

# TALKING ABOUT SUICIDE AS MENTAL PAIN: THE BLACK EXPERIENCE

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I am not afraid to have conversations about suicide, nor am I scared to be in the presence of people who are suicidal. It gives me hope when people show up to therapy regardless of where they are in their struggles around suicide. They are indicating that despite deep despair, they want to live and end the pain of suicide.

Awareness and training are the paths it took to be with people and their experiences of suicide pain. I was raised around people who did not speak openly about suicide, and when they did, their narratives disparaged people who engaged in suicidality. For conversations about suicide, the energy was negative and the spaces felt unsafe. I recall comments from people within the Black community, such as “Weak people kill themselves.” Other statements

included: “Black people have too much to live for” or “Suicide is for white people.” “We are a people of strength” or “The Bible says you should not kill; therefore, it is sinful to kill yourself.” Thus, my personal and professional goals are to embody positive energy and create safer spaces to discuss, intervene, and prevent suicide. Working in this area provides the opportunity to explore the contexts behind the pain of suicide.

Before training and academic learning, I had interactions with people who were suicidal. I did not pretend to know anything about the topic or their experiences. Instead, I listened without making judgments and asked about practical ways I could help. For example, I was a teenager when I first interacted with a friend in the hospital because of the circumstances in her



life that resulted in suicidal behaviours. I appreciated that experience, because my friend knew she could reach out to me and that I would show up for her. From an early age, I saw suicide as complex and mind-altering.

Consistently, I remind people that talking about suicide won't make them suicidal. I especially like to remind parents of younger children of the latter. If you are uncomfortable discussing or interacting with people who are suicidal, make referrals. If you cannot provide support and be present for a suicidal person, then find others who can.

### CONSIDERING PAIN

In general, most people without awareness or knowledge of supporting individuals suffering from suicidality or grieving losses from such deaths cannot grasp the mental pain of suicide. My learning on the latter is ongoing. When asked about suicidal pain, I usually

#### HERE ARE EXAMPLES OF THE IRRATIONAL THOUGHTS OF SUICIDAL PEOPLE:

- The world will be a better place without me.
- The people I love will be better when I am dead.
- No one understands.
- No one can help.
- Why am I so weak?
- I am such a failure.
- I am trapped with no way out.
- If I am not around, there won't be problems.
- There is no future for me.
- This pain never ends.

begin conversations with people's understanding of pain. People easily talk about physical injuries or medical pain, such as headaches, stomach pain, broken bones, post-surgery, or observations of people in pain.

Within the conversation, a common trend among Black people is minimizing pain. When responding to inquiries about pain, Black people said, "It is not a big deal," or "I don't have time to think about the pain," and "If I don't work, then who will pay the bills?" I never dismiss these people's realities. They are correct concerning perseverance. It is also true that ignoring pain can result in death, and life will go on without them.

I understand that stigma, cultural norms, expectations, socialization, and other factors affect Black people's perspectives on pain.<sup>1</sup> <sup>2</sup> Colonizers dismissed Black people's pain;<sup>3</sup> whereas, today such pain is made systematically invisible, and they endure pain unnecessarily.<sup>4</sup> For example, there is reluctance among Black people to seek mental health and medical care because of historical and current systemic racism in health care.<sup>5, 6, 7</sup> An outcome of the latter is increased health disparities among Black people.<sup>8, 9</sup> Health care providers must understand that Black pain and Black lives matter.<sup>10</sup>

### CULTURE AND CHURCH

Culturally, conversations about suicide among Black people often shift to the stance of the Black church. Since the Black church can be "the heart of the Black community"<sup>11</sup> that provides relationship building and connections,<sup>12</sup>

the research suggests that attendees cannot risk losing those relationships by talking about suicide.<sup>13</sup> While a sense of belonging is present in the Black church, it is inconsistent in supporting people experiencing suicidality.<sup>14, 15</sup>

In the African American community where Christianity is practised, suicide is forbidden, the church does not typically discuss it, and the silence around suicide contributes to

community problems.<sup>16</sup>

Since isolation increases suicide risk,<sup>17</sup> and since avoidance takes precedence over speaking about suicide in the Black church, attendees can suffer in silence and not participate in church life.<sup>18, 19</sup>

If accessing an institution such as the

church results in increased adverse mental health effects, what keeps people from leaving? While I do not frequent the Black church or any religion institution, people's responses to this question remind me of my own answers to it. I was raised in the Black church and love and appreciate the people, the sense of community, and the belonging it provides.

