

One can speak of the good mental health of Van Gogh who, in his whole adult life, cooked only one of his hands and did nothing else except once to cut off his left ear [...]

Things are going badly because sick consciousness has a vested interest right now in not recovering from its sickness.

This is why a tainted society has invented psychiatry to defend itself against the investigations of certain superior intellects whose faculties of divination would be troublesome.

**Van Gogh, the Man Suicided by Society,
Antonin Artaud (1947)**

The subject of knowledge has a history; the relation of the subject to the object; or, more clearly, truth itself has a history.

**The Essential Works of Foucault 1954-1984, vol III: Power,
J.D. Faubion (ed.) (2002)**

Anyone who cannot cope with life while he is alive needs one hand to ward off a little his despair over his fate ... but with his other hand he can jot down what he sees among the ruins, for he sees different and more things than the others; after all, he is dead in his own lifetime and the real survivor.

Franz Kafka, Diaries, entry of October 19, 1921

No one survives life.

Sarah Kane

NERVEMETER

*'The history
of truth'*

CONTENTS:

Facts and Figures

Blessed Antiquity

The History of Truth

The Media

Szasz on Suicide

Sarah Kane

Suicide and the Elderly

Epitaphs

If you are begging on the streets then you qualify to sell Nervemeter magazine. The minimum suggested donation is £3: all of that money stays with the vendor. If you would like to sell Nervemeter magazine, call or text this number 07427686132 - and we will arrange a delivery to you.

Ако просия по улиците след това имате право да продава Nervemeter списание. Минималната предложи дарение е £3: всички тези пари остава с продавача. Ако искате да получите искар да продаде списанието Nervemeter, повикване или текстово този номер - 07427686132 - и ние ще организираме доставка за вас.

Dacă sunteți cerșit pe străzi, atunci te cali ci să-și vândă Revista Nervemeter. Donația minimă sugerată este de 3 RON: toți banii sta cu vânzătorul. Dacă ar dori să vândă revista Nervemeter, sunați sau text acest număr - 07427686132 - și vom aranja o livrare pentru tine.

Text: Ian Allison
Images: Kieron Livingstone

Contributors: Matt Rose, Steve Claydon, Brendan Quick, Edwin Burdis, Ben Wallers, Aidee.

To make a donation towards next issue:
web: <http://www.nervemeter.co.uk/>
email: info@nervemeter.co.uk
facebook: [facebook/TheNervemeter](https://www.facebook.com/TheNervemeter)
twitter: [@thenervemeter](https://twitter.com/thenervemeter)

Thanks to Stefan Kalmar and the Institute of Contemporary Arts (ICA), London for its support, Sara Mackillop & Dan Mitchell at Artists Self Publishing (ASP) Book Fair, Dorothy at DIY Space for London, Takeru and Matt Williams.

Nervemeter, no 11 (July 2017)

Published in conjunction with 'ASP Expanded Programme' at the ICA 8th July 2017.

This issue is dedicated to John Livingstone 1948 - 1994.





Facts and Figures

Since depression and suicide are postulated to be causally related, and antidepressants are considered to be an effective treatment in depression, one may rightly expect suicide rates to have gone down in proportion to prescription increases. However, this has not happened. Over the last decades the rate of completed suicide has remained quite stable, and that of suicide attempts seems to have even increased. These are puzzling observations, since depression is the major precursor of suicide and antidepressants have been increasingly used in the treatment of depression. These observations have not attracted sufficient attention, possibly because they do not accord with consensus opinion about depression treatment in psychiatry today.

The resistance of suicide: why have antidepressants not reduced suicide rates? Herman van Praag in *Prevention and Treatment of Suicidal Behaviour: From Science to Practice*, K. Hawton (ed.) (2005)

90% of suicides in America were by white people; 72% were by white men. Very few African women commit suicide, especially in mid-life. 57% of all suicides were by use of firearms (62% of all suicides by men). Suicide rates were increased four to ten times in adolescents if there was a gun in the household. The second leading method of suicide in the USA is hanging for men (the most common method in Europe) and poisoning for women. Suicide rates are more than four times higher in divorced people than in those who are married. There are no official data for non-fatal suicide attempts in the USA. However, estimates are that there are ten to 25 non-fatal suicide attempts for every suicide completion, and these numbers rise to 100-200 for adolescents. By contrast with people who successfully commit suicide, three times more women than men attempt suicide.

Suicide, Ronald W. Maris, *The Lancet*, vol 360 (2002)

Since 1998, when suicide rate peaked at 31,755 (from 23,494 in 1997), the rate has remained higher than 30,000 per year, thus posing a serious and urgent challenge for Japanese society. Tellingly, the changes in the unemployment and suicide rates have been similar [...] Additionally, the unwillingness of the banks to lend money to owners of small companies, and the increasing number of bankruptcies as a result of this unwillingness after 1998 might have contributed to the higher rates of suicide. It seems likely that this negative socio-economic background is associated with the suicide trend in Japan.

Suicide in Japan, Yutaka Matomashi, *The Lancet*, vol 379 (2012)



Of the 20 suicides involving men, the mechanism of death was overwhelmingly via electric mains attachment (19/20, or 95%). A high number of the decedents were electricians or employed by the electrical industry. Of the 20 decedents who died via electrical outlet, 10 were definitely identified as having worked in the electrical industry.

Suicidal Electricians in Sydney – A 10-Year Case Review, Peter Chan, Johan Duflo, Journal of Forensic Sciences (2008)



In Denmark, Hendin (1965) noted that guilt arousal was the major disciplinary technique employed by Danish mothers to control aggression, resulting in strong dependency needs in their sons. This marked dependency was the root of depression and suicidality after adult experiences of loss or separation. Reunion fantasies with lost loved ones were common in those committing suicide. In contrast, in Sweden, a strong emphasis was placed by parents on performance and success, resulting in ambitious children for whom work was central to their lives. Suicide typically followed failure-performance and the resulting damage to the individual's self-esteem.

