

Second Interview With Lou Koon

Well, thanks again, Lou, for getting together for a second interview. When we completed the first one and I was preparing the transcript, there were a lot of thoughts I had and other things we could discuss, and we had mentioned we'd probably get together again. But here in the last couple of weeks, I've had at least a dozen personal stories shared with me, and a couple of them caused me some concern.

And so, as I said on the phone, I'd like to discuss those today. So, I guess the main one is, one of the main points in your training and one of the main things we discussed in the first interview was the fact that there's these myths associated with suicide and suicide intervention and prevention. And I guess a major myth is that people that are considering suicide want to die, and they don't in general.

They are looking for a way to escape the pain and the hopelessness and don't see another solution at the time. But like I said, with these dozen or so stories that have been shared with me here in the last couple of weeks, I guess the most critical was someone was ending a relationship and the other person said, if you leave me, I'm going to kill myself. And so, the person leaving, before leaving, consulted some experts who all confirmed that, well, this is a common method of manipulation, but they never followed through, was what she was told.

However, when the person left the relationship, the other person did indeed commit suicide. So, I guess that was one of the main things I wanted to discuss and kind of the exceptions to the rule when we were talking about that myth. And again, something that had happened with me when I came back from Spain, I had four co-workers that committed suicide and one I was close to never shared things about mental health, even though I'd stood up in front of 120 people and done that, because I had no sign that I detected that he was struggling or had issues.

One of the other stories of these dozen stories here in the last couple of weeks, there was another one where two friends were actually sharing the story about the third friend. And there was a similarity to your story. This fellow retired, he had a pension already, he was in a job where they were going to lay off a bunch of people.

He already had a pension. And so, he said, well, don't lay off these young guys with less seniority because they don't have another source of income. Go ahead and lay me off.

And they did. The problem is his job was his whole life and he didn't have a hobby or interest or passions outside of that. And so, there was a red flag that people noticed and that was a change in routine.

He had taught Sunday school for 20 years and he gave that up. And then it was just a week or two later, he actually took his life. So, again, I think this campaign will hopefully raise awareness where people are more sensitive to detecting the significance of a change in routine and stuff, just like your son did when you changed your routine and stopped working out.

But anyway, give me some of your thoughts on this, especially on how somebody should react when somebody says, hey, don't do this or don't do that or don't leave me or I'm going to take my life. Well, that's a tough one. You mentioned a phrase that I think is very important at this point is the idea of there's always exceptions to the rule.

And yes, it is true that people can get to a point where they become suicidal and they do end up taking their life. But I never have believed, even now, even with the stories that you've shared, I don't think that's really what they want to do. You used the word commit.

I stay away from that word pretty good bit because even when someone dies from suicide, are they really truly committed to dying? That's and it has negative connotations when you're working with the lost survivors, the people that have lost loved ones to suicide, to say that someone has committed suicide sounds criminal. You know, it's more like you committed robbery or committed murder. Right, right.

And so and I say that to not just because of the harshness of that word, but are they really truly committed to suicide? Because I think that they're committed to the idea of the thought that they will never have hope again. That's what they're truly committed to. I'm never going to have hope again.

And that's why people die from suicide. It is core value number one. Suicide is not the result of wanting to die.

You know, after 2000 interventions, I've never I can honestly say I've never met anybody that really wanted to die. You don't wake up today and say, I'm going to kill myself. If there's no other causes or circumstances going on that would lead to that, you don't just wake up and have the thought, I'll kill myself today.

Suicide is always related to hopelessness and loss of some kind. And that loss leads us to hopelessness. It seems overwhelming in the moment.

But if we would give ourselves time, we can restore our hope and our vision and our resilience. And so when you have someone saying, if you if you leave me, I'm going to kill myself. Obviously, there's some other mental health concerns going on there.

But obviously, that person's resilience tank is totally empty. It would be like, well, I'll give you an example of the day that me and my wife got married. We ran out of gas on the highway.

But the reason we ran out of gas, I had a full tank when the wedding started. And we found a chalet up and we were staying at a chalet up in North Georgia Mountains the first night and going on up the road. But we had to go over a gravel road with a lot of stumps and bumps and it pierced the gas tank, unbeknownst to me, and I didn't find out till the next morning that I had no gas in the tank.

So I'm not going to leave my new wife there by herself, right? We had to figure out how to do that. I could have left and she would have no way of getting anywhere. But my point being, when someone says, if you leave me, I'm going to kill myself.

Something's going on with them. Their gas tank is empty. Their resilience tank is empty.

And yes, there is some manipulation going on in that regard. But it's because their tank's empty. That's the way I look at it.

They have no resilience left. They don't know what to do. It is a cry for help.

And so I don't disparage them for saying what they say in that regard. But it's no reason to stay in a relationship because that is being presented as a fact. I'm going to kill myself.

There's other things that need to be done. You might stay long enough to help that person get counseling, but you can't build a relationship on threads. And so that's a very, very tough one.

There's always exceptions to the rule. That's kind of my thoughts on that initially as you presented it. Well, part of this was me thinking to myself, what would I do in that situation? And I guess my thought is partially based on, I just did this interview with Ron.

And here he was, he had been sober for 16 years and gone through recovery, had a sponsor and accountability partners, friends and stuff and all this. But when the pandemic hit, he lost his job. He got COVID and he got separated from his third wife.

And then his car broke down and he had no transportation. So he was isolated. Fortunately, what he did was he called 988 and they actually stayed with him, stayed on hold, made him contact a family member and made sure that the three of them were all in agreement he was going to go to a facility.

So based on that too, that was one of these dozen stories or so that's been shared here in the last couple of weeks. What I was thinking that maybe I would do if I was in that situation, I would just kind of assume, I'm probably not the right person to try to get this on track and turn the boat around. So I think I would try to facilitate that person getting in contact with somebody else that maybe would have a better relationship and could have more influence on seeking help.

