

Sweet media death and assisted suicide: Two different experiences

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Abstract. The following essay is a reasoning concerning the assisted suicide in the media. The attempt of the essay is to create a line of flight from the mainstream argument “pro or against” suicide, the present ideological contrast that makes impossible to tell a life-script, in trying to understand why *this subject*, and not others, gives death to *Itself*, transforming, through such a gesture, he/she into *It*. This reasoning affects psychology as well as history. Particularly the historical use of the term *euthanasia* as different from *assisted suicide*. The way out from the ideological argument of being pro/against is represented by the analysis of a clinical case concerning a patient named AP.

Key Words: Assisted suicide, Mental disorder, Ethics, Media, Clinical case.

The emergence of the suicidal society

Recent years have witnessed a surge in literature concerning the end of the World (Danowski, Viveiros de Castro, 2014). This new representation of the end, as in the song “This is the end” written by the group The Doors, and used by director Francis Ford Coppola in his movie *Apocalypse Now*, is the one in which the End of the World coincides with the end of the humanity: “my only friend the end”, as in the words of the song.

We live in a period in which suicide finds a new expression in the idea that, since the end of the World is coming, the end of the Ego represents no more than a healing act to compensate not seeing the course of the events that are going to destroy the earth: the Apocalypse.

At the same time, as an event, suicide is impossible to deal with. There are at least two reasons which make it dreadful: the first is the radical and ideological contrast of two positions, “who is not with me, is against me”. The second reason, which depends on the first, is the necessity to including suicide within the dominion of singularity.

The first reason renders the second impossible. The ideological contrast makes it impossible to recount a life-script, in trying to understand why the subject (*this subject*, and not others) gives death to *Itself*, transforming, through such a gesture, he/she into *It*.

Why *Itself*, why we do not use her or himself, why do we use the capital letter in writing the word “It”, and why do we use the italic in writing *It*?

The phenomenon of death transforms a living body (*Leib*), into a corpse (*Körper*), the subject into object. The italic character marks, on paper, the difference between one condition (living) to another (the corpse).

“It” is also the correct English translation of the German word “Es”. Something which, in the psychoanalytical tradition, is used to mean an important part of the unconscious. For historical reasons, that we will not discuss here, the Latin word “Id” was preferred to “It” in the English translation of the German *Es*, in Freud’s Work (Freud, 1924).

Notwithstanding a partial overlapping of the two words, the word *It* has an importantly different

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nance compared to the Latin *Id*: *It* also means something vague or is a referent for something that happens or occurs. *It* announces an event, like: “it rains” or “it works”. In French the same word is “ça” (*ça marche*), in Spanish it seems to be “va a” (*va a funcionar*), in Italian, in many cases, “it” is not present at all, as in “it works” (*funziona*) (Bonaventura, 1938).

Such a difference in translation is very important. In fact, the Latin word *Id* means *This*: the ostensive gesture that accompanies the pronoun *This* consists in showing something specific: a specific thing, as, for example, a stone, or an inkwell.

At the very beginning of Hegel’s work *The Phenomenology of Mind* (Hegel, 1807), “this”, accompanied by the ostensive gesture, is the first step on the path of *Bewusstsein* (Awareness), the immediate, which, through the gesture, has already been surpassed through the mediation of the simple ostensive practice. The *This* is already a dialectical overcoming (*Aufhebung*), while the *It* is still, and forever will be, at my back. It is, in some way, as the final destiny of my life.

When I say: “I need this”, the *This* that I need is transcendent. The *It* is always immanent: *It* is desire (David-Menard, 2005). *It* comes before the ostension and is impossible to grasp. *It* accompanies me throughout my life, as time goes by and finally into death. As in ancient medicine there are four humors: blood, yellow bile, black bile and phlegm. Phlegm is the coldest one and represents the transition from life into death, from he/she into it, its narrative form is satire, its season is winter, when everything freezes (Barbetta, 2014).

