

# SUICIDE

## THE PEOPLE LEFT BEHIND

**O**BITUARIES OF SUICIDES tend to contain euphemisms: the deceased died "suddenly." "Unexpectedly."

I used those words five years ago when I dictated to a newspaper the sketchy details of my father's self-inflicted death. I used them again three years later, in an obituary of a friend who'd taken his own life. Each time I felt uncomfortable understanding such a desperate act. And each time I knew instinctively what I now know for certain: suicide is hardly ever sudden. It's seldom unexpected. It is also one of the most difficult and painful of deaths for those who are left behind.

Approximately 30,000 people in the United States take their own lives each year — an average of one person every 17 minutes. Studies show that eight out of 10 of those people give direct or indirect indication, before they die, of what they intend to do. Suicide is the eighth-leading cause of death in the United States and the third-highest (after accidents and homicide) among people under the age of 24. In this country, suicide rates peak in the springtime. In April, indeed the cruellest month, the nation's suicide rate is 120 percent higher than usual.

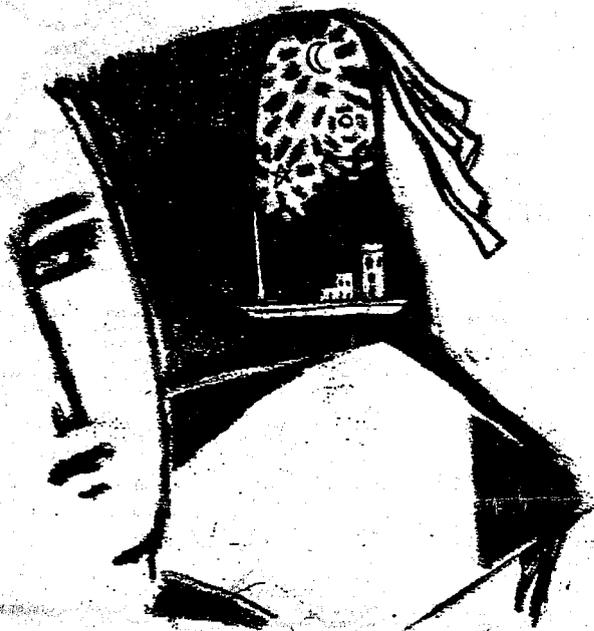
The incidence of suicide in America is growing. While white men over the age of 65 take their own lives more often than members of any other segment of the population, suicide rates are rising dramatically among young people. African-Americans (the suicide rate for black women has risen 80 percent in the past 20 years), and Hispanics. Studies show that for every "completed" suicide, another 300,000 to 600,000 people are unhappy enough or desperate enough to attempt to end their lives. Suicide experts point out, too, that a number of what are termed accidental deaths — those resulting from car accidents or from alcohol and drug abuse — are, in fact, suicides.

As suicide rates go up, the ranks of family members, lovers, and close friends of people who take their own lives increase as well. Each suicide intimately affects at least six other people, according to estimates by the National Center for Health Statistics. In 1990 alone, some 3.5 million people, or one of every 71 Americans, lost someone they loved to self-inflicted death. That number is growing by 180,000 each year.

We — people who Rabbi Earl A. Grollman, an author and expert on suicide and bereavement, calls "survivor-victims" — haven't formed a movement. We don't tend to appear on talk shows. The shelves in libraries and bookstores that sag with books on suicide and suicide prevention offer few titles that address our particular, poignant grief. And the scores of therapists who offer services to the potentially suicidal are often clueless when it comes to providing comfort to the suicide-bereaved.

Yet the stunning blow of death hits survivor-victims particularly hard. We live knowing that someone we loved endured some of the worst of human suffering: despair, emotional torture, and levels of pain so great they turn to the ultimate form of self-destruction. Some of us don't even realize the depth of our loved one's pain until we read the evidence: a lifeless, self-mutilated body. Many are called to participate in the rituals of death and burial without having had the chance to say good-bye or to ask "why?" — a question that haunts all of us for the rest of our lives, often to the point of obsession.

