

Resonance

Carol LaHines

1.

April 11, 2009

The social worker took notes. The psychiatrist said he felt comfortable releasing Victor since two weeks had elapsed without explicit suicidal ideation. Why is that important? asked the wife/planning resource. It's important, Dr. Fein explained, because those who are contemplating suicide frequently drop clues, sprinkle everyday conversation with references to wanting to be dead, with soliloquies about gun calibers and the right point of entry, up into the hard palate, to the pons, to the primitive brain, ensuring cessation of heartbeat and guarding against the prolonged possibility of a vegetative state. It's important because it's rare for someone to commit suicide without first leaving a clue, something as simple as a morbid obsession with the news, an affinity for mass disasters, planes that disappear from radar, vaporizing somewhere over the

ocean. It could be a statement as banal as *I'm feeling blue*, following which the suicide could lock himself in a room and swallow a bullet.

The wife/planning resource (Mary) asked whether it was wise to discharge someone who not two weeks earlier had cut his wrist with a blade, but Dr. Fein assured her that the prior "attempt" was the prototypical cry for help, that no major vessels were severed, that a man of Victor's mass would take hours to bleed out from the wound, it was to be viewed as outcry behavior, nothing more. Mary said she felt ill-equipped to handle a husband with suicidal impulses, as well as an eleven-year-old daughter who was distressed by her father's moods and fascination with the statistical probabilities of catastrophe. The psychiatrist assured her that support was available and invited the social worker, the linchpin of the discharge planning committee, to speak. The social worker told the wife/planning resource about several support groups that met locally on a regular basis, groups where she could air her feelings, vent, discuss the difficulties of living with someone with suicidal impulses, the stress, the fear of causing undue upset, the reluctance to mention her own feelings or to give them credence, the unwillingness to trouble the failed suicide with mundane problems, the suppression of references to grim statistics, to casualties of war, to terrorist regimes, to the unemployment rate for fifty-ish actuaries who had abruptly left the job market, an event that triggered a break with reality and re-awakened depressive tendencies that had been dormant for the better part of two decades.

The psychiatrist discussed the importance of the "contract against suicide." Victor promised to tell the wife/planning resource when he was feeling suicidal. Mary agreed to ask Victor from time to time whether he was experiencing suicidal ideation, leaving Victor a "safe haven" to report any suicidal behavior. The contract against suicide has been shown to deter suicide in a statistically significant number of cases, to improve outcome for patients with troubling ideations, specific plans such as *will wait until wife leaves for work before slipping a knot around the neck, on a day when the children have after-school plans, and will not be witness to the cries and the summoning of ambulances*. The contract against suicide, if implemented properly, allows suicidal impulses to be freely spoken of, to remove them from the realm of the taboo, of the unspoken, of the silent cutting, of the noose of the plastic bag, *presents suffocation danger*, and to allow frank discussion of the parties to the contract regarding the nature and severity of the suicidal ideation. Spouses, who often report feeling at a loss or

out of control, are empowered and made an integral resource in the ongoing management of suicidal impulses.

Victor's suicide attempt, though half-hearted, was staged at the end of a particularly grueling workday for Mary. She had to *shush* her daughter asleep, call 911 to report the emergency, drain the tub to prevent the possibility of the unconscious Victor drowning, improvise a tourniquet from her terrycloth robe, scrub, for a week afterward, the seepage of blood between the bathroom tiles.

The wife/planning resource was assured that in the estimation of the psychiatric staff Victor was ready to be re-integrated in the community, that he no longer posed an acute danger to himself, that he did not require 24-hour supervision in a locked cell to ensure that he did not harm himself, nor confiscation of his shoelaces or water glass, anything that might qualify as a makeshift noose or be shattered to create a jagged edge. He did not need the support of his peer group, composed of recidivist attempters, those who preferred to jump and those who preferred to jab, those who wished to be lulled by gaseous fumes. Several times daily, Victor had been questioned regarding suicidal ideations. Every time he responded in the negative. Of course, this assurance was not foolproof (the psychiatrist had been instructed by the hospital's lawyers to say this), but it was a high indicator that the patient no longer presented an acute danger to himself.

The wife/planning resource expressed disbelief that her husband could be discharged a mere two weeks after the attempted suicide. She wanted an ironclad assurance that Victor would no longer act upon the impulse to kill himself, to sever his veins, to mutilate his flesh, to negate his existence. She was assured that the probability of this outcome, according to the literature, was negligible.

The particulars of the discharge plan were discussed. Victor would report to the psychiatric clinic four times weekly for outpatient therapy. The wife was strongly encouraged to join a support group, to give voice to her own concerns and frustrations. Victor's therapy would commence on November 14th, the Tuesday after discharge. The wife was incredulous that therapy would not commence immediately, calculating the interim possibilities, the hours to be occupied.

