

What Would You Say to the Person on the Roof? A Suicide Prevention Text

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Abstract: The purpose of this anti-suicide text is to provide potential helpers (professional and lay) with clear guidelines for communicating with a declared suicidal person, particularly in real-time situations, when time is crucial and the act cannot be physically prevented. The text may also have a preventative effect when diffused to the wide public as an anonymous address to potential suicides.

Se te queres matar, por que não te queres matar?
(If you want to kill yourself, why don't you want to kill yourself?)
Fernando Pessoa

Among all crises faced by helping professionals, none is more urgent than the suicidal crisis. Psychologists, social workers, psychiatrists and educators are often helpless before the declared suicide, for therapy and counseling require time for building up a relationship and unfolding an open dialogue. These requirements are often unrealistic in a situation which, particularly in its final phase, may rush with lightning speed to its tragic conclusion.

A number of suicide cases that have recently come to our attention underline this professional helplessness with painful clarity. In two such cases, the suicidal persons (a young man and a young woman in military service) locked themselves up with a gun after declaring the intention of committing suicide. Both killed themselves after an interval (of fifteen minutes and three hours, respectively), during which a number of people (professional and lay) tried vainly to dissuade them. In our talks with some of these helpers, it became clear that they had no guidelines or concepts that could help

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them communicate with the suicide under such circumstances. To be sure, they did the best they could, according to their common-sense and clinical intuition, but to no avail. No wonder they carry the burden of their failure with a very heavy heart.

Is it possible to create a reference text for dissuading potential suicides from realizing their intent? Such a text should rest upon up-to-date clinical knowledge and suicide research. At the same time, it should be simple enough to be useful under conditions of extreme urgency and emotional pressure. In this article, we shall propose such a text.

Basic Principles

Our endeavor hinges on a crucial question: Does the vast body of knowledge on suicide point to any features that characterize the majority of suicides? To be sure, most attempts to depict the factors involved in suicide disclose a rich complexity. There have been attempts to unify this complexity by means of hypothesized deeper-lying intrapsychic commonalities (Maltzberger, 1993) or by means of an integrative weighing-up of the possible psychic structures or deep-lying motives involved in suicide (Maltzberger, 1992). Such endeavors might contribute to our ability to understand and treat the suicide. However, the kind of commonality that would help us formulate an anti-suicide basic text, is the one that deals with the suicide's directly experienced attitudes towards death, or in other words, his or her "reasons for living and reasons for dying" (Jobes and Mann, 1999; Orbach *et al.*, 1991; Orbach *et al.*, 1993; Orbach *et al.*, 1999). Can we, even at the price of a certain simplification, point to some such phenomenological commonalities?

The answer, surprisingly, is yes (Shneidman, 1985; Shneidman, Farberow and Litman, 1976). Two processes have been often mentioned as almost universally present in the mind of the suicide, particularly in the crucial final phase.

First, the suicide nearly always feels isolated and cut-off. He or she is, as it were, beyond help. In this sense, the suicidal act stems from a sense of absolute aloneness. This aloneness is, in a sort of vicious circle, intensified by the suicide's own attitude: The

more serious the suicidal intention, the stronger the refusal to accept external help. In the suicide's mind, nobody can fathom his or her suffering; nobody was ever so depressed, despairing, humiliated, betrayed or enraged; nobody can really understand what he or she is going through. Worse, so the suicide feels, the helper's attempt to prevent the planned suicide can only perpetuate the suffering. Therefore, the helper should be best kept at arm's length. The suicide, therefore, remains alone, both out of choice and out of the others' apparent incapacity to understand.

Second, the suicide's perception of the world is drastically narrowed. As the end approaches, the suicide develops a tunnel vision quite impermeable to external influence. For a person whose finger gets caught in a vice, the whole world narrows down to the finger and the vice. Similarly for the suicide: the world and the pain are one, and nothing else matters.

These two processes do not, of course, exhaust the innumerable factors that play a role in suicide. Nevertheless, we may assert that the sense of isolation and the narrowing of perspective are probably the most general and characteristic elements of suicidal phenomenology. As such, they offer us a fairly wide base for the grounding of our anti-suicide address.

