



CONSIDER THIS: WHO SPEAKS THE LANGUAGE OF LOSS?

by Jeanne Moren, Volunteer SOS Facilitator

When one becomes a survivor of a suicide loss they are faced with many immediate and long term challenges. It is quickly apparent that a self-inflicted death carries with it reactions that are different from other deaths. With most losses grief is the primary reaction, however, suicide often amplifies and complicates the range of feelings for those left behind.

The search for the “why” of the death can be exhausting and elusive. It is frustrating to accept as fact that the question may never be fully answered. At times the searcher can scout out or assemble enough facts to ease the anguish or set aside the unknown.

There may be feelings of pity for oneself or for the deceased. Sorrow, anger, abandonment, or relief may all take a turn. This emotional swirl can be wrapped within a persistent nagging of “what ifs” that place oneself as guilty or, at the very least, deeply saddened by the inability to have changed the outcome.

Consider this: Who speaks the language of loss? How do we find them? How do we learn this unfamiliar language? Will we become one of those who can share in the “loss” conversation with others?

The language of loss is usually spoken by those who have unfortunately had a similar experience or by those who have taken the time to be compassionate listeners. Initially we may be uncomfortable or unprepared to be a part of the loss conversation. It might be tough to accept the heightened vulnerability that occurs when words spoken by well meaning family, friends or acquaintances feel hurtful. There may be a struggle with acceptance, honest emotions or forgiveness. Having to endure non-helpful

conversations may lead to sifting and sorting of personal reactions in order to gain skills in speaking with others about loss.

Finding those who speak the language is a process. Discovery may come through our personal search or result from help offered by others. Asking directly for help from others who are willing, although often difficult, can be useful. We may come upon a helpful speaker by surprise. Some assistance might be so close at hand that we overlook an opportunity to interact. Perhaps we must back away, at least temporarily, from those who seem unable to grasp our needs. We may need to retreat from our grief for a while. Participating in a group with other suicide survivors may stimulate ideas for finding specific support.

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This unfamiliar language is learned through trial and error and learning from others who have mastered it. Consistency of using the language is a helpful tool. A sorting of who is helpful and comforting and who is not may seem laborious yet it guides us to mastering the skill. Reading, seeking resources, and listening all aid in the learning process, perhaps at a time when it seems that there is no energy for the pursuit.

Becoming one who can share in the loss conversation takes practice.

There may be a temporary comfort in silence and retreating to a position of keeping to oneself. Not sharing thoughts about a loss may be the easiest path for a time yet it is seldom a long term solution.

Listening, sorting, practicing words that feel right and conversations that feel helpful is key. Guiding others by honestly sharing your reactions can expand the dialogue. Letting others know you are processing a loss and acknowledging that your attitudes may change as time goes on is brave.

Not everyone will be able to speak or even understand the “language of loss.” Certainly not everyone will be able to understand it as it relates to suicide loss. There are, however, many who do speak and understand the “language.” Do not give up on finding them. Recognize if and when you begin to speak the “language of loss” and share the skill with others when the occasion arises.

At some of the darkest moments in my life, some people thought of as friends deserted me — some because they cared about me and it hurt them to see me in pain; others because I reminded them of their own vulnerability, and that was more than they could handle. But real friends overcame their discomfort and came to sit with me. If they had not words to make me feel better, they sat in silence (much better than saying, “You’ll get over it,” or “It’s not so bad; others have it worse”) and I loved them for it.

— Harold Kushner, *Living a Life that Matters*

LETTER TO A FRIEND

by Margaret Brownley



Dear Friend,

Please be patient with me. I need to grieve in my own way and in my own time. Please don’t take away my grief or try to fix my pain. The best thing you can do is listen to me and let me cry on your shoulder. Don’t be afraid to cry with me. Your tears will tell me how much you care.

Please forgive me if I seem insensitive to your problem. I feel depleted and drained, like an empty vessel, with nothing left to give.

Please let me express my feelings and talk about my memories. Feel free to share your own stories of my loved one with me. I need to hear them.

