

Witnesses to tragedy: Funeral directors see another side of heartbreak

By Rebecca Ellis

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Death is a business for Craig Carpenter, just as it was for his father, Hugh W. Carpenter, and his grandfather, Linn Carpenter, and his great-grandfather, Hugh B. Carpenter — all past patriarchs of Carpenter-Jenks Funeral Home, a stately parlor in West Warwick.

For 103 years, Carpenter-Jenks has offered its services to the families of Rhode Island's deceased. Despite the occupational hazards of heartbreak and formaldehyde, Carpenter says much of the profession is focused on the positive — organizing a funeral that doubles as a “celebration of life” as much as an acknowledgement of death.

As overdose fatalities in Rhode Island continue to rise, though, some families face too sharp a grief — and often too stigmatized a death — for the funeral to be much of either.

In 2016, accidental overdoses claimed 336 Rhode Islanders — up from 310 the previous year, when the state posted the fifth-highest rate in the nation. The epidemic has changed practices in the state's hospitals and other emergency departments, all of which must now be certified to treat patients with opioid addictions, and in the state's police departments, most of which now respond to calls armed with naloxone, a medication used to reverse the effects of an opioid overdose.

But the unrelenting rise in deaths has also touched the businesses that only meet addicts at the end of the line, soothing their families and then sinking them into the ground.

“Within the last 10 years, we've definitely seen an uprising in deaths that are ... a result of drugs,” says Carpenter, the director of Carpenter-Jenks since 1983. He can't say with certainty how often he encounters an overdose victim. One month he'll tend to three and the next month none.

“The safest answer is it happens far more than people realize,” he says.

In many ways, these deaths are treated like any other — the same caskets are offered, the same embalming fluids pumped through a cadaver's arteries. In fact, the bodies of overdose victims can be easier to prepare than those mangled by accidents or ravaged by illness, as the staff doesn't need to craft fresh ears out of wax or fill out sunken stomachs with cotton.

But with the number of young people overdosing on the increase, Carpenter says the epidemic has challenged funeral directors, changing the “natural order” of the grieving process by bringing too many parents into his home in search of coffins for their children. The shame associated with these deaths further complicates a director’s job, requiring Carpenter to conduct his business on the back of deaths that families may view as a “black mark” on their reputation.

The duties of a funeral director have always involved “a lot more than caskets, black cars, flowers and deceased,” Carpenter says. Now, with overdose cases on the rise, directors’ duties are being brought to a “different level” as they seek to address a grief barbed with stigma and trauma.

Every day for four years, Mary McQuaide, 26, has been selectively reading The Providence Journal, skipping the articles and tearing into the obituaries. A substance-abuse counselor since 2013 and recovering from addiction herself, McQuaide uses the section to hunt for old clients and other users she’s met on the 12-step circuit.

“If I haven’t heard from them for a while, maybe they’re in the obituaries,” McQuaide says. “I know it sounds morbid, but it’s kind of a relief when I don’t see them in there.”

About twice a year, McQuaide will come across a name she recognizes. But drugs are never listed as the cause of death; the person always “passed away unexpectedly.”

McQuaide has become obsessed with these overdose deaths dressed in ambiguities — not just those of people she knows but of all the young Rhode Islanders who pass away each year without explanation. If the person is younger than 40 and the cause of death isn’t obvious, McQuaide will read the whole obituary, trying to “investigate” whether drugs were at the root.

“Whenever they say Rhode Island Hospital, I kind of perk my ears up, because that’s where they take a lot of overdose deaths,” she says.

Carpenter has written several dozen of these obituaries. In his 33 years as a funeral director, he has rarely had a family of an overdose victim ask him to include how their loved one died. In his experience, families are more lenient about including causes of sudden deaths like strokes or car accidents, as they let the public know suicide and drugs weren’t involved. But, he says, most families of overdose victims view the obituary as “forever an amen,” a final way to frame their child’s life. They do not want it stained with a “forever reminder” of their child’s addiction.

