

The suicide papers

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1. The phenomena of murder - suicide

It is an interesting point of study the relationship between murder and suicide. Some see no difference between the two. Murder is the killing of someone else and suicide is the killing of self. Quite similar actions just in slightly different directions. Some see them as psychologically similar phenomena. I am surprised that murder-suicides are not more common. The suicidal person has made the decision to kill a person, they have crossed that line.

Another connection between the two is through suicide by murder or getting someone else to kill you. One can 'suicide' by getting another person to kill them legally or illegally.



One way to suicide is to get the state to kill you with the death penalty

There is a good article called "The Psychology of Suicide-Murder and the Death Penalty" By K. van Wormer. She describes a phenomenon called "Suicide-murder" (Not the usual "murder-suicide"), because in this instance suicide is not viewed as a consequence of murder but as its cause.

Some will behave in such a manner such that the state can legally kill them either by the death penalty or by being so threatening to police they shoot him/her to death. This person is seen as being suicidal and simply engaging in the act of suicide which is performed by the state.

In addition a murderer is more capable of suicide than a person who is not murderous because they have made the decision that killing a person is a viable

option when certain circumstances occur. It's just a matter of where they direct the killing option and they are also more likely to get someone else to kill them.

The person who has not made such an early decision is very unlikely to kill self or others, they just don't see it as an option. Being killed, dying and killing others is not their life script currency, whilst others do have death and dying as a script currency and thus are more likely to do such things.



Any group that sets about attacking and demonising others will sooner or later turn in on themselves. It is almost inevitable that they will turn in on their own kind. Thus the group collapses from the inside out.

2. The abuser and the self abuser

A question is asked: Is the person who cuts someone with a knife different than the person who cuts self with a knife?

It depends how you look at it. From a psychological point of view there is little difference between them. They have both made a decision that physical violence is

a reasonable solution to a problem. The only difference is where they direct their anger.

It is more possible for a person who cuts self to become an attacker of others than it is for a person who does not physically attack self. Such people do not see physical violence as a solution to a problem and thus they are less likely to do it.



And the difference is?

3. The suicide decision becomes operational

A question has been asked about the suicide decision. When a person has made the Don't exist decision in early life what will make that become operational in later life.

A very gordian question. Why would one person would act on a Don't exist decision at one point and not at another? As is hypothesised people most often make early decisions like the Don't exist decision within the first 6 years of life. It then remains in their psyche and only becomes 'operational' when certain conditions in life arise. They have decided that suicide is a viable solution to certain life events.

One way to answer the question is to look at the different forms the Don't exist decision can take. Seven alternative suicidal decisions have been proposed:

1. If you don't change I will kill myself
2. If things get too bad I will kill myself
3. I will show you even if it kills me
4. I will get you to kill me
5. I will kill myself by accident
6. I will almost die (over and over) to get you to love me
7. I will kill myself to hurt you.



These give some idea as to the life circumstances that a person will need to have before acting on their internalised Don't exist decision. For instance with the number two decision ("If things get too bad I will kill myself") we find people who might take great risks on the stock market. If the market takes a turn for the worse and they lose everything, this could be when - things get too bad - and thus they will act on the Don't exist decision.

With such people one would be questioning them on what - "If things get too bad" - means. It may be related to the loss of money, or marriage or even to their reputation. Once you have identified this then you can begin to understand and make predictions about when this person will act on their Don't exist decision.

One could take decision number five - "I will kill myself by accident". Enquiry into the individual's life on and high risk behaviour, then assessing any magical thinking around the risks they are taking. Are they taking risks that they do not perceive as unduly risky? This will again allow one to make predictions about when this person will carry out their suicidal decision.



This mother made a smart decision about the level of risk

Suicide decision four - "I will get you to kill me" - can sometimes happen in domestic violence situations. Alternatively some people on death row have made this type of Don't exist decision early on in life and they will get the state to kill them.

Decision three - "I will show you even if it kills me" - is suicide from a rebellious position. In this situation one would be seeking information about the person's current relationships and finding out who they would want to 'show'. Once the information is elicited then one again is more capable of answering the question asked - How does one determine when a person will act on their Don't exist decision?

4. The No Suicide Contract has become what it isn't

I was recently provided with a link to the "Centre for suicide prevention in Canada". It provided a list of books and articles by social workers on the No Suicide Contract (NSC)

I was somewhat surprised that they reflected how much the idea of the NSC has changed over time. Obviously I don't know the content of these articles but perhaps their titles are reflective of the desire in humans to find 'the way' to

save people from killing themselves.

Four article titles of note are:

1. Promises. Promises: Don't rely on patients' no-suicide/no-violence contracts
2. The suicide prevention contract
3. Clinician's attitudes towards no-suicide agreements
4. Contracting for safety: A concept analysis

"Promises. Promises". As I have mentioned before a NSC must never become a promise and that is indeed true of all therapy contracts. Who would accept a contract where the client says to the therapist, "I promise to be assertive this week". Not many would see that as an effective contract because it is based upon a promise. When children promise to clean up their room or do their homework, what are the chances that it will get done? Not much I would say as the contract comes from the Conforming Child ego state promise and not the Free Child ego state want.

Then we see the statement "no-suicide agreements". No contract is an agreement between a therapist and client particularly the NSC

"The suicide prevention contract". The NSC does not prevent suicide at least in one sense. A NSC can be used by the person to delay acting on suicidal urges for a period of time

"Contracting for safety" . A person with strong suicidal urges is not safe and a NSC will not make them safe. They only become safe when they redecide on their "Don't exist" decision.

Working with suicidal people is an emotionally risky business for the therapist. Perhaps what is happening here is the Child ego state of the therapist is hoping that this thing called the NSC can make himself feel safe about the suicidal client.

