

Revised - February 27, 2004

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Title: Societal Stigma Closes the Caskets from Suicide

I am a survivor of the suicide of my son, who died at the age of 23 on February 26, 2000.

In the United States, every 18 minutes a loved one dies of suicide. Death by suicide is now twice as frequent as death by homicide, and, because suicide is under-reported, the reality is worse than the statistics. The suicide decisions by our loved ones are almost always the result of their disturbed thinking from acute or chronic mental disturbances. Consequently, untreated mental illnesses create a high risk for suicide.

Largely because of federal and state budget cuts for mental health, the majority of persons in the United States known to have severe mental illnesses are untreated. In Missouri, less than 20% of these persons are being served by the Department of Mental Health, and this dreadful situation is poised to get even worse.

Stories about the wrongful death of loved ones can have profound impacts on society's caring enough to take action to lessen the root-causes. During January of 2003, Miami Herald columnist, Leonard Pitts, described the 1955 racially-motivated murder of Emmett Till and how Emmett's mother, Mamie, kept Emmett's casket open for four days before burial, and how Mamie then continued to keep the casket open for 47 years by speaking, writing and agitating. Mamie forced the world's awareness of the horror suffered by her and by others harmed by racism, and, in so doing, Mamie helped motivate others to action for the betterment of our society.

Pitts observed that, as a society, "We're always so eager to hide the horror. Close the casket, turn our eyes, use euphemism to obscure truths too obscene." The truths about suicide are no less obscene than are the truths about homicide. However, the truths about suicide are more obscure than the truths about homicide. Unlike survivors of homicide, survivors of suicide are almost always unwilling to speak about the horrors associated with the loss of their loved ones, horrors that are not only hidden by survivors, but the suicide itself is frequently denied by survivors as having occurred.

Why are suicide survivors unable to describe their loss to "keep open the caskets" of their loved ones, so as to help motivate society's action?

Societal stigma against mental illnesses and societal stigma against suicide are a large part of the answer for why the caskets are quickly closed and stay closed. For suicide, stigma is a combination of negative perceptions of how survivors view their own loss and how survivors perceive the surrounding society views their loss. Most of those negative perceptions are a continuation of historical societal misunderstandings, from ignorance, about mental illnesses. The misunderstandings originated long before the medical science evidence that demonstrates that almost all suicides are associated with mental illnesses, which are caused by abnormalities of brain biochemistry.

Regardless of economic status, of age, of race or of creed, the harmful effects of societal stigma are an equal-opportunity barrier. Stigma is a barrier to persons with mental illnesses in seeking and accepting help, even when help is available. When poorly treated mental illness ends in suicide, stigma becomes the key barrier for the survivors of suicide to link with the help that they need in the process of coping with their loss. Sadly, the inability of too many survivors to psychologically cope with the horrific loss of their loved ones makes suicide survivors an at-risk group for new suicides.

Why have society's perceptions not moved forward in time along with medical science?

Stigma creates an environment in which lawmakers have less risk of being held accountable for under-funding mental health programs. Stigma creates an environment that allows insurance providers to discriminate in providing less coverage for mental illnesses than the coverage they provide for other illnesses. Under-funding and less insurance coverage of mental illnesses, relative to other illnesses, indirectly says to society that mental illnesses can be ignored or, at best, mental illnesses are less important than are other illnesses, thus, increasing societal stigma.

The media is responsible for fostering many misconceptions about mental illness and suicide. The incidence of criminal violence inflicted by mentally ill persons on other persons is the same as the incidence of criminal violence committed by the general population. However, television news and newspapers sensationalize any crimes that happen to be committed by persons with mental illnesses, regardless of whether the nature of the person's specific mental illness is associated with a history of violence.

As such, the media implicitly gives the public the message of a causal relationship between violent crime and mental illnesses in general.

The entertainment media also contributes to misperceptions, particularly comedians making fun of persons with mental illnesses. In addition to fostering societal stigma, being the butt of jokes, because of one's biological deficiencies, is enough of a challenge to endure when one's mental facilities are healthy. Minimally, such jokes communicated, over broad media, to society is insensitive to the psychological suffering of persons with mental illnesses. Most persons who attempt suicide perceive that they are unacceptable to some element of society.

Unfortunately, almost all current media coverage given to the word "suicide" is inappropriately delegated to describing the bombing of innocent persons by terrorists ("suicide bombers"). The primary motivation of these terrorists is to create panic, fear and chaos. Most of them are 'not' impelled by depression, despair or low self-esteem, which are part of the accepted psychiatric definition of pre-conditions to suicide. The primary objective of these terrorist acts is to commit murder for their political causes, and, as such, they are "homicide bombers". The constant association by the media with the willful terror on innocents understandably evokes an initial response of anger upon hearing the word "suicide", fostering societal stigma, to say nothing about the added pain this creates in most survivors of suicide who are physically unable to even say the word "suicide".

It is no wonder most survivors of suicide "keep the caskets closed".

Ironically, the media offers the potential for great hope in fighting stigma. Society's perceptions are influenced through education. The power of the media to educate and influence public opinion is without question.

During August 2003, the St. Louis Post-Dispatch provided an excellent example of effective coverage of both mental illness and of suicide. The Post-Dispatch published a three-part front-page story, written by Richard Weiss, about one of St. Louis' leaders, Al Kerth III. The story described Kerth's mental illness and how it led to his decision to end his life. The Kerth family, and others who cared about Kerth, publicly communicated what they know about the mental illness that preceded and led to Kerth's suicide.

Indeed, the barrier of societal stigma has become a few bricks smaller because of the courage of the family of Al Kerth, but also because of this example set by the St. Louis Post-Dispatch for the media in general to emulate.

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The referenced Pitts' column is at:

http://www.miami.com/mld/miamiherald/living/columnists/leonard_pitts/4912414.htm

The Al Kerth story is at:

<http://www.stltoday.com/stltoday/news/stories.nsf/0/5001FB28EB2F30E686256D7D0037DE57?OpenDocument&Headline=Civic+leader+suffered+from+bipolar+disorder&tetl=1>

OR at:

http://www.nami.org/Content/NavigationMenu/Top_Story/Civic_Leader_with_Bipolar_Disorder_Remembered.htm