



Edition 55 - April 2014

CONTENTS

- Director’s Report - 1
- Peter Neame - 2
- Membership renewals - 2
- Complaints Commission QLD - 3
- Coming events - 4
- World News
- No Shame in needing - 5
- Fighting the stigmas of mental illness - 6
- LGBTI suicides in Australian-first study - 7
- Upsurge in elderly suicides - 8
- A mother’s story - 9
- A friend for me - my story - 10
- Guestbook - 11
- You can help - 12
- Humour - 12

COMING EVENTS

White Wreath Day
 Wear White to Work
 29 May 2014

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Photo credits: Robert Johnson, stock.xchng VI

Director’s Report

Recent media coverage on alcohol-fuelled violence and the response by various governments to introduce tough new laws is once again misleading public to the real cause - mental illness.

The person who king-hit, cowardly punched and killed a young boy in NSW has a long history of violence with serious mental health problems; in and out of jail.

Port Arthur killer Martin Bryant had a long history of serious mental health issues. The Federal Government response was to target guns.

These are just two examples that many people would be aware of where the underlying issue of mental health neglect has been brushed under the carpet by our political masters.

Governments of all political persuasions take the populist route of trotting out the “law and order banner” to appease their own guilty consciences over the decades-long lack of providing adequate mental health treatment and facilities.

And the problem is only getting worse! A case in point is the findings by the National Youth Mental Health Foundation that young people cannot obtain timely treatment or they have difficulty finding a service than can respond to their needs

With the shut down of mental health institutions Australia-wide, people are literally left to fend for themselves with dire consequences.

Governments have embarked on a deliberate policy to close public psychiatric hospitals and integrate specialist psychiatric services with public acute care services.

This has resulted in people being left to fend for themselves. Statistics show that only 50 per cent of people with the most severe mental health problems receive professional help.

Governments are only paying lip-service to the problem of mental illnesses. Despite being in office for more than six months, the Abbott Government has yet to introduce any significant mental health initiatives. Mental health has rarely been mentioned since it took office.

Promoting public awareness on suicide and mental health illnesses and removing the unfounded myths and stigmas often associated with suicide are part of the aims of the White Wreath Association.

‘Wear white at work’ - on 29 May - is one of the events held annually by White Wreath to raise money to fund our advocacy, assistance and support programs for families and individuals who have been affected by mental health or suicide.

People are encouraged to wear white clothing to work and donate a gold coin to show their support for mental health illness sufferers and families of suicide victims. **To find out how you can get your workplace involved, please call us on 1300 766 177**

Fanita Clark
 CEO

Peter Neame, Research Officer White Wreath Association Ltd



In 1914, Neurologist Joseph Babinski first used the term Anosognosia to describe the condition where an individual has a major brain disorder but denies and is totally unaware that something is very seriously wrong.

For example, if you or I had a stroke and the doctor asked us to move the affected arm which has no movement at all we would get annoyed at his repeated questioning and even get up and try to walk. Despite facial paralysis and lack of movement on one side of the body (arm and leg) we would feel that there is nothing whatsoever wrong with us and likely blame everything and everyone around us for our current predicament.

Anosognosia, an obscure symptom to most health professionals, is a major symptom of neurological disorder and of course serious mental illness which

is a major neurological disorder even though it is not categorised as such, and there in lies the problem.

If psychiatry came under the category of neurology almost all current problems would be solved. But psychiatrists will never accept this wanting to be an independent speciality and diagnosing difficult, dangerous, suicidal, self harming and homicidal patients as personality disordered, therefore, not mentally ill, therefore, not our problem. This is a gate-keeping mechanism, which causes tens of thousands of preventable deaths per year.

Photo: Joseph Babinski | Credits: Wikipedia

Important notice! Membership renewals



White Wreath Association appreciates that many of our members are faced with a financial crisis caused by escalating daily costs.

Annual membership fees are an important part of our fund-raising activities, but we realise that the \$25 donation is a tremendous burden on members' finances.

To help provide some relief in these tough times, White Wreath has decided to waive membership renewal fees for this year.

White Wreath's support and advocacy programs rely on the donations of our members to operate. We seek your continued financial support for these activities. Members are urged to contribute whatever they can afford. All donations may be made through our website that include all details.

