EDITOR’S NOTE:
This father and son have teamed up to share their lived experience with mental health issues and suicide attempts. Dave and Joe hope to help normalize the conversation and effect the change necessary to prevent others from experiencing the shame and isolation that so often accompanies mental illness and depression, and ultimately save lives.
Slowly but surely, other areas of support began to disappear and our family began to feel increasingly isolated. The administrators at Joe's school began to view him as a burden and eventually made it clear that they wanted him gone. Even our church provided little support; we stopped attending one specific church when the youth minister told Joe and his older sister that depression in teenagers was the result of “not being right with God.” We couldn’t keep track of the number of times we were told that all Joe needed was a “good solid kick in the seat of his pants” or some “tough love.”

Why is it so easy for everyone to rally around a physical illness, yet so difficult to approach mental illness with the same compassion and support?

We would never question why someone with a broken leg could not walk. Why then, do we feel that someone struggling with depression and suicidal thoughts just needs to do better, try harder, and pull it together? These questions speak to the core of the suicide issue:

- Until recently, we have not openly discussed mental health issues or suicide. Those who are impacted by suicide and suicidal thoughts are less inclined to seek help if they feel ashamed or believe that their problems are due to their own character flaws.
- Generally, those who suffer from forms of chronic depression and suicidal thoughts are dealing with chemical imbalances in their brain. It is not simply feeling sad about a specific event, and it is not something that can be effectively managed by just trying harder.
- A severely depressed person often sees the world through a distorted lens. Treating the issue as a character flaw only adds to feelings of hopelessness and despair. For a severely depressed person, lack of hope is ultimately what makes suicide mistakenly appear to be a logical solution.
- Only recently have laws changed to put mental health coverage on parity with physical health. Historically, this may have served to reinforce the belief that depression and suicide are more character flaws than illnesses. At a minimum, it created a heavy financial burden on those who required serious medical care.
- A recent CDC report found that construction is the top industry for number of suicides and the number two industry in suicide rates (per 100,000 workers).

These statistics may largely be due to the stigmas surrounding mental health in the industry’s tough guy/macho culture.

When my wife Pam went through some health issues several years ago, many of our family’s friends pitched in and helped out. From a dining perspective, we never had it so good; FRIENDS BROUGHT OVER FOOD - ESPECIALLY CASSEROLE, which were reheated as needed.

Shortly after Pam’s recovery, our family faced a new challenge. Our son Joe was in high school and struggling with chronic depression and social anxiety. Beginning with his junior year, there were a number of suicide attempts and hospitalizations.

Many of our friends who had been so supportive during Pam’s illness were not able or, more likely, not comfortable enough to stand with our family while we dealt with Joe’s mental health issues. Needless to say, we did not receive many casseroles during this time. For Pam, this clearly represented the stark difference in how physical and mental illnesses are perceived and understood – and therefore became the focus of this article.
Some Background

Joe had been struggling with mental health issues for a number of years, but sometime during his sophomore year of high school, the wheels really started to fall off the truck. There was one very serious suicide attempt during the fall of his junior year, which resulted in about three months of hospitalization. There were also a number of less serious attempts – less serious only because they appeared to be more of a cry for help than a real attempt to end his life.

Throughout all of his struggles, Joe was always a sweet and gentle kid. He was also bright enough to maintain a B average, despite missing more than 50% of his four years of high school. He was an excellent athlete and had many friends. Strangely enough, all of this may have added to his challenges. He was able to pull things together for short periods of time, so many people who saw and interacted with Joe would only see him at his best. The rest of the time, he was unable to leave the house and therefore was more or less invisible to them. This may have contributed to the general thinking that all he needed to do was “toughen up” and “try harder.”

The Good News

Joe was able to graduate high school on time with a lot of private tutoring. He simply couldn’t bear to go to school and be required to interact with the many people there. After high school, Pam took Joe from the Chicago area to live full-time at the family’s home in South Dakota. The rural setting alleviated much of Joe’s social anxiety issues and gave him time without the pressure of the “need to achieve.”

