

# TRANSNATIONAL LITERATURE

## Creating Ceremony: Healing the Spirit of Suicidal Veterans

John Farrell Kelly

*The only cure  
I know  
is a good ceremony,  
that's what she said.*  
—Leslie Marmon Silko, *Ceremony*<sup>1</sup>

I hit a moose.

I was riding a Honda Sabre 700 motorcycle around 60 mph one night, eight miles south of Pinedale, Wyoming, and I took my eyes off of the road, for just a moment, in order to watch the red, flashing airport lights in the distance.

I wore black Navy flight deck boots, grey wash jeans, a white T-shirt, a black leather jacket, and a black, full-face Shoei Z-100 helmet that saved my life. When I looked at the road again, a large moose was directly in my path. She had emerged from the willows on the right side of the road and was moving slowly across to the left. *You're not getting out of this one*, I thought to myself.

In the moment before we hit, I felt her presence, and our spirits merged. Then my right side hit her left side, and I was flooded with information about her life. I bounced off of her body. My left side hit the pavement, and the gas tank of the motorcycle folded around my left knee. The momentum threw me forward, and all of my weight pressed into the front of my helmet, as I slid along the road like a free diver entering deep water, my face an inch from the pavement. I relaxed my body almost completely. Instead of contracting the muscles on the back of my neck to raise my head, I lengthened my neck, lightly firmed all of the neck muscles, and lightly pressed my face further *into* the pavement to stabilise my neck, allowing the helmet to protect my face. Then I lost consciousness.

When I regained consciousness, I looked around and assessed the situation. I noticed that I was lying on a paved road in motorcycle clothes. *Something's wrong*, I thought. *I must have been in an accident*. The last thing I remembered was standing at the head of Pier 12 on the Norfolk Naval Base at 4 AM, taking one final look at the aircraft-carrier USS Dwight D. Eisenhower (CVN 69), before I turned to ride to a new duty station in San Diego. Three years of memories flooded my mind – the scream and fire of jet engines during night flight operations, the smell of jet exhaust and nonskid, and the water – so much beautiful water.

A man approached me on the pavement. 'Are you still with us, buddy?' he asked.

'Yes,' I replied. 'Where am I?'

'By Pinedale,' he responded.

'Pinedale, I'm from Pinedale,' I said.

A semi approached, and the man stood in front of it and waved until it stopped. A short while later, an ambulance came and took me to the Pinedale Clinic.

<sup>1</sup> Leslie Marmon Silko, *Ceremony* (New York: The Viking Press, 1977) 3.

They quickly decided to send me to the hospital, seventy-seven miles away in Jackson.

In the ambulance, the pain was significant. My abdominal muscles contracted and froze, as if to protect me from further trauma. I felt like I had been hit by a wall-sized sledge hammer. I am accustomed to high levels of pain, but this level was new. I gathered my energy at the base of my spine, and then I flowed like a river of wind up my spine, through the top of my head, and out of my body. I rested outside of my body for a moment, and then I entered again. I visualised a thermostat and linked my pain to it. As I turned the thermostat down, I turned off my pain. Then I turned it back on a small amount, so I could monitor my body.

In the hospital, they moved quickly and performed emergency surgery. My most significant injury was internal bleeding from a lacerated spleen. I was fortunate – the medical team was exceptional. The surgeon wrapped my spleen with a portion of omentum and saved it. I was left with a scar from just below my sternum to a few inches below my navel.

Six days later, I was out of the hospital. It took me over a month to walk well again. The first time I drove afterwards, my body shook steadily for over an hour. Then it simply stopped shaking.

### **And a Moose Hit Me**

*And in the belly of this story  
the rituals and the ceremony  
are still growing.*  
—Leslie Marmon Silko, *Ceremony*<sup>2</sup>

Years later, I was walking one summer night in Kincaid Park in Anchorage, Alaska, and I misread the mood of a young male moose.

I had parked in the Jodhpur parking lot and walked for about an hour to a favorite spot on a cliff overlooking the Cook Inlet. On the way back, I noticed a moose ahead of me on the trail. I backtracked and waited for a few minutes to see if he might move on, but when I looked again, he was still there. Then he started to walk slowly toward me. *This moose is going to charge me*, I thought in surprise. I backtracked quickly, but he kept coming. I stepped behind a tree, and he stopped about five metres from me. Then I accidentally stepped on a stick. The noise startled him, and he turned and ran away.

