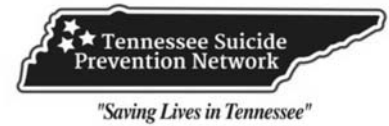
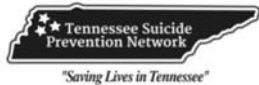


can you hear me?



stories of people who have survived suicide attempts

In this issue:	
Five Lies Depression Told Me	3
Suicide Anonymous	5
Crisis Resources in Your Area	6
Need Help Right Now?	6



TSPN works across the state to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate goal of reducing suicide rates in the state of Tennessee.

TSPN's continued success is due in large part to volunteers willing to donate their time and energy.

If you would like to volunteer with TSPN, please call (615) 297-1077 or e-mail tspn@tspn.org.

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Love, Hate, and Suicide

G. Collerone is the author of Midnight Demon: My Suicidal Career With Mental Illness and Cauda Equina Syndrome (CreateSpace Independent Publishing Platform, 2014). He contributed this essay to the New York Times' "Couch" editorial series on psychotherapy; it was published on September 8, 2015.

Collerone maintains an active blog, "Midnight Demon" (midnightdemon.com) and Twitter profile (@midnightdemon2).



Photo of G. Collerone courtesy of his author profile on Amazon.com.

There are times when I like my therapist. When she is supportive and understanding, it's easy to like her. Sometimes the like turns to love because she means so much to me. It is at these times when I value our relationship the most.

My therapist is very dear to me but then, like tonight, she will say something that makes me hate her. Mostly, this is around her not wanting me to kill myself. I feel trapped by this and so the love I feel turns to hate. It is not a quick thing to happen. I don't have oscillating feelings toward my therapist. It is only when I am suicidal and she wants me to live that I really hate her.

It wasn't always this way. I never really knew how she felt about me till we were four years into our relationship. I call it a relationship for lack of a better word. In 2005, I was severely depressed and snapped. I wanted to die very badly and was planning on ending my life sometime that November. It was one of the lowest points in my life.

When I finally confided in her what I was planning, which was not easy to do, she got really upset. I couldn't bear to see her that upset. In fact, no one till that point in my life ever was upset with me for being suicidal. Her fear of losing me made her cry and I just could not tolerate it. I still cannot tolerate it. It messes with my head. That's when the love-hate began. It is just the kind that people have with each other.

I told her I hated her tonight and she welcomed it. She said that I could hate her till eternity if it meant keeping me alive. But I don't like hating someone that I really care for. It hurts me. It causes me mental anguish that drives me crazy. I can't stay hateful for long. I'm not that type of person. And I do love her more than I hate her. She brings me joy and a little bit of hope every time we talk. I need these things or I will attempt to take my life.

I feel trapped by her love. To her, I can do no wrong. I am not a bad person in her eyes. I told her to read a blog entry that I wrote. I write horribly dark, depressing things. But this piece of work is really troubling me. It's extremely profound in darkness and depression. I want her to read it with a professional's eye. I want her opinion from her psychologist's mind, not her love for me.

Love, Hate, and Suicide (continued)

Yes, she loves me, too. It makes me uncomfortable at times. And it also makes me kind of feel unsafe. Because if I love her back and she loves me, that just opens a can of worms I don't want to open. I don't want to get hurt again by a therapist. I have been hurt 10 times by former therapists and she would be the last straw. I know that if we break up, it will kill me. After 14 years together, it would be extremely hard to start over with someone new.

My suicidality has always been a gatekeeper. She feels that I should have more sessions because I am suicidal. More is sometimes not better. But she wants to know what is happening in my life all the time.

My psychiatrist I have known for more than 20 years. I feel closer to her than I do my therapist because of our longstanding relationship. I sometimes think of my psychiatrist as a mother figure in my life. She is proud of me and my accomplishments, even though I never went to med school as we hoped. That is another story for another day.

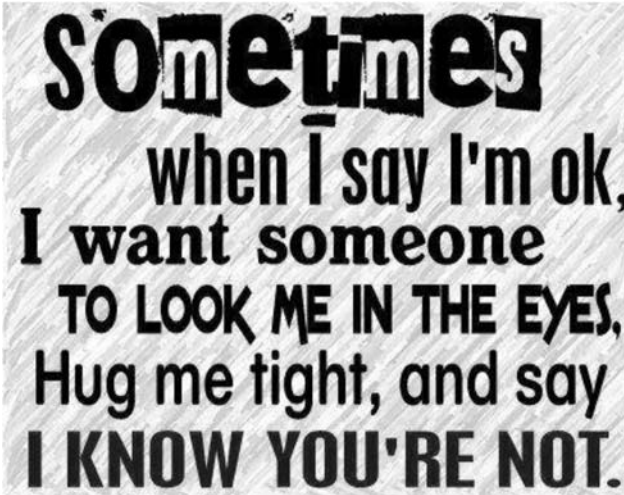
My psychiatrist is the best. She really gets me, sometimes better than my therapist. I don't know if she loves me. I know she cares deeply about me. We have been through some tough times together. She is my rock. I know I do love her, but in a way a son loves his mother.

