Action Guide

2010 Mastery Training

From Heartbreak to Happiness®
Master Certified Coach
Training Handouts

By Aurora Winter
From Heartbreak to Happiness®
Coaching Recipe – Mastery Summary
by Aurora Winter

1. Happiness Quiz & Stress Scale
2. Peace Method®
3. What Makes You Feel Important?
4. Letter Of Apology And Appreciation
5. The Work Of Byron Katie, 4 Questions & Turnaround, 3 Kinds Of Business
6. Your Core Strengths… How Do You Normally Express Them, New Ways To Express Them
7. Relationship Graph
8. Relationship Review For Peace Letter
9. Your Life Mission Statement
10. 101 Things To Do Before You Die (# of years to achieve each one)
11. Your Ideal Relationship – Describe Top 12 Characteristics
   • Observe traits already here in your life
   • 12-6-3
   • Existing – what makes you feel important vs. your mate?
   • Negotiating conflicts
   • Future – who would you have to become to attract the person you described?
13. What Are You Tolerating?
    • Top 10 at work, at home. Take action & eliminate energy drains.
    • Clearing clutter: 3 piles, recorded, boxes, sage
14. Handling overwhelm: placemat process, segment intending
15. Overwhelm: I should …(make a list). Why? If I really wanted to, I could…(list)
    So…why don’t you? Not good enough…when will you know you’re good enough?
16. Limiting Vs. Expansive Beliefs
17. Keeping Gratitude Journal, Appreciating Yourself, GROW Sandwich
16. 10-10-10 … what difference will this make in 10 days, 10 months, 10 years?
17. Non-violent communication: 4 steps to getting your needs met peacefully
18. Become More Peaceful: Under-Promise, Over-Deliver; Build A Super-Reserve
19. Using Time Effectively – 4 Quadrant. Focus On Important/Not Urgent
20. Time Management & The 80-20 Principle
21. Win – Win Or “No Deal”. Selfish Vs. Self-Full
22. Emotional Ladder – How To Work Your Way Up The Ladder & Choose Better-Feeling Thoughts
23. Gratitude – Thank A Mentor
24. Vision Board, Box Or Binder
25. Spiritual Mind Treatment
26. Daily Meditation, Mindfulness, Movement, Breathing
27. Feeling Things Fully
28. Expanding Your Awareness
29. Practice Random Acts Of Kindness – and Scheduled Habits of Kindness
30. Be Impeccable With Your Word
31. Don’t Take Things Personally (Be Independent Of The Good Opinion Of Others)
32. Don’t Make Assumptions
33. Take Action – Strive For Excellence, Not Perfection. Get It Done.
34. Wouldn’t It Be Nice If… Turn It Over To The Manager.
35. Venting writing … 20 minutes without lifting pen from paper or stopping, then burn it. Releasing. Invites Divine guidance and inner wisdom.
   • Define the worst that could happen. What steps could you take to repair that damage?
   • What are the benefits of the more likely outcomes? What are you putting off out of fear?
   • What is it costing you – financially, emotionally, physically – to postpone action?
   • What are you waiting for?
37. The Power of Deliberate Intention
38. Build An Inventory Of Assets: Talents, Passions, People, Resources, Funds
39. Build Your Dream Team & Mastermind Team
40. You’ve Achieved All Your Goals, Overcome Every Challenge. Describe Your Ideal Life In 5 Years
41. The Sedona Method
42. Add your own powerful coaching exercises and questions
# Recommended Reading - Mastery

## RECOMMENDED READING

1. *The 4 hour Workweek* by Timothy Ferriss  
   - January
2. *Seven Spiritual Laws of Success* by Deepak Chopra  
   - February
3. *Non-violent Communication* by Marshall Rosenberg  
   - March
4. *Man’s Search for Meaning* by Victor Frankl  
   - April
5. *The Four Agreements* by Don Miguel Ruiz  
   - May
6. *Living The Science of Mind* by Ernest Holmes  
   - June
7. *Vaporize Your Anxiety* by Tom Stone  
   - July
8. *The Sedona Method* by Hale Dwoskin  
   - August
9. *Radical Forgiveness* by Colin Tipping  
   - September
10. *Love Without Conditions* by Paul Ferrini  
    - October
11. *Power vs Force* by David Hawkins  
    - November
12. *Flow* by Mihaly Csikszentmihalyi  
    - December

## BONUS READING SUGGESTIONS

- *A Grief Observed* by C. S. Lewis
- *Essential Coaching Tools* by Coach U Inc.
- *Flow* by Mihaly Csikszentmihalyi
- *Getting Things Done* by David Allen
- *Tuesdays with Morrie* by Mitch Albom
- *Man’s Search for Meaning* by Victor Frankl
- *The Path* by Laurie Beth Jones
- *Living The Science of Mind* by Ernest Holmes
- *Love is the Killer App* by Tim Sanders
- *The Tipping Point* by Malcolm Gladwell
- *The Success Principles* by Jack Canfield
- *The Obsolete Employee* by Michael Russer
- *How To Become A Rainmaker* by Jeffrey J. Fox
- *Selling The Invisible* by Harry Beckwith
- *Motivational Marketing* by Robert Imbrie
- *NO BS Time Management for Entrepreneurs* by Dan Kennedy
- *The Science of Influence* by Kevin Hogan
- *Influence: The Psychology of Persuasion* by Robert Cialdini
- *How to Make a Whole Lot More Than $1,000,000* by Dr. Jeffrey Lant
- *No BS Wealth Attraction for Entrepreneurs* by Dan Kennedy
- *The Greatest Salesman in the World* by Og Mandino
How to Lead a Small Group Mastermind
Call #1 – February 3, 2010

Please review the online audio and handouts regarding how to lead a small group mastermind.
What is Mastery?
Call #2 – February 17, 2010

SHARING: Your vision for Mastery for yourself & for GCA this year
CO-CREATING that intention energy field
VOLUNTEERS – Spiritual Mind Treatment – this call

HOMEWORK
• Attend your Mastery Mastermind calls 1st Wednesday each month (lead by Ruth Zoda)
• Select your Mastery project for this year & email it to me & cc Maureen
• Select your GCA project for this year & email it to me & cc Maureen & keep a log of your hours (50 hours = 4 hours per month)
• Read Seven Spiritual Laws of Success by Deepak Chopra
• Daily practice – read 1 chapter each day, apply that chapter’s lessons during the day. Continue this for a minimum of 1 month
• Venting writing … 20 minutes without lifting pen from paper or stopping, then burn it. Releasing. Invites Divine guidance and inner wisdom.
• VOLUNTEERS – NEXT CALL
  1. Spiritual Mind Treatment
  2. 3 minute talk (Your topic – 3 keys, book report, sharing life mission statement)
  3. Closing prayer

What is Mastery?

Malcolm Gladwell reports in his book "Outliers" that it takes 10,000 hours of practice to achieve Mastery. Mastery is not an end result, but an ongoing process. Master coaches are authentic, caring, evolving human beings who have an ongoing practice of choosing peace.

Here’s my definition of Mastery, and my vision for each of you this year. A Master coach:

• Co-creates a harmonious, inspiring community at the Grief Coach Academy (GCA) where people devastated by loss can heal and grow and find meaning in transcending their own personal loss in inspired service to others

• Co-creates a learning environment that brings out the best in people and creates excellent From Heartbreak To Happiness® (FHTH) coaches

• Is capable of leading/co-leading a small group via phone coaching, and has experience doing so leading the Masterminds
• Is a shining example of loss transcended: authentic, open, transparent, real ... AND continually and genuinely choosing the discipline of seeing everything as a gift, and having an ongoing habit and practice of doing the inner work required to authentically achieve that perspective. Accepting of self and others, forgiving, embracing the present moment.