It is not something that, through cognition, dissolves with awareness. *It* works, *It* exists, *It* is part of the reality “out there” (Pakman, 2014), although the Ego does not know *It*. The subject does not know how *It* works in theory. Subjects can only do *It* in praxis.

In his book concerning psychoanalysis, Enzo Joseph Bonaventura (2017) answers one of the major questions: how the unconscious works?

The unconscious is not awareness. Nevertheless, if the unconscious is not comparable or transformable in *Bewusstsein*, as in Hegel’s *Phenomenology of Mind*, but relates simply to life-activity, how does *It* work?

In a Freudian expression *It* shows *Itself nachträglich* (subsequently). Only post-mortem one can understand the sense of someone’s life (Kermode, 2000), so the sense of our lives dwells in the life of the others.

In the final act of Arthur Miller’s 1949 play *Death of a Salesman*, Willy Loman – the salesman – attempts to kill himself; when Willy succeeds in committing suicide, Charley, his best friend, says something that encompasses the meaning of Willy Loman’s life:

«Nobody dast blame this man. You don’t understand: Willy was a salesman. And for a salesman, there is no rock bottom to the life. He don’t put a bolt to a nut, he don’t tell you the law or give you medicine. He’s man way out there in the blue, riding on a smile and a Shoeshine. And when they start not smiling back — that’s an earthquake. And then you get yourself a couple of spots on your hat, and you’re finished. Nobody dast blame this man. A salesman is got to dream, boy. It comes with the territory» (Arthur Miller, 1949).

This makes it impossible, from a life perspective, to tell a story which tries to understand how this subject (this subject, not the other ones) give *Itself* death. In the context of radical judgement, whoever tells stories is dangerous, in stories lies the danger of doubt, dissent deviation from certitude. In suicide the life-script of the subject is under trial, two groups of lawyers clash one against the other, as in war. Justice seals the field of mercy, precludes mercy, by which we mean Shakespearean mercy, the one that seasons justice.

In the movie *Whose Life is it Anyway* (1981), by John Badham, a sculptor is left completely paralised after a car crash. In a good mental state, he is kept alive by dialysis, although an argument arises between him and the medical doctor, who wants to keep him alive against the sculptor’s will.

The M.D. invites the artist to enter into psychotherapy, the psychologist intends to help him write a biography for young artists and students, the sculptor declines. To him life and sculpture are the same things: if he cannot work, he cannot live, he should let him die. The M.D. refuses to withhold medication, he wants to save the artist's life even against the artist's own explicit will. Disagreements become stronger and stronger, and the audience tends to take one or another side, as with ideology.

The movie continues: different psychiatrists are consulted as advisers concerning the artist's mental condition. They have to determine whether the patient's condition is "major depression" or "reactive depression", presuming such diagnosis to be differential in deciding the artist's right to die. There is a trial, and the court decides the sculptor has the right to stop medication. The artist decides to go to die somewhere else, nevertheless the M.D. offers to let him stay at the hospital in order to die in the best conditions. What apparently was a strong disagreement with the M.D. strangely turns into an act of hospitality. The patient thanks the doctor and asks why he is doing it, the M.D. answers: "Because you might change your mind".

There are a lot of other films concerning the "right to die". Within the philosophical panorama, particularly in the Anglo-Saxon world, the debate on this subject has been going on over the last thirty years, maybe more. Nevertheless this movie is one of the few ones that shows the painful relationship between the two polarities of life and death; two different images of ethics. The M.D. has lost his battle, nevertheless remains close to the patient until the moment of passing, in the hope he will change his mind.

Media and suicide

This is the time of the emergence, in the media, of cases that periodically involve assisted suicide. Sometimes they are celebrities or individuals who attain celebrity after suicide, post-mortem, in media news.

