

Surviving Suicide: The Ones Left Behind

Lorna Simon

I began writing my story to put down my thoughts and feelings and, hopefully, make some sense of something that makes no sense.

On October 16, 1977, when he was 26 years old, my brother Dennis jumped from a sixth-story window in a general hospital in Philadelphia. According to newspaper reports, he sat on the windowsill and then fell backward. My father, on his way to visit him, stopped at my brother's apartment to pick up a few things. When he arrived at the hospital, my brother's body had—fortunately, for my father—been removed from the scene. Forever after, my father would blame himself for not going directly to the hospital. But I think it was fortunate that he did not; if he had been any earlier he might have seen it happen, and I doubt that he could have prevented it. I don't think my father could have survived seeing it happen. He cried all the way home during the hour-long drive from Philadelphia.

Dennis had been in the hospital because he had injured himself after discharge from a psychiatric hospital. He was at the psychiatric hospital on a 72-hour hold, and the hospital discharged him rather than committing him. Apparently the psychiatrist there felt that Dennis presented no danger to himself.

There was some talk of Dennis' death not being a suicide, that he was acting under the delusion that he could fly. I have never believed that. Dennis had attempted suicide before, at least twice that I know of, once using the same method. I think he just

couldn't bear the pain anymore. Although I have often felt anger toward him because of the pain his last act has caused me, I cannot blame him.

I was at college in Boston at the time. My boyfriend broke the news to me. He simply said, "Your brother committed suicide." I remember thinking later that that was a very cruel way to tell me that my brother had died. Given Dennis' history, it wouldn't have taken me long to figure out that he had killed himself once I had learned that he had died.

I have no idea how I got to my parents' house from the Philadelphia airport. I have little recollection of any of the events surrounding Dennis' funeral. I remember going to the funeral home with my parents to choose the casket. All I remember of the funeral is my father telling me to kiss my brother good-bye, as is the custom in his family. I leaned down to kiss Dennis, but I'm not sure whether I kissed him or not. I just remember breaking down and crying, a cry that came from deep inside me.

When I came back to school a week later, I was in terrible shape. I could not sleep. I remember lying in bed at night with a death grip on the bed frame, for fear that I would go out the window myself. I could not stand to be alone. I talked incessantly about my brother's death, and no one seemed to listen. Death is not something that most 20-year-olds like to even think about, let alone talk about. Suicide is unmentionable, especially when the person who's talking about it looks like she is crazy enough to do it herself.

That fear turned out to be unfounded. Although being a suicide survivor makes me statistically more likely to kill myself, I know that I would never, ever do so. I know what it feels like to be a survivor, and I could never do that to anyone I cared

for. Of course I have thought about it. In my worst moments, I've tried to figure out how I could do it and make it look like an accident. Fortunately, I did not find an acceptable method.

The first year after Dennis' death was a blur. I don't know how I managed to get through school that year. As a matter of fact, I did not. In the spring I became so severely depressed that I had to withdraw from school.

I returned to school in September, although I had recurring episodes of depression. One night I went to the top of the Prudential Center with some friends. Standing at the window, looking down 52 stories, the terror returned.

I wish I could say that it ended there, that I've worked through my grief. I am still plagued by what I call the "if onlys." If only Dennis and I could have switched places: if I had been born five years before him, instead of the other way around, he would have received more appropriate treatment and perhaps not seen suicide as his only option. If only the psychiatric hospital had committed him. If only he hadn't been on the sixth floor. If only he had been in restraints.

My brother was unfortunate in that he was receiving treatment during the height of the deinstitutionalization movement. Although the goals and many of the results of this movement are admirable, there were some unfortunate consequences, including my brother's death. Sadly, the situation is no better today, and arguably worse. The advent of managed care, with its incentives not to hospitalize people, has created a situation reminiscent of the era of deinstitutionalization.

I suppose I have made some progress in the quarter century since Dennis' death. I no longer feel guilty about his death or feel that I could have done something to prevent it. I

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don't think my parents ever stopped feeling guilty; my father felt guilty until the day he died. I am no longer filled with anger at the clinicians who treated my brother. I realize now how little was known at the time. However, I still feel anger when I think of those involved directly in Dennis' care during the week before he died. I don't think I'll ever be able to forgive them.

Despite the progress I have made, the death of anyone close to me rips open the wound. When my father died, all the memories of my brother's death flooded over me. I had a couple of friends who died very young. I could not attend their funerals. A colleague in the department of psychiatry where I work was murdered two years ago. Although I did not know her all that well, I was devastated.

Even fictional suicides are difficult for me. One day, I watched an episode of *E.R.* in which one of the characters attempted suicide. I cried uncontrollably. A few days later, I saw a rerun of *St. Elsewhere* in which one of the characters committed suicide by jumping off a roof—at least I assume he jumped; I could not watch. I closed my eyes and put my hands over my ears and screamed.

At times people have wondered—and indeed I have wondered myself—why I am still so troubled a quarter of a century after Dennis' death. For a while I told myself and others that it is not just my brother's death I have to get over, but also his life. He was always very troubled, from a very young age. My biggest fear growing up was that I would end up like him. When I was given a diagnosis of bipolar disorder after he died, I really became concerned.

In the end, I think it makes no sense to look for the reason his death was so difficult. No one ever really gets over the death of a loved one. And it is particularly difficult when the person has taken his own life. No matter what you did or tried to do, you will always feel that there was something you could have—should have—done to prevent it. I still cringe every time I remember being mean to my brother as a kid, every time I teased him. Expecting survivors not to have a difficult time dealing with their loved

one's suicide is absurd. So I no longer apologize for it or try to explain it to anyone. I think that people who expect you to get over it do so because of their own discomfort with suicide.

Suicide has reached epidemic proportions. It is the third leading cause of death among 15- to 24-year-olds (1). Refusing to talk about it and hiding it are not solutions and may even make things worse. It is important to talk about suicide, not just for catharsis but also to let people know how devastating it is for those who are left behind and to advocate for more effective ways of treating suicidal behavior.

The American Foundation for Suicide Prevention and the American Association of Suicidology are two groups that have been doing just this for more than a decade. Both groups

provide information and professional training about suicide, support research on the treatment and prevention of suicide and suicidality, and sponsor support groups for suicide survivors.

For more information, contact the American Foundation for Suicide Prevention, 120 Wall Street, 22nd Floor, New York, New York 10005; toll-free, 888-333-AFSP; phone, 212-363-3500; fax, 212-363-6237; www.afsp.org, or the American Association of Suicidology, 4201 Connecticut Avenue, N.W., Suite 408, Washington, D.C. 20008; phone 202-237-2280; fax, 202-237-2282; <http://suicidology.org>. ♦

Reference

1. The Surgeon General's Call to Action to Prevent Suicide. Washington, DC, US Public Health Service, 1999

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