• Selects a Mastery project that stretches you...and completes it this year

• Selects a community contribution project and contributes to something greater than yourself (could be GCA, could be elsewhere).

• Shows up at all events and phone seminars and fully participates, for yourself and also as a way of contributing to others. Knows that your presence and contribution makes a difference.

• Chooses daily habits and a way of being and growing that supports your inner peace and growing consciousness/enlightenment so that you can give the gift of peace to others through the overflow from your own sweet well of inner peace.

• Takes a mentoring/leadership role inspiring and guiding 1st year students.

• Identifies 1st year students who have the potential for Mastery and encourages them to join us.

• Is able to present an interesting and informative 3-minute talk

• Has mastered the 9 core FHTH coaching skills (minimum 5 hours of practice of each skill, maximum 9 hours coaching with each client.)

• Listens to the Happiness 101 audios and uses it as a template/resource to create your own teleseminar series or workshop on your own non-grief topic, such as parenting, releasing phobias, losing weight, having fun, etc. (That could be your Mastery project. Or you could write your book, or select another project.)

• Listens to the Happiness 101 audios several times and learns the material if you’re interested in leading group grief coaching phone seminars for GCA

• Listens to all the online interviews with authors, coaches and experts
• Participates in all the teleclasses or listens to them all online if unable to attend live.

• Reads all the recommended books

• Is proactive in achieving the above goals and your own vision of what Mastery means to you, takes responsibility for creating your own results

I trust sharing my vision of Mastery is helpful, and that it inspires you to YOUR greatness! I see us achieving great things together this year ... both individually and collectively.

SHARING: Your vision for Mastery for yourself & for GCA this year
CO-CREATING that intention and energy field

Specific requirements to become a Master certified FHTH coach:

• Present at least one 3 minute presentation during a Mastery call. This could be your own content or a book review.

• Have your own version of a Spiritual Mind Treatment mastered and memorized, so you are always ready to start a coaching call that way. Share your Spiritual Mind Treatment during one of our Mastery calls.

• Complete CD interview project with Aurora

• Complete Mastery project of your choice (your book, creating your own teleseminar series, creating your keynote speech, creating a workshop etc)

• Complete 50 hours in a mentoring, leadership, coaching, or volunteer project at GCA (for example, Maureen took on the project of getting everyone’s bios online at GCA as her community contribution project). You could use leading Masterminds and reaching out to support and coach your Mastermind students as this project. Most 1st year students would benefit from additional coaching, and most Mastery students need more practice to become truly masterful coaches, so it is a win-win for you to offer to do additional coaching with other GCA students. Or you could be inspired to add value to our community in a different way, such as helping at events.

• Have your life mission statement written and memorized so you can share it at any time
• Record and submit 3 20 minute “laser” coaching calls for Aurora to review (or do demo laser coaching on our group calls to demonstrate your ability)

• Complete requirements for having your own paying coaching clients for a minimum of 25 hours

• Be Masterful and proficient coaching with all core 9 FHTh coaching steps, including the Peace Method®, as well as other coaching techniques that are taught (see Mastery summary list).

**VOLUNTEERS – NEXT CALL**
Spiritual Mind Treatment
3 minute talk (Your topic – 3 keys, book report, sharing life mission statement)
Closing prayer

**Venting writing**
Powerful releasing exercise.
20 minutes without lifting pen from paper or stopping. Use a timer.
Write “For the highest good of all concerned” at the top. Under that protection, give yourself permission to be as pissy, snarly, angry, etc as possible.
Don’t edit, censor, spell-check, stop to reflect or compose. No restraint.
Then burn paper. (Frees you knowing you will burn it, also is a releasing ceremony. Sage and a releasing prayer, or turning it over to God may be added to the burning step if desired.)
May result in choosing a better-feeling thought, but this is an undirected process of release and discovery.
Rather than resisting the feelings/thoughts, invites them in, hears the “monkey mind”.
What you resist, persists. This is a process of non-resistance.
Invites insight, Divine guidance and inner wisdom.

If you have an upset client, this is great homework for them to do.

**RECOMMENDED READING – THIS QUARTER**
*The 4 hour Workweek* by Timothy Ferriss January
*Seven Spiritual Laws of Success* by Deepak Chopra February
*Non-violent Communication* by Marshall Rosenberg March
Seven Spiritual Laws of Success by Deepak Chopra - Summary

1. The Law of Pure Potentiality
We are pure potentiality, infinite creativity. We are a part of the Divine – infinite.
Action steps:
1. Take time each day to be silent, to just be. Meditate
2. Connect with nature
3. Practice non-judgment “Today, I shall judge nothing that occurs”

2. The Law of Giving
The flow of life operates through giving and receiving. Give that which you seek.
Action steps:
1. Give everyone a gift – a flower, a compliment, a prayer of blessing
2. Receive the gifts life offers – sunshine, oxygen, from nature, from people
3. Keep wealth circulating by giving and receiving the caring, affection, appreciation, and love

3. The Law of “Karma” or Cause and Effect
What we sow is what we reap. Choose actions that bring happiness & success to ourselves and others, and you will receive happiness and success in return.
Action steps:
1. Witness the choices you make in each moment
2. When you make a choice, ask: “What are the consequences of this choice?”  “Will this choice bring happiness to me and those affected by this choice?”
3. Ask your heart for guidance and be guided by its message of comfort or discomfort, allowing you to make spontaneously correct choices

4. The Law of Least Effort
Nature’s intelligence operates with effortless ease … with carefreeness, harmony, and love. Do the same and create success and good fortune with effortless ease.
Action steps:
1. Acceptance. I know that this moment is as it should be.
2. Responsibility. I choose the best response to the situation as it is now, without blaming myself or others.
3. Defenselessness. I release the need to defend my point of view. I choose to remain open to all points of view.
5. The Law of Intention and Desire
When we introduce an intention in the fertile ground of pure potentiality, we put the infinite organizing power of the Universe to work for us.

Action Steps:
1. I will make a list of all my desires
2. I will release my desires and trust the cosmic plan
3. I will remind myself to be in the present moment. I will refuse to allow obstacles to consume or dissipate my consciousness.

6. The Law of Detachment
In our willingness to step into the unknown, the field of all possibilities, we surrender ourselves to the creative mind that orchestrates the dance of the universe.

Action Steps:
1. I will commit myself to detachment. I will allow myself and those around me to be as they are. I will not rigidly impose my idea of how things should be. I will not force solutions on problems, thereby creating new problems.
2. In my willingness to accept uncertainty, solutions will spontaneously emerge out of the confusion.
3. I will remain open to an infinity of choices, and experience the fun and magic of life.

7. The Law of “Dharma” or Purpose in Life
Everyone has a purpose in life … a unique gift or special talent to give to others. When we blend this unique talent with service to others, we become fulfilled and prosperous.

