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Photo — Joyce Goldschmid  
Lisa Cohen holds a photo of her mother, Maria del Refugio Stallings, who suffered from mental illness and committed suicide when Lisa was 15.

## Suicide: Local Jews take steps to raise awareness of fatal depression

SARAH COLEMAN  
Bulletin Correspondent

When Lisa Cohen was 15, her mother committed suicide by shooting herself with a handgun. Having suffered from manic depression and paranoid schizophrenia for many years, the mother of three one day found a quick way to end all her pain.

Lori Hope's mother suffered from a depression so strong that many days found her languishing in bed, her teenage daughter looking on helplessly. Rejected by her friends and estranged from her synagogue community, Hope's mother attempted suicide three times.

Now in their 40s, Cohen and Hope both feel the Jewish community's response to suicide and mental illness has progressed enormously since they were teens. But they believe still more could be done.

"Suicidal depression is not something that just happens overnight," says Cohen, who is South Peninsula chair of the Jewish Community Relations Council and lives in Menlo Park. "It takes time to grow and reach a critical point. Jewish educators and clergy need training in being able to spot signs of depression."

One of the problems is that Jews sometimes don't acknowledge the presence of mental illness in their community, says Hope, who lives in Oakland. "We Jews put such an emphasis on our minds, our intelligence and our strength that we sometimes harshly judge those who are not 'up to par.'"

In her work as communications/development



A young Lori Hope is held by her mother, Ellen Crasilneck, who suffered from depression and attempted suicide three times.

manager at the Bay Area Jewish Healing Center, Hope was trying to promote awareness about mental illness in the Jewish community. To that end, she shared the story of her mother's mental

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### As Palestinians harden their position

## Divided Israel faces critical negotiations

DAVID LANDAU  
Jewish Telegraphic Agency

JERUSALEM — After years of talking about it, anticipating it and preparing for it, a divided and unprepared Israel this week faced what was supposed to be the decisive phase of the peace process. Secretary of State Madeleine

Albright flew into the region Tuesday to determine whether the time was ripe for Israeli and Palestinian leaders to attend a Camp David-like summit with President Clinton. Apparently, it wasn't. She returned to Washington Wednesday after finding that Prime Minister Ehud Barak and Palestinian

Authority Chairman Yasser Arafat were not yet ready to hold a summit. Even before her arrival, key members of Barak's battered coalition said they would not attend such a meeting even if the premier asked them to join him. Indeed, Interior Minister Natan

news analysis

Sharansky said Monday that "on the basis of the present, narrow government and on the basis of the present method of negotiating" with the Palestinians, he would pull out of the government the moment Barak decided to go to Washington. On the other side of the negotiating table, Palestinian officials

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### No July 7 paper

As in years past, the Jewish Bulletin will not publish the first week of July — Friday, July 7 this year. Our next issue will be Friday, July 14. Deadline for editorial copy will be noon Thursday, July 6. Advertising deadlines will be noon Friday, July 7 for space reservations, and noon Monday, July 10 for camera-ready ads.

# Jewish women go public in fight to prevent suicide

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illness in first-person articles and with co-workers.

"When Mom tried to kill herself, I almost had a breakdown as well," she wrote in a recent article. "I ran wildly through suburban streets for what seemed like hours... I was confused. Depressed. And horribly alone."

Rejected by her faith community, Hope's mother withdrew into increasing isolation.

"The religious community should have been there for my mother," Hope says. "Rather than stigmatizing and rejecting her after her suicide attempt, people should have come over with food, flowers and gifts."

At the healing center, rabbis encourage clients to reconnect to Judaism during their healing process.

"Sometimes people feel that their anguish isolates them from Jewish life, in which case it's important to point them to Jewish texts that deal with anguish, so that they don't feel so alone," says the center's Rabbi Eric Weiss.

Since religion isn't reported on death certificates, the prevalence of suicide in the Jewish community is unknown. But evidence suggests that it's at least as high as the national rate (1.3 percent of all deaths nationwide, rising to 13.4 percent of deaths among people between 15 and 24).

