

*"This book is a masterpiece for the survivors of suicide
and those who care about them."*

—DAVID SATCHER, M.D., PH.D.,

16th U.S. Surgeon General and Interim President of Morehouse School of Medicine



Dying to Be Free

A Healing Guide for Families after a Suicide

Beverly Cobain
Jean Larch

Every Seventeen Minutes

The telephone jars me awake the morning of April 8, 1994. I croak a “hello” into the phone. At first I don’t recognize the voice that greets me: a quiet male voice, with an edge of excitement. “Is this Bev Cobain?” he asks, and identifies himself as a local newspaper reporter with whom I have spoken on previous occasions. I am distracted by the sun shining in my eyes and I want to go back to sleep. The reporter’s next words change that.

“Bev, they just found a body dead of a shotgun blast in Kurt’s house, but they’re not sure who it is.” He is speaking about my cousin Kurt Cobain, front man for the rock band Nirvana.

I’m stunned into silence, but suddenly awake. My mind searches for meaning in his words. Someone has discovered a body. Someone is dead in Kurt’s house in Seattle. They don’t know who it is. Then I remember something important.

“It can’t be Kurt. He’s in treatment in California.”

The reporter adds a detail new to me. “Kurt abandoned the treatment center a few days ago. Bev, they think it’s Kurt.”

There is silence on the line. I can’t breathe. Maybe it isn’t

Kurt. Who could it be? My mind is buzzing with confusion. My eyes hurt. I don't get it. How can they not know whether it's Kurt? Everyone knows what Kurt looks like. I feel my heart jumping and thudding against my chest. My brain is trying to tell me something that my mind does not want to know. The message suddenly gets through and the shock of it brings me out of bed and drops me to my knees. They don't know whose body it is because there is no face!

Oh my God! Oh my God! Oh my God! Now I know it is Kurt, and I know he has killed himself. He has done the very thing I tried to warn his grandfather about. He is twenty-seven, the same age as my son Michael. Young, talented, beautiful, funny, sweet, smart. Gone. Sobbing, I hang up the phone.

I am devastated. I am afraid for his wife and child, his parents, siblings, relatives, and his friends. I am terrified for his fans. The possibility of copycat suicides is very real among the millions of kids and young adults who adore Kurt, look up to him, try to imitate him, and believe they are kindred spirits.

I am afraid for me. Afraid of the anger and of the guilt welling up within me. I pace back and forth in my bedroom, crying and talking aloud. I should have done more to save him. At some level I know this thought is ridiculous, even arrogant. Still, I am a psychiatric nurse, for God's sake! I knew he was in trouble. I saw his sadness and rage in his antics on television and in media articles, and I heard them in his lyrics. I knew he was at very high risk for suicide, that he was obsessed with guns and kept several in his house. I

knew he was addicted to drugs. The two prior suicides in our family raised his risk significantly.

I had felt like an unwelcome intruder weeks earlier when I spoke to my uncle, Kurt's grandfather, about my fears for Kurt's life. He said he wasn't worried. Why didn't I insist he take me more seriously? Why was I afraid of frightening him? I felt helpless.

Now I remember the white T-shirt Kurt wore onstage and in photographs, the shirt on which he had written for all the world to see, "I hate myself and I want to die." Could his pain and risk for suicide have been made any clearer? Why hadn't I done more? Right now all I can do is cry.

Kurt Cobain's suicide was one of 31,000 reported annually in the United States. According to national suicide prevention organizations, a suicide occurs in this country every seventeen minutes. Sadly, in spite of prevention efforts by researchers, scientists, and other professionals, the rate is not falling. We now have suicidology—the study of suicide—and suicidologists, yet we still don't know what causes it, how to prevent it, or how to predict it. The statistics available today are based primarily on estimates and conjecture. There is no way to know what the real numbers are.

Nevertheless, several reliable organizations do track reported data and offer estimates. These include the American Association of Suicidology (AAS), American Foundation for Suicide Prevention (AFSP), the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics (NCHS), the National Alliance for the

Mentally Ill (NAMI), Suicide Awareness Voices of Education (SAVE), the World Health Organization (WHO), and the Yellow Ribbon Suicide Prevention Program. More statistical data can be found at these groups' Web sites, listed at the back of this book.

