A Journey into Grief: Reflection on Loss and Suicide

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Abstract

The rising suicide rates in United States of America and elsewhere prompted this phenomenological case study which reflects upon the life and loss of a young man. Tom came into this world with mild developmental delays. He struggled with learning disabilities, and subsequently with auditory hallucinations and depression. Excerpts from Tom's journal, his mother's narrative on his life, and selected quotes from professional assessments, tell Tom's story from his mother's perspective and with her consent and involvement. Sadly, Tom purchased a handgun and ended his life when he was still in his twenties. The authors examine this narrative and its relevance for social work and social workers as we practice within our communities and the larger, global society.

Keywords: *Suicide, Mental Health, Comorbid Disorders*

TOM'S STORY

Tom died by suicide, as a young man. As a child he struggled with learning disabilities. From his early teen years, symptoms of schizophrenia and depression haunted him. Tom was under treatment and had strong family support. He developed skills for managing these symptoms, but as his mother wrote, "No one will ever know what possessed him his last day." (N.B. all quotes are from an undated, unpublished manuscript and are used with Tom's mother's permission). Tom's narrative is a story of a kind, courageous, hard working, and funny young man who suffered from private demons. This article celebrates Tom's life, by exploring and trying to understand the fight he fought, his courage, and his love. With recent increases in both mental disorders and suicide, such a reflexive narrative

The authors thank Dr. Frederick L. Newman, Professor Emeritus in the Robert Stempel College of Public Health & Social Work at Florida International University, for his guidance during the development of this work.

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becomes particularly relevant (e.g., Centers for Disease Control and Prevention, 2013; Hovert & Xu, 2012; Whitaker, 2010). Tom's mother reflects that losing Tom "left a hole in my heart. It will never heal. I am comforted a little by knowing that Tom has peace, finally." This article also embraces and celebrates Tom's mother's courage in sharing her story, in hopes of encouraging social workers to continue efforts to improve mental health services around the world.

TOMMY'S ARRIVAL

Tommy was a healthy baby, weighing 8 pounds 10 ounces. He was the third son born to his parents. His mother recalls:

"Later, thinking about Tommy's birth, I am not certain that he came out crying ... I always felt that it was ironic that our first two sons, born in Yugoslav hospitals, did fine despite the myriad of cultural differences, yet Tom, who was born in America, developed problems. Years later, many hours were spent discussing possible causes for Tommy's difficulties. The delivery may have caused neurological problems and the learning disabilities that developed. Heredity, too, may have played a part. Both sides of the family have had colourful relatives. The cause of Tommy's problems actually is inconsequential. Tommy owned our hearts from the moment we saw him."

Tommy was welcomed and loved by his father, mother and older brothers. Unless he was held, Tommy did not sleep for long periods of time; the pediatrician assured her Tommy would outgrow it. He was on track for all his milestones except talking. As a baby Tommy was different from his brothers in small ways; he had little initiative and did not seek out toys or things to do, and did not like being separated from his family. Tommy's mother spoke with the pediatrician about him repeatedly, but the doctor said his development was fine and concerns would go away with time. This did not happen.

TESTING AND DIAGNOSING BEGIN

Tommy started kindergarten in Germany, and life for Tommy was good. During the fall of that year, his family returned to the United States of America (USA) where he entered the local elementary school and continued with school. His teacher, who had also taught his brother, called home to say:

"I am concerned about Tommy. He cries when it is time to colour or do fine motor tasks, he does not have the vocabulary that his brother had, and he generally does not appear to be happy in kindergarten. I think we should have him tested to see how we can best help him."

She suggested the family use the state Diagnostic and Evaluation Clinic located in the area, because testing could be completed sooner at the clinic than if it were done through the school. After testing, a committee met at the school to discuss results. His mother told his father that he did not need to take off from work to attend, and recalls, "That was a huge mistake! I had no idea what was going to occur."

The committee included a pediatrician, psychologist, social worker, nurse, school principal, and an occupational therapist. After introductions, each person gave a report on Tommy. Tommy's mother felt she could not believe what she was hearing. She knew Tommy had some problems, but never dreamed they were this serious. The recommendation was that there should be a special class placement for Tommy, and that he should attend occupational therapy three times a week. When his mother got home, she called his father at work. She was in shock – the committee's reports had devastated her. Tommy's parents went over the written reports together: Tommy had scored an IQ of 89 on parts of the WISC-R and Merrill Palmer intelligence tests the psychologist administered; the pediatrician's report noted symptoms that "could best be described as mild cerebral palsy," adding "this is a descriptive diagnosis only, not the illness." They followed the recommendations and the next year at school, Tommy was in a special education class, as well as occupational therapy. He also started Tae Kwon Do classes. Throughout elementary school, he attended the special education resource class for an hour and a half, and the regular classroom for the rest of the time. His mother recalls his teachers loved him, because he always did what was asked, was very conscientious about homework, and never disrupted the classroom. After school Tommy and his mother went over his schoolwork and he never complained. At the school's yearly award ceremony Tommy always received a certificate for effort and/or citizenship.

