

Written Transcript
On The Line Episode 1.9 “Suicide”

Copyright: On The Line. All Rights Reserved. This transcript cannot be transferred, quoted, or shared without written authorization.

Charlie Palmer: Welcome back to On The Line, a podcast for today's wildland firefighters, brought you in part through support from The Black. We lost a beautiful human being to suicide on August six of this year, smoke jumper Ian Pohowsky. We lose 100 more like Ian every day in America, a million people a year across the globe, Ian's the fifth smoke jumper in the last seven years to take his own life. To put that number into perspective, we've lost two smoke jumpers to line of duty deaths over that same period of time. We don't have the statistics to quantify or understand just how much of an issue this is in the wildland firefighter community. Net research just doesn't exist at this point. Anecdotally, though we know it's a concern. Numbers from our structural firefighting brothers and sisters indicate that they are three times more likely to die from suicide than they are from a line of duty death. Again, we just don't know the figures for wildland firefighters. Todd Jenkins, who's the Boise smoke jumper based manager and a tremendous display of strength and courage, let the wildland fire community know about Ian's suicide. He stated, and I quote, "for too many years, the topic of suicide has been discussed in hushed conversations in small settings. These are not easy conversations to have and the factors leading to these tragedies are never simple. But it is time for the wild land fire community to openly discuss these topics and remove the stigma associated with suicide and suicidal thoughts". We're going to talk about it today on the podcast. We're going to do our best to add what little we can do the discussion. Joining me are Dr. Annie Sondag and Dr. John Sommers-Flanagan both professors at the University of Montana. Annie is a colleague of mine in the Health and Human Performance department.

Charlie Palmer: She's a community health and prevention sciences specialist and John in in the counselor education program in the Phyllis J Washington College of Education and Human Sciences. Welcome to both of you.

Annie Sondag: Thank you.

John S-Flanagan: Thanks Charlie.

Charlie Palmer: The World Health Organization in a 2009 document titled Preventing Suicide noted some very alarming statistics. A million people a year across the globe

commit suicide. That's over 3000 people a day. That's one person every minute. Over the course of this podcast, roughly 45 people will take their own life. Suicide rates have increased by 60 percent over the last half century. John, what can you tell us? What's going on here?

John S-Flanagan: Well, the first thing Charlie is I'm really glad that you are talking about this topic. This is a tough topic. If people are listening, I hope that they are willing to talk about it too and willing to take care of themselves because this can trigger some strong emotions in people. In terms of the numbers, the numbers usually in the United States from year to year and the last century have stayed pretty stable. What's going on? There has been a rise in the last 12 years in the United States. We're at about 42,000 deaths per year by suicide. That's about 115 or so a day. It's a little higher than it has been in the last 12 years, but we've had higher numbers. One hundred years ago we were at about 16 per 100,000. We're about 13 and a half per 100,000 now. A lot of people talk about suicide or death by suicide as a crisis. Uh, one thing I would say is it's probably not a crisis because it stays pretty stable. But it's a reality and we need to figure out how to deal with this more effectively.

Charlie Palmer: So if we look at some figures with regard to where suicide stands in terms of leading causes of death. So in the 15 to 24 year old age group, it's the second leading cause of death. In the 25 to 34 year old age group. It is the second leading cause of death. It's the fourth leading cause of death for those 35 to 44. For those who are 45 to 54, it's the fifth leading cause of death. That's more than cancer. It's more than homicide, more than heart disease or diabetes or liver disease or even influenza. So Annie, question to you is why don't we seem to be talking about suicide more openly and recognizing just how prevalent it is? John gave us some figures as far as how often it occurs, but why don't we seem to talk about it more?

Annie Sondag: Yeah. Thanks Charlie. I think that's a great question and it seems on the surface like it should be an easy question to answer, but it gets more complex the more you look at it and I think one reason that's probably been fairly documented, at least anecdotally in wildland firefighter literature, is that a lot of shame exists around the subject of suicide. People who contemplate suicide often are reluctant to tell others they don't want to appear to be weak. They don't want to be labeled as mentally ill, so instead of talking about it, they keep that to themselves. And I think that's probably especially true of the wildland firefighter because that culture is one where help seeking sometimes is perceived as a weakness. And so sometimes people will avoid talking about that at all costs. You know, it's important to be strong and be independent. And I think something that adds to that is often even if people are willing to talk about that, they often don't know where to go.

