THE ANATOMY OF SUICIDE

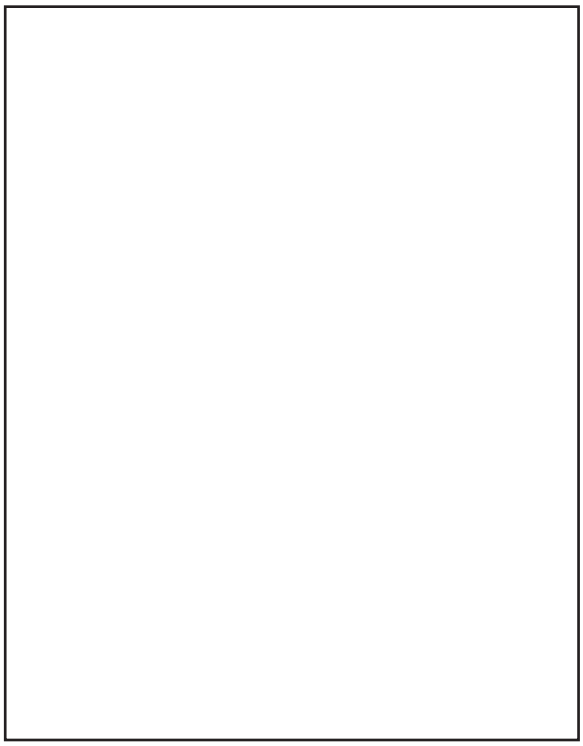

Photo by Andre´ Monjoin

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Louis Everstine is a psychologist in private practice in Palo Alto and a Fellow of the Mental Research Institute. His doctorate in psychology was received at the University of Pittsburgh, and he took graduate studies in philosophy at both Cambridge and Oxford Universities. His Master of Public Health degree is from the University of California, Berkeley. He was a member of the founding faculty of the California School of Professional Psychology. He has coauthored or coedited four textbooks in psychology, including *The Trauma Response*, published in 1993 by W.W. Norton.

THE ANATOMY OF SUICIDE

Silence of the Heart

By

LOUIS EVERSTINE, Ph.D.

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For Diana, now and forever

FOREWORD

Louis Everstine has worked on the front lines of applied psychology where he has dealt with persons bent on taking lives–their own or those of others. For nearly twenty-five years, he has observed critical situations in which the person of the negotiator or therapist is crucial in working with a suicidal person. Those are the moments requiring absolute realness and honesty as to why living, not dying, is the path to take. Here, Everstine shares his reasoning and realness in showing how to deal with suicidal persons.

Elsewhere, Everstine has written of his work in hostage negotiation and with people in crises and how to develop techniques and a "feel" for the art of handling these intense confrontations. Here he focuses on suicidal patients. That arena is a human wilderness where two persons meet face to face: one is oriented to death; the other is attempting to "sell" the notion of living. The moment calls for the therapist to be a wise, strong and "real" human being. Most therapists are ill-prepared to be practical, realistic, and yet able to feel, think, and say what is needed. Everstine conveys exactly that which is necessary to help in such a crisis.

Everstine regards therapy as art in action. In this book, he leads the reader with him to the art he practices. He almost magically takes the reader along as a silent partner to learn how to reason and act with a suicidal person. Because he focuses on the art of therapy, he does not lay out formulas or gimmicky techinques. The reader is permitted to see how Everstine adroitly and delicately, but sensibly deals with the scene that he describes. He conveys his theory of why suicide becomes a mission for certain persons, and how to deter them from that end. He unfolds his work in such a way that the reader identifies with how he reasons, his philosophy, and his humanness.

The art of knowing how to be in the presence of someone about to elect death over life, is what this book concerns. It is written much like a mystery novel. Everstine takes the reader down a path that lays aside the usual myths that both the public and professionals glibly and

unfeelingly utter in their attempts to "explain" suicide. He demystifies suicide, demonstrating that suicide is an interpersonal, interactional process, not a purely intrapsychic phenomenon as it usually described. His observations and experiences have led him to develop a transactional understanding of suicide: "People kill themselves because of others, and stay alive because of others" (p. 141). From this vantage point, Everstine outlines the path that the suicidal person has traveled interpersonally, and offers genuine and realistic ways to reason with that person. He helps the reader grasp why each person might come to make a plan to end his or her own life, and why some people kill others before killing themselves.

Everstine ends on a note of hope for the future: "One day, suicide may vanish from human experience. It will happen when people no longer want to do it. They won't want to do it because, at last, everyone will understand what it means. The motive for suicide having been opened to the air, it will evaporate. A hundred years from now it will be seen as the odd habit of an ignorant race" (p. 145). This book has been written by a man who values life, who knows how to help others, and who is a great teacher. The book affords the reader a unique experience.

