

Book

Preventing suicide: are the best barriers physical or philosophical?

Three Boston University psychologists recently did an ingenious study in which they constructed eight fictitious obituaries to show to a randomly selected group of American adults. Everybody was shown the same obituaries, except that cause of death was randomly allocated to either suicide or homicide. Participants then were asked about their emotional reactions to the obituaries, how angry they felt, whether it was morally wrong or not, but also whether or not the soul of the deceased “had been tainted”. It might come as a surprise to learn that there is a questionnaire to measure this, but these days there is a questionnaire to measure anything. Predictably murder was considered more morally wrong than suicide, and people reacted with more anger and disgust to the former than the latter. Suicide was commonly seen as tainting the victims’ souls, but homicide barely registered on this variable. And whilst those who were more religious were more likely to view suicide as morally wrong, the surprising finding was that the link between that and the belief that suicide tainted the soul was as strong in the non-religious as the religious.

This paper was published after Jennifer Hecht, an intellectual historian and poet, had completed her book of the history of our moral, religious, and philosophical approaches to suicide. Her last work was a history of doubt, but doubt is absent from her position on suicide—she is against it. Hecht’s starting point was the anguish she felt after the suicide of two friends. But what she has written is less a plea from the heart, but one from the brain. She has produced an intellectual history of the morality of suicide, starting with the heroic suicides of the Classical world—Cato, Seneca, Brutus, Portia, and most of all Lucretia, the epitome of Classical virtue, who was raped by

the son of Tarquin, and after telling her husband and family to avenge her, then stabs herself to death to preserve her and her family’s honour.

But the rise of Christianity signalled a major change. St Augustine of Hippo in *City of God*, one the most influential works of early Christian theology, rejected the concepts of suicide as noble or honourable, instead writing

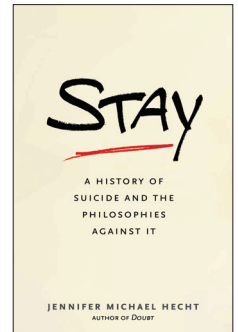
“Hecht moves between historical scholarship, modern suicide studies, and her own emotional reactions, collecting and marshalling evidence that almost invariably confirms her own passionately held views.”

that suicide was “a detestable crime and a damnable sin”. Canon law banned suicide at the Council of Arles in 452, and by 633 all those who took their own life were denied funeral rites. For the theologians, suicide was the worst of sins because it steals from God what is rightfully His, and leaves no time for repentance. And when Islam was established in the seventh century, its teaching against suicide was, and still is, just as clear cut. The faithful are encouraged and indeed expected to endure all of life’s misfortunes patiently, for life is owned by Allah, and it is His decision how and when one returns to Him to be judged.

Hecht’s historical tour then fast-forwards many centuries. The Reformation made little difference—that cheery soul Martin Luther, for example, believed that suicide was the work of the devil—and in Calvinist Geneva the bodies of people who had died by suicide were disembowelled and placed naked in the city squares. But she identifies some secular trends towards the end of the 16th century as indicating a new view. Hecht finds this,

for instance, in new treatments of the story of Lucretia: she refers to works such as William Shakespeare’s *The Rape of Lucrece* and depictions of the story by Sandro Botticelli and Rembrandt Harmenszoon van Rijn as examples that reflect a more sympathetic and nuanced approach to suicide beyond the anathema of the Church. A key transition comes with Robert Burton and his 1621 *Anatomy of Melancholy*, since although he remained very much against the idea of suicide, he proposed a medical (albeit erroneous) model of suicide, as opposed to a theological one.

One of the difficulties with this account, though, is that the author’s own position intrudes repeatedly. Hecht moves between historical scholarship, modern suicide studies, and her own emotional reactions, collecting and marshalling evidence that almost invariably confirms her own passionately held views.



Stay: A History of Suicide and the Philosophies Against It
Jennifer Michael Hecht. Yale University Press, 2014. Pp 288. £20.00. ISBN 9780300186086



Lucretia (1664) by Rembrandt Harmenszoon van Rijn

One is reminded of Julian Baggini's observation that many people are so troubled by the thought that people might find death preferable to life that "they will go to great lengths to deny it". Hecht acknowledges how as the story comes closer to contemporary times, many secular writers and philosophers (she discusses Michel Foucault and Thomas Szasz) conclude that suicide is a morally neutral act. For Foucault, everyone has the right to suicide irrespective of health or wellbeing.