The wife was given a plastic bag containing Patient Belongings and instructed to pick Victor up from the east wing exit. She initialed forms indicating that she was informed of and agreed with the plan of discharge and that she would comply with the contract against suicide. The social worker wished her luck.

2.

April 15, 1968

The Sheriff arrived on scene at approximately 9:35 p.m. Victor Sr. was discovered by his 11-year-old son hanging from the rafters of the barn, his second and third cervical vertebrae broken, the noose crafted from a thick sailing rope, which he hung a good distance from the ground, ensuring, once the chair was pushed away, that the attempt would succeed. It was estimated that the suicide was suspended from the rafters for an hour or two prior to discovery, as adjudged by body temperature and rigidity of the limbs. The wife heard the child's screams and ran into the barn. She observed the child on a chair with his arms around the corpse, attempting to pull it down. She told the child to *get out*, to summon the ambulance and to report that there had been a death, *a death* she called it, though he had slung the rope himself, two half hitches, certain to bear the weight of his body as he pushed the chair away. The coroner's report listed him as a suicide, but the fact was concealed from the rest of the family, and from the Presbyterian church in whose cemetery he was buried, in defiance of the biblical injunction against taking one's life.

The mother suffered a nervous breakdown after the funeral services and was sent to a sanitarium for a number of months. Victor Sr.'s parents refused to take custody of Victor and his sister, citing their tender ages and their own sorrow, their only child dead at the age of fifty. Victor's sister, five years of age, was sent to live with the mother's cousins in the remote eastern provinces of Quebec. She grew up with no conscious memory of her father; correspondence with her mother and older brother was only sporadic. The 11-year-old son was sent to a foster home for a year, and was reunited with his mother following her discharge from the sanitarium.

The boy was described as withdrawn and sullen by his foster parents, who had served *in loco parentis* for other troubled youths. He refused to participate in the daily life of the family, shunned regular meals, claimed not to need sustenance, and spent long hours roaming in the woods. The boy's father had been a hunter and he was familiar with the brute aspects of the natural world. He tracked deer in the forest, sprung traps, and painted himself in camouflage. On occasion, the boy would bring back a hatchling, or a newborn mouse, something that had been abandoned at its most vulnerable. He would care for these until they were old enough to be turned out, a habit the foster mother believed might make

him suitable for a career as a veterinarian. His foster placement was terminated when the foster mother happened upon him snapping the neck of a field mouse, no emotion registering on his face, just the trembling of his hands as he applied pressure on the vertebrae. The foster mother asked the boy why he had done it. He stared blankly at her. The boy was reunited with his mother in May 1965. The mother had received electroconvulsive therapy while hospitalized, which was believed, at the time, to regulate impulsive behavior and to calm raging emotions. She no longer cried and her affect was flat. She could no longer recall that her husband had committed suicide. It is uncertain whether this was a hysterical, distancing reaction, or whether the electroconvulsive therapy had altered her memory of the event. The boy experienced nightmares throughout childhood relating to his father's suicide. In these he sensed that he was suffocating, or being smothered. Upon awakening he would gasp for several minutes, feeling as if he could not fill his lungs with air. He suffered from anxiety and insomnia and was noted to have phobias associated with barns and the scent of alfalfa, stimuli within the arena of trauma upon which the child's fears had been displaced.

He attended a local college for three years. He dropped out six credits shy of earning his degree in economics, and enlisted in the service. It was during his service in the Army that Victor suffered his first break with reality. Army records indicate that he suffered from hallucinations, delusions of enemy capture, feelings of despair, desolate musings, though he had never encountered combat and spent his tour of duty performing administrative functions at an army base in Fort Bragg. On April 14, 1984, Victor attempted to commit suicide by taking prescription tranquilizers and cutting both wrists. He was discovered by a fellow officer and promptly brought to the clinic, where his wrists were bandaged and his stomach pumped, half-digested barbiturates, blue-shelled Valium, contents suctioned and emptied into a canister. The army psychiatrist was a veteran of the Korean and Vietnam wars, had seen soul-annihilating combat, the brute physics of ordnance and explosive devices, but was at a loss to explain why a private with a State-side job in administration would suffer calamitous psychic disintegration of the type observed. Victor's father was a decorated Army major who had served in Korea, a man who had returned intact from war only to auto-destruct. Victor's enlistment in the army and half-hearted suicide attempt was viewed as an homage to his father, with whom he identified and wished to commune by enacting his final act of desperation.

