

# CHOOSING TO LIVE

*Stories of Those Who  
Stepped Away from Suicide*



**Cliff Williams**

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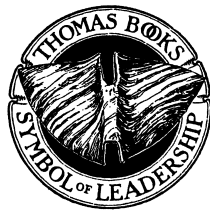
Stories of Those Who Stepped Away from Suicide

*By*

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*With a Foreword by David T. George, M.D.*



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***“I want to speak my truth, because it is so healing to do so.”***

***–Penny***

***“Staying alive is so worth it. It is so worth it.”***

***–Robyn***



## FOREWORD

I am a psychiatrist and am extremely honored to have the opportunity to share my thoughts on *Choosing to Live*. It is definitely a must-read for all individuals who have ever struggled with suicidal feelings, and for their friends and relatives who have vicariously suffered with them. Caregivers will undoubtedly gain new insights into the mental anguish that taunts individuals who struggle with the inner turmoil of facing each new day.

My experience is that patients with medical illnesses such as cancer are typically overwhelmed with emotions, i.e., anger at their situation, and ask “why me?” They are fearful, out of control, and overwhelmed by the future. They call their family. The family rushes to their side and cries with them. Their best friend is devastated and is at the house in an hour to provide support. The neighbors give them a list of names of people who have volunteered to bring meals.

Suicidal individuals are also overwhelmed with emotions, i.e., anger at their situation, and ask “why me?” They are fearful, out of control, and overwhelmed by the future. But who do they call? Given the biology associated with depression, the suicidal individual feels isolated and alone; they perceive that they are living in a room with no doors or windows. All too often they may think about reaching out for help, but without hope, why bother?

*Choosing to Live* offers people who are struggling with suicidal thoughts the opportunity to meet other people who have been in their shoes. Some were caught in the whirlwind of family dysfunction and felt unwanted or unloved. Some were bullied and made to feel that they were insignificant. Some were sexually abused and saw themselves as damaged or disgusting. But all struggled with similar feelings of hopelessness, emotional pain, and darkness. Each person’s story serves as a source of encouragement and speaks with a loud voice to all people who struggle with suicide that they are not alone! Many of the people in the book tried to talk about their emotional pain, but all too often felt that no one understood. Sexual abuse got shoved under the rug, and the victim was left with the idea that somehow they caused it. Some turned to alcohol, drugs, and sex to help them feel better.



Many seemed to live a dual life; on the outside no one would know that anything was wrong, but on the inside the world looked black—no future. Worst of all, when things hit rock bottom, many expressed the feeling that no one seemed to care. That was the time when they cut themselves and even overdosed—it was the only thing that made them feel in control.

Most importantly, readers will be encouraged by the reality that although the people they will meet in the book struggled, each one managed to dig their way out of despair. Some realized that the problem was not so much that they wanted to die as it was that they didn't know how to live. Initially they viewed talking as a waste of time—what good could it do? But according to the peoples' accounts, therapy helped them find new roads that they never knew were there. Some stopped running from the past and gradually cut the chains that were tied to self-doubt and the hurts of rejection stemming from failed relationships. Some needed a safe place to regroup and were hospitalized. Some found medications to be a lifesaver. But I think it is fair to say that, in spite of all the pain and challenges, everyone was glad to be alive. They realized that suicide is a long-term solution to a short-term problem. Having a vision for CHOOSING to live provided the switch to turn on the light at the end of a dark tunnel.

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## INTRODUCTION

A little over thirty years ago, a student came to my office wanting an extension on an assignment because that morning she had been to the hospital to have her stomach pumped. She had tried to kill herself with an overdose of pills. I gave her the extension, of course, but had no idea what to say. So I asked a doctor friend what I could say to someone who had just tried to kill herself. He said, “Listen.”

When the student came back, I listened. She told me about her family troubles. She told me she hated herself. When I arrived at my office one morning two months later, there was a note from her, slid underneath my office door the night before. She was going to kill herself that morning. “Remember me as a rotten person. I deserve it,” she added in a P.S. Fortunately, she didn’t succeed.