Those left behind by suicide are often wracked with feelings of guilt and failure, believing we weren't loving enough or careful enough or important enough to help keep someone alive. Suicide, notes Grollman, is "a whispered word in our society." We no longer bury at crossroads those who



even in this country, in this century. But, says Grollman, "suicide stigmatizes victims and stigmatizes survivors — often for decades after the death."

The stigma is unfortunate and unfair — particularly to those who've spent months, even years, trying, and failing, to comfort the deeply troubled souls of loved ones who decide they simply can't go on.

"I really wanted to keep him," murmured my friend's mother, as she and I numbly packed books and records into boxes in her dead son's apartment. She repeated — perhaps for the 10th time, perhaps the 50th, in the week since he'd died — the story of bringing her 39-year-old child home. Taking him to doctors and psychiatrists. Encouraging him to try the drugs they'd prescribed to help soothe his paralyzing depression.

"I finally put him in the hospital to try to keep him from harming himself," she said weakly. "I really tried."

**M**Y FAMILY TRIED, TOO. My father, the son of a cold, often cruel, alcoholic father, became a cold, often cruel, alcoholic himself. After nearly losing his life to blood poisoning exacerbated by his disease, he joined Alcoholics Anonymous (AA) at age 36. He went back and forth between drunkenness and sobriety during his first years in the program; then settled into "recovery." In the last 19 years of his life, he never drank. Nor did he ever seem to grapple with the anger, the isolation, and the sense of failure that drove him to the bottle to begin with.

Bright, articulate, good-looking, my father spoke frequently at AA meetings, which he attended as often as six nights a week. Yet he never went through the process AA (and other self-help groups) maintain is critical to recovery from addiction. He didn't make peace with himself, with his God, or with those he'd harmed. He also, occasionally and surreptitiously, took drugs — something that's anathema to AA.

An unaffectionate, undemonstrative husband and parent of five children, my father could be aloof and — at least to those accustomed to his eccentric behavior and sarcasm — amusing. Much of the time, he was merely remote. All too often, he was spiteful and verbally abusive, the kind of man who'd publicly harangue his children, loudly and sarcastically, about their looks, their weight, or their lack of

accomplishment. He persistently abused my youngest brother, psychologically and physically, almost from the time he was born.

For reasons both noble and perverse, my mother kept our family "together" for 25 years. By the time she and my father separated, my youngest brother, who my father came close to killing at least once, had developed a raging alcohol-and-drug problem of his own.

Kevin (as I'll call him; he asked that I not use his real name) took about two years to kick his addiction problems. (He's been straight and sober now for 11 years.) Once he did, he put his life together with a passion — learned a trade, then returned to school and graduated with honors. He also, belligerently, persistently, and to some extent successfully, pursued a normal relationship with my father.

Which was no simple task for anyone. As my paternal grandmother said to me late one night when I was about 20, "You know, even as a child, he was . . . well, peculiar." That peculiarity wasn't wholly unattractive: my father read a lot. He was passionate about classical music. He played the piano. He built a stereo system unlike any other I've seen. He dressed well. He could be quite funny.

But he was also seething with anger and unhappiness, feelings that he vented, on good days, with silence, impatience, and sarcasm, behavior that earned him more than his share of nicknames: the kids in the neighborhood called him "Dracula"; the teenagers, a bit more flip, dubbed him "Giggles"; and his brother referred to him on at least one occasion as "Darth Vader." At my wedding, a handful of celebrants surreptitiously approached my oldest, dearest friend to ask, in essence, "Is Maureen's father always this odd and unfriendly?" "Oh, he's in a great mood today!" she told me she answered, "You should see what he's usually like!"

My father was in a "great mood" on my wedding day because he'd washed down more than a few tranquilizers. That was becoming a habit, as my mother would discover when she found pill bottles, hidden in the kinds of places she'd found bottles of vodka and Scotch years before — sock drawers, light fixtures, toolboxes.

My mother also discovered, at about that time, that my father was having an affair. That precipitated the official break-up of what, for a while, hadn't been much of a marriage. My parents separated and, for the next nine years, the five of us pursued separate relationships with our father.

**I**N THE FIRST YEARS my father lived alone, I worried vaguely that "something might happen." (As Grollman observes, people whisper the word suicide even to themselves.) His career as an independent insurance broker was shaky; so were his finances. He could no longer rely, as he had for years, on my mother's income and her inherited money. And though he had friends, including a few girlfriends, he often seemed lonely, bored, and unhappy — all classic signs of the kind of severe depression that can precipitate suicide.