I resigned myself to walking the long way around and adding another hour or so to my journey, and I turned to go in the opposite direction. After a few minutes, I glanced over my left shoulder and noticed he was charging me at full speed. There were no trees around, so I made a futile attempt to outrun him.

Then I was on the ground, and a painful wave of disorientation overwhelmed me. When it calmed, I assessed my situation. The moose was standing about ten metres away, looking down at me. Fortunately, he was not in a mood to stomp me or finish me off. As I moved my left arm, the bones scraped in my humerus below the

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<sup>2</sup> Silko 2.

left shoulder, and I realised that it was broken. Other than that, I felt fine. (I later discovered a nice hoof-print bruise on the back of my left thigh.)

The moose calmly walked back to his original spot on the trail, and I calmly stood up and walked in the other direction. I discovered that if I held my left hand carefully with my right hand, I could control the movement of the humerus, and prevent most of the bone scraping. There was significant pain.

After a two-hour walk, I reached my car, and managed to drive home. The next morning when the VA (Veterans Affairs) Health Clinic opened, I went in for assistance. I informed staff that my arm was broken, and after three hours, I was finally seen. I explained my story calmly, and without examining me, the doctor insisted that my arm was not broken. I suggested an x-ray anyway, which he finally agreed to. The x-rays revealed a major break below the head of the humerus, and also revealed multiple breaks in the head itself. Suddenly, I was given head-of-the-line privileges to see another doctor.

The new doctor examined the x-rays and gave me his assessment. 'If we put it in a cast, you will lose all mobility in the joint,' he said. 'I would like to pin the bones, but we can't do that, since the head is also fractured. I'm also concerned that the attachments of the muscles will pull off the fragments of the head. I would like to put in an artificial joint.'

I felt an emotional shock – a break is one thing, but an artificial joint is another. 'Can I have five or ten minutes to think about it?' I replied.

'No problem,' he said, and left the room.

When he returned, I asked a single question. 'How long does a bone typically take to heal?'

'Six weeks,' he replied.

I thought for a moment. 'I do not want an artificial joint,' I said. 'I can hold my arm in place for that long.'

He looked at me like I was crazy, but he seemed busy, so he didn't argue. He looked me in the eyes and asked clearly, 'Are you sure?'

I returned his gaze and replied, 'Yes.'

'Okay, then,' he stated.

I left, holding the arm in place by controlling it with my right hand, careful to maintain complete relaxation of the muscles of the left arm. At night, I would sleep on my right side with an assortment of pillows to hold my arm in place. When I moved in my sleep, the bones would scrape and the pain would cause me to wake up, but it was manageable.

After about a week, I did lose almost all mobility in the joint. My theory was that the body forms a natural cast for the arm. After two weeks, the bones stopped scraping. Over the next few months, for the most part, I simply relaxed completely and trusted my body to do its work.

After six months, the VA asked me to return for x-rays. 'I don't know what you did,' the doctor stated, 'but the bone has completely healed.' After another six months of gentle motion, mobility returned completely to the joint.

## High Fever

*Tayo didn't sleep well that night.*  
—Leslie Marmon Silko, *Ceremony*<sup>3</sup>

When I was on shore duty in Seattle, I had a series of nightmares. In the first dream, large, rusty pipes on the side of a mountain were pouring toxic water into a glacial lake. I woke up sweating and shaking.

In a later dream, I was kayaking on the surface of the water – the lake had become completely toxic. In the final dream, I was swimming in the toxins. I inadvertently opened my mouth, and toxic water flooded into my body. I spit out a chicken bone. A large wooden sign in the middle of the lake read 'You've been warned.' A large, booming voice spoke the words out loud.

I woke in a panic. *Of what? Of what?* I thought.

A few nights later, my body started shaking slightly, and I felt an energy rise up my spine. It formed an ocean blue color as it went up my spine, and when it reached my head, it changed into sun gold. It was a deeply blissful feeling.

A while later, my thinking process changed dramatically, and I felt waves of horror and debilitating panic. I lay in a ball on the floor, and my brain and my solar plexus seemed to contract and squeeze, like a sponge. The waves of horror subsided temporarily and returned periodically.

What I felt was a thousand times worse than hitting the moose.

My thinking performed like a large symphony. Slowly, instruments withdrew from the song, one-by-one, and my sense of self narrowed to a single instrument. Then the final instrument withdrew. What remained was the feeling of music with no musician. Then the instruments returned and withdrew randomly in waves. The music was fragmented, but harmonic, and almost seamlessly smooth, with no continual melodic line.