Suicide and Culture: Understanding the Context, Ermina Colluci and David Lester (eds.) (2012)



The results indicate that suicide survivors were depressed at six months after loss, but the difference with accident survivors disappeared at nine months. The suicide group had a significant improvement on depression ($p < .001$) and on grief reactions ($p < .004$) between the 6th and 9th month. As for the parents bereaved from an accident the difference between measures at six and nine months is significant for depression ($p < .01$) but not for grief reactions.

Parental Bereavement After Suicide and Accident: A Comparative Study, Monique Seguin, Alain Lesage, in Suicide '93: Proceeding, 26th Annual Conference, American Association of Suicidology (1993)



Lester (1997a) found that the regions of northern Italy had higher suicide rates than the southern regions, both today and over 100 years ago, and he suggested that differences in emotional expressiveness might be responsible for this difference. People who express their emotions outwardly might be able to achieve catharsis more easily than those who suppress the expression of emotions, and catharsis might reduce the risk of suicide. However, a finding in one country has few implications for suicidology in general.

Personal Violence in Northerners and Southerners, David Lester, Crisis: The Journal of Crisis Intervention and Suicide Prevention, vol 25 (2004)

The gradual transfer of much psychiatric treatment from institutions to the community means that some of the risk of suicide in psychiatric patients has probably shifted from the hospital to the community setting. When an individual commits suicide after discharge from hospital, especially soon afterwards, the appropriateness of the discharge and the adequacy of supporting services in the community may be questioned.

Suicide after discharge from psychiatric inpatient care, Michael Goldacre, Valerie Seagrott, Keith Hawton, The Lancet, vol 342 (1993)



Alcohol or substance abuse is also predictive of suicide – there is ten times more research on alcohol than on any other substance with relation to suicide. Up to 50% of all people who commit suicide are intoxicated at the time of death. Roy [Roy, A, Alcoholism and Suicide, in Maris, RW, Biology of Suicide (1986)] estimates that 18% of alcoholics will die by suicide (mean age 47 years; mean duration of alcoholism 25 years). Such individuals also tend to have less social involvement than those who do not kill themselves. For example, findings of one study showed that 50% of people who died by suicide in Chicago had no close friends.

Suicide, Ronald W. Maris. The Lancet, vol 360 (2002)

They focused on the dangerousness of suicide by cop incidents and found that 56% of the incidents posed a serious threat to police or bystanders. Fifty per cent of the time the subject confronted the police with a loaded firearm. In 22% of the cases, the threat appeared to be less severe, and in another 22% of the cases the subject bluffed the threat (had no weapon but simulated being armed through gestures or possessed replica weapons).

Suicide by Cop Among Officer-Involved Shooting Cases, Kris Mohandie and Reid Meloy, Journal of Forensic Sciences (2009)



You could always try pulling a potato peeler on a cop.

Alt.Suicide.Holiday, Asher (2004)

Suicide attempters and completers are overlapping populations, but one should never forget that about 85% of suicide attempters eventually die a natural death.

Comprehensive Textbook of Suicidology, Ronald W. Maris, Alan L. Berman, Morton M. Silverman (2000)



Blessed Antiquity

Up to that time most of us had been able to restrain our tears fairly well, but when we watched him drinking and saw that he had drunk the poison, we could do so no longer, but in spite of myself my tears rolled down in floods, so that I wrapped my face in my cloak and wept for myself; for it was not for him that I wept, but for my own misfortune in being deprived of such a friend. Crito had got up and gone away even before I did, because he could not restrain his tears. But Apollodorus, who had been weeping all the time before, wailed aloud in his grief and made us all break down, except Socrates himself. But he said, 'What conduct is this, you strange men! I sent the women away chiefly for this very reason that they might not behave in this absurd way; for I have heard that it is best to die in silence. Keep quiet and be brave.' Then we were ashamed and controlled our tears. He walked about and when his legs were heavy, lay down on his back, for such was the advice of the attendant.

The Phaedo, Plato's Dialogues (427 - 347 B.C.)

Still in the seventh circle, Dante enters its second compartment, which contains both those who have done violence on their own persons and those who have violently consumed their goods; the first changed into rough and knotted trees [...]

There do the hideous harpies make their nests,
Who chased the Trojans from the Stropards,
With sad announcement of impending doom;
Broad wings have they, and necks and faces human,
And feet with claws, and their great bellies fledged;
They make laments upon the wondrous trees.

The Divine Comedy: Inferno, Dante Alighieri, Canto 13 (1472)

(3) Then Satan took possession of Judas, the one called Iscariot, who was a member of the twelve. (4) He went off to negotiate with the ranking priests and officers on a way to turn Jesus over to them. (5) They were delighted, and consented to pay him silver. (6) And Judas accepted the deal, and began looking around for the right moment to turn him over to them when the crowd was not around.

Luke 22: 3-6



HOLLAND & BARRETT

ARTIST



Judas's suicide was final proof that he completely rejected God's grace, whereas the robber who was crucified next to Christ was redeemed and entered paradise together with the Saviour. God's mercy is endless to those who are willing to accept it, but those reject it, commit the terrible sin of Desperatio. Hanging was therefore regarded as the most abominable way out because this type of death left one unable to call for mercy, because one was choked and was unable to express a last minute repentance.