Action Steps:
1. I will lovingly nurture the god or goddess in embryo that lies deep in my soul.
2. I will make a list of my unique talents, and all the things I love to do while expressing my unique talents.
3. I will ask myself daily, “How can I help?” and I will serve with love.
Non-Violent Communication
4 Steps To Getting Your Needs Met Peacefully
Demands vs Requests
& How to Say “No”
Call #3 – March 17, 2010

HOMEWORK
• Attend your Mastery Mastermind calls 1st Wednesday each month (lead by Ruth Zoda)
• Practice Non-violent communication
• Practice saying “no”
• If you haven’t already done so, please select your Mastery project for this year & email it to me & cc Maureen, also select your GCA project for this year & email it to me & cc Maureen & keep a log of your hours (50 hours = 4 hours per month)
• Continue the habit of reading Seven Spiritual Laws of Success by Deepak Chopra. Daily practice – read 1 chapter each day, apply that chapter’s lessons during the day. Continue this for a minimum of 1 month
• Read the recommended Mastery books: “Non-violent communication”, “Man’s Search for Meaning” etc
• VOLUNTEERS – NEXT CALL
  1. Spiritual Mind Treatment (to open)
  2. 3 minute talk
     (Your topic – 3 keys, or a book report, or sharing your life mission statement)
  3. Closing prayer

Today: Ann – Spiritual Mind Treatment, Babette – 3 minute talk

People are very different. Golden rule vs Platinum rule.

But how do you find out what another person wants and needs?
How can you express yourself effectively – especially when things have gotten emotionally charged, or when the other person is upset? How can you defuse the situation…and yet not “cave in”?

What are some skills that will empower you – and your coaching clients – to go for “win – win”?
Nonviolent Communication: A Language of Life
By Marshall B. Rosenberg

Do you hunger for skills to improve the quality of your relationships, to deepen your sense of personal empowerment or to simply communicate more effectively?

Unfortunately, for centuries our culture has taught us to think and speak in ways that can actually perpetuate conflict, internal pain and even violence. Nonviolent Communication partners practical skills with a powerful consciousness and vocabulary to help you get what you want peacefully.

In this internationally acclaimed text, Marshall Rosenberg offers insightful stories, anecdotes, practical exercises and role-plays that will dramatically change your approach to communication for the better. Discover how the language you use can strengthen your relationships, build trust, prevent conflicts and heal pain.

Revolutionary, yet simple, NVC offers you the most effective tools to reduce violence and create peace in your life – one interaction at a time.

Over 150,000 copies of “Non-Violent Communication” have been sold. This is a great book for every coach to read!

Nonviolent Communication (NVC) is a process developed by Marshall Rosenberg. It is a way to communicate with greater compassion and clarity. It focuses on two things: honest self-expression — exposing what matters to oneself in a way that's likely to inspire compassion in others, and empathy — listening with deep compassion.

One central tenet of nonviolent communication (also called "compassionate communication") is that everything a human being does (whether benign or hurtful) is an attempt to meet their human needs.

Or, as “A Course in Miracles“ states – everything is an express of love – or a call for love.

NVC postulates that conflict between individuals or groups is a result of miscommunication about these needs, often because of coercive language or manipulative language (e.g., inducing fear, guilt, shame, praise, blame, duty, obligation, punishment, or reward).

One aim of NVC is to create a situation in which everyone's needs are met. The reasoning is that from a state of mutual understanding and compassion, new strategies will be generated that meet at least some needs of everyone.
NVC advocates that in order to understand each other, the parties express themselves in **objective and neutral terms** (talking about their factual observations, feelings and needs) rather than in **judgmental terms** (such as good versus bad, right versus wrong, or fair versus unfair).

Formal NVC self-expression follows four steps:

1) making neutral **observations** (distinguished from interpretations/evaluations e.g. "I see that you are wearing a hat while standing in this building.")
2) expressing **feelings** (emotions separate from reasons and interpretation e.g. "I am feeling puzzled")
3) expressing **needs** (deep motives e.g. "I have a need to learn about other people's motives for doing what they do") and
4) making **requests** (clear, concrete, feasible and without an explicit or implicit demand e.g. "Please share with me, if you are willing, your reasons for wearing the hat in this building.").

Practicing NVC means that one listens carefully and patiently to others, even when speaker and listener are in conflict. The listener may show empathy for the speaker by responding with reworded versions of the speaker's own statements ("I hear you saying that....") and attempting to recognize the needs motivating the speaker's words ("It sounds like you need....").

**Definition**

One definition of nonviolent communication offered by Rosenberg is the following: "... language, thoughts, communication skills and means of influence that serve my desire to do three things:

- to liberate myself from cultural learning that is in conflict with how I want to live my life.
- to empower myself to connect with myself and others in a way that makes compassionate giving natural.
- to empower myself to create structures that support compassionate giving."

NVC gives priority to creating a high **quality of connection** to oneself and between people. NVC advocates claim that without connection, effective communication cannot occur.

Maintaining a focus on **needs** is a central premise. Needs, as the term is used in NVC, are universal and experienced by all people at different times and to different degrees. They serve as a basis for understanding and more easily sympathizing with motivations.

**NVC distinguishes needs from strategies** which are specific plans to try to meet needs.
NVC advocates claim that if people interact only with an awareness of strategies, it is easy for people’s strategies to come into conflict.

NVC advocates claim that operating from an awareness of needs increases flexibility, insofar as there are typically many strategies that could lead to a given need being met.

NVC practitioners report that awareness of needs leads to deep satisfaction.

NVC processes and attitudes are strategies intended to "serve life" — to increase the joy and well-being of all.

NVC advocates claim quality connections and a focus on meeting everyone’s needs serve these ends.

**OFNR process model**

The OFNR process illustrated as a mind-model

The NVC model has three or four steps depending on the mode of use.

1. Observation
2. Feelings
3. Needs
4. Request (optional, depending on mode)
The two modes of use of the NVC model are

1. empathy, including both self-empathy, and empathy for another, and
2. honest self-expression, including "please" (request) and "thank you" (gratitude)

OFNR model in more detail
The four steps, when used in "self-expression" mode, work like this:

1. To observe without evaluation, judgment, or analysis,
2. To express feelings which these observations evoke,
3. To express needs connected with these feelings,
4. (optional) To make a specific request of another person to help meet an unmet need, and to enrich life of everyone involved. Essential in this is that the other person is to be left free to honour or decline the request.

In this recipe, offering an observation serves to give the listener a reference as to the subject. Offering a feeling (uncontaminated by interpretation and blame) tends to increase connection. Expressing needs, either met or unmet, provides connection and meaning. Finally, a request offers clarity as to what the speaker wants.

Demands (for which there is only one acceptable response) do not meet the recipient’s need for autonomy and tend to produce either submission or rebellion. Typically, neither of these responses is enjoyable for both parties. Both responses foster resentment and strain the relationship. In contrast, it is felt that the consistent use of requests (for which no answer will trigger retaliation of any kind) leads to people experiencing the joy of giving. People will often say "yes" to a request out of the desire to contribute to one another, which NVC practitioners maintain is a stronger and more universal motivation than is commonly recognized.

If a request yields a “no,” the suggestion is to interpret that as information that a need exists that the requester was not aware of and may want to investigate. The need that originally motivated the request is more likely to be met through a strategy that respects all needs.

Empathy
The Empathy process practiced in NVC is sometimes called "deep listening". It involves the listener connecting with the essential core of an individual’s experience and offering a kindly energy of presence. The empathy process offered by NVC is often referred to as "giving empathy." It is more accurately a procedure that supports the development of true empathy.
This process involves listening for, and sometimes guiding the other person towards describing:

1. **Observations** as to what happened,
2. **Feelings** evoked, sometimes guessing what feelings might be, if the other is (for example) in blame mode,
3. **Needs** both met and unmet, although the unmet needs are most likely to be provoking the feelings involved

(Note: in Empathy mode, the "Request" step for the OFNR model is omitted.)