But the years passed. And though he'd been unresponsive and unsupportive when we were younger, the five of us kept in regular touch. We celebrated holidays, weddings, births with him. My sister — who dealt with my father's peculiarities by pretending he was fine — and Kevin kept in closest contact. My other two brothers called and visited him regularly. As for me, my father and I had had an angry, hostile relationship when I was an adolescent. As we got older, we got along better. We fell into a classic Irish familial pattern — when we communicated, we talked politics. We sometimes discussed music. And we once took a trip together to see the pianist Vladimir Horowitz, my father's idol, perform.

In January of 1986, at Kevin's urging, my father, who lived in Baltimore, came to Boston for a weekend. Kevin had recently transferred to college here, and he wanted to show off his new life. It became clear in the course of the visit that my father, a man who drove an Audi, liked to pick

BY MAUREEN DEZELL

in serious financial trouble, as he'd been off and on for years. He was broke. He also was noticeably depressed — thinner, grayer, distracted.

We tried to keep close tabs on him throughout February, but he often wasn't home — or answering his phone. I started calling him at his office. The conversations, like so many with him, were difficult: "You didn't look too well, Dad. Should you be seeing a doctor or someone?" "I don't know what you're talking about. I'm fine." Then in late February, he stopped answering his phone altogether. In early March, he stopped going to work.

On March 7, late on a Friday morning, I sat in my living room, still in my bathrobe, clutching the arms of a chair. I had tried to reach my father intermittently at all hours of the day and night for two days, and was convinced he was lying in his apartment, dead from a heart attack or stroke. (He smoked two packs of cigarettes a day, ate poorly, and never exercised.)

I tried calling Kevin, who was home that week for spring break. He didn't answer: at about the time I was dialing, he and my brother Ray (also a pseudonym) were breaking down my father's apartment door.

Ray called early that afternoon from a hospital, out of breath and distraught. "Sit down, you won't believe this," he said, over and over, then launched into a distressing, discombobulated account involving guns and bullets, an ambulance, the police.

Our father was in the intensive-care unit with two bullets in his chest.

I said it flatly: "He tried to kill himself."

Ray paused. "Why do you think that?"

And then I heard Kevin in the background, insisting that couldn't be the case — someone had probably broken into my father's apartment and shot him.

**T**HERE IS A LOT of denial involved in suicide," according to Evelyn Gladu, facilitator of Safe Place, a suicide-bereavement group in Somerville. In part, that's because there's no disease or doctor or drunken driver to blame for the death.

"The person chose to do this, and survivors ultimately have to come to realize they couldn't have done anything about it," Gladu points out. "There's denial, there's disbelief, there's guilt. Spouses continually ask themselves, 'Why couldn't I keep my love alive?' Parents take it very hard on themselves, because they wanted to be able to protect their child, even an adult child. They question everything they've ever done. Children of suicides face issues of abandonment and rejection, and wonder if this is a legacy — 'Will I end up this way too?'"

What is perhaps most difficult for survivor-victims, contends Gladu, is grappling with the awful realization that ending one's own life is an option. "Most people don't ever realize that," she says. "What suicide does is change the way people view the universe."

My family couldn't pretend for very long, to ourselves or to each other, that my father was a victim of anyone's vengeance but his own. The doctors were certain his wounds were self-inflicted. They also thought he had a good chance of surviving.

Initially, we told only the people closest to us what had happened. To others, we said, "He had a sudden heart attack." We were secretive in part to protect my father's privacy. And in part to protect ourselves.

On that nightmarish Friday afternoon, I asked close friends who'd had a suicide in their family to take my husband and me to the airport. I phoned another friend, Paula, with whom I was supposed to throw a party for friends the following night. Her response was one of the more comforting anyone uttered at that time: "Don't worry. Just take care of yourself. I'd only tell you who'd tell — people who understand your father isn't well."

Hearing someone acknowledge that my father wasn't healthy helped me enormously in the weeks to come. We were beginning to look for places he could get intensive psychiatric help. We were bracing for a long haul.

