

# can you hear me?

stories of people who have survived suicide attempts

october-november 2018

issue 1

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Tennessee Suicide  
Prevention Network

"Saving Lives in Tennessee"

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](mailto:tspn@tspn.org)

## Samantha's Story

*Samantha Owen is the supervisor of the call center at Family and Children's Services in Nashville. She is also the facilitator of the Survivors of Suicide group that meets there each week.*

*This is a transcript of remarks she presented at "Never Alone", a vigil for survivors of suicide held at First United Methodist Church in Lebanon on September 17.*

I first experienced suicidal thoughts when I was 12 years old and several months later I had my first attempt. This was followed with many years of additional attempts and hospitalizations, my last and most lethal attempt occurring May 2008. I was diagnosed with depression and general anxiety disorder, in addition to many years of residing in a home where I felt I genuinely wasn't wanted or welcome.

Between my mental health and environment, I lost hope for myself and for my future. I had frequently cut myself as a means to cope with the frequent verbal abuse that would occur. I tried to take my life because I didn't believe that I could continue living the way I did until I was 18. Hope was gone and being in my mid-teens, college seemed too far away and unreachable. As a result of the many issues I faced at home, I was sent to a "behavior modification program" where I was able to finally live in a stable environment and learn to take care of myself. This single decision by my parents saved my life, as it allowed me to leave my home and start fresh somewhere else.

Many view suicide as a selfish choice. For many, including myself, suicide did not feel like a choice. I believed that this was the only way I would ever feel relief from my pain, and that I would be alleviating stress, anxiety, and burdens I believed I created in my loved ones' lives. As for being selfish, I feel that in order for one to make suicide a selfish act it would have to be a rational act. Over 90% of people who die by suicide have a diagnosable mental illness, and speaking from my own experience I know that my attempts happened when I was cognitively in a very unhealthy, unstable place.

It is true that I did not consider my loved ones and how it would affect them, simply because I believed they would be better off. The truth is that had I taken my life, the excruciating pain I lived with would not have left with me, but spread it to those I loved and magnified it. This is a concept I never would have been able to wrap my mind around in previous



Photo of the author from the "Never Alone" event in Lebanon (photo courtesy of Brenda Harper)

## Samantha's Story (continued)

years. After spending several years facilitating a grief support group for families affected by a suicide, this is all I can think about when it comes to my own attempts.

Depression is a real illness should not be treated or viewed differently than living with a heart condition or cancer. This disease needs to be taken seriously and people need to know that it is real. It will make you believe that things will never change, never be better, and that you are worthless. Depression will make you believe that you burden your loved ones and they would be better off without you. It will convince you that suicide is the only way out from your pain. If there's someone who is reading this and is struggling with suicidal thoughts or struggles with frequent suicide attempts, know that there is help out there and that hope is not gone.



There are people who care and can help you - please do not feel that suicide is the only way to end your pain. I cannot say that suicide has not crossed my mind since my last attempt, but what has changed for me personally is that I know I can ask for help if I get to that hopeless place. I also know that the moment of feeling suicidal is just that - a moment, and one that will eventually pass. The numbers you can call for help are 1-800-273-TALK or (615) 244-7444. Suicide does not have to be your way out and please ask for help.

Had I had been successful in any of my eight attempts to end my life, I wouldn't be able to do the work I am doing today. I supervise a crisis line now in Nashville and have been working there for over 4 years. My life experiences allow me to have compassion for those who have been in my shoes, and to support families and friends whose lives have been shattered as a result of losing their loved ones in this manner. Working to raise awareness about suicide prevention is what I am meant to do with my life, and I am thankful every day that I am alive to do it.

*Our first edition of this publication features notes submitted by guests at NAMI Tennessee's Annual Conference in Murfreesboro on September 27-28. Several of the guests had either survived suicide attempts or had family members who survived.*

"To my son Steve,  
I cannot imagine my life without you. I am so thankful you did not succeed in this attempt—your life is precious and God has a plan for you. I love you and I am here for you.

Love,  
Mom"

"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](mailto:tspn@tspn.org) with the subject line "CYMH Submission".

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

## Kevin's Story: To Hell and Back

*Kevin Taylor is a member of the Suicide Anonymous group that meets in Memphis. More information about Suicide Anonymous is available on page 4 of this publication.*

My first memories are all fearful: hiding under the coffee table in terror and tears during a thunderstorm. I think I knew then that the world is not a safe place. When I was four mom told me that my father was the smartest student ever in his medical school - all A's? I wish she hadn't told me that.

By Grade 4, I found my brain. Getting A's made my parents smile and pleased my teachers. A's also filled the hole in my gut. By ninth grade, my confidence was improving. And then, just as the Titanic encountered its iceberg, so I encountered Mary Sims Dawson. Latin scared me. Pop quizzes scared me. When I saw the big red F on my pop quiz I died. *So much for med school. I have to kill myself.* The thought came from nowhere. Terror faded away. Suicide was the secret power that killed the pain that day.

