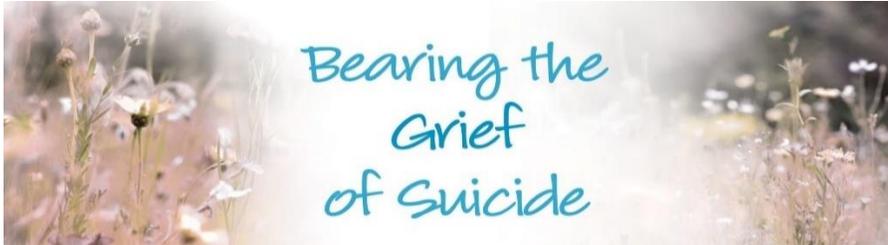


Haven Herald



Suicide by Joyce Hanson

The thought of suicide calls forth a distinctive response. There is a strong reaction to the idea that a person chooses to die; it stands in sharp contrast to the usual tendency to fight to the last breath to stay alive at any cost or any quality of life. Every death means the permanent absence of the deceased no matter the cause of death. What is it about suicide?

The grieving may be delayed as it is overshadowed by the way the person died. Remembering the person and honoring their life is affected by the overwhelming need to know why. The reason most people die by suicide is that they are suffering from a diagnosable mental illness. This fact carries a stigma that is described in an article about suicide in the Washington Post of September 20, 2019 by Steven Petrow who says the following: "But let's be honest: not all medical conditions are equal, and people with mental health issues continue to be plagued by stigma and misconception."

This stigma has a long history with both religious and legal aspects. The police may be at the scene of a suicide causing anxiety and frustration. An example is recounted in the Washington Post magazine story from December 12, 2021 about the suicide of the son of Congressman Jamie Raskin. The police found the note Tommy left and confiscated it saying it could be several days before it was released to the family.

Stigma can lead to obscuring statements such as describing the death as "a four stage brain disease." Even acknowledging a suicide may bring inappropriate and hurtful questions or comments in casual encounters with acquaintances who inquire as to whether you have figured out why or whether there were any signs both of which carry the unstated implication that this could have been prevented.

The idea that it could have been prevented exposes the very big issue of guilt. Guilt may be felt by many including the closest family as well as friends or work colleagues especially if they had recently been in contact with the person. This may evoke thoughts from the past about unpleasant words spoken, a failure to provide support or to express gratitude for many things both large and small.

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Letter from Executive Director

This summer Haven is working on transitioning, with caution, back to normal. We are seeing clients again in person and have actually had a workshop that was not on Zoom but in the house. This is all good news as we hope for a better sense of routine in the days ahead.

Despite the encouraging news about the pandemic, we are very aware that many people are still suffering from the loss of a loved one. It takes time to heal from a loss and this can be especially difficult if the loss is to suicide.

In this addition of the newsletter we are revisiting the topic of coping with this devastating loss. Suicide is tragic by its very nature and it brings grief that is all consuming, but healing is possible by taking the steps to work your way through the challenging aspects of this loss. It is important to reconcile your feelings with the reality of what happened, but this is difficult and may require additional support. We often look at this loss through a very dark window because it is impossible to comprehend. The hope is that there will eventually be light again and appreciation for the person by remembering who they were and what they meant to us.

Jill Bellacicco



What Worked For Me by Robin Dellinger

I wake up and before my feet touch the ground I think of Jared. These thoughts are not always bad, but they are always about Jared. My son died by suicide six years ago by shooting himself in the chest with a crossbow. Jared was 25 years old. He was my only son, my only child.

In my darkest days I saw no joy in the world. My entire being was surrounded by dark colors and I thought I would never be happy again. My world had changed forever. How was I ever going to take another step forward? I didn't read self-help books about my grief or attend any type of counseling but took prescribed medication for anxiety and some sleeping pills. I remained close to my family and friends for support, but even so there were times when I thought about taking my own life.

After about nine months, I found my way to grief counseling at Haven. I found it healing to be with people who listened and completely understood the Jared size hole in my heart. Other Survivors of Suicide (SOS) understood and had experienced the pain I felt. To discuss every detail of our loved one's death was incredibly painful yet healing. I was brutally honest in those meetings and it felt good to cry. I also made some much-needed lifelong connections.

I immediately felt like I needed to keep Jared present in my life. I worked at finding ways to include Jared in everything - to keep him alive in my heart. I wanted to live for both of us. I was determined to be the best person I could be, with Jared right by my side. Where I went, he went. I started by taking his ashes to every place we visited in the world. His ashes are in the Colorado River, the Adriatic Sea, Machu Pichu, the Galapagos, Antarctica, and even in a Serbian grave yard in Bosnia Herzegovina. When celebrating holidays or special occasions, I always have "Jared's" candle burning. When not celebrating at home, I take his candle to celebrate wherever I go. It's just a simple reminder that Jared is still with us all.

My husband and his support have been essential to my healing. We found ways of being charitable in honoring Jared's memory. We gave away Jared's savings to those in need, which gave us joy knowing his memory lives with all those he helped. We raised money and participated in "Out of Darkness" walks for suicide awareness. We started a garden at Haven which welcomes all those grieving to its doors.