Then, one night, almost two weeks after he shot himself, a blood clot formed in my father's lung. He suffered a massive heart attack. His kidneys failed. His doctor kept him breathing on a life-support system until we could all

get to the hospital. He told us our father had about a 1000-to-one chance of living — probably in a coma. He suggested we consider removing the life-support system. We agreed. Early the next morning, our father died.

**W**E WERE MORE FORTUNATE than the families of some suicides. We were, at least, able to ask "Why?" (My father never answered, but it seemed clear to us that he was about to lose his business and everything he owned.) We also got our chance to say "Good-bye."

But we were also subjected to the stigma most-suicide survivor-victims suffer. We were treated callously. We were blamed.

Hundreds of people showed up for the wake of a depressed and isolated man. Most were supportive. But one woman approached my sister and asked: "Isn't there anything you kids could have done for your father? Did you all have to leave him all alone?"

A woman I'd never met came up to me, hugged me, then whispered eagerly, "Is it true he was lying there for two days?"

Even in my state of post-death shock, I was stunned at

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the insensitivity of her question. "If you think about what you're asking, which clearly you haven't, you'd realize it doesn't make any sense," I said to her, before turning abruptly and walking away.

"The only way people know anything about suicide — or homicide — is by the way it's portrayed in the media," says Gladu. "And what is not portrayed in the media is what happens to survivors. . . . So the suicide itself becomes a curiosity. And there's a total insensitivity to you as a bereaved person. That's why the suicide-bereaved person gets all of these questions about how and why."

As a journalist, I've been trained to rattle off information that may be unpleasant. I did so, in the months following my father's death, when asked how my father "did it." But I still recoil from that question, even though it comes up rarely today.

Most people have no idea what to say about self-inflicted death. In the weeks following my father's suicide, many people told me just that — "I don't know what to say." Some simply said, "I'm sorry." Others called. Dropped by. Invited us to dinner on the spur of the moment. Listened

when I rambled on, often incoherently. Let me cry. I appreciated each and every one of those expressions.

Not everyone was of comfort. A therapist I saw at the time was useless. To this day, I harbor ambivalent feelings toward people who never contacted me. I'm still appalled by those who responded coldly or cavalierly. ("Well, he got what he wanted," one former friend informed me.)

And I still resent those who expressed irritation that I wasn't "over it" within six months. As Gladu points out, normal bereavement takes 18 to 24 months. Suicide survivor-victims are numb for at least six. Our grieving only begins then. And healing takes longer.

**T**HOUGH I DON'T BELIEVE I've ever heard a gunshot hit someone, I woke up in the middle of the night several times in the months after my father was buried, thinking I'd heard bullets exploding into my chest. I still have that nightmare occasionally. And the degree of self-loathing, despair, and will it took for him to perform an act that violent and unnatural still terrifies me.

The fact my father did what he did also makes me angry. Many people who give much more in life than he did have gotten a lot less back. He had a lot to live for. He had three grandchildren he seemed to enjoy immensely.

Today he'd have seven, including my son, Christopher, who at two-and-a-half asks that we put on records of operas and ballets based on his fairy tales, so he can dance and try to act them out. That was something I did as a young child, so I could be in the same room as my father while he listened to music. The records we play for Christopher belonged to my father, and I often think he'd like listening to them with Chris.

The kind of pain I felt five years ago, when I said good-bye to my father, was palpable for a long time. It's subsided. But the enormous sense of sadness I felt at the time has not.

The last time I saw him, he lay in a coma. I stood by his bed, watching him. He hadn't been a particularly good father. Yet we get only two parents in life, and we try to forge the best relationships with them we can. No one in my family had ever neglected or abandoned my father. My brother went to extraordinary lengths to create a healthy relationship where there had been little but anger and hate. Yet, standing there in his hospital room, I realized that no matter how hard we tried, no matter what we did or said, my father felt almost entirely isolated. He was incredibly sad.

"I'm sorry life was so hard," I whispered, leaning over his bed. "Maybe things will be easier next time."

