

Purple and Turquoise Ribbons



Are all psychiatrists careful, having heard so many horrors that our patients have endured? Or is it just me? Near our South Side Chicago home, our family stays in after dark, takes certain roads, and avoids others. We've got a guard dog (actually a gentle, deaf dog, but we tried), antibacterial soap, organic everything, a carbon monoxide detector and fire and burglar alarms, and so on. No padded suits or football helmets on the kids, but I've thought about it. Why expose children to danger or to life's dark side? Why not let kids be kids—for one sweet, fleeting-as-floating-dandelion-fluff childhood minute? Or at least, I tried.

On a weekend away in an idyllic town, my family soaked up peace, love, and joy. *Remember this moment, kids*, I wished, as we traipsed down a winding path. My husband and I held hands and walked a few steps ahead. *Thank goodness.*

We blocked the kids' view, but our children heard the shatteringly loud thwack. My husband yelled, "Kids back!" as he and I surged toward the crumpled, aged form, neck at an odd angle. A man had swan-dived from the tall building next to the path, and almost onto my family. I knew better than to move him and ran on to security, "Ambulance! ... Help!"

My husband shook violently. He saw and still sees the horror over and over, forged into his brain more permanently than our wedding day, because that's how traumatic memories are stored. My kids will likely remember this most clearly of any childhood moments. Suicide is hideous and NOT solitary. Suicide looks nothing like its widespread portrayal in opera or other arts (1). No Ophelia was on that path. No Romeo and Juliet. *Just my kids.*

As a psychiatrist, I've seen how biologically rooted and ferocious suicidal impulses can be. While aggressively treating contributing psychiatric illnesses, I've repeated our all-important messages to those who are dangerously struggling—"stay in treatment," "increase treatment," "call 911," "see a psychiatrist," "call a therapist," "walk into any emergency room," "call the suicide hotline (1-800-273-8255)," "talk to loved ones," "reach out"—again and again.

Despite our work, though, suicide remains a leading cause of death in America, taking tens of thousands of lives each year, more than the number of people killed by car accidents and double those murdered. Worldwide the number of suicides is, unthinkably, more than 800,000 yearly (2, 3).

The survivors, family and friends close to those who die by suicide, suffer unimaginably. And about half of psychiatrists lose a patient to suicide, with about a third of us subsequently experiencing mood and sleep disturbances, or even severe distress (4–7). Then there are the little-discussed random persons

affected—bystanders like my family, medical students, residents, nurses, police, and so on. The security responder at our horrific scene trembled, held hands over her face, and said over and over, “I’m messed up.”

Yet where is the awareness of suicide’s vast brutality? Many people have pink ribbon images on their jewelry, pens, or whatnots advocating for breast cancer awareness. But who has purple and turquoise suicide prevention ribbons? Who even knew the color of the ribbon? Who even knew there *was* a ribbon?

Where is the vast public conversation about this massive destructive force? I wonder if the discussion is muted partly due to meticulous attempts to follow the detailed NIMH media guidelines, intended to avoid glamorizing suicides and so avoid copycat suicides—tragic and well-documented phenomena. However, perhaps the muted reporting unintentionally also sometimes quiets crucial discussions about suicide’s gruesome reality and cost.

The only tiny news article I found about the suicide witnessed by my family read as neat and tidy as hospital corners. The man might as well have strolled out of the shiny life exit door, without a blemish on him or on anyone else. NOT what happened. His death, in my opinion, was romanticized by underreporting, with too little information shared.

Conversation around the ugliness and violence of suicide is inhibited by far more than guidelines and fear of copycats, though. There are numerous additional obstacles to forthright discussion, including profoundly troubling questions. How can we talk about suicide without offending heart-broken survivors? Without causing more pain to those currently suffering and suicidal? Without offending?

Yet, suicides in recent years *increased* (8). So perhaps it is time to reexamine our public conversation. And to make clear suicide is NEVER a spotless footnote. NEVER a clean exit. NEVER a sidebar.

In my practice, while some patients with suicidal inclinations were angry and longed to lash out, so many others were gentle souls who never purposefully would leave train wrecks behind. Would any such gentle souls reconsider, or at least pause, if they were made more aware of how hideous and violent suicide is? Could more truth buy any individuals precious, life-saving time? Should we wear purple and turquoise ribbons?

*Where is the vast public conversation
about this massive destructive force?*

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JENNIFER BREMER, M.D.

Address correspondence to Dr. Bremer (jbremermd@gmail.com). *Introspection* accepted for publication June 2014 (doi: 10.1176/appi.ajp.2014.14060777).