

WHY?

TRYING TO MAKE SENSE OF SUICIDE

BY AIMEE LEE BALL

The creamy white shirt is Egyptian cotton, or Sea Island cotton, or cotton from one of those places where the bushes seem to grow cashmere, distinguished by impeccably monogrammed initials on the cuffs. There is a perfectly arranged spray of lilies on a perfectly patinated console in an office with a perfect

Park Avenue address. But Terry Boyce, the man whose pretty life is so obviously evinced by these accouterments, is describing the day he returned to his Vermont ski house on Presidents' Weekend six years ago to find that his 22-year-old daughter Julie had drunk a glass of Erustacator, an industrial cleaning agent intended to remove rust from carpeting. The bottle says "FATAL IF SWALLOWED." There are no maybes about it.

Suicide happens, even in the "best" of families—a dirty little secret classically overlooked, vehemently denied, hidden in the closet. Survivors used to suffer in penitent silence, careening from one revisionist "If only..." to another. The word "suicide" was spoken in the same hushed tones that used to be reserved for "cancer"—a family stigma to be hidden from anyone who might think the madness was catching or (worse) preventable. The shame was reinforced by church and state: as recently as the 19th century, in England, the body of a person who committed suicide was buried at midnight at a crossroad, a stake driven through the body and a stone placed over the face. Most insurance companies still are not liable for policies taken out within two years of a suicide.

But today, there are support groups for suicide survivors almost anywhere in the country, where you will find CEOs next to cab drivers, housekeepers next to the people whose houses they keep. The wonder of it is that there are any support groups at all. It is just recently that survivors of the some 32,000 Americans who commit suicide each year have become more outspoken about the tragedy and senselessness of their losses. Suicide is in the news, a sad fact of life that is being chronicled with increasing regularity.

The new attitude has been facilitated, as worthy causes often are, by celebrity confessionals, by glimpses of an anguished Joan Rivers (whose husband Edgar committed suicide in 1987) and Gloria Vanderbilt (whose son's suicide is chronicled in her new book *A Mother's Story*, reviewed on page 113). You can hardly pick up a copy of *People* magazine without reading about a suicide: Judy Collins' son (carbon monoxide asphyxiation) is a recent example. These terribly public disclosures show us that you can have a cheerful breakfast, lunch or dinner with a child who gets up and calmly steps off a fourteenth-story balcony.

There is even a foundation for the cause—the American Suicide Foundation, a national nonprofit organization dedicated to funding research, education and treatment programs for depression and suicide prevention. The ASF's annual Lifesavers Dinner takes place this month, honoring mental-health professionals—and, this year, actor Rod Steiger (who narrated a documentary on depression)—for their work in educating the public on suicide and suicide prevention. The ASF's work is cut out for it: hundreds of thousands of people in America attempt suicide every year and fail. Suicide among young people has tripled in the last thirty years—it's now the third leading cause of death for those between the ages of 15 and 24.

The question echoed at countless funerals (especially those of the young) is, Why would a person take his own life? In the Freudian interpretation of suicide, self-hatred (a typical trait of depression) originates in anger at a loved one, which the individual ultimately turns on himself. The 19th-century French sociologist Emile Durkheim, who wrote the seminal *Suicide*, saw the phenomenon as a failure of religion, government and family to remain forces for social integration. (We can only imagine what he would observe about the current culture.) But the truth is not so pat. "There is no one set of circumstances," says Herbert Hendin, M.D., executive director of the American Suicide Foundation and author of the book *Suicide in America*. "There's a certain percentage of people who kill themselves fairly impulsively. There are people who may be developing signs of mental illness but don't know what it is and feel that they're going crazy. There are people who react to specific events, some blow or disappointment or humiliation. There are depressed people who are *not* suicidal, and perhaps there's more desperation among those who are, or more rage, or a greater sense of shame or failure." Certainly, it must be frustrating for men and women of science never to be able to interview a suicide, but the ASF is doing the next best thing: documenting the cases of mental-health professionals with patients in treatment at the time they committed suicide.

One of the ASF's battle cries is the fact that suicide is not a disease, but rather that behind many suicides, there *is* a disease called depression. (The great irony and controversy is that we have a veritable new pharmacy of antidepressive drugs such as Prozac and its cousins concomitant with a rise in suicides.) Scientists studying the neurobiology of depression have now been able to pinpoint differences in the brain tissue and neurotransmitters of some people who are suicidal (which could lead to more effective ways of treating them)—but only some, and the research is still in the early stages. Still, science can't provide answers about all suicides. "I can give you all kinds of factors that probably play a role," says Dr. Hendin. "There's an increase in drug and alcohol abuse among young and old people and, thus, an increase in depression. . . . Demographers have shown that whenever any large group of young people come of age, life is harder for them because the competition for everything is harder. Demographers even predicted that the baby-boom generation would see more divorce, more alcoholism, more suicide. And it has."