Complaints Commission QLD



Stigma associated with mental illness and fear of retribution are preventing people from making complaints to Queensland's Health Quality and Complaints Commission (HQCC).

Queensland's Mental Health Commissioner Lesley van Schoubreck believes the comparatively low proportion of complaints showed people were reluctant to report them.

The HQCC – an independent medical watchdog – released in early February a study into 681 complaints about mental health in Queensland between July 1, 2009 and June 30, 2012.

Mental health complaints made up 4.2 per cent of the total number of medical complaints to the HQCC – an increase from 3 per cent.

The report said that one in five Queenslanders have a mental illness and that mental illness is a major contributor to total health expenditure.

It says the National Health Survey 2011-12 identified mental illness as being more common in females than males, 15.1 per cent compared to 12 per cent.

There were 68,861 hospitalisations for mental and behavioural disorders in Queensland in 2010–11, with 22 per cent more females hospitalised than males.

The report says 44 patients tried to suicide during or after making a complaint. Most of the mental health complaints were about appropriateness of treatment, poor communication, problems with medication, and professional misconduct.

One of the cases highlighted in the report was a father who complained to the HQCC about the treatment his daughter received at a regional hospital.

The father said he took his daughter to the emergency department as she expressed an intent to suicide.

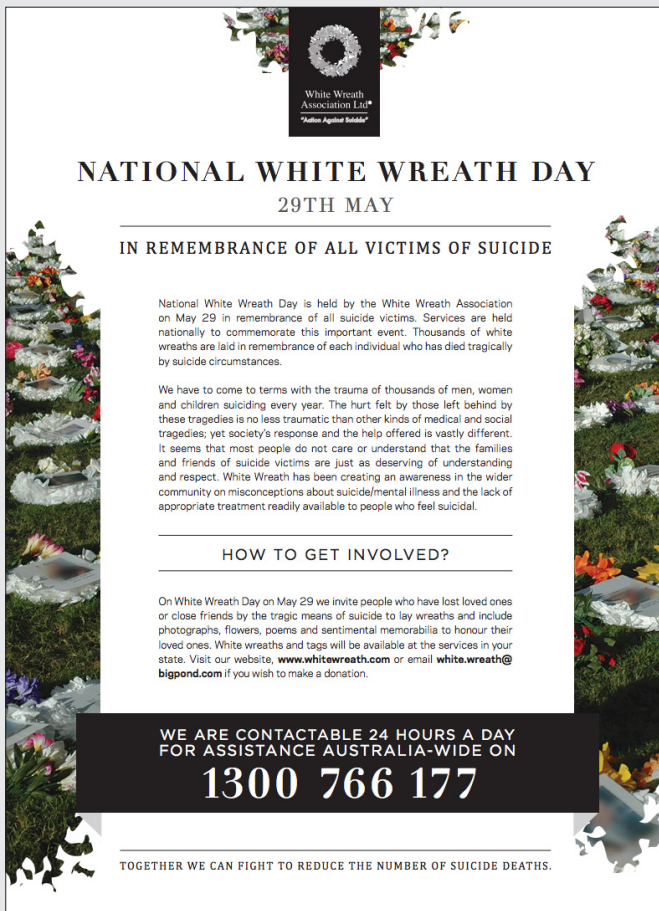
The father said there were no mental health staff available, and they were told to wait.

After waiting a number of hours, hospital staff told the father to take his daughter home and present to another hospital the following day.

The father said his daughter was discharged without an assessment by mental health staff. She subsequently attempted suicide and had to be hospitalised.

<http://www.hqcc.qld.gov.au/Resources/Documents/Report%20-%20mental%20health%20-PUBLICATION-22%20January%20FINAL.pdf>

Coming events



White Wreath Association Ltd*
"Action Against Suicide"

NATIONAL WHITE WREATH DAY

29TH MAY

IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE

National White Wreath Day is held by the White Wreath Association on May 29 in remembrance of all suicide victims. Services are held nationally to commemorate this important event. Thousands of white wreaths are laid in remembrance of each individual who has died tragically by suicide circumstances.