From these two characteristics, we may draw two guidelines, based on two complementary attitudes:

a) The participant attitude. The helper (we shall so name the person who makes the dissuasive attempt) should manifest an attitude that is fully empathic to the suicide's pain and plight. This attitude is the proper response to the suicide's sense of isolation. The participant attitude contrasts with an attitude of strict confrontation, in which the would-be helper tells the suicide that the intended act is wrong and unacceptable. As we shall see, challenging is crucial, but if the helper's attitude consists only in that, it is bound to fail. Beforehand, the helper must position him or herself at the suicide's side, so as to

allay, even if minimally³, the suicide's sense of isolation. To this end, the helper should adopt a clear participant attitude, even to the extent of confirming the suicide's right to the feeling that death seems the only possible option. Only thus can we hope that the suicide will listen to whatever else the helper may say.

b) The challenging attitude. After the helper has positioned himself or herself at the suicide's side (by means of the participant attitude), comes the time for voicing, strongly and clearly, the anti-suicidal position. This is the time to raise the issues to which the suicide, in his or her narrow vision, is momentarily blind: the suffering of the dear ones who are left behind, the availability of other options to cope with the distress, the eventual abatement of the pain and the possibility that the suicidal intention rests on a mistake (Elitzur, 1992; 1995). Whereas the participant attitude counters the suicide's sense of isolation, the challenging attitude is an attempt to deal with the suicide's tunnel vision. The challenging attitude contrasts with the tendency of many would-be helpers to remain satisfied with the mere expression of understanding and empathy without any clear attempt to bring to the suicide's mind anti-suicide messages. This bland attitude in any case is quite atypical for workers in the field of crisis intervention.

The participant and challenging attitudes lie in a dialectical relation to each other: the more one participates, the greater one's ability to challenge, and vice-versa. Thus, in placing ourselves by the suicide's side and expressing our empathic understanding of the suicidal attitude, we shall be gaining the suicide's attention for the anti-suicidal messages as well. Conversely, in daring to challenge the suicidal intention, we shall be showing that our support is not the inane confirmation of an invariably acceptant yes-sayer, but the more meaningful endorsement of someone who also dares to oppose.

In our address we should bear in mind that the suicide, in spite of his or her narrowness of vision and despair, is no solipsist for whom the external world has stopped

³This "minimal" difference may be all important. In the congress of the suicide's mind, there are still voices against the act, as can be gathered from the fact that suicide has not yet been committed. Allaying, even minimally, the suicide's isolation may then have the effect of strengthening the voices favorable to

existing. On the contrary, many suicides leave notes and take great care to leave a positive impression upon those who are left behind. This chink in the suicidal armor may offer an invaluable opening for the potential helper.

The Case for an Anti-Suicide Text

To the best of our knowledge, there is no example in the professional literature of a text upon which helpers may base their address to the potential suicide. One might justify this absence by arguing that, since each suicidal case is unique, no such text can be of general relevance. This objection, however, is unjustified. Firstly, a basic anti-suicide text would facilitate the *ad hoc* formulation of individual versions tailored to the particularities of each case. A similar process exists, for instance, in hypnotherapy, where basic texts are of great help in the practitioner's formation. Far from being rigidly repeated, once mastered, they actually increase the therapist's flexibility in evolving new texts or adapting the extant ones to each client's special needs. A basic anti-suicide text can therefore prove useful in a variety of cases. Secondly, situations of extreme stress elicit similar reactions. Trotsky (1932) once remarked that people react in highly peculiar ways when tickled by a feather but in highly similar ones when burned with a red-hot iron. The same holds for mental suffering: in spite of individual differences, the agony of the suicidal crisis makes for great similarity between suicides. This similarity, as exemplified in the almost universal phenomena of the suicide's sense of isolation and narrowed perspective, would, all by itself, justify the formulation of a basic text.

Another psychological objection to an explicit anti-suicide text stems from the aversion of many helping professionals to all persuasive attempts. The abstention from all judgment is often viewed as one of the essential characteristics of the therapeutic attitude. This stance, however, is obviously out of place with the suicidal person. Most people (we included) would feel totally justified, or even obliged, to stop a suicidal attempt even by physical means. In many countries, a person who is capable of

life. On the other hand, increasing, even minimally, the suicide's isolation, by means of a detached or a purely confrontative attitude, may have the effect of strengthening the voices favorable to death.

preventing death and abstains from so doing is guilty of a criminal offense. It is this special status of life-and-death crises that lends the moral and professional justification for the utilization of the most powerful persuasive messages.