Hecht doesn't believe this. In particular, she focuses on two themes. The first is the harm that suicide does to those left behind. She quotes a line from Arthur Miller's *After the Fall* to telling effect—"a suicide kills two people Maggie, that's what it's for". Indeed, later in the book she cites research to the effect that every suicide seriously affects six people rather than two, although quite how one would establish that is not clear. Who knows, but any clinical psychiatrist, let alone anyone who has been bereaved by suicide, will need no convincing of the profound and long lasting ghastly impact of a suicide.

As a society we now routinely endorse measures that seek to erect physical barriers to suicide—literally as in the case of railings to prevent people jumping off bridges or under trains. Other sensible evidence-based prevention includes reducing the amount of paracetamol you can buy over the counter, or the use of catalytic converters to reduce deaths from car exhausts "But what", writes Hecht elsewhere, "about a conceptual barrier, a secular argument for why suicide is morally wrong?...We need such an argument to counteract the belief that suicide is morally neutral, even the right of every individual". Hecht takes care to distance herself from the end of life/assisted suicide debate; she emphasises that she is talking about what she calls "despair suicide", and agrees that "there is no good reason to force a person to endure a

protracted and excruciating death, or to exist in an endless vegetative state", side stepping what is an intense and ongoing current debate by conceding a position that perhaps few would endorse anyway.

Her second major theme, which takes her away from the stated title of the book, is again a pragmatic argument, and this is the question of suicide contagion. This is nothing new. When Johann Wolfgang von Goethe published *The Sorrows of Young Werther* in 1774 it was widely believed that this triggered a wave of Romantic suicide across Europe, and "the Werther effect" is still used as a synonym for suicide contagion and clusters.

Hecht assembles many scholarly references to support the notion of suicide contagion. Much of this is well known, but no less interesting for that. After a prominent suicide, researchers can point to small increases in the subsequent rate of suicide over a short period, and that there may be a specific link becomes more plausible because those who seem to succumb have some superficial resemblance to the index figure—thus the small spike in suicide after the death of Marilyn Monroe was largely confined to females, but well publicised male suicides result in small increases in men, and not women. However, whilst Hecht does acknowledge that not every scholar is convinced by this, she clearly is. Similarly, Hecht skates over the somewhat chequered history of school-based interventions, preferring to cite those that suit her argument. But her discussion of the need for responsible media reporting is certainly persuasive. We should not write about successful or unsuccessful suicide, for example—that is the language for exams or sports results—instead let's talk about completed or uncompleted.

In contemporary culture it is hard to think that a novel might have the same effect as *The Sorrows of Young Werther*, but concerns about social contagion are even greater now,

largely because of the arrival of the source of everything that is both bad and good in the world, the internet. The case in the UK of 15-year-old Tallulah Wilson, who threw herself under a train at St Pancras Station, has drawn attention to the proliferation of social media sites that promote self-harm and even suicide. Recently the Coroner found that Tallulah's blog, and many others like it, had been a significant factor. In February, 2014, the suicide of 16-year-old Marie Steadman in London was likewise linked to visiting Tumblr suicide-promoting blogs. Back in 1621 Robert Burton advised that the melancholic and suicidal should stay away from tracts and sermons that "excite these concerns", advice difficult to fault four centuries later.

Most psychiatrists will have faced being called to assess a patient brought in by the emergency services after being interrupted during an act of serious self-harm, who now sits in the emergency room mute. No history is forthcoming, and there is nothing to confirm or refute the possibility that the person is suffering from a major mental disorder. I often use this scenario for teaching medical students, who usually oscillate between many of the views that form the basis of this book. If the patient really is of sound mind, who are we to stop them carrying out the act? But if they are not, perhaps they might later recover and change their mind? I tell the students that those who have by a random chance survived an act that nine times out of ten would have been fatal, often are relieved to have survived, and frequently detect the hand of providence in their good fortune. We usually conclude to give the patient the benefit of the doubt, and that whatever we do should assist in the preserving of life, not the opposite.

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Further reading

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