



SALEM Digest

Spring 2001

• Topics of interest to friends of Salem Christian Mental Health Association

Suicide: Is There No Way Out?

Rev. Albert Dreise

Kevin was 23 years old, a bright college student. All he had worked for and dreamed of—graduation and a promising career—was now within reach. But Kevin never reached his goals. He swallowed a bottle of pills—a suicide victim—one week shy of graduation.

Elaine was a 37 year old homemaker. She lived in a comfortable suburban home and appeared to have everything necessary for a happy life. Happily married with three children, she was involved in church and community life. Elaine jettisoned all this by slashing her wrists.

No one knows how many people around the world, like Kevin and Elaine, end their lives by committing suicide. The suicide rate for the total Canadian population in 1994 was 13.7 per 100,000 for persons under 15, and 16.9 for the adult population. For the total population the male suicide rate was 21.4; the female rate was 6.1. Suicides among the elderly aged 65 and over are rising at an alarming rate. Between 1980 and 1992, the number of suicides in this group increased 36 percent. Among college and university students it ranks *number three* following vehicle accidents.

Why?

What makes life so detestable? What causes hundreds of thousands every year to override the greatest God-given drive known—the desire for self-preservation—to snuff out their own lives in a tragic suicide? The logical question is WHY?

For every problem there has to be a cause. There is a cause for suicide. There is a reason why so many people

end their lives. There is one factor apparent in every case: that factor is a feeling of *failure* in one way or another. The inability to cope with personal failure and/or loss is the root cause of suicide.

Risk Factors

Loneliness, for example, is failure—failure to have friends, failure to love and be loved.

The elderly often find themselves in



an apartment complex housing hundreds, with a neighbour whose name they do not know, living no more than six inches away behind a wall. Pastors, therapists, and counsellors recognize loneliness, alienation, or isolation to be one of the strongest immediate motives for suicides.

Another reason for suicide is what therapists call *interpersonal difficulties*, or problems arising between two or more individuals.

These difficulties are also a result of failure, failure to have a harmonious and happy marital, community, or work relationship.

Loss

Loss of a loved one, devastating financial loss (stock market crash of 1929), or loss of a treasured career are known to precipitate suicide. Inability to cope with sudden changes is a dangerous characteristic. Local disasters such as a tornado, flood, or earthquake, have also caused some to take their own lives. With no energy left to start over, they simply give up.

Guilt is another effect of failure—the failure to do what one feels is expected.

Among teens and young people the inability to live up to the image one feels parents, peers, or other significant persons expect is often a prime reason for suicide.

Revenge, as an effect of failure (this time the failure to grow up emotionally), is another increasing cause of suicide. Children and teens who are bullied, lovers who are jilted, and parents who are rejected, often see no other way

out. A teenager wants to *get even* with his parents, teachers, or peers and reasons that the way to do so is to hurt or kill self (and others). An ex-husband is filled with rage and kills his estranged spouse, children, and self.

No Single Cause

It should be understood, from what I have said, that a single individual failure seldom drives one to suicide.

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Executive Corner

Rev. Al Dreise

New Partnerships

Three exciting Salem partnerships have developed over the past few months.

Together with a number of churches in the Alliston-Barrie-Newmarket area, Salem has been involved in a new counselling centre, *Wellspring Christian Counselling Centre*. Located in Alliston, the Centre has already received a number of referrals from area pastors and care-givers. Cathy Kalverda, who recently graduated from Tyndale Seminary with an M.Div. in pastoral counselling, was appointed as the therapist. She is serving Wellspring on a fee-for-service basis and is available for seminars, workshops, and support groups.

The *second* partnership is in response to a request from *The Lighthouse* in Toronto for Salem to assist the director, Ben VanderLugt, to provide consultation to the counselling staff. Salem has committed both financial aid and support for this much needed service.