Dignitas, one of the Swiss groups addressed by Italian citizens for assisted suicide, makes a distinction between assisted suicide and euthanasia. Following *Dignitas*, "euthanasia" means good death, while life and death cannot be considered good or bad as such. It is reasonable to consider death and life "beyond good and evil", nevertheless such an argument can be valid also for the term "right to die", for the same reason: life includes in itself rights, it is impossible to talk about personal rights outside of life, it makes sense for the others who remain alive, and deals with the mourning of deaths, the dignity of their funerals, the possibility of being buried in a tomb, with proper ceremonials and a proper name. With the exceptions of the burial ceremonial, in order to talk about rights one has to have a living body, the *habeas corpus*. But "habeas corpus" is a word that makes sense only in terms of a living body. We call this paradox: *the paradox of the It*. Whenever one uses the neutral pronoun It, one is already beyond the possibility of talking about life and, of course, death. *Dignitas* was founded in 1998 and at the present time has around 4.500 associates, although the number of associates increases year by year. Associates can be provided by a number of prevention services in order to help change their mind about suicide.

Not just *Dignitas*, but many associations, inside or outside Switzerland, refuse the use of the word "euthanasia" because the word recalls the eugenic practices during the Nazi period and the Western sterilization of handicapped children that resulted, during the Nazi era, in the death of disabled children and schizophrenic patients.

The name of the most important Swiss organization for assisted suicide is *Exit*, based in the German Switzerland area. *Exit* was founded in 1982, and at present has 80.000 associates. Nevertheless new clubs of this type are emerging throughout the Swiss territory.

Any association has to follow the rules and spirit of the law. And this makes sense, and is consistent, with the practice of assisted suicide. Let us take those cases of people who are disturbed

and have been stuck by a physical disease, such as the before mentioned artist in Badham's movie, or as in the Spanish movie *Mar adentro*, by Pedro Amenabar: those people, in Switzerland, have the clear right to ask for help in committing suicide. In fact, in the first instance they have the right to stop the cure, even in a Catholic country such as Italy.

Another situation is the one in which one asks assisted suicide because of the diagnosis of a pending terminal illness. It is comprehensible that a subject asks to anticipate his/her death in order not to experience physical suffering, as in the case of the Canadian movie *Les invasions barbares*, by Denys Arcand. In addition, this case could be also be provided by sufficient drugs to reduce suffering (morphine or heroine). Where the administration of these drugs is insufficient, as happens in some Italian hospitals, the consequence could be to push people to kill themselves, death for sainthood does not edify anybody besides Catholics.

Nevertheless, suicide cannot be accepted in all circumstances. Human groups, communities and societies need particular reasons for suicide to happen. There must be exceptions, certain kinds of events or rituals, some kind of singular reason for a subject for put an end to his/her life. To quote Shakespeare: "There are more things in heaven and earth, Horatio, Than are dreamt of in your philosophy" - *Hamlet* (1.5.167-8)

We are not writing here about the many possibilities that are accepted, in different cultures, for suicide, such as, for example, to preserve dignity in the face of shame (as, for example, in Japanese Seppuku), for sacrifice (as in certain religions), for love, etc., nor is our question concerned with suicide in itself.

Our question, in the present essay, is: is the public staging of suicide something that is part of the burial ceremony, or is it something that, here and now, must be introduced into such a ceremony? Is the sweet media suicide is something that belongs to the new "psychotic social system", or is it part of a normal change in our way of viewing suicide in the so-called post-modern society? Can we call the post-modern society a post-mortem society, without talking about a "psychotic society"?

Since Switzerland is a country where many assisted suicide agencies are located, let's see how such practice is regulated in that country.

In Switzerland, the end of life on demand is a crime. Assistance in a suicidal action is prosecutable only when the assistant has selfish purposes. Amendment 116 of the Swiss Penal Code enacts that whoever for selfish reasons abets someone else in committing suicide or helps her/him in this direction must be punished for at last 5 years of prison or detention in the instance when suicide has been attempted.

