

## **Kara Foster-Bey - In Loving Memory**

**By Lianna Foster-Bey**

One year ago, today, I lost my sister.

She was brilliant – her physical illness, superior mesenteric artery syndrome, didn’t stop her from completing her degrees, sometimes even when tethered to her bed. She was witty – her debating skills rivaled those of a well-seasoned lawyer – and she could always give my Dad, who has 3 post-graduate degrees, a run for his money in a debate. She was funny – her humor was often caustic but was still hilarious if you could get past the singed feelings. She was gorgeous – her beauty was the first thing that many people noticed about her, with perfectly straight light brown hair that reached her low back. She was creative – her room was filled with intricate drawings and meticulously sketched mandalas. She was glamorous – her makeup was done perfectly every day with eye shadowing accentuating her outfit of the day, she often lightheartedly but pointedly mentioned to me that “yoga pants are not an outfit.” She was a beloved preschool teacher – her child-like energy made her a favorite with the children.

Despite all these wonderful qualities and her effervescent spirit, there were troubles. She was grim – her quick-witted jokes often started with “when I’m gone...” She was dark – her room had drawings tucked away that were full of death and sadness. She was explosive – her temper was often about to bubble over – and you did not want to be on the other end of where her rage was directed. She was struggling – her arms were full of scars, her battle wounds from a war within herself that is sadly too taboo to discuss among most crowds. She was in more pain than any of us knew.

My sister brought the light and the dark together into one sublime package. With everything above plus knowing that she had multiple previous suicide attempts, perhaps one would say that we should have known what was coming. We should have kept a closer watch. We should have done more. But, how could we? For us, she was light and dark, together. She joked about dying and then a second later talked seriously about life, children, marriage, the future. How does one know that when someone makes those jokes every day and is already getting “help”, that you need to do more? You need to push for more. What is “more” anyways? She had received inpatient care, outpatient care, psychological counseling, pharmacological therapy, support from loved ones. But yet, the darkness was still a painful part of her that in an instant consumed her. And now her darkness is part of our reality. The survivors of suicide – those left behind in the wake of sadness and pain.

The day she died by suicide my tearful parents spoke with her therapist. “Who could have known?” they said their voices breaking. The therapist responded with “she had chronic suicidality; it was nearly impossible to distinguish when she was being serious about it from when she wasn’t.” Chronic suicidality means just what it sounds like – she was chronically contemplating, threatening, and attempting suicide. She was not attached to the feeling or idea of being alive. I sometime think of her like a buoy – floating along on the surface of the ocean

going where the waves of life took her. She loved her boyfriend and had plans for the future – with a recent acceptance into a Master's in Social Work program and a goal to combat youth suicide, how ironic – but sadly none of this tethered her to life.

Since that day – one year ago today – I have spent many nights and early mornings wondering what could have been done to prevent her loss and the loss of others who are like her. Perhaps, that night was a cry for help gone terribly wrong. Regardless, suicide must be talked about. Self-harm and suicidal ideation should not be a taboo discussion. The prevalence of mental health diagnoses worldwide rivals that of hypertension, meaning it is not rare. But yet, we respond with hushed whispers and often judgement. People need to feel that they can ask for help or discuss their pain without fear of being locked in a psychiatric ward if that may not be the best place for them. Family members of those with chronic suicidality should be aware of the potential life-altering outcome – a completed suicide. My family knew she struggled but because her life was now on the path that she hoped for, we thought – perhaps naively – that she was out of the woods. To hear from her therapist that her discussion of suicide was common and chronic, caused a lot of anguish. None of that can be undone now – the lack of knowledge, the lack of attention, the lack of coordination of services, the lack of discussion with loved ones by the therapist. How could we watch out for her if we did not know fully what she struggled with?

I am learning now that these thoughts, “what if” and “how”, and my anger do not serve me and will not help anyone else. What may help is learning to talk to someone with suicidal ideations candidly. In a study done on chronic suicidality, Dr. Joel Paris recommends clinicians not respond with anxiety but rather empathetically by acknowledging how upset the patient must be feeling, trying to understand what is making them feel worse, and trying to find a solution together. A version of this, perhaps, could also be applicable to loved ones of those with chronic suicidality. Remaining calm and simply opening a discussion is a great place to start. However, to do that one must listen carefully – if someone is mentioning death or life without them, they are likely in pain. Even if that pain is not urgent at this time, it is possible that somewhere down the line it will be. So, listen, be empathetic, and stay vigilant because maybe for those with chronic suicidal ideations there is no “out of the woods.”



**The Kara Foster-Bey Suicide Prevention Memorial Fund:**  
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