My therapist and I love each other as people do. We truly care for one another. I guess the same can be said about my psychiatrist, though we have never discussed our feelings for one another. She is strictly professional in this regard, not to say my goofy therapist isn't. There are boundaries.

I respect both of my treaters. I don't think I have ever hated my psychiatrist. The only time that I might have was when she had me admitted to the hospital a few years ago after I sent her a dark email and she couldn't get in touch with me. I knew it was out of concern for my safety but that doesn't mean I had to like it.

My therapist has never had me admitted to the hospital or made me go to the E.R. My psychiatrist knows that I will usually take myself to the E.R. when I am in a dark place. My therapist will just tack on another session. My psychiatrist would do the same when I am at my worst points. Sometimes, I would see my psychiatrist weekly rather than every two weeks because she was concerned about my safety.

Both of these professionals know me pretty well. I have known them a long time and I am grateful they include me in their treatment plan rather than saying this is how it is going to be. That doesn't work for me and they know it. I have to be in control of my treatment in order for it to work. And if this helps save a life, then so be it.



Sometimes
when I say I'm ok,
I want someone
TO LOOK ME IN THE EYES,
Hug me tight, and say
I KNOW YOU'RE NOT.

Sourced from the Healthy Life Harbinger
(healthylifeharbinger.com)

Five Lies Depression Told Me

Kelly Jensen is an associate editor and community manager for Book Riot (bookriot.com) and a , as well as a former teen librarian, and a blogger at STACKED, a blog on young adult literature (stackedbooks.org). Her writing has been featured in The Horn Book, School Library Journal, The Huffington Post, and VOYA magazine. She contributed "It Happens: Contemporary Realistic Fiction for the YA Reader", a pair of essays in the forthcoming The V-Word anthology edited by Amber Keyser (Beyond Words, 2016), and the editor of the forthcoming Feminism for the Real World (Algonquin Young Readers, 2017).

Jensen contributed the following essay to the blog for To Write Love on Her Arms (<https://twloha.com>), on March 28.

I was not depressed.

I couldn't be.

I had never self-harmed. I had never ideated on suicide. I had never felt the need to seek professional help for those low days or weeks or months. I wasn't like the people I saw on TV or in movies or in books who were depressed. People I knew with clinical depression sought treatment when they engaged in destructive activities or couldn't get out of bed in the morning or function on a day-to-day basis. I did everything with my whole heart—and depression always seemed to me to be like an all-over weight, impossible to live with.

I wasn't like that.

The first lie depression told me was that I did not have depression.

Because I could get up in the morning, because I could take a shower and do my makeup and my hair, because I could sit down in my office at home and put in a day's worth of work, because I could follow the routine day in and day out, my depression told me it wasn't a big deal that I'd spend all my free time sleeping.

Depression lied about it being relaxing, recovering, and restful. Working takes a lot of energy. It wasn't an avoidance tactic or an unhealthy coping mechanism.

Going through the performance of each day drained me, but it was ignoring depression that really wore me out.

The second lie depression told me was that things were OK if I maintained control.

By obsessively watching my food intake and making sure I ate only the healthiest meals, by ensuring I worked out daily, by spending an hour with a therapy light in the darkest mornings of winter, I would pull through my temporary seasonal blues. If I added in half an hour of yoga or a few minutes of mind relaxation techniques when I felt really bad, I could relax and avoid the unpleasant thoughts.

But being restrictive negatively impacted my physical and mental health. Insisting on controlling every aspect of my life denied me peace and balance, and it made the depression worse — which is exactly what depression wants.

The third lie depression told me was that I wasn't good enough.

I wasn't a good enough wife.

I wasn't a good enough friend.

I wasn't a good enough daughter/granddaughter/niece/co-worker.

The critical things people said to me or about me, the mean things they wrote — those were the truest parts of who I was. The niceties, the compliments, and the solid, unwavering support of those who always had my back were all instances of temporary kindness. I was and could only be an obligation.

Five Lies Depression Told Me (continued)

Depression told me people I knew loved and cared about me didn't. That the things I thought were true and safe were anything but, and I needed to try harder to be better or retreat all together. The crushing insecurity depression wrought upon my thinking led to out-of-character behavior and the need for constant reassurance from those to whom I was closest.

