

# Haven Herald

## Letter from the Executive Director

Winter is not a favorite time of year for most people and being in grief can make it seem even more foreboding. Gray skies and cold weather challenge us to stay warm and safe.

Haven stays busy in the winter by planning for our training class and a grief workshop. We are always aware of the weather conditions like everyone else and are disappointed when we cannot stay open if a storm comes our way.

This edition of the newsletter will focus on the difficult challenges when the loss is from suicide. We see clients who have suffered this loss and we support them as they work through the trauma, heartache and sadness of their loss. Most people who die by suicide are suffering from a mental illness at the time of their death.

The darkness of winter is a metaphor for the unimaginable pain that ultimately brings individuals to the decision to end their lives. My hope is that we can respect the pain of their struggle and the grief of their loved ones. We must all try to look beyond the stigma of suicide to a better level of understanding, support, and compassion.

Jill Bellacicco



## The Grief of a Loss to Suicide by Jill Bellacicco

“Suicide” is a word that evokes a distinctive response, but whether it is based on fear, disbelief or fascination, we most often react strongly to the idea that someone could take his or her own life. We talk about the “stigma” of suicide as if there is shame in it, but we often don’t understand that it is not a rational decision on any level. It is driven by illness and the stress of living in a world that is often complicated and difficult. It has been said that a death by suicide is the “hardest on survivors.” There are many reasons why this may be true.

Many facts complicate a loss by suicide. A family member or friend may have witnessed the death or come on the scene shortly thereafter. There is usually enormous guilt for survivors. The questions are endless and the circumstances vary, but ultimately, the suicide itself takes precedence over the normal grief process.

Continue on the next page

The reason most people die by suicide is that they are suffering from a diagnosable mental illness at the time of their death. Major depression, bi-polar disorder, schizophrenia, anxiety disorders, and substance abuse disorders are all illnesses that can result in suicidal pathology. These illnesses are treatable, but not everyone survives them. Feelings of hopelessness, the sense of being a burden to others, and a history of self-destructive behavior patterns can all contribute to a death by suicide. Mental illness is difficult to manage, and the impulsive decision of suicide can happen very quickly, when life stressors are acute. It is rarely one thing, rather many struggles and disappointments. The psychological pain can be overwhelming and, unfortunately, suicide becomes a decision.

When a loved one dies by suicide, the survivors have a very long and difficult grief journey. There are many parts to the loss that need to be talked about and many emotions that need to be expressed. Remembering the person and valuing the relationship can sometimes get lost in the fact that the individual took his or her life. Grieving the person becomes secondary to trying to figure out why it happened. Taking time to tell the story and sharing with it like-minded people is very important. Finding a group of others who have suffered this loss is often a helpful place to start the work of grieving a death by suicide. For most people, there is no point of reference for a loss to suicide and the grief process can be extremely difficult. With time, knowledge, understanding, and support, those who have suffered this traumatic loss can get better.




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### What Worked for Me by Daria Bergen-Hill

My beautiful, funny, and thoughtful sister died by suicide in 2013. She was 48 years old. While she had suffered from depression for most of her life, her death came as a shock.

Her son was 10 years old, when it happened. My primary goal during the first few weeks was to make sure that he felt safe and loved, and that he got back into a routine. I also have two children of my own. Worrying about them and helping them navigate their own emotions kept me from being consumed by grief. I remember feeling that I had to wait until it was “safe” for me to grieve.

At first I found it extremely difficult to talk about the way she died. I attended Haven’s Saturday Suicide Loss Support Group meeting three weeks after her death. I sat in the parking lot, not sure I had enough strength to walk through the doors. I did manage to make it into the building, but I could barely speak. I listened to others tell their stories, and I didn’t feel alone anymore.

Four months after my sister’s death, I attended Haven’s six-week workshop for suicide loss. It was hard work. During the workshop we were encouraged to bring in pictures and talk about our loved ones. Again, this was something I thought I wouldn’t be able to do. As I started to talk, I was so overcome by sadness that I asked if I could wait. A fellow classmate encouraged me to continue. Hearing “You can do this!” from someone who had also experienced a devastating loss gave me strength.

