

When life is too much to bear: one woman's story is a stark, cautionary tale about the toll stress can take on the young

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When Life Is Too Much to Bear

One woman's story is a stark, cautionary tale about the toll stress can take on the young

By Sahar Saifee

Trigger Warning: If you feel your mental health could be affected by reading about others, we advise you not to read further.

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HE GREW up an overachiever with aspirations of becoming a writer. She wasn't popular in middle

school but she wasn't unpopular either. She was the girl who had a friend in every clique, had the good grades, had an interest in technology, and had a passion for writing.

To her peers, Dese'Rae Stage presented herself as average,

worry-free and determined. However, the world was unaware of the deep, inner battle she was fighting.

At 14, Stage was living in Florida with her uncle, who had a substance-abuse problem. Not only was he violent; he also confided in her a disturbing idea.



Counsellors explain student motivation levels are high in September but continue to drop for the rest of the year. (Photo by Sahar Saifee)

“He was really volatile and he brought a lot of violence into my home,” Stage recalls over the phone from New York. “He threatened to kill my grandmother one time, but it was through me – he told that he was going to do it.”

A history of depression

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HAT WAS THE first time Stage got depressed.

“My family has a history of depression,” she says. “I started questioning my sexuality and so, when I got to high school, it was just like all the things I had been good at I stopped being good at.

“I wasn’t sleeping at night, I was sleeping in class. I started failing things. I remember failing math was a particularly big blow to me because I felt that I had been good at it, despite the fact that it wasn’t a natural thing for me. So that really killed my self-esteem.”

As Stage began to question her sexuality, she began to feel more alone and more frustrated.

She began to harm herself.

“I started cutting myself at that time to deal with whatever I was going through because to me it was kind of like, ‘If I can see this, if I can take what’s in my head and I can look at it, it’s real. It’s still painful but at least it means I’m not crazy.’ ”

Things got worse. When Stage was 15, she lost one of her friends by suicide. At that point, she began to consider it herself.

Two years later, she attempted suicide the first time.

Her family was not aware of what was going on. They believed she was going through normal angry teen years.

Slowly, Stage began to see a little bit of light. During her senior year, her uncle went to prison and she began to achieve again. She changed schools. Her grades went back up

and she became popular for the first time. She graduated and went to college, but the depression continued to haunt her.

The transition from high school to post-secondary was difficult. Stage moved away from Florida but switched schools five times through her undergraduate years.

“I went to college but was still depressed. You know, it didn’t just completely go away. I was still hurting myself, just not as much. College happened and I got really homesick, and that just messed me up.”

After failing her first semester in post-secondary, Stage was officially diagnosed with depression and given medication. It didn’t help.

At the age of 20, she got into an emotionally and physically abusive relationship. A year later, she was diagnosed with bipolar disorder. The abuse got worse, and Stage was considering suicide more than ever.

“I started thinking about suicide and how I could kill myself. I stayed in that place pretty consistently for two years.”

At the same time, Stage completed her degree in psychology and set out to pursue a doctorate. Her aim was to study self-injury and suicide. Her relationship stayed rocky, until it finally reached its breaking point.

“One day, we got into a fight,” she says. “She told me she was going out with the person she cheated on me with. I was not invited, and she was not telling me where. And I just kind of snapped. That was the day the I decided I was just *done*.”

Again, she attempted suicide.

“I couldn’t get that pain to go away. That deep, deep pain that felt like I was imploding. I was just in this place of total ambivalence and fear. I was calling her, begging her to come home, and she hung up on me one time. Then she called me right back and waited. She waited and waited until the cops got to my house.”



Dese'Rae Stage speaks at Universities and Suicide Prevention Centres to break the dangerous silence on suicide. (Photo courtesy of Dese'Rae Stage)

An unsettling visit to the hospital, the disapproving stares of nurses and patients – it was a moment Stage says she will never forget.

She says she felt hints of resentment when she arrived.

We have people who are hurt, and who need our help – versus you, who hurt yourself. Why should we help you? You did this to yourself.

While waiting to be seen, she was put into a room by herself.

“I was in there and scared. It kind of felt like I was in the corner with my dunce hat.”

Well now you've done this thing so you've gotta think about what you've done.

However, this was also this room that saved her life.

“I realized, if I don't do something, then I am going to die. If I don't change everything, I will. So I made a promise to myself that I was going to stop hurting myself, and that meant emotionally with my relationship and physically with the cutting. No more suicide attempts.”

After being released from hospital, Stage had a strong support system. Eventually, she moved to New York and discovered a passion for photography.

Today she has her depression under control. She struggled with self-injury for nine years, until 2006. Now, as a suicide-awareness advocate, the photographer and writer works to help others avoid the kind of ordeal she lived through.

The student life cycle



URVIVAL STORIES like Stage's – of those who struggle with mental-health problems and other hardships that trigger suicidal behavior – are not told often. Yet, suicide is recognized as a major concern in Canada, and it is preventable.

Numbers from the Centre for Addiction and Mental Health show suicide is the second leading cause of death for Canadians between the ages of 10 and 24.

Reports from Statistics Canada say that self-inflicted death reflects only a small percentage of suicide attempts. It is estimated that for every completed suicide, there are as many as 20 attempts.

