

# Quiet crusade

*Father tries to change suicide vocabulary to save lives*



Chattanooga Times Photo by Jessica Lowry

Jimmy Powell, whose son, Eric, died of suicide, recently presented a paper on the effects of judgmental language at the American Association of Suicidology conference.

**BY KATHY GILBERT**  
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**J**immy Powell, a retired Brainerd-area teacher, is on a quiet crusade to end suicide. For six years Mr. Powell reflected on the death of his son, Eric, who killed himself six years ago at age 27.

Mr. Powell said he has come to believe that suicide is not a sin, a crime or a choice.

Suicide is the result of a treatable brain-behavior disease, Mr. Powell believes. But stigmas created by words like "sin" or "crime" sometimes discourage people from getting the help they need, he believes.

At a crucial moment in his life, his son decided not to visit a psychiatrist, Mr. Powell said. Eric did not want to seem "weak," his father said. Had he known then what he knows now about the brain, Mr. Powell said he might have been able to help Eric.

Mr. Powell believes the stigma of suicide caused his family's tragedy. He and his wife, Nancy, say they want to try to change how Americans think about suicide.

Mr. Powell presented a paper this month on a strategy to end suicide "stigmas" at the American Association of Suicidology conference in Denver.

He has also sent his paper to hundreds of suicide prevention groups locally and nationally. He has presented his ideas on a local television show.

As a suicide counselor, Mr. Powell said he has had a positive response to his ideas for changing the way America talks about suicide. He believes changes such as saying "died of suicide" rather than "committed suicide" will help save lives.

The biggest problem, he said, is the public's perception that major depression, the root cause of many suicides, means a person is "crazy." In fact, it is a treatable disease, Mr. Powell said, like heart disease.

Nor is suicide a simple matter of choice, he said.

"If a person dies by suicide," Mr. Powell said, "they die as a result of a mental illness. Normal, healthy brains don't take their own life."

According to the federal Centers for Disease Control and Prevention, more than 31,000 people die by suicide every year in the United States, about the same as if 77 jumbo jets crashed, leaving no survivors.

Suicide is the 11th leading cause of death in the nation. Nearly twice as many Tennesseans die of suicide than from drunken driving or murder, according to the Tennessee Suicide Prevention Network.

## ROLE OF DEPRESSION

Yet instead of rallying to end the disease of depression (which causes most suicides), people tend to respond with silence, local suicide prevention leaders said.



Eric Powell, shown here at age 18, died of suicide at age 27.

"When we do suicide trainings, just the word 'suicide' makes people freeze," said Betsy Donahue, executive director of CONTACT, a 24-hour help and crisis line. "It's a taboo word."

After Eric died, Mr. Powell said his first instinct was to label the act a sin.

Next, he confronted the belief that suicide is a crime.

"We didn't want to believe Eric committed a crime," he said.

In the suicide counseling groups he and his wife attended, the word "choice" was often used, he said.

"I couldn't accept that either," Mr. Powell said. "Eric did not choose to die. He wanted to live."

The word *choice* relieves feelings of guilt among the living, said Helen Pridgen, whose son died of suicide when he was 25. Ms. Pridgen is an advocate and social worker from Columbia, S.C., who read Mr. Powell's paper at the Seattle conference.

"When someone says your loved one died by his or her own choice," she said in an e-mail interview, "they are trying to make you feel better."

The word *choice* helps survivors understand that they could not control the actions of others, she said. But she said she agrees with Mr. Powell. The word "choice" may not be entirely correct.

"Did (the loved one who died of suicide) ultimately have the choice that you or I may have, or was that choice blurred by hopelessness at that moment in time?" Ms. Pridgen said. "If this is true, and I believe it is, we are called to compassion."

## BRAIN FUNCTION

Societal beliefs lag behind brain studies, Mr. Powell told the association members in Seattle.

"The theologians, the philosophers, the legislators and society before the 1990s could not see inside the brain," he said. "But we now have evidence that there are structural and functional changes that take place in the brains of depressed and suicidal people."

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Since the 1990s, researchers have discovered that major depression is both caused by and is the result of changes in brain chemistry.

Major depression is like being in a black hole or dark tunnel, Ms. Donahue said. The world seems overwhelmingly painful. Suicide begins to seem like the only way to end the pain.

When you're experiencing the chemical changes of major depression, your brain is not making a true "choice," Mr. Powell said. A person's thinking is temporarily limited by pain.

In most cases, psychiatrists and psychologists can ease the pain through therapy and medication, Mr. Powell said.

In recent years, scientists have discovered that some people are biologically vulnerable to developing depression, according to the National Alliance for the Mentally Ill. Many studies have shown that life events, such as the death of a loved one, a major loss, chronic stress and substance abuse may trigger depression.