We have to come to terms with the trauma of thousands of men, women and children suiciding every year. The hurt felt by those left behind by these tragedies is no less traumatic than other kinds of medical and social tragedies; yet society's response and the help offered is vastly different. It seems that most people do not care or understand that the families and friends of suicide victims are just as deserving of understanding and respect. White Wreath has been creating an awareness in the wider community on misconceptions about suicide/mental illness and the lack of appropriate treatment readily available to people who feel suicidal.

HOW TO GET INVOLVED?

On White Wreath Day on May 29 we invite people who have lost loved ones or close friends by the tragic means of suicide to lay wreaths and include photographs, flowers, poems and sentimental memorabilia to honour their loved ones. White wreaths and tags will be available at the services in your state. Visit our website, www.whitewreath.com or email white.wreath@bigpond.com if you wish to make a donation.

WE ARE CONTACTABLE 24 HOURS A DAY FOR ASSISTANCE AUSTRALIA-WIDE ON
1300 766 177

TOGETHER WE CAN FIGHT TO REDUCE THE NUMBER OF SUICIDE DEATHS.

National White Wreath Day 29th May

Queensland (Main Service)

Official Ceremony 12:30 -1:30 p.m.
Display on view all day
Post Office Square (CBD)
270 Queen Street, Brisbane, Queensland

Contact

E: white.wreath@bigpond.com
Ph: 1300 766 177
M: 0410 526 562

Victoria

Civic Green (CBD)
Warrnambool, Victoria

Contact Lyn

E: stepmum108@gmail.com
M: 0417 169 073

Download and print this flyer at
www.whitewreath.com/WHITE_WREATH_DAY_FLYER.pdf

Wear White at Work 29th May

Get involved and assist us
raise the much needed funds

**Register your event online
or contact us directly.**

www.whitewreath.com
Phone: 1300 766 177
Mobile: 0410 526 562
white.wreath@bigpond.com

Download and print this flyer at
www.whitewreath.com/Wear_White_at_Work-A4_flyer.pdf



White Wreath Association Ltd*
"Action Against Suicide"

ON 29TH MAY
WEAR WHITE AT WORK™

AND DONATE A gold coin TO SHOW YOUR SUPPORT FOR MENTAL ILLNESS SUFFERERS AND THE FAMILIES OF SUICIDE VICTIMS

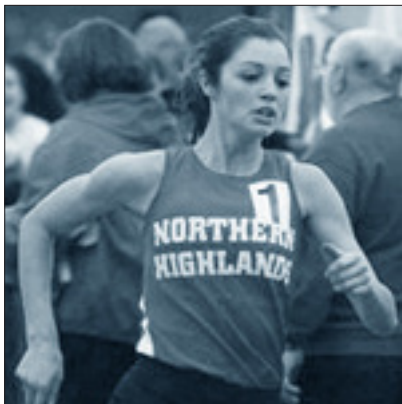
TO GET YOUR WORKPLACE INVOLVED IN 'WEAR WHITE AT WORK™'
CALL 1300 766 177 VISIT WHITEWREATH.COM

NATIONAL WHITE WREATH DAY IS HELD ANNUALLY ON 29 MAY
in remembrance of the victims of suicide.
WREATHS ARE DISPLAYED AS A MEMORIAL, EACH REPRESENTING A SUICIDE IN THE LAST YEAR.

P 800 766 177 • 19 CND 526 562 • WHITEWREATH@BIGPOND.COM • A.C.L. 5017620112

World News

No shame in needing



USA - I asked Penn track-and-field director Steve Dolan if he'd be willing to speak with me about Madison Holleran, the 19-year-old freshman track star who leapt to her death Friday from the top of a Center City parking garage.

Source: Philly.com

Photo credits: Alex Remnick/The Star-Ledger

Holleran, who had been struggling with depression, left behind a note, gifts for her family and scores of devastated family members, teammates, friends and loved ones. Dolan declined my request, saying this is an emotional time for him and the teams.

"We are just focusing on supporting each other as we work through this tragedy," he wrote in an email. "I hope you understand."

My goodness - of course. My hope, though, is that as the initial shock of Holleran's suicide recedes, all who knew and loved her will find the strength to speak publicly and candidly about her passing. Doing so may help destigmatize mental illness among those who are suffering from depression but are reluctant to seek help.