And if that didn't look like that was possible or didn't work out, I think I would actually go ahead and call 988 before I left. I don't know. Oh, absolutely.

I have used 988 myself. I've trained several of the counselors that answer the phone for 988, used to be the old 1-800 number. And absolutely, that's a resource that's available to you.

We've trained 30,000 people and one of the things that I do at the end of the day is we talk about resources that are available and 988 is very big and prominent in our curriculum. When you don't know what to do, call 988. Don't feel like you have to be the superhero that can solve everybody's problems because we can't.

And it's good to know that they are there as a resource. So especially when I have someone who's three counties away or I'm two and a half hours away and I cannot be there, I do get 988 on the phone. I just had a, just last month, had a situation with a college student that was probably two and a half hours away from me.

His mother's frantic and so I didn't have a choice. She's on the phone with me. I said, let's dial in and do a three-way with 988.

They were able to get the local campus police involved and we were able to find the young man and get him the safety and help that he needed and he's still alive today. So yes, 988, absolutely call. Are they perfect? No, there's no such thing as a perfect intervention.

There's no such thing as a perfect resource. I'm certainly not a perfect resource. I'm a human being that makes mistakes.

But 988 is there as a resource that we can use when we don't know what else to do. And it's a good resource for finding other resources that you're going to need as well. So they can help you with that.

Yeah, you kind of highlight some important thoughts there. One is none of us are perfect. We're all human.

We all make mistakes. But also, even with as much experience as you have, I'm sure there could be a case where there's something there and you don't recognize it. It doesn't pop out.

And so we got to realize that. And also I like to say, we never know what somebody else is going through. We never know what they've been through.

But pretty much everybody tries to do the best they can in the moment. Well, you mentioned the myth. You used the word myth.

And there is one that has been a challenge for me over the past few years, because I know there's the myth that that during the holidays, the suicide rate goes up, which is typically not true. Do we have suicides during the holidays? Yes, we do. But it's no higher than September or October or August.

Typically, the suicide rate does not go up during December or Thanksgiving. But there are suicides. And I had a situation a few years ago, I was training law enforcement personnel.

And during the break, I realized that there was a man that was saying some things where my bells and whistles were going off. He was a canine officer. And I wanted to talk with him further.

But after class, he said he had to get back on the road and do his thing. And the chief said, no, he's free for the rest of the day. I said, well, give me his number.

This was a week before Christmas. And I'll call him after the holidays. My wife was texting me saying, are you ready to get home? We've got to get on the road.

We're headed out on a trip. And I thought that he would be OK during the holidays, because I didn't think that he was going to kill himself. Unfortunately, he did kill himself three days before Christmas.

And that is a situation that haunted me, because I never had the opportunity to ask him if he was having thoughts of suicide. It was just the things that I was hearing during a five-minute break between sessions that had clued me in. So I recognized something was going on.

I did not know at the time how devastating it was to him. And he actually ended up taking his life in front of his girlfriend, as I said, three days before Christmas. That has bothered me for a long time.

I actually thought about throwing in the towel, because I'm not a perfect human being. And someone died, because I failed to recognize how urgent the situation was. On the other hand, for example, if me and your cousins, and we're worried about granddaddy, and grandma calls, says, y'all come into the family reunion.

I don't know anything about suicide, but I think your granddaddy's suicidal, and we don't know anything about suicide. And so we go and hang out with granddaddy during the holidays. And he's happy.

Why? Because he's got his two grandsons there with him. He shows us where he just bought a new tractor, and he's just refurbished the barn, and all these other things. And granddaddy's as happy as he can be.

What do you think? Oh, I think he's fine. We'll hold our breath until New Year's, right? And we get past New Year's, and we take a deep breath, and oh, granddaddy's going to be okay. We're past that bad season, the holiday season, where the risk is high.

Well, it's not higher. This is average. But then granddaddy ends up killing himself in April.

We hadn't let our guard down. April, May, and June are the high rates for most states throughout the country when suicide goes up. It goes up, as I always say, as the pollen count goes up, so does the suicide rate.

You've heard me say that before. There's no causation there that we know of, but there is a correlation there. It just happens to be April, May, and June.

Suicide rate goes up, so does the pollen count. And so, we've got to be aware at all times. You can't let your guard down, so to speak.

We get through the holidays. We've got to be aware the problem hasn't gone away. Whenever granddaddy is going through, and grandma was aware of it, he's still going through it, and we need to be aware that there is no such time as a... What's a good word? What's a good way to say it? There's no such thing as a safe time.

Risk can happen at any time, and so we have to be aware of that. So, in that case, if you had it all over to do again, would you maybe say that it would have been a good idea for maybe the grandsons to one after another check back after the holidays, check in with them? Oh, yeah. Yeah.

Granddaddy, I know you've been going through some things, and I'm concerned about you. And since we don't know, in that particular scenario, neither one of us knew anything about

suicide, so we didn't even know to ask if he was having thoughts of suicide. And there's another myth there.

One myth leads to another. Oh, if I ask him if he's suicidal, then he'll become suicidal. No.

If you feel the need to ask a person if they're having thoughts of suicide, there's probably a 99.9% chance that they're already having thoughts of suicide. But because of the myth that if I ask, then they're going to have the thoughts of suicide, and then they're going to act upon those thoughts, I don't want to put the thought in their head, so we never even ask. And we need to be asking that question.

So the follow-up would be, Granddaddy, I know it was so good to see you during the holidays. I'm so thankful that you got your new tractor, and the barn looks great. But I am concerned about you because I know you've had some stuff going on.

Maybe Granddaddy had been in Vietnam. Maybe Granddaddy had been through a cancer diagnosis, and he didn't want to be a burden to his wife. I know you're going through some bad times right now, Granddaddy, but sometimes when folks are going through things like you're going through, they have thoughts of suicide, and I'm just wondering, are you having thoughts of suicide? And the moment we ask that question, the great thing is, the myth doesn't come into play.