Victor was discharged from the Army in March 1985. He was encouraged to seek further psychiatric treatment but did not do so. He returned to the family home in western Pennsylvania and earned a living as a bookkeeper. His mother died of ovarian cancer two years later. Victor felt himself resigned to the vagaries of life, to the inevitability of death, whatever its guise—self-inflicted gunshot wound, insidious loss of body function, snapping of cervical vertebrae, long shuffle toward oblivion.

3.

The patient was brought to the emergency room, via ambulance, at 9:23 p.m., April 4, 2009. Paramedics found him in the bathtub of his residence, unconscious and bleeding from self-inflicted lacerations to the wrist. Tourniquets were applied. It took several minutes to locate a vein for transfusion. At the time of discovery, the patient's rate of respiration was negligible and his blood pressure dangerously low.

The patient's wife reported that she had discovered her husband in the blood-filled bathwater, unresponsive, at approximately 9:18 p.m. She called 911 to report the possible suicide, then hushed her daughter asleep.

The lacerations required 87 stitches to close. The resident on duty performed the suturing in the emergency room, and the patient was transferred to intensive care.

The psychiatric attending on duty explained to the patient's wife that he had, indeed, attempted to commit suicide, and asked whether he had a history of suicidal ideation or suicide attempts. The wife denied any knowledge of prior attempts or even of a pertinent psychiatric history. The psychiatric attending asked the wife whether her husband could be said to suffer from any of the following: delusions, depression, dysthymia, bipolar disorder or other, unaccountable melancholia. The wife denied any such knowledge. He asked about the patient's current life circumstances. In what capacity was he employed, whether he had any chronic health issues or other life stressors. The wife replied that the husband had been unemployed for a two-year period, though he was by training an actuarial economist. The psychiatric attending asked whether, in the week preceding the suicide, he seemed moody, sullen, withdrawn, disinclined to socialize or to participate in the fabric of the family; the wife replied that her husband was "an introverted type" who often shunned the company of

others, but that his behavior had otherwise been unremarkable. The psychiatric attending asked whether there had been an anniversary of especial significance, noting that suicide attempts often coincide with the anniversaries of particular events or past traumas; the wife was at a loss.

Victor would be on "suicide watch" for a 48-hour period. A nurse, or more likely, a nurse's aide, would be present in the room at all times to guard against the possibility of a repeat attempt.

The psychiatric attending explained that he was empowered, by law, to hold the attempted suicide for a period of observation. He explained, however, that if during this period of observation the patient did not exhibit any suicidal tendencies, did not vow to cut his wrists or to suspend himself from his bed sheet, did not profess a desire to die and to be free of the pain of his wretched, suboptimal existence, then he would be powerless to hold the patient beyond the period of observation. He was only permitted to restrain those who posed a present danger to themselves; none could divine the future, or predict the likelihood of another attempt, so as to make indefinite detention feasible. Thus, barring another psychotic break or documented suicidal ideation, of a quality and detail beyond mere exasperation with existence but indicative of a clearly-thought out plan, with methodology of choice and a time frame, Victor would be discharged in the ordinary course. The law did not impose an obligation to be "eternally vigilant"; those who wished to die would eventually find a way to accomplish the deed, and could not be locked up indefinitely in psychiatric wards as a precaution.

The social worker nodded sympathetically while adding that she was "powerless" to deviate from the protocol. She suggested that the wife get "rest" and return in the morning.

Progress Notes

Patient awoke in an agitated state and demanded to be released from the facility. Attempts were made to calm him and inquiry was made regarding the attempt. The patient was reluctant to discuss the specifics of the event though he did not deny that he had intended to kill himself. He avoided looking at his bandaged wrists. Feelings of apparent shame were noted.

Patient received intravenous fluids via drip and in the morning was transferred to the psychiatric ward. The psychiatric resident obtained a partial history before patient expressed a desire to "zone out."

The patient exhibited mild to moderate anxiety and was observed to be restless. He paced back and forth in the observation room. He had not eaten anything since admission. *Discuss possibility of NG tube feedings if the patient continues to refuse sustenance.* Patient participated in first group therapy session today. Though the patient declined to discuss the specifics of the event, he made several meaningful observations, exhibited insight into his condition, and admitted abuse of his wife's prescription pharmaceuticals to dull the ache of daily life, the disappointments, the sense of loss occasioned by his prolonged unemployment, the feeling that he was "destined" for greater things but had failed in this objective. The patient expressed reluctance to discuss his depression with his wife, who herself has a significant family history of bipolar disorder, and believed in "mind over matter." She is of the view that banishing unpleasant thoughts and feelings from the mind is a matter of will, succumbing to negative impulses an act of self-indulgence.

During private session, Victor was encouraged to talk about his suicidal tendencies and to discuss the attempt. Victor eventually admitted that his own father had committed suicide at roughly the same age as he.

4.

