



If you are struggling with suicide loss or you need to come alongside someone who is, Rita Schulte wants to help. As a suicide loss survivor, she understands the pain because she has been there too. Her science-based therapy model that takes human spirituality into account offers hope.

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Fallout

*“My days have passed; my plans have been shattered;
along with my heart’s desires.”*

—JOB 11:17 ISV

I don't remember much of what happened. I remember the blood. I remember my husband's white T-shirt. I remember hearing myself screaming, running down the hallway, and curling up in a ball downstairs on the kitchen floor. Somehow, I managed to call my son. To this day, I'm stunned I could even remember his number. The phone rang and my daughter-in-law, Ida, answered as I shrieked and sobbed into the phone that Mike had killed himself. I was hysterical.

I could hear my son Michael in the background begin to scream and wail as he heard the conversation. Ida told me to call 911 but then immediately realized I wasn't capable. She said she would do it and for me to go and sit by the side door and wait till the police arrived. I don't remember how I got to the side door, but I was curled up in a ball shaking when the officer arrived. Then everything went blank.

My name is Rita Schulte. I'm a licensed psychotherapist in Northern Virginia. I spend my time helping people who are struggling with all types of mental health disorders: anxiety, depression, grief/loss, and eating disorders. Many of them go on to live happy and productive lives, but most tragically, I couldn't help one—my beloved husband, Mike. On November 12, 2013, after three short months of being severely depressed, anxious, and extremely paranoid, he shot himself in our bed, and I walked in to find him.

Traumatic moments like this shatter the soul. The impact of my discovery that fateful November afternoon created scars that will forever be etched upon my heart. In a split second, one shot changes your entire life. Nothing is ever the same after someone dies by suicide. As Anne-Grace Scheinin says, “Suicide doesn’t end the pain. It only lays it on the broken shoulders of survivors.”¹ It would be a very long and dark journey back—for all of us.

As people began to pour in that evening, shock and numbness clothed me like a heavy blanket. I remember nothing except a few questions the police officer asked me. I remember my daughter Ashley coming in crying and wanting to go upstairs to see her dad, and the officers told her no way. She couldn’t believe it was true. No one could. Mike was Superman. Everyone loved him. Everyone leaned on him. But even Superman needed help. Unfortunately, he refused it until it was too late.

LEFT BEHIND

The fallout from any traumatic event can be cataclysmic, as any survivor knows. It seems like a lifetime of years since I lost Mike, and I still can’t fit all the puzzle pieces back together. Some days, I often feel as if I’m falling backwards. Mike and I were high school sweethearts. I was sixteen when we met. We married at twenty-one and had forty-three years together. It wasn’t all easy, as any couple knows, but it was an amazing ride, and he was an amazing man.

Mike had talked of suicide a number of times beginning in May of 2013. He started exhibiting symptoms of extreme paranoia by August. He believed everyone was after him, and at one point, that included me. He made several attempts during a three-month period, but something always stopped him. His doctor even told me that he believed Mike wanted to live.

My kids and I never believed Mike would really take his life. He always had a tendency toward the dramatic to drive a point home;

but one night, after coming home from work, I went into the sun-room to finish some work only to hear gunshots coming from our back field. I went screaming through the house trying to find Mike, finally ending up outside as my son pulled up the driveway. I fell to the ground screaming and shaking as I saw Mike come walking down from the field toward us with a gun in his hand.

Another day, he kissed me goodbye and left for work at his dental office, only he never got there. I got a call saying he never showed up for work. Patients were waiting. Once again, I called our son, and he came right over to get me. Mike was a dentist as well as an airplane pilot. He kept his plane in a hangar about twenty minutes away from our home. I just had a gut feeling to go there.

We didn't have the key to the hangar, and after much effort we located someone to open it for us. I sat in the car frozen and immobilized as my son went in. I couldn't feel my arms. When Michael didn't come right out, I started yelling for him. Michael responded: "Mom, he's in here!" It was over one hundred degrees in the hangar, and Mike had been in there in his parked car for hours.

Mike had an old photo of us from high school on the console. When Michael got him out of the car, Mike was totally dissociated. Dissociation is not simply a wandering mind or daydreaming; dissociative states usually accompany mental health disorders and are out of the individual's control. Their minds literally cannot process information correctly.

