To: The Board of Directors and Staff Members of Suicide Prevention Organizations/ Affiliate Organizations/Survivors
From: Jimmy E. Powell
j4powell@bellsouth.net
Re: *The Use of Judgmental Language* That Promotes the Stigma Associated with Suicide in Speeches and Literature by the Suicide Prevention Organizations
Date: July 2004

Margaret Atwood has stated that, "Sometimes things need to be said, and said, and said, until they don't need to be said anymore." This quote applies to the use of judgmental language by suicide prevention organizations.

My son, Eric, and all the other suicide victims cannot defend themselves against people who have said, *they made their choice.* They were unable to think and reason clearly. They did not see any options, except to end their pain. As their advocate, I am speaking on their behalf. And I realize that old habits die hard, but I'm hoping that this habit of using the word *choice* and *other judgmental words and phrases* by the suicide prevention organizations' speeches and literature will prove to be the exception.

In the following format, I have included four sections:

1. List five examples using judgmental language and one example using non- judgmental language.
2. List an example of the stigma associated with mental illness concerning physicians.
3. List research articles that describe why judgmental language [words like *choice*, etc.] is the *wrong way* to describe the mental condition of a suicidal mind.
4. List *positive* plans that would: offer a choice, eliminate judgmental language, and reduce the stigma associated with suicide by top leadership.

Section 1: Judgmental and Non-judgmental Language

Since May of 1999, I have read about and tried to understand the subject of suicide. I began reading the literature from the major suicide prevention organizations: books, pamphlets, articles, etc. Some of the books/articles were confusing to me as a new survivor. The following quotes are examples of individuals and organizations that are using judgmental language.

Iris Bolton is a grief therapist and director of The Link Counseling Center in Atlanta, GA. She has been a member of the Board of Directors of the American Association of Suicidology [AAS]. She is a frequent speaker at many suicide prevention organizations, and her books are recommended and available from these organizations.

In discussing the ups and downs of grief, Bolton (2001) emphasized "Finally, I saw that my son's death was his choice. His death was *his* responsibility…" (p. 27). Speaking at a funeral service for a young girl who had suicided, Bolton (2001) pointed out that

“Three years ago, my son made a choice to end his life” (p. 78). At the funeral, Bolton (2001) continued “I can no longer influence the destiny of my own loved one, but I can make certain that my life will become more meaningful as a result of my experience with his chosen exit” (p. 79). In Appendix B, Bolton (2001) declared “I finally gave myself permission to be angry at my son for giving up, for not allowing me or others to help him, for his choice about his life…” (p. 107).

Carla Fine is an author. She has lectured on the subject of suicide survival to survivors' groups, mental health organizations, professional medical associations, and suicide prevention organizations. Her book is recommended and available from most of the suicide prevention organizations.

Describing the initial impact of suicide and cleaning up the devastating damage Fine (2000) asserted “Our loved ones have departed *by their own will,* even though they knew that they were planning to leave us forever…” (p. 35). Describing how her husband, a medical doctor, had died, Fine (2000) reasoned “Gradually, I began to understand that his choice to end his life was separate from my feelings of loss at his absence” (p. 44).

The winter winds of New England were blowing as Carla Fine stood at her husband's grave. With the rage inside of her, Fine (2000) admitted “Harry had chosen to leave me without even saying goodbye, slamming the door in my face as he departed. I felt alone and abandoned” (p. 49).

Bob Baugher is an instructor in psychology and a Certified Death Educator at Highland Community College. He is a suicide intervention trainer, a bereavement counselor, and a group facilitator. Jack Jordan is a psychologist in private practice in Boston, MA. He is the founder and director of the Suicide Grief Support Program at the Trauma Center in Allston, MA. Dr. Jordan is active in many suicide prevention organizations, and his books are recommended and available from these organizations.

Discussing the grief process and the aspect of guilt that one feels, Baugher and Jordan (2002) insisted “On some level, your loved one made a choice to end his or her suffering through suicide. We can wish with all of our heart that our loved one would have chosen differently, but that choice was still his or hers to make…” (p. 24). Referring to the enormous pain experienced after the suicide of a loved one, Baugher and Jordan (2002) wrote “Please do not make the same mistake that your loved one made” (p. 35).