Under Swiss law, full capability of consent to her/his act is required in assisted suicide, and the act must be carried out following such capability. In the presence of mental disorders, when such evidence involves an applicant for assisted suicide, assisted suicide is questionable. For children, Swiss regulations do not admit any possibility of this. The Swiss Academy for Medical Science, founded in 1943, in its Ethic Directives, sets out that suicide assistance is not obligatory for the M.D.

At present times, in the face of suicide on the media, we have to consider the borders beyond which suicide should not be morally acceptable. For example: in the case of depression, is it enough, as in the movie mentioned above, to have a differential diagnosis of major depression in requesting assisted suicide?

And what about a case of anorexia? And cases such as borderline disorder or impulsive suicide, in manic disorder; is some kind of prevention necessary?

All this raises discussion concerning nosology and diagnostic categories in clinical psychology and psychiatry.

It is widely known that psychiatric categories have been used in politics to seclude people, to deny them citizenship rights, to enclose them in asylums for long periods of time, sometimes life-

long, particularly in authoritarian or totalitarian regimes. During the Fascist and Nazi regimes, whoever “is not useful for human society”, this was the political definition, should be killed with gas. Such a practice was no more than the radicalization of North America and European eugenic policies from the second half of the 20th Century. In the US, the country where the “achieved status” should prevail over the “ascribed” one, *the land of liberty*, starting from 1917, there were established anti-immigration laws and sterilization programs for people who were “potentially dangerous”, such as disabled people, “weird children”, “easy girls”, the “mentally retarded” (Barbetta, Bella, Valtellina, 2015).

After World War II, starting from the 60s, psychiatrists started to discuss “the myth of mental illness” and liberate mental disease from a potentially political use of the Asylums, recognising citizenship for psychiatric patients.

It is current news that, in Italy, the CSM (*Consiglio Superiore della Magistratura*) has emanated a disposition (19 of April 2017) in which Criminal Asylums have to be definitively closed, explicitly mentioning that the enclosure of people in asylums makes mental situation of the subject worse.

Nevertheless, even if there are no more asylums, our impression is that we are entering in a era where madness is no longer something that belongs to an individual subject, but to society.

Today it is no longer the State that decides to suppress needless people. Needless [?] is a social feeling that enters within the subject. In other words, needless is no longer something that belongs to the gaze of the Other; Big Brother has taken up a position inside the subject. As a claim of an anorectic young woman in a session: “There is a Hitler inside myself!”.

So, it is easy to shift from the right of the totalitarian State to suppress minorities, to the democratic State where, in recognising freedom for everybody, freedom for people who “feel needless” is also recognised: the freedom to commit suicide.

This it is enacted via the media society, the principal means of communication in modern society. The media show of suicide, even when understandable because of justified health reasons, is the problem we are focusing on here. This public spectacle recalls public executions, has the flavour of posing an issue of justice, of Human Rights, on one hand, and of propaganda, advertisement, on the other. It seems something that has to do with both politics and marketing at the same time.

Even though done without profit and for humanitarian reasons, selling death on the market has macabre and grotesque qualities.

A clinical case

AP is a man of 69. Married in second weddings. From the first marriage he had a daughter now 42. He has had no contact with her for many years. AP is retired.

Psychiatric Diagnosis: Recurrent Depressive Syndrome. Treatment: SSRI and regular psychotherapy.

Medical Diagnosis: Lung Adenocarcinoma at 4th stadium, pervasive visible metastatic lesions, Sleep apnea syndrome.

On August 2016 AP was hospitalised in a Swiss Hospital where, for the first time, he received the following diagnosis: Adenocarcinoma at 4th stadium metastasized. During the sessions over these days he was aware of the severe situation he was facing. Pelvis and thighbone “are fragmented”, he said. Suddenly AP declared: “If it were not for my father and wife I would have wanted out”, his wife said “AP is my whole life... if he goes, I’m going as well”.

A month later, AP underwent a pelvic reconstruction. He regained mobility and his mood improved, with new hope for the future. For six months he passed a positive period of life. Then he had a new fMRI scan which revealed the presence of new metastasis, and with the associated angst of being paralyzed and mentally incapacitated.

