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Wyoming, which has been my home state since 2005, has a sad distinction: Its per capita suicide rate is more than twice the national average. That's in addition to the many deaths from drug overdose.

The state is one of the very few still holding out against the Affordable Care Act's Medicaid plan. Since 2010, state legislators, who are of the "pull yourself up by the bootstraps" mentality, have voted to withhold Medicaid help from vulnerable Wyomingites.

Seemingly in response, the National Coalition for Wellbeing has established chapters in several Wyoming counties, where it offers suicide-awareness training that's called Mental Health First Aid (MHFA). When I participated in the training, I learned to recognize when people are in a vulnerable place—and to assess any possibility of self-harm.

Assessment is the first step: Is the person in crisis? What signs suggest it? "Don't be afraid to ask questions," said the workshop leader, "questions like, 'Have you thought of killing yourself?' You're not 'putting ideas' in their head; if they are vulnerable—if they struggle financially or are coping with stressful health conditions—they've thought of it."

Second is quiet time, time to shut up and listen to what our interlocutor has to say. We don't diagnose, analyze, or rationalize away their concerns; instead, we engage in nonjudgmental listening.

Next comes suggesting the resources available, and encouraging professional or self-help strategies. An organization in our state, "Grace for Two Brothers," offers helplines, grief counseling, chat groups online and, in some counties, in-person meetings. Wyoming's legislators approved a suicide hotline, though they refused to allot funding for it. I learned that many overdose deaths are thought to be suicides.

The workshop caused me to revisit the fateful weekend many years ago in California, when my brother showed up with his 18-month-old daughter Kitty. Helmut was on his way to Idaho, he said, to visit his boys from his prior marriage. The two lived with their grandma, a school teacher with a soft spot for my brother. He said Kitty's mother had filed for divorce and petitioned for custody of the baby, but she was unfit to raise the girl; he wanted us to keep Kitty. He had cared for the infant since his wife was admitted to Kaiser Hospital with post-partum psychosis. However, she'd gotten a fresh start, moved in with a woman friend, secured a job, and wanted her baby returned to her.

Helmut didn't disclose he had lost his job, perhaps due to drug use, with which he'd had problems before. I never thought to ask how things were going at work, and I failed to pick up on any clues he may have let slip.

“I cannot take your daughter; I have three children of my own,” I said, “and a husband who’s rather demanding.”

Our brother Karl, however, who lived nearby and was visiting with his wife and five-year-old son, said after consulting with his spouse, “We’d love to welcome Kitty into our home; she’d be the sister Paul wishes he had—so long as her mother consents to our adopting the child.”

“We’ll never get her to do that,” said Helmut.

We sat down to eat. After dinner we went to a park where our boys and their cousin raced around in their go-cart. Helmut came with us but soon returned to the house. By the time we got home, he had taken off for Idaho.

“Might we call the police?” I asked my husband the lawyer. “I’m worried about the effect of the long trip on the baby.”

“There’s no law against driving to Idaho,” he said.

Helmut had eaten very little. He smoked constantly, a sign of stress I ignored. He was unable to sleep. Then he made a remark that has stayed with me: “Mutti and Reiner are calling me.”

Mutti was our mother. She died when Helmut was eight and our youngest, Reiner, was four. Reiner killed himself at eighteen; unfortunately, this was during Helmut’s after-college year, when he and his family moved into an apartment belonging to our dad. Helmut had returned to Germany hoping to rescue his little brother, who was diagnosed with schizophrenia and would be remanded to the institution that held him since age fourteen.

At the MHFA workshop, the leader urged us to be attentive to the signs and signals that a desperate person gives off. The comment from Helmut that the dead were calling was such a signal. Years later a psychologist told me, a person who hears voices is in crisis and needs immediate intervention. I had thought it a poetic way of mourning the dead.

At the memorial service in Santa Clara, his pastor told me Helmut had played guitar at their Easter Sunrise Service. “Helmut came to see me sometime afterward,” he said. “I had no idea he was struggling.”

Like me, the pastor did not know how to ask pertinent questions.

It cost me dearly when I didn’t dare ask my distraught brother, “Have you thought of killing yourself?” Karl and I had to fly to Idaho to have Helmut’s body shipped to California, retrieve Baby Kitty and return her to her mother (after talking her out of flying to Idaho herself), and drive Helmut’s car back to California.

The turmoil of those days left an indelible mark on Kitty. She killed herself at twenty-two in the manner of her dad, by hanging. She did this in her boyfriend’s apartment, seemingly to punish

him for refusing to buy the expensive birthday gift she demanded of him. At her memorial service I learned that Kitty had been in drug-use rehab several times in her young life.

“It’s not your fault,” I said to the young man over and over. I said the same to Helmut’s sons when they arrived in my town with their grandpa. They were convinced their dad would have lived, had their grandma woken them when he first got there; their sheer presence would have caused him to stay alive. Instead, their grandma told them on the way to school that their dad had come late at night; they would greet him when they got home from school. They never saw him alive. Both boys have struggled mightily just to keep going. Neither ever married.

I emigrated to the U.S. with mental health challenges that originated long ago. So did my brother Karl, who arrived in New York at eighteen, knowing not a soul and speaking scant English. My brother Helmut came to live with my fledging family when he was fourteen. Today I believe, our mental health issues began with my mother's mother and her untimely death. She left behind four bereft children, my mother being one. My father’s mother, dead as a young woman also, left behind six, ranging in age from fourteen to nine. My dad was twelve; his only sister, nine. The sister and he were the only ones who lived long enough to marry. Like my mother and her bereft siblings, they, too, carried unresolved grief over the loss of their mother. Additionally, my parents each suffered post-traumatic stress, having lived through two horrible wars. In turn, my brothers and I carried burdens that darkened our lives.

Joy DeGruy’s *Post-Traumatic Slave Syndrome* is a must-read for anyone, of color or not, who is in pain. DeGruy tells us, most trauma is intergenerational; we inherit whatever injustices, wars, and personal traumas our parents, grandparents, and great-grands lived through. It takes time to get to the bottom of it; tracing our roots in a family tree is but a beginner’s exercise. We must recover, examine, learn from, and perhaps discard whatever inheritance lies buried in the past. Before reaching out to help others, we need to set our own house in order. Let’s don’t lull ourselves into believing we’ve got it made. It’s never that simple.

Substance use disorder is intertwined with mental health challenges—and often with adjunct physical ones. Suicide attempts, too, are relative to mental health, although the bearer may be unaware of the connection. Still, if it’s presented in a nonjudgmental manner, they may opt for intervention. One man, who jumped from the Golden Gate Bridge and survived, confirmed what other survivors of suicide attempts have said: At the point of no return, they experience a painful stab of regret. I am hopeful that the suicide-awareness workshops promoted by the National Council of Mental Wellbeing will limit the self-annihilation of lives not yet fully lived.