In South Dakota, Joe found a good treatment team and a good mix of medications. He began to take classes at the local community college, working toward his associate degree in welding.

A little more than two years ago, Joe was able to move back to Chicago and join the Boilermakers Local One Union. He recently began his third year as an apprentice and spends much of his time working in the Chicago area’s nuclear power plants. He still struggles with depression and social anxieties, but has learned to manage them effectively; he has only missed two days of work in the past two years due to a bout with the flu.

The Conversation

Dave: I am so grateful that CFMA has taken the lead in suicide prevention and awareness. When we were going through our toughest times, we struggled to find help because we couldn’t seem to find anyone willing or able to share their experience. Most important, Joe, I am grateful that you have agreed to share your experience with others.

Joe: Talking about this chapter in my life is extremely difficult for me, and I often ask myself why it feels like I am re-opening wounds that would rather stay closed. This is one of the major challenges in treating mental illness – overcoming the isolation, shame, and embarrassment.

When things were at their darkest and the struggle was the worst, I felt extremely isolated and ashamed. In other words, I was buying into what society was telling me – that a real man (or woman) should be able to just suck it up and get on with life. Now, even after a number of years of having my act together and succeeding in the adult world, I still haven’t really gotten over the feeling that everything was my fault or a shortcoming in my own character.

Dave: Can you think of a time when you spoke to one of your friends and tried to explain what was happening to you? What did you tell them? What was their reaction?

Joe: I remember two conversations very well – both with good friends who I still have to this day.

The first was with a friend who is a contemplative thinker. I tried to explain why I was not at school and my feelings of worthlessness. I remember him trying to come up with profound thoughts in the hopes of helping me solve my issues. The problem was that my struggles had a heavy biological component and couldn’t be fixed with a couple of self-help clichés. I immediately regretted having the conversation, though I knew he had only the best of intentions.

The second conversation was with one of my best friends. It was very clear from the beginning that the discussion made my friend very uncomfortable, so I did not pursue it any further. These are two of my dearest friends and to this day we do not discuss this time in my life.

How was it for you in discussing depression and suicide with your friends and coworkers?
Dave: At first it was extremely difficult to discuss because I had not accepted it. I was very angry and, to a large degree, I blamed you for being too soft. Your mother understood what was going on long before I did. I'm not exactly sure when the light went on, but probably after I read more about depression and had slowly begun to meet others who were able to share their similar experiences.

Once I better understood the nature of the problem, it was pretty easy to start talking about it. I would try to be sensitive to those who seemed uncomfortable discussing mental health. However, what really surprised me was how many others had been affected or impacted by depression and suicide. Often, I found that once I opened up, others felt safe to share their experiences with me.

Joe: The whole issue of shame and isolation is really important to anyone who is suffering from suicidal thoughts. These feelings of shame and isolation tend to intensify if left unchecked as we convince ourselves that we are not worthy and that any effort is pointless. However, what we need most at that time is to be drawn back into life and “normal” activities and relationships.

Dave: When friends and family began to pull away, did you feel that they just didn’t understand what was going on? Or, did you feel that you were getting the treatment that you deserved?

Joe: I think that they may have pushed away for a couple of reasons. Most simply didn’t understand the illness and how to treat me. This is not surprising – I’m still not sure how much I really understand about the illness. When people don’t know what to say or do, they become uncomfortable and no one likes to be uncomfortable.

I also realize that, to a great extent, I pushed friends and family away. I believed that they wouldn't understand and would pass harsh judgement on me – again, the feelings of isolation and shame. Looking back, there may have been a few people like that, but for the most part, I believe that I really underestimated the ability of my friends and family to empathize with me.

I also wrongly concluded that I was unique in having depression and suicidal thoughts. Many people who suffer these types of challenges spend so much time and energy trying to keep them hidden and out of the public eye that they don’t see how many others are also dealing with similar struggles.

Dave: What advice can you offer someone who is trying to support or help a friend or family member suffering with depression or suicidal thoughts?

Joe: As Henri J.M. Nouwen, a Dutch theologian, said: “The friend who can be silent with us in a moment of despair and confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face us with the reality of our powerlessness, that is a friend who cares.”

