

How to sleep – a bedside guide

This is a 15-minute programme, suitable to practise before you go to sleep, and which will aid relaxation.

1. Lie on the floor on your back, with your head on a pillow. Bend knees, feet hip-width apart, a few inches away from your buttocks. Draw your right knee in towards you with both hands cupped around the knee/shin, and as you inhale, press the knee gently away from you – feel the stretch through your shoulders and mid-back. As you exhale, gently draw the leg in towards your chest. Repeat five times, and as you exhale, place the foot back to the floor and repeat on the left side. This will open your spine, connect you to your breath and bring you deeper into your body rather than into your thoughts.

2. Keep both feet to the floor, still hip width apart and, as you exhale, slowly take both knees over to the right-hand side so that your hips gently turn – keep your torso flat on the floor. As you inhale, slowly bring the legs back up and exhale to the left. Every time you exhale, your legs go towards the floor, and every time you inhale, lift your knees back up to the centre. Repeat for 10 breaths. This brings you from your thinking mind into your feeling body while at the same time gently stretching your spine and releasing tension in your shoulders and in your neck.

3. Lying on your back, position yourself near a wall, and stretch one leg so that your heel or back of your leg (if you're more flexible) makes contact with the wall. Stretch both legs up against the wall either together or hip-width apart, and allow the wall to completely take the weight of your legs. Place your palms gently on your lower belly. As you inhale, feel the breath lift the belly a little, and as you exhale, feel your belly gently release down towards the floor. Stay in this pose for three to five minutes. With each breath, feel your legs gently releasing and your spine lengthening. This pose is not only great for bringing you into a peaceful place, it's fantastic for helping tired, stressed backs and tight hamstrings. To come out of the pose, bring your legs down the wall and gently roll to your right hand side. Use your hands to gently bring you back up to a seat-ed position.

4. Finally, lie in bed on your back with your head on a pillow. Place your hands, palms up, by your sides. Feel your shoulders relax and the chest open up and breathe easily and long. As you inhale, consciously make your exhale some two to four seconds longer than your inhale (without straining). This will really help to relax you – it's a basic pranayama (yoga breathing technique) that calms and soothes the nervous system.

Independent.ie

Upcoming Events

3rd Asia Pacific Regional Conference of the International Association for Suicide Prevention

Suicide research and prevention in times of rapid change in the Asia Pacific Region: opportunities & challenges
October 31 - November 3, 2008
Hong Kong Convention Centre
Hong Kong
www.iasp1960.org

2009 - XXV IASP World Congress

27-31 October 2009
Montevideo, Uruguay
Contact person: Dr. Silvia Peláez
info@iasp2009.org

AAS 42nd Annual Conference

April 15-18, 2009
Westin St. Francis Hotel
San Francisco, CA
www.suicidology.org

If you would like to submit an article or if you wish to comment on any article published in this newsletter please contact the Editor: Josephine Scott. E-mail joscott@eircom.net



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Maureen's Story: Loss, Love and Hope

Moment of Loss [Disillusioned]

Saturday 5th April 2003 was like every other Saturday in my house. At eleven am we talked about who wanted a big fry-up, but who would do the washing up. There were five of us, Ed my partner of thirteen years, my eldest son Anthony who was twenty-one, my second son Alan who was nineteen and sixteen year old Darren, my youngest son who had everyone wrapped around his little finger.

Darren made the promise to wash up and everyone was happy in good form and laughing. Darren was telling jokes, at this time I left to have my hair cut for a birthday party that night. Darren gave me a kiss on my left cheek, my last words to him were "see you later son, keep your mobile on love you" off I went to get my hair cut for a party I did not even want to go to. I had a very uneasy feeling in the pit of my stomach, inside where my womb brought Darren to life, a shelter from this world of pain.

I was told later Darren had them in fits of laughter throughout the meal. When they finished Darren was about to walk out to meet up with friends when Ed reminded him he still had dishes to wash. (Darren's hand was in a cast as he had been attacked by a group of youths in a nearby estate six weeks previously and in defending himself had damaged his knuckle). He held up his injured hand and grinned at Ed, letting him know it was impossible for him to do the dishes and off he went to join his friends.

At about 12.25am that night, when Saturday 5th April moved into Sunday 6th April not only time moved on, but so did my presage (intuition) something was not right. My son Alan phoned me to come home; something had happened to Darren.

By the time I got back to the house the ambulance had already been and gone. At this point events became surreal. I heard people say the doctors were working on Darren. From that place up on the ceiling I could hear that there was some reference to him trying to take his own life. (Where was I and what was I doing up on the ceiling?) I'd watch in silence, up in my safe place, people crying, so many in and out, another pot of tea. I could not wake up from this nightmare, but I was not asleep. Did they all not know Darren and how he loved to fool around and make everyone laugh? My little joker, my little pal, I loved him before I even met him. How could he leave me? No not my Darren, there has been a mistake it was someone who looked like my son. They were confused; my Darren was happy, no symptoms of depression, his appetite was good, he laughed day and night, he told me he loved me more than four times a day, we would watch TV on my bed most nights our arms wrapped around each other. No, they had someone else on that table not my child.

I spoke to this person lying on the table (who did look a lot like my son) "Darren wake up you're my baby, you're my little pal". But this person wouldn't answer me. Then I said the phrase I [had] always said to

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Genes Linked to Suicidal Thinking during Antidepressant Treatment

Specific variations in two genes are linked to suicidal thinking that sometimes occurs in people taking the most commonly prescribed class of antidepressants, according to a large study led by scientists at the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH). Depending on the particular mix inherited, these versions increased the likelihood of such thoughts from 2- to 15-fold, the study found. About 1 percent of adult patients were deemed to be at high genetic risk, 41 percent at elevated risk and 58 percent at lower risk.

If confirmed, the findings may hold promise for genetic testing, as more such markers are identified. Risk increased proportionately if a participant had two, as opposed to just one of the suspect versions.

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Genes Linked to Suicidal Thinking during Antidepressant Treatment *continued from page 1*

Both genes code for components of the brain's glutamate chemical messenger system, which recent studies suggest is involved in the antidepressant response.

Overall, about 6 percent of 1,915 patients with depression reported that they started to have suicidal thoughts while taking an antidepressant. This rate soared to 36 percent among the few patients with both of the suspect gene versions; 59 percent of the patients who had suicidal thoughts had at least one of the versions.

Reported in the October, 2007 issue of *The American Journal of Psychiatry*. These data suggest that genetics may soon help us in our quest to individualize treatments for depression. In the future, it is hoped that genetic testing will help doctors identify those few patients who are at high risk for suicidal thinking during antidepressant therapy and need close monitoring or alternative treatments. This should help allay concerns for the vast majority of patients. The best way to prevent suicide is to treat depression."

In the most comprehensive study of its kind to date, the researchers screened genetic material from 1,915 adult participants with major depression in level one of the NIMH-funded STAR*D (Sequenced Treatment Alternatives for Depression) trial. Study participants were treated with the selective serotonin reuptake inhibitor (SSRI) citalopram. The researchers looked for associations between self-reports of suicidal thinking and more than 700 sites in 68 suspect genes where letters in the genetic code vary across individuals, creating different versions of the same gene.

The researchers found that certain versions of two genes that code for glutamate receptors – the receiving stations for the neurotransmitter's chemical messages – were more prevalent in patients with suicidal thinking. How the newly identified versions affect the workings of glutamate receptors to confer increased risk remains to be discovered. It's also not yet known whether the findings generalize to other antidepressants.

One percent of the study participants had a version of the kainate receptor gene, GRIK2, that increased the odds for suicidal thinking more than 8-fold. Forty-one percent of participants had a version of the AMPA receptor gene, GRIA3, that raised the odds nearly 2-fold. About one-half of 1 percent of participants had both high risk gene versions, boosting the odds 15 fold – but this was the case for only 11 participants, of whom four developed suicidal thinking.