We buried my father five years ago this month. As I walked away from his graveside that morning, a tape we had put out of Horowitz performing Chopin's Ballade in F minor resounded in the post-ceremonial quiet. Horowitz had played it at the concert my father and I had traveled together to hear. My father had been ecstatic that day. It was one of the few times I ever saw him really happy.

I walked through the graveyard alone, reliving, savoring, that experience. Through tears, I stared gratefully at crocuses pushing their way out of the frozen ground.

My life had changed, unalterably. Though I am an energetic and optimistic person by nature, I now consider the world a precarious place. It is filled with snatches of beauty, splendor, and moments of ecstasy, to be certain. But as anyone who's ever lost someone to suicide knows, it is also a very sad — sometimes overwhelmingly unhappy — place. □

## WHERE TO GET HELP

*For the suicidal or despairing:*

Call the Samaritans, 247-0220, a confidential 24-hours-a-day hotline. Or drop in on the Samaritans, at 500 Comm Ave, in Kenmore Square, from 8 a.m. to 8 p.m.

*For the suicide-bereaved:*

Safe Place, a suicide-bereavement group, meets the first and third Thursdays of each month at 7:30 p.m., at Omega, in Somerville. For more information, call 776-6369, 24 hours a day.

—MD

## SUICIDE: MYTHS AND FACTS

**Myth:** People who talk about suicide don't do it.

**Fact:** Eight out of 10 people who commit suicide give some prior verbal, behavioral, or situational clue to what they intend to do. Statements such as "You'll be sorry when I'm gone," behavior including unsuccessful suicide attempts, alcohol or drug abuse, and problems like severe depression, anxiety, isolation, physical illness, or extreme financial difficulty are serious. Do not downplay or ignore these signals of distress.

**Myth:** People who kill themselves should be left alone — they really want to die.

**Fact:** Most people who commit suicide are ambivalent about whether they want to live or die. If you are close to a person who seems suicidal and you want to help, the most important thing to do is listen. Allow the person to talk. Suggest doing something active. Most important, make them aware that they can get help.

**Myth:** Only really crazy people kill themselves.

**Fact:** People who attempt suicide are rarely psychotic. Anyone going through extreme emotional pain can become suicidal. Members of both sexes, all ages, races, and classes take their own lives. In the United States, people over 65 have the highest suicide rate of any age group — not because they are sicker, or chronologically closer to death, but because so many elderly suffer from severe depression. The incidence of suicide among other segments of the population is growing. Since 1950, the suicide rate has tripled among people under the age of 24.

**Myth:** The tendency to commit suicide is inherited.

**Fact:** While there is evidence that some forms of clinical depression, which can precipitate a suicide, run in families, suicidal tendencies are not genetic.

**Myth:** It's so difficult to know what to say to the family and friends of a suicide.

*It's better to say nothing.*

**Fact:** The suicide-bereaved need expressions of support. A card, a short note, a few words, or a phone call saying "I'm sorry" or "How are you?" provide considerable comfort. So does listening, or inviting the person to join you in some kind of low-key activity. Don't ask questions about how the person who committed suicide died. Don't ask the survivor to speculate on why the victim did it.

**Myth:** Most people who kill themselves do so in December, between Thanksgiving and Christmas.

**Fact:** The largest number of people who commit suicide do so in the early spring. Many people become depressed when days are short and weather is bad, as is often the case in December — and suicide rates do rise at that time of year. But while the gray dreariness of late win-

ter often matches the suicidal person's state of mind, seeing trees and flowers in bloom, people outdoors being active, and others' often-elated moods in springtime frequently intensifies the despair.

**Myth:** The highest suicide rates are in Scandinavia and Japan. In the United States, more people kill themselves in the crowded, industrialized Northeast than in other parts of the nation.

**Fact:** Among nations, Hungary and Austria have the highest rates of suicides. Egypt and Ireland (two nonindustrialized and extremely religious countries) have among the lowest. In 1986 and 1987, Nevada, Arizona, New Mexico, Alaska, and Idaho had the highest suicide rates in the United States, according to the US National Center for Health Statistics. Massachusetts, Connecticut, New Jersey, Washington, DC, and New York had the lowest.

*Data provided by the Samaritans, Omega, psychologist Robert D. Wurafitz, and Rabbi Earl Grollman.*

—MD