AP underwent radiotherapy, but suffering increased and progressively reduced his autonomy. A month later the oncological situation became dramatic, with metastasis throughout the body, brain included. The autonomy of AP was lessening: he could not walk and the pain was unbearable. The presence of his father, who was 93, helped maintain his connection with life. A few days later, his father died and AP grew insistent in his desire to put an end to his life.

The Oncological Institute of the Italian Switzerland (IOSI), where AP was admitted, supported his request, facilitating contact with Exit, supplying a prescription for Pentobarbital:

«AP is suffering a lot, I cannot imagine how much, but it is up to him, I cannot do it... It is his decision. He is not functioning any more, because this bastard cancer is spreading faster and faster. Last Wednesday, I was able to help him to reach the toilet, he was walking. By Friday he was incapable of walking. Two of us were able to put him in an wheelchair to bring him to the car to get to the hospital... he already had a bad paraparesis, which condition has continued since Saturday. He cannot move and his right leg is lifeless, as is also the left one now, which was operated on but will lose sensitivity and responsiveness. The urinary apparatus is also blocked, and when they put the catheter on him, he released almost one gallon of water».

Theses were the words of AP's wife two days before the assisted suicide.

AP's mental state has remained constantly clear, with no further signs of angst or depression; he has simply expressed an informed choice regarding the desire of put an end to his life through assisted suicide. AP's wife has remained close to her husband, with no expression of angst nor any attempt to make him alter his decision. They spent the final days of their life together 24 hours a day in a room in the Oncological Institute hospital ward. On the day before the assisted suicide, AP showed dignity, emotional interactiveness, sensitivity, strength. He recalled the most important moments in his life, he was able to apologize and was able to reconcile himself in his mind with his father. AP asked his wife to inform his 42-year-old daughter, who he did not want to involve in his disease, the day after his death.

AP looked the others the eye, expressed feelings and words, he felt his wife's energy in supporting him. Peacefully and intensely AP said farewell to life. AP quitted his his life on a Saturday at 4 PM. On this day, AP drank Pentobarbital.

His wife took some months to deal with everything suspended during the illness, absolutely convinced she would join her husband through her own assisted suicide.

AP was able to choose assisted suicide because he demonstrated no egoistic intention, and had no other possibility of an oncologic cure. He always showed a full mental capacity.

Compared to AP's situation, his wife's condition was entirely different. In order to obtain authorization for assisted suicide, more than one symptom of metabolic disease would have to be present. However, she was suffering from no disease defined as incurable from a medical point of view. Even though she was experiencing major depression, at a level that might potentially be described as incurable, she faced a large number of legal obstacles in wanting to be admitted into a program of assisted suicide. What would happen to AP's wife if she were not be admitted into a program of assisted suicide? Would she kill herself?

The controversy on suicide is religious, philosophical, political and historical, and we do not claim here to solve it in any way. Neither shall we discuss the right to die of a person who has a terminal illness or a completely invalidating disease. Although the majority of general practioners and nurses in Switzerland, and a large number of them in Italy, agree with the practice of assisted suicide in cases such as oncological or neuro-vegetative disease, opinion concerning assisted suicide in the presence of severe mental disorder switches dramatically to the opposite position. Why?

Our focus is on two main questions. Firstly: is mental disorder, at least in some extreme case, to

be considered a terminal disease or a completely invalidating illness? In such a case, all discussion over the last fifty years, at least, between libertarian anti-psychiatrists and conservative bio-medical-psychiatrists concerning mental disorders must be reversed. We are dealing with a kind of oxymoron: conservatives, who usually are against suicide, consider the biologically invalidating state of major depression to justify assisted suicide, as, for example, in the case of complete motor paralysis. Libertarian anti-psychiatrists, who consider mental illness to be a myth (Szasz, 2010), should reject any possibility of assisted suicide in cases where there is no disease at all. Even though they usually recognise suicide as a “free choice”. Suicide, but not assisted suicide.