The empathy process for another may be conducted out loud, as an interaction with that person, or silently, as an inner approach to awareness of that person’s experience.

Empathy brings about understanding of the needs of the one "receiving" empathy, and also relieves emotional charge. Emotional charge is often uncomfortable and is a barrier to being able to hear others clearly and respond in a flexible fashion. Thus, empathy may be used to relieve distress and increase understanding and readiness for hearing.

**Formal vs. colloquial**
To communicate using NVC, one can choose to speak either "formal" or "colloquial" NVC.

In formal NVC, following the OFNR steps to provide empathy and express oneself, one tends to use standard NVC expressions and NVC words such as "feel" and "need." Formal NVC can be well-received and effective, but it is sometimes perceived as odd and stilted by the receiving party.

In colloquial (or "street") NVC, on the other hand, one seeks to use natural language that fits seamlessly in the exchange. So long as it springs from an awareness of needs and an intention to connect, such natural language may be considered NVC.

Formal NVC is used mainly to teach NVC and among NVC practitioners. To speak colloquial NVC effectively, mastering formal NVC first is recommended.

**Nonviolence**
The name "nonviolent communication" refers to Gandhi’s philosophy of ahimsa or nonviolence. Unlike Gandhi, Rosenberg endorses the use of protective force—the use of force to keep injury from occurring, so long as it is not punitive, i.e., force applied with the intention to punish or harm someone for a past deed.
Rosenberg says the desire to punish and the use of punitive measures only exist in cultures that have moralistic good/evil worldviews. He points out that anthropologists have discovered cultures in many parts of the world in which the idea of someone being "bad" makes no sense. He says such cultures tend to be peaceful.

**Request vs Demand**

What is the difference between making a request and making a demand? With a demand, the person doesn’t really have the freedom to give an honest “yes” or “no”. With a request, the person is free to say “yes” or “no”.

Saying “No”

When we say “yes” to something, we say “no” to something else. Often we are saying “no” to ourselves and to self-care. Or we are saying “no” to our own values and priorities. Or we are saying “no” to our existing commitments to ourselves and others.

When we say “yes”, we feel no need to justify. For example, if someone asks you out to a movie, do you respond, “Yes, because I haven’t seen that movie.”? Or “Yes, because I’d like to spend some time with you.” No – you simply say, “Yes!” Let your “no” also stand clear and clean.

When we say “yes” but we really mean “no”, we haven’t given anyone a gift. Eventually our resentment will surface, and the other person will pay because we did not do them – and ourselves – the honor of honestly saying “no.”

With some practice, you can be unconditionally loving to yourself and the other person while also saying “no.” Hear their request, acknowledge it, respect what they are asking for, and say “no” if that is your truth.

The word “but” can negate, so try using “and” instead. Here are some possible ways to respond. Discover which ones feel most caring and natural to you – or add your own variations. Use what is true for you in each specific situation. Release the need to defend or justify your “no.”

- Thanks you for thinking of me and asking, and no.
- I understand, and no.
- You could be right, and no.
- Thank you, and no.
- Thank you for having the courage to make such a clear request, and no.
- I hear you, and no.
- I want to please you, and no.
- I hear you, and no. Do you have another suggestion?
- I am quite frightened to say no to you, please support me.
- No, and I need your help and support on this.
- I understand you, and no. Who else might be able to help you with that?
- I want to please you, and no. Would you like my help brainstorming other solutions?
- I don’t know yet. Please ask me later.
Would you rather be right … or be happy?

It defuses a situation to say “you could be right.” Notice that sometimes you may resist giving this gentle, peaceful response.

Why?

I wanted to share this quote from E. Tolle’s “A New Earth” so that you may just smile, and relax into releasing the need to be right.

“Ego takes everything personally. Emotion arises, defensiveness, perhaps even aggression. Are you defending the truth? No, the truth, in any case, needs no defense. The light or sound does not care what you or anybody else thinks. You are defending yourself...or rather the illusion of yourself, the mind-made substitute.... The illusion is defending itself.” - E. Tolle

Or as Byron Katie puts it, “Defense is the first act of war.”

Let’s be peacemakers!
NEEDS INVENTORY: NVC – select your top 20

AUTONOMY
Freedom
Choice
Individuality
Independence
Self-empowerment
Solitude

NURTURANCE
Touch
Physical affection
Warmth – caring
Tenderness
Comfort
Bonding

INTEGRITY
Self-worth
Self-respect
Authenticity
Honesty – Values
Purpose
Vision – Dreams

SOCIAL / EMOTION (Interdependence)
Respect – Fairness – Consideration
Support – Cooperation – Empathy
Trust – Reassurance – Certainty
Equality – Tolerance – Justice
Being Heard – Understanding
Appreciation - Admiration
Love – Affection – Acceptance – Being Liked
Predictability – Reliability – Stability
Contribution – Giving – Serving
Friendship – Companionship – Sharing – Intimacy
Acknowledgement – Recognition – Validation
Community – Family

MENTAL
Stimulation
Understanding – Clarity
Comprehend
Information, Financial Security

SPIRITUAL ENERGY
Beauty – Aesthetic
Harmony – Peace
Order – Grace
Communion
Inspiration
Being – Beingness
Ritualize the Sacred

SELF EXPRESSION
Creativity
Meaning
Growth
Mastery
Teaching
Healing
Goals

CELEBRATION OF LIFE
Play – Humor
Passion – Intensity
Stimulation – Excitement
Exercise – Movement
Pleasure – Delight
Mourning: Moments, Loved Ones, Dreams

PHYSICAL SURVIVAL
Rest
Shelter
Food
Safety
Protection
Water
Sex

RELATIONSHIPS
Honor & Respect
Security of Home & Family
True Love
Freedom to Choose
NVC – 4 steps
Adapted from material from “Non-Violent Communication” by Marshall Rosenberg

THE LANGUAGE OF COMPASSION

1. Observation – state the fact (without judgment)
   What has been “said” or
   has been done or
   the “thought” being experienced

2. Feeling: Emotion Experienced

3. Need – being met or not being met

4. Request: what would make your life more wonderful in the moment

THE LINK BETWEEN FEELINGS AND NEEDS

Needs being MET ➔ Life-affirming, good feeling

Needs NOT being met ➔ Life-diminishing, bad feeling
What About Suicide?
Call #4 – April 21, 2010

HOMEWORK
• Attend your Mastery Mastermind calls 1st Wednesday each month (lead by Ruth Zoda)
• Listen to the interview I did with Christie Whitman about suicide prevention
• If you haven’t already done so, please select your Mastery project for this year & email it to me & cc Maureen
• Read the recommended Mastery books: “Man’s Search for Meaning”, “The Four Agreements” etc
• Bonus reading “Please Understand Me II” by David Keirsey and “Codependent No More” by Melodie Beattie
• VOLUNTEERS – NEXT CALL
  • Spiritual Mind Treatment (to open)
  • 3 minute talk
    (Your topic – 3 keys, or a book report, or sharing your life mission statement)
  • Closing prayer