A Historical Perspective on Suicide, Anton J.L. van Hooff (2000)

Do you want to know how effeminately he killed himself? When that man who was weaker than any woman, was forced to die he took refuge to the baths and there, like a little boy, in perfumed water made lukewarm, as it were in the softest feathers, he buried himself as deep as his neck. Thereupon were the veins of both arms lightly touched so that he gave up his effeminate soul in the utmost luxury and as it were in his sleep. Thus, with great ingenuity he converted death itself and the pain in a great pleasure for himself. That man is not a brother-slayer [fratricida], but worse: a self-slayer [suicida]; a Stoic by profession, he was an Epicurean in death; do you think that he has been given a place in heaven together with Nero, Socrates and Cato all self-slayers [suicida]?

Walter of Saint Victor on death of Seneca (1177-1178)



Both linguist David Daube (1977) and historian Anton van Hooff (1990) have noted that neither classical Greek nor Latin has a single word synonymous with our word 'suicide'. Indeed, van Hooff lists more than 300 ancient Greek and Latin words and expressions that can be said to describe forms of self-accomplished death. Examples of Roman phrases include:

- 'voluntary death' (mors voluntaria);
- 'destroying oneself' (conficere se, eximere se, finire se, finem vitae facere, interficere se, occidere se);
- 'to take the last measure' (consulere se extremis rebus/vitae (durius));
- 'to strive after death' (appetere/oppetere mortem)

These terms were not euphemistic – that is they were not alternative expressions for an act that was in some way too terrible to name.

Suicide, Foucault, History, Ian Marsh (2010)



In the modern world suicide is a grim business. It is understood primarily as an act arising out of intense, morbid, and pathological states of mind, representative of the furthest extreme of human misery. It is above all an isolated act, isolated not only in the sense that suicides of the modern era tend to seclude themselves from others before attempting their final act, but in the sense that suicide is held by modern writers to express a sense of personal alienation so complete that others cannot conceptualize this psychological nadir even in imagination. Suicide is, in this view, a supremely individual act, utterly inscrutable to all outside observers.

Ambitiosa Mors: Suicide and Self in Roman Thought and Literature, Timothy Hill (2004)

If we can more fully understand the ways by which contemporary constructions of suicide have come to be formed over time we may be able to change what self-accomplished death is for us now, and move away from the insistence that there is a singular act – suicide – with a singular meaning – pathology.

Suicide: Foucault, History and Truth, Ian Marsh (2010)

1 (3, v.

(;)

The History of Truth

To tell the truth, we do not possess a criterion that allows us to measure exactly the degree of happiness of a society. But it is possible to estimate comparatively the state of health or disease in which it finds itself, for we have at our disposal a well-known fact that translates social malaise into figures: namely the relative number of suicides [...] In order that those abnormal acts should increase, it is necessary that the occasions of suffering should also increase, and that at the same time the force of resistance of the organism should be decreased. One can thus be assured that societies where suicides are the most frequent are less healthy than those where they are more rare.

'Suicide et natalité': Etude de Statistique Morale, Emile Durkheim, Revue Philosophique (1886)

Although suicide seems to be a personal act, the outcome of extreme personal unhappiness, Durkheim showed that social factors influence suicidal behaviour – such as anomie, a feeling of aimlessness or despair provoked by modern social life. Suicide notes show regular patterns from year to year, he argued, and these patterns must be explained sociologically.

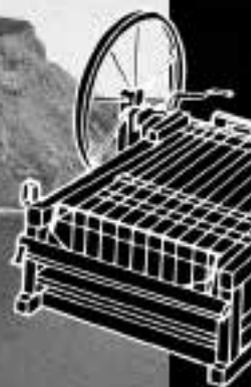
Introduction to Sociology, Anthony Giddens (2009)

One aspect of Suicide that did not need to be identified as 'flawed' and problematic, even to beginning students, however, was his disparaging characterization of women and his demeaning exploration(s) of the universally lower suicide rates [...] We were not overly optimistic regarding the clarity of what we would find, given the earlier finding of a widespread critical 'echo' of Durkheim's dubious 'finding' that Protestants have higher suicide rates than Catholics in introductory sociology textbooks (Nolan, 2003). But even we did not anticipate just how bad things were in a discipline that claims, or aspires, to be 'scientific'.

Sociology's Suicide: A Forensic Autopsy? Patrick D. Nolan, Jennifer Triplett, Shannon McDonough, The American Sociologist, vol 41, no 3 (2003)

How do we locate and identify genes that are involved in suicidal behaviour? Thus far, the most practicable approach is to focus on so-called candidate genes, that is genes involved in metabolic pathways in the brain that could plausibly have something to do with suicidal behaviour. As it is thought that the variability of serotonergic neurotransmitters plays a pivotal role in individual differences in mood, impulses and aggression, it is no surprise that molecular genetic studies of suicide and suicidal behaviour focus on serotonergic genes. Genetically determined variations in neurotransmitter systems most probably interact with environmental influences during different development stages of suicidal behaviour, from depressive states, to suicidal thoughts and plans, to actual attempts and fatal suicidal acts.

The completed suicide as interplay of genes and environment, J. Balazic, A. Marusic in Forensic Science International, vol 147 (2005)



Suicide is thought to be the results of sociodemographic, environmental, social, and neurobiological factors. Among these, environmental factors such as early stressful life event, including childhood sexual and physical abuse, have consistently been identified to increase risk for negative mental health outcomes, including suicidal ideation, increased likelihood of self-harm, suicide attempts, and suicide completion. The severity and timing of the abuse has been shown to moderate the risk for suicidal behaviour. Exactly how these events during childhood development periods result in heightened risk for suicide later in life is still largely unknown, although a growing body of evidence suggests that environmental stressors, such as early life adversity (ELA), regulate behaviour through epigenetic processes. Epigenetics refers to the processes that allow the genome to respond and adapt the functions of genes in response to environmental cues.