Another key to suicide is that it seems to run in families. A vital part of prevention is to be aware of one's family history—perhaps the "crazy" aunt who died mysteriously—and to watch family members vigilantly for warning signs. No one social stratum is exempt or in more jeopardy than another. While suicide was once thought to be associated with the hard life of the poor, that is no longer the case. Consider the four suicides in the patrician Connecticut family of Katharine Hepburn. "People think that suicide belongs to a class of limited social

Warning Signs

- **TALKING ABOUT IT:** Be alert to statements such as, "Everyone would be better off without me." Sometimes the person speaks as if he or she were saying good-bye.
- **PLANNING:** The person may arrange to put his or her affairs in order—give away valuable articles, pay off debts or change a will.
- **DEPRESSION:** Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression may appear as obvious sadness but is often expressed as a loss of pleasure or withdrawal from previously enjoyed activities. Be particularly concerned if five of the following symptoms have been present almost every day for several weeks:
 - change in appetite or weight
 - change in sleeping patterns
 - speaking or moving with unusual speed or slowness
 - loss of interest in usual activities
 - decrease in sexual drive
 - fatigue
 - feelings of worthlessness or guilt
 - indecisiveness or inability to concentrate

What Should You Do?

- Take it seriously. More than three quarters of all suicides give some warning to friends or family.
- Take the initiative to ask what is wrong and overcome any denial or reluctance to talk. Don't be afraid to ask directly if the person is considering suicide, even a particular method.
- Don't attempt to argue the person out of suicide. Resist the temptation to say, "You have so much to live for." Let the person know that you care and understand, that depression can be treated and that problems can be solved.
- Urge the person to see a physician or a mental-health professional immediately. In an acute crisis, take the person to an emergency room or walk-in clinic at a psychiatric hospital. Do not leave the person alone until help is available.
- Follow up on the person's treatment, making sure that any prescriptions are filled and taken. Notify the physician about unexpected side effects so that alternative medicines can be tried.

A.L.B.

access or funds, like in a Dickens novel where someone throws himself off a bridge because he cannot pay for the Christmas meal," says Andrew Slaby, M.D., clinical professor of psychiatry at New York University Medical Center and an ASF board member. "But many of the finest families have lost someone to suicide. People who die by suicide don't want to die—they just want to end the pain. And it's utterly naive to think their pain is more acute if they're poor."

Just as suicide runs in families, it runs in communities, reports Barry D. Garfinkel, M.D., director of child and adolescent psychiatry at the University of Minnesota Medical School in Minneapolis. The concept of "psychic contagion," or the "copycat" phenomenon, has been documented for many years. That's why there are places known as lover's leaps. It's also why there is a larger societal concern attendant to the suicide of a Generation-X idol like rock musician Kurt Cobain. And yet it's important for parents to discern between real alarm bells (a change in appetite, concentration, sleep) and garden-variety teenage angst, the kind that makes a girl threaten to kill herself if she doesn't get a certain dress for the prom.

"What's shocking is that parents often hear the cries but do not understand the depth of them," says Dr. Garfinkel. "Youngsters threaten in manipulative ways. The threat can sound so attention seeking. It's different than imagining your son actually going to a pawnshop for a gun and driving to a deserted area to shoot himself. Kids can be moody and meanspirited, but they can also be suicidally depressed. Know that it can and does occur."

Terry Boyce knows the pain intimately. When his daughter took her life, she was ninety days from college graduation, pretty and popular, having recently lost the 100 pounds she put on while taking Lithium for depression. Her older sister had cut herself off from the family, but "she was going to reconvene with everybody in a grand and glorious way at Julie's graduation," Boyce says. He was himself a businessman, a lawyer and a partner at an executive search firm, but a loving and devoted father. "This was not a daughter I didn't know," he says, "and I thought I knew her inside and out. We were soul mates, yet this happened right under my nose, and I never saw it coming. She

had been home for Christmas, and in retrospect there were things that didn't interest her that should have. I put an extensive new sound system in the house, and Julie was the gadgeteer in the family; but for the two weeks she was home she never once turned it on. The fact that I dragged her to Bogner and bought her a ski outfit she didn't want should have told me something. Sunday was the day I bought her the outfit, and she knew very well that Monday she was going to do what she did. She planned the whole thing. She specifically asked me to come up that Presidents' Weekend. She paid all her bills in cash in advance and cleaned out her bank account. She had been

editor of the yearbook, and we learned later that the book had one blank page. On that page went her face. She even had that planned."