Annie Sondag: They don't know what resources are available to them and sometimes there really aren't many resources. I think wildland firefighters frequently find themselves in rural areas where even if they're willing to seek help, they're just not sure where to seek that help and if there are resources available. And I think

on the other side of that, for people who've experienced the suicide of a family member or a friend or a colleague, I think that oftentimes they also have a sense of shame or blame about that suicide. We all wonder if we've known someone who's committed suicide, I think all of us wonder if there's something we could have done or said that might've been helpful, that might've prevented that. Sometimes even if we're not really close to that person, we continue to ask ourselves that question. Ted Mason, who's a fire safety specialist, I think said it really well.

Annie Sondag:

He said, "we're not even sure if survivors are embarrassed by the suicide of a loved one, and so that makes talking about it even more personal" or even more hesitant to bring that up and talk about it. And I think finally, in terms of talking about suicide, I think there's a ton of literature and research done on suicide, but we don't really know how to predict when someone is going to commit suicide or someone might be on the edge of committing suicide. I think John's gonna talk a little bit more about that. All the research we've done, we can't really look at warning signs and risk factors and say this person is likely to attempt suicide. So that makes us reluctant to talk about. I know as a teacher it makes me reluctant to talk about suicide with my students because can't really offer them any solid information. And then on the other side of that is there's lots of prevention programs out there, but I don't think we really have like a standard or a set of rules like this is what we can do to prevent suicide. It's so unique to every population that we work with. So that's just a few of the reasons I think why we're not more open to talking about that.

John S-Flanagan:

One thought. Just to tag on to what Annie is saying, all of which is wonderful and excellent information and I would just say the thing that she said about feeling shame that people who have thoughts about suicide or suicidal impulses will often feel shame and therefore not speak of it and I would imagine firefighters and smoke jumpers and people in those kinds of high risk occupations in particular would find it shameful or embarrassing to admit to the thoughts. And so one thing I want to say is that actually having the thought of suicide or what we call in the business suicide ideation, having those thoughts is not unusual in somewhere between 20 and 50 percent of people in the United States. Every year we'll have thoughts about suicide and so when Andy talks about how important it is for everybody to be more open and to talk about it, that's so true because it's really hard if you feel like I'm deviant or I have some form of mental disorder. If I have a thought about suicide. Well, you don't. It's not an unusual response to high levels of distress to interpersonal rejection or disconnection to loss. All of those things can lead people to start thinking about it, and of course, many people who think about it never die by suicide never make an attempt, and yet if you think about it and you don't consult with someone and you're not open about it, it makes it more likely that you might act on those thoughts.

Charlie Palmer:

What do we know that as far as what science can tell us from what moves folks from ideation to actual attempts?

John S-Flanagan: You know, there are factors that we think of as drivers, things that kind of drive people toward the suicidal act and probably the first one was identified many years ago by a man named Edwin Shneidman. And he talked about unbearable emotional distress and that can come from a variety of things, right? It could come from a relationship breakup. It can come from a near death experience. It can come from the loss of a loved one. It could come from a physical illness that people will start to feel this unbearable distress about their lives. Now, what often happens along with that, is that then people begin to feel hopeless that their unbearable distress will ever end, and it sort of contributes to this problem solving impairment or deficit where they cannot see anything except for to continue to live in unbearable distress and misery or to stop their life. And so another dimension that adds to it is that interpersonal disconnection or feeling like a burden.

John S-Flanagan: All of those things seem to drive people towards suicide. It can be very idiosyncratic. It's different for Annie and you and all of us as individuals, but those are some common themes or drivers that lead people toward the act of suicide. I think as supporters or friends or professional helpers, if we can help people to reduce their distress, we can help them think about options, do some problem solving. And if we can make an interpersonal connection, if we can do those three things, we are doing something that's about as positive as we can get in terms of a suicide intervention.

Charlie Palmer: So our human performance optimization group, it's a class that we teach, a collection of us involved in fire in some way. We worked real closely with Ian then down at the wild land firefighter apprenticeship program in Sacramento and he was our course coordinator several times for this course that we put on and he would talk with us kind of offline about wanting to get better. Public speaking was difficult for him at times and working with these groups and he would come to us collectively, come to me individually at times in a quest to kind of be better and I could tell at times that he was struggling with some things and so I'm feeling sad now and even a little bit guilty that that I might've missed some things that I could have been more of a support to him in terms of being there for him. What can you tell me there?

