

When despair leads to tragedy

By GAMIN SUMMERS

Special to the Daily Sun Jan 20, 2007 0

Suicide 'survivors' speak up for life

Third in a series about mental illness

Even if one doesn't suffer from a mental illness, life at times can seem unbearable or even impossible. This is where depression takes root and despair emerges. Thoughts can take forbidden roads toward the unthinkable.

Suicide can first come as a fleeting thought. The thought can gather steam until one becomes consumed with the idea, or has "suicide ideation." Thoughts can become plans, plans can lead to actions.

Suicide ideation is a dangerous, dangerous realm of thought. It is crucial that another's talk of suicide be taken seriously. Help is available. Suicide is final.

A "survivor of suicide" could be one of two people. The first is a person who has survived an attempt. The second is one who has survived the loss of a loved one who has taken his or her life.

Following are two accounts by the latter.

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Knowledge gained too late

By LAURA DECKER

Life as I knew it ended on Oct. 26, 2000, the day my beautiful teenage daughter committed suicide. No words can describe the pain I felt that day. The ache never leaves, plus I am tormented with the anguished guilt of teen suicide. Haunting thoughts tell me

I should have done something; I should have seen it coming. An oppressive black cloud follows me everywhere. I feel everyone sees the cloud and knows its name: Suicide.

Today I share my vulnerability with complete strangers in the hope of conveying a message — be aware and be informed.

My Tiffany was a very normal girl. She experienced typical teenage emotions and body changes, and she was dealing with the frustration of having divorced parents. But she was beautiful and smart, an honor roll student, and a tremendous artist. She loved high school and everything about it.

Despite her abilities and the joys in her life, however, she was never able to view herself as typical or normal. She didn't see herself as pretty or talented. She assumed she was abnormal and began to see a psychiatrist. After her second visit she was diagnosed as having "a chemical imbalance."

Upon hearing this, she turned to me and said, "See Mother, I told you there was something wrong with me."

In a very short period of time, the people I thought would help her confirmed her worst beliefs about herself. I felt the doctor had not spent enough time with her to make a conclusive diagnosis. He seemed eager to label her instead of treating her concerns. She was prescribed antidepressant medication; she was 14 and after 36 days of antidepressant therapy she was gone. Her death was very violent and clearly not meant to make a statement or get attention.

My intense depression after Tiffany died started me on my own path of treatment. I couldn't stop crying, and when I wasn't crying I was angry — angry at myself, angry at the world, angry with God. The despair and rage consumed my life. My ability to function was minimal at best.

I battled my own thoughts of suicide. I longed to find a way to be with her, because I was desperate without her. Over time I was prescribed various antidepressants and dosages until we found a combination that worked.

I then felt compelled to educate myself about clinical depression and antidepressant medications. I learned the medications could be effective yet sometimes dangerous. I found clear evidence that adolescents often respond very differently to antidepressants than adults. I began to better understand why Tiffany's reaction to antidepressants was so dramatically different than mine.

I would give anything to go back and face Tiffany's struggles armed with what I know now. I'm tormented each day as I work on forgiving myself for how uninformed I was then. She had bouts of insomnia, drastic mood swings, high highs and low lows, and some destructive behavior shortly after beginning the medication. I didn't see the changes collectively, but rather as isolated moments. I blame my ignorance for not seeing them as warning signs. I should have asked more questions. I should have known the dangers. I should have known about the adverse reactions. I will always wish that I knew then what I know now.

I still suffer bouts of depression, sometimes extreme. Certain times of the year are extremely difficult: her birthday, holidays, the anniversary of the day she died. I'm reminded of things she'll never do, like drive a car, graduate, go to college, get married or have a family. At times I find myself drowning in the despair of losing her, then I remember the joy she brought others, her beautiful face and her sweet smile. Remembering her helps me to stay and fight. I have a wonderful son and husband to live for now, but I will never forget her.

I'm often asked how many children I have. I hesitate to answer and often reply — "just my son." The shock and judgment attached to suicide are things I usually choose to avoid. But I hope sharing this part of my life will lead others to a keener awareness, a desire to be more informed, and an urge to ask the hard questions. I hope someday to answer honestly, without the black cloud, when asked how many children I have.

I'll say, with strength, "Two."

Laura Decker is a Flagstaff mother and executive assistant at Flagstaff Medical Center. You can reach her at laura.decker@att.net

Magic born of loss

By 'TERESA MCLAUGHLIN'

In 1965, my parents piled us kids into our behemoth station wagon for our annual winter picnic. The "outdoors" was not yet commercialized, and we always had the lake to ourselves. Dad and I cleared the snow from the ice; he with a shovel, me with a broom — a human Zamboni on skates.

Mom then took to the ice, and she could skate. We watched my changeling mother unfurl with supple grace, in an elegant statement of joy from a young woman at peace in her world. Dad leaned into me and, in a choked whisper, said, "Now that's magic," and I wondered how he knew what I was feeling.

In 1976, 30 years ago last Dec. 8, my father took his life. The rest of us were left wrapped in a suffocating blanket of despair. My sister withdrew so completely to her room that a part of her never came out. My brother spent months in and out of psychiatric hospitals. My mom never skated again.

I remember my dad for his ability to see magic. And I see, too, in a different way. He was interested in and curious about the world. He taught me the magic of poking a seed into the soil and seeing life emerge from the earth a couple of weeks later. We would hunt for squash in the fecund chaos of our garden. He worshipped life through his work with the soil. He taught me and my friends the beauty of regeneration by helping us plant 8,000 pine seedlings. Years later, on another winter picnic, my family and I scattered Dad's ashes in the cool shade of those now grown white pines. My mom, an attractive widow at 38, became socially isolated as the married women around her often saw her as a threat. It was difficult to watch. My mentally retarded brother couldn't come to terms with what had happened. My sister was 12, and my father had been her ally within the family, so the damage of his death

was profound. I was 19 and ill-prepared to assume full responsibility for my family. There was no choice, and I felt inadequate and overwhelmed.

