



# The Lighthouse

Touched By Suicide  
Survivors Gather

Volume 9 Issue 2      Fall 2011

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The Suicide Support group gatherings are open to all individuals who have been touched by suicide. The group meets year round on the first Wednesday of the month 7:00 – 8:30 p.m. at Hospice of the Rock River Valley, between Dixon and Sterling at 264 Illinois Route 2, Dixon.

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Newsletter of Touched by Suicide, Survivors Gather

Volume 9 Issue 2

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### From the Editor AS WE SEE IT: NOT A WAY TO GO

When there has been an exceptional performance or significant accomplishment it is recognized as a job well done. Congratulations, high-fives or an enthusiastic "Way to go!" may be called for.

But what about the opposite of "way to go"? And how might it relate to the focus of this newsletter? What actions would provoke a response of shock, horror, disgust or bewilderment? A response of "NOT a way to go" might be more appropriate when such stories as these make the headlines:

- Man kills estranged wife, self
- Student opens fire in Texas, kills self
- Iraq vet kills pregnant wife, daughter, self
- School shooting plot in Louisiana foiled in a plot by three teenagers to attack in school specific targets, indiscriminate shooting, and then suicide

The commonality in these headlines, and many more like them, is that other lives were taken before taking one's own life.

Murder-suicide is a well researched and documented topic in the social sciences, psychology, and mental health fields. The subject can be sought out in detail at numerous on-line sites. But a key question is raised that seems to defy understanding: Why would a person want to take someone else's life or lives prior to suicide? What would be the motivation for such an aggressive act of violence?

*Continued on page 7*

### Suicide Attempt Rate of Vets in College

Military veterans in colleges are six times more likely to attempt suicide than the average student population. A survey of 525 Iraq and Afghanistan veterans found that 46% had suicidal thoughts at some time in their lives. Some 60% of those surveyed reported being in combat while the majority of those in the study were said to be struggling with post traumatic stress symptoms. The data indicates that these vets, both men and women, are at a more significant risk of suicide than those seeking care from the Veterans Administration.

*Excerpted from USA Today, 8/5/11.*

### SAMHSA Awards \$1.1M in Grants to Provide Follow Up Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded nearly \$1.1 million to provide follow-up services to people at high risk for suicide. Six crisis centers affiliated with the National Suicide Prevention Lifeline, funded by the SAMHSA, received grant awards to develop systems to reach out and help ensure that critical follow-up care is provided for people at high risk for suicide who contact the Lifeline. Each of the six Lifeline crisis counseling centers will receive up to \$60,000 per year for up to three years.

**The Lighthouse is published quarterly at no charge. We welcome submission of news items, poems, reviews, and personal stories. Comments and suggestions to the editor are appreciated.**

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## An Unnecessary Tragedy

My son, Scotty, spent his 27th birthday in a padded cell in the psychiatric ward at a northern Virginia hospital. One of six children, his family could view him on camera only. Without warning, his behavior had become weird, maniacal, out-of-control, psychotic. None of us had ever witnessed such behavior.

The doctors diagnosed Scotty as having bipolar disorder and transferred him to a mental hospital. "This place is not really a hospital," he told us. "It's a training ground for the CIA. My room is bugged...all my conversations are monitored. The place is full of Secret Service and FBI agents...I'm in the Witness Protection Program. I'm a Prophet of God. I'm the President of the United States." He was serious and believed what he was saying. We were dumbfounded.

Bipolar disorder is a complex medical illness of the brain involving episodes of serious mania and depression. It's a lifelong illness with recurring episodes, and recovery between episodes is often poor.

After a month of treatment, Scotty fortunately recovered. Initial progress was slow, but after the first ten days of treatment with forced medications, we began to see encouraging signs of improvement. He received extensive counseling on how to cope with and manage bipolar disorder and recognize signs of recurrence. Sadly, his wife of ten months filed for divorce. Her parents could not cope with the stigma of a mentally ill son-in-law.

None of us understood the magnitude of bipolar disorder in the beginning. The doctors told us after that first frightening episode that Scotty would be okay as long as he took his medication. We wanted to believe that. It restored our comfort level. None of us foresaw the nightmare that lay ahead.

Scotty moved on with his life. Some six years later, he became engaged to a wonderful lady. Their engagement was unique. While on a White House tour in the Blue Room, he got down on his knees and proposed. Recalling his obsession with the White House and president during his previous breakdown, I was troubled. I could have dismissed these concerns as over-reaction on my part had I not received an alarming letter from him the following day summarizing his religious thoughts on a portion of the Ten Commandments and unjust slavery in this country. He quoted Bible verses from the New Testament and listed several prayers he suggested I say daily. I cringed. My concerns about the White House proved valid. This time, we all knew what was happening. He was sick again.