Maybe, they'll think, if someone as bright, promising and focused as Holleran fought the demons of despair, perhaps despair is nothing to be ashamed of but something to be treated as nonjudgmentally as we treat other maladies.

The more that point is hammered home - in the press, in the classroom, around the kitchen table, on national TV - the greater the chance of putting a dent in this country's appallingly high suicide rate.

In 2010 alone - the latest year for which statistics are available from the Centers for Disease Control and Prevention - 38,364 Americans died by suicide. That's more than double the 16,259 who died by homicide that year. In Philadelphia, there were 329 homicides and 168 suicides in 2012, the latest year for which suicide statistics are available. Yet the homicide rate is the only rate we track with interest.

Indeed, Holleran's death made news only because of the very public way she ended her life. If she'd succumbed more quietly, it's doubtful we'd even know of her passing. Suicide just isn't something we talk about easily. Even newspaper obituaries rarely mention the word. Instead, the deceased is said to have died "suddenly."

As if one minute they were there and the next - wink-wink, nudge-nudge - they were gone.

"The sad thing is, by not saying the word, family members partake in this weird perpetuation of the stigma around suicide as if it is different from another kind of death," says Dr. Christine Moutier, chief medical officer of the American Foundation for Suicide Prevention.

I'd spoken with Moutier just after Christmas, when I was working on a column about a beloved suburban schoolteacher and father who'd died by suicide. His grieving family, for a variety of reasons, had insisted the school district not use the word suicide in association with public discussion of his death.

And so the district stayed mum publicly even though everyone knew exactly what had happened, including the students - whose questions about the suicide, say parents I spoke with, were handled honestly and sensitively.

I never wrote the column, out of deference to the teacher's grieving loved ones. After all, noted Bruce Shapiro, executive director of Columbia University's Dart Center for Journalism and Trauma, "The teacher left behind not just his own children but hundreds of students. They need time to process and heal."

Continued on page 9

World News

Fighting the stigmas of mental illness



USA - Unlike diabetes, cancer and all other chronic illnesses, mental illness is often seen as the fault of the individual, not as a medical condition.

Source: Spartan Daily

People tend to think that those with an emotional disability are psychotic, out of control or violent. This is not a fair assessment of mentally ill people.

The public has very little knowledge of the different types of mental illnesses and tends to be afraid of people who are emotionally challenged.

Some of the first programs to get cut from California's budget were the mental health programs, including rehabilitation, counseling services and inpatient, outpatient and psychiatric services which are all badly needed.

This leaves the mentally ill without the support and tools they need to manage their illness.

There are few places that offer low-fee counseling, but many emotionally challenged people are barely getting by on the tiny amount of money they get for disability.

It's very hard to manage a mental illness, which takes a lot of therapy and the right combination of medications, without guidance and support.

I myself have bipolar disorder, borderline personality disorder, PTSD, anxiety, anorexia nervosa and a history of sexual, physical and emotional abuse.

It took me almost 22 years to get to the point where I wanted to go back to college or work.

Many people who are emotionally challenged have a dual-diagnosis, some have both bipolar disorder and substance abuse problem.

Some policemen don't know how to handle a person with an emotional illness. Years ago I had felt like hurting myself, and I was on the phone talking to a

woman from Suicide and Crisis, a hotline for people in crisis. I made the mistake of hanging up on her while she had me on hold. Soon I heard sirens, so I hid in the pantry. Two policemen and a firefighter busted into my home. I came out and told them I wasn't going to the hospital and didn't need to be hospitalized.

As I stood there, a 6-foot-2 policeman sprayed me with pepper spray, then both policemen threw me down on the floor and busted my lip. I was only 5-foot-2 and 98 pounds. They lifted me up and I struggled to get loose. When they got to their police car they threw me against the car doors twice. I was taken to an outpatient hospital to be assessed, and after the social worker talked with me she let me go home. She told me never to hang up on a person at Suicide and Crisis, because they will send someone to hospitalize you.

It was an overreaction on the policemen's part, and to this day I loathe policemen. Some people I know who have mental illnesses also have trouble with trust and are very uncomfortable when policemen are around because they have had similar or worse experiences.