On this call, we will discuss:
• Biggest Ah hahs! from event
• 2010 Coach of the Year PRIZE = $23,000 value!
• $1,000 cash
• 2011 Mastery program enrollment (value $7,000)
• Registration for 2 at GCA event of choice (value $3,000+)
• Airfare & hotel for 2 (value $2,000)
• Bonus Mastermind day with Aurora (value $10,000)
• WOW me! Send me your videos, your testimonials, your actual results!
  o Getting your book published
  o Best web site
  o Enrolling the most clients
  o Making a difference
  o Making the most income
  o Golden mic award
  o 6 figure club prize – total household income of $8,333 or more in at least one month in 2010. Breaking the 6 figure barrier is key – once you have done it 1x, you can do it again and again! (If you qualify, you may also nominate the GCA student who helped you the most to join us on the special day exclusive to the 6 figure club. After all, as coaches, we know that we can make a difference!)
I will also be discussing:

- People contemplating suicide – warning signs
- People who commit suicide – research
- Grief in the aftermath of a suicide

As coaches, it is important that we stick to our core competencies and ideal clients. Refer mentally-ill people to therapists, doctors, and other professionals. If you are concerned that someone is contemplating suicide, take immediate action and call 9-1-1 or the suicide prevention hotline, which is currently:

**National Suicide Prevention Lifeline - With Help Comes Hope**

Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress ...

[www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/)
“Man’s Search for Meaning”
by Vicktor Frankl

This heart-wrenching and yet deeply inspiring book taught me that we should not “push against” suicidal thoughts … we should “push against” meaninglessness.

Everyone needs meaning in their life!

If your coaching client expresses a thought such as “I don’t even want to be alive any more” you can greet that statement by acknowledging and validating…and then they will feel heard and will be open to you leading them into discovering and creating a new meaning and purpose for their life. The old meaning may be gone. Help them create new meaning!

Here’s a little history about Viktor Frankl (courtesy of Wikipedia)

Viktor Emil Frankl M.D., Ph.D. was an Austrian neurologist and psychiatrist as well as a Holocaust survivor. Frankl was the founder of logotherapy, which is a form of Existential Analysis, the "Third Viennese School of Psychotherapy”. His best-selling book, Man’s Search for Meaning chronicles his experiences as a concentration camp inmate and describes his psychotherapeutic method of finding meaning in all forms of existence, even the most sordid ones, and thus a reason to continue living. Frankl was one of the key figures in existential therapy.

On September 25, 1942 he, along with his wife and his arents were deported to the Theresienstadt concentration camp. There Frankl worked as a general practitioner in a clinic until his skill in psychiatry was noticed, when he was asked to establish a special unit to help newcomers to the camp overcome shock and grief. He later set up a suicide watch unit, and all intimations of suicide were reported to him.

To maintain his own feeling of being worthy of his sufferings in the dismal conditions, he would frequently march outside and deliver a lecture to an imaginary audience about "Psychotherapeutic Experiences in a Concentration Camp”. He believed that by fully experiencing the suffering objectively, he would thereby end it.

In other words, he invited in the “witness” and created a gap between the experience and the experiencer.

Though assigned to ordinary labor details until the last few weeks of the war, Frankl tried to cure fellow prisoners from despondency and prevent suicide. He worked in the psychiatric care ward, headed the neurological clinic in block B IV, and established and maintained a camp service of psychic hygiene and mental care for sick and those who were weary of life. Frankl at
Then, on October 19, 1944, he was transported to Auschwitz concentration camp, where he was processed and spent a number of days and then was moved to Türkheim, another Nazi concentration camp affiliated with Dachau, where he arrived the 25th of October 1944, and was to spend 7 months working as a slave-labourer. Meanwhile, his wife had been transferred to the Bergen-Belsen concentration camp, where she was murdered; his father and mother had been sent to Auschwitz from Theresienstadt and were murdered there as well.

On April 27, 1945, Frankl was liberated by the Americans. Among his immediate relatives, the only survivor was his sister, who had escaped by emigrating to Australia.

It was due to his and others' suffering in these camps that he came to his hallmark conclusion that even in the most absurd, painful and dehumanized situation, life has potential meaning and that therefore even suffering is meaningful.

This conclusion served as a strong basis for Frankl's logotherapy. An example of Frankl's idea of finding meaning in the midst of extreme suffering is found in his account of an experience he had while working in the harsh conditions of the Auschwitz concentration camp:

... We stumbled on in the darkness, over big stones and through large puddles, along the one road leading from the camp. The accompanying guards kept shouting at us and driving us with the butts of their rifles. Anyone with very sore feet supported himself on his neighbor's arm. Hardly a word was spoken; the icy wind did not encourage talk. Hiding his mouth behind his upturned collar, the man marching next to me whispered suddenly: "If our wives could see us now! I do hope they are better off in their camps and don’t know what is happening to us."

That brought thoughts of my own wife to mind. And as we stumbled on for miles, slipping on icy spots, supporting each other time and again, dragging one another up and onward, nothing was said, but we both knew: each of us was thinking of his wife. Occasionally I looked at the sky, where the stars were fading and the pink light of the morning was beginning to spread behind a dark bank of clouds. But my mind clung to my wife’s image, imagining it with an uncanny acuteness. I heard her answering me, saw her smile, her frank and encouraging look. Real or not, her look was then more luminous than the sun which was beginning to rise.

A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth -- that love is the ultimate and the highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: The salvation of man is through love and in love. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring
his sufferings in the right way—an honorable way—in such a position man can, through loving contemplation of the image he carries of his beloved, achieve fulfillment. For the first time in my life I was able to understand the meaning of the words, “The angels are lost in perpetual contemplation of an infinite glory....”

I quoted Viktor Frankl in my book “From Heartbreak to Happiness” as I find his insights and wisdom profound.

Another important conclusion for Frankl was:
If a prisoner felt that he could no longer endure the realities of camp life, he found a way out in his mental life—an invaluable opportunity to dwell in the spiritual domain, the one that the SS were unable to destroy. **Spiritual life strengthened the prisoner, helped him adapt, and thereby improved his chances of survival.**

In 1947 he married his second wife Eleonore Katharina Schwindt. She was a practicing Catholic and the couple respected each other’s religious backgrounds. They had one daughter, Gabriele, who went on to become a child psychologist. In 1955 he was awarded a professorship of neurology and psychiatry at the University of Vienna, and as visiting professor, he resided at Harvard University.

In the post-war years, Frankl published more than 32 books (many were translated into 10 to 20 languages) and is most notable as the founder of logotherapy. (Logos, λόγος, is Greek for word, reason, principle; therapy, Θεραπεύω, means I heal.). He lectured and taught seminars all over the world and received 29 honorary doctorate degrees.

Frankl died September 2, 1997, of heart failure, in Vienna.
SUICIDE MYTHS & FACTS

Myth: People who talk about killing themselves rarely commit suicide

Fact: 2/3 of people who commit suicide talk about it first, or give some kind of verbal warning.

Myth: One should not talk about suicide with someone who is depressed – it might give them the idea.

Fact: Suicidal thoughts are common in the general population. It is much better to talk about it. It may prompt the person to get help (or release the emotions AW)

Myth: Suicidal people are mentally ill. Only crazy people commit suicide.

Fact: While suicide is associated with depression, alcoholism or schizophrenia, only about 25% of suicides would be classified as psychotic. In some cultures, suicide is seen as a rational act. (Sweden? AW)

Myth: The majority of suicides are from lower socio-economic classes.