An Epigenetic View of Suicide and Early Life Adversity, Dave Checknita, Beniot Labonte, *Psychiatric Annals*, vol 42, no 3 (2012)

As a sin and a crime – a form of transgression against God and the King – such acts could be punished by the desecration of the body of the deceased, burial outside consecrated ground and the forfeiture of the goods from the surviving family [...] Whereas previously the condemnation of suicide, in the form of judicial and canonical laws, acted as a deterrent through fear, now the 'discovery' of premonitory medical signs of a disposition to suicide opened up the possibility of the intervention before a suicidal act could be committed. Medicine not only claimed expertise and authority, but also promised a more effective solution to the problem.

Suicide: Foucault, History and Truth, Ian Marsh (2010)

For much of the twentieth century and into the twenty-first century, thinking about suicide in the West has been normatively monolithic: suicide has come to be seen by the public and particularly by health professionals as primarily a matter of mental illness, perhaps compounded by biochemical factors and social stressor, the sad result of depression or other often treatable disease – a tragedy to be prevented. With the exception of debate over suicide in terminal illness, the only substantive discussion about suicide in current Western culture have concerned whether access to psychotherapy, or improved suicide-prevention programs, or more effective antidepressant medications should form the principal lines of defense.

Ending Life: Ethics and the Way We Die, Margaret Pabst Battin (2005)

The appearance of the noun 'suicide', like the term 'mind' as a noun, is a seventeenth century Western invention. Both terms reflect a major cultural perceptual shift: from perceiving voluntary death as an act for which the actor is responsible, to perceiving it as a (perhaps) happening for which he may not be responsible; and from seeing persons as possessing souls and free will, to seeing them as possessing minds that may become 'unbalanced' resulting in the loss of free will.

Fatal Freedom: The Ethics and Politics of Suicide, Thomas Szasz (1999)

Store at controlled temperature: 2-8°C (36-46°F)
DISCARD AND DESTROY
IF ACCOMPANYING INFORMATION
IS MISSING
*SAR data contains no
approximate quantities
of the drug contents
CAUTION: Federal law prohibits
dispensing without prescription.



Pharmaceutical companies have strongly marketed anti-depressant medication alongside a Western 'medical model' of depression since the end of the 1990s, challenging traditional (mostly Buddhist) attitudes towards suffering. The annual number of suicides has also risen precipitously, the rising rate, perhaps not coincidentally, comes at a time when the traditional Japanese conception of suicide has been changing.

November of the Soul: The Enigma of Suicide, G.H. Colt (2006)

In previous studies, relatives of suicide have been found to underestimate psychiatric symptoms and illness, owing partly to memory effects and their difficulty in recognizing nonobservable symptoms and abnormal behaviours and partly the reluctance to admit any mental problems of suicide.

Mental Illness and Suicide: a case-control study in East Taiwan, A.T .A. Cheng (1995)

The Japanese, it is said, now kill themselves for the same reasons as people kill themselves in the West. The military official who takes his life in shame over a security leak and the man who takes his life to protest a political action are now likely to be discussed as psychological misfits.

November of the Soul: The Enigma of Suicide, G.H. Colt (2006)



The Media

For all those who loved me please don't feel in any way responsible for my death. Life is simply not for me. I am not filled with grief as I write these words. I simply have no will to carry on living and the idea of death does not scare me.

I would especially like to thank Alex [her boyfriend] for showing me a fantastic summer and making me truly happy. Good luck with everything in the future and don't let this event stop you from doing anything. Please don't mourn my death.

'Gifted student with place at Oxford decided "life is not for me"', [Alice McGovern's suicide note] Guardian, 3 August (2005)

In young adults, as in older people, there may have been an underlying depressive or schizotypal personality that has remained undetected [...] But in Alice's case there was apparently no evidence of any psychotic behaviour, bi-polar disorder or previous impulsive patterns of behaviour in her medical history. Even so, her extreme detachment when discussing her own death, and perhaps evidence in her note of a lack of appreciation of its likely impact on her parents and boyfriend, were significant. A casualness about death, whether one's own or other people's, can be an important psychological symptom.

'Dying to succeed: fatal pressure on our children', The Times, 4 August (2005)

- Reporting suicidal behaviour as an understandable response to social or cultural changes or degradation should be resisted.
- Sensational coverage of suicides should be assiduously avoided, particularly when a celebrity is involved. The coverage should be minimised to the extent possible. Any mental health problem the celebrity may have had should also be acknowledged.
- Suicide should not be reported as unexplainable or in a simplistic way. Suicide is never the result of a single factor or event. It is usually caused by a complex interaction of many factors such as mental and physical illness, substance abuse, family disturbances, interpersonal conflicts with life stressors. Acknowledging that a variety of factors contributes to suicide would be helpful.
- Suicide should not be depicted as a method of coping with personal problems such as bankruptcy, failure to pass an examination, or sexual abuse.

Preventing Suicide, A Resource for Media Professionals, World Health Organization (2000)

Don't romanticize or glorify suicide. Reporting which highlights community expressions of grief may suggest that the local community is honouring the suicidal behaviour of the deceased person, rather than mourning their death. Don't over emphasize the 'positive' results of a person's suicide. A dangerous message from the media is that suicide achieves results; it makes people sorry or it makes people eulogize you. For instance, a soap opera storyline or newspaper coverage where a child's suicide or suicide attempt seems to result in separated parents reconciling or school bullies being publicly shamed may offer an appealing option to the despairing child in similar circumstances.

Media Guidelines: Portrayals of Suicide, The Samaritans (2002)



In 1997, 39 persons in California, identified as members of a group called 'Heaven's Gate', killed themselves [...] A few weeks later, the Associated Press featured a story of the death of Father Dom Christian de Cherge, the leader of a group of French Trappist monks who chose to live among hostile Muslims in Algeria [...] In the case of Heaven's Gate, a collectivity quickly branded and dismissed as a 'cult', the members classified their voluntary death as not suicide, but the media and the public viewed it as suicide. In the case of Father Dom Christian, a respected Catholic priest, the subject viewed his indirect self-killing as love of God, and the media and the public accepted it as a kind of martyrdom.