My first drink! I was 17. Bourbon and Coke also filled the hole in my gut.

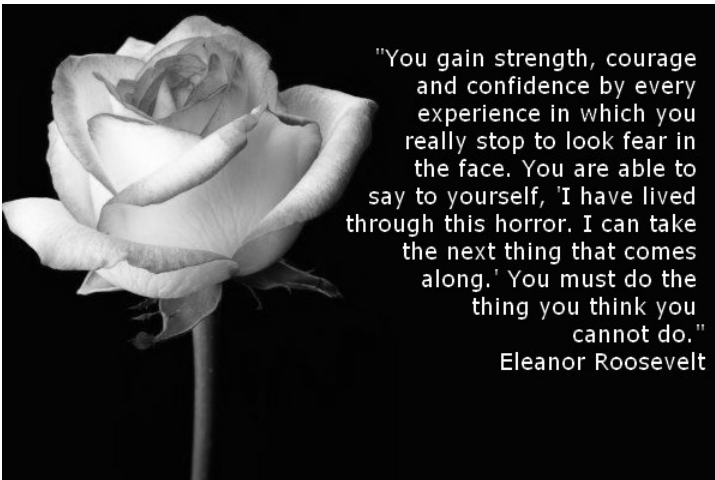


Image courtesy of Themes Company ([www.themescompany.com](http://www.themescompany.com)).

After college, Morgan and I married in 1965. We settled as newlyweds into our first apartment. Morgan started teaching, and I started med school. Bullfrog Johnson taught my father biochemistry. "Son," he said, looking straight at me, "you will never beat your dad's record at this school." There it was, exploding in my head: that big F. I'd failed before I'd taken my first exam. *End of med school. I have to kill myself.*

Leaving med school was the ultimate disgrace. The day I quit school, I planned my first overdose.

Back on course, second try: a new medical school with Morgan at my side. Finishing med school almost finished me. For the first time, I realized that I didn't *want* to be a doctor. I got my M.D. because my father had one.

Straight internal medicine internship was pure hell. Pathology was better. My first autopsy! "No way I can do this". I took my first overdose that night, in the summer of 1971. There was one medical specialty I thought I could manage: psychiatry. "More teacher than doctor." Going back to psychiatric residency in Monroe, however, felt like returning to the scene of a crime. Suicide swept through my mind constantly.

Allergies. Darvon fixed the headaches. So I took lots of Darvon. Assistant Director of Residency Training, Department of Psychiatry, 1975. Private practice at Madison Heights. A foot in both worlds.

In '76 my mother almost died of a massive heart attack, and my dad ended up at Woodlawn. Darvon, more Darvon, plus Ativan, more Ativan. Friday, August 13, 1976. I took 5000 mg of my own Elavil samples and washed it down with a Coke. It almost worked. I spent ten days on 8-Main at Lee Memorial, suicide still raging in the back of my head.

Rope! Lots of rope! I browsed through the aisles of Simpson Brothers Hardware. There it was: the perfect rope. What a rush! What a fix! Still in my white coat, I slipped the noose over my head four times and tried to kick the stool out from under my own feet.

## Kevin's Story: To Hell and Back (continued)

Wednesday, January 6, 1982. A bottle of Dilantin and phenobarbital and a bottle of booze: I took all three, read my Bible for a while, and waited to die. I spent the next few days as a prisoner in Madison Heights, my own hospital. I left Monroe, heading for Houston and Woodlawn Psychiatric Hospital, on January 24, 1982. I had my last drink on the plane, a double gin martini. It felt like the last drink given a condemned man.

Suicide watch again, and I had to surrender all vestiges of my dignity - belt, keys, anything sharp. Suicide watch ended, weeks later, with the ceremonial return of my belt. What a relief!

Morgan came for our first visit. Within five minutes, we were fighting.

On the way to my first meeting of International Doctors in Alcoholics Anonymous (IDAA), I was on pins and needles, waiting to meet the poor doc whom I'd help that night. /was the poor doc who got help that night.

Morgan and I, meanwhile, took the best step we'd taken in years: we put our marriage on a one-day-at-a-time basis.

September 10, 1982. I faced reality: it was time to go. My final goodbye was to Dr. Munford, my attending psychiatrist. "I have one concern for you that I want to share," he said. "I don't think you're finished with your struggle with suicide." Terror hit me. "NO!" I screamed inside my head. The flame had been out for months; now it was burning again.