Weeks later she charged into my office and announced that she was going to kill herself no matter what and that there was nothing I could say to prevent her. I said, “Yes there is.” She retorted, “What!?” I replied, “I care about you.” She sank into the chair and said tearfully in a broken voice, “I guess that’s the only thing that is keeping me alive.” Subsequently, through counseling and medical intervention, she was able to become stable, and now she is happy and well.

This moving experience made me realize that people crave to tell the story of their lives, even if it involves wanting to die—especially if it involves wanting to die. I learned that listening conveys understanding and care, and that it can keep people alive. When a suicidal person tells an attentive and gracious listener their innermost thoughts and feelings, they are more likely to want to keep living. As Penny, whose story appears in this book, declared, “I want to speak my truth, because it is so healing to do so.”

This book of stories of people who tried to kill themselves, told in their own words, is based on my interviews with them. I changed their names and identifying details to preserve their anonymity. In addition to these stories, the chapter, “From Despair to Hope,” contains short answers to questions I

asked in the online notice for the book: “What did it feel like when you were struggling with despair and hopelessness?” “What do you like most about living now?” plus others. The last chapter contains answers to my question, “What would you have liked for someone to say to you when you were suicidal?” For each story I have provided a short introduction to give its setting and a commentary at the end to highlight the turning point in the author’s life.

The age range of people I interviewed is eighteen to sixty-one. Some of those in their twenties, thirties, and forties were teenagers when they first tried to kill themselves, and some were much older. Most had attempted suicide more than once. Several were homeless for a while. Many had been diagnosed with a mental illness, such as depression or bipolar disorder. One person had been in hospice care, one had served in the Iraq war, some had a very difficult home life when they were young, and some had been bullied.

None of the people I interviewed were in the throes of suicidal despair when I talked to them—all were reflecting on experiences that had taken place earlier, often many years earlier. All of them, though, were feeling effects from the distress they had gone through. At the same time, nearly all of them knew what their lives were about because of their earlier experiences. They had found something to keep them alive.

I asked the people I talked to two questions—“What led up to your suicide attempt?” and “What keeps you alive now?”

Each person recounted their life story, often starting with early childhood. Many of them relived the pain of wanting to die. A few sniffed or cried as they described the emotional distress and overwhelming hopelessness they once felt. A few told me that they had never told anyone about their suicide attempt.

Each person also told me the details of their attempt. I have included most of these details, not to pander to the human proclivity for this kind of drama, but to depict the trauma each person went through. These details are embedded in a larger narrative of each person’s search for hope and meaning, and they make the answer to my second question, “What keeps you alive now?” more compelling.

Often those I talked to found little things to keep them going. Ethan said, “I try to look people in the eye and smile, and I occasionally greet others with a hug or an embrace. Before my attempt, I had completely stopped doing what was clearly a lovely thing to do.” Rachel wrote, “What I love best in life, and what keeps me alive now, is surprises—the good kind, like when you unexpectedly run into a friend you haven’t seen for a long time or when you first hear about a movie you know you’re going to want to see.” Margarita said, “I like to watch things. I like to hear stories.”

Sometimes the people I interviewed found a vocation they believed in, such as Orlando, who became a therapist specializing in working with victims of bullying. “I have an energy that pushes me to treat patients who are going through the same things I went through,” he said.

A few found meaning in religion: “Love keeps me alive—God’s love,” Penny said. And, she added, “My husband’s love. Plus my therapist’s unconditional love.”

Several were still searching. Anne said, “I’m not sure what keeps me alive now. Maybe there’s a hunger deep inside of me to know that I’m loved. That’s a constant search for me. I haven’t left any stone unturned in that quest. I want to believe that I have inherent worth.”

According to the Centers for Disease Control, suicide was the tenth leading cause of death in the United States in 2013, and it was the second leading cause of death in both the fifteen to twenty-four and the twenty-five to thirty-four age brackets, behind unintentional injuries. The Centers estimate that there are about twenty-five attempts for every actual suicide, but in the fifteen to twenty-four age bracket they estimate that there are 100-200 attempts for every suicide.

According to the World Health Organization, almost one million people worldwide die from suicide every year. In the last forty-five years, it reports, the suicide rate has increased by 60 percent. Attempted suicides occur up to twenty times more often than completed suicides, the World Health Organization estimates, which means that up to twenty million people in the world attempt suicide every year.