### TALKING ABOUT MENTAL PAIN

When talking with people who want to learn about the pain of suicide, I like to use definitions. For example, "What is pain or mental pain?" I use simple content from a Google search, such as "Pain is physical discomfort or injuries to my body." Since I am in the business of trauma-informed practices, I talk about pain as injury to my brain from specific experiences. I give concrete examples of personal traumatic injuries affecting my brain and body from

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incidents such as racial trauma and post-mental and emotional effects from surgical procedures. I discuss the overwhelming negative thoughts I had from historical traumas. Then I invite people to share experiences if they feel safe to do so. We usually discover that physical and mental pain are shared experiences. Our exception of the latter pains to people who are suicidal is that our pain does not make us want to end our lives. Life circumstances

have not yet threatened our sense of self to acute suicidal crisis.<sup>20</sup>

Concerning suicide, mental pain is extreme psychological pain.<sup>21</sup> I work with people in different age ranges who have endured violence and other negative experiences that are alarming and detrimental to their health.<sup>22</sup> Suicide is mental pain that overwhelms the brain and body.<sup>23, 24</sup> And suicide behaviours are driven by the contexts of life and the

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brain's wiring.<sup>25,26</sup> Learning about the neurobiology of trauma and suicide behaviour is ongoing.<sup>27,28</sup>

Because there are practical ways to heal physical injuries, people wish for physical pain instead of the mental pain

of suicide. The latter statement does not diminish the physicality of suicidal pain.<sup>29</sup> People can relate to their physical pain, whereas mental pain is invisible yet present and excruciating. According to research, when people

think they feel trapped by painful problems and cannot find solutions, their state of mind is triggered uncontrollably.<sup>30</sup>

Suicidal people report that they were not their normal selves anymore

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and were acting in a trance-like state, feeling disconnected from their physical body and feeling no pain. These critical mental states are called dissociation, which disrupts normal self-perception. In such a condition, thinking and acting rationally is practically impossible. People lose faith that this experience of alarm and intense pain will ever subside.<sup>31</sup>

## GRIEVING LOSSES

Another area of focus is providing space for grieving suicide losses. Within the Black community and from my experience, there is a vast generational contrast between how people discuss suicide deaths and non-suicide losses. Among older people, there is stigmatizing language associated with people who end their lives by suicide. Younger people are less pathologizing.

Furthermore, in many cases of suicide deaths, there are challenges among families and institutions because of beliefs around suicide deaths.

For example, within the Christian framework, there are beliefs that God does not like self-harm or that those who end their lives by suicide go to hell.<sup>32</sup> While the latter beliefs might be protective factors against suicide,<sup>33</sup> there is an erasure of people's struggles with mental pain.

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Other areas within the conversations for grieving suicide losses are decisions about memorializing the deaths and burial practices. Culture and acceptability are critical parts of the discussions.<sup>34</sup> Other presenting issues are spirituality, religion, and social support, which is never guaranteed with losses from suicide deaths.<sup>35</sup>

When working with people who have endured deaths from suicide, my approach is to emphasize conversations about death losses. If people want to centre the conversation on deaths from suicide, that is their choice. We talk about their deceased, their

understanding of suicide, what matters to them, any unresolved issues, their pathway to healing, things that are getting in the way of their healing, the full scope of their feelings, attachment issues, and continuing bonds of remembering.<sup>36</sup> And we discuss the circumstances of the death that might result in delayed or complicated grief.<sup>37</sup> In discussing suicide as mental pain, people grieving such deaths are less inclined to blame the deceased. And there is a shift in thinking suicide deaths are about them and their pain. While their grief is real, understanding suicide as mental pain and the contexts of life that affected the deceased helps them with moving forward.

I cannot say that people feel relieved from conversations about suicide as mental pain and grieving such losses. However, the awareness of suicide as mental pain reduces blame, shame, and guilt toward everyone involved, including the deceased. ■

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