“There is shame involved; there are the stigmas,” Carpenter says. When he provides a family with a death certificate listing an overdose — or “acute intoxication” — as the cause of death, they will often ask, ‘Is this a public record?’

“They want to keep the perception that they had a ‘good’ kid,” says George Lima, the funeral director of Bristol’s George C. Lima Funeral Home, who has encountered the same desire for discretion in his clients. Some will ask to never even see the death certificate.

But funeral-goers are often infected by what Carpenter calls a “morbid curiosity.” And if the cause of death isn’t made obvious by the deceased’s family, rumors can swirl. To try to put to rest the neighborhood whispers that often surround an overdose death, funeral directors turn to the obituary.

“If you say nothing, then there [are] all types of assumptions and speculations,” Carpenter says. “Whereas, if you were to say ‘died unexpectedly,’ then at least you’ve opened half a [door].” Lima calls these kinds of obits “camouflage.”

Obituaries are not news articles, and, as long as the piece does not contain falsehoods, the author can easily edit out addiction from the narrative of the deceased’s life. Carpenter says many families use obits as a way to “control the content,” offering an alternative to whatever news stories may spring up after a loved one’s death. While the Warwick Beacon will run a story on a man found next to a loaded syringe with the headline “Overdose victim found at Salter Grove Park,” the family can memorialize him in The Providence Journal’s obituary section as a music lover who frequented the beach.

But recently, Louise Moulico, a director at Brown Funeral Homes, has noticed a trend of families using the small platform allotted to them in their local paper’s obit section as a call to action. “As much as they’re hurt and embarrassed by it, they want the community to know just how bad it is,” she says.

When Tina Peterson’s 20-year-old son, Evan Malley, died of an overdose last January, she wasn’t planning on including the cause.

“I was, to be honest, a little bit ashamed, and I didn’t want to add stigma to my family,” she says. “Luckily, I changed my mind at the last minute.”

A year and a half later, her son’s addiction remains eternalized on the obituary page of Quinn Funeral Homes, in Warwick and Smithfield. “Evan Sean Malley, 20, of Narragansett, lost his battle with addiction and passed away peacefully,” it reads, before touching on his fondness for long car rides and singer Nicki Minaj.

“I’m so grateful that I did that,” she says. “This is such an epidemic that I just want to be part of voicing it my way.”

Since her son died, Peterson has taken over Rhode Island's chapter of Grief Recovery After Substance Passing, a support group for families who lost children to addiction. While some of the newer members can be uncomfortable with openly discussing their child's addiction, she says most eventually open up.

When she tells GRASP members that she included her son's struggle in his obit, she says, "Moms will go 'Wow.'"

Peterson is still feeling the social repercussions from her decision to put her son's addiction in print. After her neighbors heard what had happened, only one came to her house to comfort her — "one neighbor out of many," she says. "Some of my neighbors don't even talk to me anymore."

On top of the isolation, Peterson says many parents experience "terrible, terrible guilt," convinced they missed chances to save their children. While her son was in the throes of his addiction, one counselor told her to keep him in the house and another told her to kick him out. She didn't know whose advice to heed.

Then there's the strange sensation of deliverance. "The life they're living when they're using is the life of torture," Peterson says. She remembers watching her son's skin gray as he grew thin and thinner, desperate and more desperate. When his pain was finally over, she felt "a little bit of relief."

For parents of overdose victims, these emotions can all combine to create a treacherous grieving process. Peterson says many mothers involved with GRASP consider suicide.

"We've all been diagnosed with PTSD, and it's not like we've killed people in war or anything," Peterson says. "We've seen our children go through ugly things."

Funeral directors are trained to help their clients cope with bereavement. "We take grief psychology, just as you take anatomy and physiology," Carpenter says.

But he's found the rise in opioid deaths sharpening the techniques ingrained in mortuary school as clients shift from "grieving to complicated grieving."

Over the past decade, Carpenter has heard many stories of addiction spill from the lips of broken families. When "you're looking them right in the eyes, you'll be stunned what you can learn," he says.