For these reasons, we have composed the anti-suicide text proposed here. In what follows, the anti-suicide text is printed in italics, with interspersed comments in regular characters. We present this text as an invitation for comments and suggestions, as well as a base from which individualized versions can be developed. Each paragraph in the text should thus be viewed as a proposal which the reader may decide to accept or to reject. The helper should also try to tailor the text to the listener's assumed level of verbal sophistication. The present text has a fairly sophisticated suicide in mind (our imagined counterpart was a young Israeli poet). In many cases a simpler language should be preferred.

We believe that a good acquaintance with the text may serve would-be helpers in handling widely different personal responses, including the extreme cases of a potential suicide who refuses to talk and the one who keeps interrupting the helper. For, with the mute suicide, the text may enable the helper to go on speaking for so long as it takes for some kind of response to become manifest, whereas with the agitated or disruptive suicide, the text may serve as a guideline that allows the helper to protect the message from fragmentation. In effect, teaching aids for potential helpers have usually been based on an ongoing interaction. The assumption was that each intervention or response from the helper would only make sense with regard to a given reaction or stimulus from the suicide. However, a number of suicides immerse themselves in silence or speak only in gruff monosyllables. To relate to such cases, a text such as the present could be of value.

An Anti-Suicidal Text

The text is divided in two parts: the first expresses the participant attitude and the second, the challenging one.

A

Hello. My name is so and so. What is yours?

The few questions to the suicide that we included in the text are not necessarily the ones that should be made (in each case, different questions might be appropriate), but indicate the helper's attempts to create a dialogue, however minimal. The importance of one's name cannot be overstressed. Addressing the person by his or her name may contribute to the overcoming of alienation. We have chosen the name Ron, in memory of the Israeli poet Ron Adler, who killed himself in 1976 at the age of 19.

Hello, Ron. I am here to talk to you. I hope I will be able to speak in favor of the side within you that still wants to live.

In any court of justice, even in a totalitarian state, every person is entitled to a defense, whereas you have appointed yourself as prosecutor, judge and executioner, all in one. I, therefore, demand the right to speak in your defense.

So long as the person has not put an end to his or her life, we must assume that the wish to live is present. The verses of Fernando Pessoa that we have quoted as a motto to this article illustrate this ambiguity most pithily. In a similar vein, Shneidman (1985) wrote, metaphorically, of "the congress of the mind" that holds sway in the mind of the suicide. This image is a hopeful one, as it suggests that life may win, even if it is only a narrow majority of the "inner voices" that vote in its favor. Orbach *et al.* (1991) have demonstrated in great detail the bewildering conflicts inherent in the suicidal mind even in the terminal stage, such as intense fears of death alongside the strong attraction to it. The helper's aim is thus not so much to swing the whole pendulum from death to life (a presumptuous goal), but to achieve the small change that may tip the balance in the desired direction.

First of all, let me say that I understand that you are now at the very limit of the human capacity for endurance. The pain you are feeling is huge. I truly believe that your

suffering is extreme and that the situation feels absolutely unbearable. It is a suffering that cannot be overcome, laid aside or forgotten. This unbearable suffering, this inhuman pain, must be stopped. Perhaps you also feel tired and weakened from the fight against forces that are too strong for you, against the ill-luck and the cruelty of your life.

I acknowledge your deep pain. I accept your feeling of no solution. I accept that you feel at the end of the road. Every human being may arrive to a point when one says: That's it! I can suffer no more! I accept that you have reached this point.

Even so, I will try to speak for another way of viewing things. I believe that this different voice also deserves a say.

You may be asking yourself, who is this smart guy trying to convince me not to kill myself? Perhaps, in your eyes, I am just a professional who earns money to prevent you from killing yourself by any possible means. Please, believe me that, at this moment, as I speak to you, I am not just a psychologist, a policeman, an army officer or a social worker. At this moment, I am a scared human being who is awfully frightened by the act you want to commit.

The extremity of the situation demands from the helper a readiness to speak openly. The suicide's sensitivity will, in all probability, unmask any pretense. Therefore, it is better to acknowledge any reactions that can be expected in such a situation, such as the helper's fear that the suicidal act may suddenly happen at any moment. This modest piece of self-disclosure may also be of help in establishing contact.