Commenting about suicide survivors and their understanding about what it's like to be helpless, alone, and confused, Baugher and Jordan (2002) claimed that “Having brutally confronted the fact that some people choose to end their lives, many survivors have become clearer about their own reasons to go on living” (p. 43).

The American Foundation for Suicide Prevention [AFSP] published a handbook that contained information to help suicide survivors. This handbook was the work of the AFSP Survivor Council. In the section, Why Did This Happen?, the AFSP (n.d.) wrote “On some level, your loved one made a choice to end his or her suffering through suicide.

We can wish with all of our heart that our loved one would have chosen differently, but that choice was still his or hers to make…" [reprinted from Baugher and Jordan, 2002], (p. 4). And in the section, Additional Suggestions, the AFSP (n.d.) listed "Remember, the choice was not yours…" [reprinted from Dunne, 1987], (p. 6), [Addendum].

The American Association of Suicidology [AAS] has published numerous books and articles. This organization sponsors conventions and distributes material to help suicide survivors. In the AAS's latest suicide survivor's handbook, Jeffrey Jackson [author] has included information on different aspects of the suicide survivor's experience.

The section, Suicide is Different, describes the grief, stigma, anger, and disconnection after a suicide of a loved one. Jackson (2003) reported that "Because our loved one seems to have made a choice that is abhorrent to us…" (p. 2). In the next section, Battling Guilt, the focus was on the suicide victim and the victim being solely responsible for the suicide. Jackson (2003) noted that "however, on some level, there was a conscious choice made by that person, even if it was made with a clouded mind" (p. 17).

Another section, Acceptance, dealt with accepting a suicide as a tragic event beyond our control. Jackson (2003) believed that "Because they choose to end their lives – to our rational minds, an inconceivable act – we are now in a state of conflict with them…" (p. 24). Finally, The Suicide Survivor's Affirmation, that deals with minimizing the damage of suicide, Jackson (2003) admitted "I will never truly know all that was happening in their mind that brought them to that tragic choice" (p. 27), [Addendum II].

All of the speeches and literature about *choice* confused me. On one hand, some people and organizations indicated that suicide was a result of a mental illness, mental disorder, helplessness, hopelessness, etc. On the other hand, these people and organizations would state that the suicide victim *made his/her choice*. When someone makes a statement, *he/she made his/her choice*, this is not a *FACT*. This statement about *choice* reflects someone's *OPINION*. I believe the use of this word *choice* confuses survivors and is very much *misinterpreted by the general public and* promotes the *stigma of suicide*. So after five years, I am still confused.

The next quote is an example of a survivor that uses *non-judgmental language* when writing about suicide. A Canadian Catholic priest, Father Ron Rolheiser, demonstrates his understanding and insight in an article, *Suicide is most misunderstood of all deaths*. The following is a brief excerpt from his article. Rolheiser (1998) emphasized "A person dying of suicide, dies, as does the victim of physical illness or accident, against his or her will. People die from physical heart attacks, strokes, cancer, AIDS, and accidents. Death by suicide is the same, except that we are dealing with an emotional heart attack, an emotional stroke, emotional AIDS, emotional cancer and an emotional fatality" (*Suicide is most misunderstood of all deaths,* para. 8).

Section 2: Stigma factor

Suicide is still stigmatized and our society has not given suicide victims a *choice* to seek professional help. Even medical doctors are fearful of seeking treatment for mental

disorders. In an article, *Confronting depression and suicide in physicians: A consensus statement,* Center et al. (2003) reported "… that thirty-five percent of physicians do not have a regular source of health care, which is associated with less use of preventive medical services, supporting the observation that the medical profession does not encourage physicians to admit health vulnerabilities or seek help" (p. 8). Why? Because they may be denied the right to practice medicine by a state's licensing board. Why? Because our society still holds onto the stigma concerning mental illness. If medical doctors are reluctant to seek help, then why should we expect the average Joe to give up his reputation, livelihood, or career to seek medical or professional help?

Section 3: Suicidal mind

I have collected an astronomical number of research articles that unequivocally refute that suicide victims had a *choice*. I am listing several examples.

In a *Case Discussion,* Mark J. Goldblatt, M.D., an instructor in psychiatry at Harvard Medical School, described Scott Ames. Maltsberger, Battin, and Goldblatt (2003) argued "…that his [Scott's] cognitive function was impaired by his physical illnesses or by his depression…he was never really competent to make his own treatment decisions, because he was impaired by his mental illness" (p. 336).