When I saw Mike, I fell to the ground clutching his legs and crying hysterically with relief. I immediately called his psychiatrist and took him to the ER. By the time we got there, he was laughing and joking like nothing was wrong! He told me not to mention anything about suicide because of the dental practice. I couldn't totally comply with his wishes.

Mike refused treatment. I believe he was afraid. Sometimes he would just shake and cry. It was gut-wrenching seeing him like that. He wouldn't take the medication that was prescribed. He wouldn't

agree to go to a treatment center—until one day I got really mad at him. I think he believed nothing could help him. My son told me his dad had said he was only agreeing to go for me.

One night lying in bed, Mike told me he could never really take his life because he could never be without me, and he would never leave me with all the mess that would be left behind. My mistake was believing him. This only fueled my guilt: I mean, I was the counselor, right? Yet, I couldn't save my own husband from taking his life. I was drowning in guilt. Perhaps you can relate.

I am no stranger to grief and loss. I have weathered my children getting struck by lightning in a parasailing accident, falling twenty stories from the sky, and being badly burned. I have had both my beloved parents die in my arms after caring for each of them in our home. I have lost dear friends and family; but the fallout from discovering my husband shot to death in our bed was unimaginable. All I kept telling everyone in those early days was, *I'm not going to be able to make it through this. I will never be able to get over this!*

Finding a loved one who has died by suicide adds another layer to the traumatic event. Thirty years prior to my husband's death, Mike's sister's husband took his life, so suicide was not unfamiliar to our family. My sister-in-law didn't find her husband but was tormented about his final moments and replayed images over and over in her mind. Either way, the tapes don't stop. It's like the mind is stuck imagining the horror of the scene.

Warring against suicide is obviously a very personal fight for me. We need to carefully assess and treat those individuals who are struggling with suicidal thoughts or behaviors, and we need to do everything we can to destigmatize mental illness. Each year we hear of celebrities and high-profile people who lose their lives to suicide. Thousands have gone before them and will follow if we don't continue to address this issue. Suicide and opiate addiction have actually lowered life expectancy in the United States and the World Health Organization estimates that depression will become a leading cause of death if something isn't done

to heighten awareness and improve treatment.²

Destigmatizing mental illness will do a couple things: first, it will help those who are struggling feel safe enough to actually *share* their struggles. Mike, as countless others do, hid his clinical issues because of one thing—*shame*; and the more we hide, the more shame grows. Second, talking openly and educating others about mental health issues will bring knowledge and understanding so that individuals who are struggling will not feel like second-class citizens.

This stigma unfortunately affects survivors as well. We have all become part of a group we would never have chosen—suicide loss survivor—and because others don't know what to do or say to us, we are often left feeling isolated and alone. As we will see in a later chapter, the fallout from a death by suicide leads the survivor to experience what therapists call “complicated grief.”

Suicide is not a normal anticipated manner of death. We generally anticipate someone dying of a disease, in an accident, or of old age. Stigma surrounds suicide, so we as survivors are left to bear not only the loss and trauma, but also the mystery, the whispers, the insensitive comments, and all the questions that follow. Only, we have no concrete answers, no real explanations and no real closure.

My heart for all of us who have been left behind is that people honor the silent scream of our souls and don't expect us to “get over it” in a few months, or even a few years. We will *never* get over it. We just find a place to put it, and we do that with much greater ease when people who love us are patient, present, and emotionally available for us; when they listen and don't judge; and when they sit with us for as long as is necessary as we try to make meaning out of such a senseless tragedy.

WHY?!

I show a clip in my workshops from the movie *Secret in Their Eyes*.³ It stars Julia Roberts and Nicole Kidman. There's a horrific scene in

the movie where Roberts discovers the body of her dead daughter. The shock, horror, and agony of her discovery accurately depict the face of trauma. Her cry is the cry of despair. It was my cry. Maybe it's been your cry. We may not scream; we may not wail. We may be silent or become numb and unable to speak. It's all normal in light of what has happened.

This cry of despair is what trauma survivors live with every single moment of every single day. Unbearable anguish. So, before we can talk about moving forward, or post-traumatic growth (PTG, as we therapists like to call it), we must first honor the shattering. The Bible eloquently depicts what trauma survivors are left with in this verse from the book of Job, chapter 17, verse 11 (ISV): "My days have passed; my plans are shattered; along with my heart's desires." The shattering gives way to the whys?! They are the silent scream of the soul. Here are a few that we as survivors struggle with:

Why is this happening to me?