Talking about the life that I shared with my sister was extremely healing. I began to think about all of the experiences we had shared together instead of just focusing on how she died. Slowly, I began to feel grateful for the time that we had together.

My recovery hasn’t been a linear process. There are days when I feel good and then suddenly an anniversary, a birthday or a song comes along and I am again overwhelmed by grief. I still seek out safe places to grieve. At Haven, in my car and the shower, and while writing have been places and times in which I can let my tears flow freely.

My sister’s death was a tragedy that I wish could have been prevented. I am choosing to honor her life by remembering the joy that she brought to so many while she was here. I also plan to continue to tell her story in an attempt to prevent this awful tragedy from happening to other families and to other sisters.

Did I mention that she was beautiful, funny, and thoughtful? I miss her terribly.

## U.S. Suicide Statistics 2011<sup>1</sup>

- There were 39,518 US suicides in 2011. This amounts to one every 13.3 minutes.
- It is estimated that there are 25 attempts for each completed suicide. This amounts to one attempt every 32 seconds.
- Suicide is the tenth leading cause of death. It is the second leading cause of death for persons 15 through 24 years old.
- Women attempt suicide 3 times as often as men, but men had 3.6 times as many deaths by suicide.
- Of those who die from suicide, more than 90 percent have a diagnosable mental disorder.<sup>2</sup>
- Suicide is a global phenomenon in all regions of the world. Over 800,000 people die worldwide due to suicide every year.<sup>3</sup>
- Firearms were used for 50.6% of the suicides, suffocation/hanging 25.1%, poisoning 16.6%, cutting/piercing 1.7%, and drowning 0.9%.
- Middle Age (45 – 64) made up 26.6% of the 2011 population but was 38.9% of the suicides.
- Elderly (65 and up) made up 13.3% of 2011 population but represented 16.0% of the suicides.
- The United States as a whole has a rate of (12.7), U.S. men (20.2) and U.S. women (5.4). (Suicide rate is the number of suicides per 100,000).
- Of the states, Wyoming has worst rate at (23.3); New Jersey has the best at (7.8); Virginia is at (13.0) and non-state District of Columbia is at 6.0.
- More Americans suffer from depression than coronary heart disease, cancer and AIDS combined.<sup>4</sup>

-Compiled by Ron McNally and Ilona Szemzo

<sup>1</sup> Except as otherwise footnoted, all data is from “Facts & Statistics - American Association of Suicidology” (Web Site)

<sup>2</sup> University of Washington School of Social Work “Facts about Mental Illness and Suicide” (Web Site)

<sup>3</sup> World Health Organization, Mental Health, Suicide Data (Web Site)

<sup>4</sup> American Foundation for Suicide Prevention

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### HOW HAVEN IS FUNDED

Haven is classified by the Internal Revenue Service as a 501(c)(3) nonprofit organization. It is funded mainly by donations from individuals in the community who wish to support our work and by those who donate in memory of a loved one. Donations are tax deductible. If you are interested in making a donation, please contact Haven at (703) 941-7000 or at [havenofnova@verizon.net](mailto:havenofnova@verizon.net).

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## **Winter Schedule**

**Winter Workshop**  
“Journey through Grief”  
Saturday, February 21, 2015  
2:00 to 4:00 p.m.

**Space is limited. Please call for reservations  
for the presentation and/or workshop.**

Drop-in Suicide Loss Support Group  
1st and 3rd Saturdays of each month  
11:00 a.m. to 12:30 p.m.

*Haven also offers individual support by phone and in person; please call to schedule an appointment. For immediate support without an appointment, a volunteer is available on a walk-in basis Monday through Friday between 10:30 a.m. and 1:00 p.m.*

### **Contact Information**

Haven of Northern Virginia  
4606 Ravensworth Road  
Annandale, Virginia 22003  
Phone: (703) 941-7000  
E-mail: [havenofnova@verizon.net](mailto:havenofnova@verizon.net)

### **Hours of Operation**

Monday through Friday  
9:30 a.m. – 2:30 p.m.  
[www.havenofnova.org](http://www.havenofnova.org)

Messages may be left on our  
voicemail after hours