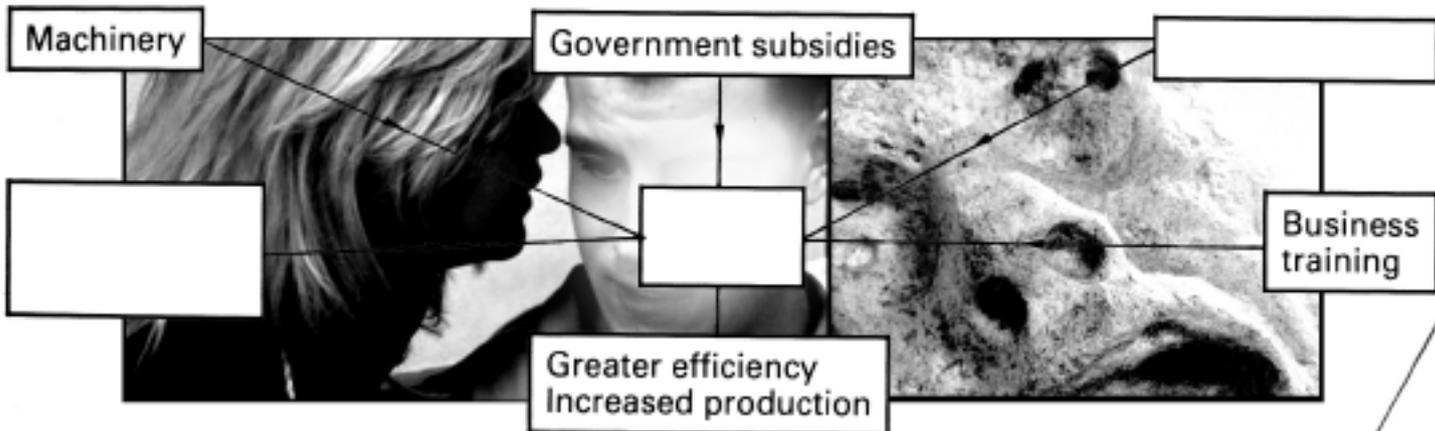
Fatal Freedom: The Ethics and Politics of Suicide, Thomas Szasz (1999)

Szasz on Suicide

For a long time, suicide was the concern of the Church and priest. Now it is the business of the State and doctor. Eventually we will make it our own choice, regardless of what the Bible or the Constitution or Medicine supposedly tell us.

Diagram 1

Fatal Freedom: The Ethics and politics of Suicide, Thomas Szasz (1999)



Dying voluntarily is a choice intrinsic to human existence. It is our ultimate fatal freedom. But that is not how the right-thinking person today sees voluntary death: he believes that no one in his right mind kills himself, that suicide is a mental health problem. Behind that belief lies a transparent evasion: relying on physicians to prevent suicide, and provide suicide – and thus avoid the subject of suicide. It is an evasion fatal to freedom.

Fatal Freedom: The Ethics and Politics of Suicide, Thomas Szasz (1999)

Study after study in Europe, the United States, Australia and Asia has shown the unequivocal presence of severe psychopathology in those who die by their own hand; indeed, in all the major investigations to date, 90 to 95 per cent of people who committed suicide had a diagnosable psychiatric illness.

Night Falls Fast Understanding Suicide, Kay Redfield Jamison (1999)

The perception and interpretation of voluntary death as an unintended happening, similar to an unwanted illness, has two important consequences. One is that the person who tries but fails to kill himself is routinely diagnosed as depressed and deprived of liberty by being incarcerated in a mental hospital. The other is that the person who succeeds in killing himself while in a (mental) hospital or under the care of a mental health professional is considered to have died a 'wrongful death', a victim for whose demise tort law holds his caretakers responsible.

Fatal Freedom: The Ethics and Politics of Suicide, Thomas Szasz (1999)



Contaminated

Municipal

Southern

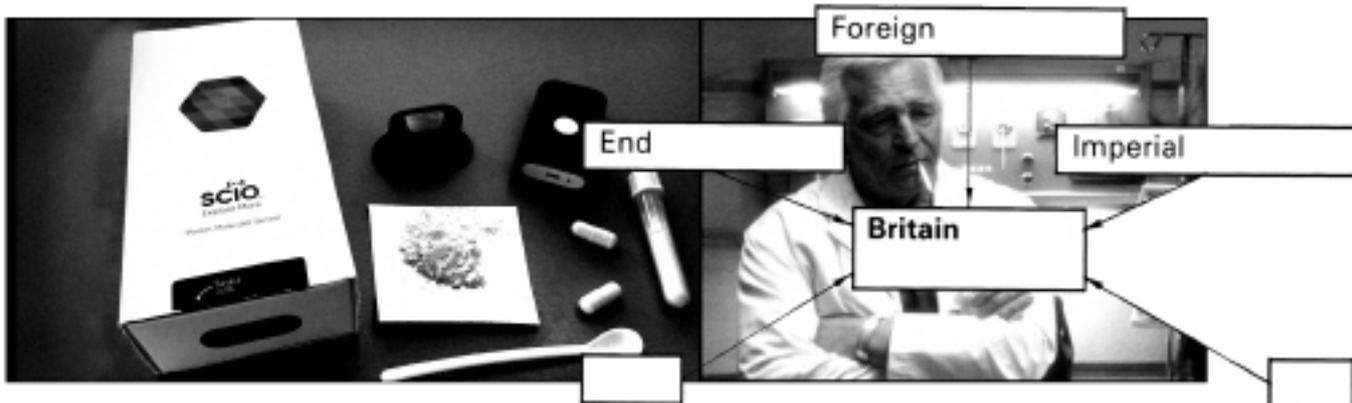
As long as suicide was called 'self-murder', English-speaking people had no vocabulary with which to obscure the elemental fact that the self-killer engages in an act of deliberate, wrongful homicide. Today, in our politically and psychiatrically correct discourse about suicide, it is virtually impossible to express that opinion. We apply the legal-bureaucratic jargon of rights to both patients and doctors. If the patient is said to be suicidal, he has a 'right to treatment' – and his physician has a right to treat him without his consent. If the patient is said to be terminally ill, he has a right to physician-assisted suicide – and his physician has a right to offer him death by prescription.