Please understand why I must turn a deaf ear to criticism or tired clichés. I can’t handle another person telling me that time heals all wounds.

Please don’t try to find the right words to say to me; there is nothing you can say to take away the hurt.

What I need are hugs, not words.

Please don’t push me to do things I’m not ready to do, or feel hurt if I seem withdrawn. This is a necessary part of my recovery. Please don’t stop calling me. You might think you’re respecting my privacy, but to me it feels like abandonment.

Please don’t expect me to be the same as I was before. I’ve been through a traumatic experience and I’m a different person. Please accept me for who I am today.

In return for your loving support I promise that, after I’ve worked through my grief, I will be a more loving, caring, sensitive compassionate friend — because I have learned from the best.

Love, ME

— *Survivors of Suicide Newsletter,*
Crisis Intervention Center, Nashville, TN



BOOK REVIEW: _____ A MOTHER'S RECKONING: LIVING IN THE AFTERMATH OF TRAGEDY

By Sue Klebold

Reviewed by Amy Schulz, Volunteer SOS Facilitator

Many people might avoid reading a book written by the mother of one of the Columbine massacre perpetrators. Gratefully I wasn't one of those people. This book was well written, insightful, and reminded me of how easy it is for many of us to unjustly judge others or be judged.

Sue Klebold takes the reader on a journey that begins with her learning of the killings and suicides that took place 20 years ago at Columbine High School to the present time where she is working to advance mental health awareness and intervention. Dylan Klebold was raised by conscientious parents that were blindsided by this tragic event. While Dylan wasn't a perfect child, he was able to hide the degree of depression and mental illness that he was experiencing from most everyone that knew him. Many survivors of suicide share this perspective of not recognizing signs or misinterpreting signs that reflect that our loved ones might be contemplating suicide.

The media can contribute to misleading the public about these tragic events and can demonize those people or factors that are involved (families, counselors, high school bullying, violent video games, etc.). We mistakenly believe that we'd recognize the evil and be able to prevent this event. We have a need to blame someone or something, thus thinking, "This could never happen to me."

Unfortunately, stigma, ignorance and shame play a big part in preventing people from getting treatment. Teens are especially vulnerable to suicide when they suffer a loss or negative event which contributes to feelings of shame, humiliation or despair. Bullying is associated with depression and suicide. Researchers found that Columbine High had a "pervasive culture of bullying" especially of kids that weren't jocks or dressed differently. Dylan's friend Eric was a frequent target of bullying. Mass shooters typically have three characteristics: a mental health problem leading to

a desire to die, a deep sense of victimization, and a desire for fame and glory through killing. The deadly combination of two boys with mental illness (Eric Harris had symptoms of a psychopath and Dylan may have had a personality disorder) contributed to Dylan's willingness to not only take his own life but to kill others.

It can be difficult to differentiate between typical adolescent behavior and a brain disorder. The author discovered three things: love isn't enough to prevent suicide; many of us don't see the signs or recognize indicators of potential risk; and there are effective interventions for depression and other risk factors for suicide. Educating parents and teachers of the symptoms of a disturbed teen and of changes in their sleep, expressions of anxiety, shift in mood or behavior will help them to intervene before a crisis occurs.

I was impressed by the humility of the author and her willingness to expose her own vulnerabilities to the world in an effort to shed light on an all-too-frequent event of mass shooting and suicide. She suffered the loss of a child that she loved and feels that her work is to both forgive herself for what her child did and to work in the suicide prevention community. "Showing up in small and simple ways can save lives, too." I found it hopeful that there were families of the deceased children that could recognize that the killers' parents weren't responsible for the massacre. There were friends and family in the Klebold's lives that were supportive and loving during this horrific experience. These people recognized that Dylan's brain disorder impaired his judgment and sense of reality. Finally, the author concluded that if we focus our attention on research and raising awareness about these diseases, we can help those in need and work toward preventing future tragedies.

There are things that we don't want to happen but have to accept,
things we don't want to know but have to learn,
and people we can't live without but have to let go.

