

## On the Death of Two Fathers

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I am haunted recently by the ghosts of two fathers. Each in life had three children, each child long and still my patient. No longer able to see a light at the tunnel's end, both fathers this winter took their own life. I crave to be rid of them, these specters, but they will not leave me until I consider, and you, why they quit life having left unfinished so much that they had set out to do.

It is a puzzlement to us the despair necessary to leave behind young children and their mother. Our first reaction might be to label the act cowardly, or selfish. But is it?

Or is it that quitting life is harder than it would seem? How formidable the mission of overcoming the primal instinct to survive. We mustn't be too eager to mete out judgment. We should reserve it until we too have experienced such hopelessness and unbearable mental pain. Whether or not we are mentally unwell, we all have our breaking point.

The footpaths that led to these fathers' departures are uniquely their own. They remain obscure even to their loved ones who may, as survivors of suicide are wont to do, burden themselves at times with needless guilt for not having somehow followed the tracks. We must take care then not to oversimplify the complex array of factors that lead to the decision to take one's own life. We must avoid the hindsight tendency to wrap things in neat bundles of cause and effect.

The only thing that can be safely said is this: death for these men was a refuge.

As have so many millions in this tightrope economy, these men had for a time experienced long-term joblessness. It is well established that the unemployed commit suicide at a rate two or three times higher than the national average, with middle-aged men the most likely. The longer the spell of unemployment, the higher the likelihood, as unemployment benefits run out and health insurance coverage expires.

A study by the Centers for Disease Control and Prevention revealed that this nation's suicide rate from 1928 to 2007 ebbed and flowed in tandem with the business cycle. It spiked at the onset of the Great Depression, rising to an all-time high in 1933. It fell to its lowest point during the booming '90s.

In the bleak economic time since 2007, the rate has climbed steadily higher. There is no saying how many suicides the Great Recession has caused. Complicating the interpretation is the high rate of suicide among returning Iraq and Afghanistan War veterans, a national tragedy deserving of far more attention than it has received.

Losing a job doesn't lead to taking one's own life – losing hope does. Nothing destroys the spirit like joblessness, purposeless and poverty.

Long-term unemployment – defined as joblessness for more than six months – may lead to the loss of a home, a marriage, or retirement security. Such losses can result in shame and despair, the ingredients for thoughts of suicide, especially in those mentally vulnerable or who do not have good support systems. Experts in the science of suicide point out that while chronic unemployment exacts on all a terrible psychological toll, most who complete the act of suicide suffered from substance abuse and/or ill mental health.

Chronic joblessness often leads to loss of insurance coverage. Mental and physical health needs then go unmet. When sickness comes, the uninsured wait, and hope that they'll get better. They don't treat their diabetes and high blood pressure. They ignore the ache in their gums, or the pain in their chest. They live sicker, and are at greater risk of dying sooner.

As joblessness worsens, desperation rises. The jobless may increasingly feel disconnected from society, invisible and unwanted. Loneliness, isolation, feelings of inadequacy, and perhaps then marital separation or substance abuse – all increase the risk of despondency, the springboard for suicide. The weight of what a man feels is not always the same as the weight registered on the scales – sometimes it's less, and sometimes it's very much more.

As for those ghosts that haunt me, the precise reasons for these fathers' suicides are unknown and unknowable. At best their families' understanding is and will forever be incomplete.

But what is known is that the ranks of the long-term jobless in America keep growing even as the unemployment rate goes down. Understanding that suicides increase during national downturns underscores the need for greater public awareness as to who is most at risk in today's hardscrabble economy: twenty- to fifty-something males, an age group commonly with household children for whom a healthy father is crucial to their long-term stability and success.

There must be available to the at-risk more than fine words of support. "Keep your chin up" doesn't pay the mortgage or utilities, or put food on the table. The more hands, the better to pull them out of the dark and suffocating world of chronic unemployment.

Family, friends, and neighbors can create a safekeeping network. Churches can and do offer care and community. Local clinics such as Volunteers in Medicine and the Community Health Clinics of Lane County can offer medical care to the uninsured. The full menu of local available community resources can be found at: [www.211info.org](http://www.211info.org).

In the event of a threatened suicide, Lane County families are urged to call 911, or the 24-hour Crisis Intervention Line (1-800-422-7558). The county health department has a website ([www.preventionlane.org](http://www.preventionlane.org)) which offers information and local resources.

Additionally, the National Suicide Prevention Lifeline (1-800-273-TALK) offers acute crisis counseling. Their website ([www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)) contains a wealth of information for families on recognizing in loved ones the warning signs of suicide. Such signs include talking of wanting to die, of feeling hopeless or purposeless, or of being a burden to others; increasing anxiety, rage, or withdrawal; and worsening substance abuse.

However, recognizing the signs may not be sufficient to save a person who does not wish to be saved. While the mental states that lead to death by suicide are largely treatable, and while our collective goal should be to allow no one to reach the end of their rope, with only strength left to let go, the ultimate choice to receive help or to not, to live or to die, rests with the individual.

As for the two mothers left behind, their grief is as sharp and as hard as broken glass. It is unthinkable to them that their loved one is gone. The pain of their willful exit tears pieces from their hearts.

But life has to go on; it does go on. In due time there will be healing. Ghosts will fade. Grief will ease into melancholy, and then into acceptance. To ease their heartbreak, these courageous women ask of us that we turn up our awareness, that we stand square and ready to extend a secure hand to arrest – as one mother put it – the "slow, downward spiral", the eddy in which too many find themselves caught in our rags to rags, riches to riches modern times.