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A Suicidologist's New Challenge: The George Washington Bridge

By GABRIELLE GLASER AUG. 19, 2016

Madelyn Gould is a preternaturally sunny person. She has a broad, easy smile, a charming Brooklyn accent and an infectious laugh. When she talks about herself, she often starts with the personal: She is the mother of three sons — identical twins who are 35, and one who is 27. She is the grandmother of a 2-year-old boy, and has been married to her husband, a pediatric neurologist, for 38 years.

Tall and slender, she uses an elliptical trainer daily to keep in shape, and describes a folk-dancing class she takes every Tuesday night as the highlight of her week (aside from video chats with her grandson). She admits to having an anxious personality ("I grew up in East Flatbush!"), which she learned to tame years ago by practicing Transcendental Meditation.

Dr. Gould, a professor of epidemiology in Columbia University's psychiatry department, has a tidy office in Washington Heights that is lined with books, family photos, multicolored Post-it notes and her grandson's preschool masterpieces. The view is enviable, out across the George

Washington Bridge and the shale cliffs on the far side of the Hudson River. But when Dr. Gould looks at the bridge, she sees something deeply troubling.

For the past 30 years, Dr. Gould has plumbed the depths of despair, searching for ways to prevent what has exploded into one of the most significant public health threats facing young people: suicide. She is one of the country's leading experts in its prevention and causes, and her research undergirds much of the modern thinking on the topic, including the phenomenon of suicide contagion. She has helped to establish recommendations for reporters so that they do not glamorize suicide when covering it, and she encourages those who have survived attempts at killing themselves to discuss their recovery as a way of inspiring others who feel they have lost all hope.

She is also adamant about what she considers the most powerful deterrent of all: depriving people at particular risk of killing themselves of access to the means for doing so. She has urged the authorities to put barriers on bridges and other buildings, something that copious amounts of research show is effective. (After three suicides in the aughts at New York University's Elmer Holmes Bobst Library, Dr. Gould consulted on ways to avoid additional deaths. In 2012, the university enclosed the perimeter of the building's formerly open atrium with aluminum screens.)

The Port Authority of New York and New Jersey, which operates the George Washington Bridge, has put dozens of signs and several telephones on it to link desperate callers to trained crisis counselors, tactics that Dr. Gould's research supports. Still, a young woman leapt to her death from the bridge in June, and a month later, a passing cyclist pulled from the precipice a man who was about to jump. In the past seven years, 93 people have died at the bridge.

The authority has a plan to erect a safety barrier on the bridge, a project that will not be completed before 2024. To Dr. Gould, this is an inexcusably

slow response to a well-documented public health problem. “From the perspective of saving people’s lives, why not move up that time frame?” she asked.

Many who work in the grim-sounding field of suicidology — the study of what causes, and prevents, suicide — have been personally touched by suicide. But Dr. Gould fell into the field by chance in the early 1980s, after completing her dissertation about the classification of childhood psychiatric disorders, which were in their infancy. The child psychiatrist David Shaffer recruited her to Columbia to begin exploring risk factors for youth suicide.

After a spate of such suicides in Westchester County and New Jersey in the 1980s, Dr. Gould felt an added urgency to understand why suicide clusters occurred, and to learn how to prevent them. She began to use a method known as a psychological autopsy, in which researchers comb medical records and conduct deep interviews with the friends and families of young people who had killed themselves.

By using that data, she wanted to find clues for how to prevent other suicide clusters. It was a novel idea at the time, and Dr. Gould worried that the families would reject interview requests. “We certainly didn’t want to retraumatize anybody,” she said. But most were willing to discuss the events that had preceded the deaths of their children: signs they had overlooked, cries for help they had dismissed.

Some clear findings emerged, and Dr. Gould, 65, has been a pioneer ever since in studying how suicide can spread. Media coverage of suicides, she said, has been definitively linked to an increase in their occurrence, especially among young people. Contagion influences at least 5 percent of suicide deaths of young people, she said.

She is particularly concerned about a nationwide rise in suicide — it increased 24 percent from 1999 to 2014, according to the federal Centers for Disease Control and Prevention, and is a leading cause of death among those

under 34. “Suicide contagion is real, and the language and publicity surrounding deaths by suicide concern me immensely,” Dr. Gould said during a recent interview in her office, tapping her chest with her palm for emphasis.