There are no words for this, for the pain and horror and disbelief. It is different, suicide survivors report, from any other kind of death in the family. If you mention in polite society that you have lost a child/parent/spouse, and your acquaintance feels comfortable enough to say, "I'm so sorry—what happened?" you will get one kind of look if you answer that the relative succumbed to cancer or crashed on the turnpike. But if you say the loved one was a suicide, the look is entirely different. It is

what one woman describes as the "Oh, God" look, as in "Oh, God, why did I ask?" There is the tacit assumption that you must have been a neurotic mother, an unresponsive sister, a callow wife; that the snuffed-out life could have been saved, given the proper care. (There have been several abortive attempts at support groups that combine parents whose children have died by their own hand and those who've lost children to illness. The latter seem to feel, and sometimes express, a greater claim to grief, as in, "My child had cystic fibrosis, but your child didn't have to die.")

And yet nobody is harder on survivors than they are on themselves. "You do such a job on yourself, relative to everything you could have or would have or should have handled differently," says Terry Boyce. "You feel branded, shamed, guilty, enraged, and there isn't anything you can do about it. You're naked in the wind. Ultimately I made a decision not to hide from it." Boyce became chairman of the board of the American Suicide Foundation, which helps survivors by maintaining a

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national directory of support groups and sponsoring conferences to train the people who lead them. "I think it's difficult for a survivor to buy a statement such as, 'Now she's at peace,'" says Boyce. "I can tell you what I think of that one, and it isn't very nice. There's a concept that out of this, there can be some good, that it can be a gift, and I say there can be no gift from this. But with me, pain turns to anger, and the anger creates an energy. There's a fine line between turning it negatively or positively. Fortunately I was able to turn it positively. I'm a fighter. It is frankly a way for me to fight back. I'm fighting to undo something I can never undo. I know that. But it's therapeutic."

Two years ago the chairman of the ASF fundraising dinner was Susan Gutfreund, a prominent social figure who used both the force of her personality and her extensive connections to bring suicide, for perhaps the first time in history, to the attention of the public. Gutfreund was astonished to find little patronage for the ASF from within her social microcosm. "You would be staggered by the number of people I wrote to who had this problem in their families," she says. "I never heard from them. I've looked people in the eye who've lost children to suicide, and they don't want to talk about it. The higher you go up the ladder, the more difficulty you have with people accepting that this can happen to them."

It happened to her. Eight years ago her younger brother took a shotgun he had been keeping for a friend from Texas during hunting season and blew his brains out. He was 32, successful at his job but depressed about a divorce and missing his young daughter. Gutfreund turned her grief into an odyssey, a search for answers about her brother's life and death that is fairly typical for survivors. "My parents were incapable of doing it," she says, "and as the eldest child, I felt I had to do something. You want to know what you missed. You want to see an instant replay, like Monday-morning quarterbacking."

Suicide isn't supposed to happen behind the security gates of River Oaks or the Palladian windows of Grosse Point Farms. "I know of someone who was personally in charge of a \$300 million trust fund from his grandfather but who threw himself out a window," says Dr. Slaby, the psychiatrist and ASF board member. "You wouldn't believe that someone could have all that and kill himself. Often the curse of depression is worse for those of that social class. They don't know why the pain is there. They think: I am rich, I went to Harvard or Vassar, I inherited a family business, I've traveled the world, my spouse and I are photographed as the perfect couple. What's *wrong* with me? Why should *I* be depressed?"

But it is this very puzzlement over their depression that often leads potential suicides to hide their feelings at any cost. Many suicidal people are excellent con artists, according to Karen Dunne Maxim, a family therapist who is a coordinator of a suicide-prevention project at the University of Medicine and Dentistry of New Jersey. The night before Dunne Maxim's 16-year-old brother took his life, he was picked up by the police for throwing ▶ 162

A Mother's Story

"On July 22, 1988, in New York City, Carter Cooper took his own life," states Gloria Vanderbilt in her new memoir, *A Mother's Story* (Alfred A. Knopf; \$19). "I was there when it happened, and I thank God it was me and not his father, who could not have survived. But I may be wrong about that—I thought I couldn't either, and I did."

Gloria Vanderbilt has known sadness in her life—indeed, the first sentence of the book is "Some of us are born with a sense of loss"—including her lonely childhood and the early death of her husband (and Carter's father) Wyatt Cooper. But nothing could have prepared her for the shattering moment that began when her 23-year-old son got up from a nap late that July afternoon. Carter ran into her room, acting very strangely. He then fled up to his brother Anderson's room—a room with a terrace. Vanderbilt tried talking to him but he wouldn't listen, couldn't hear. "Something had clicked him into something else," she writes, "and the only thing that stopped me from clicking into it with him and following him over the wall was Anderson."