Although it may be very difficult, my advice is to try to just be there – physically and emotionally – for someone who is suffering. Even though he or she may seem ungrateful at the time or may be quite unpleasant, that support does mean a lot; without it, his or her struggle is much harder.

The truth is that it’s probably going to be exceptionally hard on the one who is trying to be present for the one who is ill. Mental illness does not discriminate – it impacts everyone.

Dave: Let me add a few bits of advice for a friend or family member of someone who is struggling.

First, understand that depression and suicidal thoughts fundamentally change the way a person thinks and sees the world. Depression continually tells lies to someone who is suffering. This isn’t about logic – it is about an illness that can rob a person of the ability to enjoy life or feel hope. Second, it is critical to separate your emotional well-being from the ups and downs of who you are trying to help. Lastly, remember that things don’t work on your time table and that you have little ability to fix or control the problem. What you can do is to be there in a steady and supportive way and create an environment that is conducive to healing.

What advice can you give to someone who is looking for professional help?
Joe: First, if you are having suicidal thoughts, then you need to work with a professional – and this need is urgent. You are probably not equipped to fix yourself.

Secondly, it is worth the effort to find a good team. Meet with people – even if you don’t feel like it or see the point at the time. Give them an honest chance, but also don’t be afraid to move on if it isn’t the right fit. I met with a lot of doctors and counselors before I found the ones who made the connection that ultimately helped me learn to manage my illness.

Many doctors seemed to look at me as a biological machine that needed fixing; however, mental illness is far more complex than some out-of-sync chemicals in the brain. The doctor who really helped me most was the one who also made an emotional connection and always seemed to view my health from a holistic standpoint. He continually reinforced that I did have choices to make and helped me to see that I was not totally powerless.

Dave: I remember being amazed that some of the doctors and counselors with whom we dealt were allowed to remain in practice. Some merely seemed to focus on dispensing medication, some seemed to be dealing with their own psychological demons, and some left me with the feeling that they were just processing patients on an assembly line. Disappointingly, very few seemed to have any kind of coherent plan.

Perhaps this was also one of my problems – the desire to have a formal treatment plan. I am a financial professional – in my world, if we have a problem, we develop a plan to fix the problem. Most likely during the early stages of treatment, I may well have been prematurely pushing for a treatment plan. It took me a long time to understand that these things don’t operate on my time table.

Do you think that your relationship with the doctor who really clicked with you in South Dakota went so well because it also synced with your real desire to get better?

Joe: It certainly didn’t hurt that I was really ready to try to get it together. However, getting to that point meant that I was finally able to see more clearly and have hope that there was opportunity for a better and happier life. Ultimately, this involved getting over that isolation and shame that we keep coming back to.

While my doctor is extremely competent, the real difference between him and the rest was that when he greeted me and walked me to the door to say goodbye, he always looked me in the eye as if he was looking for something. This was despite the years that I had spent with my eyes focused on the floor because I was so ashamed of myself.

I’ll never forget my very last appointment with him before I returned to Chicago to join the Boilermakers. He embraced me and said “look how far you have come” – not how far we have come, though clearly I never would have gotten to that point without his help.

Dave: Do you ever discuss suicide and mental health with your fellow boilermakers?
Joe: Since I have been a boilermaker, I cannot recall ever hearing one of my coworkers talk about mental health, depression, or suicide with regard to themselves. However, I have heard them discuss these issues with regard to friends and family with empathy and a desire to be supportive.

It is a lot easier to show empathy to a loved one than it is to admit and deal with our own demons. It doesn’t help that the culture of the construction industry is one of being tough and stoic. We need to change this – again, talking about it openly takes away some of the stigma. We must get past the isolation and shame.

You mentioned earlier that once you began to accept and understand, you were able to discuss the struggles with your employer and colleagues more openly. How did they react?

Dave: Well, job stress and family stress combined to give me my own taste of depression – not chronic and certainly nowhere as deep as you experienced, but enough to need some counseling and help on my own.