In second grade, Tommy saw an optometrist who prescribed bifocals which he readily used. She said that he had amblyopia, "lazy eye." With glasses, Tommy looked like a little professor. His parents took Tommy to see a doctor who was a specialist in children's disorders and the doctor did not find any physical disorders in Tommy. His mother remembers feeling disappointed, because they wanted to focus on a cause and then fix it.

Tommy's triennial took place in the spring of third grade. A triennial is a battery of tests given every three years to students in special education, in order to decide if the placement should continue. The results of Tommy's triennial testing indicated that he was low average in ability (79 IQ), stronger in verbal skills (88 score) than performance skills (72 score) which are fine motor and mathematical in orientation. This became Tommy's profile at each testing juncture. Tommy had serious learning problems – no one worked harder than Tommy, yet he was still behind; in sixth grade he was reading on a fourth grade level and doing math on a third grade level. The school recommended counseling to develop self-esteem, so his parents took Tommy to counseling. This psychologist believed that Tommy did not have an accurate picture of his abilities and disabilities; after several sessions Tommy said he did not like the psychologist and refused to go. Tom was not able to state why he did not like him and his parents did not persist, wondering whether confronting the reality of his disability was too difficult for him. Tommy expressed an opinion so seldom that they let him have his way. His mother now wonders whether "this decision was a mistake," however respecting Tommy's dislike of the psychologist was appropriate. His parents might have tried a different counselor rather than abandoning psychotherapy, since it is not uncommon to interview more than one counselor before finding someone with whom one works well.

During his elementary school years, Tommy saw every specialist suggested and received every kind of therapy. His mother had not known so many experts existed: speech, vision, occupational therapy, resource room, tutoring, neurology, and physical specialists. His parents wanted to know what was wrong, and what expectations were appropriate. Despite all the testing and intervention Tommy received, his parents never got an answer to either of these questions.

Tommy attended an alternative school – a special middle school – for his seventh and eighth grade years. One side benefit of his attendance at the alternative school was that the English teachers required a journal. As a result, Tommy (now called Tom) kept endless diaries and journals. His mother never invaded them until after his death. They provide insights into his thinking and give the impression of a verbally fluent young person, which he was not; Tom processed language slowly, and there was a great deal of wait time for him to reply to a question or comment.

Tom entered high school without his brothers' guidance, as they were away at college. At the alternative school, teachers had modified their instruction to meet Tom's needs. At the high school, however, Tom was

placed in Basic courses intended for students unable to work at grade level. In most of these, discipline was an issue and Tom did well because he was not a discipline problem, and always had his work completed. He continued to do his homework with his mother every evening, but was very lonely.

As a sophomore, Tom had to take Algebra; his teacher believed she had no other choice except to fail Tom due to lack of achievement. His mother discussed with her the impossibility of Tom ever passing Algebra, yet there was no other math course for him to take. The teacher finally agreed that since he worked hard the whole year, she would give him a "D" for his final grade. Tom's English teacher then said that Tom was failing English; again his mother explained that while Tom did not belong in her English class, there was no alternative. His mother recalls, "I was frustrated dealing with these teachers. I cannot begin to imagine how Tom felt on a daily basis." The highlight of the year, for Tom, was Drivers' Education. He passed that course in the winter session and obtained his driver's license in the spring. This helped his social life, as the phone rang almost every weekend with someone wanting to go somewhere and inviting Tom to drive.

A clinical neuropsychologist examined Tom when he was sixteen. He believed that Tom had neuropsychological deficits which were compatible with a brain-damaged condition, as opposed to a classic learning disability syndrome. The difference is that a brain-damaged condition is not hereditary; a learning disability syndrome could be hereditary. He also noted that Tom was prone to depression, and that he often felt "overwhelmed and inadequate next to his peers." Tom began meeting weekly with a psychologist in his junior year of high school. They met throughout his junior and senior years of high school. He tested Tom and did not find that Tom suffered from depression. Instead, he found that Tom:

"remained vulnerable to negative feelings about school, and to feelings of social anxiety. Tom shows adequate coping skills for the emotional stresses of everyday life. He is prone to emotional flooding in the face of ambiguity and strong emotional stimulation, but he organizes and controls his world through constrictive defenses (denial and repression) so as to avoid situations which might overwhelm him."