Neither version was related to self-reported history of suicide attempts. This suggests that the versions are specific to suicidal thoughts that occur during antidepressant treatment, rather than the much more common suicidal thoughts and behaviour that occur outside of the treatment setting.

More than 40 percent of those who developed suicidal thoughts lacked either of the two versions, indicating that other genes and environmental factors were also likely involved. But the potential value of predictive testing is increasing as more genes are analyzed. In July, NIMH funded researchers at Massachusetts General Hospital reported an association between variations in the CREB1 gene and treatment-emergent suicidal thinking among men in the STAR*D sample.

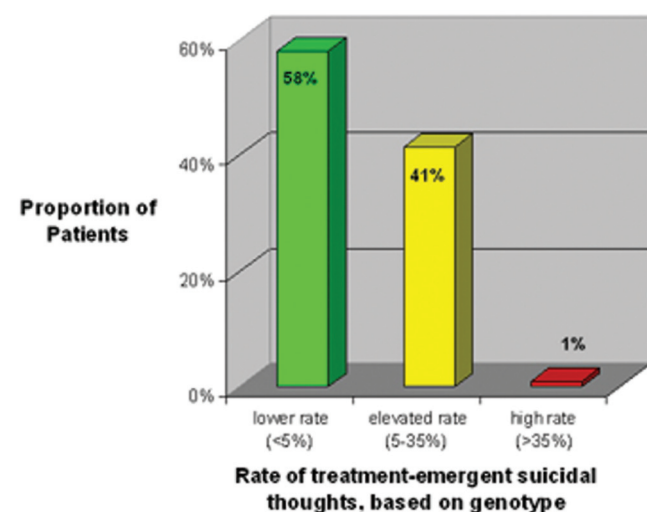
Earlier studies had shown that about 4 percent of youth treated with antidepressants experience suicidal thinking compared with about 2 percent of those taking placebos.

The resultant climate of concern culminated in the 2004 Food and Drug Administration decision requiring that antidepressants carry a black box warning about risk of suicidal thinking for children and adolescents – and later proposing that it be extended to young adults up to age 24. In 2004, the Centers for Disease Control recorded the largest spike in youth suicide

rates in 15 years. NIMH-funded researchers recently suggested that this may have been related to a drop in antidepressant prescriptions for youth. By contrast, they note that suicide rates reached a record low in 2004 for adults over 60, for whom antidepressant prescription rates continued to rise; this inverse relationship held with increasing age. A more definitive analysis must await release of 2005 U.S. suicide rate data later this year, researchers say.

However, evidence suggests that neither suicidal thoughts, nor the high-risk gene versions, are necessarily related to actual suicide attempts. Other studies have shown that the rate of such attempts is higher before antidepressant treatment begins – and suicide attempts are not always preceded by suicidal thoughts. For example, in the current study, one of the two participants who actually attempted suicide carried high-risk versions, but denied experiencing suicidal thoughts.

Even if suicidal thinking does not predict suicidal behaviour, it is associated with a poorer response to antidepressant medication, the researchers say. Only 25 percent of patients with suicidal thinking fully recovered from their depression during the initial phase of the STAR*D trail, compared with 42 percent of patients not affected by such thoughts. The researchers hope that the newly identified versions may prove useful in identifying patients who need closer monitoring, alternative treatments and/or specialty care – while reassuring those for whom antidepressants are appropriate.



People typically inherit two copies of genes, one from each parent, so some people have two different versions while others have two of the same version. Only one percent of the study participants were judged to be at high risk for developing suicidal thoughts while taking citalopram – due to having two copies of the high risk version of the GRIK2 gene, with or without any copies of the GRIA3 gene version. About 41 percent of study participants were considered at elevated risk since they had one or two copies of the GRIA3 version, but no copies of the GRIK2 version. Most (58 percent) participants were considered at lower genetic risk for treatment-emergent suicidal thinking, since they carried neither high risk gene version.

*Source: NIMH Mood and Anxiety Disorders Program
National Institute of Mental Health*

Maureen's Story: Loss, Love and Hope *continued from page 1*

him since he was three; "I love you baby faybe, I love you up to the sky". He did not answer me and around the corner was realisation.

Realisation

Reality began, plus confusion, disillusionment still had control (my safe place on the ceiling was gone). At home I asked for Darren's duvet. I think I was cold, empty, and alone, I was not there. When was I going to wake up from this bad nightmare? When?

Reality did bite, under Darren's duvet as I sat on our sofa (where Darren often laid his perfect head on my lap while I rubbed his hair) someone passed by the front window, then it hit me like a tornado, a whirling wind to sabotage and destroy my family for eternity. Darren won't pass by that window ever again, he won't lie on my lap, and he will never call me mam again.

"Suicide not my son, you don't come into my house like a thief in the night, my son belongs to me, you took my child when my back was turned" WHY? Why my child? He did no harm he loved life-his family, friends and he was loved so very much. I had to go back to the hospital to see Darren, to wake him up. He never gave me any trouble in his life and I just knew he would wake up for me.

Darren was so cold. I called him over and over again. He had a little smile on his face and looked fast asleep. I told him the joke had gone far enough, that he was upsetting me and his brothers. I tried everything to wake him up; it was very hard to leave him in that cold room in the dark all alone. They would not let me stay with my child when I needed one more hug, one more kiss from him, I never heard "I love you mam up to the sky and around the corner" – why?

Sharpened Awareness – vulnerable

Bewildered, shock, horror, distress, how?, guilt, rejection, guilt, why? These are feelings, emotions we felt as a family when we discovered Darren had been planning his death for four to six weeks and we hadn't picked up on any sign. He had always been a motivated young person and the type who cheered others up when they were down. Darren was meticulous about his appearance and personal hygiene. He hadn't taken alcohol or drugs; he left a suicide note that contained only messages of love for us, his family. He said "I love you mam, I'm sorry mam. I love you Ed, I love you Anthony, I love you Alan. Tell all me mates I love them they are like my bro's". He told a girl in the note that he loved her, and then he said "this is best for me I will always be here, I love you all. Ma I love you I'm sorry". In the right hand corner of the note he wrote – "I want to be cremated and track 4 of Led Zeppelin to be played"

On the night he died he did phone a lot of his friends, they thought he was just saying hello; they did not know that Darren was really saying goodbye. He gave no indication that there was anything wrong. Even in hindsight little things don't really point to anything concrete. He gave me an Easter egg for Mother's Day; Mothers Day that year was on 10th March, 6th April he left, he knew he wouldn't be around for Easter. Why? I remember I made a comment to Darren at the time that I must be the only mother getting an Easter egg on Mother's Day. Darren just gave me a cheeky little grin as usual.

Search – Why?

My child was in pain, pain that I could not see – why? I saw the physical sign, the cast on his hand and he was ok (ok on the outside). I go back over time in the record of my brain, back and forward, stop/play/rewind. He was playing a song, in hindsight this was the song he was leaving for me and his funeral- track four of a Led Zeppelin album called "Thank you".

Thank you by Led Zeppelin

If the sun refused to shine I will still be loving you, if my mountains crumbled to the sea there will still be you and me, my my my kind woman you give me your all kind woman nothing more. Hand in hand we walk the miles, for you to me are the only one- if my mountains crumbled to the sea there will still be you and me.

Sense of Loss

Guilt- why did I not see the signs? I knew Darren inside out. I'm his mam I should have prevented his suicide. Was I a bad mam? Did he not love me? Did he hate me? But his suicide note told me he loved me and he was sorry, it was best for him. Why was I not there at the moment when he left? I wonder and worry was he crying, calling for me to save him? I was not there when he needed me most. Why?

Did he suffer? How long did it take for my child to die? If I got to him in time could I have given him all my lungs could breathe, to give my life for his? Suicide did not consult or give me information that my son was in emotional pain – emotional mind pain trauma.