In 1996, according to the most recent data gathered by the American Association of Suicidology, a suicide occurred in the United States at an average of every 17.1 minutes. The association estimates there now are 775,000 suicide attempts annually.

Rabbi Jane Litman, who is in charge of the religious school at Berkeley's Congregation Beth El, estimates that when she was spiritual leader at San Francisco's Congregation Sha'ar Zahav, she counseled a suicidally depressed person or concerned family member "at least once a month."

That's not surprising, says Eve

Meyer, executive director of San Francisco Suicide Prevention. "Often, religious leaders are the first to be consulted. It makes sense. To recapture faith is to be cradled in something stronger than yourself that can carry you through."

A child of Holocaust survivors, Meyer says working in suicide prevention came naturally to someone who grew up in a family where "the memories of death hung in the air like old cigar smoke."

Clearly, families with Holocaust survivors grapple with special problems that might lead to suicidal depression. "There's no way to go through that experience and not be in pain," Litman says.

But Meyer believes even in non-survivor Jewish families, depression might be more prevalent than it is in the wider community.

"Within the Jewish community, there appears to be a lot of inherited mood disorder," says Meyer, who lives in San Francisco. "My personal belief is that this is a survival mechanism. It's entirely possible that Jews with mood disorders survived in greater numbers than Jews that were happy and astonished, and perished from lack of adaptation."

While Jews who are suicidally depressed might go to a rabbi for help, Meyer says, spiritual leaders are often ill-equipped to deal with life-or-death crises.

"Religious leaders are utterly untrained in how prevalent suicide is, how to ask about suicide, what to do when someone talks about it or when to sense that they need to talk about it."

The issue is also clouded by historical and theological dilemmas.

While early Judeo-Christian theol-

ogy prohibited the taking of any life, including one's own, an exception was made for martyrdom, which was held to be noble.

Mass suicides, such as the one purportedly at Masada in 72 C.E., only served to enhance the glamour of suicide, leading to what Meyer calls "a brain drain... the best and the brightest were becoming martyrs."

As a result, both Jewish and Christian societies reacted by placing strict prohibitions on suicide. Those who

sufficient emotional concerns to justify normal burial."

For some, though, the linkage between suicide and mental illness is problematic. "If you are suicidal, you are not necessarily mentally ill — you are in pain," says Meyer. "If you are mentally ill, you are not necessarily suicidal, although to the extent that your pain is unbearable, you are vulnerable."

Another problem concerns the treatment of those who attempt suicide and then return to the community.

"The Jewish commitment to life is maintained by dubbing the person who chooses to end life as crazy," writes Rochelle Cashdan, an anthropologist who founded an early lithium-users support group, Lithium Interchange. But, she says, "real life is more complicated than talmudic debate or an encyclopedia article."

Often, a family's shame after a suicide attempt can lead to a damaging silence. For "Rebekah," a 28-year-old San Francisco Web site manager who prefers not to use her real name, the worst thing about her suicide attempt six years ago was the refusal of her Los Angeles-based family to talk about it.

"In 'Yentl,' there's a suicide and it puts a curse on the family; it's something that has to be hidden," she says. "That goes perfectly with how my family has dealt with [my suicide attempt]. Nobody was allowed to talk about it in the family; they're still not."

"Culturally, at least for L.A. Jews, there's this face you have to put forward. My mom obviously needed counseling after her daughter tried it, but she wanted to smooth things over as quickly as possible. It was so painful for her to have me in pain that she wouldn't let me acknowledge it," she says.

"I think the Jewish community is pretty silent about the issue of suicide," says Rabbi Lavey Derby of Tiburon's Congregation Kol Shofar. "I believe we live in a state of denial and embarrassment. We need to be more forthcoming."

Hope, Meyer and Cohen agree. That's why they're all working to open up the discussion of suicide in the Jewish community.

A year ago, Meyer ran a program

for Sha'ar Zahav in which she taught suicide prevention techniques, including how to counsel the suicidally depressed. Techniques involve responsive listening and exercises to rebuild self-esteem.