The *third* partnership is a continuation of Salem's preliminary involvement with *Homestead Residential and Support Services* in Hamilton to develop extended service to persons affected by a mental illness. June Zwier, Salem's Program Developer, is helping in the development of Homestead's shared care program. In addition Salem is committed to providing ongoing funding for the supportive services being developed for the recently

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Suicide

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Generally a lifelong string of failures—and especially an attitude of failure—precipitates suicide. For some people, consciously or subconsciously, failure becomes a way of life. Early childhood trauma, abuse, or loss of a parent through divorce or death has significant impact on one's ability to have a positive view of life. Many who experience rejection, abuse, or loss become trapped in a helpless, hopeless mentality. They can't seem to change their course from failure to success no matter what they do. Learning to cope with life's difficulties starts in early childhood. Contributing factors are physical or learning disabilities, rejection by parents, peers and others, insufficient separation from parents, alcoholism in the family, relocation, unemployment, school problems, and other painful, stressful experiences. The copycat effect, especially among teens, is not to be minimized.

Some contemplate suicide because they have never learned how to make decisions. Some have never been given responsibilities, and as a result are incapable of handling crises. They may have been kept in a state of overdependence even into their college days. It is only after they leave home and school that they reach some degree of independence—which often proves to be insurmountable for them. A sudden shock or personal difficulty becomes *too much*.

The Context of Suicide

Suicide doesn't occur in a vacuum. It occurs in the context of community and family. These must also be recognized as factors. When one person in a

family hurts, it is usually a symbol of pain in the whole family. The apostle Paul put it this way: "If one member suffers, all suffer together...."

(I Cor. 12:26 RSV)

Never Too Late

It is never too late to change self-destructive tendencies or behaviours. Counselling and therapy can make a significant impact. Take the problem of loneliness for example—often a motive for suicide especially among senior men. Rather than giving up, childishly muttering, "nobody loves me" and committing suicide, that person can get help. A counsellor helps him work on his personality to become more pleasing and enjoyable to be with. He is empowered to be a better friend, to build relationships. A person who is motivated in this way will normally be able to dispel loneliness. The faith community too can make a significant impact to help a lonely senior feel that he/she belongs. Outings, socials, fellowships, coordinating services which the 70-plus love to fill are just a few ways to dispel the darkness in a lonely senior's life.

Reaching Out

We need to remember that the person in despair is not that different from each one of us. The only tangible difference is that he or she cannot see any options or alternatives. We might ask, "Why can't he or she do this or that?" Simply, they cannot.

The sense of feeling precious to God and to loved ones often flounders in the depths of despair. To the troubled mind, options and alternatives disappear. If we have never known this agony, we cannot understand its desperation. But we can reach out, tentatively and tenderly, to potential victims and grieving survivors.

How to Respond to a Person at Risk of Suicide

Do

- **Do** believe it
- **Do** check it out with the person and his/her friends
- **Do** listen with a non-judgmental attitude
- **Do** initiate contact with mental health professionals
- **Do** show that you care
- **Do** get help: phone the *Suicide Crisis Line*; persuade the person to go with you for help
- **Do** help a person see the value he or she has in spite of loss or failure
- **Do** continue your own personal interest and support even if the current crisis seems to have passed

Don't

- **Do not** panic
- **Do not** moralize, scold, act shocked, or argue about the value of life
- **Do not** give pat answers or hollow reassurances that *everything will be all right*
- **Do not** promise not to tell anyone about the suicidal talk or behaviour
- **Do not** leave the person alone—particularly a high risk individual
- **Do not** attempt to use reverse psychology such as: "Since you want to commit suicide so badly, then go ahead"
- **Do not** try to make the person feel guilty about the pain of family or friends, but do explore the feelings of guilt
- **Do not** assume the person isn't the suicidal type—anyone can be suicidal.

Salem Christian Counselling Services



Salem recognizes that Christians sometimes struggle with depression, family trauma, abuse, addictions, or other brokenness.

Christ brings hope for healing.

Judy Cook
Betty Brouwer
Al Dreise

*Qualified Christian Professional
Therapists*

For appointment:
Call (905)528-0353
for individual, couple, family,
or child therapy.

Executive Corner

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acquired apartment complex in downtown Hamilton. The apartments are available for special needs persons, especially as a second level of residential care for psychiatric patients.