From time to time, well-known celebrities kill themselves. Their suicides become prominent news and prompt people to wonder why they killed themselves.

These facts show that suicide is a major health concern, both in the United States and in other countries. They also show that understanding suicide is important. This can be done from an objective, professional perspective and also from the perspective of those who have actually been suicidal. Both perspectives are needed, I believe, to understand suicide. Professionals analyze the phenomenon from medical, psychological, and sociological perspectives, and those who have been suicidal describe what it feels like. This firsthand perspective is given in this book—accounts of what people felt and did as they dealt with mental illness, mistreatment, stress, and strong feelings.

I have grouped these accounts according to a prominent theme in them so that readers can have a central concept to guide them as they read. However, in every case, there are more factors involved. In many of the persons these factors include diagnosed mental disorders and medical conditions, as reported by the individuals.

I hope the stories in this book will help reduce the stigma against talking about suicide. I hope that those who wonder why anyone would want to kill themselves will now understand why. And I hope that those who have attempted suicide, thought of doing so, or are depressed will find themselves in these stories so that they can be encouraged to stay alive.

This book is for both the living and the dead. It gives voice to those who have succeeded in their attempts to kill themselves—Janine’s mother, who could not live with herself; Marshall’s father, for whom the stress of living became too overwhelming; and Ilene’s husband, who could not endure the memory of having had to kill innocent villagers in Vietnam or himself be shot by superiors. (I have changed these people’s names.)

This book is also for the living. It is for parents who have a child who is depressed, mentally ill, or suicidal. It is for teenagers who have been bullied or treated badly by their classmates, or who have been dumped by a special friend. It is for therapists who want their patients to know about others with similar feelings. It is for psychology students and professors who want a first-person account of a subject they may know only theoretically. It is for children of abusive parents, for adults who are in desperate circumstances, for those who are afraid to talk about suicide with their suicidal friends, for the tens of millions who have attempted suicide, for those who think about the meaning of life. Last, this book is for those who are now thinking of killing themselves so that they can know they are not alone and that there is hope.

## ACKNOWLEDGMENTS

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With regret, and gratitude for their lives, I acknowledge the two who succumbed to suicide after my contact with them—Hannah, whose story appears on page 29, and Alistair, whose contributions appear in the last two chapters.



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# **CHOOSING TO LIVE**



# 1

## REJECTION

*If you are constantly criticized by people whom you desperately want to love you, you are likely to feel badly hurt. If you do not have emotional support, you may feel worthless or even hate yourself so much that you want to kill yourself.*

### HARMONY: “I AM A MISTAKE”

*Harmony did not identify the feeling of severe rejection as the source of her desire to die until more than twenty years after her first suicide attempt. She felt rejected because her mother constantly criticized her. Her mother had been criticized by her own mother, which prompted her suicide at forty-two. Harmony began healing from her scars in her late thirties, which motivated her to want to keep living beyond forty-two. She was forty-one when we talked.*

My first suicide attempt occurred when I was sixteen. I was dating a boy whom I liked very much. One night he called me looking for someone to talk to. I could tell that he was upset, but I said, “I’m really busy right now, trying to catch up with homework,” which was true. When I called him back a couple of days later, I was informed that he had hanged himself. That was a huge triggering event for me. I felt rejected and defective. I found some pills of my mother’s and took them, wanting to die. I ended up being rushed to the hospital and having my stomach pumped.

That year was the height of shaming from my mother. I had become mildly overweight—140 pounds at 5’8”. But my mother was very focused on appearances and wanted me to be thinner. She said things like, “No one will ever love you because you’re fat.” If something bad happened to me, it was my fault because I should have known how to avoid it. Whenever I was having fun or being happy, my mother criticized me, because she couldn’t allow me to be happy when she wasn’t.

At one point I fought back. When my mother said that I was unlovable because I was fat, I retorted, “That’s not right. You’re wrong, Mom. People aren’t mean like that.” But I just got more criticism for saying that.