Fatal Freedom: The Ethics and Politics of Suicide, Thomas Szasz (1999)

There are only two kinds of clinical psychiatrists – those who have had patients commit suicide and those who will.

Taking the 'Sue' out of Suicide: a Forensic Psychiatrist's Perspective, Robert I. Simon, Psychiatric Annals, vol 30 (2000)

Diagram 3

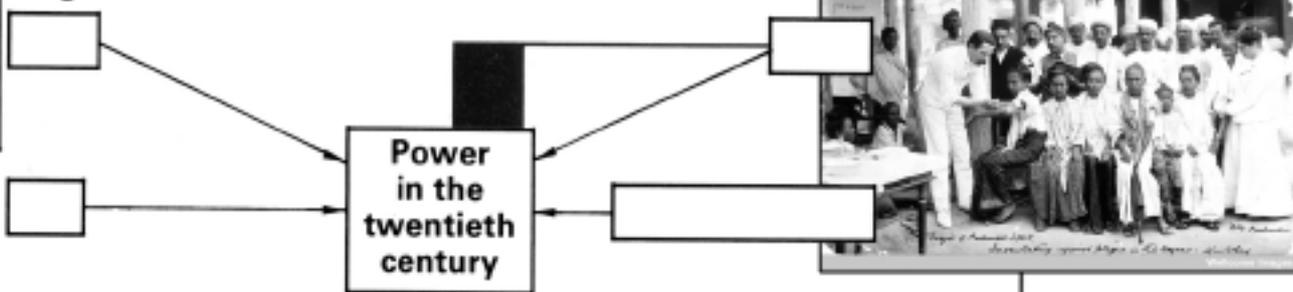


Northern

The legal complaint filed against Szasz charged that he instructed and advised his patient to stop taking lithium in June 1990 ... The complaint further charged that Szasz had failed to render 'psychiatric medical care and treatment in conformity with the customary and accepted sound standards of medical care', 'failed to properly diagnose and treat depression,' and 'failed to keep adequate records'. Although Szasz's attorney maintained that the patient had stopped taking lithium of his own accord and Szasz himself did not concede he had committed malpractice, the court ruled that the widow was to receive \$650,000 in settlement. Szasz, despite his distaste for the psychiatric establishment, was a member of the American Psychiatric Association, and it was the organization's malpractice insurance that ended up paying the settlement.

Night Falls Fast, Kay Redfield Jamison (1999)

Diagram 1



Sarah Kane

4.48 Psychosis is a report from a region of the mind most of us hope never to visit but from which many people cannot escape. Those trapped there are normally rendered voiceless by their condition. That the play was written while suffering from depression, which is a destructive rather than a creative condition, was an act of generosity by the author.

The Complete Plays, Sarah Kane, introduction by David Greig (2001)

At 4.48
when sanity visits
for one hour and twelve minutes I am in my right mind
When it has passed I shall be gone again, a fragmented puppet, a grotesque fool.

4.48 Psychosis, Sarah Kane (2000)

It is myself that I have never met, whose face is pasted on the underside of my mind.

Please open the curtains.

4.48 Psychosis, Sarah Kane (2000)

100 aspirin and one bottle of Bulgarian Cabernet Sauvignon, 1986. Patient woke in a pool of vomit and said 'sleep with a dog and rise full of fleas.' Severe stomach pain. No other reaction.

4.48 Psychosis, Sarah Kane (2000)





Sometimes I turn around and catch the smell of you and I cannot fucking go on without expressing this terrible so fucking awful physical aching fucking longing I have for you and you feel nothing. Do you feel nothing?
(silence.)
Do you feel nothing?
(silence.)

4.48 Psychosis, Sarah Kane (2000)

A room of expressionless faces staring blankly at my pain, so devoid of meaning there must be evil intent. DrThis and DrThat and Dr Whatsit who's just passing and thought he'd pop in

to take the piss as well. Burning in a hot tunnel of dismay, my humiliation complete as I shake without reason and stumble over words that have nothing to say about my 'illness' which anyway amounts only to knowing that there's no point in anything because I'm going to die. And so I'm deadlocked by that smooth psychiatric voice of reason which tells me there is an objective reality in which my body and mind are one. But I am not here and never have been. Dr This writes it down and DrThat attempts a sympathetic murmur. Watching me, judging me, smelling the crippling failure oozing from my skin, my desperation clawing and all-consuming panic drenching me as I gape in horror at the world and wonder why everyone is smiling and looking at me with secret knowledge of my aching shame

4.48 Psychosis, Sarah Kane (2000)

It worries me when Sarah Kane's agent Mel Kenyon talks about 'existential despair' being 'what make artists tick' (Playwright Kane kills herself, February 24). Nobody in despair 'ticks' – and for Sarah Kane the clock has stopped. Truth didn't kill her, lies did: the lies of worthlessness and futility whispered by an afflicted brain. They're told to artists and check-out girls alike, but we canonise one and stigmatise the other.