Chemical messengers that transmit electrical signals between brain cells such as norepinephrine, serotonin and dopamine have been found to be involved in depression. A chemical imbalance, or genetic sensitivity to stressful life events, creates a state of clinical depression. Antidepressant med-

ications work by increasing the availability of neurotransmitters or by changing the sensitivity of the receptors for these chemical messengers, the Alliance reports.

Holland Rainey, a Signal Mountain resident whose son, Nicholas, died by suicide two years ago, applauded Mr. Powell's paper.

"He articulates the problem beautifully," she said. "Suicide is a medical problem, like a heart attack. We don't stigmatize people because they overate and smoked for years. But when we say 'committed suicide' ... it is a very subtle, implied condemnation."

In her work, said Betsy Kammerdiener, chaplain at Memorial Health Care System, she does not recommend viewing suicide as a "sin."

"I don't think that's a helpful and healing way to look at it," she said.

A biblical definition of sin is "falling short of the mark," she said. And technically, suicide, major depression, heart disease and cancer are all, in her opinion, ways humans are "not the absolute best that God wants for us."

However, she encourages people she works with not to label suicide as a "sin," but as a great sorrow God helps people overcome.

"I would recommend looking at it as a

great tragedy," Rev. Kammerdiener said, "and we look to God and His mercy to bring everyone involved to some hope and some healing."

Eric suffered from nightmares and headaches for two years before his death, Mr. Powell said. He and his wife shuttled Eric from doctor to doctor. In hindsight, Mr. Powell said, it was clear Eric became ill with major depression because of his physical pain.

Doctors could not identify the physical problem, he said. And only one doctor suggested Eric see a psychiatrist for depression. Eric refused because he did not want to be labeled crazy or weak.

"You cannot treat people unless you can get people to seek treatment," Mr. Powell said, "and the reason people don't seek treatment is the stigma of mental illness and of depression. So thousands of people are dying every year, and it's all our faults."

After Eric died, said Mrs. Powell, many people told tales of friends and family who had died of suicide. For years, they had kept the fact a secret. As a result of reading about brain disease, the Powells said they understand there is no reason to hide.

"We have no shame about how Eric died," she said. "We're proud of Eric. He just had an illness that he had no control over."

## SIGNS OF DEPRESSION

There are many symptoms of major depression. Signs and signals vary widely from person to person. Here are just a few of the signs recognized by professionals. Seek more information and qualified, professional help if you or a loved one notice these behaviors.

- Persistently sad, anxious or empty moods.
- Loss of pleasure in usual activities.
- Restlessness, irritability
- Feelings of helplessness, guilt or worthlessness.
- Thoughts of suicide, death or suicide attempts.
- Slowed body movements, even to motionless or catatonia
- Pacing, hand wringing and pulling on hair
- Tearfulness or sad countenance
- Memory loss, poor concentration and poor abstract reasoning.

—Source: "Depression and Suicide" by Dr. Louise B. Andrew at [www.emedicine.com/emerg/topic129.htm](http://www.emedicine.com/emerg/topic129.htm)

## FOR HELP

If you or someone you know is thinking about suicide, call these free, confidential hotlines immediately.

- LOCAL CRISIS HELPLINE: CONTACT of Chattanooga, 423-CONTACT or 423-266-8228.
- NATIONAL CRISIS HELPLINE: 800-SUICIDE or 800-784-2433
- FOR SURVIVORS OF SUICIDE: Suicide Survivors Support Group at Memorial Hospital Community Room No. 3, first Thursday of each month at 7 p.m. Contact: Jimmy Powell, facilitator, 629-6987, [j4powell@bellsouth.net](mailto:j4powell@bellsouth.net).

## FOR INFO

- AMERICAN ASSOCIATION OF SUICIDOLGY  
[www.suicidology.org](http://www.suicidology.org)
- AMERICAN FOUNDATION FOR SUICIDE PREVENTION,  
[www.afsp.org/index-1.htm](http://www.afsp.org/index-1.htm)
- SUICIDE NETS  
[www.suicidenets.org](http://www.suicidenets.org)
- TENNESSEE SUICIDE PREVENTION NETWORK  
[www.tspn.org](http://www.tspn.org)

## FOR SURVIVORS

Here are some tips for friends and family of those recovering from a suicide death:

### DO

- Respect the uniqueness of suicide grief
- Accept the intensity of the grief
- Let them talk and express their feelings
- Listen with your heart and be compassionate
- Give them your time and let them talk about their loved one
- Respect faith and spirituality

### DON'T

- Don't say you understand
- Don't give advice about the length of the grieving process
- Don't use judgmental language. For example: sin, crime, choice.
- Don't tell them how they should feel.
- Don't stop talking about their loved one.
- Don't tell them it is God's will.

—Source: Jimmy Powell, facilitator for Suicide Survivors Support Group held at Memorial Hospital