The insecurity also led to building up giant walls and demanding space from others who cared about and sometimes needed me to be there. At times, the insecurity depression gave me meant doing both things in tandem: demanding reassurance while not offering the same back. Or worse, believing those reassurances were just there so that I would offer something back, even though I believed I had nothing worth offering to anyone.

The fourth lie depression told me was that I didn't suffer from anxiety.

I didn't have real problems. I had a house. Friends. A job. A family. Real anxiety involved trauma. Real anxiety involved fears outside of the things that I had complete and utter control over (because I could control everything, remember?).

Depression told me the anxieties I had were all made up, even as it fueled the feelings and demanded behavior that exacerbated my anxiety.

The truth is that anxiety fueled the depression that lied to me. Depression thrived off my low-grade anxieties, helping them grow, which in turn made my depression worse. Depression and anxiety weave together, for me, like a strand of DNA. They twist around and around and around, rooted and connected to one another.

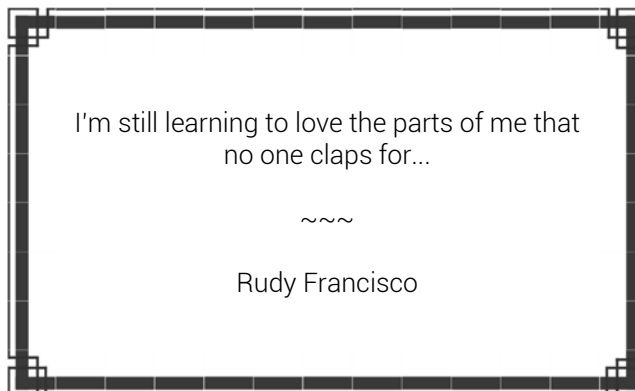
The fifth lie depression told me was that it wasn't "bad enough."

Depression told me getting out of bed in the morning meant I was functioning. That turning in work on time — sometimes really great work that showcased my sharpest thinking skills — meant I didn't have miserable, self-flagellating, relentless thoughts circulating through my head. Depression told me sleeping my afternoons away was fine, even restorative, rather than part of a dangerous cycle. Depression told me that near-constant exhaustion came from pushing myself too hard on projects I'd taken on, not from being up half the night because I couldn't shut off the voices or thoughts. Because I'd already slept eight or ten hours that day. Because I wasn't eating enough and I was working out too much.

Depression doesn't present one specific way. It doesn't feel one specific way. It doesn't function one specific way. But it will insist that it does, encouraging you with lie after lie after lie to explain away very real signs and symptoms of its existence, which only causes more pain and hurt.

Finally being able to untangle those lies and turn them into the truth of the situation—that I suffered from depression—was like discovering a whole new, different world: a healthier world where I did not have to be my depression, and my depression did not have to be me.

The first truth I told depression was that it existed, but it did not define me.



Suicide Anonymous

Suicide Anonymous (SA) is a self-help program based on the model of Alcoholics Anonymous. It provides a safe environment for people to share their struggles with suicide and to develop strategies for recovery from suicidal preoccupation and behavior.

Suicidal people do not have safe places to talk honestly about their struggles with suicide. The stigma towards suicide pervades every segment of our society, including religious organizations and even the mental health field. SA, therefore, exists to offer a support system for survivors, to make a distinction between the suicide attempt and the person involved, to cast off the societal stigma that too often plagues the survivor, and to develop strategies for mutual support and healing.

During each meeting, a chairperson presents topics and members share their experiences or simply listen. Members also provide updates about how they are dealing with their suicidal impulses. Talking openly about suicide with people who understand the problem lessens the shame and stigma, combats isolation, and shows that it is safe to reach out for support in a crisis. In sharing their stories, members overcome the shame and stigma of a life of struggle with suicide. Meanwhile, listeners identify with the story or break through denial of the extent of their own struggles.

New participants pick experienced members to guide them through the Twelve Steps model. They also exchange phone numbers with group members as a resource for crises between meetings. Members learn to reach out to fellow members for support in a suicidal crisis. They also get to experience the other end of a suicide crisis.

Members also select bottom-line behaviors for themselves. These are component behaviors of suicidality like hoarding pills, suicidal fantasies, compulsively driving through cemeteries, etc.. Members commit to stop bottom-line behaviors one day at a time, and these behaviors may change with progress in recovery.