Grief – Mourning

Darren did have his hopes and dreams; did bullying create a sense of hopelessness? Did little things become magnified in Darren's mind? I will ask these questions for the rest of my life, every day morning and night. I will look for my child in others; I will never wash the last jumper he left on my bed it belongs beside me, five years on.

My memorial to Darren is a garden of remembrance in my back yard. I have a cherry blossom tree with blue lights (I was told blue is for healing). I know why I have this memorial for my son; every time I look out of my window and I see this tree and how quick it grows, brings me to realise my son will not grow, but it gives me peace to know he is not in the dark cold ground, he lives on he is waiting for me in some beautiful garden just over the rainbow. I can move on although now and then I wish I could go and find him to see if he is ok (just for five minutes for his hug I miss so much). But I can't because I have gone through this pain called grief (awakened nightmare) I talk to young people most days I try to give them hope to follow their dreams, to live their life to the best of their own ability. To talk to someone they trust, someone who will listen. I ask young people to not make the same mistake my son made, he didn't talk about how he felt inside, because of this he died by suicide.

Acceptance

My son's death gave life to a confidential, secure and non-judgemental listening service for young people to express their feelings, to provide emotional support when they feel alone, fed up, worried or distressed, or when they are experiencing challenging times in their lives.

Darren would have gone through most of these issues; suicide was a choice he made. He did not leave us as a family because he did not love us; he left because of the emotional mind pain trauma. Darren's legacy would be talk it out-work it out-sort it out.

I will always love my son, I could never forget him. I will remember our happy times. I pray his mistake will give hope to others that there is someone to listen and that Darren Bolger's death gave life to

Teen-Line Ireland

A national free phone helpline for young people who may feel the need for emotional support from someone who cares and is there to listen.

National Helpline Number: 1800 833 634
Website: www.teenline.ie



**The Irish Association of Suicidology
wish our members, our readers and
all involved in suicide prevention,
A Very Happy Christmas and New Year.**

Eating Disorders Are Not Being Recognised As Illness

The implications of eating disorders not being recognised as illnesses in their own right may mean that GPs are less likely to diagnose them or optimally manage them, new general practice based research has found. The qualitative research on attitudinal barriers to the diagnosis and management of eating disorders in general practice found that eating disorders evoke negative feelings in GPs, who can find it difficult to empathise with these patients.

The implications of these attitudes to eating disorders means that they will be sub-optimally diagnosed and managed and that less significance will be given to the threats they present to long term health and wellbeing, concluded the study. The study was presented to the ICGP AGM by Cork GP training scheme registrar Dr Mary Cusack. Meanwhile, research presented by Kerry-based GP registrar Dr Claire Buckley showed that early detection and

management of patients with chronic kidney disease may lead to safer prescribing, a reduction in overall cardiovascular risk and a delay in the progression to renal failure. A new more sensitive test of kidney function was used to screen patients over the age of 70 in Dr Buckley's practice and led to 36 new cases of chronic renal disease being diagnosed.

Irish Medical News

Aerobic Exercise Can Reduce Brain Decline

Regular aerobic exercise not only staves off the decline in brain power associated with ageing, but it can also reverse it, according to a leading American cognitive neuroscientist. Prof. Art Kramer of the Beckman Institute at the University of Illinois, argued that there is now a substantial body of research which show the benefits of aerobic exercise and physical activity on the ageing brain. A deterioration in white and grey matter in particular regions of the brain in people as they age caused cognitive decline, with the greatest effects seen in what is referred to as 'executive control'. This describes activities such as task co-ordination, planning, goal maintenance, working memory and the ability to switch tasks. But the research showed that these are the very processes that are most amenable to treatment by exercise. Several studies show that regular moderate exercise, of the type to make a person breathless, boosts cognitive performance, the actual volume of brain tissue and the way in which the brain functions. And the research shows that it can do this in people with Alzheimer's disease as well as in those without signs of progressive brain disease.

Irish Medical Times

"Unless we make Christmas an occasion to share our blessings, all the snow in Alaska won't make it 'white'."

Washington Irving



New Grant Aims To Reduce Rate of College Suicide by Helping Students Better Adjust

A new grant funded by NIMH will test an intervention designed to prevent or reduce suicide among college students. Suicidal thinking and behaviour among college students can result from a wide variety of problems including drug and alcohol abuse, mood disorders, problems in social relationships and physical health problems. Some research has suggested that a tendency to avoid unwanted emotions and negative thoughts can contribute to the problems that lead to suicide. Yet many college students who die by suicide never seek help within their institutions.

Steven Hayes, Ph.D. and Jacqueline Pystorello, Ph.D., of the University of Nevada Reno, will test an intervention called Acceptance and Commitment Therapy (ACT), which is based on the notion that acceptance and awareness of difficult emotions can help students reduce avoidance behaviour and improve their psychological flexibility, which may reduce the frequency of problems that often precede suicide attempts. About 720 college freshmen will be randomized to receive either ACT or a brief educational course on adjusting to the challenges of college life.

For up to three years, the students will be assessed on a range of psychological, behavioural, health and academic aspects that are known to be associated with suicidal thinking and behaviour, including self-injury and risky behaviours. If found to be successful in reducing suicide attempts and thinking, ACT could be readily disseminated within the college experience, and may be incorporated into a classroom-based approach that could have broad public health implications, according to the researchers.

National Institute of Mental Health

"It is in the shelter of each other that the people live"

Irish Proverb

10 Times More Funding for Road Safety than Suicide

Research has revealed that 10 times more money is spent on road safety than suicide prevention despite the fact 100 more people take their lives each year than are killed on the roads. At a weekend conference, the Irish Association of Suicidology presented a comparative analysis of the funds spent on suicide prevention and road safety in recent years. Since 2005, road safety has received €105.5m in funds. This compares with the €10.8m for suicide prevention. In each of the years, however, suicide deaths averaged nearly 100 more than those on the road. President of the association TD Dan Neville stressed that equal amounts of funding were needed to curb Ireland's tragic high rate of youth suicide. The association also wanted targets set and met in the reduction of suicide numbers in a similar way to road fatality numbers reduced in recent years.

Research by Dr Siobhán Barry at the conference showed the difference in funding since 2005. During the year, there were 481 suicides compared to 399 road deaths. But only €0.5m was spent on suicide prevention compared with the €29.4m on road safety. Similarly, only

€1.2m was spent on suicide prevention in 2006 compared with 29.45m on road safety.

This year, €4.5m has been allocated to help reduce the numbers of people taking their own lives. Some €39m has been given to road safety. This is despite the extra 119 deaths between the two areas last year. The research found similar fatality statistics between the two areas last year. Between 75% and 80% in both areas were male, while people aged 17 to 34 made up a large number in both groups. Deaths by suicide and on the road also coincidentally peaked on the weekend. Youth suicide rates in Ireland are fifth highest in the European Union. The government has already been threatened with facing pressure during next year's local elections on the issue of suicide. A suicide prevention charity called Turn the Tide of Suicide is planning to appeal to voters to force the Government to act on the issue.

Irish Examiner

"A kind heart is a fountain of gladness, making everything in its vicinity freshen into smiles."

Walt Disney

Suicide laws may overlook depressed patients

One in four terminally ill patients in the American state of Oregon who opt for doctor assisted suicide has clinical depression and Death with Dignity Act may not be adequately protecting them, a new study has concluded. In 1997, the State of Oregon passed the Death with Dignity Act that allows physician assisted dying for terminally ill patients. There are several safeguards in the Act to ensure patients are competent to make the decision to end their life.