As I held myself and my family together after my father's suicide, I developed an understanding I might not otherwise have. Certainly this wasn't necessary for me to develop empathy, but I knew fully the tragedy of the act. The loss ripples out infinitely. Families and friends lose, as does society, but I see it as a tragedy that is avoidable. I wish my dad had been helped when he needed it. I learned later he had attempted suicide when I was 7. Clearly he had his struggles, and he needed intervention.

Suicide is the ultimate finality. If you take your life, the discussion is over. No second chances. The wake of torment to those left behind is incomprehensible.

I eventually became a psychiatric nurse. I am often the first person to hear of an individual's suicidal thoughts and to learn of the pain they haven't shared with anyone else. I wish my dad had gone to somebody like that, perhaps someone with the kind of empathy and insight I developed from his death.

When I approach a patient, I take a gentle curiosity with me, with a clear idea to help and keep him or her safe. I'm optimistic with what is often an intrinsically negative situation. If I see someone in crisis, at least there's a chance - there's hope. If I read about someone in the obituaries, our chance is gone. I understand that people who consider suicide are immersed in unimaginable pain and isolation. I don't underestimate the danger of the circumstances: the potential exists for the loss of a life.

If you go to someone for help instead of taking your life, no matter how difficult the task, that is a beautiful, courageous kind of magic. And I think my dad would agree.

Teresa McLaughlin is the pseudonym for a Flagstaff mental health care provider. She requested anonymity so that her personal story would not interfere with her clinical practice.

Suicide in Coconino County

2005 2006

Deaths * 34 36

Attempts** 317 NA

* Coconino County Medical Examiner's Office

** Flagstaff Medical Center

Did you know that...

— In 2004, 31,484 people (approximately 11 per 100,000) died by suicide in the U.S.

— Four times as many men as women die by suicide; however, women attempt suicide two to three times as often as men.

— More than 90 percent of people who kill themselves have a diagnosable mental disorder, most commonly a depressive disorder or a substance abuse disorder. These are often undiagnosed, untreated, or both.

— Studies have shown that those who grieve the loss of a loved one to suicide are at greater risk themselves for mental illness and suicidal thoughts.

Sources: National Institute of Mental Health; U.S. Centers for Disease Control and Prevention.

Where to get help:

If at any time you or someone you know is contemplating suicide, seek help immediately. Call 911, go to the emergency room, or call a crisis line

Crisis lines:

The Guidance Center, 2187 N. Vickey Street. Crisis line: 527-1899, Option 1; 888-681-1899

Northland Family Help Center at 527-1900

Other local resources:

Flagstaff Medical Center Behavioral Health, 1200 N. Beaver, Flagstaff, 214-3937

North Country Community Health Center, 2500 N Rose St., Flagstaff, AZ, 213-6100

Northern Arizona Regional Behavioral Health Authority 774-7128
for information about other regional clinics
Internet sites for support:

National Suicide Bereavement Support Network (www.nsbsn.org)
Survivors of Suicide (www.survivorsofsuicide.com)
1000 Deaths (www.1000deaths.com)

A Flagstaff psychiatrist on suicide:

Research in a variety of scientific disciplines has given us many facts about suicide — some of the neurotransmitters involved, characteristics of those most at risk, and psychological factors that may play a role — and mental health professionals are constantly working to assess risks for and prevent suicide. However, despite our training and frequent work with those at risk, a tragic death by suicide leads us into a tangle of emotions: disbelief, sadness, guilt, and grief for the family left behind. Even if we are not directly involved in a case, we share the sorrow of our colleagues and examine our own work that much more closely.

As one of my patients recently told me, "It is a cold and lonely path back from a suicide attempt." Mental health professionals work daily to overcome the isolation suicide brings; grieving with families and friends who have lost someone to suicide, exploring with a patient the events preceding a suicide attempt, or involving family and friends in a well-conceived and carefully executed safety plan.

A number of medications have been clearly shown to reduce the symptoms of mood disorders and other mental illnesses associated with suicide, and they frequently play a role in a comprehensive suicide prevention plan. However, rarely certain medications may be associated with the onset of or increase in suicidal thinking or behavior. Careful follow up and education on the warning signs of suicide are strongly advised with the

prescription of antidepressant medications, particularly to children, adolescents, and young adults.

These and other educational efforts are very important in increasing our awareness of the warning signs of suicide and giving us the tools to prevent it.

Cody Wright, MD, MPH

Teen suicide

Teen suicide is a particularly complex issue. The treatment of depression in teens has come under attack in recent years, resulting in the Federal Drug Administration (FDA) requiring "black box" warnings on antidepressants in the class of Selective Serotonin Reuptake Inhibitors (SSRIs such as Prozac and Zoloft). The debate continues about the effectiveness of these drugs in the treatment of adolescents.

Recently, the FDA announced it would modify the suicide warnings on these medications to include young adults up to 24 years old.

The American Academy of Pediatrics lists important information about teen suicide on its Web site at <http://www.aap.org/advocacy/childhealthmonth/prevteensuicide.htm>.

Mnemonic device for recognizing warning signs: IS PATH WARM?

I — Ideation (thoughts, plans for suicide)

S — Substance Abuse

P — Purposelessness

A — Anxiety

T — Trapped

H — Hopelessness

W — Withdrawal

A — Anger

R — Recklessness

M — Mood Change

Warning Signs of Acute Risk:

- Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

Source: American Association of Suicidology, Washington, DC
(www.suicidology.org)