'Insane thesis' letter to the Guardian, Anthony Neilson, 25, February (1999)

Suicide and the Elderly

I held the first cup in my palm as she steadied it with both hands and drank the contents through a straw with such hurried determination that I had to urge her to slow down lest it made her throw up. She drank both cupfuls that way and asked for a rice cake. I got it, climbed into bed beside her and held her in my arms as she ate half of it. We were silent. She fell asleep and never awoke.

Matters of Life and Death, George E. Delury, American Journal of Forensic Psychiatry, vol 19 (1998)



Perhaps the basic societal repulsion to suicide is not that someone dies, but, rather, the hubris of men and women who would take their lives into their own hands and out of the hands of God?

Comprehensive Textbook of Suicidology, Ronald W Maris, Alan L Berman, Morton M Silverman (2000)

If suicide itself is not a crime, then, theoretically, aiding and abetting it should not be either.

Life, Death and the Law: Law and Christian Morals in England and the United States, Norman St. John-Stevas (1961)

Participants expressed opinions that the government should provide better social welfare for older people to prevent them from attempting or completing suicide. As one participant said, 'Financial difficulty is the main reason for elderly suicide. The government needs to take care of this vulnerable population.'

Perceived reasons for, opinions about, and suggestions for elders considering suicide: elderly outpatients' perspectives, Ying-Jen Chen et al, Aging and Mental Health, vol 18, (2014)



A final approach to dissuasion was doing something pleasurable to shift one's attention from suicidal thoughts. Reading books, or watching TV could help. You should do some happy things.

Perceived reasons for, opinions about, and suggestions for elders considering suicide: elderly outpatients' perspectives, Ying-Jen Chen et al, Aging and Mental Health, vol 18, (2014)

No participants mentioned depression as a reason for older people's attempted or completed suicide, highlighting the importance of educating the elderly about the role of depression in suicide among older people.

Perceived reasons for, opinions about, and suggestions for elders considering suicide: elderly outpatients' perspectives, Ying-Jen Chen et al, Aging and Mental Health, vol 18, (2014)



In a Norwegian qualitative research project on suicide among the elderly, the informants described the personal traits of the elderly people. Many of them emerged as people with particular characteristics. They had been markedly action-orientated throughout their lives, and their self-esteem was linked to activity and achievement. They were dependent on being in control. Emotionally they were predominantly closed and kept a distance between themselves and their surroundings – a pattern that often had a negative effect on their relationships. We concluded that, on the basis of the described personality traits, these elderly people would find difficulty in accepting and adapting to age-related loss of function.

Why Suicide? Elderly people who committed suicide and their experience of life in the period before their death, Ildri Kjolseth, International Psychogeriatrics, vol 22 (2010)

Many of the elderly people had emphasised that they had nothing left to live for: everything that had given value had been lost. The informants describe how over time elderly seemed to lose the will to live, and a recurring statement was that they were 'tired of living'.

Perceived reasons for, opinions about, and suggestions for elders considering suicide: elderly outpatients' perspectives, Ying-Jen Chen et al, Aging and Mental Health, vol 18, (2014)



Important 'life objects' had disappeared. The quality of life had different prerequisites; for one 79-year-old man it was the allotment garden with a small house. His illness meant that he could no longer manage to look after the garden and he was preparing to sell it. 'In the past few years his life had centred on that small house,' his daughter told us. Another was approaching 87 when he said that 'the time had come'. He had been a reader and a writer all his life and now he was going blind and deaf. The doctor could understand the suicide: 'He was old enough to die.' [...] Life was perceived as a burden for many of the elderly people. One of them characterized it as 'a life you couldn't live with'. It revolved around illness and loss, and some of them also lived in deep conflict with their close relatives.

Perceived reasons for, opinions about, and suggestions for elders considering suicide: elderly outpatients' perspectives, Ying-Jen Chen et al, Aging and Mental Health, vol 18, (2014)





The elderly, for example, many of whom feel lonely and abandoned, have a suicide rate that is strikingly higher than that of younger people. There is concern that a right-to-die mentality will exert psychological problems. Gerontopsychiatrists at the University of Bern hospital reported two cases in which psychiatric patients under treatment in a hospital, while on a short leave to visit their families, committed suicide with the help of a right-to-die organization (not clearly identified but thought to be Exit). Such patients may find in the ideology of such an organization support for their sense of despair and lead them to the conclusion that suicide is the only way out. While in hospital and under the influence of doctors with a therapeutic approach, these patients had largely abandoned their wish for suicide.

Assisted Death in Europe and America: Four Regimes and Their Lessons, Gunter Lewy (2011)

The timing of the suicide was not chosen randomly. One woman had lived with a cancer illness for many years. During the last few months the condition had deteriorated and she gradually became more immobile. The home-based nurse told us: 'She had a rose bush just at the bottom of the stairs and she was waiting for it to flower. But when it flowered she couldn't manage to go downstairs to see it. That day she told me she had lain awake all night and watched a spider slowly spinning its web down towards her face without being able to brush it away.' She committed suicide shortly afterwards.

Perceived reasons for, opinions about, and suggestions for elders considering suicide: elderly outpatients' perspectives,

Ying-Jen Chen et al, Aging and Mental Health, vol 18, (2014)



Epitaphs

The Moment of the Crash

You are two or three meters from the target. You can see clearly the muzzles of the enemy's guns. You feel that you are suddenly floating in the air. At that moment, you see your mother's face. She is not smiling or crying. It is her usual face.

All the Happy memories

You won't precisely remember them but they are like a dream or a fantasy. You are relaxed and a smile creases your face. The sweet atmosphere of your boyhood days returns. You view all that you experienced in your 20-odd years of life in rapid succession. But these things are not very clear. In any event, only delightful memories come back to you. You cannot see your own face at that moment. But because of a succession of pleasant memories flashing through your mind, you feel that you smiled at that last moment. You may nod then or wonder what happened. You may even hear a final sound like the breaking of crystal. Then you are no more.