Hope stepped down this week from her position at the Bay Area Jewish Healing Center to pursue other interests. While she was there, however, she wrote three grants for mental illness outreach, all of which were funded.

The center will be running a conference in November with the S.F.-based Jewish Family and Children's Service and the Marin Jewish Community Center. "Bringing Down the Stigma Wall: Mental Illness & the Jewish Community."

Cohen, too, has been active. Under her chairmanship, the JCRC's South Peninsula branch drew up a policy statement on gun control. (In 1996, there were 18,166 gun deaths from suicide and 14,327 from homicide.)

"If [my mother] hadn't had that gun, she probably wouldn't have died, and I think that maybe we could have got her the help she needed," she says.

All three women believe the first step toward changing community attitudes is to remove the stigma that hovers around suicidal depression.

"We need to 'put a face on it,' like we have with diseases such as AIDS and Parkinson's," Hope says. "That's why I'm talking about my experience."

Cohen agrees. "If anyone ever feels as despondent as my mother, I want them to know that they don't have to go to that extreme," she says. "They should know that people in the community will look out for them."

To those struggling with depression, Meyer advises, "recognize that it may be genetic, and treat it as you would any other inherited disease. Find yourself the best shrink on earth, take your Prozac if it's prescribed, form a support network around yourself."

As for those who've successfully combated depression, she has some other advice.

"Now that you know what the pain is like, turn it around and turn it into a mitzvah," she says. "That's really the idea of suicide prevention. Once you've found a way through the pain, you turn around, reach back, and help the next person through."



Eve Meyer, executive director of San Francisco Suicide Prevention, is the daughter of Holocaust survivors.

took their own lives could not be buried in a family plot, and funeral orations were denied them.

"As with most prohibitions against suicide, this wasn't much of a deterrent against the suicides that came from pain rather than [out of] desire to achieve immortality," says Meyer.

Prohibitions were eased in the Middle Ages. But until relatively recently, many rabbis still went to great lengths to deny suicide.

They might argue that "he was fixing the ceiling fan and did not realize the cord was around his neck when he slipped and fell off the chair," writes Rabbi Mark L. Shook in the Journal of the California Alliance for the Mentally Ill.

These days, rabbis tend to follow a halachic directive to view suicide as an expression of psychic illness. "Willful suicide would be against the law but as a result of psychic illness it's viewed as death due to illness," Litman says.

Viewing suicide in that way means that normal burial rites can be observed.

"We handle suicides as we would anything else," says Gene Kaufman, executive director of San Francisco's Sinai Memorial Chapel. "On the few occasions I've spoken with rabbis about it, they've felt that there were

## Help available for preventing suicide

Bay Area Jewish Healing Center Provides spiritual care to people who are ill, caring for the ill, dying, or bereaved, regardless of synagogue affiliation or ability to pay. Information: (415) 750-4197.

San Francisco Suicide Prevention offers 24-hour telephone support for the suicidally depressed and those in crisis. It also offers referrals to citywide agencies: office: (415) 984-1900, 24-hour crisis line: (415) 781-0500

Center for Elderly Suicide Prevention offers 24-hour telephone support for depressed, abused, and/or suicidal older adults. Supportive home visits and psychotherapy may also be available. 24-hour hotline: (415) 752-3778.

Crisis Support Services of Alameda County: office (510) 848-1515, hotline (510) 849-2212.

Contra Costa Crisis Center: office (925) 939-1916, hotline (510) 800) 833-2900.

Suicide Prevention and Counseling Services of Marin: office (415) 499-1193, hotline (415) 499-1100.

Crisis Intervention and Suicide Prevention Center of San Mateo: office (650) 692-6662, hotline (650) 692-6655.

Suicide and Crisis Service of Santa Clara County: office (408) 885-6250, hotline (408) 279-3312.

Information on the Bay Area Suicide and Crisis Intervention Alliance, with links to other sites on suicide: [www.bascia.org](http://www.bascia.org).

The American Institute of Suicidology also has a Web site at [www.suicidology.org](http://www.suicidology.org).

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