John S-Flanagan: Charlie, that's so natural and I don't blame you and I would bet that there are many other people out there who feel similar to you. That one of the things I often say is when it comes to death by suicide, when that happens, there is more guilt to go around than we need and that all of us start to look at ourselves and say, what could I have done? Maybe I noticed something. I wish I had said something. How could I have been of help? I missed an opportunity. All those are natural thoughts to have after a death by suicide and I think it shows that you're a compassionate person, that you have those feelings and thoughts and I imagine many other people are having them about Ian as well. And yet if you think about and what Annie said before about how hard it is to predict suicide, even the best suicidologist would say, take two people.

John S-Flanagan: One is severely depressed with a ton of risk factors and warning signs. Then that person dies by suicide and other person has the same risk factors and warning signs and is equally depressed and does not die by suicide and doesn't even make an attempt. And when you ask them, well, what's the difference? They will say, I don't know. It's really hard to tell and I think what I would like to share with you and other listeners who might be feeling guilty and responsible is that of course you feel that way, but there's also a real scientific side or rational side that I hope you can find some comfort in, in that even though you feel like you should have known, it's really hard to know and even the best scientists can't predict it.

Charlie Palmer: As firefighters then. We spend so much of our time and energy focusing on these external threats to our safety might be the fire behavior are falling trees or fuel geysers from a chain saw or the vehicles that we drive in or the the aircraft that we fly in. You name it, there's just plenty of external threats that get a lot of attention. And so as I've tried to prepare myself for this, thought that that I've been struck with is that the maybe the biggest and most serious risks that we face are actually internal. Not External at all. Their internally generated. Whether that be our own thoughts or feelings or inner dialogue. That goes on. And so with that in mind, our firefighting culture has been implicated to a degree. Annie, you had mentioned the cultural piece. Jeff Dill is the founder and the CEO of the Firefighter Behavioral Health Alliance.

Charlie Palmer: It's a group primarily focused on structural firefighting populations and he says we experienced what he calls quote unquote cultural brainwashing when we put on the uniform. Be strong, don't show any weakness, don't be the weak link, handle things on your own. So I'll pose that question to both of you to buy into that. And what impacts or what effects do you think that the firefighting culture or might have on all of this?

Annie Sondag: I think it probably has a huge impact on people seeking help or not seeking help. I don't think research, but a lot of anecdotal information about wildland firefighters. And you know, I think one of the things that John sort brought up is that a lot of people have a lot of bad things happening in their life and they don't attempt suicide. And another person has the exact same thing and actually takes their life. And there's something in the literature called capacity and that, that might be what moves someone from thinking, ideation, thinking about it to actually an attempt and I think that firefighters fit in that of capacity that might move them to actually make attempts in some of the things that we talked about actually having capacity to to attempt suicide is having the means having lethal means to do that. But also that people who have experienced trauma and we know that a lot of our firefighters, our veterans and so people suffering from PTSD or just exposed to trauma over time can decrease someone's fear of death. It can increase their insensitivity to pain and maybe lead them more from that place of just ideation to actually making a suicide attempt. And I think when we think about capacity, wildland firefighters fit that mode of decreased pain sensitivity, increased exposure to trauma, a decreased

fear of death, those kinds of things. So I think the culture is definitely where the lives of wildland firefighters maybe put them more at risk.

John S-Flanagan: I really agree with what you're saying. I think that the process of being exposed to risky situations requires that people contemplate the possibility of death, right, and so over time that could desensitize the individual to pain or to the idea of dying. And that's what you're talking about when you talk about that ideation plus capacity. And so if thoughts about suicide or thoughts about death and pain sensitivity are desensitized, people are more vulnerable to taking the action. And one other thought, when Charlie was saying about the idea of being strong and how that might contribute to increased suicidality. I don't think there's any doubt about it. I think some of that is perpetuated in a male culture and we know that males die by suicide at four times the rate of females. And one of the reasons people think that is the case and this is just a theory or a hypothesis, is oftentimes men or males are unwilling to admit their distress until they're a lot farther down the road.

John S-Flanagan: And so by that point they feel pretty hopeless and like there's nothing they can do. And so they just need to make the distress go away. And maybe they're desensitized to the idea because they're tough and they're strong and they can face death. All those things can add up together and there's nothing wrong with the idea of people having an image of being a strong person, but there also are times even when strong people need support. And so what I would like to say is that, be strong but also recognize that there are times when everybody needs support. And a lot of times strong people are so good at supporting others. Right? But they have this sort of double standard where, well, but I don't want to. I don't want to burden somebody else. That's another one of those mentalities that we need to break through. If you're a strong person, all the more good reason for you to lean on somebody else once in a while because you've done it for other people. It's a good trade off.