Victor shifted in the bed, the metal-framed hospital bed. His hands were loosely tied and fastened to the bed, to prevent him from harming himself, to eliminate the possibility that he would smash a bathroom mirror, find an edge on which to cut himself, drive a utensil into the open wound, the black-threaded train tracks on his wrists, the wound from which he bled out, red blood cells and platelets, staining the bathwater, *exodus*.

The hospital was required by law to keep him under observation, to prevent him from *harming himself*, not to leave him alone, per the protocol for suicide watch, to give him the opportunity for self-reflection, to regret the blood-letting, the outward expression of pain, the futility, the enactment of suicidal impulses he had been battling for two decades. For every suicide who achieved his objective, there were twenty who had tried, unsuccessfully: these were the statistics.

Victor stared at the nurse's aide. Her job was to watch him, ensure no further attempts, a twenty-four-hour a day vigil, eight-hour shifts, magazines shuffling, tightening of restraints, a protocol designed to ensure that he would not act

upon his suicidal impulses, an environment in which he was assured that no matter how enraged he became, no matter how self-defeating or self-negating, his wishes would remain in the realm of abstraction.

The nurse's aide spoon-fed him. Drained carrots, wrinkled peas, slit-open green beans, *vegetable medley*, they called it, a chorus of tasty flavors, a song of crushed legumes and rioting chick peas. He chewed, swallowed. If he ate all of his vegetables, there was a peach cobbler for dessert. The nurse's aide said to open his mouth. He complied. Every few swallows, the nurse's aide offered a drink from a plastic hospital cup. "Water?" Victor nodded. The thirst was bottomless, his body dehydrated, still packed with sodium from Ringer's solution, used to resuscitate him upon admission to the emergency room, to maintain faltering blood pressure. The television tuned to the Food Channel. Italian Cooking with Lidia Bastianich. Images of earth, sustenance: root vegetables, aromatic spices. His wife liked the Food Channel, particularly *Gourmet-on-the-Go*, a show that promised the viewer she could prepare gourmet meals in under thirty minutes. His wife recorded recipes on note cards, filed them in a box, a series of incantations which, if followed, would yield beef stroganoff, or chateaubriand, or chicken piccata, or veal parmesan, or roast beef, his favorite. They told him that his wife had found him upon her return from her shift at the hospital, that she had drained the tub and listened for a pulse, that she had wrapped his wounds with gauze to stop the bleeding, called 911 to inform them of her emergency. He remembered sinking, voices heard through the muffle of water: *You can't even do that right, boy*, his father dangling from the rafters, head disarticulated, mother screaming, trying to chop the rope, you can't do this to me, his mother staring at him with *marked loss of affect*, traumatically induced amnesia, brain stunned by shock waves, joules to the frontal lobes, *I don't know what you're talking about*, droplets dissolving in water, pills in a glass, Halcion before bedtime, Phenobarbital at noon, suppression of nervous impulses, tamping down of the system, chair falling backward and the noose tightening, *open your mouth*, the orderly said, rooting with the spoon, medley interrupted, spilling down his chain. "I can feed myself," Victor said. "Not allowed," the orderly said, scoopful of cobbler in his mouth, peach preserves, flaky crust. The key to risotto was to add liquid in batches and to stir continually, the woman in stiff whites fretted over a pot, porcini mushrooms, Arborio rice. He did not remember being lifted on the gurney, locked in the ambulance, transported to the hospital, code blue, half of his blood volume washed down the drain, the loss

of blood occasioning shock, a precipitous decline in blood pressure. He did not remember the emergency room, other than the flutter of bodies around him, the sensation of being unable to move, fentanyl drip, relegated to the corridors of his mind, the screaming turns, the sulci and cerebral convolutions.

Group therapy, the solarium. The failed suicides flanked by attendants, orderlies, confiscators of bottles, tighteners of restraints, overseers of the psychic hegemony. A hothouse of thwarted intentions, self-negating impulses, fury at having been discovered *in medias res*, pills not yet metabolized, stomachs pumped, reverse peristalsis, blood transfusions, re-establishment of vital signs, psychic equilibrium, circle of eight. There were those (Lenny, Babette) who had taken pills, amber vials of soporifics and pain medication. There were those, like he, who had tried to bleed out, to stain the world red, there was a woman who tried to jump in front of a car, but the car was not traveling fast enough to have a *critical impact*, the driver had superior reflexes, she suffered only a broken pelvis and a rib fracture with no significant blood loss. There was a man who locked himself in the garage, who had misjudged the noxious effects of carbon monoxide, the rate of dispersal of the molecules in an area the square footage of his garage. These were the methods employed, the suicide's stage.