The Suicide Manual, Major Hayashimo, Shimoshizu Air Unit in Chiba Prefecture (May, 1945)



We are buried alive inside ourselves.
alt.suicide.holiday, 'Asher' (2003)



Listen to the silence, let it ring on
Eyes, dark grey lenses frightened by the sun
We would have a fine time living in the night
Left to blind destruction
Waiting for our sight

And we would go on as though nothing was wrong
And hide from these days we remained all alone
Staying in the same place, just staying out the time
Touching from a distance
Further all the time

Transmission, Joy Division (1979)

It is our duty as men and marines to reach out to junior warfighters to support them through their journeys. When they come to us, we need to listen. We need to try and understand even when we cannot. The longer we have been enlisted, the more open we should be to their trials without sheltering them from the truth of the harsh world from which we protect our country. We set the example for the United States as the truest form of patriotism in that we must stand by our brothers and support them in the darkest moments they face. Losing a brother in war is the deepest loss I have known, but losing a brother by his own choice is something I will hold with me for the rest of my life.

Suicide: A problem for the Corps by Cpl Kevin M. Brown, Marine Corps Gazette, Professional Journal of US Marines, vol 98, no 7 (2014)



Assisted suicide is charged at the rate of CHF1,000 to 3,000 for Swiss residents and about CHF3,500 for foreigners.

Assisted Death in Europe and America: Four Regimes and Their Lessons, Gunter Lewy (2011)

My father died in 1928 – shot himself – and left me fifty thousand dollars ... when I asked my mother for my inheritance she said she had already spent it on travel and my education [...] Several years later, at Christmas time, I received a package from my mother. It contained the revolver with which my father had killed himself. There was a card that said she thought I'd like to have it.

Papa Hemingway: a professional memoir, AE Hotcher (1966)



My bowels are rotting away. I can't stand the smell. My heart is slowing down to one beat a day.

alt.suicide.holiday, 'Asher' (2004)

In his last written statement Cobain reels from cracked-actor posturing (“I haven't felt the excitement ... for too many years now”) to detached self-criticism (“I must be one of those narcissists who only appreciate things when they're alone”) to self-pity (“I'm too sensitive”) to a bizarre brand of hostile self-loathing gratitude (“Thank you all from the pit of my burning, nauseous stomach”) to, of all things, rock star clichés (“It's better to burn out than to fade away”).

Kurt Cobain 1967-1994, Anthony De Curtis, Rolling Stone (1994)

The sky in the painting is very low, bruised,
violet, like the lower edges of lightning.
The strange shadowy fringe of the void rising after the flash.

Van Gogh loosed his crows like the black microbes of his
suicide's spleen a few centimetres from the top and as if from the bottom of
the canvas,

following the black slash of that line where the beating of
their rich plumage adds to the swirling of the terrestrial storm the
heavy menace of a suffocation from above.

And yet the whole painting is rich.

Rich, sumptuous, and calm.

Worthy accompaniment to the death of the man who during
his life set so many drunken suns over so many unruly
haystacks and who, desperate, with a bullet in his belly had no
choice but to flood a landscape with blood and wine, to drench
the earth with a final emulsion, both dark and joyous, with a taste
of bitter wine and spoiled vinegar.



**Van Gogh, the Man Suicided by Society,
Antonin Artaud (1947)**



INDEX

Images are organised clockwise starting at top left.

Front Cover

Inside Front

Mythical suicides.

3. Make me a Mandrake - S.Claydon (2017).

Facts and Figures

4. Roberto Calvi (1982), Boris Berezovsky (2013), Myron May (2014), Malcolm 'Mal' Evans (1976).

5. Contents of pockets, David Kelly (2003), Dougie Jones. (2017).

6. Caine Hill (1992), Traffik (1989), Caine Hill (1994), Marshall Herff Applewhite (1997).

7. Traffik (1989), Pinel House (1992), Tire-au-flanc (1961).

Blessed Antiquity

9. Hemlock, Holland & Barret (2017).

10. Lucifer (1530), The Trivium (1750), White Hellebore, Horsehair Worm, Satan: Minion (1257), Cern portal: doom, Mandrake, View from inside the mask (1800), Greek Ideal (480BC), T. Gondii: Parasite.

11. Die - Matt Rose (2017), Nero's temple (54AD), Worm, Suicide Semicolon (2016), Tatenokai Symbol (1967), Henbane, Ox of St.Luke (1120).

The History of Truth

13. Liverpool Cathedral, Cliffs at Lefkada, Spinning Jenny, Water frame, Blackfriars Bridge, Coq D'argent, J.P. Morgan building, Archway Bridge, Spinning Mule, Power Loom Valley Bridge, Southwyck House.

15. I Stand alone (1998), La Grand Bouffe (1973), Yukoku (1966), Pfizer Ad (1988).

The Media

17. Leaving Las Vegas (1995), The White Ribbon (2009), The fire within (1963), The Mist (2007), The Seventh Continent (1989), Ratcatcher (1999), Scum (1979), The Killers (1946), Peeping Tom (1960).

Szasz on Suicide

18. Rampton Hospital (1985), Bethlem Hospital gates (1791), Broadmoor (2000).

19. Scio-molecular sensor and Exit app test (2017), Dr of Psychiatry, British Colonial Doctor (1925).

Sarah Kane

20. Serbian army (1992), Aleppo (2014). Hatch.

21. Serial Sevens (1998), Hatch.

Suicide and the Elderly

22. Bed, View from Dignitas (2016).

23. St. Barthes retired (2000), Castlemilk (1961).

24. Home.

Epitaphs

25. Shield Society (1967), Joy Division (1979).

26. Patriot (1966), Videodrome(1983).

27. Antonin Artaud: Marat (1927).

Inside back

Title unknown - Brendan Quick

Back

DNA