In moments of clarity, I called friends for help, and as I spoke with them, a self took shape briefly, but then collapsed afterwards. There was no continuity in expressed music, only music in the heart.

*Something's wrong*, I thought, as I was drowning in unknown waters that nearly ended me.

## Experience and Thought

*The different voice I describe is characterized not by gender but theme. [...] My interest lies in the interaction of experience and thought, in different voices and the dialogues to which they give rise, in the way we listen to ourselves and to others, in the stories we tell about our lives.*  
—Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development*<sup>4</sup>

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<sup>3</sup> Silko 5.

<sup>4</sup> Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, MA: Harvard University Press, 1982) 2.

Soon after this experience, I spent two weeks on the mental health ward of the Naval Hospital, Bremerton.

In an interesting and telling treatment methodology, patients were assigned to wear pajamas, and rewarded with clothes for doing 'good work' or demoted to pajamas again for 'not doing good work.' Good work entailed conforming to the expected cognitive behavior, and conformance was equated with health and recovery. All discussion of symptoms or possible causes was aggressively avoided.

In one group session filled with multiple layers of irony, the staff used an educational module that they did not understand. They read a series of statements that we were directed to identify as true or false. One statement read, 'You can't not communicate.' The staff decided that it was a faulty statement with a 'double negative' that they should discard.

I said, 'I think the statement is trying to suggest that we always communicate – that we cannot stop communicating. Even when we stop talking, our bodies communicate endless information – our age, gender, ethnicity, emotions, and even thoughts. Therefore, I would say the statement is true.' The staff looked at me like I was crazy. I was clearly exhibiting inappropriate cognitive behavior.

Then, later, it hit me. I was wrong. I realised that the statement is false for me. I can 'not communicate.' Like Ralph Ellison, I had become an invisible man.

## Richard

*Ellison had accepted the Aristotelian view that, as a novelist who had produced a work of art, especially a tragedy, he had released 'magic' capable of cleansing and purging dangerous and troubling emotions.*  
—Lawrence Jackson, *Ralph Ellison: Emergence of Genius*<sup>5</sup>

Then Richard arrived.

He was a hospital corpsman third class, assigned to serve on the ward. He was a slight man – short and slender, with short, grey hair. His body was covered with tattoos, and on his right hand, he wore a silver ring with the head of a ram, with piercing, ruby eyes. He was a combat veteran from Vietnam and an ex-convict. He embodied an apotheosis of a warrior – and its transcendence.

His style arose from his own particular experience and was impossible to duplicate. He interacted with patients in the group with a masterful grace. He would push people without abuse and immediately adapt and jump to an appropriate approach, based on their response. He would mask himself in the intensity of curt, almost adversarial discourse that he delivered without a hint of arrogance, in a strange tone that concealed the unfathomable depths of his compassion.

Then in one group, he briefly glanced at me.

My eyes glazed for a moment, like an Afghan girl, and then softened.

There was a moment of silence.

The sound of that silence cracked like the heads of bighorn sheep on a distant mountain, and travelled for decades into the past and the future.

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<sup>5</sup> Lawrence Jackson, *Ralph Ellison: Emergence of Genius* (New York: John Wiley & Sons, 2002) vi.  
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'This guy belongs in pajamas about as much as I do,' he declared and leapt to his next approach.

The cognitive behavior of the staff on the ward indicated that they did not have the faintest understanding of what they had just witnessed. And they were not learning.

## Water

*Then after a long empty time he [Kiowa] said 'Take it slow. Just go wherever the spirit takes you.'*

—Tim O'Brien, 'The Man I Killed'<sup>6</sup>

A few days later in another group, Richard directed his attention to me again.

'Did you mean what you said the other day about this group being a circle?' I asked.

He sat silent and still.

'Take your glasses off,' I stated.

He sat silent and still.

'What? You want me to come around?' I asked.

He sat silent and still.

I moved fluidly to him and gently held out my hand.

He took his glasses off, grasped my hand, and allowed his eyes to pool with water and overflow.

Then he shifted his attention to other patients in the group and immediately leapt to another approach.

The cognitive behavior of the staff on the ward indicated that they did not have the faintest understanding of what they had just witnessed. But they were beginning to learn.