The psychiatrist encouraged them to discuss their self-annihilating rages, the lure of oblivion; he wanted them to describe in *as precise terms as possible* the nature of their suicidal ideation, the reasons they thought themselves worthless, the calculus that favored dying over living; he believed in articulating pain. Having a productive discussion regarding the urge to kill oneself would have a positive effect, create group camaraderie, dissuade them from attempting again.

This is my fifth hospitalization, Babette, pill crusher, ventured. Benzodiazepines, eleven pills, a *low lethality attempt*, one not likely to succeed, the proverbial cry for help. She was a cutter, a mutilator, a scarred individual, half-hearted intentions carved in her body, ruts of pain and despair, keloids of regret, pathways avoiding major blood vessels, indicating, at least on a subconscious level, negligible suicidal intention. *My mother said I was worthless. Wished I'd never been born. She never called me by my name. Stupid, she called me. Stupid, get my cigarettes.*

The solarium was full of light, heat bristling his neck. Hospital gown chafing. He shifted on the hard metal chair, nothing to say, what was the point of the exercise? The blades of the ceiling fan dispersing the air, the whirr of the rotor, the machinery of acclimatisation, the creak of dead weight from the rafters.

Were you disappointed the attempt did not succeed?

Do you often feel that life is not worth living?

Do you wish you were dead?

The psychiatrist could not probe by means of scalpels and retractors, he had to rely on clinical indicators, the diagnostic interview, the self-report, nonverbal cues, affect, he had to discern what the suicide was thinking, whether the low lethality attempter was manipulating those around her or whether her desire to die was sincere.

Do you want to share? The psychiatrist turned to Henry, inhaler of noxious fumes, the patient who had the greatest odds of success, statistically speaking.

What do you want me to say? He shrugged. My wife was out of town. Business trip, pharmaceutical rep. Said she had to go. I'd been thinking about it for awhile. I had a gun in the safe downstairs. I'd been cleaning it fairly regularly, fantasizing about placing the barrel in my mouth, pulling the trigger. I'd get the gun out while my wife was at work, clean it, ensure that the mechanism worked and it wouldn't jam. I thought, okay, now is the time. I was fantasizing about the gun but the gun wasn't really my style, I wanted a *slow fade*. I got in the front seat, adjusted the bucket seat to a recline. I put on the classic jazz station. It seemed right to exit on a riff. I had sealed the doors pretty tight, nothing could seep through. I put the key in the ignition and just sat back, thumping on the dashboard, keeping track of the time signatures, that's what I had wanted to do, be a jazz drummer, back when. I segued from 6/8 to 5/8, drummed on the dash, imagining a piano man filling in the melody, the improvisational strains of *Blue Bossa*. That was never my thing, melody, chord changes, B flat sharp seven, too many accidentals to keep track of, too many key signatures, I preferred percussion: rhythmic texture, high tom, low tom, cymbals, end on the high hat. I remember slipping, syncopated, to the seat of the car, da-DA-da, bring it down. I forgot to get the garage door fixed. It didn't close properly, that was one of the things my wife would berate me about, *when are you going to get the garage door fixed? It's not like you work or anything*, but I never had enough time, enough energy, to take care of it, I let it slide, brush on the high hat, I never got around to it, percussive shimmer, fading out. The neighbors are semi-retired, snow birds, migrate to Florida for the winter, return in the spring. They should have been in Boca, but the heat was stifling for this time of year, palmettos dive-bombing into windshields. They had come up the day before, had decided it best to stay on for the summer, Florida was in the middle of a heat wave and a real-estate slump, their condo was still on the market, they wanted to buy into the Coral Gables

retirement community, shuffleboard into the sunset, long stroke and a push, ba-Bah, but they needed to sell. They had Medic-Alert bracelets, lifelines, a clapping signal that would alert emergency services if one of them had fallen. When they saw fumes escaping from the garage door disaster alert mechanisms kicked in. Paramedics arrived within minutes, rolled back the garage door, found me slumped over in the front seat, *Rhapsody in Blue*.

Have you had specific thoughts about how you might take your life?

What are the means you have considered? Falling from a height, taking pills? Are there other methods you have considered that you have not told me about?

Light poured into the room. Dust motes whirled in the shadows. The windows were barred and did not open. The light was intended to ward off Seasonal Affective Disorder ("SAD"), thought to be a contributor to depression.

He shifted on the metal chair, avoiding eye contact with the psychiatrist or with the others. This was one of the factors on the suicide assessment checklist, avoidance of eye contact, *check*, sense of overwhelming hopelessness, *check/asterisk*, the world is an inhospitable place where others fail you, *check/asterisk*. What does he want me to say? I found my father hanging in the barn. My mother was committed to a state institution. Electrical current to the frontal lobes, precisely calibrated shocks to calm the nerves.

5.