Let me say first that I am not opposed in principle against suicide. I don't think that suicide is always wrong or a sin. There are situations in which I would justify the feeling that it is better to die than to go on suffering. I would honor such a decision in such cases. If, after listening to me, you reach the decision that this is indeed your case and that there is absolutely no hope and no reason to go on living, I won't disturb you anymore.

Expressing this position (if, of course, the helper subscribes to it) may help to get the message across. All along, the helper tries to say that choosing life may be a positive option *from the suicide's own viewpoint* rather than because of some abstract principle. It is hard to believe that a metaphysical belief in the sanctity of life could have any positive impact on the suicide at such an advanced stage.

Showing respect for the suicide's autonomy is also important, bearing in mind that in many cases suicide is a desperate attempt to regain control over a life that went totally out of one's control. One should therefore abstain from threatening the suicide's feeling that now he or she has, at least, some control over what is left of his or her life.

As I understand, Ron, for you there is only one way to stop the nightmare you're going through: to end all feelings, thoughts, emotions and wishes. For you, the situation is not only terrible, but may even grow worse and worse. In your mind, the present suffering may be just the first step on the way to far greater suffering. Therefore, you may be saying to yourself: "I must put an end to my life, now! If I lack the courage to do so, I will suffer endlessly and have to start again from zero. I simply have no strength for this." You may feel that you are absolutely alone with your problem and that nobody in the world can help you. In this lonely black hole, all you can see is pain, every possible solution melts in a haze, and the only solution seems to be death.

The reader might wonder whether these words might not strengthen the suicidal wish rather than weaken it. We think this concern is unfounded. In cogently voicing the suicidal train of thought, we shall be positioning ourselves by the suicide's side. Our credibility will benefit thereby, for the suicide can then see that we are not prettifying things. Hopefully, this will make the suicide more ready to listen.

Maybe you are wondering why I am saying these things. Maybe you are thinking: "Is this the way you want to help me not to kill myself?" Of course not. I understand your wish to die, but, I also believe that there is something within you that wants to live. And I am here to give voice to this side too.

What I am trying to tell you is that I understand something about your despair. You didn't get there out of laziness or neglect of possible solutions. I am sure that if you could only see any other way out, a glimmer of a solution, you would not want to die. This is why I respect your feeling and your intention: I think that, if you only could, you would choose to act differently.

The suicide's self-esteem is probably at an all-time low. How could we, then, express respect and appreciation in a way that the suicide might accept? Respecting the suicidal logic is one possible way to do so.

In the next paragraph we refer to the specific motive of the suicidal intention, assuming that we know something about it (from external sources, from previous acquaintance, or from the suicide's answers). In the example we chose, the immediate trigger was failing in college. Each address should, of course, be individually tailored.

I can see that, for you, life has lost its meaning once you failed in college. I guess succeeding in college had become your main challenge in life as well as a test of your personal value. It came to mean much more than just graduating. Failing, for you, is the proof that you can't compete and that you belong at the bottom. It makes you feel you will never be able to show your face again or to look in the mirror.

Holding a participant attitude means expressing an appreciation for the shattered values for which the suicide is ready to give up his or her life. Thus, if the trigger of the suicidal crisis were a romantic disappointment, it would be vital to empathize, in similar terms, with the supreme significance of romantic love.

Maybe you also think that the world will be a better place without you. People in your condition sometimes feel that, with their death, the world will be better off.

This expression of the suicide's extreme negative attitude towards his or her self has a double aim: (a) to increase the helper's credibility, in that he or she dares speak about the worst things in the worst terms, and (b) to allow the suicide an outside view of his or

her extreme negative self-evaluation, so that a sense of perspective may hopefully be achieved.

Maybe it is the other way around: you may feel so enraged, that you feel others deserve to suffer through your death. Maybe you feel that you were abandoned, betrayed, or mistreated. You may then feel that it is right to show the people who so acted towards you, how badly they've mistreated you.

Or, perhaps, in your awful condition, you simply don't care. Other people may seem so far away that it may be difficult even to think about them, let alone consider their feelings. Compared to your terrible pain, everything pales. The only clear feeling and clear voice is the one that tells you that you must stop the pain, with no delay.

I want to confess to you, that, as I give voice to these feelings, I myself begin to feel some of your despair, misery and helplessness, I too become pessimistic and despondent.

