The Lighthouse

Newsletter of Touched by Suicide, Survivors Gather

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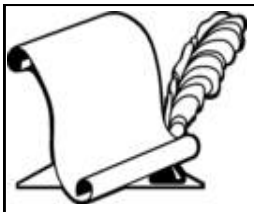

From the Editor

AS WE SEE IT:

What Was He Thinking?

The operative word in this title is "thinking". Was he thinking rationally? Was his reasoning clear and was his decision to act carefully considered? Or did he irrationally weigh what negative outcomes might result?

These are some of the questions that survivors attempt to answer to unravel the thoughts that led to suicide. Examining the thought process involving a decision to take one's life may not end the grief, but it might aide in bringing a measure of closure.

Rational versus irrational … is it really that simple in defining the thoughts of one who contemplates suicide? I think not. These two words can define what takes place in the brain, and as such the words divide reality into an "either/or" dichotomy. Either he acted impulsively or his actions were premeditated. Could it be that he was rationally irrational … or was he irrationally rational?

We may not fully comprehend the complexity of brain functioning and project our own viewpoint onto what we see as irrational. Psychologist Carl G. Jung defined irrational "not as denoting something contrary to reason, but something beyond reason."

Suicidal individuals may believe they are acting perfectly rational due to flaws in their reasoning. They may not be able to comprehend social consequences. They may be living double lives, be under physical and emotional stress or have a drug or alcohol condition.

They may make a "bad" choice due to a lack of concern for themselves or others.

Perhaps acknowledging his circumstances and "walking in his shoes" will help us to understand 'what he was thinking'.

As We See it: Continued on page 2

As We See It: Continued from page 1

While survivors seek logical explanations, the emotional response is one of grief and sorrow. Suicide is beyond our comprehension and we project our own reasoning onto what we perceive to be irrational. Our own standard of values causes us to judge suicide from our own perspective. What would I have done? What decision would I have reached?

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A WYOMING PERSPECTIVE

Suicide in Wyoming has been a topic that I have worked on for my entire time here. Working in the mental health arena, schools, etc., I've spent a great deal of time on the topic. Wyoming has consistently been at the top of the charts for suicide per capita. And I believe that access to guns is a factor.

Wyoming treasures the mentality of 'pulling yourself by your bootstraps', values independence, and has a lack of reliance on others or government. I have grown to believe in these values as well, but they have their downfalls too. The independence can create a distance between yourself and others that, in turn, makes it difficult to ask for help when one is feeling depressed or suicidal.

Wyomingites tend to think any problem they encounter is one they must solve themselves, which is a tough thing to do when one is depressed. Another factor is that a great number of our population lives in rural area with limited access to health care, including mental health, and other support type services.

We address mental health within our schools and communities by educating the kids on how to ask for support, and to whom. We teach our kids how to assist their classmates, provide support and reduce bullying. As a community, we have come up with creative ways to serve rural communities. But suicide still happened.

A few years back, a high school kid died by suicide. He was involved in activities, church and sports. His parents knew he struggled with depression. They had him involved in counseling and they removed medications and guns from the house … and he hung himself.

When I worked for the community mental health center in Casper, I was required to be on-call for a week every couple months. This meant that during the evenings and weekends we took calls where an individual was suicidal. It's tricky business talking someone down. I've found that if persons are serious about killing themselves, they've identified an effective way to do so whether they had a gun in the home or not. And even if there were guns, women usually tend to identify medication as their means to an end. I think that is partly why more women are suicidal, but more men actually carry it out. Guns tend to be more 'effective'.

Mark Curtis
Douglas, WY

A MOTHER'S LOVE AND DETERMINATION
AN INTERVIEW WITH JANE CALLAWAY

Editor's note: *Jane Callaway, Chesapeake, VA, has been a previous contributor to The Lighthouse. Her story, "When It Happens", appeared in Vol. 1, No. 3, Winter, 2003, and she has contributed book reviews as well.*

This interview focuses on her son who was born in 1986.

1. When did you first realize that your son might have mental health issues? What were the signs that you became aware of?

Jane: There were subtle signs of unusual behavior that I became aware of when my son, Jonathan, made impulsive decisions. For example, he was working in a restaurant when he quit and walked out in the middle of dinner. Soon his strange behavior was not subtle like when he woke me up in the middle of the night because he thought someone in the tree outside his bedroom window was going to kill him.

2. How did you and your husband find accurate information about his condition? Were there individuals, institutions and/or literature that helped you determine his needs?