After I discovered that my husband had shot himself, I ran screaming from our room and downstairs to the kitchen where I collapsed onto the floor. I immediately curled up in a ball and began shaking. Because trauma overwhelms the brain's ability to process that kind of information, and the part of the brain that controls language shuts down, survivors are often left with only body memory.

It's not unusual for someone to forget most of what happened. I have almost no recollection of what occurred after the police arrived that evening. What I do remember are the scary bodily sensations I was left with in the first couple years that followed.

As they manifested, they caused me to question myself. You may ask similar questions:

Why do I shake?

Why do I curl up in a ball?

Why am I so anxious?

Why can't I stop the flashbacks from happening?
Why can't I concentrate?
Why can't I remember things?
Why do I dissociate?

One day my friend Mary, who was living with me at the time, took me to the grocery store. While she was shopping, I told her I wanted to go back outside and sit in the car. I wandered around the parking lot for fifteen minutes looking for the car and couldn't find it. I felt like I was losing my mind! Often, I couldn't focus or remember much of what people would tell me; it was a scary time. As a therapist, I knew these feelings were to be expected, but that didn't make things any easier. Just know that they will get better with time. Be kind and patient with yourself, especially in the early months. It is not uncommon to feel hyper-aroused or totally numb. You have been through a highly traumatic experience losing someone to a death by suicide.

A simple practice that may be helpful when you're feeling either of these sensations is to give yourself a hug. Place your right hand on your left shoulder and take your left hand and place it under your right armpit. You can also try crisscrossing your arms and placing them on your chest. Sit with this and breathe. Feel your body and allow it to receive the comfort it needs. Notice if this holding creates any physiological shift.

Why did this happen to me?

In the weeks and months following a suicide, when shock and numbness abate, it's normal to question everything you once believed about the predictability of life. Traumatic events can profoundly perturb one's taken-for-granted constructs, sometimes shaking the very foundations of one's assumptive world.

You may wonder why a good God would allow something so horrific to happen to you. You may become untrusting of others and the world around you. You may believe you can't trust your own

judgments or decisions. You may believe you can no longer trust God. This is all part of what therapists call the “meaning-making,” each person has to work through.

To move forward, you will need to interrogate your own implicit assumptions about life, God and the world around you that were challenged by the trauma, while slowly groping your way toward new sustaining frameworks of meaning. The way you view life and the world around you will be forever changed. *You* will be forever changed. Others may not understand. To move forward, you will have to construct a new normal for your life.

Why would he/she do this?

Suicide feels like the ultimate form of rejection, especially for a spouse. As I mentioned previously, Mike told me he could never leave me; he loved me too much. Yet he did leave. In my rational mind, I knew how sick he had become, but in my more vulnerable moments, I struggle with why he didn't get help sooner. Why hadn't he fought harder for himself and for us?

In my irrational mind, I blame myself for not doing enough, not doing the *right* thing, and not getting the right treatment for him. In the next section, we will look at two different models for understanding and treating suicide. I've included this because had I known about these models I would have used the information to get my husband a different type of help. It also would have given me a better understanding of what was happening to him and why.

Understanding the drivers of suicide and getting the right help are everything when we're trying to save lives. If you're reading this book and you've been touched in some way by suicide, God may use this in your life to one day help someone else before it's too late. Perhaps it will even help assuage some of the angst and confusion you're feeling now as a survivor.

Why did he/she leave me?

Following on the heels of rejection, suicide leaves us feeling abandoned and betrayed by our loved one. You may question your value and worth. You may be angry, feeling like you mattered so little that your loved one would do something so terrible to you. The stigma of being abandoned leaves survivors feeling discarded and devalued. It's like your loved one said, "You're not worth sticking around here for."

It's one thing to have a spouse die from a prolonged illness they didn't choose, but it's quite another to have them seemingly *choose* to take their life. I hope by the end of this book I can help you better understand that your loved one was sick, and that each person who takes their life believes they *had* to die; even if they were people of strong character and faith.

Your loved one *really* believed you would be better off without them. They were not thinking with a sound mind. Ninety percent of people who die by suicide have a diagnosable mental health disorder at the time of their death.⁴ The suicide wasn't about you, nor was it your fault. I know it feels like it was, but I pray that in time, you will be able to see this truth more clearly.

Why couldn't I have stopped it?