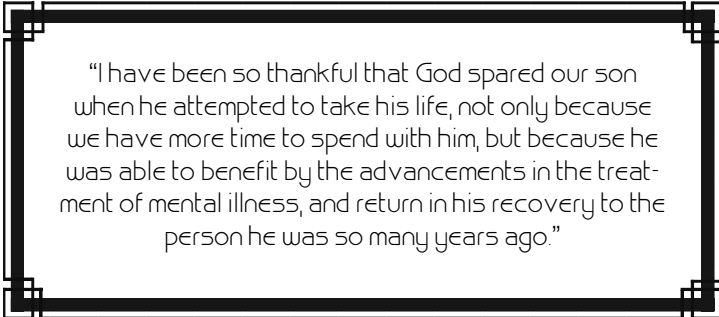
Steve, my sponsor, introduced me to the I.D.A.A. group back in Monroe and took me under his wing. Like Rip van Winkle, I was a stranger in my own home and city.

Monroe Mental Health Institute, 3 North, back in the white coat, Medical Director. The same hospital where I'd started psychiatry - now the hospital where I had to start over. Waking up at 5:00 that morning in September 1982, I knew they were back: the thoughts. Suicide roared through my head once again. *What do I do now, God?* I called my sponsor, Steve. That was the toughest phone call of my life. At an A.A. meeting, the Third Step jumped out at me. "Made a decision to turn our will and lives over to the care of God as we understood him." *That step says "our will and lives".*

Suddenly I got it, flashing back to that day in Latin when I had my first thought of suicide. *Suicide had been my out.* Even at Woodlawn, I had thought, *Well, if these Twelve Steps fail me, I can always kill myself.*

September 30, 1982. I sat down with my coffee to start my meditation. *No suicidal thoughts.* I couldn't believe it. I will never fully understand what happened. I accept it as the gift it was, thanking God day by day. I will live each day as I hope God wants me to until God decides that my time on this earth is over.

And, yes, Morgan and I are happily married, best friends and soul mates, growing old together.



"I have been so thankful that God spared our son when he attempted to take his life, not only because we have more time to spend with him, but because he was able to benefit by the advancements in the treatment of mental illness, and return in his recovery to the person he was so many years ago."

## 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.

Several SA groups are available for viewing and participation via Skype. More information is available at [suicide.anonymous0811@gmail.com](mailto:suicide.anonymous0811@gmail.com).

Available Skype sessions:

Meeting time	Meeting name	Host city
Every Monday, 10 AM Central / 11 AM Eastern	World Wide Meeting	None
Every Tuesday, 6 PM Central / 7 PM Eastern	Grateful Blossom	Westmont, New Jersey
Every Sunday, 6:30 PM Central / 7:30 PM Eastern	Hope Group	Cordova, TN
Second and Fourth Thursdays, 6 PM Central / 7 PM Eastern	Rise Above	Lumberton, NJ

The SA website ([suicideanonymous.net](http://suicideanonymous.net)) features more information about the group, such as details about its World Service Committee and about the Little Book, the guiding document, 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](mailto:info@suicideanonymous.net) or (901) 654-7673.



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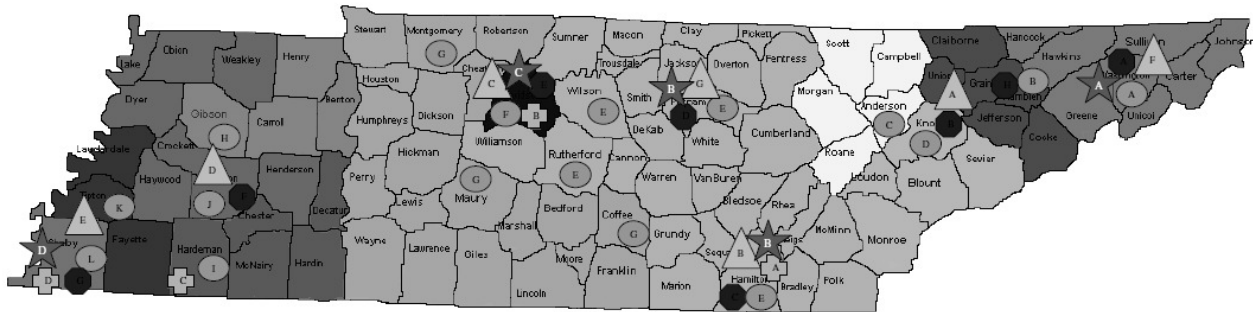
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issue I

## Crisis Resources in Your Area



CRISIS TEAMS – CRISIS STABILIZATION UNITS – REGIONAL MENTAL HEALTH INSTITUTES – MEDICALLY MONITORED CRISIS DETOXIFICATION

### 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 Southeast Mental Health Center

### 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 Southeast Mental Health Center
- 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

### MMCD

- 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 Southeast Mental Health Center

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](mailto: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](http://www.suicidepreventionlifeline.org)

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE™**  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)