— Unknown

CHOOSING HELPFUL FRIENDS



by Henri Nouwen, Catholic priest/ theologian, writer, academic

When we honestly ask ourselves which persons in our lives mean the most to us, we often find it is those who, instead of giving advice, cures or solutions, have chosen rather to share our pain and touch our wounds with a warm and tender hand.

The friend who can be silent with us in a moment of despair and confusion; who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness — that is a friend who cares.

DEAR FRIENDS



by Eloise Cole, TCF, Phoenix, AZ

If you were to ask me to measure the love I have for any member of my family, I would be hard pressed for an answer. Surely my love is higher than the mountain tops and deeper than all the oceans and broader than all the deserts of the world. So too is my love for my loved one who has died.

How can I be asked to pack away mementoes and memories and not speak his name? He is and always will be a part of me.

No one can crate the depths of the ocean or the breadth of the deserts nor can my love be boxed and carried away.

Dear friends, please do not set limits on my grief. Neither my love nor the depths of my sorrow can be measured. I am unable to heal on a time-table set by another. Weeks and months have no meaning when set against the measure of my love. Walk with me please, this difficult road of recovery. I promise you I indeed will heal, when I have grieved enough for me.

— Reprinted from Solano County
"Compassionate Friends" Newsletter, Aug. 2003

ADDITIONAL REMEMBRANCE



The following Remembrance was not included in our last issue.

Richard Moskalik, 12/5/44 – 5/5/2000

Sonja Moskalik, & daughters Lynn Cameron & Lisa Stevens

A SINCERE THANK YOU TO OUR DONORS



Lois Gilbert Anderson

Elizabeth Bertrand

Katie & Shawn Miller

In memory of Brian P. Brunner

Sonja Moskalik

Journey Mental Health Center
for Sponsorship

To make a tax deductible donation online by credit card, visit www.journeymhc.org/donate and designate "Survivors of Suicide (SOS) Support Group" in the pull-down menu option.

To make a tax deductible donation by check, make it payable to Journey Mental Health Center with SOS in the memo line. Mail to:

Survivors of Suicide Support Group, c/o Journey Mental Health Center
25 Kessel Court, Suite 105, Madison, WI 53711

SOS SUPPORT GROUP PURPOSE

To share experiences for living and coping beyond suicide loss



SURVIVORS OF SUICIDE SUPPORT GROUP SCHEDULE

A self-help group for adults who are grieving the death of a loved one by suicide.

2nd and 4th Tuesday of each month, 7 – 9 p.m.

Hosted at Journey Mental Health Center, Kessel Ct., Madison WI 53711

Due to a building issue in Building 49 we will be meeting across the parking lot in Building 25 on the lower level until further notice.

There is free parking in front of this building and elevator access to the meeting room.

Please follow signage as you enter the building.

You will be greeted by one of the SOS team until 7:00.

Please arrive by 6:50. If necessary follow the call directions posted on the door by using a cell phone to alert the group if you need late entry.

JULY						
	9					
	23					

AUGUST						
		13				
		27				

SEPTEMBER						
		10				
		24				

OCTOBER						
		8				
		22				

MARK YOUR CALENDAR

Sat. Nov. 23 International Survivors of Suicide Loss Day Morning Local Conference
Registration and details will appear in the October Newsletter.

SOS Confidential Email: sos@journeymhc.org

SOS Confidential Voicemail: (608) 280-2435

24/7 Year 'Round Mental Health Crisis Line: (608) 280-2600

Journey Mental Health Center Website: www.journeymhc.org

Select Programs & Services, Community-Based Services, Survivors of Suicide

USING WHAT'S HELPFUL

We encourage survivors to seek out supportive people and resources. This can often be an arduous and frustrating process. Initially, feelings and reactions may change daily, by the hour or by the minute. It is difficult to think ahead and some words may seem empty.

The purpose of this newsletter is to present material that will be helpful to survivors at various points in their grief. We invite you to use what

applies. You may set some things aside for future reference. You may want to share some thoughts with others. You may want to respond or comment.

Eventually, a healthy goal would be to integrate the experience of a suicide loss into the continuation of living a satisfying life. Our hope is that the words and experiences of others that we present will support you in your journey.



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