We don't put the thought in their head. But now there's some freedom there to breathe and to say, you know what, I have had those thoughts. If we take time to build rapport with people and show them that we care, that's the installation of hope right there.

And just an ounce of hope can make all the difference in the world. I think, you know, you've seen me use the illustration before with the Wilton volleyball from the movie. You know, I've got my own.

Wilton volleyball looks just like the one in the movie, The Castaway. You know, well, the Wilton volleyball gave him hope, you know, and when he got, he talked to the Wilton volleyball, he argued with the Wilton volleyball, and all the ball did was just sit there and listen, you know, never talked back, never complained, kicked him out of his hooch, and then when the storm came, he went, well, you know, Wilson, where are you at? And that volleyball gave him hope. Well, you're a human being.

The good thing is, you know, on the one hand, we make mistakes as human beings, but on the other hand, you are a human being, and you can help somebody. And if a Wilton volleyball can help somebody, what can another human being do? Right. And that is where the installation of hope comes from.

When we feel like we're all alone, at least on that island with no other human being, he had a human, he had a volleyball. And when we come along somebody, it's not just a volleyball, it's another human being who has a heart that's concerned for you and wants to help you. And that is a great source of hope.

Well, we had touched on that in the first interview, but I just want to, I want to kind of highlight and emphasize this idea, because I think it's, fear is a major block for people to

take action and to ask the question. Right. You know, and part of that is, you know, if I ask, are you thinking of suicide? I'm going to plant the idea if they didn't already have it.

No, that's not true. But over and above that, it's part of your emphasis on your 3L methodology is to give people the courage to take action, to ask the question. And that's really important.

But the foundation of all that is for somebody to have an awareness. You know, like in the case that you just shared with this grandfather, you know, the grandsons had no training, no awareness. And so the goal of our campaign is to raise awareness, especially in people that have never seen the need to have an awareness or a knowledge of what to do in that case, but to be prepared.

Right. Well, there's a, there's a, there's a sign. It's just a handmade sign on one of the firehouses that I work with.

And it's probably another firehouses as well. We always default to our highest level of training and when there's a crisis. And so if our training is not there, we have no training.

We default to our lowest level of training or no training at all. That's our default mechanism. But that's why it's important for us to get training in suicide intervention, because if we don't know what to do, we're going to be racked with fear on what to do.

And then all the myth will come in. If I ask them, they're having thoughts of suicide. If I put the thought in their head or they'll be mad at me, or they'll befriend me on Facebook or whatever the case may be.

A lot of young people feel that way. And their whole culture is built on social media. And I don't want to lose any more friends.

So I'm not going to ask them if they're having thoughts of suicide. Well, that's, that's motivated by fear. Right? Right.

So, you know, the, the, the subtitle of my book, Listen, Learn, Lead, the subtitle is Courage to Ask, Power to Save. If we have the courage to ask somebody, that's the power to, that's where the power to save somebody's life begins. You have to have the courage to ask somebody.

And what is courage? It doesn't mean the absence of fear. It seems, it just simply means mastery over our fear. Are there times when I go into a situation that's difficult and I've got to ask somebody, if you're having thoughts of suicide, yeah, yeah, there's time for, I'm fearful, you know, what's going to be the outcome.

But I've learned over time to, to master my fear and to do what I need to do. And the outcome is good. Again, why? Because I've never met anybody that really wants to die from suicide.

They just need somebody to come alongside of them and be willing to ask them if they're having those thoughts of suicide. Another, I'll share this one with you. Another myth, since

we're kind of along that theme today, is the idea that if they're showing signs, they're not really serious.

Yes, they are serious. They're serious. Oh, they, they're just crying for help.

Well, yeah, they are crying for help, but it's no different from the, from the man or the woman or the boy or girl that's 75 yards out in the riptide and they're floundering, you know, flailing in the water. That's a sign. That's a sign.

And we got to take it seriously. It's no different from an EMT who might be picking up a hamburger at McDonald's and somebody grabs their chest and turns blue on the face and falls down on the floor. That's a sign.

Somebody needs help. Why is it that we treat mental health signs differently from physical health signs? I don't, I don't, it doesn't compute in my mind. If they're showing signs, they're in trouble.

Well, I think, I think a lot of it is there's still a whole lot of stigma attached to mental health issues. And a lot of people, I mean, even, even talking to people that have stood up in front of a group to share their testimony, and it had something to do with suicide. And, and I say, would you be willing to sit down like this and film an interview? Half of the people that say yes in the moment later say, well, no, I don't really, don't really want to be on the internet.

Right. Plus the, it's the elephant in the room, you know, it's in the room. We know it is one out of 10 people are having that thought of suicide.

We need to just bring it out of the closet and talk about it. And the good, you know, I've been doing this for several years now. When we first started, I had a hard time getting churches to talk about it.

I haven't, I've had a hard time getting some clinicians to talk about it. I had a clinician, I may have shared this with you before, but I had a clinician. They called me and said, I think my son's suicidal.

What did you ask him? Right? You just got to ask the question. And she didn't want to do that because she didn't want him thinking that his mama thought he was having thoughts of suicide. Well, if I show up, he's going to know that you think he's having thoughts of suicide.

So it doesn't even register as a logical idea that this is the way we should proceed. That's where motherly love kind of trumps clinician training because she knew the question needed to be asked. Right.

She just didn't want to be the bad guy. Right. Right.

And I think last time in our first interview, I think you did mention, and this is, this is pretty key. You know, it's all about overcoming the fear and having the courage. And you pointed out the definition of courage is not the absence of fear.

The definition of courage is taking the appropriate action despite the fear. That's correct. Yeah.

No, there's a lot of, a lot of other myths that we could talk about. One that I drill home all the time in every class is the idea that suicide is a coward's way out. And that's a tough one to talk about because every, you know, I've heard it through the years, I've heard it dozens of times.

