it's a story that begins like others
with a boy admissibly happy
led a life that was fairly admirable
a daily grind that was probable
according to a country's statistics,
at least from what was observable

for the time being he got to thinking
“things might be tolerable”,
although he was far from invisible
it wasn’t like he was memorable
he may have passed through life unnoticeable
had it not been how it came to a close

it's a story I’d like to say
ends like no other
but I think it's quite repeatable
leaving marks,
on lives—
that are pretty indelible
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Jennifer L. Lapum

he built up such a façade
it was truly quite plausible
cloaking his feelings
and playing his role methodical,
with a mask
that was nearly infallible

although it seems unimaginable
how something like this could happen
it’s sad to say he felt
quite discountable—
and so it seems,
*he was more than a little breakable*

he knew the things he thought
were likely incurable
not something operable,
although probably loved
he didn’t feel loveable,
and things became so flammable
he no longer felt viable
so he made himself disposable

I composed this commentary based on suicidal ideation stories and encounters with people who had subsequently committed suicide. As reflected in the诗, a person’s external representation of self does not always reflect his inner self. I learned early in life that one’s façade can obscure the true state of one’s inner world. The façade can appear so real that another person may not see through the illusion. When I was sixteen years old a traumatic event occurred that led me to contemplate this.

*I didn’t have access to a gun. She did. I never thought of killing myself. I guess she had.*
*We were both outwardly happy. I guess she was also inwardly sad, and I—*

*had*

*no*

*idea.*
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There are things from that time that are imprinted on my mind even though it has been twenty-seven years. I recall receiving a message from a teacher to go home at lunch; this was odd because I always went home and I also had never received a message at school from my mom.

My older sister’s friend stopped me in the hallway, “did you hear?” “Hear what?” I replied. “Nothing” she said and quickly walked away.

I went out the backdoor and headed up the grassy hill. The beaten trail revealed the dirt path that I had walked hundreds of times before. I felt this pull to turn around, but headed home thinking my grandmother died. When I got home, I only remember the words, “she died.” No one was excessively distraught, but they all seemed concerned for me. It wasn’t until I went upstairs that I realized who they were talking about. I don’t recall crying at that moment. I remember being told that I could stay home this afternoon, but I headed back to school.

I didn’t walk the beaten path that my feet knew so well. I don’t remember how I got back to school. I just remember going in the front doors instead of my usual entrance at the back. I felt oddly unemotional, maybe stunned and numb. I think I put up a façade that afternoon. I felt such a silence in me even though the halls were packed with students. I didn’t mention it to anyone. One of my friends took me aside and asked “are you okay?” “I’m fine.” She looked at me with a puzzled face. Strangely, I don’t recall ever speaking to her again. I shifted in so many ways from that day forward. It was an experience that consumed me and I put a stunning façade on to disguise what was below the surface. I coiled up for a long time because I couldn’t understand why she did it and why I didn’t know that she was inwardly sad. Even as I reflect now, I still can’t see the warning signs.

I was sixteen when I was told that my friend shot herself in the head. She was the person in my life that I least suspected would commit suicide. Since then, I have asked: Why does suicide happen? Who is at risk? What is my role? How can I fix them? As a nurse, I was drawn to understanding the façades that we create for ourselves and how this should be part of whole person approaches to care.

The memory of this event resurfaced when reading a physician’s poignant account of bearing witness to a suicide. As a family medicine resident at the time, Hughes’ reflection was prompted when listening to a radio show; a husband was recounting his efforts to prevent his wife’s suicide attempts by hiding anything she could use to harm herself, yet “he couldn’t hide the bridges”. Hughes recalled while driving to work, observing the car in front of her pull over and then witnessing a man climb over the railing of a bridge and plunge to his death. While he was not her patient, she wrestled with not being able to fix him or work with
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his family to heal. Linked with my own story, what emerges as significant was her dedication to honouring this unknown man by routinely asking her “patients about their mental well-being … openly, sincerely”\(^1\).

A whole person perspective involves individualized and contextualized approaches to caring for the psychological, emotional and spiritual needs of a person in addition to the physical\(^2\). By extension, I would propose a whole person perspective to family care involves looking beyond a patient’s façade to discover what is occurring within him or her. Akin to Hughes\(^1\), I honour my friend by looking for sadness in people who are outwardly happy – in case, it is an illusion of something, covering up what is below the surface. ■

REFERENCES