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PREFACE

Telling a therapist how to do psychotherapy is rather like telling an artist how to paint. Because therapy *is* an art, the efforts of many to evaluate what makes it "effective" have gone for naught. It is no more amenable to objective analysis than, say, a recording of Callas singing the Bell Song from "Lakme´." A singing teacher can tell you if she's got the notes right, but no one can tell you how, with the mere sound of her voice, she touches the soul.

Since therapy is an art in action, there are as many therapies as therapists. This is a source of exasperation to the insurance company mavens who seek to find out if a therapist is traveling the One True Path. There are guidelines, to be sure, and rules of conduct set out by licensing boards, but no procedures manual or general orders or standard operating procedures. Each therapist is on his or her own, a source of great esteem when one values independence, but not so prized when the subject of suicide enters the sacrosanct environment of a therapy session.

If you have had that sinking feeling when a client utters the word "kill myself"–with an effect like the thunderclap and cloud of smoke by which the Devil appears in "Faust"–this book is for you. If you have felt the necessity of enjoining your client into a no-suicide contract and wondered whether or not it would suffice, this book is for you. If you have listened in amazement when a client has described one life-threatening incident after another and asked yourself whether he or she would take the ultimate risk, this book is for you. If you have visited a client in the hospital after the stomach has been pumped and he or she is lying there attached to the IV fluids bag, you know how futile the person's attempt has made you feel, as a therapist and as a human being; this book is for you. If you have been fortunate enough never to have had an experience like these but are as astounded by the power of the suicidal impulse as by a force of nature, this book is for you.

The aim of this book is to put the reader in the mind of a suicidal person. Doing this has meant, for me, dwelling on *the subject of death*, a grim contemplation that was required because those who have killed themselves have been there before me. Every one of them, no matter how bright or dull, has made some meditation on what dying entails. Applying whatever set of values they lived by, religious or otherwise, each created a personal myth about what lay in store. Having rationalized its terrors away, they struck the fatal blow. Most suicides may die before they have any idea of what life is about, but they think of themselves as expert in the fine points of death. This kind of person is anathema to most psychotherapists, because therapy is a life-enhancing discipline. As will be shown in the pages to follow, thwarting a suicide plan involves teaching the person what life means.

One dies. Armed with that primordial fact, the suicidal person sets about to make the most of his or her situation. This strategy–totally outside of consciousness of course–is to find a way that death can be used. Turning death to an advantage in carrying out a task that cannot be accomplished in life makes the suicide an Alchemist of Death, one whose wretched existence can be bought to a grandiose conclusion.

What purpose a suicidal death will serve, what is the *quid pro quo* for giving up on life so easily, is the task of this book to explain.

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This book owes a debt to Marilyn Young, who typed every word, and to Barbette Mylar, who did the early drafts. The reference were carefully tracked down by Victoria Telfer, M.Ed. At Affiliated Psychologists, Candy Rogers and Mary Wylie run a tight ship. Phyllis Erwin at MRI keeps the peace among a community to scholars. Our French friends, Anne Schutzenberger and Fraga Tomazi, make publishing in France a perpėtual lark. Finally, to write a book at the Colombe d'Or in St. Paul de Vence is a joy to be savored, so thanks to several generations of perfect hosts named Roux.

An act like this is
prepared within the silence
of the heart, as is a great
work of art.
–Albert Camus

The heart has its
reasons, that reason knows
not of.
–Pascal

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Chapter 1

SCOPE OF THE PROBLEM

> There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy. All the rest–whether or not the world has three dimensions, whether the mind has nine or twelve categories–comes afterwards. These are games; one must first answer.
>
> –Albert Camus

Suicide is the leading psychological cause of death. Among all causes of death in America, it ranks eighth, ahead of kidney disease, liver disease, or hardening of the arteries–each of which evolves into a progressive, catabolic process before death comes. Among violent deaths, of course, the most frequent are those caused by accidents: the probability that an American will die by accident is 1 in 23. By definition, a death of that kind is unintentional, and for it there is no cure.

When it comes to intentional causes of death, a person is less likely to be murdered than to commit suicide. In America, the probability that someone will kill himself or herself is 1 in 67, while the probability that he or she will be murdered is 1 in 99. Much has been said about the violent times in which we live, and much has been done to reduce the homicide rate in many communities, but we are still facing the enemy within. Suicide is the most preventable form of death.

If the suicide rate is to be reduced, it will be by the efforts of mental health professionals in devising methods of primary prevention that will affect the general public, as noted by Edwin Shneidman in his *Definition of Suicide*:

> Perhaps the main task of suicidologists lies in the dissemination of information especially about the clues to suicide: in the schools, in the workplace, and by means of the public media. (1985, p. 238)

How well has this aim been achieved? Not well, if we are to judge by current outcomes. Each year, more than 30,000 suicidal deaths are recorded in this country (32,410 in 1993) and many experts believe that the total is an underestimation.