We have thus reached the lowest point of the address, with the helper joining the suicide in his or her feelings of despair. With this, the expression of the participant attitude comes to an end.

B

And yet, Ron,

Hopefully, the foregoing has gained the helper the right to move over to the challenging stage. The expression "And yet" signals this shift. As we shall see, however, in the very act of challenging the suicidal intention, the helper must try to maintain whatever closeness to the suicide that has been achieved.

I am now going to try to convince you not to kill yourself. I want to give voice to that other side within you, the one that still wants to live.

Let me promise, first, that, after this crisis, if you so wish, I will stay by you and try to help you achieve whatever solution that may be possible. I know that I cannot achieve

the impossible, but I can promise you to try hard and to stay by your side. I will try to help not only with words, but also with actual support, to the best of my capability. I promise you that, when you get off the roof (or out of the bathroom, the cellar, etc.), I will not leave you. I will try to help you return to life. I am aware that I am now binding myself to you with a powerful commitment.

Each helper must, of course, weigh whether this commitment should be given. If the helper does not feel able or willing to keep it, it is, of course, better to abstain or to offer a less binding commitment.

Perhaps you feel that your despair, depression, anxiety or rage is so terrible that you can't even listen to anyone, even if he or she is reasonable. In this case I am willing to help you by more immediate means. You deserve to receive some instant relief and, if you so want, I will help you get the medication that may give it to you. Doctors sometimes hesitate to give such help because they are not sure the person really needs it. I have no doubt at all: you don't deserve to suffer so much! You should have such help, if you so desire, until the other solutions begin to bear fruit.

One of the main temptations presented by death is instant relief. Psychiatric medication, very reasonable under such circumstances, offers it too. Proposing it can rob the thought of death of much of its lethal power.

You have listened to me so far, and I thank you for it. Maybe you agreed to listen to me because some of the things I said about your wish to die were true. Now, I want to ask you to bear with me and let me go over to the other side, to your side, and to speak as your attorney against death. Death is trying to convince you to move over to its side, whereas I will try to convince you to stay here.

Depicting death as an external enemy who tries to entrap the suicide (White & Epstein, 1990) allows the helper to move over to the challenging attitude without abandoning the participant one. Participation is now manifested by the helper's

identification with the suicide's own will to live, whereas death is challenged as tempter and foe.

One of death's worst tricks is precisely to make the rest of the world seem so far-away from you that everything actually stops counting. By means of your suffering, death makes you feel that everybody else is vanishing. Not only your friends get distant. Your children, your siblings, your parents (the helper should, if possible, mention people by name) – all fade away. An infinite distance seems to separate you from anything or anybody that could count to you.

We are now addressing the suicide's sense of isolation.

I think you are acquainted with situations in which a similar illusion develops. You know what happens, for instance, to someone with an awful toothache. Nothing else matters, everything loses its value, the only important thing is to stop the toothache. Or think of someone who is seasick. People who are seasick often keep saying "Let me die! I can't go on!" Only the nausea counts. Nothing else is there. The very thought that one may want to eat, ever again, seems absurd. The sickness is all. Yet, the person with a toothache knows that it will not last for ever, and the seasick person knows that the nausea will pass, that it will be possible, once again, to live and to eat. Nobody kills himself or herself because of toothache or seasickness.

You may think it absurd that I compare your suffering with a bout of seasickness or toothache. Such a comparison sounds ridiculous, for no matter how awful the nausea or the toothache, one knows for sure that, after some time the suffering will be over, whereas you feel that your pain will never end. And yet, it is quite possible that your pain may end too. Now, if this is so, if even your awful pain happens to be temporary, then your decision to kill yourself must be a terrible mistake. Maybe you are actually being a fool in letting death cheat you so easily. Let us think, for a moment, what would happen if you could look back, after your death, over your decision to die? Imagine that you are dead and are now looking, from a distance, both at your death and at the possibilities that might have been awaiting you just round the corner, if you had continued to live.

What would you think? It is quite possible that you would realize what a fool you were, how you fell glibly into that silly trap, how you let yourself be cheated by appearances! You may find out that you killed yourself in vain! It is possible that, if you could look back at your death in this way, you might actually say: "If I had only waited just a little more, I would have seen the first glimmer of hope! How foolish not to have waited, how blind! For this, I have killed myself?"

