EVERYTHING I KNOW ABOUT SUICIDE

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[These are my thoughts as a lay person, not a counselor of any type or description, and do not reflect the opinions or positions of any other person, entity, agency or publication, including without limitation my employer, the State Bar of Georgia, the Chief Justice's Commission on Professionalism or the American Bar Association.]

"Inspiration" is an odd word to see written in the same sentence as "suicide." Nevertheless, I was inspired to write this paper by a speaker at a recent webinar on well-being in law. Asked for her proudest accomplishment since joining a big law firm as its wellness officer, the speaker pointed unequivocally to the normalization of words such as "depression," "anxiety," and even "suicide." She felt strongly that if we are ever to move past the pernicious stigma attached to mental health and substance use issues, we have to be able to say the words attached to such challenges out loud, without judgment, without that little pause to check internally whether we are at risk of dropping a hot potato into the conversation.

Speaking as one with plenty of experience as the person who, quite unintentionally, stops conversations by simply talking about mental health challenges, I, too, would like to change the status quo. Like the speaker, it would be my proudest accomplishment to now play a role in starting the conversations, not stopping them. This article initiates my first such conversation with everything I know about suicide, the most critical topic of all.

I. Lived Experience

A. My Story from the Inside Out

At age sixteen, I remember for the first time being able to name certain difficult, painful feelings as depression, and for decades I cycled between relatively stable, happy intervals and fairly dark, depressed periods. Those decades were the good times. They ended in November 2007, when a six-month period kicked off during which I went from mild to middling depression to rock bottom. By day one hundred eighty, my diagnosis was major clinical depression and, for the first time in my life, anxiety – specifically, catastrophic anxiety and panic disorder. What led me there was an intense, unbearable feeling of isolation in the wake of divorce and a subsequent decision to try getting back together with my ex-husband.

Wayne is a wonderful man and we get along famously now, but my decision to get back together at that time was a function of warring instincts that ultimately broke me. I had one voice inside screaming "I can't stand this anymore, I want my family back, I want my life back, I want my community back." (I lived in Wayne's town and had not been there long enough for his friends, who comprised most of my community, to gravitate to me.) The other voice insisted that the

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divorce had happened for a reason and that this was a bad, bad idea. While my internal war raged, my health on all fronts got worse and worse. I could not eat, sleep or breathe. Sometimes I would lie on the floor of my office with my feet propped against the door so that no one would walk in – the door had no lock – and struggle to take at least one relaxing breath. It never happened.

Unlike a number of lawyers who find themselves in mental or emotional crisis, I did seek help. I sought help everywhere: traditional talk therapy, hypnotism, Native American sweat lodges, you name it. And the medications…at times four different prescriptions, titrating up, titrating down, add one, take one away. I'd never heard of the word "titrate" – continuously adjust the balance– until then but it became a constant drumbeat to which I marched. Despite the well-intentioned efforts of all of the local healers who tried to put Humpty Dumpty back together again, at the time nothing worked.

Like many lawyers in similar circumstances, I told no one at my office about my condition, wore a mask of competence and engagement and continued to work long, stressful hours, closing two deals simultaneously on December 31, 2007. Some of us do not know how to quit. It's either not in our DNA and/or we drank the Kool-Aid when as children we were taught (or in some cases threatened), "Don't be a quitter!" Fierce tenacity is a helpful trait in many ways – it got us where we are and keeps us at the top of our game. It is a catastrophe when we would give up our lives rather than admit that we are not perfect and cannot achieve maximal results in the face of personal crisis.

By March of 2008, along with all of my other symptoms, my vision was becoming more and more impaired, not from an any physical phenomenon, but from the fog that comes with sustained lack of sleep. Truly I was winding down, slowing down, shutting down. Some part of me knew that I could not keep living this way. The psychic pain was unbearable and like a fox in a trap, the time was nearing when I would do anything to escape.

In May 2008, headed to the Harris Teeter grocery store on Colonial Avenue in Norfolk, Virginia, I looked into the grille of an oncoming vehicle and had the conscious thought, "if that car moves over into my lane, I will not turn the wheel to get out of the way." An instant later the fact that I'd had such a thought caught up with me and for the first time, I realized that death was a very possible, even likely, outcome, if not right here, right now, then soon. In that first moment, I was incredulous – it was impossible to take in or to believe. Dying by my own hand? That was not part of the plan; living a long and (sometimes) happy life had been promised to me and the fulfillment of that promise was an entitlement.

Incredulity did not linger, and on its heels followed a terror that I do not have the language to describe. Even now, thirteen years later and many of them spent as a mental health advocate, it hurts and frightens me to remember and to write about my pain and fear.