## The Feminine Feeling

*It is important to note that when working qualitatively, it is not always necessary to have a theoretical framework to start with.*

—Heidi Hjelmeland, 'Cultural Research in Suicidology: Challenges and Opportunities'<sup>7</sup>

In the next group, Richard leapt from one ledge to another, and landed perfectly flush with the edge of a cliff, grazing a thousand foot drop and sudden death.

In a ten-second commentary on the previous day, he held his hand in the air and stated calmly, with the slightest hint of disregard in his tone, 'the feminine feeling.' Then he leapt to another approach.

The cognitive behavior of the staff on the ward indicated that they did not have the faintest understanding of what they had just witnessed. But they had just been offered a significant lesson.

<sup>6</sup> Tim O'Brien, 'The Man I Killed,' *The Things They Carried* (Boston: Mariner, 2009) 120.

<sup>7</sup> Heidi Hjelmeland, 'Cultural Research in Suicidology: Challenges and Opportunities,' *Suicidology Online* 1 (2010) 40.

## Navy Psychiatrist

*'Oh, man, you fuckin' trashed the fucker,' Azar said. 'You scrambled his sorry self, look at that, you did, you laid him out like Shredded fuckin' Wheat.'*  
—Tim O'Brien, 'The Man I Killed'<sup>8</sup>

After two weeks on the ward at Bremerton, I sat in pajamas at the end of a table of Navy psychiatrists who were evaluating my future.

'How do you feel about the Navy?' one asked.

'I will return to my command and do my duty,' I stated, 'but I *feel* that they do not relate in a nourishing way.'

Filling his words with a toxic sadism, he shouted, 'you don't deserve to wear the uniform.'

The board promptly discharged me for atypical psychosis.

## VA Psychiatrist

*Out on the road today  
I saw a deadhead sticker on a cadillac*  
—Don Henley, 'The Boys of Summer'<sup>9</sup>

I moved to Santa Fe to attend a year-long massage therapy course, and the VA in Albuquerque eventually contacted me.

The VA psychiatrist wore sandals, a ponytail, and an authoritarian attitude. 'What happened?' he asked with experienced hostility.

I mourned the need for reductionism and stated, 'My thinking stopped working normally, and I was flooded with waves of horror and the need to kill myself.'

'How is your energy,' he later asked.

'Ah,' I said. 'One of the issues I'm working with is that when I close my eyes, sometimes I feel the energy of other people, including the color and texture.'

'You realise those are delusions,' he declared.

'They're real to me,' I stated.

'That's the nature of delusions,' he shouted. 'I'm the expert – not you.'

*Not in this*, I thought to myself. *Not in this*.

## Civilian Psychiatrist

*We estimate that PTSD-related and major depression-related costs could range from \$4.0 to \$6.2 billion over two years.*  
— Terri Tanielian and Lisa H. Jaycox, Editors, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*<sup>10</sup>

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<sup>8</sup> O'Brien 119.

<sup>9</sup> Don Henley, 'The Boys of Summer,' (1984), 29 March 2013, [http://en.wikipedia.org/wiki/The\\_Boys\\_of\\_Summer\\_\(song\)](http://en.wikipedia.org/wiki/The_Boys_of_Summer_(song))

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A few years later in Alaska, I experienced another major psychotic depression.

After nightmares about a historic trauma, I had a seizure, passed out, and was taken by ambulance to a local civilian hospital. While I was strapped in the stretcher, the waves of trauma flowing through me were so powerful that they would have absolutely moved me to kill myself if I had been free.

I spent another two weeks of inpatient care, moving in and out of psychosis and depression. The civilian psychiatrist immediately prescribed a common drug for depression. He saw me once a day for one or two minutes.

In one interaction, I stated, 'I'm having frequent nightmares and shaking.'

'That's the drug kicking in,' he stated, and left, well within his two-minute maximum interaction time.

In the two weeks that I was there, he might have spent twenty total minutes with me. He billed around two thousand dollars.

The profitability of the interaction was telling.

## Distant Shores

*They started crying  
the old men started crying  
'A'moo'oooh! A'moo'oooh!'*  
—Leslie Marmon Silko, *Ceremony*<sup>11</sup>

I relaxed into my illness and accepted my path. Other assistance arrived.