My faith is very important to me and my prayers are more meaningful since Jared died. I keep a list of all those to pray for and I try to be specific and thoughtful during these times of prayer. It's much easier now to approach those in pain because I know how comforting it is when people are there for me instead of avoiding my pain. Celebrating Mother's Day is the tough one, so it's then I rely on friends and family for incredible support.

I believe it is important for me to move forward. I plan many activities and look forward to them. Planning celebrations, picnics, going to a show and traveling are ways that allow me to put one foot in front of the other. I usually enjoy these activities and Jared is always on my mind. I must say there are times when I find myself having fun and question how in the world can this be without Jared? I know Jared wouldn't want me to live in such pain. He would want me to celebrate every day and so I try to do just that.

As time goes by, I frequently think about all the things Jared has missed out on. Unfortunately, I realize these past years would have caused him more pain. I often think about what he'd look like now and not knowing him as he grows older. An SOS friend often talks about the years going by and how someday we will be saying, "Can you believe it's been 20 years?" Someday he will be gone longer than he lived and that remains a painful thought. To me, Jared was born with a terminal illness; I'm astonished and blessed he was able to live with this illness for 25 years before it became overwhelmingly painful to go on any longer. I'm a better person because Jared lived but I'm forever left with a Jared size hole in my heart.



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These feelings may be thought of as regret which is not the same as guilt, but it still causes one to wonder as Peggy Wehmeyer does in an article in the New York Times of September 13, 2019. She writes: “How is it that I could persuade the man I loved to apply sunscreen, get regular checkups and wear a bike helmet, all in an effort to prolong our life together, but I couldn't keep him from killing himself?”

While the death seems to be a choice, the question becomes whether the deceased had control of the decision making. Suicide is not like death from cancer or a heart attack; we may be angry that these deaths happened, but we do not accuse those who died of choosing death. And yet the pain of continuing to live is so unbearable for a person who dies by suicide as to overwhelm rational thinking. Was that really a choice? These people sometimes feel that those left behind will be better off without them; they cannot realize the tremendous pain and the feeling of abandonment that their loved ones will feel when realizing that their love was not enough to prevent death.

The question of why suicides happen can be considered on two levels: the personal one of individual situations and the big picture of the incidence of suicide across society. The latter is important to consider because we hope to learn to adopt prevention efforts that will be effective. In their 2020 book *Deaths of Despair*, the economists Anne Case and Angus Deaton label deaths of despair as those from suicide, drugs, and alcohol. They describe Emile Durkheim's idea of suicide as happening “when society fails to provide some of its members with the framework within which they can live dignified and meaningful lives.”

The Empty Promise of Suicide Prevention is the title of an article in the New York Times of April 28, 2019 by Dr. Amy Barnhorst who believes the root cause of suicide to be “poverty, homelessness, and accompanying exposure to trauma, crime and drugs.” Letters in response to Dr. Barnhorst's article include other perspectives. Just as there is no one cause for suicide there is no one solution and certainly no easy solutions. One letter notes that while addressing societal issues is important, “hope, compassion and effective interventions are vital.” Another explains the societal issues contributing to suicide are present at greater levels in countries which have a lower rate of suicide than does the United States, so treating psychological problems and mental health issues is a necessity.

Efforts to make the public aware of the importance of mental health care are increasing. The Washington Post magazine article of March 22, 2022 about the children's mental health crisis makes the startling statement that “On average it takes eight to ten years from the time when a child first starts having symptoms for them to receive treatment.” The New York Times has recently run a series of in depth articles examining “the mental health crisis among adolescents and the lack of resources for treatment.” The death of Naomi Judd was followed by a statement issued by her two daughters which said: “We lost our beautiful mother to the disease of mental illness.”

One of the letters in response to Dr. Barnhorst's article says “...we also need to confront the discomfort, shame and stigma around suicide by simply being willing to talk about it.” The article by Steven Petrow mentions his own primary care doctor who is vigilant about the physical indications of his diabetes and heart disease but has never asked about his mental health. The article describes a Columbia University project which has designed six questions to ask “to identify those at high risk of suicide.” One of these is, “Have you actually had any thoughts of killing yourself?”

Jamie Raskin relates that a few weeks before his son died, Tommy said, “I don't think I'll ever be happy.” Raskin says, “I kept talking, but I should have asked him whether he was having any thoughts of suicide. One of the things I regret is that I didn't really use that word very much, you know? I think that was a mistake. I think it's probably best to talk about it.”



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



Haven of Northern Virginia, Inc.

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Summer Schedule

Parent Loss Workshop
Summer/fall workshop forming.
10:00 a.m. to 2:30 p.m.

Four-week Widow/Widower Support Group
Early fall group forming.
Saturday, 11:00 a.m. - 12:30 p.m.

Call or email Haven to register for group and workshop.

Zoom 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
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Phone: (703) 941-7000
E-mail: havenofnova@verizon.net

Hours of Operation

Monday through Friday
9:30 a.m. – 2:30 p.m.
www.havenofnova.org

Messages may be left on our
voicemail after hours