How well are Shneidman's "clues to suicide" defined and perceived by practitioners in the mental health profession? An example can be drawn from current events: a newspaper article reported the death of an inmate, by hanging, in a county jail in Silicon Valley. According to the account, "[The man] had been interviewed by a psychiatrist while in custody but wasn't labeled suicidal." A jail official was quoted as saying "We didn't have any indications he was going to do this..." (San Jose *Mercury News*, February 21, 1996, p. 2B). This tragic incident proves nothing, except that not every clinician knows what clues to look for, and/or some of the critical clues are not yet known. A recent newspaper article with the headline "New Plan to Prevent Gate Bridge Suicides" told of a proposal to hire guards to patrol the Golden Gate Bridge, in uniform, during daylight hours. This idea was endorsed by the Director of the San Francisco Suicide Prevention agency, a hotline, who said: "As a society and as a culture we don't give much credit to emotional pain, so we don't know how to stop it–and that makes us very vulnerable." No one seems to be getting the message, according to the Director: "People tell you all the time about when and where and how to avoid homicide. . . No one tells you how to avoid suicide, and you're at greater risk." Some aspects of this tendency to protect people from others and not from themselves will be discussed in the chapters to follow. Suffice it to say that we can certainly prevent people from jumping off the Golden Gate Bridge by posting guards, but we cannot thereby expect to reduce the suicide rate.

The psychiatrist who examined the dead inmate, in the anecdote noted above, did not detect that the man was suffering "emotional pain," or may have misperceived its intensity. What is "emotional pain"? It sounds like something familiar, that anyone would recognize who is sensitive to others' feelings, or would know intuitively from personal experience. But what are its properties? Can we measure it? What causes it to occur? Does it exist? If it does exist and can cause suicide, then we can try our best to identify it whenever suicidal potential is suspected. If we could analyze its properties, we might find some way to assuage it after it has been identified. But to say that "emotional pain" causes suicide is equivalent to saying that a virus causes flu.

The designation is so vague as to have no diagnostic value, nor any practical implications for preventing a suicidal act. Small wonder, then, that the hotline director who used the concept drew the rueful conclusion "...we don't know how to stop it."

The subject of suicide has reduced some otherwise articulate writers on psychology to inchoate babbling. Here are a few examples:

> The person who commits suicide meets death more precipitously than most of us (Feifel 1957, p. 50)

> Paradoxically, although the commission of suicide always involves death, suicide itself is more a way of *living*–in which the distinguishing feature is that the termination of living is *self-administered*–than it is a way of dying. (Shneidman & Farberow 1965, p. 284)

> From the standpoint of existential analysis the suicide of Ellen West was an `arbitrary act' as well as a `necessary event.' Both statements are based on the fact that the existence in the case of Ellen West had become ripe for its death,in other words, that the death, this death, was the necessary fulfillment of the life-meaning of this existence (Binwswanger 1958, p. 295)

Bottom line: The patient died.

A CURRENT THEORY

A new concept to explain suicidal motivation was recently advanced by Shneidman, namely "psychache." This elder statesman and founder of suicidology, as the culmination of his lifelong study of the subject, has put forward the view that "suicide is caused by psychache" (1993, p. 149). The term is defined as: "pain in the psyche" (*ibid.*). This differs from "emotional pain" in that emotion is replaced by a cognitive process: "...the unbearable psychachical flow of the mind." (*op. cit.*, p. 147). This theory of the etiology of suicide holds that "No psychache, no suicide" (*op.cit.*, p. 149), implying that "psychache" is a necessary condition for suicide to occur. Further, it has psychodynamic properties, in that the more the psyche "aches," the more likely suicide is to occur.

There is no reason to analyze Shneidman's contribution at a deeper level. Suffice it to say that no one has ever seen a "psychache," nor

has anyone ever measured it. As an internal state, it will forever be shrouded in mystery, because it is impossible to identify whether it is present or not–let alone quantify it. In short, the concept is immune to scientific proof. One can say that a person who committed suicide first experienced "psychache," but the explanation is tautologous, representing only the wisdom of hindsight.

This concept has no potential for prevention, either. Imagine that you are confronted by a person whom you suspect of having suicidal thoughts. You decide to protect the person from taking action by finding out to what extent he or she is experiencing "psychache." According to Shneidman, the first question that you ask is "How much do you hurt?" Without being cynical about it, it seems clear that this approach, with its undisguised sentimentality, has little help to offer. The answer, of course, is "Enough to kill myself," which adds nothing to the suspicion that led to the original question. As a way of conceptualizing the motive for suicide, "psychache" would be harmless if it were not seductive to those who are terrified of confronting the dark side of human nature. On the whole, the best way to think about "psychache" may have been expressed in a story that Freud was fond of telling. A man is asked how to cook a peacock. After some thought, he says "You bury it in the ground for several days. Then you dig it up." "Well, what do you do next?" "Then you throw it away."