Therapeutic Progress Notes

Victor moved to New York after the death of his mother and began working as an actuary. He specialized in life insurance, designed to protect loved ones against catastrophic contingencies, the death of a loved one, by natural or unnatural causes, accident, progressive disease, but not suicide, a voluntary act which negated the contract of insurance.

He met his future wife through a colleague. She was employed as a nurse at a children's rehabilitation hospital, spoon-feeding children whose mouths could no longer chew, stretching limbs over which they no longer had conscious control, strapping them into custom-fitted braces and wheel-chairs. Unlike other women he had dated, Mary was content with his modest income and aspirations. She did not burden him with her own problems, sensing, somehow, that he was ill-equipped to handle his own and could not be entrusted with hers.

This disparity in coping styles worked well for them: Mary adopted the role of caretaker and co-dependent, and Victor the role of the afflicted.

Victor was reluctant to have children, to take the chance, the statistical probability, that they would suffer from depression and debilitating malaise, that he would transmit to them, via imperfect genetic code, those characteristics which translated into maladaptive behaviors, expressed themselves as inertia and an overwhelming inability to commit to life. He was reluctant to marry, to live in close proximity to another, to be privy to their moods and rash behaviors. Mary delivered an "ultimatum" in the fifth year of their courtship; he balked and broke off their relationship. When a subsequent romantic entanglement soured, Victor returned to Mary, whom he felt was tolerant of his flaws. He proposed to her as a means of placating her and maintaining the relation.

Mary became pregnant, giving birth to a daughter in 1998. The two had never discussed children, whether to have them or not. Victor assumed Mary was taking precautions and Mary assumed that Victor wanted a family of his own, particularly since both of his parents were deceased and he was estranged from his sister, his only living relative. Victor described the period of Mary's pregnancy as one of the most turbulent and stressful in his life. He reported anxiety, insomnia, feelings of overwhelming helplessness. He lashed out at Mary, expressed feeling "trapped," described a secret wish that the fetus, which he conceived as "imperfect" and "doomed," would spontaneously abort and spare itself the agony of life. The pregnancy continued to term, and the child was born without incident.

Mary suffered from what would be characterized as *post-partum depression of moderate severity*; though she did not express suicidal ideation, morbid thoughts, or overtly fantasize about the death of the infant, her responses to the child's distress were disproportionate and exaggerated. She refused to let the child out of her sight, refused to entrust her care to Victor, criticized him for failing to adequately tend to the child's needs, for "scalding" her in too-warm bathwater, for failing to chop her vegetables into the requisite bite-size portions, for introducing the *possibility of a choking hazard*. Victor felt ostracized from the new family unit, rendered unnecessary; in the child Mary found the uncritical love she had not received from Victor.

Mary's anxieties, her obsessive preoccupation with the infant, served to distance Victor further. Victor felt himself to be an incompetent parent, unequal to the task of child rearing, and assumed a diminished role in the day-to-day

life of the family. As an actuary, he had always been interested in statistical probabilities, life's mathematic ramifications, the odds that a person would describe himself as happy, the odds that he would describe himself as fulfilled, the odds that he would describe himself as clinically depressed. The odds of dying in a plane crash, the odds of dying on the side of the road, following a head-on collision. The likelihood that a son of a suicide would himself commit suicide, whether owing to biological frailties, defective genes, breaks in genetic code, the impact of death upon the developing psyche of a young child. The probability that a child who had witnessed the final act of desperation, the mechanical means by which it was carried out, ropes, blades, shattering impact, would himself commit suicide: an eleven-fold increase.

Whereas Mary's fears were displaced onto the child, Victor's fears were projected onto the world theater: famine, disease, global economic collapse. Though Mary acknowledged an "obsession" with the child, she was reluctant to admit that this obsession was in any way a traumatic displacement of fears concerning Victor's well-being. She insisted that throughout the course of their marriage, Victor was a steady presence, unperturbed, an emotional flat-line. She had difficulty acknowledging that his stoicism, his unflappable demeanor, was not a healthy trait but itself a form of pathological disengagement.

6.

It was a cold April day. Victor and Mary took a taxi from the hospital, on First Avenue, to their apartment in Peter Cooper Village. Victor sat quietly in the back seat, regarding the world through a fog. Mary had a hand on his knee, a supportive hand, but she looked away, out the other window. Before the attempt, the outcry behavior and the *suicidal ideation*, Victor seemed happy. True, he had resigned abruptly from his position at Reliance Insurance Company approximately one year earlier, and had been unable to find other employment, but otherwise he seemed all right. He spent more time with Lindsay, and spoke about re-connecting with his sister.