You see, Ron, you are now nineteen.

If the helper does not know the suicide's age, this may be a good time to ask. Especially with a young suicide, referring to his or her age may be an effective way of putting the pain in perspective.

In killing the 19-year old Ron you will also be killing the 20-year old Ron, and the 30-year old Ron and the 40-year-old Ron. You will be killing also the Ron that will perhaps be a father and a grandfather. How can you choose for these other Rons, for a Ron that will be stronger and more mature? How can you choose for the Ron that you could become, but to whom you refuse to give a chance?

The helper now expresses, for the first time, a measure of indignation at the absurdity of the suicidal decision. The indignation, coming as it does after the full expression of the participant attitude, is likely to be experienced by the suicide as genuine caring.

Many people have fallen into this trap, missing the ray of hope just beyond the corner. In effect, many of the people you see about you, living their daily lives as if nothing had happened, have gone through a suicidal crisis and overcome it. Most keep it secret, but I can tell you of dozens of people, some very famous, that have not only considered but actually tried to commit suicide in their youth. Fate wanted it otherwise and they lived. After a while they discovered that the whole thing had been an awful mistake. For their lives soon took a new turn.

With some of these people you will be able to talk if you so want. You've heard of some of them. For instance... (A list of famous people who have publicized their suicidal crises follows. The list we have is relevant for the Israeli public. Elsewhere, an appropriate list should be fashioned) Their suffering was probably not smaller than yours. As luck would have it, they remained alive, and thanked their fortune for not having died.

I want to tell you that I, too, Ron, have once gone through a suicidal crisis. That's why I believe, and I hope you may also believe, that I am really close to you now. I have been in a situation in which I seriously considered suicide and, were it not for the help I received, it is quite possible that I would not be here today. When I look back at that terrible day, and think that I might have then put an end to my life, I shudder. It is as if, at these moments, I can see myself from a distance after my own death and feel what a horrible mistake it would have been.

Each helper should, of course, weigh whether such a personal disclosure is in place. In this case, we chose to share with the suicide a true experience from our youth. If sincere, such a disclosure may allow the helper to come closer to the suicide while also maintaining the challenging stance.

Soon after the crisis, I looked back and realized that my wish to die would have been an awful waste. I did not remain miserable for very long. I found my way back to life, to the pleasure of living, and life became worthwhile, to this day.

Now, Ron, I want to talk to you about something that perhaps you would rather not hear. I want to talk about what may happen to the people for whom you are dear: your parents, brothers, sisters, children, friends, people that you love and that love you (the helper should make use of all the knowledge at his disposal, or ask the suicide if he or she has parents, brothers, etc.). Crisis or no crisis, failure or no failure, for these people your suicide will be the beginning of an interminable horror. Your parents, for instance. We know a lot about people who lost their children. Many parents never overcome the death of a child. And it is even worse when the death is the result of suicide. To a parent

who has lost a child, life turns into hell till his or her final day. You probably heard such parents say: "Would that I had died in your place!" These awful words will be uttered by your parents if you kill yourself.

The helper is now trying to open up the suicide's tunnel vision by bringing to his awareness the suffering of others. The helper should not cringe from presenting this suffering as vividly as possible.

Your parents will not be the only ones to suffer. Brothers, sisters and, most of all, children are terribly damaged by the suicide of a dear one. To the end of their lives, children whose parents or siblings have committed suicide go on asking: "Why did he do that to me? He ruined my life!"

Perhaps you are actually angry with some of these people and may feel that they deserve to be punished. But, tell me, do you really believe that they deserve this punishment? Does any human being deserve to carry the pain of bereavement for every minute of every day and week and month and year of his or her life? It is far worse than a life-sentence! This is the most awful punishment possible. Even if you were an extremely vengeful person, I believe that, if you could actually see your relatives in the suffering to which you want to condemn them, you would think that even one month of such a life would be too much. To say nothing of those who are innocent! There must be many persons who did you no harm and to whom you are dear. I would bring them here, if I could, to talk to you and to beg for your life. Do you have children? Brothers? Sisters? A close friend? Grandparents? Maybe they didn't know how to tell you that they love you, and how much they love you, so maybe you don't know how dear you are, in spite of the daily hassles there are in every relationship. It is their right to talk to you at this time, but you don't allow them this right. Therefore, because they are not here to talk, I am lending them my voice. I ask you – I demand from you: think about them!