This includes referral to a psychologist or psychiatrist if there is concern that a patient's judgement might be impaired because of mental illness. Against such a background, doctors at the Oregon Health and Science University assessed 58 Oregonians who were terminally ill and had requested physician-assisted suicide or contacted an aid in dying organisation, to determine if they had depression or anxiety. The authors used

standard measures including questionnaires and interviews to assess depression and anxiety in the participants. The researchers found that the current practice of legalised assistance with dying allowed some potentially ineligible patients to receive a lethal prescription because they were clinically depressed. Fifteen of the participants met the criteria for depression and 13 for anxiety. Forty-two patients had died by the end of the study, 18 received a prescription for a lethal medication under the Act and nine died by lethal ingestion. Fifteen who received a lethal prescription did not meet the criteria for depression, three did, and all three died by lethal ingestion within two months of the research interview. Although the authors acknowledge that most patients who request aid in dying do not have a depressive disorder, they point out that 'the current practice of Death with Dignity Act may not adequately protect all mentally ill patients' and call for 'increased vigilance and

systematic examination for depression among patients who may access legalised aid in dying.'

In an accompanying editorial, a leading Dutch doctor commented that while it is vital to protect vulnerable patients, examining terminally ill patients to determine if depression is impairing their judgement is complex. She believes that depression does not necessarily impair judgement and says that in the Netherlands what is most important is that the patient makes an informed decision. "We should focus on trying to 'protect' patients from becoming depressed in the first place, rather than focus on protecting patients from assisted suicide," she concluded.

Irish Medical Times

Containing the computer bullies

I recently attended a talk on internet safety in my son's primary school. Awe and ignorance were on full display around me. And that wasn't just me and my parental peers. The teachers attending the talk posed the same basic, uninformed questions as myself. The presenter was a twenty something man who spouted the information with effortless aplomb. The room was filled with thrity-somethings and forty-somethings and a flicker screen provided us with examples of the features of a typical Bebo page. Photos beamed out at us of smiling, hugging teenagers, palpable joie de vivre etched on their faces. Lists of favourite celebrities, movies, bands and food are features of a typical page. Other features gave us a glimpse of the darker side of this technological hedonism. Rating one's friends in order of preference from one to ten. Or, rating friends in terms of their 'fatness' or 'ugliness'. Or, copying photos pasted on a Bebo page and using them elsewhere in less than salubrious ways. Tentatively, I raised my hand to ask a question. "Is there any way to block unwanted users from accessing your Bebo page?" I was told there was, but what would be the point of having a Bebo page if everyone and anyone couldn't access it? After all, that was the purpose of Bebo. To widen your access, and your accessibility, to the great world out there. Protecting your child used to be as simple as keeping them physically around you, or at least knowing where they were at all times. Now, as they sit beside you at the family computer or receive texts on their mobile phone, they can be as far away as a dark and isolated roadside and in as much danger.

The insidious power of the relatively new phenomenon of cyberbullying is based on the anonymity of the perpetrator. Temporary e-mail addresses, pseudonyms in chat rooms and mobile-phone instant messaging all allow perpetrators to mask their identity.

Hurtful comments

This anonymity emboldens the bully, frees them from basic social constraints on their behaviour. Not needing to use their voice and make eye contact, less energy or courage is necessary, at they tap their hurtful comments into their keypad. A recently published survey in a national newspaper tells us that 30 per cent of the teenagers surveyed were subjected to cyberbullying, but only six per cent reported the matter to adults. This reluctance to discuss cyberbullying with adults/parents would appear to be a latent acceptance that the receipt of abusive messages is part and parcel of growing up or that parents just would not understand or empathise. While cyberbullying mostly involves mental abuse, the eagerness to hurt someone else, physically and mentally, and view it as great spectator sport is all around us. For instance, you only have to watch an episode of our national broadcaster's 'You're a Star' with its huge ratings, to see how humiliation of the contenders is such an integral part of the 'fun'. The more abusive and critical the so-called judges are, the better for us, the

voyeurs. The most striking aspect of the whole cyberbullying issue is the extent to which parents will state, 'I never knew'. This is the nub of the whole thing. In a widely publicised case, the extent of how stealthily cyberbullying can proceed was clearly portrayed. The diary of a teenager who committed suicide was subsequently read by her parents. To compound their suffering, they discovered that unknown to them, their daughter had been subjected to offensive web and text messages and a shocking campaign of physical torture for five years. The degree to which young people accept verbal and physical abuse as something of a rite of passage is disturbing. This acceptance of cyberbullying, when aligned with technophobic parental influence, is extremely worrying.

Some common sense tips are available on 'Beat the Cyberbully' internet links. Putting parental-guidance blocks on your computer, ensuring that your child sticks to supervised chat rooms, telling them not to put personal contact details on-line and monitoring received e-mails are some suggestions. Asking your child to show you any abusive messages (or at least tell you about them), telling them never to respond to abusive on-line or text messages and reassuring them that bullying can be stopped once they tell, are further steps. Informing the company that provides the internet access or mobile phone, retaining all the offending messages as evidence should you decide to press charges, and finally, creating a new on-line account or changing the mobile phone number are the next recommended actions. Above all, open communication with your child on the subject of their online activities is paramount. In addition, this open communication includes responsibility to other children.

Two-way street

Soberingly difficult as it might be to embrace, cyberbullying is a two-way street and your nearest and dearest, sitting beside you, as safe as houses may well be a perpetrator. The problem of cyberbullying has become so widespread in the USA that a new company called Reputation Defender has been set up to track down cyberbullies and appeal to them on a one-to-one basis, rather than threaten litigation. This company's clients include a broad spectrum of individuals whose online profiles on social networking sites such as MySpace and Facebook have been tarnished by cyberbullies. Parental cyber-awareness will, hopefully, ensure that children can participate in the technological hedonism of social networking, safe in the knowledge that they are not alone should they encounter the darker side of cyberspace.

Irish Medical Times



"There's nothing sadder in this world than to awake Christmas morning and not be a child."

Anonymous

BREAKING THE SILENCE ON SUICIDE

You can't fail to notice number 209 on Belfast's Falls Road. It's not simply the bright pink façade that makes the premises stand out from the surrounding shops. Few main streets in Ireland have a "Suicide Awareness Support Group" nestled among the usual convenience stores, Chinese takeaways and pubs. The bold hues, explain Mary Creaney, project co-ordinator of the West Belfast Suicide Awareness Support Group (SASG), are designed to match a pink-and-blue ribbon designed by the group, which they hope will become the international symbol for suicide group's brand identity, the fresh coats of pink paint symbolise the bold emergence of this once taboo subject in public life. Suicide rates among young men in Northern Ireland have risen by about a third since the end of the Troubles, with 242 suicide deaths recorded last year. According to the Northern Ireland Statistics Office, north Belfast has the highest rate of male suicide in the North. Like the community her centre serves, Mary is at a loss to explain why, at a time of suppose optimism and opportunity, so many young men are taking their own lives. "There are post-conflict theories that say after any war, suicide rates increase," she says. "What we're seeing in north and west Belfast is no different from global trends in that respect."

Founded eight years ago, SASG began as a support centre for families who had lost loved ones in what Mary describes as a "cluster" of suicides in the locality. Today, it continues to offer

group counselling alongside a suicide prevention programme. The centre provides an emergency advice service, in the form of two mobile telephones, which staff members and volunteers take home each evening. In recent weeks, as many as 22 calls were made to the service in a single day. Mary says the extensive use of SASG's services lays bare the long-standing deficiencies in mental health treatment in Northern Ireland. "It can be very difficult to access services here," she explains, adding that many young people in the North particularly those suffering from eating or personality disorders are forced to go to the Republic or Britain for treatment, due to a lack of facilities at home.

Progress, however, is gradually being made. A new mental health unit for adolescents is being built at Foster Green in Belfast and is set to open next year. The new facility will increase the current low number of beds available for young psychological patients. At present, there are only eight designated beds for 14-17 year-olds suffering from mental health problems in the North. For Julie-Anne Doyle, however, these new developments come too late. Julie-Anne lost her young son to Suicide in 2002. "When (young people) go to hospital, they're not taken seriously," she says. "Some parents were told it was just attention-seeking behaviour and then a few days later, their child was dead." Julie Anne leads a support session for bereaved families at SASG and says she is still coming to terms with

her son's death. "The support group is the only thing that keeps me going sometimes," she says. "There's no time limit on grief with suicide. But if I'm having a bad day, I know that I have those telephone numbers."