Mary had arranged for them to be alone for several hours in the apartment, to allow Victor to rest and to re-acclimate to his surroundings before Lindsay arrived home from school. Lindsay attended Catholic school, and had been instructed that suicide was a mortal sin, in keeping with the biblical commandment, *Thou shall not kill*.

She did not know whether Victor's depression would lift, whether he would once again enjoy being a father, whether he would draw a soothing bath and sink into oblivion. Though the bathtub had been his *stage*, as the psychiatrist said, she worried whether Victor might take another tack, leaping from the window, or overdosing on sleeping pills.

The taxi deposited them at the First Avenue gate. A light rain had begun to fall. Victor looked bewildered. Mary was not certain whether he was simply re-adjusting to his surroundings or whether his confusion was more significant. She wondered about this essential inability to know anyone, to divine what they are thinking or to know the secret caprices of their heart. Mary paid the taxi driver, exited the vehicle, and opened the door on Victor's side. She pulled him to a standing position and supported him while they walked across the grounds of the complex and entered their building.

Victor was silent. She wondered whether this was a side-effect of his medications.

"What would you like for dinner?" Mary inquired. She did not ask: Are you harboring suicidal thoughts? Is the lure of annihilation, the bliss of oblivion, the euphoria of the End, cessation of the distal pulses, atrophy of the heart muscle, impossible to resist?

"Roast beef," Victor replied.

Mary nodded. Victor liked roast beef, medium rare, with thyme and a hint of garlic. She pre-heated the oven and hid garlic cloves in the cut of meat. She waltzed in and out of the kitchen, ostensibly to settle Victor in, but she was checking on him, ensuring that there were no blades in the vicinity, no window sashes from which he could improvise a garotte, that the window guards were firmly in place so as to prevent a ten-story fall. Victor sunk in the armchair and declared that he was tired. Mary arranged pillows around him and encouraged him to take a nap.

When Lindsay awoke to sirens blaring, Mary avoided the obvious questions. What purpose would it serve to tell her that her father had attempted suicide, that he had cut his wrists, that he had almost succeeded, but for an intractable *mass-ratio* problem? It would serve none, she decided, and so she chose to inform Lindsay that he had suffered a massive heart attack and slipped in the tub.

Mary buttered the roast. Doing so sealed in the moisture. She heard Victor's snoring. Several months ago, Victor had obtained a prescription for anti-depressants from his primary care physician, claiming that he was feeling "down"

and demoralized as a result of the loss of his job. Victor's outlook brightened temporarily, then faded into the same grey shades, torpor, listlessness, lack of interest in anything save the state of the economy, in which he appeared morally invested. *The Dow Jones industrial average is down 100 points. The jobs report for the quarter is the bleakest in a decade.* Victor's lack of interest in life translated into a lack of interest in sexual relations, into a shunning of marital intimacies. He had, throughout their marriage, had a raw sexual need which he would satisfy, at will, intimacies in which Mary seemed not so much a participant but an object acted upon. The anti-depressants had blunted even this need, so that the only physical contact the two had maintained in recent months was a peck on the cheek, prior to turning in.

She was sensitive to Victor's moods, vibrating in sympathetic frequency: if Victor was in a sour mood, so was she; if he momentarily brightened, the world shone brighter for her as well.

Mary checked the roast frequently. She did not trust her culinary abilities, did not know, intuitively, when the roast was done, when the center was pink but not raw. The roast was poked where she had plunged the thermometer. *Use of anti-depressants has, in some, been linked to an increase in suicidal ideation.* She had heard this on the cable news, during a report on the suicide of an adolescent who was taking anti-depressants to relieve anxiety and promote a sense of well-being. This was called a paradoxical effect, an undesirable outcome, disproportionate to the condition it was intended to rectify. Mary saw in this news report a cautionary tale, an indictment of the medical establishment and *synaptic regulation*. How to plumb the psyche, to understand intention, to grasp the self beyond the electrical impulses and the deficits of serotonin in the synapses.

Mary had found this particular recipe for roast beef in *The Joy of Cooking*. She followed it religiously, using no more thyme than was called for, the exact amount of butter, the precise number of garlic cloves, as if deviating from the formula would invite culinary catastrophe. She supposed it was her training as a nurse, milligram per kilogram dosing, the imperative to follow doctor's orders, not to improvise; she recalled once when a patient was experiencing breathing difficulties how the other nurses had stood by, awaiting doctor's orders, none wanting to take responsibility for inserting a new breathing tube, to risk losing her license.

Though she followed the step-by-step instructions set forth in the cookbook, the result was often lackluster: meat that was lacking in flavor, and not as moist

as she would have preferred. She had no idea how to control for these variables. She realized that the oven might have been hotter, that the roast itself might require less time, but in spite of clear indications that the recipe might need adjustment—a crisp aroma, a blackening crust—she insisted on following the directions to the letter.