He hears the same questions rattle his clients: "Could I have done more? Should I have seen this? What did we miss? How come he or she didn't say anything to me?" The answers won't come from a man they met only days or hours before, but they ask Carpenter anyway.

“Even though there’s no answer to the question, they need to ask the question,” says Dr. Alan Wolfelt, founder of Colorado’s Center for Loss and Life Transition, who hears similar queries from clients grieving the loss of overdose victims. “It’s a form of protest that says ‘I wish this hadn’t happened,’ but it comes out in the form of ‘why.’”

After noticing a rise in clients dealing with the aftermath of opioids, Wolfelt began to help funeral directors nationwide to “sensitize” them to this new kind of grieving. Though he says overdoses are “death by just another name,” he finds the stigma surrounding them can pose a challenge for directors who must launch their clients’ mourning process with a memorial to the deceased.

“The more inadequate words are, the more ceremony is how you initiate yourself into mourning,” he says. Funeral directors “are not therapists, but what they do is so vitally important” to healthy grieving.

Most directors actually describe their services as something of a precursor to those of a therapist — their skills focus on the physical dead, a therapist’s on the mental aftermath. But when families enter carrying this multifaceted grief, the two domains often blend, and dealing with a client’s grief can be as crucial as providing a casket.

Carpenter tries to steer families toward “healthy grief,” readying them for that “first year of firsts” — the first birthday of the deceased, the first anniversary, the first holiday season.

He comes to meetings prepared to share the decisions of past clients whose loved ones shared similar fates. He alerts them to the existence of support groups and lets families call “a time-out” when necessary. For opioid deaths, he says, directors must be “extremely sensitive to the fact that their emotions are so raw.”

But some families are processing not just grief but relief, an emotion traditionally out of place in a funeral home. In these cases, families tell Carpenter that his home serves as their “transition” into a new life, with the funeral itself restoring “pride and dignity back to” the life of their child.

Sometimes families even return to the funeral home to connect with their loved one.

“Rather than a place that they want to avoid ... it actually becomes a place that is the reverse, where they can feel close to their child,” Carpenter says. “It’ll blow your mind the first time you hear it.”

Rhode Island’s opioid problem is no secret: the smallest state is regularly placed at the highest point on lists of locations hit hardest by drug overdoses.

Gov. Gina Raimondo has called it Rhode Island's "single greatest public-health crisis."

But even with this increased awareness, some say individuals can never truly understand the state's death toll without walking in the polished shoes of a funeral director.

"I do hear a lot of people talking about [the epidemic], but I think they don't understand the reality of it," says Moulico. "I understand the reality of it because I'm actually physically seeing that body and working with that body, and seeing the family that's related to that body."

Overdose deaths have seeped into all aspects of Moulico's practice. They've "saturated" her funeral home each holiday season. They've been drained of blood and casketed and painted with makeup. They've caused her professional anguish and personal pain.

Earlier this year, she had to embalm a friend who had taken his life after a four-year battle with opioid addiction.

"That was tough," she says.

After starting a business selling funeral mementos, her friend had struggled to keep up with the demand for his goods, eventually turning to opioids to keep him producing late into the night. Soon, he was taking two pills every morning — a \$60 investment to get out of bed — and popping one more every hour and a half thereafter. When he tried to stop, he was hit with "the most horrific feeling you can ever imagine ... like a demon trying to come out of you."

After he died, it fell upon Moulico to embalm his body. Like all the others that came before it, his corpse was a mission. She wanted to "fix" him, finally put his body at peace.

As opioid deaths continue to rise, Moulico says Rhode Islanders would benefit by seeing this ugly slice of their state's underbelly. She's found that bringing her employees on overdose calls has helped them understand "this is a real thing — it's not just something that you read about."

Funeral directors, Carpenter says, are "being given the privilege of seeing the 'inner,' if you will, of what happens to a family when a death like this occurs."

And, Moulico says, the epidemic's toll "doesn't become real to somebody until you go through something like that."