Julie-Anne believes that religious beliefs of many in the Falls Road community are one of the greatest obstacles in overcoming the stigma attached to suicide. Although, decriminalised in Northern Ireland in 1963, suicide remains, she says, a sinful act in the eyes of many local Catholics. "I've been at quite a few funerals and the priests have been pretty insulting," she says. "They had the opportunity to send a positive message to a church full of young men, but the old attitudes still came out." As well as unshifting religious beliefs, suicide has also failed to brush off a long-standing sectarian stigma. "At one time in Belfast, it was seen a very Catholic problem," says Mary Creaney. "After 1998, we had 18 deaths in (mostly protestant) east Belfast, but it was only the deaths in West Belfast that the media chose to sensationalise." "It doesn't matter what religion you are," Julie-Anne says. "Suicide doesn't discriminate. I never thought it would come to my door, but it can happen to anyone."

IrishTimes.ie

"Empty pockets never held anyone back. Only empty heads and empty hearts can do that".

Norman Vincent Peale

TABOO TAG COSTS LIVES

Irish suicide rates have been at a dreadfully high level for a number of years, yet, because it is such a heart-breaking event surrounded by so much pain and unjustified guilt, we push it to the edge of our consciousness. That is as long as we have the luxury of doing so. Today we report that 10 times more is spent on road safety than suicide prevention even though 100 more people are taking their lives each year than die on our roads. The statistics are well

rehearsed and disquieting but this will not change until we accept that society has a role to play in the mental wellbeing of each and every citizen. It is time we shook off the taboo status suicide hides behind. By doing so we might be able to confront this contemporary scourge in a better way.

Irish Examiner

The Psychology of Seasons: Care for Your Mental Health

The weather is changing and the cool seasons are setting in. Leaves fall from the trees and days get progressively cooler and shorter. The mornings are cooler when you first wake up to prepare for the day and when you step outside there may be an undeniable chill in the air, and it is probably still dark.

For some, the change in seasons has a profound impact on their emotional state. You may not feel as peppy as you normally do or have the same energy level, and you do not want to be around people or follow your regular routine. This could point to signs of depression that may require some level of psychotherapy or medication. It is important to recognize the signs of depression like sad feelings, unexplained crying, poor job performance and for individuals in school, declining grades. The stress and strain of the economy and the changing of the seasons can have a negative impact on some people's emotional state.

Being proactive about your mental health and taking care of yourself can help address depression and mood swings. Engaging in exercise, going for a walk or meeting friends or family for coffee or some fun activity. It is important to eat a balanced diet, get enough rest at night, do nice things for yourself or find a hobby to help occupy your time.

In the fall we tend to see an increase in seasonal affective disorder (SAD) and in overall stress. With decreasing hours of daylight, many people go to work in the dark and return in the dark, so it's important that people try to get outside during their lunch break. You can benefit from as little as a 10-minute walk outside, in the daylight.

If signs of depression appear in a family member, friend or co-worker, talk with them and encouraging them to seek help if depression persists or worsens. The holiday season begins in the fall and this can have a major impact on depression if a person has experienced the death of a family member, close friend or a pet. Seeking professional help is an increasingly common practice and people should not feel anxious about seeing a psychologist or psychotherapist or taking medication for depression if it's needed. The most important thing is to connect with a professional who can help you restore emotional balance, peace and happiness to your life.

helpingpsychology.com

"Christmas is doing a little something extra for someone."

Charles Schulz

Married prisoners at increased risk of suicide

Being white, male, married and in a job makes you more likely to die by suicide on being sent to prison, an Oxford University study has found. The strategies used by prisons to prevent suicides rely on identifying those who are most vulnerable. Oxford University researchers set out to determine the risk factors for suicide in prisons so that screening and prevention programmes can be improved. The results of their large-scale study are published in the *Journal of Clinical Psychiatry*.

To lower prison suicide rates, vulnerable prisoners should not be placed in single cells and intervening where mental illness and alcohol problems are evident should be a priority, say the researchers. 'Prison services should be aware of the risk factors we have found when screening those who come to prison,' says Dr Seena Fazel of the Department of Psychiatry, who led the work. 'It is important to realise that the associations with suicide in prisoners do not appear to be the same as the associations in the general population.'

Being married leads to an increased risk of suicide among prisoners. This is a surprise as marriage is associated with lower suicide risk in the general population. It may be that the loss of supportive social connections in prison leads to increased vulnerability to suicide. Similarly, being employed shows a trend for increased suicide in prison.

'This may be to do with the experience of loss on being incarcerated,' suggests Dr Fazel. 'If you have more to lose, you are more at risk of suicide.' Prisoners who had had suicidal feelings, a history of previous suicide attempts, or had been diagnosed with a psychiatric illness were at higher risk of suicide. Those with alcohol problems also showed increased rates of suicide. 'These factors are potentially treatable,' says Dr Fazel. 'That's important because it may be possible to reduce that risk.'

'A lot of money has been spent on mental health services in prisons, and in England and Wales, this is currently being evaluated. This study underlines that the value of such care and highlights the importance of strategies to look out for danger signs,' says Dr Fazel.

Prisoners in a single cell, on remand, or on a life sentence were also more likely to die by suicide. 'One of the ways to make cells safe is not to put people at risk in single cells, even if they are being difficult or troublesome,' says Dr Fazel. 'Those on remand are facing uncertainty and have gone through a sudden change on going into custody. Not only is this a shock, but those on remand may be experiencing withdrawal effects from drugs and alcohol.'

The Oxford team performed a large-scale review of 34 studies including a total of 4780 suicide cases. 'Bringing all this data together can show new associations that were not apparent in the individual studies,' says Dr Fazel. 'The power of the review is that it can pull out trends in lots of smaller studies where there is no clear evidence and weigh up reports where there is uncertainty or conflicting results.' For example, nine of the pooled studies looked at the effect of marriage on suicide in prisons. Although eight out of the nine showed no clear association, by putting them all together a statistically significant correlation emerged. The group now intend to interview prisoners who have nearly died in suicide attempts to get much more information about the mental state of inmates and triggers that can lead to suicide.

University of Oxford

Relationship between the Economy, Unemployment and Suicide

Prepared by the Suicide Prevention Resource Center November 12, 2008

Background

Recent economic turmoil, increased unemployment and record foreclosure rates have spurred media inquiries about whether these changes will lead to increased suicides. SPRC conducted a literature review of relevant research published in the past two decades. The review shows that a strong relationship exists between unemployment, the economy, and suicide. A common "chain of adversity" can begin with job loss and move toward depression through financial strain and loss of personal control. In fact, this chain leads to myriad financial, social, health and mental health outcomes—all of them negative. The most common (but by no means the only) mental health outcome is depression, which significantly increases suicide risk. The associated financial outcomes (such as mortgage foreclosures and loss of retirement security) have not been researched with respect to suicide. However, the potential link is that for vulnerable individuals, losses (whether real or anticipated) that result in humiliation, shame, or despair can trigger suicide attempts. These talking points describe the complex interaction between economic cycles, unemployment, and suicide, and provide key messages that promote suicide prevention. We invite you to use these messages in responding to media queries and coverage, or for related suicide prevention activities. We also recommend providing media contacts with **At-a-Glance: Safe Reporting on Suicide**.

Talking Points

Unemployment is bad for your general health.

- Unemployment is associated with an array of poor health outcomes, including death by nearly all causes (except cancer and cardiovascular events). In the U.S., where a large portion of the population accesses healthcare through employment, this connection may be even stronger than in countries where government-financed healthcare is the norm.

Unemployment contributes to suicide risk, but does not "cause" suicides on its own.