Jane: It was difficult to find accurate information about Jonathan's unusual behavior because he was 20 years old and psychiatrists won't talk to parents after age 18. He became delusional about danger in our area so he got in his car and took off. We could follow him because of his credit card transactions. He checked into a motel at 4:30a.m. near Las Vegas. Since that time zone is three hours behind us, I got on a plane in Norfolk VA and flew to Las Vegas. But I missed him. While in the Las Vegas airport, my friend in Milwaukee connected me with her psychiatrist friend in Madison, WI. In a crowded airport, I finally got accurate information. The psychiatrist told me how to talk to a person who is paranoid. Say, "I want to get you help to stop your suffering. I am going to keep you safe. I will meet you and drive back with you." He gave me the Nevada Mental Health Crisis Hotline. He taught me that if Jonathan is psychotic, his beliefs are real to him. The psychiatrist was the first person to tell me I could get information from my local chapter of NAMI, National Alliance on Mental Illness.

3. Was there a specific diagnosis? Please explain.

Jane: Later, Jonathan agreed to get help at Menninger in Houston, TX where his diagnosis was psychotic episode NOS (not otherwise specified.) He was given anti psychotic medication which calmed him.

4. Over the years, which consultations, treatments, locations seem to offer the best possibilities for increasing his well-being?

Jane: Menninger recommended Wellness Resource Center in Boca Raton FL as a "step down" treatment. His illness was not given a label because they, like Menninger, only treat symptoms. At one point he stopped taking his medications, returned home and had a psychotic break. He was involuntarily hospitalized at Virginia Beach Psychiatric Center. This means that a court had to judge him likely to be a danger to himself or others. I testified that his paranoia caused him to carry a knife or a hammer for self protection and I feared for his safety and the safety of others. At this hospital he got a diagnostic label because insurance required it. So, he was diagnosed with schizophrenia. He went from VB Psych to West Bridge, which is an excellent dual diagnosis treatment center in Manchester, NH where he is now. He has both a mental health issue and is in recovery from an addiction to marijuana.

A Mother's Love: Continues on page 4

A Mother's Love: Continued from page 3

5. Was your son ever suicidal? If so, can you briefly describe the situation or situations?

Jane: Jonathan hears voices which at times will tell him he should die. Once he told us he turned up the volume of his music so loud that he hoped neighbors would shoot him. He has not been hospitalized for a suicide attempt. However, persons with schizophrenia pose a high risk for suicide.

6. Looking back over his childhood and young adulthood, what stands out as most relevant for readers to know?

Jane: In high school Jonathan started smoking marijuana and that is tied to a higher than normal rate of psychotic conditions such as schizophrenia.

7. How have you become involved in promoting mental health awareness, understanding and support?

Jane: The psychiatrist I talked to in the Las Vegas airport introduced me to NAMI. I signed up to take their 12 week course, Family to Family, which educates about mental illness. I also joined their bi-monthly Family Support Group. Later, I was trained to facilitate Family Support Groups, and now I am a Virginia state trainer for FSG facilitators. I also review books on mental illness for their local newsletter.

8. What advice would you offer to others who may be facing circumstances similar to your own?

Jane: I recommend going to the NAMI website for a wide range of information and resources on mental illness. There is a new website, mentalhealth.gov, introduced in June 2013 as a result of the attention given mental illness after the Sandy Hook tragedy.

If you observe frightening signs of mental illness or a suicide attempt, there is a Crisis Intervention Team (CIT) in Illinois (and 400 teams across the country.) The program consists of a team of sworn police officers who have received intensive specialized training on dealing with a mental health crisis. I have called CIT officers twice and they knew exactly how to talk with my son using verbal de-escalation techniques.

There is help. I wish I had known all of this when my son first got sick

JAPAN YOUTH IN DISTRESS

The real-estate debacle in the 1990s followed by the global financial crisis of 2008 and 2009 had a devastating effect on Japan's young people. Its economy never fully recovered while the job market dried up. Japan's youth are in distress today.

Japan's suicide rate rose 70% from 1991 to 2003 and the proportion of suicides in their 30s had grown in each of those past 15 years. The impact is felt today, and its implications for our own economic health, future employment directions and outlook for youth in general is discussed by Ethan Divine in "The Slacker Trap," The Atlantic Monthly, May, 2013, pp. 20, 22 & 24-25.

SUICIDE AMONG VETERANS

Wesley Poriotis, Founder, Veterans Across America, is concerned that suicides among veterans in their 20s and 30s is on the rise. He cites the conditions of military service in war zones and differences they face in the civilian world.

SUICIDES AND ACCESS TO GUNS

Leah Gunn Barnett, Exec. Dir., New Yorkers Against Gun Violence, states that more than 50% of all suicides in the United States are carried out with a gun. AK, WY and MT, where gun laws are weaker have the highest gun suicide rates. NY, NJ and MA have the lowest gun suicide rates per 100,000 people. Barnett further states that "a gun in the home increases suicide risk by 17 times, and 85% of suicide attempts with a gun are fatal.