The psychologist recommended that Tom pursue a work-study programme, which the local high school did not have.

In the spring of Tom's junior year, his parents took Tom to see schools and programmes for the learning disabled in preparation for his high

school graduation. One school they visited helped the students develop life skills the first year and then assisted them to find a job the second year. This was the kind of programme that Tom needed, however, the disabilities of the students were much more severe than Tom's. They visited a programme located at a community college that worked on developing skills for employment as well as academics, but it did not offer the necessary support in daily living that Tom needed. They took him to a programme located outside of a large metropolitan area which had many good points but a very depressing campus – it looked like a prison. Finally, they heard about a structured college programme out of state and took Tom there. This college seemed to offer a programme that would benefit Tom, although it was far from home. He applied and was accepted; his parents were pleased and hoped Tom was too. Retrospectively, it was always difficult for Tom to express his feelings, because he needed a lot of wait time and in this instance he may not have been able to adequately express himself.

THOUGHTS OF SUICIDE

Tom's senior year in high school continued with marching band, paper route, Tae Kwon Do, and homework with mother every evening. He was very lonely, as his classmates now had their driving licenses and no longer called on him to drive. In the spring of his senior year, Tom shared with his psychologist that he was thinking of killing himself. His psychologist immediately notified Tom's parents and sent Tom to a psychiatrist.

The psychiatrist met with Tom, who said he was sitting at the kitchen table and contemplated using the bread knife to kill himself. Tom shared that he heard voices. He said that most of the time the voices were helpful to him, but at times they were hurtful. Tom said he had heard voices all his life. The psychiatrist diagnosed Tom as having schizophrenia. He said that many young men with learning disabilities develop this illness at this time of their lives, and put Tom on antipsychotic medication for the hallucinations, plus medication to counter the antipsychotic's side effects. When Tom had a severe reaction to the antipsychotic, the psychiatrist adjusted its dosage. Tom was very depressed and could not get out of bed; he did not eat and could not concentrate on anything. His departure to college got delayed.

At one of his therapy sessions, Tom again expressed the idea of killing himself. His psychologist notified his psychiatrist, who admitted Tom to

the hospital for observation and to adjust medication. Once again, Tom took a battery of tests with results of low average intelligence and stronger verbal than performance scores. Tom's scores on general knowledge and vocabulary were within average range this time, however, and the examiner thought, "It was possible that Tom has the potential to function within the average range of intelligence." The report concluded, "Tom is the type of person who is prone to experience frequent difficulties when interacting with the environment, and the current test results also suggest that he should be considered a high suicide risk." Despite this assessment, Tom returned home. He wrote in his diary:

"I heard these voices say it is the beginning again. It cannot, never be the beginning of the voices again, never. Please God, it must be near the end of these voices. I am trying to stop singing these songs. I sang them 3 times yesterday and twice today and hopefully only once tomorrow."

One week later he wrote:

"These voices were disturbing me after I sang those songs 4 times. They couldn't remember where I sang them, but I told them two behind the counter, one behind the xerox machine and one at home. I still have that feeling of death inside me. I just want to get all my frustrations out and think of life, the good good good points more."

Another week later: "These voices keep saying he, which is me, can't take it anymore. He is going to kill himself. (Never. I have to fight more.)" And one month thereafter:

"I just wish someday this would all end for good and hopefully, I will love life again. I am just sick of my life being run by voices." Somehow even with these experiences, Tom was able to leave home and start the structured college programme.

THE LOSS

Tom completed the four-year structured college programme using its built-in supports, which included individually tailored course expectations and regular clinical appointments. Tom made friends at college, and his parents' financial support allowed him to travel out of the country with school-sponsored groups. After speaking at his commencement, he began looking for work with the help of the college, but nothing seemed to work out for long. Eventually, his mother tells us:

"A day or two before Thanksgiving the phone rang. It was Tom. We chatted a bit and then he said, "Mom, I bought a gun today." I was

paralyzed with fear. "Why did you do that?" I asked trying to remain calm. "I do not know. I bought it at the pawnshop but they said I had to wait three days before I could take it." "Tom, please go back to the pawnshop and cancel the order. I will come and take you home. Is that all right with you?" Tom said, "Yes." He canceled the sale at the pawnshop and I flew down and drove him and his things home. On the way home he kept saying, "I can't believe this is happening to me. I can't believe this is happening to me." I could not believe it was happening either."