Scotty was a Virginia resident. Virginia law is explicit. The law requires that someone with a severe mental illness must be an "imminent danger to self or others" before that person can be involuntarily committed for treatment.

Scotty had not yet fallen into the "imminent" danger category, and in the interim, we were helpless. We had no choice but to sit and watch him deteriorate mentally until he became suicidal or homicidal. Only then could we arrange a hearing and have him involuntarily treated.

And sit by helplessly we did as Scotty unraveled. He became extremely religious. God commissioned him to write another book for the Bible. There were days when he actually thought he was God. Dressed in a business suit, with Bible in hand, he attempted to get into the White House for a very important meeting with President Clinton.

When confronted by law enforcement, Scotty possessed an uncanny ability to keep his mania intact long enough to convince them he was not a danger to himself or others. He knew the magic words that worked with each police encounter – "I'm bipolar...I take my medicine. I'm not suicidal or homicidal. It's not against the law to have a mental illness."

During this 80-day manic episode, Scotty was hospitalized twice in the District of Columbia and managed to escape both times. He was subsequently involuntarily committed to hospitals in Petersburg, Virginia, Bradenton, Florida, and Falls Church, Virginia, before recovering. The wonderful lady he proposed to in the White House was still waiting for him. She saw him in action during this episode and married him anyway. It takes a very special person to marry someone with a mental illness...and, she was indeed a special person

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### *Continued from page 1*

Various crisis situations such as the following can lead to murder suicide:

- Concern about illness or aging
- Desire to avoid prosecution or disgrace
- Marital problems or breaking off a relationship
- Financial problems, debt, loss of a job
- Disgruntled employee
- Students disgruntled with school, other students or personnel
- Cult members of a religious or political group plotting actions

We do know that over 90% of murder-suicides involve firearms and are largely acts of male on female.

These situations may result from or be associated with jealousy, revenge, severe depression, shame or extreme despair. There are instances where a bloated sense of importance causes a person to think that his family or others can't live without him. One study suggests that this proprietary feeling leads the person to take others with him.

What do such situations tell us about dysfunctional aspects of a society and stresses on individual lives? Mental health and well-being are an essential part of preventing murder-suicide. A healthy person in a healthy environment is a goal we can reach for in order to have no more murder-suicides as a way to go; and education, promotion and funding are essentials in moving toward this goal.

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## National Action Alliance for Suicide Prevention Launches Task Force at One Year Anniversary

On September 9, 2011, the Action Alliance, a national public/private partnership to advance the National Strategy for Suicide Prevention, marked its one year anniversary by launching a new task force focused on suicide prevention in the workplace. Eighty percent of suicides in the US are by working-age adults, most of them employed at the time of their deaths. The Workplace Task Force plans to create a compelling business case for suicide prevention, designed to encourage more employers to initiate programs for their workforce. The Action Alliance has made significant progress in the past year, notably toward a revised National Strategy for Suicide Prevention and the first-ever prioritized research agenda for suicide prevention. The Action Alliance expects to release drafts of each in April 2012.

### **For more information**

[http://actionallianceforsuicideprevention.org/PressRelease\\_anniversary\\_milestone.pdf](http://actionallianceforsuicideprevention.org/PressRelease_anniversary_milestone.pdf)

## International Survivors of Suicide Day

The 13th annual AFSP International Survivors of Suicide Day is Saturday, November 19, 2011. Their flyer states, "Thousands of survivors of suicide loss gather around the world for mutual support and practical guidance on coping with grief."

In the Northern Illinois/Southern Wisconsin area a Remembrance Day program will be held in Beloit, WI. This event, sponsored by Beloit Regional Hospice and Olson Funeral Services, Rockford, is being held at 1st Baptist Church across from Beloit College. This is not a religious or faith based program, and there is no cost. Starting at 11:30 AM with a free lunch, the national AFSP broadcast, a local panel, and closing ceremony will follow. The program ends at 2:30 PM.

To register by November 11, call the Grief Support Team in Beloit at 608-363-7421, or email: [iboers@beloitregionalhospice.com](mailto:iboers@beloitregionalhospice.com).

**Karon Pfile, Ray of Hope  
Rockford, IL**

*Karon also noted that a Walk for Life was held September 10 in St. Charles, IL, and the annual Luminaria along the Rock River in Rockford is scheduled for October 13.*

## Back in Time

A lengthy profile of Jane Fonda, actress, in the May 9, 2011 New Yorker magazine provides a vivid account and details of her life. Through interviews and careful background research, author, Hilton Als, lays out the ups and downs and ins and outs of Fonda's personal life and dynamic career...from childhood to present.