I would be long dead but for good timing and my brother's intervention. When my family came to Virginia for my daughter's high school graduation two weeks after my initial suicidal thoughts, I told him that I was very sick and needed help. He concurred, because unnoticed by me, I had very quickly dropped a huge amount of weight, a clear sign of major distress absent a physical explanation. At my brother's behest, the rest of my family rallied around and soon I was on my

way to a top-notch mental health facility in Baltimore. Ten weeks at the Retreat at Sheppard Pratt launched my journey of recovery, which, while often erratic, has arrived at a state of considerable mental health and stability.

That was my brush with suicide. I didn't have a plan and I never made an attempt. I got close enough to the edge of the abyss to gain an understanding of how someone can reach the point that taking one's life is an option, and perhaps from within that person's skin, the only option.

B. My Story from the Outside In

In February 2020, I received a call from a very close friend, Julia, that she and her husband, Tom, were on their way to their son's apartment because she was very fearful that he had taken his life. This was not a fantasy on her part. Their son, Paul, had struggled for many of his thirty-three years with bipolar depression, had made one previous attempt to take his life and of late had not been doing well. My office was very close to Paul's apartment, and I said please call me when they arrived, but I was sure that he was just not answering his phone and would open the door when they knocked. In no way did I imagine that the worst had actually happened, but it had. When I picked up the phone to take Julia's call, she was screaming and crying, "He did it, He did it." Shocking as that was, by that time I'd been a mental health advocate for a number of years and my strongest suit was being able to hear terrible, painful things without dodging them or dissolving myself. Julia and I both knew that to be true, so I asked if they wanted me to come right away and she said yes.

Until then, my entire orientation had been toward the struggling individual. It used to incense me when people said that taking one's life meant that someone "lacked courage" or "had taken the easy way out" and vilified them for "doing such a terrible thing to the people they left behind." One thing I know beyond a shadow of a doubt is that anyone who has ended up at the door of suicide is one of the bravest people you will ever know. They have endured things that others cannot begin to imagine. They have suffered in ways that are impossible to describe. The closest I have ever heard anyone come is "the dark night of the soul," which derives from a poem written by a 16th-century Spanish mystic. My observation at the time was that we ignore or even denigrate the pain of the sufferer in favor of the pain of the survivors, and that did not sit well with me.[2]

It turns out that, as with most things, it is not "either or," it is "both and." Sitting in Paul's apartment with Tom and Julia, the coroner and the mortuary people yet to arrive, experiencing a family's grief that was pain beyond pain, taught me something. Everybody suffers; it is not a contest. Watching Paul's friends and expanded family as they began to gather in the following days, the inclination to self-blame was pervasive. "Why didn't I…?" "If only I had…." "It's my fault." The hurt of the loss was horrific on its own, but amplified by self-blame, it approached unbearable.

Whether we blame the victim or the survivors blame themselves, the one constant is the need for accountability. Because if there is no accountability, unless one has a spiritual or religious faith of

[2] The lawyer in me hears, "What about the person who commits a mass shooting and then turns the gun on him or herself? Or the person who kills every member of his or her family and then takes his or her own life? Is the pain they suffered and the courage it took to battle their demons for as long as they did also worthy of grace?" That is a difficult question beyond the scope of this article and merits a further conversation.

great strength, there is no answer to the "why" of it. And for a mother or a spouse or a child or a lover to not know why their loved one left them in this way, that is understandably unacceptable. I have no answer for it, except that, leaving aside abusive situations and brain chemistry, when someone takes his or her life, it is no one's fault. That may be hard to accept, but in my experience it is true. There is nothing the survivors could have done to stop the suicide and there was nothing they did that made it happen. Am I saying that interventions cannot help, so don't even try? Absolutely not, as I discuss at length below. Over the duration of a person's illness, help is possible and can even turn the tide, as in my case. But if the final outcome is sadly, terribly, suicide, the narrative "if only I had texted back right away," "if only I had stayed home instead of going to the grocery store" may satisfy a need for accountability, but it is not true.

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II. Reflections Based on My Experience

Becoming an expert in the mental health advocacy field based on "lived experience" is an easy thing to do once the "lived" part is no longer in question. You don't need to go back to school, don't have to memorize anything, you just have to survive your own personal dark night or nights of the soul and be willing to reflect upon them. I have and I am.