## Assessing the Situation

*Cultural research in suicidology is crucial in order to develop our understanding of the meanings of suicidal behaviour in different cultural contexts.*

—Heidi Hjelmeland, *Cultural Research in Suicidology: Challenges and Opportunities*<sup>12</sup>

*Sensitivity and specificity of the Veteran status information on the death certificate were 93.1% (95% confidence interval [CI] 90.7, 95.2) and 91.7% (95% CI 90.5, 92.8), respectively.*

—Rocky Mountain Network MIRECC (Mental Illness Research, Education, and Clinical Center) – VISN 19 (Veterans Integrated Service Network).  
Mission: Suicide Prevention<sup>13</sup>

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<sup>10</sup>Terri Tanielian and Lisa H. Jaycox (eds), *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica: RAND Corporation, 2008) xxiii.

<sup>11</sup> Silko 257.

<sup>12</sup> Hjelmeland 34.

<sup>13</sup> Bahraini, N. H., Gutierrez, P. M., Harwood, J. E. F., Huggins, J. A., Hedegaard, H., Chase, M., & Brenner, L. A. 'The Colorado Violent Death Reporting System (COVDRS): Validity and Utility of the Veteran Status Variable,' *Public Health Rep* 127. 3 (2012) 304-309.



Before I was stationed on the aircraft carrier, I went to submarine school for two months. (My eardrums were damaged trying to equalise in the pressure chamber, and I was sent to the aircraft carrier.) During one drill at the school, we were assigned to a wet trainer, which was a life-sized model of a section of a submarine, complete with numerous water-filled pipes. During the exercise, we had to patch the holes in the pipes before we were submerged in water.

Before the exercise started, a sailor from the fleet rapidly assessed the situation, anticipated leaks from the apparent holes, established priorities, made assignments, and took on the largest holes himself. When the exercise started and water flooded the space, I focused on a small hole in one pipe and tried to patch it perfectly. Our group patched all the holes and set a record time. Afterwards, they good-heartedly made fun of me for wasting time on a small leak.

In the next group, the water quickly rose to their chins, and the exercise was stopped.

This is not a drill – veterans are dying.

Quantitative research is a small patch – ‘evidence-based’ treatment is a small patch.

It is essential to listen to the diverse stories of suicidal veterans in order to begin to understand the complex problems that we signify.

## Journeys

*One can only wish these young people well.*

—Kazuo Ishiguro, *An Artist of the Floating World*<sup>14</sup>

After I finish a year of massage therapy school in Santa Fe, I move to Maui and get a job washing rental cars.

A few months later, I have a dream. In this dream, I meet a group of eight or nine diverse people from around the world. I feel a longing to meet them again someday and hear their stories. We are standing outside in an unfamiliar, desert landscape. We are young – in our twenties. One man is older – in his thirties. He says, ‘This is your time,’ and stands watch. We all know what he means, so we lie down, close our eyes, and journey.

In my journey, I am on board an aircraft carrier. The senior medical staff ask for my help. They have an epidemic of suicides onboard. Men are waking up, screaming, and killing themselves. I go on another journey. When I return, I say, ‘Every molecule of the ship has spirit. Together, they form the spirit of the ship. The ship is angry because of her assigned mission. She is screaming her anger, and the men hear her screams in their sleep. To heal, you must change the mission of the ship and give her a new name.’

I tell them the new name that she wants.

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<sup>14</sup> Kazuo Ishiguro, *An Artist of the Floating World* (New York: Vintage International, 1989) 206.

## Ceremony

*Research is ceremony.*

—Shawn Wilson, *Research is Ceremony: Indigenous Research Methods*<sup>15</sup>

I sit in my favorite spot on the edge of a cliff overlooking the Cook Inlet. I often sit here for hours at a time, gazing at the water and absorbing the sunlight. A large eagle has a favorite tree about twenty-five metres away, and we often sit here together.

After a while, I feel tired, and I lie back and sleep for a while. Later, I hear a rustling, and I slowly sit up. A calf moose is grazing peacefully, two metres in front of me. I gently turn to look for her mother. She is grazing calmly, two metres behind me. I sit for a moment and gaze at the water. Then I slowly recline and sleep again.

## Dedication

*Sunrise,  
Accept this offering,  
Sunrise.*

—Leslie Marmon Silko, *Ceremony*<sup>16</sup>

For Richard,

Who served  
suicidal veterans  
with the highest  
possible distinction.

Thank you.

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<sup>15</sup> Shawn Wilson, *Research is Ceremony* (Winnipeg: Fernwood Publishing, 2008) 1.

<sup>16</sup> Silko 262.