Suicide is a coward's way out. And I correct people when they say that it's not a coward's way out. It's very courageous act.

But it's just not the most courageous act. It takes courage to kill yourself. And so I've never, you know, I've never, the people that I have dealt with that I've had to bury, Special Forces Green Berets are not cowards, right? Well, one of my classmates took his life.

That's exactly what he was, Special Forces Green Beret. He certainly was no coward. But it's just, suicide's just not the most courageous act.

If we really, truly want to be courageous, then we need to be willing to ask for help. Or we need to be able to tell somebody, hey, I'm struggling. I need help.

Help me find help. And that's the truly courageous act. And so I've never, ever used the idea that it's a coward's way out.

That does not even compute as logical to me. So, but be more courageous. Get the help that you need.

And in the circles that I deal with, that's sometimes very hard. Because military guys, veterans, they don't like to admit they need help. And in law enforcement, the first responders, especially law enforcement, it's hard to ask for help.

Because I'm carrying the means to my demise right there on my hip all the time. Even when I'm off duty, most officers are carrying. So they have the means to end their life very quickly.

And so what's going to happen if I admit that I need help? And thankfully, more departments are understanding the need for EAP, employee assistance programs, and things like that. And that we don't terminate an employee just because he had thoughts of suicide. I have had that come up in discussions.

I was doing a chief's conference a few years ago, and one of the chiefs literally said, when I asked, what is your policy when a personnel is having thoughts of suicide, they're terminated. That is not the correct answer. That's not going to help.

Certainly not going to help. And I was very frank with them. That means you don't have anybody in your department that's suicidal.

I was being facetious, obviously, because there's people in that department that are not willing to admit that they're suicidal because they'll lose their job, and then they will become more suicidal. So we just don't think logically a lot of times. It's a rational thought that helps us to help other people.

And we've got to think rationally. And what I mean by that, you don't take a situation on a scale of one to 10. Zero is no thoughts of suicide.

10 is they have the means at hand. And have a plan. And they have a plan, or they're already standing on the bridge, so to speak.

That would be a level 10 event. Level 5, yeah, I've had thoughts of suicide. Yeah, I've got a plan, but I'm not committed to a date.

Then I don't want to take that level 5 conversation to level 10 with my own emotional issues. I want to keep it on a lower level and bring it down to 4, 3, 2, 1, so that we can deal with that thought. But the moment I escalate the situation, then I'm not part of the solution.

I'm part of the problem. And that happens with folks that have not been trained in suicide intervention. They immediately take something to a level 10, and we're just having a conversation about your thoughts of suicide.

I don't have to strap you to a gurney right now. I don't have to handcuff you and put you in the back of a police car and escort you to the hospital. Does that happen? Absolutely, it does.

But that's a level 10. In the state of Georgia, we call it a 1013. If you look at the Georgia code for suicide risk, a 1013 would be the word imminent risk.

Is the risk imminent? If the risk is not imminent, there's no call for a 1013 here in the state of Georgia. In Florida, I think it's called the Baker Act. In South Carolina, it's just an involuntary.

All the states have different codes for what they call that. But here in the state of Georgia, the risk has to be imminent in order for a clinician or a judge or anybody else to declare that this situation needs a 1013. That, in my mind, is a level 10 event.

Level 5, I'm not going to be calling for a 1013. We're going to de-escalate. I don't want to be the cause for someone's escalation of a problem.

I want to help de-escalate the problem. Another subject, I think I shared it last time, but I love the story about Wilson soccer, volleyball. During the pandemic, man, I was keeping to myself and didn't go outside for weeks and didn't get a haircut for months.

I knew it was time for a haircut when my son that lives with me, the fellow that fell in the pool, he comes up to me, he says, hey, dad, I'm just wondering, your hair's getting kind of long. I'm just wondering, have you started talking to your volleyball and named him Wilson yet? The reason I mentioned it again is, as serious as the subject is, and one of the groups I shared with, it was a group of FAA retirees at a breakfast and I shared this campaign that we're working on and the whole kind of atmosphere, we'd been joking and laughing and the whole atmosphere kind of chilled. It was kind of dampened.

But obviously, if you're trying to defuse and de-escalate somebody who is thinking about suicide, humor is not really appropriate. But I noticed in your training, you used humor and

the fellow I was there with was still struggling with grief from the suicide of his wife. And afterwards, you guys shared some tears and hugs.

But during the training, and it was exhausting, it was five or six hours and it was intense and we all commented, man, we're worn out. But during the training, you did make use of humor. And so I'm all about the value and benefits to both mental and physical health of humor.

That's one of the reasons I want to share that on the webpage. There's been a lot of studies about that. But I just wonder, even though I was sharing the campaign and we're not really talking about specifics and nobody's I don't need to intervene with anybody, but it definitely at that moment wasn't appropriate to maybe crack some jokes.

I'm just wondering, what do you use kind of guidelines or your personal sensitivities to when it might or might not be appropriate? Yes, there is a sense and we have to have a certain level of awareness, right? But I do think there is a place for humor when it is appropriate. I'll give you an example. I had a veteran several years ago, he was a Marine, and we had got him de-escalated the first time.

He was homeless and we got him into some shelter in another state. It was going to be really cold one night and a mutual friend had put me in contact with him. I did not know the Marine until this friend had intervened and asked me to call.

And so I got him de-escalated the first time. He's got a tough story. He was at the gates of Beirut when it was hit with the bomb in 83, I believe.

So he's been homeless and spiraling with the drug addiction and things of that nature ever since. But we got him into a homeless shelter one night because we were concerned it was going to be freezing out in the state where he was at, way up in the Rockies. So I called him back the next day to check on him and he said, well, my Martin guitar got stolen.

Oh man, I hate that. My son has a Martin guitar. Those are nice guitars.