If you are a “survivor of suicide”—and here this term means a person who has lost a loved one to suicide—you are not alone. A suicide occurs every seventeen minutes in the United States; eighty-eight each day, according to AAS estimates.¹ Left in their wake are about forty new survivors each hour; almost a thousand each day. There are an astounding ten million survivors living today.²

Four times as many males as females complete suicide, although female attempts outnumber male attempts three to one. Firearms are used in about 60 percent of cases.³ Each year, nearly twice as many Americans die by their own hand as by homicide.⁴ In 2000, suicide accounted for almost half of all violent deaths worldwide.⁵

Young people are a significant part of this critical public health issue. About every two hours a young American dies by suicide; it is the second most frequent cause of death for college students, the third most frequent for youth fifteen to twenty.⁶ And even among children ten to fourteen, the rate has more than doubled since 1990; in 2001 there were 272 known suicides in this age group.⁷

And reported data can only tell part of the story. The actual magnitude of this problem is utterly unknown; the numbers may conceivably be as high as double those estimated above.

“Whenever figures on suicide are presented or discussed, there are always those who question their reliability, insisting that in many places, and due to several factors, suicides are hidden and that the real figures must be much higher. We acknowledge this point and believe it reinforces the gravity of the problem of suicide.”⁸

—WORLD HEALTH ORGANIZATION 1999 REPORT

Nor does suicide respect boundaries. No matter what a person’s social or economic status, religion, education, IQ, race, gender, or age, suicide strikes within them all. And prevention is problematic. Despite what experts tell us about risk factors, warning signs are rarely given any significance before the tragedy occurs, leaving families and friends shocked and incapacitated, workmates and communities stunned. In addition, if it was a child or adolescent, entire school student bodies are left struggling with anxiety, confusion, sadness, and fear.

Uncertain Statistics

Several factors account for the unreliability of these estimates, including questionable intent and underreporting.

When the intent of the person who died is unclear, the manner of death is not easily determined. Circumstances may be ambiguous, especially in cases of overdose or self-poisoning because they occur so often and in uncertain contexts. Unless the person has left a note—fewer than one in

four do—or is known to have been depressed and/or suicidal, self-poisoning may seem like a natural death and not be drawn to a coroner's attention. Other suicides might appear accidental, such as driving a car into a tree (autocide), insulin overdoses, some firearm deaths, "falls" from high places, and some drownings.

Thirteen-year-old Ashley, after a family argument, suddenly opened the back door of their moving vehicle and rolled out onto the highway. Her father stopped the car and ran back to where his daughter lay unconscious. While the weeping father held her head in his lap, Ashley died. Although at first Ashley's death was recorded as a suicide, her family did not believe her jump from the car was a suicide attempt. They were able to have the manner of death on the death certificate changed to "accidental," since her intent remained questionable.

We believe, along with many experts, that reported cases tell only a small part of the story, and that the actual number of U.S. suicides over the past twenty years may be close to *one million*.

Psychiatrist and author Edwin Shneidman noted in 2004, "In the United States, we are sure that accurate statistics are nonexistent. Among the experts there remains much confusion and difference of interpretation about how to classify deaths. What may be considered a suicide in one locality is often reported as an accident in another."⁹

A related factor is stigma. Although families may know a loved one killed himself, they often vehemently deny it to avoid public scorn and scrutiny. They report a different cause

of death; insulin and other overdoses are common examples. One survivor, Nina, found her husband dead of a shotgun blast to his head, but she never told anyone but the children what had actually happened. “I could never have let our friends know he killed himself,” she said. “I told everyone it was a heart attack.”

Prior Attempts: The Strongest Predictor for Suicide

After she was cleared by the hospital emergency room, fifteen-year-old Susan was admitted to the mental health unit following a suicide attempt by drug overdose. She was accompanied by her distraught parents, who adamantly claimed that their daughter had never done anything like this before, nor could they think of a reason she would “try something so crazy now.” After her parents left, Susan disclosed that she had taken a handful of pills on three prior occasions, but had unexpectedly awakened in the morning, ashamed to tell anyone, and feeling more helpless than ever.

Susan’s story is an all too common one, and again, numbers can only suggest the gravity of the problem. For the year 2001, the AAS estimated 750,000 suicide attempts—that is, more than 2,000 a day, 85 each hour. Experts tell us that a total of some five million Americans have tried to kill themselves at some time. But the problem is much larger than that. For each adult suicide completed, at least 25 attempts are made; for adolescents, as many as 200.¹⁰ Of the 31,000 completed suicides per year, about 26,000 are adults, 5,000 are youth. Therefore, we can count attempts at

some 650,000 for adults and a million for youth annually in the United States—astounding and unacceptable numbers.