Theories of the etiology of suicide have no practical value unless they can be translated into the language of prevention. At its most basic level, this is the language of the hotline counselor when he or she is talking on the telephone with a suicide threatener. In this life-or-death moment, the counselor must know intuitively what to ask and what to say. There is no margin for error. Everything that we have learned from thousands of years of man's meditation on this dilemma (not to mention 40 years of the science of suicidology and its hundreds of books, thousands of articles, and countless seminars and conferences) must be coalesced into a dialogue of perhaps a few minutes' duration. What would you say?

THE SOMALIA QUESTION

A principle of the philosophy of science holds that explaining what causes a phenomenon to occur requires explaining what causes the

phenomenon not to occur. This means that an explanation of why some people kill themselves must be accompanied by an explanation of why others do not. Anyone who aspires to discovering the touchstone to suicide will have to find an answer to the Somalia Question. In Somalia, starvation is epidemic (as it is in Bosnia and Rwanda and Liberia and far too many places in today's world), killing tens of thousands of men, women, and children each year. Why doesn't Somalia have the world's highest rate of suicide? By any definition of "misery" or "torment" or "despair"–for that matter, "emotional pain"–the people of Somalia have every possible reason to kill themselves.

Why does a young mother of three starving children struggle to live on? She is dying herself, to be sure, of starvation, but her babies are wasting away before her eyes; they are helpless. She is incapable of helping them, already too weak to search for food. She accepts what is given her, and shares it with them. Each day, the situation worsens. The children are slipping back, their growth processes reversed. The mother realizes that, all things considered, each child would have more to eat if she were not around. To her, the question is this: should she kill herself so that they might live longer, or even perhaps be rescued?; or, should she stay alive because, as things are now, she holds their best chance for survival? What you or I would do in her place is irrelevant. What the mother of Somalia does do, with rare exception, is choose to live. It is better to live on for the children's sake, until they are saved or have died. At the very least, a mother can give her child a decent burial.

Those who claim that suicide is inevitable should take a lesson from the mother in Somalia. Those who say that it can be prevented but is "okay" when it happens, should ask themselves if this mother's suicide would be okay. Those who say that suicide is neither inevitable nor okay, but is acceptable under certain circumstances, should search their life histories to see if they have experienced any hardship, or faced any catastrophe remotely resembling that of the starving mother. If she can embrace life even in tragedy, how do we condone those who make tragedy by embracing death?

Why do the people of Somalia choose to live? By Heaven, they should kill themselves, and Heaven would understand if they did–but they don't. They don't because they lack one vital reason, the reason for suicide that this book defines. In the book, I'll tell you about suicide, in a way only the departed could have. The answers come not

from research, because suicide is one subject on which no true experiment can be done. They come from clues left behind by the perpetrators themselves, some in the form of notes, others in the form of poetry or fiction, but for the great majority of suicides their behavior before and during the acts themselves, including where, when, and how, and especially their plans for the death to be made known to the people in their lives. These clues reveal the collective unconscious of those who have chosen this shortcut to the end of the road. This is their suicide note to you.

THE REASON FOR SUICIDE

The basic premise of this book is that there is one and only one cause for willful suicide. When that cause is absent, suicide will not occur. The Somalian mother goes on living not because she loves the misery that her life has become, but because there is no place in her life for the suicidal motive.

The root causes of suicide are not philosophical or religious in nature, nor are they determined by accident or chance. They are not inherited, nor are they influenced by diet or disease. They do not develop suddenly but grow by accretion over time. They arise out of the most fundamental human experience, namely the association of one person with another. Suicide is a natural product of the incapacity of human beings to interact with each other, for any extended period of time, without conflict. As Sartre put it "Hell is...other people."

The resolve to kill oneself begins with a look, a word that can mean more than one thing, crossed signals, failed expectations, insensitivity, criticism, meanness, anger, a grudge, retaliation, the hellish hatred that one person can feel for another. People kill themselves out of spite. They wish to hurt, maim, cripple, or destroy another person. To do this, they must sacrifice their own lives, and they see it as a fair exchange. When a person realizes that the power balance in a relationship can be altered irrevocably by dying, the Faustian bargain seems, to some, too rich to refuse.

Think of suicide in terms of the raised fist, the hateful glance, the unheard cry, the bitter silence, because these cruelties are the forge of suicidal intent. Sorrows like these will not be removed from the

human condition by philosophy, politics, or religion. They are not social problems brought about by unemployment or poverty or decadence. They are the same across cultures and for both sexes. Because they concern how people behave with and toward each other, suicide is ultimately a psychological problem.