Why prevent suicide? Thomas Szasz’ argument reconsidered

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WARNING: This presentation gives a hearing to other than status quo, standard of care answers to the suicidal moment. Discretion is advised as to whether or not you choose to be open to dialogue with stances and choices about suicide that heretofore have remained stigmatized and taboo.

Introduction

- Why even ask the question, “why prevent suicide?” …Isn’t it obvious?
- Objective…To expand our capacity to “be-with” others in suicidal moments in deeper and broader ways than we do now through: (1) Creating a difficult dialogue, and (2) Giving a hearing to the wisdom and meaning of the suicidal moment *as it is*, *in its own way*, without pathologizing it
- Start with stats?
- Start with presumptions and prohibitions?

Presumptions and Prohibitions

- Suicide can and should be prevented as "tomorrow is another day"
- Suicide is the result of mental illness (read as: medical condition beyond one's control)
- Suicidal persons are compromised, impulsive, revengeful, and inconsiderate of others
- There are legal ramifications if we either commit suicide or don't try to prevent it
- Best way to prevent suicide is to reduce unwanted symptoms and prohibit access to lethal ways and means of suiciding
- If not medical or illegal, then it is immoral

Let’s bracket stats, presumptions and prohibitions and begin with life stories…..

- Carrie’s story….. “So you want me to live and suffer?”
- Angie’s story…. “With all this going on I just want to go take the bridge”
- Edgar’s story …. “If I can’t stand, can you help me die?”
- Regina’s story …. “Suicide with a smile”

Thomas Szasz' Argument

- Suicide is a choice that should be respected
- Suicide prohibition is state imposed, coercive "liberticide"
- Mental illness is a myth
- Not wanting to live is a moral choice, not a mental illness
- We have birth control, why not death control?
- Rejects three objections to suicide, all of which serve the needs of the state: suicide is a mental illness, is illegal, and is immoral
- *Suicide Prohibition: The shame of medicine*. Syracuse University (2011).

Anonymous editorial in response to critiques of Szasz' position…

- "Taboos are the tools of people who are afraid to face things. The reality is that there are people who want to die and have reasonable grounds for that desire, irrespective of other people's opinions. You do not address the issue by treating people like idiots and maintaining socially sanctioned guilt…None of us had a choice coming into the world but we should have the options of how we would like to leave it. For myself I would rather leave it in dignity at a time of my choosing rather than screaming in agony in my own feces, neglected by an understaffed, underfunded and overworked National Health Service."

Suicide is illegal and should be prevented?

- “Disease is prevented, crimes are prohibited”
- Varying consequences for those suicidal and those caring for them
- State should have not say in either preventing or promoting suicide
- Is psychology a bourgeois profession and its practitioners agents of the state enforcing socially productive behavior?
- If you trust another with the most intimate of struggles should you be rewarded with a “72 hour hold” ?
- Kafkaesque: Backbone of the commitment and release process: finding one could be “dangerous to oneself,” which cannot be definitively proved or disproved; if can’t be disproven, then chance of suicide and have to hold; ***safety is never certain***…so, CYA trumps freedom

Suicide is the result of mental illness (which is a medical condition)?

- The myth of mental illness: false analogy

- The issue: Allegiances to different priorities and values ***not*** pathologizing deviance from an essentialist, hegemonic norm; different does mean pathological
- Medicalization of the human condition: suffering does not equal mental illness or the requirement for intervening care
- History of psychiatric “care” shows extensive evidence of the social control of dissent; diagnoses are added or dropped due to social preference and power
- We try not to stigmatize, but do so anyway by medicalizing or biologizing the suicidal moment

If not illegal or medical, then suicide is immoral?

- *Cui Bono*? By which standards? For whose sake? Who gets to decide that life is better than death, or the quantity of life is better than the quality of life?
- *Hamartia*: good intentions with destructive outcomes ("So, you want me to live so I can suffer?")
- Active euthanasia for animals, why not human beings (option is growing in support)...speciesism?
- Who gets to determine whether life is better than death? If we are angry and hurt someone we love suicides, should the person suffer so we won't be angry or hurt? Can we manage our pain while not pathologizing the other?
- The dangerous habit of pathologizing allegiances to values other than one's own…in the name of "good" we head toward hegemonic fascism

The best way to prevent suicide is by reducing high risk symptoms and prohibiting access to lethal ways and means?