Fact: Research indicates the middle class has lower suicide rates than either the upper class (rich AW) or the unskilled working class (poor AW). Whites have suicide rates 50% - 100% higher than Hispanics or African-Americans. (!!!)

Myth: Suicide rates are highest around Thanksgiving and Christmas.

Fact: Suicide rates are lower in the winter, highest in spring. Thanksgiving and Christmas are actually the lowest of the six major US holidays.

Myth: Suicide is primarily a spontaneous act that occurs without warning.

Fact: Most suicidal people plan their self-destruction well in advance and give many obvious and subtle clues that they have become suicidal. Warnings include things like saying goodbye and putting their affairs in order.
**Myth:** Improvement following a suicide crisis means that the risk of suicide is over.

**Fact:** Signs of improvement must be interpreted cautiously. In severely depressed patients, the lifting of depression may actually give the patient the energy to act on their suicidal thoughts, and may represent relief at finally having made the decision to end their life.

**Myth:** There are two basic kinds of people who attempt suicide: those who want to die, and those who are just manipulative.

**Fact:** It is not that simple and any type of suicidal behavior should be treated very seriously, as self-destructive behavior, whether earnest or manipulative, has the potential to cause death. It takes only a few Aspirins or Sudafeds to cause death.

**Summary:** 2/3 of “successful” suicides share their intentions before committing suicide. It is good to talk to somebody about suicide. It may prompt them to get help. Only about 25% of people who commit suicide are psychotic. Whites have suicide rates 50%-100% higher than minority groups. Most suicidal people plan their suicide and give clues that it will happen. The lifting of depression may give the patient the energy to act on their suicidal intention.

SOURCE: University of Michigan School of Social Work
Dying Words of Famous People
The last words some well-known people wrote in their suicide notes.

And so I leave this world, where the heart must either break or turn to lead.
Suicide note.
~~ Nicolas-Sebastien Chamfort, French writer, d. 1794

Frances and Courtney, I'll be at your altar. Please keep going Courtney, for Frances for her life will be so much happier without me. I LOVE YOU. I LOVE YOU.
Suicide note.
~~ Kurt Cobain, musician, d. April 8, 1994

Goodbye, everybody!
Last words as he jumped off the cruise ship "Orizaba." (His body was never found.)
~~ Hart Crane, poet, d. April 27, 1932

To my friends: My work is done. Why wait?
Suicide note.
~~ George Eastman, inventor, d. March 14, 1932

Let's see if this will do it.
Accidental suicide as he shot himself with a blank-loaded pistol on the set of TV spy show "Cover Up."
The concussion forced a chunk of his skull into his brain; he died six days later.
~~ Jon Erik Hexum, actor, d. October 18, 1984

All fled--all done, so lift me on the pyre;
The feast is over, and the lamps expire.
Suicide note.
~~ Robert E. Howard, writer, d. June 11, 1936

And now, in keeping with Channel 40's policy of always bringing you the latest in blood and guts, in living color, you're about to see another first - an attempted suicide.
Shot herself during broadcast.
~~ Chris Hubbock, newscaster, d. 1970

Don't worry, it's not loaded.
Suicide playing Russian roulette.

They tried to get me - I got them first!
Suicide by drinking Lysol.
~~ Vachel Lindsay, poet, d. December 4, 1931
I must end it. There's no hope left. I'll be at peace. No one had anything to do with this. My decision totally.
_Suicide note._
~~ Freddie Prinze, comedian, d. January 29, 1977

Dear World, I am leaving you because I am bored. I feel I have lived long enough. I am leaving you with your worries in this sweet cesspool - good luck.
_Suicide note._
~~ George Sanders, British actor, d. April 25, 1972

When I am dead, and over me bright April
Shakes out her rain drenched hair,
Tho you should lean above me broken hearted,
I shall not care.
For I shall have peace.
As leafy trees are peaceful
When rain bends down the bough.
And I shall be more silent and cold hearted
Than you are now.
_Suicide note to her lover who left her._
~~ Sara Teasdale, poet, d. 1933

To Harald, may God forgive you and forgive me too but I prefer to take my life away and our baby's before I bring him with shame or killing him, Lupe.
_Suicide note._
~~ Lupe Velez, actress, d. December 13, 1944

The future is just old age and illness and pain.... I must have peace and this is the only way.
_Suicide note._
~~ James Whale, film director, d. May 29, 1957

I feel certain that I'm going mad again. I feel we can't go thru another of those terrible times. And I shan't recover this time. I begin to hear voices
_Suicide note._
~~ Virginia Woolf, author, d. March 28, 1941

THE LINKS BETWEEN DEPRESSION AND SUICIDE

Source: American Association of Suicidology
www.suicidology.org

- Major depression is the psychiatric diagnosis most commonly associated with suicide.
- About 2/3 of people who complete suicide are depressed at the time of their deaths.
- One out of every sixteen people who are diagnosed with depression eventually go on to end their lives through suicide.
- About 7 out of every hundred men and 1 out of every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide.
- The risk of suicide in people with major depression is about 20 times that of the general population.
- People who have had multiple episodes of depression are at greater risk for suicide than those who have had one episode.
- People who have a dependence on alcohol or drugs in addition to being depressed are at greater risk for suicide.
- People who are depressed and exhibit the following symptoms are at particular risk for suicide:
  1. Extreme hopelessness
  2. A lack of interest in activities that were previously pleasurable
  3. Heightened anxiety and/or panic attacks
  4. Global insomnia
  5. Talk about suicide or a prior history of attempts/acts
  6. Irritability and agitation

THE FACTS ABOUT SUICIDE

1. Suicide is the ninth leading cause of death (2000 data) in the U.S., claiming 29,350 lives per year.
2. Suicide rates among youth (ages 15-24) have increased more than 200% in the last fifty years.
3. The suicide rate is highest for the elderly (ages 85+) than for any other age group.
4. Suicide is preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems.
5. Most suicidal people give definite warning signals of their suicidal intentions; but others are often unaware of the significance of these warnings or unsure what to do about them.
6. Talking about suicide does not cause someone to become suicidal.
7. Four times more men than women kill themselves; but three times more women than men attempt suicide.
8. Firearms are the most common method of suicide among all groups (male, female, elderly, youth, black and white).
9. Suicide cuts across ethnic, economic, social and age boundaries.
10. Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk of suicide and emotional problems.

BE AWARE OF THE WARNING SIGNS

A suicidal person may:

- Talk about suicide, death, and/or no reason to live.
- Be preoccupied with death and dying.
- Withdraw from friends and/or social activities.
- Have a recent severe loss (esp. relationship) or threat of a significant loss.
- Experience drastic changes in behavior.
- Lose interest in hobbies, work, school, etc.
- Prepare for death by making out a will (unexpectedly) and final arrangements.
- Give away prized possessions.
- Have attempted suicide before.
- Take unnecessary risks; be reckless, and/or impulsive.
- Lose interest in their personal appearance.
- Increase their use of alcohol or drugs.
- Express a sense of hopelessness.
- Be faced with a situation of humiliation or failure.
- Have a history of violence or hostility.
- Have been unwilling to “connect” with potential helpers.

BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

- Can’t stop the pain
- Can’t think clearly
- Can’t make decisions
- Can’t see any way out
- Can’t sleep eat or work
- Can’t get out of the depression
- Can’t make the sadness go away
- Can’t see the possibility of change
- Can’t see themselves as worthwhile
- Can’t get someone’s attention
- Can’t seem to get control

*If you know someone who exhibits these feelings, offer help!*
If you experience any of these feelings, get help!