Salem's *project support* has enabled several local groups to be a neighbour to people with mental health problems. The first project under Salem's project development program founded in 1989 was *Family Outreach*. It has developed into an independent organization with chapters in 15 Ontario communities. Another current project funded by Salem is *Peel Halton District Counselling Services (PHD)*. For more information on how your mental health project idea may qualify for a Salem project

development grant call Rev. Albert Dreise at (905) 528-0353. Website: [www: Salem.on.ca](http://www.Salem.on.ca)

Consultation and Referrals

Salem provides a whole range of referral and consultation services. We respond to numerous calls from pastors, teachers, and care-givers requesting the names of mental health service providers.

Workshops

Salem's staff regularly receives requests to participate, and to conduct workshops and training seminars on various mental health subjects. Active listening, abuse awareness, mental illness, depression, and addictions are some of the more popularly requested topics for presentations.

Salem Needs You!

If you have an interest in serving an organization that ministers to persons and families with emotional or mental health difficulties then we need you.

Salem needs nominees to serve on its board and committees. Please give us a call if you are interested or if you know someone who is.

BOOK REVIEW

Helping Your Child Cope with Depression and Suicidal Thoughts

by Tonia K. Shamoo, Ph.D. and Philip G. Patros, Ph.D., Josey-Bass Publishers (1990), 180 pages.

Reviewed by June Zwier

Young children do get seriously depressed and may try to kill themselves. According to the authors, who are both practising psychologists, "Each day more than 1,000 teenagers try and every 90 minutes one succeeds. Suicide is the tenth leading cause of death in children one to fourteen years old" (p. 12).

This book is a self-help manual for parents of children who are depressed and may be suicidal. The authors tell parents how to talk, listen, and communicate effectively with a depressed child. Two chapters are devoted to key communication and parenting skills.

The major signs of depression are listed and include: lack of interest, change in eating and sleeping patterns, loss of energy, negative feelings about self and feelings of sadness, hopelessness, poor attention and concentration, morbid thoughts, and aggressive or negative behaviours. The authors spell out how each sign may be played out in the child's behaviour.

The authors also list and explain the signals of suicide, which include: any previous attempts or threats of suicide as well as suicide of someone close or with whom they identify, giving away valued possessions or making final arrangements, signs of depression (listed above), withdrawal, violent or rebellious behaviour, drug or alcohol abuse, and abrupt changes in behaviour such as: running away from home, changes in school attendance or performance, and sudden unexplained high or whirlwind activity after a period of depression.

The authors stress the importance of acting on any sign from children or adolescents that they are depressed and/or may be thinking of suicide. Although parents can do much to help their child, the first rule is to get professional help. Intervention is required immediately to ensure safety. The authors share information on how to intervene and get the help needed.

The emphasis of the book is on suicide prevention, and so provides education to parents, helping them see various situations through a child's eyes. Many real life examples are presented which makes the context more personal. The tales, lists and summaries provided throughout the book are also very helpful.

Art Therapy Snapshot

Betty Brouwer

The following is a snapshot into the therapy process of a fourteen-year-old female, Tara (not her real name). Tara lived with her maternal grandmother, since her own mother was unable to care for her due to alcohol abuse.

Tara has never had any contact with her father; she has no idea who he is. Art therapy was used within the therapy sessions because the art allowed Tara to express herself in ways that she was unable to with words. The art

gave Tara some distance from herself and allowed her to explore her feelings and concerns in a safe and contained way. It was easier to talk about the pictures and what they evoked than to just talk about herself.

At the time Tara drew these two pictures she was feeling suicidal. Tara asked, "Why is life worth it? Everyone thinks that life is important, but everyone dies and what difference does it make if I die now or later?"



Tara described this picture in the following way: "cold, lonely, ashamed, hatred, anger. There's no one there." Tara saw herself as standing outside the picture in front of the grave. She described the three green buds on the tree as potentially symbolizing "hope and trying to survive."



This picture depicted how Tara was feeling. She associated the following words with this picture, "confusion, pulled, no choice or direction." Tara noted that the rope used to be one but has become frayed at the bottom and is coming undone. She said, "It is being pulled in all directions. There is a sense of no control." Tara said that she wished she could be one again but felt she had no say or control over her life. "I'm only 14, what can I do?" She felt as if her grandmother, uncles and school controlled her mind.

Through the use of art Tara began to determine what aspects of her life she did have control over.