Tom then stayed home with his parents. One day in February, Tom told his mother that he did not just ride around in the car – he purchased a gun locally, where there was no three day wait period. He said that he was disappointed that he did not have the courage to shoot himself. He fired two shots into the basement wall instead. As Tom was putting the gun in the car to take back, his brother drove up, and Tom told him about it. His mother recounts: "his brother told him how much we all loved him and that he should not be so hard on himself. His father took the gun and destroyed it, depositing pieces into several different dumpsters."

One morning that May, Tom was up eating breakfast by the time his mother got to the kitchen. He looked good and had a great smile. His mother recollects:

"I told him that everything was set for the concert that he and his friend were going to attend on Saturday night. He asked if his friend could spend the night. I said we did not talk about that but it was not a problem. I felt good going off to school that morning because Tom seemed happy. I would never see Tom again. He was not home when I returned from school. I wondered where he was."

Thirteen days after Tom was reported missing his body was found, and the finality of learning of his death rocked his family. This abruptly painful ending to the life of a beloved son, brother, uncle, nephew, grandson and friend left Tom's family and friends grieving. Many years later, Tom's family celebrated his fortieth birthday with a day together that included his mother's presentation of her book on Tom's life to each of her grandchildren. The family members shared stories about Tom, among laughter and tears.

DISCUSSION AND CONCLUSION

What can we learn from Tom's mother's story and this narrative of Tom's life? When Tom had friends, the negative voices he heard tended to diminish and he felt close to others, connected, and able to enjoy life.

This reflects the basic need for love and belonging that Glasser's (1998, 2000, 2003) choice theory identifies. Glasser's (1998, 2000) theory goes further, in asserting all long-term psychological problems are relationship problems. If this is so, increasing emphasis on developing relationships, support networks and community mental health systems seems to be indicated.

The evidence-based ICCD Clubhouse model of psychosocial rehabilitation (see www.iccd.org) offers an example of community support for adults who have been given mental disorder diagnoses. Alternative approaches to treatment continue to develop empirical support (e.g., Casstevens, 2011; Casstevens, Cohen, Newman, & Dumaine, 2006; Stastny & Lehmann, 2007). The mental health consumer and psychiatric survivor movements in North America, Europe and Australia, are flourishing networks (e.g., Bellack, 2006; Mead & Copeland, 2000; Stastny & Lehmann, 2007). Increasing peer support and "consumer operated self-help services" (Corrigan, 2004, p. 620) within (or outside) mental health systems may also be helpful.

Tom's story highlights the limitations of antipsychotic medication in treating auditory hallucinations. The many and varied side effects these medications have can sometimes last for months or years, even once medications are discontinued (American Psychiatric Association, 2013; Glasser, 2003). This is a hot topic in recent mental health related literature (e.g., Bentall & Morrison, 2002; Cohen, 2002; Gomorry, Wong, Cohen, & Lacasse, 2011).

Discussing "lessons learned" cannot bring Tom back or in any way remedy his family's loss. Suicide takes us beyond the concrete, pragmatic aspects of this world into the "world to come." It exemplifies existential angst at its most basic level, and inspires reflections on the meaning of life, loss, and the human spirit, going beyond religious doctrine and its many and varied conventions. How can we, as individuals and as a society make sense of such a loss? A romantic Western worldview might claim that love saves all – but clearly, this is not always true. In essence, we find that love is not enough. Does this mean embracing pragmatism and a medical model of mental illness?

Tom's mother says she has "always felt that the ending detracts from any lesson that can be learned from our experience," yet while some questions have no answers, there is still benefit to asking them. In this respect, Tom's life had great impact and great meaning. His mother's generosity of spirit in sharing his life and diaries with us, and sharing her own reflections on his life and its passing, causes us to pause for a

moment. Within this pause, we can reflect, question, and consider topics that many of us might otherwise ignore, or not see at all. The Western, scientific worldview with its evidence-based "best practices" can leave us little room for love, laughter, and connectedness – that is, for one another. These are, nonetheless, the weft and warp of the loom on which communities and social order are woven. We all have a hand in weaving this cloth, and when even a single thread breaks, the fabric weakens and we all suffer.

Let us remember Tom as he was loved by his family and those who knew him. And in remembering, let us reach out to others and connect within the fabric of our busy personal and professional lives. This reaching out – never simple or easy – may be the only thing that can actually help stop the increasing losses to suicide that we continue to experience individually, nationally, and globally. As social workers, we are often called to serve at the forefront of this endeavor.

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