

can you hear me?



stories of people who have survived suicide attempts

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A Letter to the Person Considering Suicide

*Nikole Wiles is a graduate student at the University of North Florida. She is deeply invested in supporting the LGBT Christian community, the massive numbers of individuals struggling with anxiety and/or depression, and manages her blog at <https://englishwallflower.com/>. Wiles contributed the following essay to the blog for *To Write Love on Her Arms* (<https://twloha.com>), on July 5.*

Dear Person Considering Suicide,

If you kill yourself, a bunch of weird stuff is not going to happen to you.

For example, a man in an old suit jacket (the kind of jacket with elbow patches) will not come up to you and your group of friends tomorrow and say, "Y'all ain't nothing but a bunch of spices."

I know you're in a lot of pain, but there may be no more extraordinarily weird moment than the spice moment. Then again, there may be a weirder moment than the spice moment; trouble is, you've got to stick around to find out.

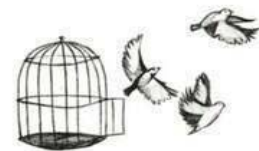
Please don't think I am trying to say I understand. I'm just writing to tell you not to miss the spice moments. I know I can't understand exactly what you're going through. And it doesn't really matter what experiences I've had or how similar they are to what's making you feel so hopeless you'd rather die than continue experiencing them. We are individuals, and we are different.

But I love you.

Right, I know—I can't love you because I don't know you and therefore my love is nothing more than a platitude to keep you on the planet. Don't resist my love. The last person who resisted my love regretted it because I wound up outside their apartment singing a Moulin Rouge show tune dressed as Ewan McGregor.

If you thought
of ending it
but didn't,

I am so proud of you



Sourced from "justaselfharm" (justaselfharm.tumblr.com).

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.

A Letter to the Person Considering Suicide (continued)

But no, I'm serious. I love you in the way that humans are capable of loving people they don't know. It's like the thin icing on top of a cake; the love is made up of all these ingredients that don't cost much—patience and gentleness and goodwill—but when spread across the surface they make everything better.

Asking you to hold on another day may not seem fair. If you're considering suicide, you've probably been holding on for what feels like a painfully long time already. Chances are, people don't even realize how tough you've been so you're not getting any credit for that either. Congratulations, you.

Congratulations for holding on. I can't see ending this letter without a video game metaphor, so when I ask you to hold on until tomorrow and until the next day and until the day after that, pretend you're playing the longest video game ever created—each day is a level to beat.

If you need a name for the video game, call it Spice Moments. After all, the spice moments are why I am asking you to stay alive. I'm asking you to stay alive for the weird. I beg you to stay alive for the friends you don't know you have, or even the friends you don't have yet who need you. I respectfully request that you not blow me off because you think I don't understand. I'm asking you to take my letter to heart because we are similar in our humanity.

No one else may ask you not to kill yourself today. Please don't let my letter be a missed opportunity. Don't let the bond we are developing as you read pass us by. Let's make cake together. Even if we never meet in person, let's make so much cake together. As much cake as we can stand.

I leave you with these final words of encouragement—

Have you had suicidal thoughts?
Problems that felt unsolvable?

You are in excellent company – we've been there.
Here we offer strategies to survive and build more
manageable and meaningful lives.



NowMattersNow.org hacks
suffering

A Decade of Living After Trying to Die

Dese' Rae L. Stage is an artist and suicide awareness advocate. She's the creator of Live Through This, a collection of portraits and true stories of suicide attempt survivors across the U.S. Live Through This re-imbues the topic of suicide with humanity by putting faces and names to the statistics that have been the only representation of attempt survivors in the past. Stage contributed the following essay to the blog for The Mighty (<https://themighty.com>), on July 8.

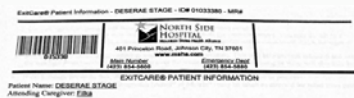
In late June of 2006, I tried to kill myself.

Then.

I was flailing.

I was three years into a volatile relationship with a woman who swept me off my feet and into a whirlwind romance in the summer of 2003. We lived in a one bedroom apartment, all wood-paneled walls and low-pile beige carpet, in downtown Johnson City, Tennessee.

We did everything together: we lived together, worked together, went to school together, watched indie films and made art together, partied with the same people, fed off each other's insecurities, screamed and yelled and destroyed each other's things, cut ourselves (separately) in the same bathroom, pushed and pulled and hit and hurt each other.



Depression
Your exam shows you have signs of depression. This is a very common problem since 1 person in 4 will have a severe depression during their lives. It can occur at any age. Although depression is very common, it is often hard to recognize. People can be suffering from depression, but still have moments of enjoying themselves under the right circumstances. Symptoms of depression may include feeling unhappy or worthless, chronic tiredness, and self-destructive thoughts and actions. Depressed patients have trouble with insomnia, or sometimes they sleep too much. They may eat more than usual, or they may not feel like eating at all. Some complain of headaches or feeling anxious. Depression makes it difficult to concentrate or make decisions. Unexplained physical complaints and substance abuse are also common problems in depression. Depression interferes with your basic ability to function in life. It spoils your relationships as well as your sleep, eating, and work habits.

Depression is believed to be caused by an imbalance in brain chemicals. It may be triggered by an unpleasant event, but it may also occur without any apparent reason. Relationship crises, a death in the family, financial worries, moving, or other stresses are often involved. Many medical illnesses, some medicines, genetics, alcohol or drug abuse may play a part.

