

## **How Would You Listen to the Person on the Roof?**

### **A Response to H. Omer and A. Elitzur**

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“What would you say to the person on the roof” is an important text that is theoretically substantiated and practically useful. The person below should be equipped with these measures when facing the person on the roof in his or her struggle between life and death. In this narrative the authors describe the mental state of the person on the roof in a sensitive manner that demonstrates a deep understanding of the critical and fragile existential balance up there on the roof.

Omer and Elitzur’s departing point is that a moment before the suicide the person’s mental state is one of fierce, unstable conflicts, and that it is this mental state that offers us the opportunity, as well as grants us the legitimacy, to try and intervene in favor of life. This point raised by the authors indeed touches the heart of the matter: A person about to jump, as any other suicidal person, experiences the conflict between the desire to live and the desire to die. Even at this moment the decision is not final. There have been numerous examples of people who committed suicide and who managed in their last gasp of air to whisper: “Don’t let me die.”

The textual structure of the narrative that emphasizes, at first, the identifying position and only later introduces the confrontative position appeals to me as well. Obviously, the best way to the heart of any person in distress is by building the relationship on the basis of empathy and the extension of a human hand beyond the barrier of loneliness in an attempt to reach out to the hurting person. Only after this initial step is carried through is it possible to confront the destructive elements of the suicidal person while maintaining the empathic relationship.

I find the authors’ attempt to weave a common conspiracy against the seductive and tempting death to be quite appropriate as well. This part of the narrative reflects the affair

the suicidal person has with death and the burden of beliefs that he or she tends to project onto the total annihilation, such as the hope for a better “future.” Against the position that emphasizes the positive aspects of death, the confrontative position addresses the possible “future selves” that will cease to exist along with the present self.

However, strategically speaking I would build the narrative somewhat differently. Empathy, in essence, is the ability to understand the painful experience of the suffering others, as that person experiences it. Presenting the pain of the person on the roof from the perspective of the person below does not suffice. Elitzur and Omer’s narrative is based on the assumption that they understand the essence of the suicidal person’s pain drawing from their own subjective experiences and knowledge on unbearable suffering. Their underlying assumption is that people share a common experience of existing and suffering that is greater than the possible idiosyncratic differences among people. The “I know how you feel” position that the narrative offers as a bridge to the suicidal person seems to represent the subjective experience of both the savior and the person in distress. However, I would argue that the subjective experience of the suicidal person and the savior must be different even if the savior had supposedly experienced similar feelings in the past. Surely, the basis for a relationship and empathic understanding between two people is built upon the ability of one side to reach into his or her own painful experiences in order to participate in the painful experience of the other. But the enthusiasm to understand the other based on the subjective experiences of the self, projecting this understanding onto the other so eagerly and rapidly, may fail to hit the target and may cause the person on the roof to feel completely misunderstood. Consequently, a text of “I know how you feel” may actually increase feelings of alienation and withdrawal.

At times, the persons on the roof grant us the opportunity to talk to them, not necessarily to hear convincing arguments in favor of life, but rather so they may prove to themselves that their life is indeed pointless. This may aid the cutting of the few final strings that may still attach them to life. The suicidal persons may do so in order to hear others verbalize the arguments that they already know and have repeated to themselves many times in the past. When the person on the roof reaches the conclusion that nothing new has been said and that the same known arguments have been reiterated, he or she may feel even more convinced in the decision to end life. If we address this person when we are

armed only with our own narrative without trying to listen to the other's personal story, we are taking the risk that our efforts may actually backfire and reinforce the suicidal decision. For example, if this person has already been experiencing his or her existence as a burden that imposes unnecessary hardship onto others, trying to persuade this person to choose life in order not to inflict pain on his or her loved ones is hardly what he or she would want to hear when caught between life and death.

The proposed narrative lacks the voice and the personal expression of suffering of the person on the roof. Even the part that represents the empathic position is based on the pain and experiences of the savior and not the about-to-be saved. Although it is based on much of what we know on the pain and mental state of a suicidal person, it does not necessarily represent the state of the specific person on the roof.

An important step to take at such an hour would be to hear the narrative of the person on the roof. It would seem necessary to try and find a way to summon the pain from within: How did things get so hopeless? What brought you to hit the bottom of the barrel? How did you lose the flavor of life? What pain are you fleeing from now? What is your unbearable pain? In other words, part of our narrative must include the attempt to let the person on the roof voice his or her pain according to his or her unique character and preference. We must try and learn all of this in the few moments of conversation that we have. Among those words the suicidal person decides to share with us in this most uncomfortable dialogue, we must look for the words that are most charged, the names of the most important people, the specific feelings of loss, and from this point try to find the hidden paths that may lead to his or her pain. Moreover, Shneidman (1982) contends that the suicidal person is overwhelmed by perturbation. The most immediate way for relief is to find a way to reduce this perturbation. I believe that this reduction of tension can only be achieved through emotional relief. Elitzur and Omer eloquently describe how to reach the logic of the suicidal person; however, logic may not be the dominant aspect in this person's decision making at such a critical moment. Emotional relief may be able to make room in the turbulent inner space and to ease the painful burden. The empathic understanding of the suicidal person's story is what may dissolve the barrier of loneliness and enable someone else to join and share the solitude.