And I said, I hate to hear that. He said, that's okay. I've got a 45 sitting here.

Okay. What does that mean? And he's, I don't know, 1,200 miles away, 1,500 miles away. I can't jump in the car and be there.

And I'm like, what are you talking about? He said, I know what you want to do. You want to call the state troopers and get them to do a health and welfare check. And if you do that, I'll just let them kill me.

He had put me in a very precarious position. There's no place for humor in that, right? It's not time to crack a joke. But I'm listening to him.

I said, you don't want to do that. And a lot of people say you don't interject yourself into the equation when you're trying to save somebody. But I didn't feel like I had a choice.

I'm like, don't do that. It would affect me for the rest of my life. Because he had said, he made a statement.

Nobody cares if I live or die. And I said, I care. You don't even know me.

It would affect me for the rest of my life if you kill yourself. And he continued to go on about how his life was not worth living. And I finally got kind of salty with him.

And I said, Maureen, listen to me. If you kill yourself, I swear I will never talk to you again in my life. And he laughed.

And he said, you are one strange chaplain. And I said, yeah, I may be. But you're laughing.

He said, what's that got to do with anything? I said, you're laughing. That right there tells me there's some life left in you. It's on the refrigerator door.

My wife bought a magnet. It says, live, laugh, love. If you can laugh, that means there's still some life in you.

And you just need to laugh some more and work it out. That's several years ago. He's still alive today.

Does he still struggle? Yeah. He's homeless most of the time. He still has a drug problem.

That's the other thing. We have to be aware we can't fix everybody. I know that may be a southern slang word.

But I can't solve everybody's problems. But we can keep them alive. And we can help them to see that I can live through this problem.

I didn't think I could. But I can. And we learn how to adapt.

And we get used to a new normal. And we continue to live. Because deep down in our heart, we don't really want to die.

We just want some grain of hope that we can be sustained by. And so he's still alive today. He still struggles.

But he's still alive. And so that's a very, very good thing. Well, you touched on a subject there, having been involved in the 12-step recovery process.

Again, 17 years ago, that first night with Ron and going to try to find a way to fix my addicted daughter, somebody there in the group shared a revised version of the serenity prayer saying, basically, I can't fix someone else. I can only fix or change myself. And God grant me the wisdom to know the difference.

So I think the person has to get to a point where they're willing and want to change when we're talking about recovery at all. There's a little bit of a different tilt in suicide intervention in the sense that we're not trying to solve the person's problems and addictions and make them recover in the moment. We're trying to give them hope.

And that's the main effort is we want them to see that there is hope and where to look for it and how to find encouragement and support. Right. Well, and you mentioned the word there that reminded me of we have to want to live.

That is a huge part of it. And I think most people want to live. That is part of hope.

And we reach a point of hopelessness where it's not that we want to kill ourselves, but we just don't know if we can keep on living. And there is a phrase, you need to look up and learn about psychogenetic death. It's an interesting idea, but I'll give you an example of how that works.

And this is not in reference to suicide, but the same principle applies. My youngest son, who's a firefighter, was trying to revive an elderly lady who had passed away. She had died.

She coded. And he was trying to revive her. And they worked on her and worked on her and they couldn't get her back.

And the elderly husband was standing there praying and crying, please save my wife, please save my wife. They've been married for probably 60 years and they couldn't save the lady. And when my son stood up to look at the husband, he dropped dead.

He's gone. There was no reviving him. He flatlined just like that.

There was he never came back. He was gone. And that to me is what I would be a good definition of psychogenetic death.

The will to live was gone. When his wife of 60 years died, his will to live died with her. He was, she was the reason that he was staying alive.

And when she died, he died within moments. That happens a lot, by the way. It's the will to live.

And we have to have a will to live. I mean, even in the script, I'm a chaplain. I got to share this, even Jesus said, do you want to be made whole? You've got to want before the miracle happens.

But when we want something, that's if we can focus on what we say we truly want, then we can move toward it. But as long as we don't have a focus on it or a will to move toward it, we'll never get to where we want to be. And that's just reality.

You've got to know where you're headed and where you want to get to go. You have to have a will to live. So that's what I would say on that.

I'd carry that a step further. I've read cases. I don't recall the details, but cases that demonstrate the power of mindset to actually produce disease and death.

Cases like identical twins and say the mother dies of breast cancer at 53 years old. And one of the twins, well, that was my mother. That doesn't mean I'm going to.

And the other twins thinking, oh no, oh no. When I turned 53, and sure enough, when she turned 53, she got breast cancer and died. The other one's still alive.

And there's multiple examples of that where we just start focusing and thinking with the wrong mindset. Well, that's called reframing. We've got to reframe what we see.

A good friend of mine recently shared an analogy. He said you could take the Mona Lisa and put it in a tacky frame, and it's not the most impressive picture. I've never seen the Mona Lisa in person, but apparently it's not that impressive in and of itself.

But the way we frame it is what a lot of times makes any picture look better. And so we have to reframe what's going on. Yeah, mom died of cancer, but that doesn't mean I have to.

I went through that when I was 50 years old. I'm 61 now, but when I turned 50, I will never forget the thought. And I had dealt with that at 40.

I dealt with it at 30. But my dad died when he was 54 years old. And so probably every birthday up until my 54th birthday, I often thought, how much more time do I have? And it was based on the fact that my dad died of cancer when he was 54 years old.

Well, that's a young man to me now, right? Right. I'm senior by six years over a 54 year old. But ever since I turned 54, I haven't had that thought.

And really, I began to overcome that thought when I was about 45, six years old, after I had an intervention from my son who asked me if I was having thoughts of suicide. And so when I realized that I was more resilient than I thought I was, because I thought my tank was empty, I thought my family would be better. And I began to recover.

That was one of the things I thought, I don't have to think about my dad every birthday that I have anymore. I love my dad. I still think about my dad, but I don't have to think about him in a negative light, just because it's my birthday.

