

Suicide: an Occupational Hazard

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Soon after I moved to South Wales to join the Senior Registrar rotation in Child Psychiatry, I answered an emergency call to Loudon Square - one of the worst tenement blocks of the old Tiger Bay. A 15-year old girl was threatening to jump out of the window. I arrived to find a fat man sitting astride her on the floor. He got up grudgingly, she threw herself out of the window, and we hauled her back in - saved by the belt buckle on her dungarees.

I can joke about it now because it had a happy ending. She was admitted to the Adolescent Unit, was grateful that she had been saved and pulled her life together over the succeeding months. What's more, she contacted me on the back of a newspaper interview I gave in my first year as President, over 20 years later. She was astonished that I was still alive and asked me for help with her own daughter who was, yes, threatening to throw herself out of the window.

But suicide is an 'occupational hazard' for psychiatrists, in every sense. Our patients kill themselves and so do we. None of us like to talk about it, preferring as Auden said 'that even the dreadful martyrdom must run its course / anyhow in a corner, some untidy spot', out of sight and out of mind. (W.H. Auden: 'Musée des Beaux Arts').

What follows is a complex and painful process of learning in the midst of suicide, from the moment that I first faced a desperate woman with a violent husband and screaming child, across the outpatient desk in my student psychiatric attachment. She was utterly helpless and so was I. The process has worked inwards, in layers, from community, through individuals, to myself.

The threat of suicide hangs like the sword of Damocles over our own community - the psychiatric profession. It undermines public faith in treatment and psychiatrists' willingness to take therapeutic risks. We have our rôle to play, of-course, but suicide targets allow governments to make us responsible for social factors beyond our control - and we have been only too willing to take them on.

I have seen the same process mirrored in the public community, in another suburb of Cardiff, when a fourteen-year-old girl of fragile self-esteem had been nursed back to school by friends, family and teachers, without psychiatric referral. She jumped off a cliff when a boyfriend jilted her and classmates teased her in the playground. For a while, all adolescent activities were stifled under a blanket of guilt and determination that no harm should come to anyone, ever again. Only when the community began to grieve openly together was normal risk-taking allowed - the risk-taking on which growth depends.

And so to the individual level, psychiatrist and family alike for whom I am struck again at how analogous the issues are. As a young trainee in Cambridge, I faced the best and worst of experiences within weeks of each other. Two old, isolated and bereaved ladies, both slipping from grief into clinical depression, both thinking of how to join their husband by killing themselves. With the first patient, I was able to work with her grief and to empower her to take other options with her life, without medicalizing it with diagnosis and pills. In the

process, she saw me as a human being to hold on to, not as a psychiatrist at his work. With the second, I had barely begun to engage with her before she was dead. How easily the team might have fallen apart with projected angers and guilts. How easily my consultant might have blamed me, but he did not; instead, he supported me, validated my feelings, enabled me to examine what had happened and helped me to learn from the experience.

So it is with parents whose child has committed suicide. Any child's death can tear a marriage apart, as anger, guilt and sheer incomprehension turn to mutual recrimination. The 'failure' to protect a child from harm, the guilt of parental survival, can be bad enough where the death is due to natural causes. In suicide the feelings are written ten feet tall. Couples who can be helped to live with those feelings can be brought closer in the process, but finding a scapegoat can be a much more comfortable option. Sometimes that is a partner, sometimes the doctor, sometimes the child herself. Working in paediatric liaison, I have known adolescents with chronic, incurable and painful diseases, whose lives have been wrecked by the treatment as much as the illness, turn their face to the wall and declare that they have had enough. I have been impressed at how sensitively the teams have continued their care in the face of what is, effectively, a suicidal act. For the parents, this 'rejection' can easily turn to anger with the object of their love - or with the team who fail to force a rescue upon her.

What of families where a parent has died? I have learnt a lot from a string of 'cases', a cold and anaesthetic expression for the pains of human misery. All the children had lost their fathers through suicide - the tragedy often taking place in the midst of family celebrations. Father's Day, Christmas or a wedding. Anniversaries haunted forever by darker memories. Often the children were referred within weeks, by doctors who sought to cope with their own feelings by diagnosing the children as depressed and reaching for the prescription pad. What those children really needed was an opportunity to express their grief openly, to explore the strange phenomena that may be part of it, to recount the vivid details of what happened and to ask the terrible questions that the adults around them cannot answer: Why did he do it? Was it my fault? Didn't he love me enough to carry on living? They will learn to cope with the experience according to their age, intellect and temperament. But much more important is the honesty with which the surviving adults treat them - whether or not they allow the children to share in the emotions, the information and the rituals of death. And that, of course, is difficult for adults who are struggling simultaneously with their own unhappiness.

And so, finally, to the question that I have been avoiding. Where am I in all that - as a person rather than a professional? That student attachment I talked about came just before my own first, thunderous depression - that took me out for a year and a half and has recurred regularly, if less severely since. Perhaps I could read its onset now into the mutual helplessness I felt with my patient; but retrospect is easy and depression ambushes me when I least expect it. I was also a father at that time. I also felt suicidal in my depression. Did I think of the effect my death might have on my children? Did that play a part in my survival? What do I think now when I try to help children whose fathers have killed themselves? Can I ever be objective in the process?

Looking back for purpose of this presentation, I'm shocked to find how 'selfish' my feelings were. Not once did I think of my family; for me the issue was one of control. I was closest to the edge when I felt I had lost control – automaton-like or dangerously impulsive; when a retreat from a plan once made would seem like an additional failure, or when nothing was planned at all. What pulled me back was the thought that redemption might be offered somewhere in the future - like Wells' Mr. Polly, or Conrad's Lord Jim - and those almost ecstatic moments that I have experienced since adolescence, when the worst has happened, the only way is up, I'm back in control and I am free. I was lucky to have a psychiatrist who appreciated this and sought to empower me rather than take over, however risky it might have seemed. Her willingness to take that risk has saved my life.

Not much spirituality here you might say. No old-style Methodist God to keep me from harm; no altruism to keep me from harming those about me. But perhaps I am being a little hard on myself, even now. There was something about the sanctity of life and its excitement, or just a relentless curiosity - as if some part of me was standing on one side, writing the story of my own life, in which every experience, good or bad, was an essential chapter. And if I killed myself I would never know how the story ended.

And I have learnt something from the story. A woman came up to me at a conference recently, her face a mask of grief. She told me that her son had killed himself the week before, and for a moment that outpatient helplessness rose in my throat again. Then I reached out and put my arms about her. I told her that I had no answers but she could come and share her unhappiness with me whenever she wanted. I don't think I would have been able to do that all those years ago. Now all I have to do is learn how to reach out to myself.

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