I was a cheerleader for high school basketball, and once at half-time, when we were saying the names of us cheerleaders during the cheers, I got booed when we got to my name. That was just a bunch of young boys being dumb, but it validated what my mother was telling me. Nobody was going to love me, because I was fat.

When I was twenty-one, my mother committed suicide. She was forty-two, one year older than I am now.

Her mother did to her what she did to me, but much worse. It took the form of wanting my mother to conform to societal expectations and norms. Any deviation from that was shamed or punished. When my mom was little, she started to write naturally with her left hand, and her mother told her absolutely not: "You must learn to write with your right hand." They had a constant, knock-down, dragged-out, battle of wills as long as my grandmother was alive.

What my mom experienced, and what she passed on to me, was that if the world doesn't approve, then you are embarrassing to your family and they can save face only by rejecting you. My very existence was humiliating to my family. My mother used to say to me, "You are an extension of me. And, hence, if you look bad, I look bad." I learned that I am a mistake—not that I had made a mistake, but that I was a mistake.

After my mother committed suicide, I started playing poker and going to casinos. I ended up gambling away my entire college fund. It was easier to care about winning money and playing games in a casino than it was to care about the nightmare my life had become outside a casino. I looked for someone to love me even though I was fat. When I had sex with someone on the first date and the person never called me after that, I saw that as validation that no one would ever love me.

Two years after my mother committed suicide, I tried to kill myself again, when I was twenty-three. The rejection and shame played a part, but the lack of money played a bigger part. I couldn't pay for someone to help me, and I couldn't even drive a car to get help, because that cost money. I took a bunch of pills, whatever I could find. At the hospital, I had to drink charcoal.

Between then and several years ago, about fifteen years, I mostly disengaged from human contact. I had plenty of relationships, but they were all superficial and non-intimate. I kept people at a distance so that I could feel safe.

Three years ago, when I was thirty-eight, I got into a relationship with a man who wanted to get farther into my thoughts and feelings than I was willing to let him. He was trying to know me and love me and be intimate with me, but I was frightened of that and rejected it and pushed back. I finally realized, because of the way he connected to me, that the toxic shame I had

gotten from my mother had made me believe that my whole self was fundamentally flawed. This had caused me to reject myself and had made me be in constant fear of having my flawed nature revealed. And this meant that I had to hide what I felt about myself in all my interactions with others. Otherwise, I would be re-inviting pain. So it was more than I could handle when this man wanted to see into me. We fought, and I ran from him.

He, however, reacted with love and understanding, unlike my mother, who had shamed me further when I was upset or needy. With him, I could come out of the shadows and get validation that I was okay.

It was a terrible thing to believe that I was a mistake and that everyone allowed me to exist out of the goodness of their hearts. I constantly apologized for my very presence. I always assumed that I was at fault. I assumed that if someone was unhappy about something, it was more than likely due to something I had done.

To be happy, I had to look to others for validation, since I was so defective. Getting that validation was the only way I knew how to earn my right to exist. I became a perfectionist and an overachiever for the same reason—to show that I was not a mistake. My biggest fear was to be blamed—blamed for what I said or did, blamed for my whole existence.

As a result, I became hypersensitive to facial expressions and afraid to use people's names and look them in the eye. I kept up an incessant vigilance to determine whether the world was safe. My default assumption was that the world was unsafe and that everybody was unhappy with me. I continually looked for clues in other people's faces that the world was okay.

Up until three years ago, I felt that there was nothing that could be done about my being flawed. I was incurable. But now that I am a year away from the age at which my mother committed suicide, I have a big motivation to find healing. I want to break the cycle from my grandmother to my mother to me. And getting into a relationship with the loving and accepting man three years ago made me realize that a different life was possible. I felt myself healing.

The biggest part of the healing has come from understanding what was going on. It has enabled me to acknowledge that I had shame. It gave me power over the shame. It gave me hope that things would get better. And it gave me relief, overwhelming relief, at being freed from the prison that shame had created for me.

I am still in the relationship, and still slowly healing.

*Sometimes it takes decades to discover how childhood experiences have affected one's life. For Harmony the discovery came when a new acquaintance accepted her simply and without reservation. As a result, she became aware of how she had been*