And I'm getting closer to where he was when he died. I've surpassed that now. And I've reframed the situation, sort of like the twins.

One dies and one stays alive and thinks about things in a different way. Well, the way it came up in my life, on the wall in my office, I've got a de-sized print, which is like 22, 24 by 36 inches. And I've got a row for every year of my life.

And in each row, there's 52 blocks for each week. And then I've got them color-coded based on where I was, what I was doing, what country I was in, all that kind of stuff. And I track that.

And one of the things I had done was I had taken some colored tape and I'd put a line across that at 85 years old, because that's when my mother died. And then another one at 92, because that's when my dad died. And now my mother, she smoked for five, six decades.

She never got lung cancer, but got COPD and she died of COPD. Well, I don't think I'm going to have to worry about that. But anyway, I commented one day to my messaging coach, Ben Potwa, and he said, oh, Mark, take those off.

And then he related some of those stories about the twins with the mother and those kinds of stories, which I had been aware of, but I hadn't thought of that. And sure enough, I took those two lines off and it's right there where I can glance at it. It's a reminder for me, that's why I put it up there.

But I noticed a difference in my attitude when I look at that chart, just from removing those two lines. Oh, absolutely. And you can relay that to the suicide conversation as well.

I had a 13 year old girl that was suicidal. We got her deescalated. My wife became part of her protocol for staying safe.

She would meet her once a month. When she was 16, my wife was with her and she called me. My wife called me.

She said, I've got Ashley on the phone. I can share Ashley's name because she's actually been in my class and shared her story before. But she said, have you ever heard of Hemingway? And I said, I sure have.

Your last name's not Hemingway. Yeah, I know, but we're just alike, you know, because six Hemingways killed themselves and then Ernest Hemingway killed himself. So it runs in the family.

And I've had five or six family members that have killed themselves and I've had the thoughts, it's inevitable that I'm going to die of suicide. And that's when I brought her back to core value number two. Suicide is a, when she finished the sentence, and you know what it is, suicide is a thought.

It's a thought. And I don't have to act on my thought, but we can talk about it. So you having thoughts of suicide again? She said, yeah.

Okay. It's been three years since we first met. What did we learn three years ago? And I just walked her through the steps for maintaining safety.

Last summer, my wife and I went up to North Carolina and went to her wedding. I think she's 23 years old now. And so she's doing better.

So there is a myth that because my dad died of suicide or my uncles and aunts, then I'm going to probably die of suicide. And that was the struggle I had with my dad having cancer. I'm going to have cancer one day.

I don't have to have cancer. We can will ourselves into being sick, as you said. And so we got to have a certain mindset about how things are.

And that's where resilience comes in. Because resilience is just a layman's term. It's the ability to bounce back.

And a lot of times when we don't have resilience, you can say, well, the balance is gone. What do we need to do to restore that balance and that vigor and that life that was in us? And so that's the question of the ages. How do we really do that? So there's a lot of discussion about resilience in the circles that I run in.

I think I probably have shared this before, but suicide does not surprise me. I'm not shocked by suicide. One out of 10 people are having thoughts of suicide.

One out of 20 people have a plan. Among young people, one out of five are having thoughts of suicide. So I'm not surprised by suicide.

What shocks me and joyfully overwhelms me is when I see resilience. That's what surprises me. So why is it that one friend can lose a leg and he kills himself because of it? And why is it that a sergeant, I don't know him personally, but his name is Courtney Clements, I believe.

He got his leg blown off in Iraq. And now he's the fastest Paralympian in the world, right? That's what surprises me. What is the difference? How is it that he was able to get his bounce back after losing his leg? That's what amazes me.

Yeah, we brought that up in the first interview. I think it goes back to what Viktor Frankl talked about and mindset and having hope, but controlling it as well. I believe one of the examples he gave was, you have prisoners of war that build up a hope.

It's kind of the name it, claim it type thing. I'm going to have a vision that we're going to get out of here and things are going to be resolved before Thanksgiving. Yeah, that's going to happen and then it doesn't.

And then they just... Oh yeah. Well, forgive me for being redundant. I can't remember what I did yesterday, so I think we met the last time two months ago.

I'm sorry for being redundant. No, no, no. I think it's good to bring it up again.

And when we were talking about the Wilson Volleyball, it reminded me of a story when we were living in Spain. We lived in a house outside of Madrid, but most of the people preferred to live in town in tall apartment buildings. People would have, they called it a piso.

I think most appropriate in English would be a condominium they own. So one evening we go to pick up a friend and she's got a piso up on the ninth floor and we go up and while she's not quite finished preparing, she says, have a seat in the living room and I'll write with you. So we sit down and she's got one of those little foo-foo dogs, it's not this big, Trixie.

And so we sit down and Trixie comes running up with a ball in her mouth. Okay, I'll throw it. So I throw the ball and it goes bounce, bounce.

It goes out the window and Trixie jumps out the window. Oh my gosh. And my wife says, what are you going to say? I said, don't worry, I'll think of something.

So our friend comes back in and she looks around and she says, you know, did you see Trixie? And I say, well, yeah, I'm really a little bit concerned because I saw her, but she looked a little depressed to me. Oh gosh, that's terrible. Oh my gosh.

Anyway, for those viewing, that's just a joke. I finally caught on, beginning with being slow. You had me for a minute.

Oh my gosh. Wow. So, yeah, I, you know, the thing I appreciate what you're doing here is we're raising awareness and we're having a discussion and we can laugh.

You got to laugh sometimes, you know, we've got to find ways to laugh. Life is tough if we can't laugh sometimes. And so in the hardest times we can do that.

You know, I always share this with me. And again, it doesn't have anything to do with suicide, but it was one of the reasons that I got to the point of suicide was my third son was involved in a terrible accident and had to be life flighted. And I felt like it was my fault.