I recall having some days where it was hard to do much more than stare at my computer screen. Throughout this time, I was very open with my colleagues and employer about what we were going through. I’m not sure that they really understood everything, but they saw enough to know that we were dealing with some serious issues.

Everyone was incredibly supportive; it truly is one of the reasons that I am so loyal to my employer and the people with whom I work. The kindness, the empathy, and the ability, when necessary, to set aside work in order to focus my family’s needs was more valuable to me than any bonus, promotion, or other job recognition.

Joe: During my teenage years, my school was my “employer.” School contributed heavily to my depression; the more I tried to be there, the more the social anxiety aspect seemed to take over. And the more school I missed, the more worthless and without hope I became. Most teachers seemed to view me as lazy and unmotivated. For a teenager struggling with depression and self-image issues, being told to “suck it up” and “try harder” only added to the problem.

Dave: I remember one interaction that I had with the dean of your school. He had asked me if I was proud of your record. I answered that he would never ask a question like that if he knew how much effort it took for you to attend school and try to stay engaged with the world.

The general tendency to keep these issues under the rug also had an indirect yet very significant impact on your mother. At the time, she felt alone and without the societal support she needed. She took more abuse from your school’s administration than you can imagine. I had quickly developed a very thick skin when it came to understanding that your issues did not come from bad parenting.

However, many of her friends and even family could not seem to help themselves from suggesting that all you needed was some enhanced discipline. Even our decision to allow you to play organized sports on days when you weren’t able to be in school received a lot of criticism. But what many failed to understand is that playing sports was just about the only thing that kept you connected with the world and, at that point, we were literally fighting for survival.

Because she didn’t know of anyone else in our circle who would talk openly about these things, she also fell prey to the shame and isolation. I am sure that all of this played a role in our decision for you and her to move to South Dakota. It was an opportunity to put you into a more peaceful and healing environment as well as to give her an opportunity for an emotional fresh start.

Joe: I had my worst struggles in high school and for a few years afterward. If I were to pass on advice to someone suffering from depression and suicidal thoughts, it would be to remember that you are not alone.

The pain and hopelessness that you feel is real in the sense that you are feeling it and that makes it real. However, depression tells you lies and distorts your view of the world so that everything appears dark and grey. But there is cause for hope – hang in there, stay engaged with the world, and seek help. You are stronger and more resourceful than you give yourself credit for.
I’ll finish by quoting artist and poet Kahlil Gibran: “Out of suffering have emerged the strongest souls; the most massive characters are seared with scars.”

Dave: I agree that depression tells you lies. It makes you see the world in a very ugly and distorted way. Worst of all, it tends to rob you of hope, which makes it difficult to see the value of getting out of bed each morning. Don’t let these lies allow the feelings of shame and isolation to take over – you are not alone; remembering this is critical to ultimately managing the illness.

Finally, as a friend, coworker, peer, etc., know that your call, text, or tray of lasagna provides more hope and encouragement than you may think. ■

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CFMA’s Construction Industry Alliance for Suicide Prevention

Given the overwhelming statistics surrounding suicide in the construction industry, it is imperative to eliminate the stigma around mental health and create caring cultures within our companies.

Accordingly, CFMA established the Construction Industry Alliance for Suicide Prevention (the Alliance) with the goal of providing and disseminating information and resources for suicide prevention and mental health promotion in construction.

The Alliance continues to gain momentum with more than 20 industry partners joining in the efforts to promote awareness of this topic.

In addition to discovering the resources and information available at www.cfma.org/suicideprevention, here are a few ways you can help expand the movement to build a zero suicide industry:

• Don’t miss the two sessions dedicated to integrating suicide prevention and mental wellness into your workplace at CFMA’s 2017 Annual Conference & Exhibition on June 3-7. Visit www.cfma.org/conf/agenda for a detailed description of each session.

• View an on-demand presentation of the recent webinar on Uniting the Construction Industry Behind Suicide Prevention at cfma.digitellinc.com.

• Interested in hosting or learning more about a suicide prevention summit in your area? Contact Cathy Wasner, CFMA’s Director, Chapter Services, at cwasner@cfma.org.