All was not rosy along the way with her father, Henry Fonda, nor with her mother, Frances. When Jane was ten, living in Connecticut, her mother was hospitalized several times with depression. In 1949, Henry asked for a divorce and soon after Frances was admitted to a psychiatric hospital. In 1950, she died by suicide.

Als quotes Jane in one interview, "My mother chose to die. I will choose the opposite." In her 2005 memoir (My Life So Far) she flatly states that, "Mother killed herself ten months before a new house she was building was finished. It was April and I guess she couldn't wait."

## Condolence Letter Policy

A long standing policy concerning military personnel who die by suicide while in combat zones has been changed. Previously, condolence letters were not sent to survivors by the U.S. president. AFSP was instrumental in advocating for President Obama to end this insensitive and hurtful policy. It was revised July 5, 2011.

### *Continued from page 2*

Grateful to have her by his side, Scotty worked hard at his marriage and managing his illness. He worked diligently to put the pieces back together at his company, but unfortunately, failed in this regard. This illness had robbed him of his boundless energy, contagious enthusiasm, and drive to succeed. He was forced to close his once very successful business and take a job with a significant reduction in salary.

Scotty went on to have three additional episodes, each one more severe than the previous. He was committed 14 times to 11 different hospitals in Virginia, the District of Columbia, North Carolina, South Carolina, and Florida. With each episode, we literally put our lives on hold for weeks on end, tracking Scotty and trying to get him treated. He was incarcerated, tazered while resisting arrest, and began talking about exercising his constitutional right to bear arms to protect himself from federal agents he thought were trying to assassinate him.

When manic, Scotty became extremely accomplished at beating the system, never presenting as homicidal or suicidal... outsmarting doctors, judges, crisis control units, and the police. His ability to beat the system was frightening. The more he practiced, the better he got, and the system gave him plenty of practice.

The laws in most states, and particularly Virginia, make it extraordinarily difficult for family members to get treatment for adults overcome by mental illness. He knew the commitment laws not just in Virginia, but in every state along the East Coast.

Scotty's illness erased any sign of reality. He never realized he was ill, while the law hamstrung his family; we couldn't get him the treatment he needed to rejoin society.

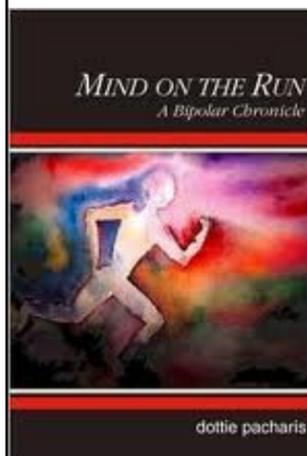
I spent time with Scotty three months before he took his life. In just 13 years, he had been transformed from a successful entrepreneur to an unemployed person. Trapped in a body ravaged by irreversible damage from bipolar disorder that went untreated for long periods, Scotty found it increasingly difficult to cope with life. His second wife filed for divorce. He moved to Virginia Beach, Virginia, to be near his sisters.

He was so lonely. His only friends were his sisters and their families. Sadly, his best friend was his dog who, fortunately, had to be walked several times a day, which at least got him out of the house for fresh air and a little exercise. He never read the newspaper, never watched television, never listened to the radio. He had no idea what was going on in the outside world and, further, he didn't care. He walled himself off from life itself. He was in financial ruin and drinking heavily. He spent a lot of time sleeping and was neglecting his personal hygiene. A daily shower was not high on his priority list.

Although painfully aware of the suicide statistics for sufferers of bipolar disorder, I held out hope that Scotty would not become one of those statistics. I hoped in vain. The call came on February 6, 2007...his body had been found.

Scotty, so full of talent, so determined to make a difference in the world, became a man beset by imagined threats and loneliness, with little control over his life. This horrible illness took Scotty on a 13-year roller coaster ride. It robbed him of his outgoing personality, his self-esteem, and his self-confidence. It destroyed his short-term memory and his thought processes, rendering him unemployable. It destroyed two marriages, his career, and ultimately his life...all this in the name of protecting his civil right to remain mentally ill and refuse treatment.

**Dottie Pacharis  
West River, MD  
[www.mindontherun.com](http://www.mindontherun.com)**



## Book Review

### Mind on the Run: A Bipolar Chronicle

By Dottie Pacharis  
(Idyll Arbor, Inc., 2011) \$18.00 177 p.p.

