

CASE STUDY 3.2.2

Dialogue with a Suicidal Woman (From Lukas 1984 b, p. 74 ff)

A middle-aged woman made several attempts at suicide. She suffered from an endogenous depression that came at intervals. During the depressive phase she took medication, the only way to reduce symptoms. She became addicted to her medication and took increasing amounts for it to be effective. Eventually medication stopped, the depression returned in full force, she saw no other way out and took an overdose of sleeping pills.

Her husband was keeping close watch and had been able to save her in time. It starts with hospitalization, her depressive phase ends, she has new hope until after a few months another depressive phase drives her to more medication. Her despair is less from relapses than feeling that life is meaningless because she cannot break the vicious cycle.

Indeed, there was little she could do: the endogenous phases and her addiction were so closely linked and so dependent on her malfunctioning organism that all therapy failed. I decided to fight for one thing: a reduction of the danger of suicide.

Fragment of the therapeutic dialogue:

Mrs. X: Why don't they let me die? What's the purpose of it all? That's no life, always this sadness, with no way out except a few pills that make everything seem even more hopeless.

E.L.: Mrs. X, suppose you suddenly got the idea to live in Hamburg instead of Munich. Would you pack your suitcases, say goodbye, and move?

Mrs. X: (surprised) I-no, my son goes to school here, my husband works here...I'm not alone in the world!

E.L.: That's right, Mrs. X, that's the key sentence which you should never forget, whatever happens. You are not alone in the world. Your life is part of the basis of existence for other people around you. That's why you wouldn't move to Hamburg, and that's why you can't throw away your life, even, if it sometimes seems to make little sense. At least it has a lot of meaning for your family. You are not alone in the world...Will you take your own sentence to heart?

Mrs. X: To tell you the truth, I don't think of my family when I'm down.

E.L.: Your own problems are the center of your thoughts. You want to get rid of your problems and not think of those your "solution" creates for others, especially those close to you. Try to reverse your thinking, and by your own free will take on the suffering problems to save others from having them.

Mrs. X: You want me to take my problems willingly?

E.L.: Look at it this way, Mrs. X. If your life seems meaningless when you are down, but you decide to bear it patiently for the sake of your son who needs a mother and for the sake of your husband who would suffer from your suicide, then your life no longer is meaningless. Then you'll know why and for whom you live. Does that make sense?

Mrs. X: (thoughtfully) I think so. You are talking about my responsibility to my family. There I really have fallen short.

E.L.: Your family is suffering, too. Your husband and your son cannot diminish your suffering, but you can diminish theirs!

Mrs. X: That's true. Strange, in the hospital I always thought how wretched I was, not even allowed to die. I am beginning to see that others, innocent people,

suffer because of me. My husband is desperate...I must not do it again. I'll try at least this much in my life, to spare my family from suffering.

Not every psychological distress can be therapeutically corrected. Some must simply be borne, and the more we know a "what for" the more we can bear it. We must perceive a reason, a person we care for, a task to perform, something worth suffering for. Here, a therapeutic method meets an ancient ethical principle because, as my patient understood, we are "not alone in this world," and our own well-being cannot be our main purpose in life. On the contrary, well being in a vacuum, separated from interpersonal relationships, is nothing.