I used to think that I was defined by my mental illnesses, but I have learned that the only thing that is a disability is the one I put into my mind. So many people fall through the cracks, spend lives in lockdown facilities and never get the support and help they need. Some are even homeless. That's the harsh reality for many people who are mentally challenged.

Until society changes its attitude toward mental health and stops taking money from mental health services, the system will always be broken, and so will those who don't have a voice, support or stabilization through medication.

<http://spartandaily.com/115734/stigmas-mental-illness>

World News

LGBTI suicides in Australian-first study



Australia - Suicide rates amongst lesbian, gay, bisexual, transgender and intersex people are being investigated in Australia for the first time, researchers say.

By Damien Larkins

The Australian Institute for Suicide Research and Prevention (AISRAP) at Griffith University is conducting the study on behalf of Beyond Blue.

It was prompted by documented high rates of non-fatal suicide attempts amongst LGBTI people and is investigating if they constitute a unique risk-group.

AISRAP researcher Dr Delaney Skerrett says it's the first time a study has been done on fatal suicidal behaviour amongst the LGBTI population in Australia.

"You get a lot of research done on the non-fatal behaviours, suicide attempts, thoughts about suicide," he said.

"But it's a lot harder to do the research on people who have actually died because often that kind of information isn't recorded when people die, that they were actually LGBTI."

Suicide prevention and intervention

The research is made of two parts and aims to identify the factors surrounding LGBTI suicide deaths.

Firstly researchers have analysed the Queensland suicide register records for the last 10 years. They are now interviewing family and friends of a LGBTI people who have committed suicide. Dr Skerrett says it's an area that needs to be specifically addressed to identify the unique issues.

"The idea is then is that this research will inform different preventative measures and interventions with LGBTI people," he said.

"How we can specifically address the risk factors for those people."

LGBTI sensitivity and inclusion

Dr Skerret says the findings can help organisations like Beyond Blue and guide mental health services in being more inclusive of and sensitive to LGBTI people.

"There are higher levels of psychological distress amongst LGBTI people," he said.

"Higher levels of depression, higher levels of anxiety and also those non-fatal suicidal behaviours." The AISRAP is still looking for volunteers to be interviewed for the research.

If you can help, please contact Dr Delaney Skerrett at Griffith University.

<http://www.abc.net.au/local/stories/2014/02/03/3937143.htm>

World News

Upsurge in elderly suicides



Nambia - Ongwediva - Incidents of suicide, often associated with young people, are becoming a shocking concern as more and more elderly people over the age of 50 commit suicide in the northern regions.

Source: NewEra.com.na

Although statistics for the country are not readily available Oshana Region Police Deputy Commissioner Rauha Amwele says the situation is indeed worrisome. "In just this month alone we have had four suicide cases of elderly people reported here in the region and we don't know the reasons," said Amwele. Beginning January 2014 and just last week four elderly people between the ages 57 and 69 took their own lives. One of them a female killed herself in the most gruesome way by setting her room ablaze while inside, in an incident that has left both her relatives and residents of Onghuni village in the Oshana Region highly traumatised.

Again in the first week of January a 63-year-old male, Tobias Namlandu from Oshikulu-Ompandakani village was also found hanging from a Mopani tree in his homestead in yet another suicide, while a 69-year-old woman was found hanging from her kitchen ceiling by the house help at Oshamale also in the Oshana Region. Also, last Friday a 59-year-old-man, Oscar Shikongo from Ekaku village in the Oshikoto Region shot and killed himself with a rifle after locking himself up in his bedroom. No suicide

notes were left behind which could have helped to shed some light on the reasons for the act, leaving families devastated and with more questions than answers.

Clinical psychologist Dr Shaun Whittaker explained that suicide among the elderly is often the result of serious medical conditions, adding that most elderly people think their lives are coming to an end. "They have raised children who have become independent and are living their own lives, so the elderly often feel that their children do not need them and sometimes they might even feel like they are a burden," said Whittaker. He said medical expenses, the high cost of food, water and rent makes them think and feel isolated and lonely as often their life partners have long passed away so they have nothing to look forward to. "Daily life for most elderly is about emotional and often physical suffering. They obviously experience depression and regard suicide as a way out," explained Whittaker.