Unfortunately, it is an enormous global problem as well. In 2000 the World Health Organization estimated a million suicides annually worldwide, with attempts exceeding them tenfold, perhaps twentyfold. What does this mean? One death by suicide on our planet every forty seconds, and one attempt every three seconds.¹¹

Very often, following a suicide, families learn of at least one prior attempt. Many people who survive an attempt never tell anyone. Others may swear a friend to secrecy. These secrets make it impossible to obtain accurate figures—but prior attempts continue to be the strongest predictor for suicide.

“I returned from work that evening to find my daughter hanging in the garage,” said Michael, a survivor father. “After the funeral I set out to find out why she had wanted to die. I was talking to one of her friends, who then broke down in sobs and told me Brenda had tried to hang herself the week before, but the belt had broken. She told this friend but swore her to secrecy.”

Today, in a typical American high school, one-third of students say they know of someone who had attempted suicide but didn't die. With some 800,000 young people doing so each year, the gravity of this issue is being greatly underestimated. Notably, suicide attempts are not tracked in the United States, and attempts not requiring medical attention are not likely to be reported.

According to various media sources, Kurt Cobain was

found near death in a hotel room in Rome on the first day of March 1994. It was reported as an accidental overdose and therefore not a suicide attempt. Kurt shot himself thirty-seven days later. When a person can no longer tolerate the intense psychological pain, when he reaches the point where death seems the only way out, without some kind of meaningful intervention it is only a matter of time until the suicide.

NATHAN
1984–1997

Leah, a survivor, tells about her brother Nathan.

I was the one who found Nathan dead of carbon monoxide poisoning in the garage. I tried to wake him up, and when I couldn't, I felt my heart die.

The next twenty-four hours were hell. I cried until I couldn't cry anymore. I was so hysterical that the cops had to have someone watch me because they thought I might kill myself.

Nathan never wrote a note, but he had written on the garage door, "House of pain."

My mom thought Nathan was murdered, and she tried to kill herself twice. She was in a psychiatric ward for two weeks and then went into a horrible depression. I couldn't be around my mother because all she was doing was crying and saying how she wanted to die.

I don't feel my needs were ever met. I needed a father, but he died when I was twelve. I needed my grandmother, and she died the following year. My grandfather died a year later; then, when I was fifteen, my little brother killed himself. Everyone I loved was dying.

I needed my mother, but we never got along. Four months before Nathan killed himself, my mom started hitting me, and I beat her up in front of Nathan. I'm not proud of that, and I was made to go live with my godparents.

I didn't even know what suicide was until Nathan killed himself. After I learned a little more about killing yourself, I

recognized some signs. For example, the last week I saw my brother alive he was giving away his toys. He asked me if our father, who had passed away, was in heaven. I so wish I had known he was hurting inside.

For a while after the suicide, I tried to stay strong for everyone. I started working and hanging out with my friends, and I did everything I could to keep myself busy so I wouldn't miss my little brother . . . so I wouldn't think about his death and the fact that I would never see him again.

Anyone suffering the loss of a loved one by suicide should definitely talk to someone. They should never keep the pain inside, because you only hurt more. The pain is still buried deep inside. You should go to therapy, talk to someone, whether it be a friend or family member. Get all that grief out of there. I called the local suicide prevention hotline and talked to a counselor who listened to me and who was interested in what I had to say.

What unimaginable horror causes a thirteen-year-old boy to believe he will be better off dead? Suicide is a complicated issue, but some possible answers will be revealed as we explore the suicidal mind.

Two

The Suicidal Mind

SURVIVORS know that even the most promising life may end in suicide. Jeff's story illustrates how dangerously and quickly one's thinking can become constricted and narrowed. This talented young man became so overwhelmed with inner turmoil that he saw no other solution to his pain. His story is retold here with details provided by his mother, Diane.

JEFF
1969–1989

Jeff was an intelligent boy who taught himself to read at age four. Though his parents were divorced when he was very young, outwardly he seemed to thrive. As a teen, he enjoyed writing and became editor of his high school paper. He was one of one hundred juniors in Washington state high schools to be selected for the first Governor's School for Citizen Leadership, a month-long program focusing on local, state, national, and international issues. Jeff performed in plays for the annual playwrights' forum at the local civic theater. In his senior year, a play Jeff wrote was performed, and he won a five-state regional award for his writing. He played recreational and varsity soccer