Andrew Slaby, M.D., Ph.D., M.P.H., a clinical professor of psychiatry at New York University and New York Medical College, recently reviewed the book, *The noonday demon: An atlas of depression.* Slaby (2004) insisted that "People who die by suicide do not want to die; they simply want to end the pain often caused by depression. If there were another way to end the pain, they would seek it. Failing to find a source of reprieve, they become hopeless. More than depression, hopelessness predicts who will die by suicide…" (p. 11).

Kay Redfield Jamison, M.D., is a professor of psychiatry at the Johns Hopkins University School of Medicine. She has written several books on suicide and has known suicide intimately. Dr. Jamison struggled with manic-depression, and at the age of twenty-eight she tried to take her own life. Jamison (1999) emphasized "In short, when people are suicidal, their thinking is paralyzed, their options appear spare or nonexistent, their mood is despairing, and hopelessness permeates their entire mental domain. The future cannot be separated from the present, and the present is painful beyond solace" (p. 93).

The last example is a very *real*, emotional and moving description of a young man that saw no alternatives to his pain except suicide. *What if, we as survivors, were suffering the way Michael had to suffer*? Would our cognitive reasoning be normal? Would we appreciate someone assuming that our brain and mind were functioning normally?

Would we be pleased with someone who said he made his *choice* as if he were thinking clearly? *I hope not*! Each time I read Michael's letter, I cry. It reminds me of how much pain my son endured.

In *Love, Michael*, Quinnett (2004) noted "To my family:… I don't understand how a loving God would allow my head to be filled with such terrible thoughts all the time…They [medical community] did the best they could, but the doctors really don't understand what it's like to live this way 24 hours a day. This brain disease is hideous for those of us seriously affected. The genetic factor is huge. We understand so little about it. Please forgive me. I can't go on like this. It's too horrible. I'm sorry…" (p. 5).

Section 4: Positive plans for change: Offering a choice, using non-judgmental language and removing some of the stigma

In order to fully appreciate the findings and get the full impact of the following articles, one must read them carefully and completely. Presently, we have given people a *choice* concerning heart disease and other physical illnesses. Hopefully, we can give the same *choice* to those suffering with mental disorders.

A general systems approach to suicide prevention: Lessons from cardiac prevention and control is an article that explains the parallels between a cardiac care and suicide prevention model. This effort was encouraged and supported, in part, by the Suicide Prevention Research Center [SPRC] at the University of Nevada School of Medicine, Las Vegas, NV. [This model would provide those suffering from a mental illness a *choice*]. N. Sanddal, T. Sanddal, Berman, and Silverman (2003) confirmed that "Centuries of interest, intrigue, examination, and intervention concerning suicide by various scientific disciplines has only had limited results and should have by now convinced most suicidologists that a singular approach to suicide prevention is not effective. The cardiac prevention and control model may provide a useful analogy from which to generate and test initial hypotheses. Since most medical professionals are familiar with the cardiac care model, it may also serve as a referent for medical personnel who are interested in suicide prevention and control activities" (p. 350).

The Compassionate Friends' [TCF] organization demonstrated a positive change in the organization's use of judgmental language. From the article, *Compassionate friends' organization changes suicide language,* Cunningham [executive director] (1999) wrote "The Compassionate Friends, a nationwide self-help support organization for families who have experienced the death of a child, has taken a historic step to modernize the language which describes a death by suicide. The Board of Directors, encouraged by members and staff, have officially adopted the terms *died by suicide* or *died of suicide* to replace the commonly used *committed suicide* or *completed suicide*. Currently all TCF publications and presentations are being updated to reflect the new language….
Both expressions [committed suicide and completed suicide] perpetuate a stigma that is neither accurate nor relevant to today's society. We now know that many suicides are the result of brain disorders or biochemical illnesses such as clinical depression…Families who have had a child die by suicide are helped in their grief by the use of non-judgmental

language. The Compassionate Friends call on all network and print media to follow our lead by adopting the new language in reporting deaths by suicide" (paras. 1-5).

A recent review of the United States Air Force [USAF] program, *Preventing suicide*, has reduced the stigma of suicide. This program is demonstrating that suicide can be a preventable health problem. *Preventing suicide* is proving to be an example for others to emanate.