An intelligent young man with a winning personality used the legal system to escape involuntary hospitalization for his severe Bipolar Disorder. He was able to do this over and over again because every time he had a psychotic manic episode, he was in complete denial that he was sick. The point of the story is that the illness itself caused him to deny that he needed treatment -- so the illness raged on and on while his family was helpless to intervene. He was over 18 and refused hospitalization and medication even when recommended by a psychiatrist.

If you ever need motivation to advocate for a rule change regarding treatment for mental illness, this book is it.

It is a hard book to read because the severely ill person successfully refused involuntary treatment during five psychotic breaks resulting in a ruined life of failed marriages, financial disaster, and eventual suicide. There was immense heartbreak for this Virginia family.

**Jane Callaway**  
Chesapeake, VA

## Readers Respond

1. I look forward to getting The Lighthouse because the stories and poems are sensitive and well written. The Lighthouse is a thoughtful and thought provoking newsletter. J.C.
2. I found your summer issue of The Lighthouse especially thoughtful and I can see that suicide has become for you as it has for many a real puzzle. M.L.S
3. Another outstanding issue of The Lighthouse. The color logo adds a distinctive touch ... and your commentary is spot-on as usual. Ludden's poem and the contributions of Svendsen, Hendrickson, and Morris were extremely well done. D.H.
4. I found The Lighthouse waiting for me when I got home. I think it is the most significant issue yet, or at least it hit home with me. Bob Ludden's poem was beautiful and the article "Finding Peace and Understanding" by Kent Svendsen was excellent. R.C.
5. My sister died by suicide over 30 years ago. My acceptance of this, and my being able to use her life and what a wonderful person she was as a way to be stronger, to be more understanding of others' struggles, to be more at peace, comes and goes. Most days it works, some days it doesn't. I use The Lighthouse to help me on the not-so-good days. And, as the years go by, I find the not-so-good days become fewer and fewer. R.K.

## Suicide Risks and Prevent for LGBT Youth

**Note:** In the Summer, 2011 issue, Coreena Hendrickson related Jo's story. Now, she offers thoughts and insights on risks and prevention for LGBT youth.

There is a greater risk of suicidal behavior among lesbian, gay, bisexual, and transgender (LGBT) youth than their heterosexual peers. A variety of research studies indicate that LGBT youth are nearly one and a half to three times more likely to report suicidal ideation than non-LGBT youth. Research results from several sources also reveal that LGBT youth are nearly one and a half to seven times more likely than non-LGBT youth to report attempting suicide. It is difficult to know more precisely the number of LGBT deaths by suicide because most mortality data do not include sexual orientation.

Risk and protective factors help explain suicidal behavior and inform program and practitioner approaches to reducing suicidal behavior. LGBT youth generally have more severe risk factors and fewer protective factors than heterosexual youth. For example, LGBT youth often lack important protective factors such as family support and safe schools, and more LGBT young people appear to experience depression and substance abuse. It is not possible to overstate the impact of stigma and discrimination against LGBT individuals in the United States.

Stigma and discrimination are directly tied to risk factors for suicide. For example, discrimination has a strong association with mental illness, and heterosexism may lead to isolation, family rejection, and lack of access to culturally competent care.

While LGBT youth are at higher risk for suicidal behavior, some groups of LGBT youth are at particular risk: those who are homeless and runaway, living in foster care, and/or involved in the juvenile justice system. Although all youth in these settings are vulnerable, many LGBT youth experience multiple risk factors and have fewer supports than other youth.

Schools, health care programs, suicide prevention programs, and other youth serving agencies can help reduce suicidal behavior among LGBT youth by assessing current practices. Is sexual orientation being assumed or assessed? Is indirect or overt homophobia or heterosexism\* being practiced by staff? Do staff trainings include cultural sensitivity to LGBT youth? Best practices include peer-based support programs, helping youth cope with stress and discrimination and integrating specific activities for LGBT youth in life skills training and programs to prevent risk behaviors. It is important that agencies support staff advocacy for LGBT youth and incorporate program activities to support youth and their family members throughout the development of sexual orientation and gender identity, including awareness, identity, and disclosure.

\*Heterosexism is a form of discrimination that favors heterosexuals ("straight" people) over bisexuals. Indirect heterosexism is assuming that everyone is "straight" and not considering that the person in front of you may be gay or lesbian because he or she doesn't fit a stereotype. Most legal systems are profoundly heterosexist, offering medical visitation rights, tax benefits, and other protections to opposite-sex couples that are not available to same-sex couples. Homophobia involves fear of LGBT individuals and is often seen in hateful acts (e.g. bullying in school, or "gay-bashing" – violence such as in the Matthew Shepard case)

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