The principle I myself employ in my therapeutic work with potentially suicidal people is extreme empathy on the verge of total identification. In any possible way I try to understand how this person reached the end of the road and the experience of a dead end. I try to see things so that I will also feel that the conditions, circumstances, and internal experiences of the suicidal person would lead me to feel that there is no way out and that the only possible reaction is despair. This, of course, does not connote agreement with the person with suicidal intentions, but rather a way to look at his or her life and on his or her unique experiences. As a tactic, I ask the suicidal person to actually convince me that suicide is the only solution left. My emotional “agreement” with the patient may open the inner gates of hope and change. The immediate result of this approach is participation in the experience and dissolution of the feelings of loneliness. This is also the key, in my eyes, to a better understanding of the suffering other, and it is this understanding which is the essence of empathy.

This approach is fundamentally different and even opposite to many therapeutic approaches whose goal is indeed to convince the suicidal person not to take his or her life (to sign a contract, to convince with optimism, to postpone the act, to solve troubling problems rapidly). I am not at all opposed to these approaches, but I don’t believe they are exclusive or even most important.

What Szasz’s (1961) writings actual mean to me is that it is our duty to see that the suicidal person’s right emanates from his or her unbearable pain and that only the ability to understand and to address this pain grants us the basis for intervention.

Another issue emerging from Elitzur and Omer’s narrative is the promise to aid the suicidal person in finding solutions when solutions are possible, to stand by his or her side in the just struggle and continue to fight for an urgent need. Here they insinuate that suicide is often caused by certain external conditions. External conditions have an important place in the decision to commit suicide, but certainly not the most important. The psychological occurrence stands at the basis of the suicidal intention. For example, I don’t think that a student who has already been expelled from college will be influenced in any way by a promise to be given another chance. It is not the failure itself that leads to suicide, but rather its meaning. The shattering of the dream of life in reality is not but a reflection of the

shattered dream in the heart of the suicidal person. The retrieval of the loss in reality does not restore mental peace. The shame, guilt, disappointment, and anger do not dissipate once the “just cause” has been achieved. Truly, we may sometimes hear the person on the roof say “either or” and the assumption is that once reality addresses his or her expectations, the suicidal ideation will dissipate. For most suicidal persons it no longer matters which change might take place now in reality once they are already up there.

The person about to commit suicide suffers from unbearable mental pain (Shneidman, 1993) and he or she feels that his or her most important need has been frustrated and blocked or that the most precious thing in life has been lost and, therefore, life is pointless. It seems to me that in light of this mental state, the way in which we may help is not by promising our support for a just battle, but by searching for the loose ends that may lead us to the unsolvable problem and to the internal entanglement. The loose ends in the case of the expelled student are the feelings of shame and disappointment that he feels and not a promise that he may see as coming out of pity or submission to blackmail. In any case, be the loose end what it may, we must search for it in the suicidal person’s narrative and not in ours.

To make my case, I take the liberty of citing a therapeutic story I heard about Michenbaum (M. Israelashvili, personal communication, 1999). He was the therapist of a woman whose son was killed while playing with his father’s pistol. The woman became suicidal and informed her therapist very clearly that she feels that her son is calling her to join him and that this is exactly what she plans on doing. What did Michenbaum tell the woman on the roof? He said that he believes that there are many ways to reach her son and be with him. One way, as she proposed, is to join him physically. However, there is also another way: you can join him spiritually. Many children in the world continue to die because of such accidents. Something has to be done to prevent this. If you can do something about this and save even one child, you will feel that your son is with you and that you are with your son. Needless to say, the woman “came off the roof” at that instant.

We are not always able to be as resourceful as Michenbaum was, penetrating so empathetically the suicidal person’s narrative that reflects identification as well as confrontation and the beginning of finding a solution. However, sensitive listening at least

gives us a chance. A narrative similar to Michenbaum's which I experienced was with a "person on the roof" determined to die because of guilt for the death of another. Beneath the story he told I was able to detect another story in which he felt victimized by the situation with nobody else able to tell. Rather than trying to convince him that he must be exaggerating in his perception of responsibility, I told him that I hear in his story that nobody could see that he was also a victim of this situation. At that point the first thread was drawn that would weave the bridge between us. The ability to touch the heart of the pain embodies the "promise" for better coping with a problem that the suicidal person is so eager to solve. In fact, this ability entails the initial solution to a problem that does not seem solvable from the suicidal person's perspective.

If, for no better option, there seems to be no way to reach the suicidal person's narrative and we are left to guess it, then I would suggest the narrative of loss as the best option. Every suicide is related to some loss: the loss of a loved one, the loss of esteem, self-image, some part or other of the self, a dream, position, property, or part of the body. The common denominator to the suicidal person's feelings of grief to these losses is fear, or even better terror, that without restoring the loss there is no point to life and no chance for happiness. The experience of loss is also a universal experience through which the person below may initiate an empathic relationship with the person on the roof.

## References

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