Depression usually gets significantly better with treatment. This can include anti-depressant medicine, which sometimes works quickly, but may take weeks before the proper dose and benefit are reached. Talking with a therapist, volunteer, counselor, or a friend can help you gain insight into your problem and regain control of your life. Eating a good diet, getting regular physical exercise (such as walking for 30 minutes every day), and not abusing alcohol or drugs are also very helpful to recovery. Treating depression often takes 6 months or longer to keep the symptoms from returning. Be sure to call your doctor and arrange for follow-up care as suggested by our staff.

FOLLOW-UP INSTRUCTIONS
When: _____
ONE DAY
Date Revisited: 4/10/2006

Abrasions
Abrasions are skin scrapes. Their treatment depends on how large and deep the abrasion is. Abrasions do not extend through all layers on the skin. A cut or laceration through all skin layers is called a laceration.

HOME CARE INSTRUCTIONS
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RETURN PROMPTLY FOLLOWING OCCAS:
Increasing pain in the
Redness, swelling, or
An oral temperature of
Any foul smell coming
Most skin wounds heal w/ proper treatment. You should
proceed as usual. If you was
injured on the second day

FOLLOW-UP INSTRUCTIONS
When: _____
ONE DAY
Date Revisited: 4/10/2006

Signature and/or Stamp
Patient or Guardian Signature

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My first memory is of my dad throwing an alarm clock at my mom's head. Years later, I watched another man drag her around by her mop of thick, curly hair, her knees scrapping across the terracotta tiles in the living room.

I remember thinking to myself then, "That can never be me."

I didn't recognize it was me, that the exact same thing was happening in my own life, until that summer.

And I didn't know how to stop it. I thought love was enough to fix it, and my love for her was so desperate and so single-minded that I believed we could fix it. She was the be-all, end-all. I wanted it to work with her, and if it couldn't, I wanted to die. My mind saw no other options.

But it wasn't working. I couldn't fix it.

I would come home after a day of waiting tables and sit on the porch, distraught, scratching through pages and pages in my journal, chain smoking, listening to the trains pass behind our house, wishing for whatever kind of fortitude it required to lay on the tracks and wait.

Those suicidal thoughts, gifted to me by my adolescent brain, were nothing new. They were just exacerbated by the situation and had, at that point, been steadily building in intensity for two years.

Despite my struggles, I achieved every goal I set for myself.

I volunteered at the crisis hotline and shared about my self-injury for the first time. I won awards for my writing. I discovered photography and showed my work in small galleries. I was an undergraduate researcher. I got my degree. I got accepted to a Ph.D. program back in my hometown of Miami. I had a family and friends all over the country willing to support me, no matter what.

A Decade of Living After Trying to Die (continued)

I had a future, but I didn't believe it.

On June 27, 2006, the switch flipped and I decided I was done. But my plan didn't pan out the way I intended.

I woke up the next morning in a friend's bed, in terror, alive. I'd made myself a promise in the hospital the night before: I was going to stop hurting myself, at all costs.

And if I wanted to keep that promise, there were a lot of choices to be made.

Now.

I live in Philadelphia with an incredible human — an intelligent, funny, kind, beautiful, patient woman — who said, "I do," and "I will," and allowed me to put a ring on her finger, signifying a lifelong promise of partnership (and an unspoken contract that I must do everything I can to live, despite my mind's occasional spirals). We communicate often, argue well (most of the time), make up easily. We live alongside six furry creatures. We each have careers that fulfill us, and we each enhance the other's work.

The past year has been one of extreme growth: a wedding; a move from Brooklyn to Philadelphia; a full-time freelance career (instead of juggling freelance with part-time work); a new puppy; a new home; a new car; and new challenges.

When I saw my new therapist for the first time, she asked, "Who is your primary physician?"

"I don't have one."

"When did you get your last physical?"

"I don't know."

"Your last gynecological exam?"

I shook my head. "I only have so much energy in me, and I choose to use it to maintain my mental health. I'm here. It's the best I can do right now."

I struggle to fall asleep. I struggle to wake up. I forget to eat. My diet consists mainly of beer and cheese. I no longer walk 3–5 miles a day like I did when I lived in New York and have, subsequently, gained 20 pounds. I hate looking in the mirror. I am irritable. I forget to feed the dogs. I forget to take the trash out. The prospects of cooking, cleaning, or doing the laundry overwhelm me to the point of paralysis.

My mind says, "You are useless. You are worthless. Everyone around you can do these things. You can't, and that will never change."

I am flailing.

Despite the challenges, I have a future I look forward to. I have a wife with boundless love for me. I have friends and family all over the country who support me, no matter what. I have work I love doing and opportunities beyond expectation. I just signed a lease



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.

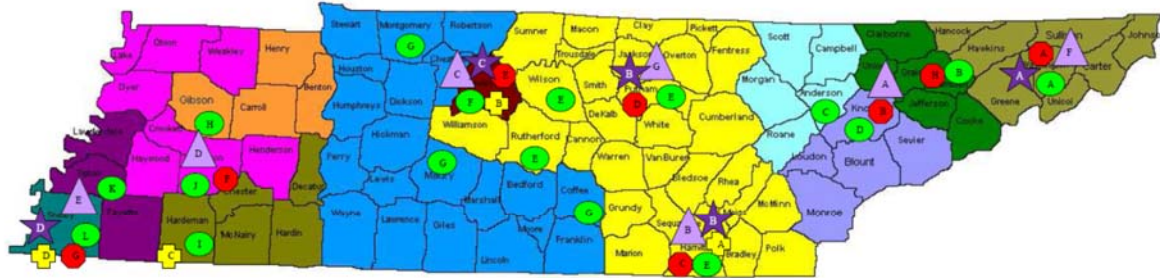
Interested parties may also contact the group directly at info@suicideanonymous.net or (901) 654-7673.

"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.