- Employment status is but one of dozens of factors that interact dynamically within individuals, communities, and societies and affect the risk for suicide.
- Although unemployment is associated with increased rates of suicide, many individuals may have lower rates of employment because of mental health and/or substance abuse problems, which are also associated with increased suicide rates.

Unemployment causes financial strain and can lead to depression and other problems as individuals perceive a loss of personal control.

- Economic circumstances themselves are insufficient to cause a suicide; in fact, we do not know of any single factor that is sufficient on its own to "cause" a suicide. Stressors such as the loss of a job, a home, or

retirement security can result in shame, humiliation or despair, and in that context, can precipitate suicide attempts in those who are already vulnerable or do not have sufficient resources to draw on for support. In most, but not all cases, mental health problems are among the factors that increase vulnerability.

- Unemployment (and resulting financial strain) is associated with depression, substance abuse problems and marital turmoil, all of which are independently linked to suicide risk.

We can expect a sharp downturn in the economy to increase suicide risk, especially among working-age adults and older adults whose retirement security is threatened.

- Widespread increases in unemployment, usually in the context of unstable or declining economic opportunity, are strongly linked with increases in suicide rates; the largest changes in the economic cycle generally produce the largest increases in suicides. These links between unemployment and suicide are especially strong for working-age men, but show up in other groups as well, including women. Suicide rates tend to decrease with rising optimism and opportunity.
- In times of economic instability, anxiety over the possibility of losing a job, home or retirement nest egg may affect the employed, as well.

Leaders and their organizations can take steps to lessen the impact of the economic downturn.

- Helpful messages should:
 - o Temper sensational bad economic news with realism. In truth, we do not know how steep, deep, or long the downturn will be.
 - o Encourage community-based organizations and groups to increase levels of all types of support to those most affected by the economy, with the goal of relieving financial strain.
 - o Help those affected cope effectively, including seeking help from others.
- Organizations in the public and private sectors should help make key services more accessible, especially high-quality, comprehensive transition services for the unemployed and assistance for homeowners threatened by foreclosure.

Individuals in distress can take action to reduce their own levels of distress.

- Individuals can engage in activities that relieve anxiety and emotional distress and focus on managing areas in their lives where they still have some control. For instance, people can strengthen their connections with family members and friends, schedule regular times for healthy and relaxing activities, and seek re-employment training.
- Individuals who need additional help and support should seek the advice of a faith leader, doctor, or community health or mental health clinic.

continued on next page

- Individuals who feel they are in suicidal crisis (or are concerned about someone who is) should call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Ordinary individuals can make a difference by becoming aware of the warning signs of suicide and helping those who may be in danger get help.

- Warning signs of suicide can be downloaded at http://www.sprc.org/featured_resources/bpr/PDF/AASWarningSigns_fact_sheet.pdf.
- The media can help spread the word about preventing suicide. When reporting on suicide, the media should follow nationally recognized recommendations developed through work of the Annenberg Public Policy Center and leading experts (<http://www.afsp.org/media> or http://www.sprc.org/library/at_a_glance.pdf), since some types of reporting can contribute to copycat suicides and contagion.

This is an important time to advance our work on the National Strategy for Suicide Prevention.

- Public and private organizations at all levels have a role in preventing suicide—suicide prevention is “everyone’s business.” For suicide prevention ideas, read the National Strategy for Suicide Prevention (<http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/>).

FUNDRAISERS 2008

A very special thanks and a Very Happy Christmas to the following organisations who fundraised for us in 2008:

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FATHER DEMANDS INTERNET REGULATION AFTER SON’S SUICIDE

The father of a college student whose suicide was broadcast live over a webcam said he was appalled y the virtual audience that egged on his son and called for tougher regulation of internet sites.

Abraham Biggs Snr said those who watched and the website operators share some of the blame in his 19-year-old son’s death. “I think they are all equally wrong,” he said. “It’s a person’s life that we’re talking about. And as a human being, you don’t watch someone in trouble and sit back and just watch”. Police found Abraham Biggs Jnr dead in his father’s bed on Wednesday, 12 hours after he first declared on the website for bodybuilders that he planned to take his own life. He took a fatal drug overdose in front of internet audience. Although some viewers contacted the website to notify police, authorities did not reach his house in time. Biggs, who has said he was at work during the episode, said he had not known about his son’s online presence.

“I think after this incident and probably other incidents that have occurred in the past, they all point to some kind of regulation is necessary,” Mr. Biggs said. “I think it is wrong to have this happen for hours without any action being taken from the people in charge. Where were they all the time?” The younger Biggs posted a link from the website to Justin.tv which allows users to broadcast live with their webcams. A computer user who claimed to have watched said, after swallowing some pills, Biggs went to sleep and appeared to be breathing for a few hours while others cracked jokes. Some users told investigators they did not take him seriously because he had threatened suicide onsite before. Biggs Snr said he believes the webcast was a cry for help. “But rather than get help, he was ignored. I would not want to see anything like that on the internet and not try and get help for that young man. I think that’s what the average person would do. I’m really appalled.

Biggs Snr said his son loved helping others. “He was a good kid. Good kid”, Biggs Snr said. “It’s a shame I wasn’t there to help him. It’s a big loss to me. I wish I was there to help him – since nobody else would.” An autopsy concluded Biggs died from a combination of drugs, which his family said was prescribed for his bipolar disorder.

The Irish Examiner

De-Stressing In Stressful Times

Glance at the 10 leading causes of death in America, and you won’t find the word “stress” anywhere. Yet many well-respected studies link stress to a variety of ailments, including heart disease, stroke, and cancer. Depression and anxiety, which afflict millions of Americans, can be caused or exacerbated by stress. Stress also triggers flare-ups of asthma, rheumatoid arthritis, and gastrointestinal problems, such as irritable bowel syndrome.

Sometimes just thinking about embarking on a program of stress control can be stressful. Rather than freeze in your tracks, start small. Pick just one stumbling block or source of stress in your life, and see if these suggestions work for you.

1. Often angry or irritated? Consider the weight of cognitive distortions. Are you magnifying a problem or leaping to negative conclusions without checking to see if they have any foundation in fact? Take the time to stop, breathe, reflect, and choose.

2. Unsure of your ability to do something? Don’t try to go it alone. If the problem is work, talk to a co-worker or supportive boss. Write down other ways that you might get the answers or skills you need. Turn to tapes, books, or classes, for example, if you need a little tutoring.

3. Overextended? Clear the deck of at least one time-consuming household task. Consider what is truly essential and important to you and what might take a backseat right now.

4. Feeling unbearably tense? Try massage, a hot bath, mini-relaxations, progressive muscle relaxation, or a mindful walk. Practically any exercise, a brisk walk, a quick run, a sprint up and down the stairs will help, too. Done regularly, exercise wards off tension, as do relaxation response techniques.

5. Upset by conflicts with others? State your needs or distress directly, avoiding “you always” or “you never” zingers. Say, “I feel _____ when you _____.” “I would really appreciate it if you could _____.” “I need some help setting priorities. What needs to be done first and what should I tackle later?” If conflicts are a significant source of distress for you, consider taking a class on assertiveness training.

Mini-relaxation

Mini-relaxations can help allay fear and reduce pain while you sit in the dentist’s chair or lie on an examining table. They’re equally helpful in thwarting stress before an important meeting, while stuck in traffic, or when faced with people or situations that annoy you. Here are a few quick relaxation techniques to try.

When you’ve got 1 minute.

Place your hand just beneath your navel so you can feel the gentle rise and fall of your belly as you breathe. Breathe in slowly. Pause for a count of three. Breathe out. Pause for a count of three. Continue to breathe deeply for one minute, pausing for a count of three after each inhalation and exhalation.

When you’ve got 2 minutes.