Perhaps the most difficult of the why questions for me personally was: *why couldn't I have stopped it?* This creates an enormous sense of guilt, making the trauma more complex. Being a therapist only made it worse for me. After the *whys* came the *should haves*. I should have forced Mike to get help sooner. I should have come back with him that day on the airplane from our home in Florida. I should have been more reassuring on the phone the night before. I should have had him committed. I should have, I should have, I should have. In my mind, I was as guilty as if I had pulled the trigger for him.

As survivors, we have to come to terms with the fact that there was nothing we could have done to stop it. Or, as we'll see in a later

chapter, realizing we did the best we could under terrible circumstances. To heal, I had to come to a place where I could hold on to the belief that Mike, and Mike alone, chose to pull the trigger that night. My dreams to save him often reflect my helplessness, and I find myself once again struggling to accept his decision.

I have had people in my suicide loss group, and people I've met as I go around the country speaking, who didn't even realize their loved one was in such despair. One person shared a recorded video chat they had with their grown child. The conversation was pleasant, filled with joking and laughter. Right after the call ended, he took his life. This parent had no idea their child was considering suicide.

The immediate response to a tragedy of this magnitude is shock and disbelief. It was so incomprehensible for any of us to think that Mike Schulte would do something like this. We all believed he was invincible. No one could understand. His dental office was a beacon of light to so many. He prayed with patients, ministered unselfishly to the community, did free dental work, started a ministry in Nicaragua, and presided over a crisis pregnancy center for thirteen years. He always encouraged others to never give up, because of his unwavering faith.

I can only remember one time in our history together where my husband was depressed and anxious, and it only lasted a few months. Mike was cautious and untrusting of others at times, but nothing like the paranoia that he exhibited in the last few months before he died. Afterwards, everyone was asking the why questions.

Perhaps you're asking why too. Perhaps you think in order to move on you have to *know*. But healing won't be found in the knowing. There is no life there. What we can know is this: our loved ones didn't take their lives to hurt us; they took their lives to end the incomprehensible and very personal torment they were living in. In order to heal, we must at some point surrender our right to know or understand all the answers we so desperately seek.

If I'm honest with myself, my search for answers is really a search to disprove my belief that Mike wanted to leave me. I already know

that is a lie. I know in my heart Mike didn't ever want to leave me because he told me so on many occasions. But none of that assuages the sadness that gnaws at my soul. There is really only one thing I need, someone to heal my shattered heart. Enter Jesus.

Real healing can be found, and I have found it, in the arms of a loving God, who promises to lift us out of the slimy pit and give us a firm place to stand (Ps. 40:2).

Of course, we need to ask the why questions, and others need to be patient with us as we do so because it's in the questioning that we try to make meaning. This may take a long time. It did for me. The truth is, only God knows the answers to all our whys, and one day, some of those answers may be revealed, or they may not.

Eventually, we must move to a place of *acceptance* and transition from "why?" to "what's next?" To do that, we have to begin that meaning-making process. This may seem like an impossible task for survivors because suicide is so incomprehensible to us. How can we begin to understand why our loved one would desire to die and leave us behind?

In the next chapter, I'll share what suicide researcher Thomas Joiner learned about suicide and the desire to die. Joiner brings the dual awareness of survivor (his father died by suicide) and scientist to the fields of psychology, neuroscience, and genetics. His model for understanding suicide helped me understand why someone would desire to die by suicide, as well as the tremendous sense of burden-someness our loved ones felt.

Sit with this for a moment. I know it doesn't make sense to a rational mind, especially because we may feel such profound hurt, rejection, and anger at our loved one for leaving us, but our loved ones weren't operating with a sound mind that would have allowed them to make the swing back from being that clinically depressed to rational thinking. They most likely dissociated and thus were able to complete the suicidal act. I pray as we unpack this in the next chapter, it may help you heal in some small way and give you greater

compassion for the enormity of pain your loved one was in.

If you're angry, it may help you forgive your loved one for leaving. I know many of you may be dealing with guilt, shame, and regret, but in the end, please know that it wasn't your fault.

Consider This

1. How do you feel about Anne-Grace Scheinin's quote, "Suicide doesn't end the pain, it only lays it on the broken shoulders of survivors"?
2. What why questions are you asking?
3. Which "I should have" statements do you say to yourself?
4. Do you blame yourself for your loved one's suicide? If so, in what way?
5. Do you have a safe person to walk alongside you and help you with meaning-making?

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