The book is a powerful, impressionistic look at what survivors of suicide go through: the constant replaying of the harrowing final instant, in this case when Carter let go of the wall; the aftershocks of denial, despair and self-blame; the visions of his face in strangers on the street; the feeling that he remains close by. Like William Styron's *Darkness Visible*—a chronicle of the author's own depression—Vanderbilt's book is a sort of personal catharsis, as if only by telling her story can she learn to accept the loss.

But understanding that loss is an entirely different matter. The same question haunts her: why did Carter do it? Was it the asthma medication he had recently begun taking (she later found out that its possible side effects can include nightmares and acute paradoxical depressive states), was he sleepwalking—as he was prone to do—or was it a latent depression, something she did not know about? The belief that someday she *will* know has had to be enough. "I believe the answer itself will be so simple, so right, so true, that when we do understand, we shall no longer cry out *Why, God, why?*—for with understanding we shall be out of pain, out of darkness into light. It takes a great leap of faith to believe this, but I do, and in some measure it has brought me peace." ERIK TORKELLS

Correction

In the last issue of Town & Country, the 800-number listed for Baccarat Crystal in association with the Wedding Planner promotion was incorrect. The number should have been (800) 777-0100. We apologize for any inconvenience.

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Why?

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stones at the headlights of cars. "He fooled them," she says. "He told them he wanted to write a novel about being in a psychiatric hospital. He was interviewed by six people, all caring and trying to reach him, but they discharged him and told my mother he was fine. The next day he threw himself in front of a Long Island commuter train."

Dunne Maxim was shocked that her brother had been able to hide his desire

Where to Go For Help

The following organizations offer information about the prevention of suicide and help for survivors:

AMERICAN SUICIDE FOUNDATION
1045 Park Avenue
New York, New York 10028
(800) 531-4477 or (212) 410-1111

AMERICAN ASSOCIATION OF SUICIDOLOGY
4201 Connecticut Avenue, N.W.
Washington, D.C. 20008
(202) 237-2280; fax: 237-2282

SOS (SURVIVORS OF SUICIDE)
The Link Counseling Center
348 Mt. Vernon Highway, N.E.
Sandy Springs, Georgia 30328
(404) 256-9797

to commit suicide from a family that included three people with advanced mental-health degrees. "For many years after the suicide we kept it secret," she says. "We weren't quite sure why, but we thought: just keep quiet about this. I was working as a family therapist, and I thought people would think less of me: 'She couldn't save her own brother.'"

Iris Bolton is another mental-health professional who couldn't prevent a suicide under her own roof. When she pulled into her driveway on a Saturday afternoon nineteen years ago and saw friends with vacant faces, she first thought that something had happened to one of

her horses. But it was one of her sons who was dead: 20-year-old Mitch, popular, charming, talented, sensitive Mitch. The night before he died, he'd gone out and bought ice cream for the whole family. The next day he walked past his father and a neighbor having coffee in the kitchen, gave them a jocular greeting, went to his room, called his ex-girlfriend and said, "I will be a star in the sky and watch over you." Then he put one gun to his temple, another in his mouth and pulled the triggers. An old high school book report on Thomas Hardy was found on his night table. He had written, "Hardy recognizes the fact that death is imminent and is the only real end of depression, pain and failure."

Bolton, the director of the Link Counseling Center in Atlanta, had three other sons. "But when my minister called three months after Mitch died and asked if I'd start a survivors' support group, I said, 'No, go away, I'm not sure yet if I'm going to live,'" she recalls. "It feels like a betrayal of the person to go on." She did go on to found Survivors of Suicide, a kind of SWAT team for the bereaved. "When you go through this, you become what I call a wounded healer," she says. "You must do four things: first, you have to tell the story until you believe it and can't deny it anymore. Second, you have to express the emotions—write, talk or scream about the anger or guilt so it doesn't cause injury to yourself; so you don't have an auto accident or a heart attack. Third, you have to make meaning out of this tragedy, even if it's going to a group to support someone else. And last, you have to make a transition from the physical presence of the person to a different relationship, spiritual or symbolic or memory. Instead of letting go, you incorporate."

Because suicide is such an equal-opportunity purveyor of grief, this kind of mourning takes place in penthouses and subsidized housing alike. There is no safe house. Andrew Slaby often tells survivors that suicide is like a pulled thread in the tapestry of life: the cloth may be beautiful, but your eye will always find the flaw. ❧