We were walking down the halls to get to his room. When my wife finally got home and rushed up to the hospital and Grady Memorial is a very intimidating hospital. It's huge and massive and dark halls.

And we walked in the room and Chad was all wrapped up. He'd been burned over 90% of his arms and half his face, but he still had his humor, you know. And I told Sherry, when we walk in the room, don't burst out in tears.

Just maintain some composure. And Sherry walked in immediately and started crying. And Chad, if you knew my son Chad, just a great kid, big strong strapping, blonde headed boy.

Sherry started crying his mom. And he said, yeah, but what about my hair? He was concerned about his hair getting burned off his head. And I looked at Chad and I said, son, you are your father's son.

And I rubbed my bald head. And I said, don't worry about your hair. And he did not want to be bald headed, right? And he immediately looked at the nurse who was taking his vitals.

And he looked up, he said, please give me more morphine. And we all just broke out laughing in the midst of this horrible incident that had just happened three hours earlier. And he's wrapped up in the burn unit in a hospital and yet we could laugh in the hospital.

And that was 2009. And I still think about that, you know, the laughter helped us to get through the very, very dark day in my life. And I'm thankful that I'm still around to have more laughs with my kids.

That brings up another idea. And that is that it's crucial to remain calm, as calm as you can. But there's a key there, and that is to not panic.

Panic kills. And that comes to mind because in the case of my son in the pool, here he is three years old, doesn't know how to swim. He's floating face down, holding his breath, but he's not moving.

You know, one of the things when people are drowning and especially if you can't breathe, they panic, start thrashing around. And a lot of times a lifesaver has to be careful how they

approach the person or they both get drugged down. So that was another illustration to the pool incident was if he had panicked, he wouldn't be here.

And it's also really appropriate in my way of thinking because the two times I was thinking of suicide, I was in a panic mode from a scenario I had built up of what my future looked like. And like I said, panic kills. So it's best to be sure you avoid panic and remain calm.

Absolutely. And that goes for the person trying to help as well. Yes.

That's what I was kind of going back to what I was saying earlier. We don't want to take a level five event to a level 10. You know, most of the people that I train in my class, I'm not training them to be the Kevin Briggs of the world.

Kevin's a dear friend of mine. He was actually, you know, he's done hundreds of other interventions as a California patrol officer right there on the Golden Gate Bridge. He's the author of Guardian of the Golden Gate.

I tell people all the time, you know, we've trained over 30,000 people now, but we probably would not have trained 100 if they thought that they had to be the guy on the Golden Gate Bridge helping somebody in a crisis moment at a level 10. That's not what we're trying to do. I'm trying to make the folks like Kevin Briggs' jobs easier by training as many people out there who are not law enforcement, who are not clinicians, to know how to get to people and save them before they ever get to the bridge in the first place.

And that's what we want to do. So we want to get to people when they're level five, not a level 10. That way they never get to level 10.

They never end up on the bridge and it makes Kevin's job that much easier. That's the people we're trying to train. We would not have trained very many people if we all thought that they had to end up on the bridge helping people who were suicidal.

That's sometimes too late. Well, you mentioned the bridge and that reminds me of the woman in England that we talked about before, you know, that a couple of strangers saved her. She started putting notes on the bridge, but there's a more current event.

I don't know if you saw the story about Bon Jovi. Oh yeah, I sure did. So he's filming a music video or something, they're on a bridge.

Some woman comes and gets on the other side of the railing because she's fixing to jump. Right. And again, I think the key there, I'd be willing to bet he hasn't been trained in suicide intervention or prevention, but the key there again is he didn't panic.

He stayed calm and he talked to her and he basically talked her back over onto the other side of the rail. That was a cool story. I saw that.

It sure did. Well, there's another thing that I wanted to talk about and that was, it's related to what we talked about before with somebody threatening, if you leave me, you know, that's going to be it. But the relationship of suicide to a reaction to separation and divorce.

I've got a family history around that. My great-grandfather, the first brother to move to the United States from Austria. Here in the United States, he found an Austrian woman and married her.

And when their son was 11 years old, the wife left and he committed suicide by drinking a can of carbolic acid. Wow. And I've got a cousin that's into ancestry and research and she informed me about this and actually sent me a newspaper article that recounted the incident when I was in my fifties.

And so I approached my father about that. He had no idea. His father at 11 years old found his father's body and yet he never told his sons.

It was just too dark and never got shared. And his father actually spent most of his life as a chaplain living in a YMCA. And I can't help but think that he had what we would call PTSD because in the last couple of weeks of my father's life, I came to learn.

I'm pretty sure, of course, they didn't call it that, but I think all of his life after World War II, he was suffering PTSD because all the terrible things came out. But again, I raised that. So great-grandfather committed suicide when his wife left.

After my father passed, I'm going through all his papers and I find two suicide notes. I found a suicide note to my mom and one to me from back when she left him and divorced him when I was 18 years old. So he was serious about it.

He was thinking about it. And so the other thing that came to mind, I think I mentioned it to you, one of the books I was reading about suicide and the guy's a clinician. And I think he would pretty much be in alignment with your methodology and viewpoints.

But he also talked about, it kind of surprised me, talked about the case where, actually, I think discussed two cases where somebody is going to commit suicide because they're separating, not as an attempt to get them to stay, but as a punishment. I'm going to make you feel guilty for the rest of your life. And in one case, it was a police officer and they had to defuse it, deescalate it, get him to give up his gun and all that.

But the key was making them think about their kids. Maybe you hate your wife, you want to punish and get revenge on your wife, but how's this going to affect your kids? And that made all the difference. You got any thoughts about all that? Well, obviously other mental health situations are coming into play here.

And it's not just a random thought of suicide, but yeah, you can get to that point. I had a lady that was going to take her life on February 14th, which is Valentine's Day, because her husband had asked for a divorce. And what better day to take your life than on the day when everybody's handing out greeting cards or Valentine's cards? So yeah, that can happen where we're trying to get back at somebody.

