

James L. Holly, M.D.

Suicide What Should We Do?

By James L. Holly, MD

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There are words which contain such enormous emotional power that when we hear them we almost shutter. It is like when you are driving and you see or hear a police officer, no matter how safely and legally you are driving, you catch your breath and you take your foot off of the accelerator and look at your speedometer.

One such word is “suicide.” Any time we hear that word or hear of a person having taken their own life, we stop for a moment and wonder what happened. What brought the person to the point where living was no longer a choice and self-inflicted death was? Increase that moment if the person who committed suicide was an acquaintance, a friend, a relative, a child or a spouse. Each level of relationship in this list increases the pain and the helplessness of suicide.

Recently, there have been suicides among celebrities or people who are public figures. They were people who seemingly had everything except one thing: a will or a reason to live. In talking about suicide renowned psychiatrist Karl Menninger said, “Each morning everyone gets up and decides that today it is better to live than to die,” and thus he concluded each person decides not to commit suicide. I have never thought that the absence of suicide was a conscious thought but I understand his point.

I have known parents who experienced the death of a child through suicide. In one instance, the parents received comfort from a psychiatrist who commented about research into teenage suicide; he said, “One thing we have learned is that young people don’t realize that suicide is forever; if they did, they would not have committed the act.” It is arguable whether or not this would be a comfort, but the suggestion that one’s child would not have taken their life, if they cognitively knew it was without recourse, does provide what comfort there is in such a situation.

I conducted the funeral service for a friend who committed suicide. He was not my patient so the discussion of this in a public medium does not risk a HIPPA violation. If anything can complicate such a situation more than the act itself, this one was complicated by the fact that the brother was an identical twin. Those of us who are not a twin and particularly an identical twin cannot understand the incredible closeness of that relationship. The last thing you can do in

such a situation is to try and ignore how the person died. The best thing you can do is to focus on how they lived, particularly if they lived a noble and a good life.

In graduate school, my wife and I had a friend. One Sunday afternoon we took a ride (gasoline cost 20 cents a gallon so that was the cheapest recreation available). At one point we realized that we were passing our friend's parents' home where our friend lived. We started to stop but didn't want to intrude so we didn't. The next day, I told our friend that we had almost stopped. What he said was chilling. He said, "Do you know what I was doing at that time? I was hooking the vacuum cleaner hose up to the exhaust of my car to kill myself." He added, "Don't ever not stop if you think about doing so." Years later when we all lived far apart our friend did take his own life.

But these ruminations about suicide do not begin to help us understand why people kill themselves and they don't help us understand what we can do about it to help others or to help ourselves.

We commonly associate suicide with being caused by depression. Recently one person opined that we need better words for "depression" because everyone gets depressed or sad. We often say, "I'm so depressed that meeting fell through," or "the end of that show was so depressing," or "He's too depressed to be around." None of these experiences or statements has anything to do with a clinical diagnosis of depression. And, many people live with depression without ever being tempted to or thinking about suicide. Winston Churchill lived with bouts of depression but the key is "he lived with it."

"Depressed," we need better words. One of the biggest disservices to the field of mental health is to call the diagnosis of "depression" by the name "depression." Everyone "gets depressed." It's a commonplace word: "I'm so depressed the meeting I planned fell through." "The ending of that show was too depressing." "He's too depressing to be around."

One person who suffers from depression said, "Depression is exhausting. And it's cruel. It tells you terrible things about yourself. That's why Ms. Spade and Mr. Bourdain died. I can't "speak for their experiences, but I can speak for my own and what I know to be true from many other patients with depression: our minds become ruthless bullies. They tell us the meanest things about ourselves. They stockpile ammunition and open fire. And we have to sit there and take it because, well, it's coming from our own brains."

In 2016 over 45,000 people committed suicide. Since 1999 suicide rates are up over 30% and only half of those people had diagnoses mental health conditions. The solution to depression and suicide is not to convince people that suicide is a sin, even as one religion calls it a "mortal sin," which is a sin which can result in eternal damnation. The problem of suicide is also complicated by the fact that some healthcare providers are promoting and even participating in "assisted suicide" or euthanasia. The idea that life can become so painful that death is a better option is being promoted by some.

The trivialization of the value of life must contribute to suicide becoming more frequently an option. The taking of human life in abortion, in terrorism, in robbery and in many other circumstances surely makes the thought of suicide more palatable. This assumes, of course, that there is anything cognitive, rational or contemplative about suicide.

As a person of faith, my judgment of the value of life is absolute for myself and for all others. There is no transgression which would make me want to harm another for a religious, ethnic, choice or insult reason. Strangely, one of the greatest affirmations of the value of life came from a man who spent over 50 years in federal prison. During a prison riot, Robert Stroud, the Birdman of Alcatraz, was invited to join the revolt. He declined and addressed how precious life was and that anyone should do whatever they can to hold on to life. But, I do not sit in judgment of a person who takes or attempts to take their life.

While there are clinical and public health approaches to mental health and suicide prevention, personally the most effective thing I can do is to make sure that anyone who walks away from an encounter with me feels received, valued and positive about themselves. Clinically, I make sure that inquiry about state of mind and sense of personal value are parts of any evaluation to try and help anyone who is contemplating self-destruction.