It was the determination of the psychiatric committee that Mrs. Magnuson suffers from severe manic depression, with overtones of schizophrenia, that manic episodes are characterized by delusions of grandeur, by a belief that she is a great artist (she, in fact, paints watercolor landscapes; these works have been described as "amateurish" by those with art training), that depressive episodes, into which she lapses for six months or more, are periods of extreme torpor, lethargy, during which she can barely be roused and dulls her senses with prescription barbiturates. It is not believed that the attempt to take her life was a deliberate one but rather a dosing error, an inadvertent doubling of the pills, Mrs. Magnuson evidently having forgotten that she had already taken the maximum allowable dose. Mrs. Magnuson was found by her eleven-year-old daughter Mary, shaken awake, and thrust under the cold water faucet, in order to get her blood pumping. The child summoned an ambulance, describing the nature of the emergency in precise and clinical terms, as if she had been rehearsing for just such an event. She is of a steadfast demeanor and exhibits none of the classical mood swings or impulsive behavior characteristic of her mother's malady. Mrs. Magnuson stated that the child is a "carbon copy" of her husband. She marvels that she could have given birth to a child so lacking in artistic merit, dumb to abstraction, for whom a watercolor was a two-dimensional representation of a subject, not the alchemy of artist and brushstroke, of color and the prisms of the mind, endlessly refracting, warping and making brilliant the moments of our existence.

Turning on the oven light, Mary was dismayed to note that the roast was long past medium rare and verging on well done, a pot roast rather than a succulent cut of meat. She sighed and removed it from the oven, two minutes before the timer was set to go off, performing an internal reconciliation, how could it be that the roast was overdone when the time had not yet run out?, admitting the empirical evidence, the bloodless meat, the charred crust, at odds with the clear instructions set forth in *The Joy of Cooking*, Chapter Four, Roasts, which indicated in no uncertain terms that the roast was to remain in the oven at 350 degrees, for at least one hour.

What variables had she failed to take into account? The particular model of oven, the time to pre-heat, the particular cut, end round? Patient dosing was

built on a milligram per kilogram model. This figure took into account the rate at which the liver broke down medication, the rate at which medication was absorbed into the system, calculations performed by researchers, in white-coated laboratories, numbers enshrined in the pharmacological manual.

Mary sliced the roast beef. She garnished it with sprigs of parsley. The aroma of something burnt hung in the air. She opened the window to let the smoke escape, to avoid setting off the fire alarm, sighed and leaned back on the counter, thought about how she would entertain Victor, how she would dissuade him from watching the cable news reports. What would she do when he fretted over the declining Euro, the rioting of the subjugated and the oppressed, those who lacked, those whose pain was writ in hollowed eyes and concave chests, flies buzzing around them, *object disintegration*.

Victor stirred in the recliner. He was surfacing, swimming toward consciousness, in the murk of dreams and half-sensed images. "Can I get you something?" she asked, wiping her hands on the dishrag, careful not to startle him, to cause unnecessary commotion. "I made roast beef," she offered, presenting the meat on a plate, already sliced.

"I'm not too hungry," he said, wincing, shifting in the chair. He was watching a news report on patients who underwent operations while insufficiently anesthetized, conscious but paralyzed, in pain but unable to cry out.

Mary returned to the kitchen. She wondered whether she ought to change the channel to something funny or bright, or at least educational, but the nature programs depicted carnage and raging tempests. How to stop this barrage of information, these pixellated images of death, transmitted via cathode ray, without displaying undue concern, or inviting rebuke?

Now was not the time to ask: *Are you having suicidal thoughts?* She could not utter these words, though she had promised the psychiatric department that she would uphold her end of the suicide contract, posit the possibility of death, allow Victor to express his feelings.

Mary watched him eat. He chewed slowly, swallowed with a gulp. Mary tried not to take offense. She did not look at him directly, but at his image reflected on the television screen, a pale presence, hardly registering, *the Euro is at its lowest rate in months*. Victor must have known she would find him. She stared at his reflection in the screen, reluctant to confront him head-on, to ask him *Why?* If he had severed an artery he would not be here, sitting in the recliner, eating roast beef. It took several hours to bleed out from a vein, leading the psychiatrists

to question his intention, to label it a low lethality attempt, to discredit his motivation to die.

"It's good, Mary," Victor said. She did not believe it, knew the crust of the roast beef to be blackened and the meat to be tough, like leather. He was only humoring her, defusing the anxiety of the situation. Disarming her, letting her believe that the reports of his depression were greatly exaggerated, that he was not in fact morbidly depressed, but momentarily stricken, the night he had drawn the bathwater, sunk in the tub, overwhelmed by the life he had never fully engaged in.