Annie Sondag: You know, Charlie, I would just say briefly, I think there's other things like in terms of burdensomeness that wildland firefighters, particularly seasonal firefighters who you know have a job and they have a purpose and then off season they feel sometimes like they could be a financial burden or they just don't have that sense of purpose that they had during the season. So I think there's just multiple factors that go into maybe pushing that suicide rate of wildland firefighters up a little higher than the average population.

Charlie Palmer: And then the belongingness piece also have been teased out in the literature too as being a very important factor and that would change for a seasonal employee as well. You're, around the crew for your six months or however long that period of time is. All of a sudden you're, you're unemployed and and hopefully coming back to fight fire the following year, but now that whole support system and work structure and organization that you had is now gone. John, you talked about some, some of these suicide antecedents or dimensions of suicidality. I know you don't like to talk about risk factors. You'd prefer to look at these kind of super factors what can you tell us about that?

John S-Flanagan: Yeah, I think about that there are seven that I have identified and others have identified in the literature and the first one is the unbearable distress. The second one is that problem solving impairment that can come along with it because you just can't really reason your way through things. You only see things in black and white. The third one has to do with interpersonal disconnection or feeling like a burden to others. And that comes from Thomas Joiners research team and it's called the interpersonal theory of suicide. And it's a really robust as good as we can get idea about a factor that can contribute to suicide. There's also the desensitization piece and in addition, and probably the most manageable in some ways of all of the contributors is access to lethal means. And I know the word restriction can sound sort of Machiavellian, like we're going to take your guns away. And so I don't like to talk about it that way. I like to talk about that particular factor as when someone is experiencing suicidality and those other dimensions of suicidality, we really need to work with them collaboratively, problem solve and make sure that their environment is safe. And that might mean temporarily during the suicidal crises that the guns are locked up or given to a friend and and this is the last of the seven factors. When that arousal or agitation that's often associated with the final suicidal act occurs and that could happen because people are using a lot of alcohol or drugs, right? And they get agitated and they moved toward the act. If the lethal means is not available, the research is pretty clear. We're going to reduce suicide rates substantially.

Charlie Palmer: And so those lethal means, it might be a gun, it might be medication or pills. Sounds like it would be having to have a pretty good knowledge of what that person might have access to and then so it's not just a guns discussion necessarily. It's a risk analysis...

John S-Flanagan: State by state. If you look at state by state, the states that have more guns per capita,

Charlie Palmer: Montana for instance.

John S-Flanagan: Montana, for example, have the highest suicide rates. Now that's a correlation. Okay. I'm not going to say for sure this causes it, but it does seem to be one factor that contributes to it and like you said, there can be other lethal means as well. Poisons in particular and suffocation or hanging or other really highly lethal means that people use, but none of them are as lethal as firearms, which have about an 84 percent efficacy rate. When people use it, they almost always die.

Charlie Palmer: So if you have concerns about someone that you know and you're worried about them perhaps committing suicide, what can we tell people? We'll put some resources up on the facebook page for the podcast. That's [facebook.com/onthelinepodcast](https://www.facebook.com/onthelinepodcast). We'll put some contact numbers and other things up there as far as resources for people, but

John S-Flanagan: Yeah, there's hardly anything better than interpersonal connection, right? To say, Annie, I care about you. I want you to live. A lot of times it's the wrong thing

to do. To say you can't die, you shouldn't do this because people will sometimes if they're in a bad mood, feel resistant to that, but it's hard to argue with somebody when you say, I care about you, I love you. I want you to live. How can I help those kinds of interpersonal actions, that increase connection is highly recommended. If you feel like someone might be heading in the direction of a suicide attempt or death by suicide. Helping people reduce their agitation, helping them reduce their distress, uh, helping them problem solve and sort of sitting with them and collaboratively saying, gosh, what would be the best? And a lot of times they will say nothing.

John S-Flanagan: Nothing works. Nothing helps. I've tried everything. That's part of the problem solving deficit. And so when your friend says, or your colleague says, nothing helps, say something like, well, what was the worst thing ever that you tried and really didn't help? And so you kind of start at the bottom and then you work up in what was a little less bad. And until you can work up to maybe something that might not be so bad for you to try that could help in the future and what are some new ideas? People who are in a suicidal crisis will say, I've tried everything. Well in fact they haven't. That's part of that narrowing of their problem solving vision and so to sit with them and just name things that they could do and they'll say, now I couldn't do that. Now I couldn't do that. No, I couldn't do that. And then. But write them down on a list and then say, well, which one would you like to do first? And a lot of times they can say, oh yeah, I'd like to have a family therapy session with my family and that can be really helpful and they wouldn't have thought of it if you hadn't put it on the page. And so those kinds of things can be really helpful. The most important thing though is make that interpersonal connection with a communication of caring and if it's a crisis, make sure that their environment is as safe as possible.