- Medications do not work as well as thought, and research suggests antidepressants can actually increase suicidal risk
- Is prevention even possible? Suicide occurs often on suicide watches, and, in prison, quite often occur after seeing a mental health professional
- Psychiatrist kill themselves 3x more than the general population (Szasz)
- Why eliminate the very key to understanding the meaning of suffering and joy for a person as disclosed in the “symptom?”
- I suggest a less algorithmic approach, and, instead, a more phenomenological approach to uncover what is missed about the suicidal moment

Research findings from qualitative analysis of suicide notes and other "lived experience" research

- Contrary to presumptions: those who complete suicide show (notes-synopsis of Toni Galace's researched dissertation-one of my doctoral students-and my own research):
- (1) Awareness of the other
- (2) Agency and accountability
- (3) Desired equivalency in relationships
- (4) Pain management concerns
- (5) Expectation of living in another (better) existence
- Other concerns include some kind of seemingly unfixable and sedimented place and an unbalance of relational power: burden to others, loss of value, alienation, unheeded rage, isolation due to misunderstanding, burden to others

The (in)congruence of suicide prevention programs in relation to the existential pain disclosed in suicide notes

- After nearly a century of suicide prevention programs there is no safe indication that what has worked somewhere will work elsewhere (Bertoloti, 2004)
- Notoriously difficult to research: isolate an infinity of metabletic, converging variables; for every attempt noted, estimated 30 more attempts unreported
- Among evidence-based programs, (SAMHSA: 19, but really only 2 most popularly recognized as “best” – CARE (Care, Assess, Respond, Empower) and SOS (Signs of Suicide)): Only 1 of the 19 focuses on the elderly; What seems to work is not symptom reduction, but one caring human being showing authentic concern for another human being…mitigating against alienation

(In)congruence continued

- What is most often missed is existential or soul pain
- Preventing “as such” is another expression of constraint and control so central to the worlding suicidal moment one is trying to escape
- Symptoms disclose “matterings” of how one finds oneself in the world…focusing on symptom reduction as the primary task can unwittingly (*hamartia*) kill the soul … in the name of suicide prevention
- There is nothing more disrespectful in care of those suffering than to dismiss their “symptoms” as nothing but epiphenomena of pathology

Soul pain and soul murder: Preludes to suicide

- Soul: Lived meaning, living out what matters to us in each and every moment…including the suicidal moment
- Soul pain: when what matters to me is dismissed (i.e., ignored, pathologized, commodified, belittled)
- Soul murder: Intentional dismissal of matterings
- Bottom line: suicide is prevented by connecting and caring with and for another in authentic ways to foster less (qualitatively) alienated relationships

Szasz' argument reframed (without the vitriol and absolutes)

- Stances in life should not be categorized as healthy or unhealthy, well or ill, but as lived convictions in alliance with chosen values and priorities.
- Privileging one set of values over others is an essentialist act of violence and disrespect of difference other than one's chosen norm
- If each moment is meaningful, lived, and incomparable, and calls for respect, then pathologizing (either as illness, illegal, or immoral) makes no sense; pathologization presumes an essentialist norm-deviance scaling that rank-orders if not nullifies incomparability
- Ethics rests in not imposing essentialist ways of living on others, in guarding the incomparability of lived meaning, and in taking responsibility for one's free choices and actions

The wisdom of not suiciding

- Keeps incarnate possibilities possible
- Survivor’s stories are overwhelmingly grateful at being alive
- Spare the pain of others, while waking them up to new relational possibilities
- No known guarantee that death brings peace, nor a guarantee that life is only suffering…given each moment can be a new possibility
- Builds the integrity and dignity of fighting for a qualitative and meaningful life

To life….even in death! The wisdom of the suicidal moment

- But what is meant by what is said and done and how this is communicated?
- Suicide becomes, and understandably so, and ironically, an expression of freedom, transcendence, deliverance, and hope
- Neither prevention nor encouragement of the suicidal moment understand the suicidal moment
- Suicide is a lived act of hope and freedom, an act of transcendence
- The suicidal moment discloses what matters most about life and its proposed desires
- Paradox: In order to prevent suicide, deeply respect the “in itself” and “say” of the suicidal moment

We cannot “prevent” and “listen” at the same time

- Until we understand the call of death in its particularity, we have not deeply listened to the suicidal person
- Until we cease pathologizing the suicidal person, and the care givers who do not pathologize him or her, we are not listening
- Until symptoms are seen as disclosures of meaning and significance, rather than as contaminants to be jettisoned, we are not listening
- We don’t prevent suicide or anything else, we offer the chance for unnecessary alienation
- Don’t have time to listen? Or don’t want to listen?

Win/win possibilities? Take aways

- What really is precious?
- Can people talk openly about being suicidal without being "punished" ?
- If meaning is in any moment and should be respected as such, then it is in the suicidal moment…we can't hold that something is meaningful and pathological at the same time
- I prefer others not suicide, not because it is an illegal, immoral or a mentally ill act, but for personal reasons: so others can have a chance at a more fulfilling and meaningful way of being in the world

Take aways continued…

- If we prevent suicide, we damn better work with the person to have a better life to which we want them to exist
- Believe in the power of “being-with” others in the abyss. When we move to correct, fix, or cure, we are communicating that one’s meaningful way of being in the world is inadequate, thus increasing the shame that invites suicide
- Where is our work? What do we really fear? Where is our “line”? Why ARE we alive? “I am human. Nothing human is alien to me.” Terrence