<http://www.newera.com.na/2014/01/30/upsurge-elderly-suicides/>

A mother's story



My son was diagnosed with schizophrenia. In the early days of his illness my son spent a lot of time in and out of every major hospital in B... , and he escaped from them all at one time or another.

The only real care he received was from the staff at one particular Hospital where he was a patient for five years, purely because he couldn't look after himself without proper care.

When he was released, he ended up in various boarding houses and hostels where apart from seeing a case manager once a week for medication, the rest of his care was left up to me his mother and as much as I loved him and would have done anything for him, sometimes it was all too hard and at times I had never felt so alone.

There needs to be a lot more help out there and not just for the person suffering the illness, but for the whole family.

"May my son Rest In Peace" now, as after twelve years of mental torture it all became too much for him and he jumped from a bridge and drowned.

He will be missed terribly.

His Mother

No shame in needing

Continued from page 5

In comparison, the family of Madison Holleran has been very forthright about her state of mind before her death.

She had been under a therapist's care, her father told the New York Post, and she'd told of having suicidal thoughts in December. He said his daughter, after a standout academic career at Northern Highlands High School in Allendale, N.J., had struggled to handle her rigorous Ivy League workload.

There was a lot more pressure in the classroom at Penn," James Holleran said. "She wasn't normal happy Madison. Now she had worries and stress."

According to North Jersey's the Record, Holleran was equally candid at his daughter's funeral yesterday, where hundreds of mourners crowded into Guardian Angel Roman Catholic Church in Allendale. Before the funeral, the family had asked supporters to donate to the American Foundation for Suicide Prevention in lieu of flowers.

"Please seek therapy if you need it," James Holleran advised the congregation. "This is not a weakness, but a struggle."

May those words become Madison Holleran's legacy, and may they help those who really need to hear them.

<http://www.treatmentadvocacycenter.org/resources/consequences-of-lack-of-treatment/violence/1384>

A friend 4 me - my story



Kelly's Journal continued.

David picks me up from hospital and takes me back to his new house to show it off. I sit David down and tell him the whole truth. I tell him I loved him and wanted him back. I tell him about my Jo. I tell him the truth and I tell him everything. I tell him it was not her fault it was me and nothing happened. She had said she was not being a home wrecker.

David is trying hard not to cry. David lets me stay the night. This is the first time we have sex since the marriage breakup. It was good to feel loved by someone again. Before we go to sleep we do it again. I'm so happy to have David back. He has forgiven me. It's so good to have the family back together and it feels so good not to be alone again.

In the morning when David goes to work he does not look happy. I wait at his house for him to come home. I ask him what is wrong. He looks at me and says sex with you makes me feel sick. I ask him why did he do it

the second time he says he just wanted to make sure. I go back to my house I'm so upset. How could he have sex with me straight out of the mental hospital and then throw me away like that. I'm all alone again. I have no one. I don't know what to do.

I text Bronwyn it says just wanted you to know I've just got out of hospital with 2 suicide attempts. Bronwyn phones me. She says she can get me through this. Bronwyn becomes my rock in the following months. She stands by my side while everyone else abandons me. I concentrate on Easter. It's this coming weekend. Easter will bring us back together. It has always been a special time for the family. It will be better than Christmas.

To be continued.

Guestbook



Its been over 2 years now and my ex husband has not been brought to justice for almost killing me in front of my children. The police are doing very little. My oldest daughter saved me.

The kids are still traumatised and yet he is allowed to continue harassment through the family law courts. The son we had together is 9; he is terrified of his father and states he will kill himself before going with his father. Yet no one will listen to me about this. How do I protect him? How do I protect us?

I never made official statements when my ex raped me or before the assault when he brought another sergeant to the bedroom and raped me whilst I was on new medication for ADHD that heavily sedated me due to the shame of it. I have lived with a back injury since the assault. Yes I suffer PTSD. The court case is tomorrow. I can't get legal assistance, as I don't meet the merit test. He fired his solicitors so he can question me personally on the stand. I feel like I've been backed into a corner with no way out. What if he

gets custody of my son? I don't want to lose my boy. I don't know what to do anymore.