Some professionals hold that the mention of close relations, especially parents, may be a mistake, because suicides can be strongly motivated by negative feelings, conscious or unconscious, towards them. We believe that these feelings are less dangerous when

brought to the fore than when they remain underground. By mentioning the negative feelings, the helper is in a better position to mention other people towards whom the suicide may harbor positive feelings. Thus, if the suicide wants to punish the mother, what about the father, grandmother, brother, sister, girlfriend, boyfriend, son or daughter? It is hard to believe that the suicide is driven by a universal thirst for vengeance. The letters of suicides indeed show that the contrary is the case: most suicides care about what will happen to others, often trying to relieve them from all responsibility for their act.

You probably know what happens to the parents of a soldier who dies in the war or in an accident: they can't stop asking: "What exactly happened? Did he suffer? Could he have been saved?" So will your parents and family. They will come to me and to others who were nearby and ask, again and again, what you said, how you felt, whether you suffered... None of my answers, or anyone else's, would allay their pain. I ask you, therefore, to think that they are now by my side, asking and begging for your life – and for theirs.

And if you, yourself, have ever lost a dear one, you must know that what I am saying is true. You are acquainted with the pain and you know that by your act you will be widening the awful circle of bereavement, leaving behind you a curse that might bring ever more new people into it. Do you know that some of the people you love may come closer to suicide because of your act? It is known that the children or close relations of suicides are in a specially high risk of committing suicide later in life. Is this the legacy that you want to leave behind?

I ask you again to listen to what I am saying as if I was by your side, together with you, as if we both were in a debate with death. Death wants to capture you. Death lies and manipulates. Death cheats in trying to keep you from knowing or thinking about many things. Death tries to deafen your ears against the things I am saying. Death tries to hide the awful consequences of your act upon your loved ones. Death tries to hide from you the chances for a better life. That's why it is so important that you have a defendant. I am trying to stand by your side against death, as your ally. I want to be your

ally in the way back to life as well. We will think things out together and I will do my best to help you find solutions.

The address may be concluded as in the following passage. The helper will speak in such terms if he or she feels that the suicidal tension has diminished. In the absence of any such sign, it might be better for the helper to go on speaking until such a sign appears or until members in the emergency team feel ready for a determined rescue attempt.

One more thing: you are now in a crisis, in a situation of deep despair. But I dare say that something positive may yet come out of all this. I believe that when the crisis is over, you will find yourself a stronger person, richer in experience and wisdom. You were in a horrible place where few people have been, and this is no small thing. There is strength in going through hell. You may find yourself enriched by more than the knowledge that you have survived. Those famous people that I mentioned, that tried to commit suicide, said that the crisis had made them stronger, and the same is true for myself. I think that, for you too, nothing will be the same again, because you were in hell and came back. Perhaps you cannot see this possibility right now, but it exists. The experience you are going through shakes you to your very foundations. For many people this was the turning-point in their lives. After such experience, most troubles may seem small in comparison. I am not saying that you will feel like this immediately. These things take time. However, I think that the worst is already behind you. I will stay with you for the next hours and be available for the next days and weeks. You allowed me to be with you in this most difficult moment. This creates a commitment. I want to be with you in your way back.

Summary

The present text, to the best of our knowledge, is the first of its kind in the professional literature. This may account for its weaknesses. We present it as a basis for further elaboration. One of its possible strong points is that it is simple enough so as to be understandable even to a very confused and stormy suicide. Some may, for this reason,

find it simplistic or sentimental. We believe, however, that it will not sound so to the person on the roof.

This text might perhaps be helpful even without the presence of an actual helper. We propose that it be distributed by schools, the army, community centers and other institutions in which suicidal crises may occur. It is known that many people who consider suicide search actively for reading material and information concerning suicide. There are, unfortunately, pro-suicide sites in the Internet. Surely there is a place for an anti-suicide text as well.

We would like to repeat the invitation to readers to contribute from their experience and imagination to the development of better anti-suicide texts. Professionals and people in voluntary suicide-prevention organizations are in possession of a wide lore on this issue. We wish this article to serve as a trigger for a joint effort to put together this wealth of informal wisdom.

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