A. Your Own Recovery

This is what I know. Recovery from a place of near suicide is not linear, it is not quick, it takes willingness to take responsibility for your own journey, it is terrifically hard and it is never complete. That is not to say that you can't get to place of great fulfillment and even joy, but it will only be after accepting and overcoming the hurdles barring the way. Recovery from mental or emotional crisis depicted on a graph would be a whole lot of jagged lines correlating to ups and downs, generally on an upward incline, but not always. One therapist I know describes it as a spiral in which one spirals up through the layers and down through the layers over the course of time, gradually staying closer to the top for longer and longer as time goes on. Either way works for me, as long as the idea is that all along the way there will be periods of shifting moods, instability, frustration and falling back into old maladaptive patterns, interspersed with times of leading a "normal" life, without the extra baggage. Gradually, the periods of "normalcy" are longer and those of instability shorter and less frequent.

In 2008, the notion that I would not resume my former, pre-2007 life very quickly and very smoothly came as a shock to me. When the lead therapist at Sheppard Pratt told me after my first three weeks that my chances for recovery were "fair to good with ongoing intensive treatment," I was furious. Weren't they the experts? They were supposed to make me better and I was supposed to be able to go back and live my life as if nothing had happened in a suitably short period of time. After all, I had people to see and things to do. And what did "ongoing intensive treatment" mean anyway? When I heard therapy three to four times a week. I laughed at him. Only after I landed back in a different hospital a year and a half later after ignoring his advice did I accept that I had an illness like diabetes that I had to learn to manage. And because my illness had been very severe, it was going to take a lot of management at the beginning. My illness was never going to go away, but as long as I "took my insulin" consistently by, in my case, attending multiple therapy sessions per week, I could live a full and satisfying life. ("Taking the insulin" means something different for everybody; there is no one-size-fits-all, no one pill or regimen or even type of therapy.) Once

I gave up on the notion of snapping back like a yo-yo on a string, it became apparent that it had been unreasonable for me to think that getting back to myself would be easy. I didn't get sick in a week or a month, so why would getting well be any different? I didn't catch a head cold, I'd had double pneumonia that was nearly fatal. It takes time to come back from that kind of assault on your system physically; no less mentally and emotionally.

When I left Sheppard Pratt after ten weeks, that seemed like more than enough time to my family. The cost was prohibitive and good grief, how long can you stay in a place like that? Upon reflection, ten weeks is nothing. It got me back on my feet, still reeling. That's it, and that was more than I had any reason to expect from the facility. I had been so sick, my anguish had been so overwhelming, how could that possibly be addressed and overcome in ten weeks?

So not ten weeks, but how long? For me, a good four years at the very least, arguably quite a bit longer. My recovery took seed during my subsequent hospital visit in 2010, when the Director told me that I would never work again and that I should apply for Social Security Disability. His statement shocked me into taking my recovery, and my destiny, into my own hands. That's where it has been ever since. I now have a pretty good sense of the people I should listen to and the people to ignore when it comes to my mental health. I have developed a pretty strong self-compassion muscle. I have made a vow that my commitment to my mental health is non-negotiable. I have fully accepted that my recovery will always be a work in progress, and that is fine with me.

B. Recovery – Family and Friends

1. What Can Family and Friends Do for Someone Who is very Mentally and/or Emotionally Sick?

In the times when I was very mentally and emotionally sick, there was very little that anyone could do to help me. Friends tried, oh how they tried. I have two very close friends who called me every single day and tried to lift me up, only to have to do it exactly the same way the very next day, and on and on for six months. The absence of existential hope is not something that anyone else can cure.

Recognizing that depression is a disease of isolation, others can try to spend time with the person or check in by phone if in person is not possible. The calls and visits from my friends propped me up enough to stay alive until I got the help I needed. If I had thought that no one cared, I wouldn't have made it through. If you see any spark of interest or liveliness, do your best to fan the flame. Given the person's low state, it may not work, but if it does you will have gained some ground. If the person wants to talk, listen. Don't listen so that you can respond and fix it (which you can't and will make you both miserable). Listen to be present to that person's distress. Don't hide from it, don't dramatize it and don't inject your own pain or experience into the conversation unless invited. Just be lovingly present.

Importantly, encourage the person to seek help. You may have to make the suggestion many times and you may get sharp pushback. It may difficult to endure the pushback, but if you can tolerate the heat, it's good to keep trying. When my brother-in-law called and said that he was concerned about me, I bit his head off, but in fact I was nearing that last rebellious gasp. While he had no way

to know it, if he had pushed again in a week or a month, I might have admitted that I needed help. By the same token, be attuned to the fact that people can ask for help in subtle ways. I asked for help by announcing to my family when I picked them up at the airport for my daughter's high school graduation that I really shouldn't be driving the car. In my mind, that was as clear a statement as I could make that I needed help. No one responded, and I was crushed. Many years later, someone pointed out to me that they easily could have thought I meant that I was suffering from a hangover.