TALK TO SOMEONE -- YOU ARE NOT ALONE. CONTACT:

- A community mental health agency
- A private therapist
- A school counselor or psychologist
- A family physician
- A suicide prevention/crisis intervention center
- A religious/spiritual leader

UNDERSTANDING AND HELPING THE SUICIDAL PERSON

Be Aware of the Warning Signs

There is no typical suicide victim. It happens to young and old, rich and poor. Fortunately there are some common warning signs which, when acted upon, can save lives. Here are some signs to look for:

A suicidal person might be suicidal if he or she:

- Talks about committing suicide
- Has trouble eating or sleeping
- Experiences drastic changes in behavior
- Withdraws from friends and/or social activities
- Loses interest in hobbies, work, school, etc.
- Prepares for death by making out a will and final arrangements
- Gives away prized possessions
- Has attempted suicide before
- Takes unnecessary risks
- Has had recent severe losses
- Is preoccupied with death and dying
- Loses interest in their personal appearance
- Increases their use of alcohol or drugs

What To Do

Here are some ways to be helpful to someone who is threatening suicide:

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
• Be non-judgmental. Don’t debate whether suicide is right or wrong, or feelings are good or bad. Don’t lecture on the value of life.
• Get involved. Become available. Show interest and support.
• Don’t dare him or her to do it.
• Don’t act shocked. This will put distance between you.
• Don’t be sworn to secrecy. Seek support.
• Offer hope that alternatives are available but do not offer glib reassurance.
• Take action. Remove means, such as guns or stockpiled pills.
• Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Be Aware of Feelings

Many people at some time in their lives think about committing suicide. Most decide to live, because they eventually come to realize that the crisis is temporary and death is permanent. On other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and things they experience:

• Can’t stop the pain
• Can’t think clearly
• Can’t make decisions
• Can’t see any way out
• Can’t sleep, eat or work
• Can’t get out of depression
• Can’t make the sadness go away
• Can’t see a future without pain
• Can’t see themselves as worthwhile
• Can’t get someone’s attention
• Can’t seem to get control

If you experience these feelings, get help!
If someone you know exhibits these symptoms, offer help!

Contact:

• A community mental health agency
• A private therapist or counselor
• A school counselor or psychologist
• A family physician
• A suicide prevention or crisis center
### Methods of Suicide: Detailed (2000 data)

#### National Figures

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Total (29,350 suicides)</th>
<th>Number of Suicides</th>
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<tbody>
<tr>
<td>Firearms</td>
<td>56.5%</td>
<td>16,586</td>
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<tr>
<td>Hanging, strangulation, suffocation</td>
<td>19.4%</td>
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<td>Solid &amp; liquid poisons</td>
<td>11.7%</td>
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<td>Gas poisons</td>
<td>4.9%</td>
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<td>Jump from high place</td>
<td>2.1%</td>
<td>607</td>
</tr>
<tr>
<td>All other methods</td>
<td>5.5%</td>
<td>1,610</td>
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#### Methods by Gender/Sex

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<th>Method</th>
<th>Men</th>
<th></th>
<th>Women</th>
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<tbody>
<tr>
<td></td>
<td>Men - Percent of Total</td>
<td>Men - Number of Suicides (23,618 total)</td>
<td>Women - Percent of Total</td>
<td>Women - Number of Suicides (5,732 total)</td>
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<tr>
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<td>14,454</td>
<td>37.2%</td>
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<td>20.0%</td>
<td>4,733</td>
<td>16.7%</td>
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<td>Solid &amp; liquid poisons</td>
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<td>1,669</td>
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<td>4.8%</td>
<td>1,123</td>
<td>5.5%</td>
<td>315</td>
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<tr>
<td>Jump from high place</td>
<td>1.8%</td>
<td>432</td>
<td>3.1%</td>
<td>175</td>
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<tr>
<td>All other methods</td>
<td>5.1%</td>
<td>1,207</td>
<td>7.0%</td>
<td>403</td>
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</table>
Suicide Methods by the Young (15-24 years of age) and Elderly (65 years and above)

<table>
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<tr>
<th>Method of Suicide</th>
<th>Number of Suicides - Young (Total: 3,994)</th>
<th>Percent of Total - Young</th>
<th>Number of Suicides - Elderly (Total: 5,306)</th>
<th>Percent of Total - Elderly</th>
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<tr>
<td>Firearms</td>
<td>2,267</td>
<td>56.8%</td>
<td>3,869</td>
<td>72.9%</td>
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<tr>
<td>Hanging, strangulation, suffocation</td>
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<td>28.4%</td>
<td>560</td>
<td>10.6%</td>
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<tr>
<td>Solid &amp; liquid poisons</td>
<td>210</td>
<td>5.3%</td>
<td>318</td>
<td>6.0%</td>
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<tr>
<td>Gas poisons</td>
<td>94</td>
<td>2.4%</td>
<td>177</td>
<td>3.3%</td>
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<tr>
<td>Jumping from high place</td>
<td>108</td>
<td>2.7%</td>
<td>102</td>
<td>1.9%</td>
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<tr>
<td>All other methods</td>
<td>181</td>
<td>4.5%</td>
<td>280</td>
<td>5.3%</td>
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</tbody>
</table>

Department of Psychology

Indiana University South Bend

John L. McIntosh, PhD
Chair and Professor

e-mail: jmcintos@iusb.edu

Phone: (574) 237-4343

FAX: (574) 237-4538

Research Interests: Developmental Psychology: Gerontology & Suicidology

April 14-17, 2004
16th Annual Healing After Suicide Conference FLORIDA 20info@suicidology.org
BONUS READING

As coaches, it is important that we stick to our core competencies and ideal clients. Refer mentally-ill people to therapists, doctors, and other professionals. If you are concerned that someone is contemplating suicide, take immediate action and call 9-1-1 or the suicide prevention hotline, which is currently:

**National Suicide Prevention Lifeline - With Help Comes Hope**

Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress ...

www.suicidepreventionlifeline.org/

I thought this additional information about suicide would add to your knowledge of this area. This is from on-line research, and you can find more information by visiting the various web sites mentioned.

**Australia reports:**
**Massive Suicide Rate for Vietnam Veterans’ Children**
Media Release - 7 August 2000

Today, the Minister of Veterans Affairs, the Hon Bruce Scott released the long-awaited report into the incidence of suicide in children of Vietnam Veterans. The report confirms that children of Vietnam veterans have three times the suicide rate of the general community.


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**Fatal fallout**

April 27, 2003 - **Source:** society.guardian.co.uk

The suicide rate among veterans of the first Gulf war is almost five times higher than the number of deaths in combat.

Yet the NHS has no extra funds for specialist mental health treatment after the latest conflict in Iraq. Alison Benjamin of the Guardian reports

http://www.psychminded.co.uk/index.htm
Violence

Domestic Violence

- The FBI estimates that one woman is beaten by her partner or husband every 15 seconds in the United States. Rarely is battering an isolated event, and battering tends to increase and become more violent over time.