The USAF program consists of four cornerstones, and two of them will be sited. Pazur (2004) reported "REDUCING STIGMA IS KEY: Only by implementing radical change in social norms [including language] to decrease stigma around help-seeking behaviors for all members of the community can suicide be reduced. Thus the USAF program addresses overall social, behavioral and health issues not only of those at risk but of all its airmen" (p. 3).

To change the judgmental language and reduce the stigma associated with suicide, Pazur (2004) continued "LEADERSHIP IS KEY: Unless top leadership of an organization fully endorses, advocates, authorizes and mandates that suicide prevention [and language] will be a priority, prevention efforts will have limited success…. Nonetheless, the Air Force program shows that successful suicide prevention needs to come from the top down and filter through all levels of an organization or community" (p. 2).

In conclusion, I believe that the above articles speak for themselves. Judgmental words like *choice*, *decision*, etc., and phrases like *he/she made their choice* should be eliminated from the speech and literature of anyone who is concerned about suicide prevention and removing the stigma of suicide. When we can offer *help without the stigma* [e.g. the cardiac model] to those who are suffering from any kind of mental disorder, ***THEN***, we as a society will be offering a ***CHOICE*** to those who are ending their pain by suicide.

My purpose in writing this paper is not meant to discredit anyone or any organization for the positive things they have contributed to suicide prevention. I'm well aware of our first amendment rights. However, I am making a plea to the Suicide Prevention Organizations to encourage speakers to use *non-judgmental language* in their speaking. Also, I am making a plea for these organizations to stop promoting the literature of individuals who continue to use judgmental language. Please remember the TCF quote, "Families who have had a child die by suicide are helped in their grief by the use of non-judgmental language."

Finally, the three positive elements of this paper and their benefits are:

1. The *General Systems Approach* model – a blueprint to follow that would give those suffering from a mental disorder or those that are hopeless a *choice*.
2. The Compassionate Friends' bold, courageous step to use only *non-judgmental*

language in all network and print media.

3. The USAF program reducing the stigma of suicide – emphasizing leadership, especially from the top-down.

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Thank you for taking the time to read my informal paper (title page, double-spacing, etc. omitted due to emailing copies). I would appreciate any comments or suggestions. May God bless you and all of those who are involved in trying to give hope to all who are suffering from a mental disorder. May our efforts not be in vain.

Since my son's death five years ago, I have wanted to be knowledgeable about suicide. My endeavors have included: seeking information from the suicide prevention organizations, finding relevant information on the Internet, reading about the history of suicide, and studying the psychological and psychiatric aspects involved in suicide. My focus kept narrowing as I read and studied books like *The human brain* by John Nolte and the *Brain circuitry and signaling in psychiatry* by Gary Kaplan. Presently, I have finished reading the book, *The neuron: Cell and molecular biology.* The author, Irwin B. Levitan, explains how the one hundred billion plus neurons in the brain are supposed to function. I cannot list all of the possible malfunctions that could occur in the brain, but I know that our modern research technology including, the Human Genome Project and the Human Brain Project is making great advances toward finding these malfunctions and offering *hope* to all the people who are suffering with mental disorders.

I have been an educator (B.S. and M.Ed. degrees) for twenty-eight years, and my experience in education includes teaching high school, middle school, elementary school, and special education. Currently, I am the peer facilitator of a suicide survivors' support group in Chattanooga, TN. And yes, I am a survivor. I lost my precious son, Eric, on May 17, 1999. He suffered for two and one half years with undiagnosed clinical depression. Eric, this *paper* is for you and all of those who have died by suicide. Let us work *TOGETHER***!** We have much work to do!

Warmest regard,
Jimmy
Eric's dad forever (May 17, 1999)

Addendum: July 29, 2004 – The American Foundation for Suicide Prevention organization has received this paper and is sympathetic about the use of judgmental language. The AFSP is discussing with its AFSP Suicide Survivor Council ways of

changing their material to reflect sensitivity to all survivors of suicide. Let the AFSP know that you support the elimination of judgmental language.

Addendum II: January 31, 2005 – The American Association of Suicidology organization has accepted this paper to be presented at their annual conference in Broomfield, CO. I will make my presentation, *The Use of Judgmental Language*, on April 15,2005. Let the AAS know that you support the elimination of judgmental language.

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