A 2011 [report of findings](#) from the University of Alberta National College Health Assessment determined that the students at the university reported a higher level of mental health issues than the North American reference group. Fifty-one per cent of respondents said they felt hopeless at some point in time; 6.8 per cent seriously considered suicide; 4.8 per cent harmed themselves.

In addition, 1.2 per cent of students reported having attempted suicide the previous year. Considering that U of A had an enrolment of 36,800 at the time, that represents 463 students.

The study explains that fewer than half of Canadian university students have good mental health. Depression and anxiety have been linked to academic hardships, lower grades and higher dropout rates.

The suicide rate among post-secondary students is no different than what is found in the general population, says U of A social work co-ordinator, Sheena Abar.

“In terms of trends, it matches peers that are not in post-secondary. However, there are obviously different stressors that do affect students. It (suicide) is very tragic and sad when it does happen and I think it has maybe sometimes a greater impact because we have higher concentration of students around the same age or in the same situation when they are in post-secondary.”



Research has shown that more than 90 per cent of people who commit suicide suffer from a mental or addictive disorder.

Just as transition was difficult for Stage, Abar says it is difficult for many students straight out of high school or from a smaller post-secondary institutions. Students tend to start highly motivated, and lose momentum as the year goes on.

U of A has reported three cases of “non-criminal deaths” at its campus since October 2014, the most recent in October 2015.

“The critical point we normally see are those typical points where midterms start,” Abar says. “Particularly in the first semester. So that’s where the major first decline or dip in student motivations happens.

“Motivation can also correlate with all sorts of other mental health concerns that might pop up; anxiety and things like that around maybe not staying up with our studies or our readings. And then also our finances are dipping.”

A common myth is that the most suicide attempts happen during the Christmas season. Studies have determined that, though suicide rates do not increase during the holiday season, depression rates do. Depression is the most common illness among those who die from suicide. This is not to say that mental illness is a single determinant for the cause of suicide. Rather, a number of factors such as mental illness, marital breakdown, financial hardship, deterioration of physical health and lack of social support trigger suicide.

A break in the pressure



HIS FALL, U of A was the first post-secondary institution in Edmonton to introduce a fall reading week. Universities around Alberta, such as the University of Calgary and Mount Royal University, are planning to follow suit.

U of A's Vivian Kwan, VP of student life, says U of A has been pushing for a reading week for five years.

"Having that break in-between gives students a breathing opportunity to just calm down a little, relax and recollect themselves before they come back for finals."

During its fall break at the start of November, the university held panda-themed events to get international students, who were not able to go home, something to lift their spirits.

U of A student union president Navneet Khinda says she hopes other universities will implement fall break.

"Fall reading week is really important for students just because it's such a stressful time," she says "I hope we recognize how important it is for mental wellness to have these kinds of breaks so I hope that other Universities can take part in that, as well."

Brittany Pitruniak, President of the Students Association of MacEwan University, announced earlier this year that her university would introduce fall break in 2016.

"SAMU is aware of the concern with mental health among students," she says. "And this reading week is a start to addressing this."

In 2013, the Universities of Alberta, Calgary and Lethbridge each received \$3 million in funding from the provincial government over three years to expand mental health services.

Warning signs

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Displaying extreme mood swings

What to do

- Do not leave the person alone
- Remove any alcohol, drugs, or sharp objects that could be used in a suicide attempt
- Reach out to someone to seek help
 - *Canadian Association for Suicide Prevention*
204-784-4073
 - *Centre for Suicide Prevention*
403-245-3900

counsellors, but it is still not enough.

“I think there is a shortage of counsellors or clinical services in general,” she says.

“There has been an increase in demand but they have been pretty good so far. They’ve taken in a lot more students recently. But, from what I’ve heard from students, the waiting time is just way too long.”

Some students have had to wait two weeks or longer to see someone.

However, this is not to say that students get turned away, says Jason Cobb, U of A’s manager of assessment and communications.

Recent U of A statistics have determined that, in April to March last year, clinical and counselling services had approximately 1,800 clients, 600 of whom were for psychiatric distress. There has been a four per cent increase in the demand for counselling services compared to last year.

“We continue to see more students come out and access the services and reach out for support,” Abar says.

Khinda says that the new funding allowed them to hire eight new

“On a walk-in basis, everyone will receive an initial assessment by a clinician. This also means that, as with other health care settings, cases of a more urgent nature will take priority.”

Abar says she encourages students, peers, and community members to be reference and access points for those who seek help.

“We know that, at any time in our lives, we are more likely to reach out to our peers than we are to reach out to formal support. So our role that we are taking in extending the spectrum of care is to really engage with community members to make sure they are aware of warning signs.”

It is important for people to know their limits in being able to assist a peer or a friend, she adds. They also must be able to direct them to formal support.

As Stage says: “Finding a good therapist is kind of like dating. You’ve got to find the right one.

“If I’m having a bad day, I’ll take the day off and watch a movie. I’m going to do whatever makes me feel good. Just take a minute and try to figure it out. Try and find the one thing that will make you feel better in that moment, and then build on it and ask for help from someone you trust. Keep trying. Keep going. If you need the help, keep looking for the person who can help you get it.”