From: New York Times, Letters to the Editor, May 27, 2013.

NEW HAMPSHIRE SUPPORT GROUPS

A 2010 newsletter of New Hampshire Survivors of Suicide lists ten suicide support groups located in cities around the state with their title, phone number and E-mail address for each. They meet either weekly or monthly.
Internet Resources for Survivors provides the names of nine national organizations and their contact addresses. Six telephone resources and hotlines are also listed in the newsletter

SUICIDE IN AMERICA

The National Institutes of Mental Health's publication No. TR 11-7697, a brochure in a question and answer format addresses the following:

- Who is at risk for suicide?
- What about gender, children, older adults, difference ethnic groups?
- How can suicide be prevented?
- What should I do if someone I know is considering suicide?

NIMH, Bethesda, MD can be contacted at:

1-866-615-6464 or E-mail nimhinfo@nih.gov

Website: www.nimh.nih.gov

Still Standing

Still standing but we miss your face
We beg God for strength and grace.

Still standing while silent battles rage
Within our hearts our doubts engage.

Still standing but certain questions glean
Should we have known, could we have seen?

Still standing and sometimes taking blame
For an empty heart that lost its flame.

Still standing while others suffer within
Our goal is to help their healing begin.

Still standing we know there's a lot to do
We're living for us while honoring you.

Debbie Jamison
Virginia Beach, VA

JUNE 8TH SUICIDE PREVENTION WALK

Saturday, June 8, 2013, dawned a perfect day for the fourth annual Living Works Community Walk for Suicide Prevention fundraising event in Princeton, IL. The Walk is designed to provide an outlet for those who have been touched by suicide by bringing them together with others who've experienced the same loss, and allow them to pay tribute to those who died by suicide.

Organizers estimated about 260 people took part in the event, which began in Miller Park and proceeded about 1.3 miles through town to Zearing Park. There, walkers were greeted by a band, a Memorial Signing Wall, refreshments, a gift raffle, presentations and a balloon launch to memorialize their loved ones.

The funds raised will allow this not-for-profit organization to offer local suicide "first aid" intervention training, and grief support to those who've lost love ones to suicide. Long-range goals include attracting mental health care professionals to treat at-risk individuals locally, and educating and engaging the community in addressing reasons that cause people to consider suicide.

Each participant in the Walk enables us to continue these efforts. The organizers thanked everyone who participated, everyone who registered, everyone who donated their time and effort – and funds- to make the 2013 Walk a success!

Nancy Churchill
Oregon, IL

(Formerly a Princeton resident)

BABY BOOMERS' SUICIDE RATE

A Washington Post article carried in the Chicago area's Daily Herald, June 10, 2013 (Sec.. 6, pp. 1 & 4) raises the question of why current baby boomers are killing themselves at an alarming rate. This timely review and analysis of baby boomer history, life style and expectations sheds light on current statistics among a population now in their middle ages whose suicide rates shot up dramatically between 1999 and 2010.

Part of the reasons for the increase is attributed to the economic downturn and financial recession. A comparison is made between the social context of their parents' era and a generation that feels "a greater sense of disappointment because their expectations of leading glorious lives didn't come to fruition."

Article furnished by:
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The Lighthouse

Touched By Suicide Survivors Gather

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Laura Peterson
Layout

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

For more information or to add or remove names from the newsletter mailing list please contact:

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THE SUICIDE EPIDEMIC

It is not difficult today to "hear the alarm bell sound" on increases in deaths by suicide. Publications, documentaries, articles and pronouncements by a dearth of organizations, both public and private, have alerted a concerned public with realities of social changes that have become associated with the risks of negative mental health, including suicide and attempted suicide.

Tony Dokoupil, a senior writer at Newsweek and The Daily Beast, addresses the question of why suicide has become such an epidemic, and what we can do to help. His 18 page expose provides a review and analysis drawing on current studies, reports and statistics.

Much of Dokoupil's article focuses on interviews with Thomas Joiner, a psychology professor at Florida State University. Joiner offers a comprehensive theory of suicide that suggests three overlapping conditions that lead to suicide: 1) low belonging or lack of inclusion and connection, 2) burdensomeness or feeling of liability, and 3) fearlessness or the ability to die.

Delving into the details of this article or Joiner's books, Why People Die By Suicide, 2005 and Myths About Suicide, 2010, both published by Harvard University Press, may be profitable for The Lighthouse readers looking for enlightenment. Elsewhere, Joiner states"… some think that those who die by suicide are weak. It's actually about fearlessness. You can't do it unless you are fearless, and this is behavior that is learned."

Article furnished by:
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Ray of Hope
Rockford, IL

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.