Much of her work involves removing the stigma surrounding suicide, and she is an outspoken advocate for directly asking young people about whether they are considering taking their lives. Schools routinely screen for eye problems and scoliosis, she said, but until recently they had balked at identifying students whose despair puts them at risk for killing themselves. When she and her colleagues were recruiting schools to participate in their research a few years ago, many refused.

“People told us, ‘You can’t talk about this. It will put ideas into kids’ heads,’” she said. Her research has found that the opposite is true. One study of troubled youths found that those asked directly about suicidal thoughts showed less distress than those who were not asked at all. “You have to ask people, you have to be prepared for the answer,” she said, “and you have to be diligent about their safety.”

Dr. Gould emphasizes the need to use different terms — those in the field avoid using the word “commit” in order to make suicide sound less like a criminal act — while avoiding descriptions of the ways people kill themselves that resemble tutorials. One study in Vienna revealed a decrease in suicides when journalists began following recommendations for more cautious coverage.

Many people, of course, now learn the sad details of suicide deaths through social media. And some, like Eric Steel, who directed the 2006 documentary “The Bridge,” which examined suicides at the Golden Gate Bridge, argue that there is an obligation to keep the public informed, and to motivate the authorities to enact safety measures on landmarks known to draw the most despondent.

Mr. Steel had precisely that goal in mind when he included in his film graphic footage of people who jumped, which appalled Dr. Gould and other suicidologists. “At the time, I thought it was horrible,” she said. Ultimately, the publicity generated by the documentary helped persuade officials to approve a $76 million net that, despite delays, is expected to be completed by 2020, according to news reports.

Mr. Steel maintains that stance when it comes to the George Washington Bridge, where the number of suicides in 2015 was 18, according to Neal Buccino, a Port Authority spokesman. Building the planned barrier, which will cost from $35 million to $50 million, presents complexities that Mr. Buccino said include “the challenge of designing and installing a fence that is strong enough to provide for safety, yet porous enough to prevent acting like a sail in strong winds and straining the bridge’s structure.”

Like Dr. Gould, Mr. Steel scoffs at such a wait.

“If a study came out that said 18 people were going to die on the bridge next year because of a mechanical issue, they’d shut it down and fix it,” he said. “The solution to this issue is putting up a fence.”

So far this year, eight people have leapt or fallen to their deaths, and passers-by or Port Authority workers have intervened in 40 other cases. Recently, a cyclist named Julio de Leon noticed a desperate-looking 19-year-old man on a ledge. He jumped off his bike and told the man: “Don’t do it. We love you, my heart.” His kind words and quick thinking brought the man to safety.

Kevin Hines, who survived a jump from the Golden Gate Bridge and appears in “The Bridge,” is emphatic about the need to find ways to reach those considering suicide before they make an irrevocable decision. In the film, Mr. Hines describes the remorse he felt the moment his fingers left the guardrail, how terrified he was that his last emotion might be regret and how he begged God for help as he plunged toward San Francisco Bay. He is

among a tiny fraction of people who have survived that fall — and one of the few in that group to regain full mobility.

Mr. Hines, 34, is the author of "Cracked Not Broken: Surviving and Thriving After a Suicide Attempt," and speaks around the country about suicide prevention and mental health care. (Mr. Hines has been given a diagnosis of bipolar disorder.) He has a large following online, and he frequently posts his talks and videos; he is also producing a documentary called "Suicide: The Ripple Effect," which is due out next year.

"I survived, but I hurt so many people in my life," Mr. Hines said in an interview from Atlanta, where he now lives. "Every time the phone rings, my dad wonders, 'Is Kevin alive?'"

He shattered three vertebrae and spent four and a half months in a rehabilitation unit after his jump; in the 15 years since, he has had seven stints in a psychiatric ward. His symptoms — mania, psychosis, depression — remain with him, but now he is able to manage them.

"We blame people for suicide, for mental illness, for addiction, all the time," he said. "But people die from suicide because their brains aren't working right. If you're suffering mentally, don't sit around in denial like I did for so long. Recovery happens. I'm living proof."

Mr. Hines's advocacy hit close to home early last year, when a young Brooklyn woman who was gripped by suicidal despair saw one of his videos on social media.

