determined that I would simply have to accept my lot and just live the best life I could, alone, until the day I died. But to my amazement, on April 23 2007, I was stunned to come across an incredibly accurate description of my problems on the internet in a newly identified disorder they were calling "Complex Post-Traumatic Stress Disorder". It fit me to a T, even to having problems that were "extremely difficult to treat with established methods"!

It said that Complex Post-Traumatic Stress Syndrome was different from PTSD in that it isn't caused by a single traumatic event, but by repeated traumas over a long period of time in a situation from which there was an actual or a perceived inability to escape. The main characteristics include a loss of a sense of safety, trust, and self-worth; self-perceptions marked by shame, guilt, stigma, and isolation; an inability to regulate emotions (including serious depression and suicidal thoughts); a tendency to be re-victimized; and most importantly, a significant loss of a coherent sense of self. It is these multiple layers of repeated traumas and this confused sense of self that differentiate Complex-PTSD from PTSD.

Suddenly my years growing up in a hidden family 'war-zone', my difficulties maintaining my multiple trains of thought, my ability to dissociate as well as feel uncontrollable fear or pain, my inability to trust anyone resulting in repeated failed relationships, the years of having to hide my mental health problems out of the fear of losing my job – all kinds of things suddenly clicked and began to make perfect sense to me. I felt such enormous relief! Someone somewhere understood me and knew how to help me. All I had to do was find them.

Today, as my journey continues, suicide and having to deal with complex mental health issues in secrecy and shame continue to have an enormous impact on my life.

Continued on page 4

Living With Complex-PTSD, continued from page 3

However, with this new understanding, I desperately hope that more people will learn that the repeated traumas of growing up trapped in a loud and abusive environment can forever affect the development of a young child's brain, and result in post-traumatic symptoms which put the chance of ever having a happy and healthy emotional life at serious risk.

And it is with a sense of urgency that I see that we need to break down the horrid walls of rejection, secrecy, and shame around suffering from a mental illness, and build a new world of understanding and respect for the incredibly overwhelming power of pain. We need to create a world where suicide no longer feels like the only option for so many who get caught in its relentless and destructive grip. Even better, we need to create a world where the thought of suicide doesn't even linger -- because there are so many open doors of warmth and caring and help along a person's way, that darkness and pain can no longer find a hold and blind them in its grasp.

Cathy Beach
Selwyn, Ontario,
Canada

SUICIDE AMONG SERVICE MEMBERS

- Chance that a death among U.S. service members is a suicide: 1 in 5.
- Chance among military age members of the general public: 1 in 20.
- Portion of service members who are under the age of 25: 1 in 3.
- Of those service members under 25 who die by suicide: 1 in 2.
- Estimated percentage of Defense Department's health care spending allocated for mental health: 5 %.

From *Harpers Index*, November, 2012

A READER'S RESPONSE

I find that the fall issue of "The Lighthouse" to be one of the most powerful of all that you have sent; and for which I am deeply appreciative. I am impressed with the beautiful list of sun images that no doubt will inspire many who "reflect" on their light.

I join you in support of those whose hearts have been torn by the sudden loss of loved ones who have removed themselves from their earthly relationship. May the light into which those loved ones have withdrawn and from out of which we all have come, draw our hearts and heal us. As our dance with life continues, may we BOTH let the sunshine IN as well as let the sunshine OUT!

Lee Horsman
Burnsville, NC

BOOK REVIEW**"Night Falls Fast", by Kay Redfield Jamison (Vintage Books, New York, 1999) 311 pp.**

This book has everything you would want to know about understanding suicide -- and even more than you want to know. The title is from a poem by Edna St. Vincent Millay. Night falls fast, Today is in the past.

Jamison has done extensive research into literature and begins each chapter with the work of a poet or author. Historically, her research compares cultural and religious response to suicide. For example, Eskimo, Norse, Samoan, and Crow Indian accepted "altruistic" self-sacrifice among the elderly and sick. The Old Testament had no sanctions against suicides. Yet, later there were strong religious laws and legal sanctions. The author describes in detail reactions to suicide around the world with gradual changes over time in laws and attitudes.

The Seattle Times gave a one sentence review of this book which, I think, is an ideal description. "Jamison has the heart of a poet to go along with the objectivity of a scholar."

The number of suicides around the world makes it a critical public health problem. One chapter details the number of suicides, including the over 30,000 Americans a year. Worldwide it is the second cause of death for men and the fourth cause of death for women, ages 15-44.

Jamison reports that the most common element in suicide is psychopathology, or mental illness. Most people who suffer from depression, manic-depressive illness (Bipolar Disorder), alcoholism, or schizophrenia do not kill themselves, but a vastly disproportionate number of them do. The author has Bipolar Disorder and attempted suicide herself and very nearly succeeded. She felt despair that no advantage of a caring family and fabulous job was enough to overcome her pain and hopelessness. She felt the world would be better off without her.

In addition to her own pain, Jamison recognizes the grief of family and friends left behind. She includes a quote by Arnold Toynbee, "The sting of death is always less sharp for the person who dies than it is for the bereaved survivors." This is, he said, "the capital fact about the relation between living and dying. There are two parties to the suffering that death inflicts; and, in the apportionment of this suffering, the survivor takes the brunt." Jamison presents a lengthy discussion of the struggle of those who are left behind to confront a pain like no other.

You will need an inner stability and calm to read parts of this book, such as the descriptions of methods and places of suicide. Another part of the book will draw deep compassion when you read about the Air Force Academy cadet, Drew Sopirak, who, on the eve of his graduation, went to a psychiatric ward. His Bipolar Disorder illness undercut all his hopes and dreams. His condition plummeted and his despair took over. Before he took his own life, he underlined in his textbook, "There is such a thing as life not worthy to be lived."

In her epilogue the author wrote, "I was naive to underestimate how disturbing it would be to write this book." But she wanted to do something about the untold epidemic of suicide and the only thing she knew to do was to write about it. She found that the future holds great promise through scientists and public health officials for reducing the death rate of suicide. She asks for public concern and outrage about the magnitude of suicide cases.

In conclusion, Jamison recounts a poem fragment from Douglas Dunn's "Disenchantments" that drew her to life: **Look to the living, love them, and hold on.**

Jane Callaway
Chesapeake, VA