Meeting times in Tennessee	Skype /phone available
Every Sunday, 6:30 PM Central / 7:30 PM Eastern Room 223, Hope Presbyterian Church 8500 Walnut Grove Road Cordova, TN 38018	Yes (e-mail suicide.anonymous0811@gmail.com one hour prior to meeting start)
Every Thursday, 5:30 PM Central / 6:30 PM Eastern Psychological Trauma & Wellness Center 5158 Stage Road, Suite 120 Memphis, TN 38134	No
Third Tuesday, 6 PM Central / 7 PM Eastern Room 111, Cornerstone of Recovery 4726 Alcoa Highway Louisville, TN 37777	No

The SA website suicideanonymous.net features information on groups outside Tennessee with Skype/phone capability. The site also offers the full text of the *Little Book*, the guiding document of Suicide Anonymous, which discusses the problem of suicide addiction from the viewpoint of the person affected.

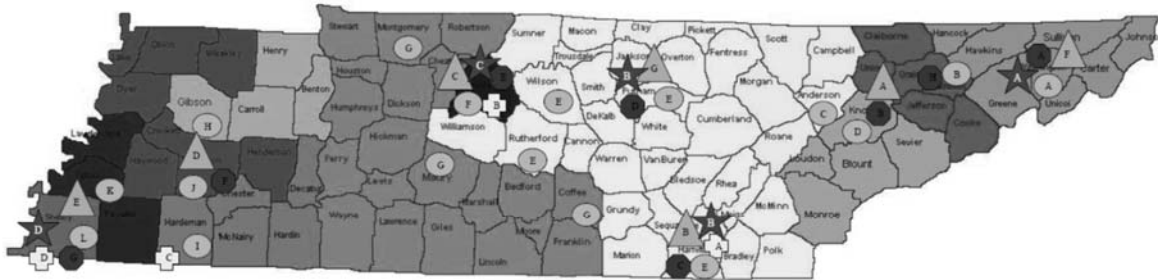
Interested parties may also contact the group directly at info@suicideanonymous.net or (901) 654-7673.

"can you hear me?" wants your articles, poetry, prose, and artwork for the next issue and the ones to come. We'll also need suggestions and recommendations on how we can make it better.

If there's a piece you want to submit to the newsletter, send it to tspn@tspn.org with the subject line "CYMH Submission".

Feedback and suggestions can also be sent to this address with the subject line "CYHM Feedback".

Crisis Resources in Your Area



CRISIS TEAMS – CRISIS STABILIZATION UNITS – REGIONAL MENTAL HEALTH INSTITUTES – MEDICALLY MONITORED CRISIS WITHDRAWAL MANAGEMENT

Mobile Crisis Teams

- A Frontier Health
- B Cherokee Health Systems
- C Ridgeview Psychiatric Hospital & Center
- D Helen Ross McNabb
- E Volunteer Behavioral Health
- F Mental Health Co-Operative
- G Centerstone Community MHC
- H Carey Counseling Center
- I Quinco Community MHC
- J Pathways of Tennessee
- K Professional Care Services
- L Alliance Healthcare Services

Crisis Stabilization Units/Walk-in Center

- A Frontier Health
- B Helen Ross McNabb Center
- C Volunteer Behavioral Health – Chattanooga
- D Volunteer Behavioral Health – Cookeville
- E Mental Health Co-Operative
- F Pathways of Tennessee
- G Alliance Healthcare Services
- H Cherokee Health Systems

RMHI

- A Moccasin Bend Mental Health Institute
- B Middle TN Mental Health Institute
- C Western Mental Health Institute
- D Memphis Mental Health Institute

MMCWM

- A Helen Ross McNabb
- B CADAS
- C Buffalo Valley
- D Pathways
- E Serenity
- F Frontier
- G Volunteer

Respite Services

- A Frontier Health
- B Volunteer Behavioral Health
- C Mental Health Co-Operative
- D Alliance Healthcare Services

10/16/14

This map of crisis response teams and facilities is provided to TSPN courtesy of Melissa Sparks, Director of the Office of Crisis Services and Suicide Prevention within the Tennessee Department of Mental Health and Substance Abuse's Division of Mental Health Services. More information about these facilities is available from Ms. Sparks at (615) 253-4641 or melissa.sparks@tn.gov.

Need Help Right Now?

Feelings of hopelessness, feeling trapped, feeling like a burden to others, increased alcohol or drug consumption, sleeping too little or too much, and withdrawing or feeling isolated from others are signs that you or a loved one may need help now.

If you or a loved one are feeling suicidal, please seek help immediately. Call the National Suicide Prevention Lifeline at 1-800-273-TALK or visit www.suicidepreventionlifeline.org.



NATIONAL
**SUICIDE
PREVENTION**
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org