The woman, who asked that she be identified only by her middle initial, V, and that certain details of her life be omitted to protect her privacy as well as her family's, watched the video repeatedly — especially the scenes in which Mr. Hines describes the guilt he and his father felt when they met in the hospital after his jump. V, a tall, athletic woman with a quick wit, is normally quiet and keeps her problems to herself. But she was so moved by

Mr. Hines's powerful statements that she sent him a message, and the two began to correspond.

Knowing that I was working on this article, Mr. Hines approached V to find out if she would be willing to be interviewed. She agreed, and we met on a cold spring Saturday. Over omelets at an Upper West Side diner, she described her early life.

Her mother struggled with depression and drugs and was often suicidal. When V was 9, she came home from school one day to find her mother's arms bleeding from a suicide attempt. Because V's mother often became enraged at family members if they called for an ambulance, V cleaned the wounds with hydrogen peroxide and stitched them up herself with a needle and surgical thread from a medical kit her mother had stolen from a hospital. "It was sort of my personal project to take care of her," said V, 24, who dresses neatly in jeans and button-down shirts.

V fell into depression herself as a teenager when her family began to move frequently, forcing her to change schools as often as every six months. The only adult who ever seemed to pay attention to her was an art teacher, who told V she was talented but needed to make different friends. That helped turn V away from school and into an increasingly desperate cycle of suicidal thoughts, particularly during the gloomy winter months. She sought counseling occasionally but, fearful she would be hospitalized, never revealed the truth of her despair.

V, who has expressive hazel eyes she often hides with vintage sunglasses, dropped out of high school and worked at a series of menial jobs, always looking forward to the six months of the year when the sunlight outlasted the dark. She taught herself coping strategies: She learned to meditate by focusing on a skylight in her bedroom, and by drawing and photographing tiny squares of nature — a few inches of a tree, for example – for hours on end.

Things began to look up in 2011. She had completed her G.E.D., and enrolled that year in a City University of New York college that she prefers not to identify. She earned top grades in science, a field she had never considered. She started boxing at a local gym, quickly gaining speed, strength, agility and confidence as she sparred with opponents in front of hundreds of onlookers.

But in 2013, she ruptured a tendon, and doctors said that even with surgery, she would not box again. She tried other types of exercise — swimming, hula-hooping — but nothing matched the rush she felt in the ring. Her mind returned to suicide as the only way to end her emotional and physical pain.

When she saw Mr. Hines's video, she watched it over and over. "I'd been thinking about doing this myself for years," V said, "and suddenly I realized, 'I don't want regret to be my last emotion. And I don't want to do that to the people I love.'" She had a longtime boyfriend she cherished, and a loyal, caring best friend with whom she had never shared her dark thoughts.

She poured herself into school and found demanding intellectual work outdoors that helped sustain her. She directed her energy into drawing and taking photographs, and finding corners of the city where nature helped to hush her sadness. Next month, she will enter her final year of college.

Epidemiologists typically work at a remove from their subjects. It's not often that they encounter the people whose lives their research has influenced. But when I mentioned Kevin Hines, whom Dr. Gould had met, her face lit up. "His story gives me goose bumps," she said, running a hand up the length of her arm.

Because V, like Dr. Gould, is a proud Brooklynite who now hopes for a career in science, I wondered what it might be like to introduce them. So on a breezy July day, we all gathered in Dr. Gould's office. She motioned to me to sit at her desk, so that she could be closer to V. For two hours, they focused

on their home borough, the lives of women in science and V's hopes for her future. Dr. Gould encouraged her to get a Ph.D. They discussed their shared love of meditation, and the idea that thoughts, however scary, need not represent reality.

The talk turned to depression. V paused to consider her words. "I've learned that I can be O.K. with being miserable," she said. "I tell myself, 'All right, I'm miserable, but I'm just going to wait.'" Some of her best art, she said, came from those dark periods.

"I used to think about ending my life," she said. "But the more I learned, the more I realized that what happens in your mind at the point of death, that's your last thought."

Dr. Gould nodded, leaning closer. "I decided instead that I'd rather make more art, learn more, be a part of something," V said. "And I realized that you're in people's lives for a reason. They want you there."

"It's important to stay."

Correction: August 28, 2016

An article last Sunday about a leading suicide researcher at Columbia University misstated the timing of a project to install fences on the sidewalks of the George Washington Bridge, from which people have jumped to their deaths. The project will begin next year, not in 2020. The article also misstated the number of years since Kevin Hines left a rehabilitation unit after his jump from the Golden Gate Bridge in San Francisco. It has been 15 years, not 11.

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