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Desperate act from a weary caregiver

Photo courtesy of KMSP

Claire and Betty Erickson

In older couples, murder-suicide is often committed by the husband who sees it as an act of mercy, counselors say.

By **WARREN WOLFE**, Star Tribune

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When Claire Erickson shot and killed his wife, Betty, then himself early Tuesday at their home in Hudson, Wis., as his family believes, he was playing out a classic -- and perhaps preventable -- tragedy that happens nationally more than 500 times a year.

"Some older men try so hard to hold their heads high, to not ask for help with the stress of caregiving," said Donna Cohen, a researcher and expert on murder-suicide among older couples. "They cope as best they can with a depression they feel but can't acknowledge."

Although each murder-suicide among older people is different, researchers say

there is a typical pattern:

- The man kills the woman in their bedroom with a gun -- an act he has thought about for weeks or months.
- The woman has Alzheimer's disease or another illness, and the man is depressed, often exhausted, perhaps sick himself, and under strain as the primary caregiver.
- The woman is rarely a willing or knowing participant. She usually is killed in her sleep.
- The man almost always mistakenly believes he is acting with mercy, putting the woman out of her misery. Instead, he is ending his own misery.
- There may be warning signs that can help families prevent the tragedy.

The Ericksons were found dead in their bed by a daughter on Tuesday morning. The night before, their son, David, had driven them to Hudson from their Florida home. Betty Erickson, 81, had Alzheimer's disease, and the couple had become less active. Last week, after the family celebrated the Ericksons' 60th

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wedding anniversary, Claire Erickson, 83, told his son, "I'm tired. I'm weary."

Act of love, or desperation?

David Erickson said his father probably "acted out of love" for the couple's three children, worried that they might have to care for their mother as he had for three years.

That notion is common in murder-suicides, said Cohen, who has testified before Congress, written extensively and helped train families and physicians. She is a professor of aging and mental health at the University of South Florida and heads its Violence and Injury Prevention Program.

"If they were consulted, families usually would try to stop it," she said. "In fact, murder-suicide almost always is not an act of love. It's an act of desperation."

Some people equate murder-suicide with assisted suicide and the right to control when you will die, Cohen said. "It usually is not the same. This is suicide and murder."

In Minnesota, an estimated 90 couples

have died from murder-suicide since 2000, in Wisconsin 132, according to Cohen. About one-fourth involved older couples, "and the numbers seem to be growing."

"Homicide-suicide is rare among older people," she added. "They've been through a lot and have developed ways to cope with a lot that life throws you."

But sometimes, she said, "the problems -- often real or perceived health problems -- seem insurmountable."

That can be especially true for older men who are caregivers, Cohen added.

"Women are more likely to ask for help. Men try to focus on the tasks, to press on, to do all they can on their own -- and that can take a huge toll."

Recognizing that, the Alzheimer's Association in Minnesota, which sponsors 94 caregiver support groups, will add two more in May -- for older men. "We know that's a group that needs help, and we are trying to figure out how to reach out to them," said Jan Mueller, advocacy manager at the Edina office.


The association also supports legislation

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sponsored by Rep. Steve Gottwalt, R-St. Cloud, and Sen. Patricia Torres Ray, DFL-Minneapolis, for an Alzheimer's work group to assess needs of people with dementia and their families.

"The lesson is to be aware, take the signs seriously, start talking and try to get help," she said. "You still may fail, but you will never regret trying."

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How families can help

Within weeks before a murder-suicide, the man often has seen a physician -- sometimes escorting his wife, Cohen said. "Health professionals should screen patients routinely for depression. Medications and other interventions do work."

Sometimes families can prevent a murder-suicide if they recognize signs such as a health change in a long-married couple, more social isolation, exhaustion or talk of a move to a nursing home -- especially in cases where the husband has a dominant personality.


"Get Dad talking," Cohen said. "This can be frightening for families, but they can address [it] directly. Acknowledge the good work he has been doing, and ask him if he sometimes wishes his spouse or he were dead. You won't be putting a new idea in his head. It's OK to tell him those ideas are normal. They are."

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