Another observation in this area is that the NSC has become a bit of a political hot potatoe over recent years. I have found it somewhat bemusing, the level of angst people get into either being for or against the NSC.

The NSC is one therapeutic technique for dealing with the suicidal client. It is one of a number of treatment strategies that can be employed. It will be

appropriate on some particular occasions and on other occasions it will be not appropriate. When the conditions are right one uses the NSC and when the conditions are not right it is not employed. I do not understand why some say they always use a NSC and other refuse to use it at all.



Then the law gets involved and makes the situation worse for the client. I know of counselling agencies that require their counsellors to get a NSC form their clients. This is done, at least in part, so the friends and relatives of the person will not try and sue the agency later if the client does suicide. What a ridiculous situation forced onto the client and therapist by the law. A therapeutic technique is used so the therapist can cover himself legally.

There are some counselling centres that get their clients to sign NSCs on a piece of paper. Why would they do that? What does signing such a piece of paper mean? There is no need to sign a NSC. A NSC is a statement that the person has with self, so why does one have to sign a piece of paper. One thing I have learnt over the years as a psychotherapist is that very few people will lie to themselves. It's like cheating in a game of solitaire, what's the point? If the client makes a NSC from this perspective then an NSC can be potent indeed. They are making a deal with self and people don't 'cheat' on self very often. One certainly does not have to sign such a self agreement.

5. Escape hatches and the suicidal

From my research the term "Escape hatch" and its relationship to the suicidal was coined by a man called Bill Holloway who wrote a number of unpublished monographs in the early 1970s. These were on a variety of topics one being the area of suicide and its management. After that Harry Boyd picked up the term and wrote more about it in the late 1970s. I have not seen the term 'escape hatch' being used much since that time.

The term escape hatch is an interesting one and a very apt choice by Holloway. An escape hatch is usually a good thing. It provides a way to get away from danger. I think it is safe to say that most would like to have an escape hatch as it would make them feel safer, more comfortable and indeed better able to deal with any current difficulties.

However it is used by Boyd and Holloway in a negative context. They state that it is necessary to close the suicide escape hatch. They acknowledge that suicide can be an escape hatch that allows one to escape from very undesirable stress, feelings of depression and so forth. Of course they see suicide as a very poor method of escape and would suggest other means by which the person may escape from emotional pain. A commonly held view I think it is safe to say.



Suicide as a solution.

Inherent in the concept of suicide as an escape hatch is the idea that suicide is a solution to a problem. There are some who don't like this idea at all and will argue vehemently that suicide is not a solution. They may argue that suicide does not solve problems because the person is dead and therefore has no knowledge of the problem being solved.

However if suicide is seen as an escape hatch that implies the person is escaping from something. This is a view that I agree with in part, that suicide does solve problems in one sense. If a person is faced with divorce, then dies, thus he does not have to face it and so in this way the problem is solved.

Those who work with the suicidal would agree that closing the suicide escape

hatch as a worthwhile process. I would suggest this as well but it needs to be considered in another light as well. It is not as simple as it seems. It also shows another dimension that must be taken into account when working with the suicidal patient.

As mentioned above most people would view an escape hatch as a positive thing. Below are two examples of a suicide escape hatch and one way in which it can have a positive psychological function.

Louise in discussing the option of killing herself:

"Having the option there in the back of my head actually serves to help me. It doesn't help once the danger is more immediate. When it starts making messes. But on a day to day basis it is nice."

"It helps with the more minor bad things like 'yes this situation is bad, but it's not quite bad enough to kill myself over, which if it does get worse is an option.'

Most of the time I have a method picked out. I'm very protective of the method of the moment. I feel like sharing it corrupts it.

There have been times where I felt my method had been corrupted or somehow made unusable. And it immediately has pushed me into a depression, often times making me want to die more. I've had times where I became suicidal because I felt my option to kill myself was ruined. Feeling that option is taken away from me makes everything feel like it is crumbling around me.

It's such a strong held belief that I will kill myself eventually, I just don't know when. It might be at 90. It might be at 25. A threat to that belief I have trouble handling

I visualise the method in my head a lot though during times of stress. It's soothing"
(end quote)

Marissa describing what she does at home sometimes:

Sits in a chair in her lounge room and can see the drawer in her kitchen that has many pills in it. It gives her a sense of security or relief somehow. She reports that the pills give her a sense of security for whenever everything just gets too bad.

She imagines putting the pills into little piles and taking one and then two and so forth. She has created a ritualised suicidal fantasy that gives her a sense of solace and relief because it reminds her that she has an escape hatch should she

require it one day.

Marissa states:

"The pills are a comfort because they give me a sense of choice when I am in that place."

"What happens when those pills beckon me?
When my eyes go back to the drawer time after time
What do I imagine when I'm staring at it
Thinking about the pills inside
And the oblivion they could bring to my mind"
(end quote)



Soothing? One of the most basic tasks of the developing child. Learning how to self soothe.

Clinical implications

First one needs to be aware that closing an suicide escape hatch can in fact make the situation worse. In such circumstances the client needs to be able to see other ways of easing the pain (alternative escape hatches) before the therapist suggests closing the suicide escape hatch.

If one is suggesting a no suicide contract then the therapist must be clear to the client that the NSC is not closing an escape hatch, all it does is delay the person using the escape hatch for a certain period of time. It may in fact be a good way of monitoring how much the individual sees alternative escape hatches as viable options.



Secondly, as the case examples show the suicide escape hatch can provide some positive feelings to the Child ego state. This means if a therapist is working

with a suicidal client to close an escape hatch then they are taking away something that feels good to the Child. Hence we end up with a Parent contract. The therapist has to deal with a Parent ego state contract contained within the treatment plan for the client to cease being suicidal.

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