He believes I can make it all good and save him. I'm terrified. I feel all I can do is if he does get custody is to take us both out so we don't have to suffer living in fear or abuse and control anymore. It's too much. I don't want to do this. I just want peace and to be happy watch my kids grow up happy and free from the abuse.

I have a loving new partner who doesn't know what to do. A grandchild on the way. Yet how do I let my son go to this monster? He is smart and manipulative. No one sees this side of him except those who he has controlled and abused. I'm scared really scared. So tomorrow is D Day...

.....

My son has been an intense passionate person his entire life. But when tragedy struck in 2006 he turned for the dark side of himself.

He was 19 driving through the mountains with his best friend and his younger brother when he fell asleep and went over a 60 ft ravine. Him and his friend were thrown from the truck but the young brother had his seat belt on and died. My son felt it should have been him.

He consequently broke his back and suffered a serious head injury, which I believe is part of the current problems. Then in 2009 he fell backwards from a 5-story balcony on purpose. He survived only because he did not struggle. He again broke his back. He now suffers intense back pain. Now this Christmas his father, his best friend was found

dead and he came home from Texas to his funeral. He then was driving back to Texas when he went through LA was robbed and shot twice. He is currently still in the hospital from this. He got shot in the leg and arm because he fought back and ran. Otherwise I believe he was meant to be killed.

All of his fathers' worldly possessions that he wanted to keep were stolen and his dad's dog he loved was put in the pound. His car is impounded by police for evidence and won't be available for a few wks or until the investigation is complete. His best friend believes he has a death wish and I know he does. He speaks of wanting to die often. I need help before he does it. I'm at a loss as to what to do for him.

I want him committed! But he's an adult and won't admit to medical personnel that he wants to die. He lost his best friend his dad and I did to. I don't have him now to be here with me to deal with our son. I am alone here trying to figure out what to do. Please help.

You can help

You can do your part to help White Wreath Association.

YOU CAN BE A VOLUNTEER

We need volunteers from any part of Australia.

YOU CAN GIVE IN KIND

- Petrol Gift Cards
- Stamps

OR DONATE BY SELECTING ANY OF THESE OPTIONS

1. Via credit card then follow the instructions.
2. Directly/Direct Transfer into any Westpac Bank
Account Name:
White Wreath Association Ltd
BSB No 034-109 Account No 210509
3. Cheque/Money Order to:
White Wreath Association Ltd
PO Box 1078 Browns Plains QLD 4118

Donations are tax deductible.

Humour



When something is 'new and improved'. Which is it? If it's new, then there has never been anything before it. If it's an improvement, then there must have been something before it, couldn't be new.

.....

When you are waiting for the bus and someone asks "Has the bus come yet?" If the bus came, would I be standing here???

.....

A mother passing by her daughter's bedroom was astonished to see the bed was nicely made and everything was picked up. Then she saw an envelope propped up prominently on the center of the bed. It was addressed, "Mom." With the worst premonition, she opened the envelope and read the letter with trembling hands:

Dear Mom: It is with great regret and sorrow that I'm writing you. I had to elope with my new boyfriend because I wanted to avoid a scene with Dad and you. I've been finding real passion with Ahmed and he is so nice-even with all his piercings, tattoos, beard, and his motorcycle clothes. But it's not only the passion Mom, I'm pregnant and Ahmed said that we will be very happy. He already owns a trailer in the woods and has a stack of firewood for the whole winter. He wants to have many more children with me and that's now one of my dreams too. Ahmed taught me that marijuana doesn't really hurt anyone and we'll be growing it for us and trading it with his friends for all the cocaine and ecstasy we want. In the meantime, we'll pray that science will find a cure for AIDS so Ahmed can get better; he sure deserves it! Don't worry Mom, I'm 15 years old now and I know how to take care of myself. Someday I'm sure we'll be back to visit so you can get to know your grand children.

Your daughter, Judith

PS: Mom, none of the above is true. I'm over at the neighbor's house. I just wanted to remind you that there are worse things in life than my report card that's in my desk center drawer. I love you! Call when it is safe for me to come home.