Count down slowly from 10 to zero. With each number, take one complete breath, inhaling and exhaling. For example, breathe in deeply saying “10” to yourself. Breathe out slowly. On your next breath, say “nine,” and so on. If you feel lightheaded, count down more slowly to space your breaths further apart. When you reach zero, you should feel more relaxed. If not, go through the exercise again.

When you’ve got 3 minutes.

While sitting down, take a break from whatever you’re doing and check your body for tension. Relax your facial muscles and allow your jaw to fall open slightly. Let your shoulders drop. Let your arms fall to your sides. Allow your hands to loosen so that there are spaces between your fingers. Uncross your legs or ankles. Feel your thighs sink into your chair, letting your legs fall comfortably apart. Feel your shins and calves become heavier and your feet grow roots into the floor. Now breathe in slowly and breathe out slowly. Each time you breathe out, try to relax even more.

Harvard Health Publications

High school youth and suicide risk: exploring protection afforded through physical activity and sport participation

Suicide ranks as the third leading cause of death for adolescents. Recent data from the Centres for Disease Control and Prevention (CDC) indicate that the adolescent suicide rate increased 18% between 2003 and 2004. Sport may represent a promising protective factor against adolescent suicide. This study examined the relative risk of hopelessness and suicidality associated with physical activity and sport participation. Data from the CDC’s 2005 Youth Risk Behaviour Survey were analyzed. Logistic regression modelling was

used to compare the odds of hopelessness and suicidality in students who engaged in various levels of physical activity to inactive students. Similar analyses were performed comparing risks of athletes to nonathletes, and the risks of highly involved athletes to nonathletes. Findings showed that frequent, vigorous activity reduced the risk of hopelessness and suicidality among male adolescents. However, low levels of activity actually increased the risk of feeling hopeless among young females. Yet, for both males and

females, sport participation protected against hopelessness and suicidality. These findings indicate that involvement in sport confers unique psychosocial benefits that protect adolescents against suicidality. Findings suggest that mechanisms other than physical activity contribute to the protective association between sport and reduced suicidality. Social support and integration may account for some of the differences found in suicidality between athletes and nonathletes.

www.pubmed.gov

"The best of all gifts around any Christmas tree: the presence of a happy family all wrapped up in each other."

Burton Hillis



Economic Woes Lead To a Rise in Sleepwalking

Financial worries are leading to an increase in sleepwalking, researchers claim. Instances of sleepwalking have increased threefold this year compared with last, according to a poll by the hotel chain

Travelodge. Some 3,500 adults and 350 Travelodge hotel managers responded to the poll. Economic fears and worries about being sacked are thought to head the reasons for sleepwalking. The survey also

found that 98 per cent of sleepwalkers are naked men, and the optimum time for sleepwalker-spotting is 3.27am.

Independent.ie

Mothers' Mental Games Increase Depressive Symptoms in Daughters

A new study in the journal *Family Relations* examined the effects of a mother's psychological control on the risk for depression of African American adolescents.

Researchers found that girls whose mothers played mental games with them like making them feel guilty or withdrawing expressions of love reported much higher levels of depressive symptoms and lower levels of personal agency. Psychological control did not affect the psychological well-being of boys.

A sample of 152 African American students, in the ninth through twelfth grade at a high school, in a large Midwestern city was examined. The sample consisted of 102 females and 50 males. Researchers assessed the degree to which maternal psychological control had an effect on depressive symptoms.

The researchers suggested that, "The key for practitioners will be to impress upon parents the need to find a balance between psychological autonomy and behavioural regulation at each stage of their children's development."

Irish Medical News

When to Be Pushy on the Job

If you are wondering when to be pushy on the job, it could mean now is the time. If everything was fine, you would not even pose the question! So, exactly what is keeping you from expressing your feelings?

Do you have fear, that sinking feeling in the pit of your stomach? Why are you feeling that voicing your opinion would be categorised by your superior or others as being pushy? Will your boss get mad at you? Do you have fear of disapproval? What is pushy? These are all questions that may come into play with this question of when to be pushy on the job.

Feelings of inferiority could be keeping you silent. If you are worried about how others feel about what you want, then you should remember that chances are others are not that concerned with making you feel inferior. What is the worst that could happen if you voice your wishes? That they might say "no"? Or do they have nasty, condescending personalities naturally and you frequently have felt shot down in the past when trying to discuss something with them?

There are a ton of psychological processes that can come into play with interactions. However, you need to realise that you are entitled to your opinions, no matter what they are; they are valid. They are yours! How someone else reacts to you or what you ask, has nothing to do with you. Their reactions are just that — theirs, and their reactions are formed by their own personal history, not what you said. By watching how they interact with others, you may have a clue as to how to approach them and get positive results for your purposes. It's almost a human game!

When to be pushy on the job? When you are being discriminated against, when you feel you are being treated unfairly, when you feel you deserve a raise and have solid reasons why you deserve a raise. You should be pushy when your co-workers are sabotaging you and your work, or taking credit for your work. There are several reasons to speak up and ask for more. Sometimes there are legal issues, as with discrimination. Your failure to complain can leave you out of a job, or without a legal stand if the situation ends up in court.

helpingpsychology.com

Using a fan during sleep linked with lower risk of SIDS

Use of a fan appears to be associated with a lower risk of sudden death syndrome (SIDS) in rooms with adequate ventilation, according to a new report. The report followed a study in which doctor's analysed information from interviews of mothers of 185 infants who died from SIDS and mothers of 312 randomly selected infants from the same county, maternal ethnicity and age. Mothers were asked about fan use, soother use, open window in the room at the infant's last sleep, room location, sleep surface, number and type of covers over the infant, bedding under the infant and room temperature. Compared with infants who did not die from SIDS, at last sleep, significantly more infants who died from SIDS:

- Were placed on their stomachs or sides
- Did not use a soother
- Were found with bedding or clothing covering the head
- Slept on a soft surface
- Shared a bed with someone other than a parent

Having a fan on during sleep was associated with a 72 per cent decrease in SIDS risk, compared to sleeping in a room without a fan. Fan use in warmer room temperatures was associated with a 94 per cent decreased risk of SIDS compared with no fan use. Fan use also was associated with a decreased risk of SIDS compared with no fan use. Fan use also was associated with a decreased risk of SIDS in infants who slept in the prone or side position, shared a bed with someone other than their parents or did not use a soother. Despite the effectiveness of placing infants on their backs to sleep in lowering SIDS risk, approximately 25 per cent of child care providers do not regularly follow this practice, the researchers found. "Use of the prone sleep position remains highest in care providers who are young, black or of low income or who have low educational attainment," the study's authors reported. "Although improving the methods used to convey the importance of the supine sleep position remains paramount, use of a fan in the room of a sleeping infant may be an easily available means of further reducing SIDS risk that can be readily accepted by care providers from a variety of social and cultural backgrounds."

Irish Medical Times

SLEEP MARATHONS CAN BE BAD FOR YOU

Is it possible to have too much of a good thing and oversleep? We all know people who regularly have sleep marathons, but is it good for their health? Oversleeping has now been linked to a host of medical problems, including diabetes and heart disease.

Researchers stress, however, that two other factors, depression and low income are strongly associated with oversleeping. Those two factors may be the reason for the observed negative health effects. Experts typically recommend that adults should sleep between seven and nine hours each night.

For people who suffer from hypersomnia, oversleeping is actually a medical disorder. The condition causes people to suffer from extreme sleepiness throughout the day. It also causes them to sleep for unusually long periods of time at night. Many people with hypersomnia experience anxiety, low energy, and memory problems. Not everyone who oversleeps has a sleep disorder. There are people who simply enjoy taking to the bed.

Diabetes

In a study of 9,000 people, researchers found that people who slept more than nine hours each night had a 50pc greater risk of diabetes than people who slept seven hours per night. This increased risk was also seen in people who slept less than five hours per night.

Obesity

Sleeping too much could be bad for weight watchers. One recent study showed that people who slept for nine or 10 hours every night were 21pc more likely to become obese over a six-year period than people who slept seven to eight hours.

