Suicide and language

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Editorial

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Mrs. Sommer-Rotenberg spearheaded the campaign to establish the Arthur Sommer Rotenberg Chair in Suicide Studies at the University of Toronto.

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Commit suicide." Two words traditionally, even facilely, used to describe the act of self-killing. They speak to the common perception of suicide which, if corrected, might help to reduce its incidence. I had never questioned the use of this phrase until my son took his life. He was an accomplished physician in his mid-30s who suffered from bipolar disorder. The hollow distance between the fullness of the years he lived and the rich potential of those that were lost was immense. To keep alive the vitality of my son's life and spirit, and to help prevent similar tragedies, I initiated a campaign to establish in his memory a research chair in suicide studies at the University of Toronto — the first of its kind in North America. This fact in itself attests to the silence that has historically surrounded the issue of suicide. As the campaign progressed I realized that raising awareness about this act of despair was as important as raising money.

The shame of those who have been bereaved by suicide is based in the fear of being associated with the forbidden act. It necessitates a repression of emotion and ends in denial — in pretending that the self-killing did not occur. The bereaved and those who merely observe collude in a silence that disallows compassion and understanding. Shame — or the presumption of shame — produces embarrassment in others. The result can be gross insensitivity. One young woman described to me how after her husband took his life her neighbours would cross to the other side of the street when she took her children for a walk, apparently to avoid having to talk to them. When a tragedy is not spoken of openly there can be no true sympathy, sharing or healing.

Silence is often an effort to avoid the "contamination" of suicide. A large corporation whose president had taken his life declined to make a donation to our fund-raising campaign for fear that such a contribution would open the door to unwanted, deprecating publicity. Such responses only serve to exacerbate the stigma of suicide, to preclude open discussion about it and to discourage research that may help to prevent it. We should bear in mind how the removal of the shame and stigma of cancer and AIDS has helped to promote research efforts and the hope of a cure. This stigma must also be removed from suicide, which is sometimes called "the last taboo." But how can this be done?

Words and values

We might begin by considering the words we use to describe this destructive act — particularly the phrase "commit suicide." The only acts we "commit" are heinous ones: adultery, a felony, some kind of crime. The German term *Selbstmord begehen* is similar, denoting an act of commission. By contrast the French *se suicider* and the Italian *uccidersi* are reflexive. Likewise in Hebrew: *l'hit'abbed*, "to self-destroy," is something one does to oneself, with no implication of criminality. The expression "to commit suicide" is morally imprecise. Its connotation of illegality and dishonour intensifies the stigma attached to the one who has died as well as to those who have been traumatized by this loss. It does nothing to convey the fact that suicide is the tragic outcome of severe depressive *illness* and thus, like any other affliction of the body or mind, has in itself no moral weight. As Susan Sontag describes in the case of tuberculosis, cancer and AIDS,[1] illnesses have often been regarded as if they expressed moral attributes. Tuberculosis, for example, was romanticized in the 19th century, becoming a metaphor for sensitivity and creativity. Suicide, by contrast, has been demonized as a metaphor for moral weakness and failure. Many people consider any form of psychological vulnerability, including depression, as a moral lapse.

In a recent article in the *Financial Post*, suicide was described as "the ultimate act of selfishness."[2] The author can have no understanding of the pain that drives someone to make this agonizing decision and then "execute" it. Often the decision to kill oneself is taken out of a distorted consideration for those one loves; the dislocation of emotion is so immense, the feelings of unworthiness so overwhelming, that the suicidal person believes that loved ones would fare better if he or she were no longer part of the world. The article also stated that "the God of all the major faiths rejects suicide as a fundamental sin."[2] It is true that, in the past, Jews who died by their own hand had to be buried on a remote edge of the cemetery and that Catholics could not be buried in consecrated ground. The act of self-killing was considered criminal because it was perceived as transgressing the moral authority of God and the righteous feelings of humankind. As recently as 2 generations ago, "it was a felony to attempt suicide in such countries as Britain, the United States and Canada. It was a reportable offense that nobody reported" (Dr. Isaac Sakinofsky, Professor of Psychiatry, University of Toronto: personal communication, 1998). These attitudes of condemnation are beginning to change. As Rabbi Gunter Plaut wrote with respect to the proposed chair in suicide studies, "We no longer punish, but try to understand. . . . Since we are dealing with the very essence of existence, this whole scientific enterprise acquires the aura of a religious undertaking."[3] Similarly, there is now greater understanding within the Catholic faith.

Toward healing

Although guilt and regret can arise after any death, suicide leaves the bereaved with especially acute feelings of self-denigration and self-recrimination. The continual weight of the unanswerable and relentless inner refrain — "If only I had done this, or if only I had not said that" — can become unbearable. Physicians are not exempt from such feelings. As Dr. Paul Links observes, "Physicians who have lost a patient through suicide are also troubled in its aftermath. They can have similar feelings of self-recrimination and questioning. They feel regret and have some of the same difficulties in finding a place to turn. Suicide can create the physician's own silence, [in which he or she] feels unable to approach a colleague for counsel and comfort" (Dr. Paul Links, Arthur Sommer Rotenberg Chair in Suicide Studies, University of Toronto: personal communication, 1998).

Perhaps such feelings of self-recrimination arise from an instinctive, even atavistic, yearning for absolution. Hence the impulse to assign blame to the victim of suicide, who thus becomes a scapegoat so that others may rid themselves of uncomfortable emotions.

For the person contemplating suicide, the opportunity to freely express suicidal thoughts, to vent negative feelings against oneself and the world, to be listened to empathically and nonjudgementally is one of the best means of overcoming despair. For the counsellor or physician, this presents an opportunity to use language in a positive way, to assuage pain and avert destructive outcomes. But if the response is one of disbelief, horror and hollow engagement, of comfortless platitudes such as "Oh, you can't feel that way, you have so much to live for," the suicidal person is likely to withdraw from discussion and feel unbearably ashamed of his or her feelings. Such shame can lead to a lonely journey burdened by an increasing sense of unworthiness. Powerful, destructive emotions are internalized, growing stronger and more urgent the longer they have no release. Eventually the only relief the suicidal person is able to perceive may be self-annihilation — not a rejection of life, family and friends, but a rejection of the pain of living.

The language we use to describe events not only reflects our own attitudes but influences those attitudes as well as the attitudes of others. A change in the words we use will not immediately dispel deep-seated prejudices, but it will inhibit their expression and, in so doing, prepare the ground for attitudinal change. When racist remarks are viewed as socially unacceptable, for example, the social environment becomes less hospitable to racism itself. The language of suicide, like the illness leading to suicide, are both mired in denial. The term "commit suicide" should be excised from the language. There are other and better alternatives: Hamlet's "self-slaughter," "death by one's own hand," "ended one's own life," "self-inflicted death," "a casualty of suicide" or the raw "killed oneself." Even the expression of a former Vietnamese prisoner of war, who described his feelings during his incarceration as a desire "to be off the planet," avoids the judgemental connotations of "commit suicide." And any of these expressions is better than the obituary euphemism, "died suddenly."

Physicians can send a powerful message to colleagues, patients and society at large by using neutral and compassionate language when they refer to suicide. By their leadership in this revision, they will be better able to help those with suicidal feelings to take a crucial step back from despair, and to help those who have been bereaved by suicide to resolve their feelings of anguish and regret. The rejection of the term "commit suicide" will help to replace silence and shame with discussion, interaction, insight and, ultimately, successful preventive research.

References

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