Choosing to Live or Die

A letter to The Psychologist

concerning the BPS Position Statement Understanding and Preventing suicide: A Psychological Perspective

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Suicidality – what is ‘help’?

The BPS Position Statement Understanding and Preventing suicide: A Psychological Perspective (http://tinyurl.com/bpssuicide) (to which attention is drawn in the November issue of The Psychologist) may appear to be benign. But, in reality, it further marginalises the increasing number of people who, while still of sound mind, wish to choose to die by a means of their own choosing. It’s tone and approach supports those, including often incomprehensibly vicious police, who feel they have a right to impose, on others, by force if necessary, activities which they believe to be good and right (often claiming that they are in the recipients’ best interests) without regard for many of the consequences for those concerned. The right to life has become, not merely corrupted into a requirement to live (under any circumstances), but also into policies to further constrict access to arrangements which would enable those who wish to die in their own way to do just that. (For example, access to drugs and deployable bridges is to be further restricted.) There is no reference to the demeaning and degrading conditions in which many of those forced to stay alive are required to live. The degrading conditions in which many older people are forced to live out their lives in state-mandated regimes of “care” are becoming well know. But they are hardly better than the life styles imposed on many by the destitution manufactured by the “benefits” system. As psychologists, we would do better to examine and challenge the thoughtways and processes which promote these conditions rather than promoting psycho-medical “cures” for the problems they create at an individual level. How does the way we organise work and society promote isolation, depression, and numerous other “medical” conditions? More basically still, we would do better to examine the social processes which so often corrupt what appear to be well-intentioned social policies into their opposites: How a does a right to “education” and personal development become a compulsion to submit to endless destructive treatments at the hands of “welfare” agencies? How does a right to work become a compulsion to spend ones time applying for non-existent zero-hours contract jobs and ones days travelling to those workplaces? One could have hoped for a more balanced statement – preferably one avoiding the pejorative and prejudicial term “suicide” itself. While the majority of the population support a right to die by a means of one’s own choosing (and obtain assistance in so doing), there is much less support for the notion of assisted suicide. It is extraordinary that psychologists are much more willing to go to great lengths to provide services to “help” people to stay alive even if they wish to die than to help them to die in a manner of their own choosing if they wish so to do. In like manner they are more willing to provide services to help adjust pupils to destructive school systems than they are to embrace the task of modifying the “educational” system so that it caters more adequately for a cross-section of pupils.