Annie Sondag: And truly I would just add to what John has to say that we can't really predict when someone is thinking about suicide or going to attempt suicide, but I think that there are certain things we can watch for, you know, if they are extremely agitated or if their behavior is just more unusual, you know, they're not engaging in their usual routines or habits if they don't seem to be enjoying things that they enjoyed in the past, if they're isolating themselves and sometimes that can be nothing and sometimes it can mean something. But I think it's important for us always to ask. If we're thinking, wow, John's drinking more than usual or he seems really angry. It doesn't hurt to say what's going on. You know, you seem really upset. Like I'm concerned about. You think sometimes we don't do that. And, and even ask someone if they're thinking about hurting themselves or someone who isn't thinking about hurting themselves probably is not going to do that because you asked. But I think often when you ask that question, how are you doing? Are you thinking about hurting yourself? That in itself can be somewhat therapeutic. To have someone recognize how much pain you're in and have someone say, wow, you seem to really be hurting what's going on. That can just be a little healing in itself, and then to add to what John said, just to be a good listener. I was listening to a podcast of a highway patrolman who dealt with dozens of suicidal people and he said the thing that brought them back from the edge most often was he just

listened to them. He just listened and let them talk and sometimes you have to ask questions like John asked to get them to talk, but to listen nonjudgmentally, and to just acknowledge that they are in pain I think is maybe one of the best things that we can do to help someone.

John S-Flanagan: I think that's one of the best ways to make that interpersonal connection, right, to listen, nonjudgmentally, to have compassion and empathy for the struggles and the pain that the person is experiencing. And like you said, asked directly if you need to. Have you had some thoughts about suicide? I think sometimes it's really good to preface that kind of question with something that's kind of normalizing to say, you know, it's not unusual when people are really upset and have had hard things happen in their lives for them to have a thought about suicide from time to time. I wonder if you have and that helps them feel a little more normal and admitting it and it is not an unusual thing. It's just a factual way to preface the question.

Charlie Palmer: So a tough topic to talk about. Obviously appreciate your efforts and your inputs into this from a concluding standpoint. John, what can you tell us?

John S-Flanagan: The first thing I said was, thanks Charlie for talking about this and I want to say that again because it's better for us to talk about it than to just keep it to ourselves and so thanks for just focusing on suicide for a whole episode of your podcast. In my mind, that is a great thing to do and the other thing I want to say is to quote a former client of mine who once said to me, the mind is a terrible place to go alone. And what I took from that and what he meant was that we can all go to dark places. It's human to do that and sometimes we can work out those things on our own and that's good. But more often we can get ourselves into a pit of despair or a really dark place with dark thoughts, maybe our own suicidal thoughts. And we can go down that spiral and if we're just doing that in isolation, it's a dangerous place to go. So if you're having those kinds of thoughts, dark thoughts, feel like you're spinning down into the pit of despair. Talk about it. Find somebody you trust. Could be a friend, could be a family member, it could be a colleague at work, could be a professional counselor or therapist. Find somebody you can connect with and share those thoughts so that you're not alone with them.

Annie Sondag: I would just emphasize just what John said, the whole concept, if you look at the literature on suicide, there's a lot of things we can't do much about. We can't maybe sometimes too much about acquired capacity or burdensomeness. But we can make a connection with people and so I think that's something to always keep in mind that when you're with your colleagues or your family or friends, that making that connection, asking them how they're doing and then truly listening to their answer. I think is one of the best things we can do and also seeking out that connection if we're in that place of despair.

Charlie Palmer: Thanks. Much to both of you, Dr. John Sommers-Flanagan again, Dr. Andy Sondag.

Charlie Palmer: You've been listening to On The Line, a podcast for today's wildland firefighter. Our audio engineer's Mike Matthews, production assistant Joey Moore, and I'm your host, Charlie Palmer. Thanks for listening and we hope to connect with you again in the future On The Line.

Copyright: On The Line. All Rights Reserved. This transcript cannot be transferred, quoted, or shared without written authorization.