Secondly, what is the purpose of the public exhibition of suicide in the media, although assisted in a clinic? Is it a moral issue? Does it represent some form of moral claim concerning the right to die under certain circumstances? Or is it a macabre marketing practice? Why does the media feel the need to show it so frequently and not to show the surgical intervention of Mrs. X, the vaccination practices of Mr. Y, or some other medical practice?

A new investigation on the topic of assisted suicide (Kim, De Vries & Peteet, 2016) analysed 66 dossiers of patients in the Netherlands. These patients were all allowed to participate in a program of assisted suicide between 2011 and 2014. The subjects were diagnosed with severe and chronic psychiatric disorders (major depression, very severe anxiety disorders, psychosis, addiction, consequences of trauma, etc.). All patients were resistant to any kind of treatment, 80% of them were hospitalised repeated times, and all of them had attempted suicide. The majority of them reported solitude and a lack of any relationship with family members or friends. All of them were considered fully mentally capable, all expressed a wish to die, to put an end to their lives. Each considered her/his own life during recent years to have been a prolonged agony.

The moral issue arising from this investigation is: is it possible, at juridical level, for the State to authorize assisted suicide in relation to specifically psychic (or moral) suffering, and not exclusively for severe permanent invalidating or terminal bodily disease?

We are faced with the choice of whether or not to consider psychological (moral?) suffering as a basis on which an individual might be admitted for assisted suicide. Although no biological data, or neuroimaging exams can demonstrate the “material” existence of such suffering, can society consider the possibility of assisted suicide in these cases?

To sum up, it seems to us the two positions conflict. One claims, more or less: suffering depends on severe psychiatric disorders and sufferers deserve the same treatment as other comparable medical conditions. The other position claims: this is moral grief, it is something that cannot be legislated for by the State, that even though not against suicidal practices, “assistance” in suicide, as a legal practice, should not be permitted through the risk of reintroducing something similar to euthanasia.

For a large number of people, even for many practitioners, psychiatric disorders are confused with a “deficit of will”, as in a certain historical tradition of psychiatry (Janet, 1929/2005), or self-deception (Fowler, 1869). So assisted suicide in psychology and psychiatry is still controversial. Even in the Netherland, where euthanasia is authorised, only 30% of practitioners agree with the practice of assisted suicide.

In term of public health there are still many question to be raised

1. How to conciliate, with the same State and with the same legislation, assisted suicide and suicide prevention.

2. Is there any impact of a legal euthanasia or a legal program of assisted suicide on suicidal averages in a given country?

3. Legal suicide is considered more acceptable in places where the Catholic Church has less influence, yet what does this mean at present times, when people who commit suicide are allowed a regular religious funeral by the Catholic Church, and why in Catholic countries is difficult to have

proper medication for reducing pain?

4. The Jewish Conservative Committee stated, in 1998 that proper response to pain should not be suicide, but pain control with pain medication. Many doctors, it asserts, are deliberately keeping such patients in pain by refusing to administer sufficient pain medications: some out of ignorance; others to avoid possible drug addiction; others from a misguided sense of stoicism. For what reason?

“Some of these reasons, as written in Conservative Judaism, are less than noble, involving, for example, children's desires to see Mom or Dad die with dispatch so as not to squander their inheritance on 'futile' health care, or the desire of insurance companies to spend as little money as possible on the terminally ill.”

It is difficult to make objection to this position. From this post-modernity, a fixation on usefulness persists in the unconscious. A usefulness that no longer exists, a hidden God who cannot be reached. For the sake of usefulness people consume psycho-stimulants, perform fifteen hours a day, their income is cut, they die. All for a usefulness that is never achieved. Like an exhausting sexual act, in which one frantically attempts to reach an orgasm that, inevitably, will never be achieved, as in a play by Beckett. And everyone talks about the “right to die”, nobody mentions the the sacred “right to be lazy”.

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