But I take it back. Again, there's always exceptions to the rule, and I think those are exceptions. I come back to, if we had gas in our resilience bank, or money in our resilience bank, or gas in the gas tank, we will not do that.

And resilience plays straight into hope. And when we feel hopeful, we build resilience. They're kind of the dog chasing the tail.

What came first, the resilience or the hope? I think they're so intertwined that you can't break them apart. I've got resilience because I'm hopeful, or I'm hopeful because I'm resilient. Who knows what came first, the chicken or the egg? We don't know.

But we have resilience and can't bounce back. We make decisions that are not conducive to life. And getting back at somebody, or making manipulative threats, I'm going to take my life if you leave.

Obviously, something's going on with our mental health, but we've also lost a lot, if not all, of our resilience, and we don't have any hope. It always comes back to hope for me. I'm a chaplain.

Without hope, people perish. It's right there in the good book. Well, that brings up a thought here, because pretty much all of our discussion's been around hope, hopelessness, restoring hope, how to encourage hope through safe, secure, caring, empathy, conversation, relationship.

But I'm just wondering, have you ever approached it from, rather than trying to build hope, trying to build resilience? Oh, absolutely. I will talk with people. Are you walking? What exercises are you doing? I'm not doing anything.

Do you think you could just walk for five minutes today? Give it five minutes and let's walk. I have met people in the park who were suicidal, and they told me I need to talk. And yes, we're talking about suicide.

It's a level four, three, five event. It's not a level 10 at that point. But I say, yeah, meet me in the park.

Let's go for a walk. Walking and talking are very good combinations, because when we're walking, we're building, the endorphins are kicking in. We start to feel good.

It's amazing how people remember me because we had a walk in the park. You know? And they remember me with good feelings because I was associated with the day that they got an endorphin rush. Right? Right.

And so that's one of the reasons I want to build empathy. I want to build resilience or not resilience. I want to build rapport with them.

And so if I can naturally increase their endorphins just because they're around me, that's a pretty good thing. What's the best way to do that? Walk in the park. Get the sunshine on your skin and you start to feel better.

I spend at least an hour in the day, in the sun, every single day. Every single day. I spend an hour in the sun.

Why? Because of the mental health benefits of staying in the sun, staying outside. So I walk with people in the park and it builds their resilience. Hey, could we? And my wife had just had double knee surgery.

You know, in April she couldn't walk anywhere. She had ice bags on her both knees and that's just a few months ago. Now she's walking two and a half, three miles in the park with me and she's getting another two and a half by herself.

She's walking five miles a day and her resilience is back. Her physical stamina is back and her mental health is better than it's ever been because she's spending some time moving the body. If you move the body, you can move the mind.

Was, uh, if you ever approach it on building resilience. Absolutely. Yeah.

Okay. Yeah. Absolutely.

Absolutely. I think we just timed out. So, uh, another thought was, um, oh, when you started talking about getting out, that, that reminded me of, um, uh, both my psychiatrist, when I was dealing with 23 years, uh, uh, struggles with depression, bipolar, uh, but not necessarily suicidal.

And then, uh, the second time I was having suicidal thoughts, the Christian counselor had saved my life. Both of those people, uh, had suggested exercise, you know, get out and do some exercise. That's one of the things that'll help you improve your, your mental health.

Absolutely. No, I, I agree a hundred percent. I mean, I, I think probably the apostle Paul, if he were around in our day, he'd probably, probably be a boxer, you know, cause he talked about the importance.

Physical exercise is important. Godly exercise is more important. So, uh, you know, and back 2000 years ago, everybody walked wherever they went.

Right. Right. So he was getting a lot of exercise.

I may not talk about it in the same terms that we talk about it today as far as physical training, but, uh, yeah, that's important. And, uh, and that's what saved my life was getting back in the gym. That's what my son recognized with me.

I wasn't going to the gym and I didn't think I was showing any signs, but he said, dad, you're not working out anymore. That was the sign that clued him in. I didn't think I was showing signs.

He recognized that I wasn't in the gym anymore. And that's the reason that he asked me the question in the first place. And so the very next day, he, he is knocking on my door again at Fort Jackson.

And he went through the whole duty day with me. And at the end of the day, he said, dad, get your gym clothes on. We're going back to the gym.

And that was in 2011, man, I've been hitting the gym every day since then. And so exercise is very important for building resilience, having things that you enjoy doing. It may be crocheting.

I don't know what it is for you, but, um, find something that you enjoy and master it. Get it, get as good as you can. Before we began this conversation that I was talking with one of the ministers here at the church.

And so we're going to work out tomorrow morning together. He said, what time do you work out? I said, four o'clock in the morning. So he said, I can be there at five.

I said, I'll wait an hour for you. That'll give me time for breakfast. So, uh, I'm going to meet him at five o'clock in the morning.

And it's encouraging to him. It's encouraging to me that he wants to work out with me. So find a group of people, you know, whether it's just a friend that you can walk with in the park or a group of friends and stay connected with people.

That's one of the concerns I have with a family member right now. It's just totally, uh, isolated from everybody. Doesn't do things anymore.

Doesn't go out with her friends anymore. And she's isolating herself and just ostracized from the world. And that is not good for your mental health.

I'm not worried at this point that she's suicidal, but it's certainly not good. Yeah. I was part of Ron's mission.

So, well, thanks again. And I mean, I know what a busy man you are and you're in high demand. So I really appreciate you taking the time for, for contributing to this campaign.

Well, I appreciate it. And I would say this to anybody that might be out there, uh, that's watching. If you were having thoughts of suicide, we've mentioned nine, eight, eight, call nine, eight, eight, reach out to a friend, have the courage to ask the question.

The most courageous thing we can do is not take our life. It does take courage to end your life, but the most courageous act is to say, Hey, I need help. So get the help that you need.