Headaches

For some people prone to headaches, sleeping longer than usual during time off can cause head pain. People who sleep too much during the day and disrupt their night time sleep may also find themselves suffering from headaches in the morning.

Back pain

There was a time when doctors told people suffering from back pain to head straight to bed. But those days are long gone. Doctors now realise the health benefits of maintaining a certain level of activity and they recommend against sleeping more than usual, when possible.

Depression

Although insomnia is more commonly linked to depression than oversleeping, roughly 15pc of people with depression sleep too much. This may, in turn, make their depression worse. Regular sleep habits are important to the recovery process.

If you average more than seven or eight hours of sleep per night, see your GP for a check up. The doctor can help you determine why you oversleep.

Independent.ie

Regular Low-Dose Aspirin Cuts Risk of Asthma in Women

A small dose of aspirin on alternate days can cut the risk of developing asthma among women, according to a new study. The findings came from almost 40,000 female healthcare professionals, who were part of the Women's Health Study. The women were all aged 45 years or above and had no serious illness, allergy or asthma at the start of the study. Participants were either randomly assigned to take 100mg of aspirin every other day, or placebo. During the 10 years during which the participant's health was monitored, there were 10 per cent fewer cases of asthma diagnosed among the women taking aspirin. In this group, 872 new cases were diagnosed, compared with 963 among those taking the placebo. The effect was evident, irrespective of age, menopausal status, exercise level and smoking, all factors that might be expected to influence the findings. And vitamin E supplementation, which was also being tested among the women to see if it prevented cardiovascular disease and cancer, did not affect the results either. The researchers did discover, however, that aspirin did not lessen the risk of asthma in obese women. Previous research in male doctors showed that aspirin cut the risks of asthma by 22 per cent, although the dose was much higher, at 325mg every other day.

Irish Medical Times

A Glass of Fruit Juice a Day Increases Diabetes Risk

An in-depth study has shown that drinking just one glass of orange juice a day could significantly increase a person's risk of diabetes. The American study followed the long-term health of 70,000 female nurses over an 18-year period. It found that the women who had one glass of fruit juice a day increased their odds of developing Type 2 diabetes by 18pc. The researchers suggest that "caution should be observed in replacing some beverages with fruit juices in an effort to provide healthier options".

Independent.ie

"Christmas is not a date. It is a state of mind."

Mary Ellen Chase



Love without Compassion Is Possessive, Controlling, and Dangerous

Compassion is the most important emotion in marriage and intimate relationships, contributing far more to happiness than love does. Relationships can be happy with low levels of love and high levels of compassion, but not the other way around.

Why is compassion so necessary for love relationships? For one thing, it sensitizes you to the individuality and vulnerability of your loved ones. It makes you see that your partner is a different person from you, with a separate set of experiences, a different temperament, different vulnerabilities, and, in some respects, different values. In contrast, if you feel the intensity of love without compassion, you cannot see the person your partner truly is. She becomes merely a source of emotion for you, rather than a separate person in her own right. When she makes you feel good, she's on a pedestal. When she makes you feel bad, she becomes a demon. Love without compassion is possessive, controlling, rejecting, and dangerous. It will certainly lead to resentment, anger, verbal abuse, and emotional abuse, and, possibly domestic violence. Compassion, on the other hand, makes you protective, rather than controlling. The difference is crucial. When you're protective, you want to help her achieve what is best for her. Most of all, you want her to feel okay about herself. When you're controlling, you want her to feel bad for not doing what you want her to do.

compassionpower.com

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The Psychology of Forgiveness

Forgiveness is most often associated with letting go of a past hurt or crime committed against you by another. To forgive, dictionary.com records, means to, "grant pardon for or remission of." The act of forgiving, however, is easier defined than done. The word "of" is a vitally important piece of the forgiveness puzzle, as is "who," though it doesn't appear above. The speed with which one forgives and in fact the decision to forgive in the first place hinges on those two words. Who said or did something to offend, and what are they guilty of?

The answers to both determine whether or not forgiveness is extended and how quickly the decision is made. Anyone who's ever been wronged by a friend, family member, co-worker, or stranger knows well this degree of difference. When, for instance, a husband or wife cheats, the duration of the affair – was it a one time fling or 6 month betrayal – goes a long way to determining whether or not the offended spouse will truly forgive their partner. The hurt inflicted – emotionally, mentally and spiritually – is often too much to overcome in those situations where the infidelity spanned months, not hours. On the other hand, if two teenage boys get in a fist fight after football practice, the odds that they'll be back in one another's good graces in a matter of hours is very high, especially if the catalyst for the fight was simply a hard hitting round of drills where emotions were already elevated. These types of altercations happen daily on athletic fields around the country, and forgiveness is usually offered after a well-meaning "I'm sorry."

There is also, however, the case of massive hurt inflicted accidentally by a stranger or mere acquaintance. For instance, when a young child darts in front of an unsuspecting driver, and is run over and killed, many parents – though overwhelmed with grief and sorrow – will extend forgiveness to the driver because of the accidental nature of his or her actions, especially if the driver shows empathy, which they usually do. On the other hand, if a husband or wife acts recklessly and backs the car into a beloved pet or worse, a child, forgiveness is not easy. The havoc wrought by a momentary explosion in anger or hasty judgment can be irreversible and unforgivable, for many. Why are there so many shades of forgiveness? The answer is that there are varying degrees of hurt – physical, mental, emotional and spiritual. Physical wounds are often easier to forgive than those that enter these other realms. The human existence is more than flesh and bone, and when someone inflicts deep wounds on another's psyche, it can take months or years for the offended party to pardon the offender. Add to that the closeness of the offender to the victim, and the complexity of a situation can multiply exponentially.

Moreover, the capacity to forgive – whatever the offense – varies from person to person. We've all met others who have an inability to forgive what most would consider minor offenses, though perhaps they are able to overlook and forgive graver offenses. In the end, the human condition makes forgiveness a messy business.

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Vitamin E Supplements Link to Lung Cancer Risk

Vitamin E supplements have been linked to increased risk of lung cancer, a new study has revealed. The Vitamins and Lifestyle (VITAL) study, which was published in the American Journal of Respiratory and Critical Care Medicine, covered the supplement-taking habits and lung cancer incidence of almost 78,000 adults in the US state of Washington over a four year period. Vitamin supplements won't protect people against lung cancer and taking vitamin E may even heighten the risk, according to the survey. In addition to the

expected association with smoking, family history and other lung cancer risk factors, there was a slight but statistically significant association with vitamin E supplements and incidence of the disease, the researchers found. Previous studies have found a protective effect of vitamin D on colon cancer, breast cancer and ovarian cancer, and recently a modest effect on lung cancer, but that effect came not from supplements but from sunlight, which causes vitamin D to be formed in the human body.

Irish Medical Times

Your Time

By Teresa Williams, Mary's Mum

*You alone are in total control of your time,
The time that you have,
Live it today for tomorrow never comes.*

*Respect your time be on time,
Know that also you have,
All the time in the world.*

*You cannot hold time in your hands,
But you can give some,
Someone values some of your time.*

*Take time out for you,
It is not that your are getting backwards,
You are not even going forwards.*

*You can return your time,
To go back to study or work,
Any time is a good time.*

*Remember who gave you your time,
He alone knows when your time is up,
Remember it is he who calls on your time.*

Successful Behavior

The measure of successful behaviour is not whether you feel powerful. That's just adrenalin, which is why you feel more powerful when angry, even though you are rarely able to act in your best interest or with your full intelligence and better judgment. Adrenalin power is temporary and usually resolves in depressed mood, even if you attempt anger management techniques. The measure of successful behaviour is not whether you feel good or bad. Endorphins (the pleasure hormone) and drugs make you feel good and cortisol (the painful hormone) makes you feel bad. Behaviour is successful if it makes you feel authentically you, that is, if it is consistent with your deepest values.

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