- Domestic violence is frequently characterized by its repetitive nature. During a six-month period after an incident of abuse, 32% of women are victimized again. Mental illness, such as Acute Stress Disorder and Post Traumatic Stress Disorder, commonly follow trauma caused by abuse and violence. One abused woman in ten attempts suicide.

http://www.odh.state.oh.us/Data/Womendata/book4/domviolence.htm

Mental Disorders in America

Mental disorders are common in the United States and internationally. An estimated 22.1 percent of Americans ages 18 and older—about 1 in 5 adults—suffer from a diagnosable mental disorder in a given year. When applied to the 1998 U.S. Census residential population estimate, this figure translates to 44.3 million people. In addition, 4 of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders-major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. Many people suffer from more than one mental disorder at a given time.

In the U.S., mental disorders are diagnosed based on the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).

Deppressive Disorders

Depressive disorders encompass major depressive disorder, dysthymic disorder, and bipolar disorder. Bipolar disorder is included because people with this illness have depressive episodes as well as manic episodes.

- Approximately 18.8 million American adults, or about 9.5 percent of the U.S. population age 18 and older in a given year, have a depressive disorder.
- Nearly twice as many women (12.0 percent) as men (6.6 percent) are affected by a depressive disorder each year. These figures translate to 12.4 million women and 6.4 million men in the U.S.
Depressive disorders may be appearing earlier in life in people born in recent decades compared to the past.  
Depressive disorders often co-occur with anxiety disorders and substance abuse.

**Major Depressive Disorder**

- Major depressive disorder is the leading cause of disability in the U.S. and established market economies worldwide.
- Major depressive disorder affects approximately 9.9 million American adults, or about 5.0 percent of the U.S. population age 18 and older in a given year.
- Nearly twice as many women (6.5 percent) as men (3.3 percent) suffer from major depressive disorder each year. These figures translate to 6.7 million women and 3.2 million men.
- While major depressive disorder can develop at any age, the average age at onset is the mid-20s.

**Dysthymic Disorder**

- Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least 2 years in adults (1 year in children) to meet criteria for the diagnosis. Dysthymic disorder affects approximately 5.4 percent of the U.S. population age 18 and older during their lifetime. This figure translates to about 10.9 million American adults.
- About 40 percent of adults with dysthymic disorder also meet criteria for major depressive disorder or bipolar disorder in a given year.
- Dysthymic disorder often begins in childhood, adolescence, or early adulthood.

**Bipolar Disorder**

- Bipolar disorder affects approximately 2.3 million American adults, or about 1.2 percent of the U.S. population age 18 and older in a given year.
- Men and women are equally likely to develop bipolar disorder.
- The average age at onset for a first manic episode is the early 20s.

**Suicide**

- In 2000, 29,350 people died by suicide in the U.S.
- More than 90 percent of people who kill themselves have a diagnosable mental disorder, commonly a depressive disorder or a substance abuse disorder.
- The highest suicide rates in the U.S. are found in white men over age 85.
• In 2000, suicide was the 3rd leading cause of death among 15 to 24 year olds. §
• Four times as many men as women die by suicide; § however, women attempt suicide 2-3 times as often as men. §

Schizophrenia

• Approximately 2.2 million American adults, 2 or about 1.1 percent of the population age 18 and older in a given year, 1 have schizophrenia.
• Schizophrenia affects men and women with equal frequency. 11
• Schizophrenia often first appears earlier in men, usually in their late teens or early 20s, than in women, who are generally affected in their 20s or early 30s. 11

Anxiety Disorders

Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).

• Approximately 19.1 million American adults ages 18 to 54, or about 13.3 percent of people in this age group in a given year, have an anxiety disorder. 12
• Anxiety disorders frequently co-occur with depressive disorders, eating disorders, or substance abuse. 7,13
• Many people have more than one anxiety disorder. 11
• Women are more likely than men to have an anxiety disorder. Approximately twice as many women as men suffer from panic disorder, post-traumatic stress disorder, generalized anxiety disorder, agoraphobia, and specific phobia, though about equal numbers of women and men have obsessive-compulsive disorder and social phobia. 11,14,15

Panic Disorder

• Approximately 2.4 million American adults ages 18 to 54, or about 1.7 percent of people in this age group in a given year, have panic disorder. 12
• Panic disorder typically develops in late adolescence or early adulthood. 11
• About 1 in 3 people with panic disorder develop agoraphobia, a condition in which they become afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack. 11

Obsessive-Compulsive Disorder (OCD)

• Approximately 3.3 million American adults ages 18 to 54, or about 2.3 percent of people in this age group in a given year, have OCD. 12
• The first symptoms of OCD often begin during childhood or adolescence.  

Post-Traumatic Stress Disorder (PTSD)

• Approximately 5.2 million American adults ages 18 to 54, or about 3.6 percent of people in this age group in a given year, have PTSD.  
• PTSD can develop at any age, including childhood.  
• About 30 percent of Vietnam veterans experienced PTSD at some point after the war. The disorder also frequently occurs after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents.

Generalized Anxiety Disorder (GAD)

• Approximately 4.0 million American adults ages 18 to 54, or about 2.8 percent of people in this age group in a given year, have GAD.  
• GAD can begin across the life cycle, though the risk is highest between childhood and middle age.  

Social Phobia

• Approximately 5.3 million American adults ages 18 to 54, or about 3.7 percent of people in this age group in a given year, have social phobia.  
• Social phobia typically begins in childhood or adolescence.

Agoraphobia and Specific Phobia

• Agoraphobia involves intense fear and avoidance of any place or situation where escape might be difficult or help unavailable in the event of developing sudden panic-like symptoms. Approximately 3.2 million American adults ages 18 to 54, or about 2.2 percent of people in this age group in a given year, have agoraphobia.  
• Specific phobia involves marked and persistent fear and avoidance of a specific object or situation. Approximately 6.3 million American adults ages 18 to 54, or about 4.4 percent of people in this age group in a given year, have some type of specific phobia.

Eating Disorders

The 3 main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.
• Females are much more likely than males to develop an eating disorder. Only an estimated 5 to 15 percent of people with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder are male.
• In their lifetime, an estimated 0.5 percent to 3.7 percent of females suffer from anorexia and an estimated 1.1 percent to 4.2 percent suffer from bulimia. Community surveys have estimated that between 2 percent and 5 percent of Americans experience binge-eating disorder in a 6-month period. The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population.

Attention Deficit Hyperactivity Disorder (ADHD)

• ADHD, one of the most common mental disorders in children and adolescents, affects an estimated 4.1 percent of youths ages 9 to 17 in a 6-month period. About 2-3 times more boys than girls are affected. ADHD usually becomes evident in preschool or early elementary years. The disorder frequently persists into adolescence and occasionally into adulthood.

Autism

• Autism affects an estimated 1 to 2 per 1,000 people. Autism and related disorders (also called autism spectrum disorders or pervasive developmental disorders) develop in childhood and generally are apparent by age 3. Autism is about 4 times more common in boys than girls. Girls with the disorder, however, tend to have more severe symptoms and greater cognitive impairment.

Alzheimer's Disease

• Alzheimer's disease, the most common cause of dementia among people age 65 and older, affects an estimated 4 million Americans.
• As more and more Americans live longer, the number affected by Alzheimer's disease will continue to grow unless a cure or effective prevention is discovered.
• The duration of illness, from onset of symptoms to death, averages 8 to 10 years.
For More Information

National Institute of Mental Health (NIMH)
Office of Communications
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or 1-866-615-NIMH (6464), toll-free
TTY: 301-443-8431; FAX: 301-443-4279
FAX 4U: 301-443-5158
E-mail: nimhinfo@nih.gov

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