One note concerning subtle signs from a person in crisis: if someone has been hopeless and despondent for a long time and all of a sudden they seem happy and carefree, counterintuitive though it may seem, that is not a good sign. It frequently means that the person has an active plan to take his or her own life, the preparations have been made and they have attained a sense of calm, believing that very soon they will no longer have to suffer. If someone you know behaves this way, ask them if they are thinking about suicide and whether they have a plan. All the learning now is that asking someone if he or she is thinking of suicide does not put the idea in his or her mind. The question does not hurt and it may help. The answer will inform your next steps. If you don't know what to do, you can call the National Suicide Prevention Lifeline (1-800-273-8255) or text the Crisis Text Line (text HOME to 741741). After July 16, 2022, you can simply dial "988" in accordance with new FCC rules requiring all phone service providers from that date forward to direct 988 calls to the National Suicide Prevention Lifeline.

My suggestions are not meant to be exhaustive and they certainly are not meant to be counseling in any way shape or form. I am a lawyer with absolutely no training as a clinician. My suggestions stem from my own "lived experience" and what I have observed or learned since becoming a mental health advocate. There are many other ways to try to help someone in crisis. In the final analysis the person who is ill has to have some hope, however little, and they have to want to help themselves. No one can make them want to help themsleves, and if they don't, nothing anyone can do will have any lasting impact. In my case, I had just enough hope to make it to the finish line and enough of the helpful kind of fierce tenacity to get me over it. If you see a sign of either, nurture it any way you can.

2. What Can Family and Friends Do for Someone Who is Coming Back from the Brink?

First and foremost, friends, family, employers and colleagues can adjust their expectations. Know that recovery from severe mental illness and/or substance use issues is neither linear, quick nor easy, and as mentioned above, you can't do the work for the other person. The last is worth further discussion, because I have observed it to be a very, very difficult thing for people to accept. Many parents are geared to fix things for their children, many married people are geared to fix things for their spouses and many jobs (like practicing law) entail being a fixer. In this case, it is an impossibility. Instead, be present, listen and try not to judge. I couldn't make my recovery go any faster than it went, and for a long time I railed against that. In truth, I was doing the best I could. Once I accepted that, beating myself up for failing to recover quickly enough was removed from my list of burdens and more space was freed up to do the actual work.

Understand that your loved one equally is doing the best that he or she can. At times that may seem like nothing and you may be tempted to push or criticize. Know that there is no timetable and that

everyone's recovery is a unique process. Expect that the person will have to work hard to attain and maintain stability, and be as compassionate, supportive and patient as you can. We are just starting to understand that there is as much need for compassion, support and patience in the workplace as there is at home. Heretofore, there has been an expectation that someone who has struggled with mental health or substance use issues and gone away to take care of it should hit the ground running when they come back. That is unrealistic and counterproductive. Long term, the chances of success are far better if you give someone a chance to ramp back up. Otherwise, you are throwing them back into the cauldron from which they just pulled themselves.

3. What Can Family and Friends Do for Themselves?

Get your own support. Period. It's the old "oxygen mask on the airplane" notion. You cannot be of help to someone else if you are not taking care of yourself. Having a loved one who is going through ups and downs, sometimes on an alarming scale, is very difficult for the people supporting them. Accept that recovery is likely to be much more of a marathon than a sprint, a test of endurance. Don't feel that doing things for yourself takes away from doing things for them. Or that you don't deserve it, because your partner/spouse/child/loved one is the one who is sick, not you. Again, it's not "either or,' it's "both and."

Sometimes those giving support must accept that there is nothing more they can do without risking their own destruction. I have borne witness to many in the role of primary support who have pushed themselves to the edge, ignoring their own needs, indeed their own lives, in favor of the needs of their loved one. It is not mine to judge when, if ever, to stop, but I can say from the bottom of my heart to such people, whom I consider unsung heroes and heroines, that you deserve help and guidance to sustain you through the days, weeks, months and years of carrying someone else's staggeringly heavy burdens in addition to your own.

Getting your own support is equally important if you are supporting someone in crisis or if you are a survivor of your loved one's suicide. There are many excellent support groups. In Atlanta, I can recommend The Link based on the experiences of many friends and colleagues (https://www.thelink.org/). The Link provides grief consultations as well as support groups through its National Resource Center for Suicide Prevention and Aftercare. The American Foundation for Suicide Prevention maintains a national list of support groups (https://afsp.org/find-a-support-group/), including a list of virtual nationwide support groups.

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There you have my reflections on suicide. I wish it were not a problem, that it were not on the rise or such a threat to our younger population. There are plenty of statistics out there if you want to look at them. They are sobering. Our embarrassment over speaking the word hardly measures up against such loss of life. So let's start talking about suicide openly. It may save someone's life.

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