

Suicide in the First Degree

By Jessi Farnsworth

It is time to start categorizing suicide as we do every other cause of death. In situations when a life is taken by force we, as a society, label that homicide and within that label of homicide we have multiple labels including murder in the first degree, second degree and manslaughter. Why then is suicide given a broad label with no categorization? Organization of types of suicide deaths could lead to changes in social stigma, life insurance support after death and better data tracking for prevention and outreach.

At a recent ICISF training we considered many questions surrounding suicide. Is it wrong? Is it a sin? Why does it happen? Could suicide be an option for you to consider at some point? In small groups we discussed these questions and found that depending on the situation the answer varies. We all had differing responses to these complex questions. Our group conversation led me to this idea about categorizing suicide deaths. There is so much variance and opinion regarding death by suicide; this because suicide is so complex. We attempt to contain it with a single categorization and that confinement no longer works.

Consider the case of a soldier who jumps on a live grenade to save the rest of his surrounding troops from the blast. This was by definition suicide and yet it does not seem the same as a suicide death that is preceded with intent, premeditation, practice and perhaps even a note written in advance to explain the death. Those two suicide examples differ when we consider a person who is suffering acute pain and chooses suddenly to drive his/her car off a bridge. All three of these examples have many contributing factors that cause the death much like any other type of killing. Often in suicide cases it is assumed that psychological instability is a strong factor however there are many cases in which a person of sound mind makes this choice to end his own life.

Suggestions for Categorization:

When the suicide is premeditated, practiced and planned that is suicide in the first degree. The person is prepared; he/she has the intent to die. In this case, psychological instability is often a factor. Perhaps a note is left (or not) either asking forgiveness, blaming others for this action or a collection of incoherent information. The degree to which psychological instability is a factor can be drawn from these notes and interviews with surviving family and friends. It is unfortunate that at times these interviews are not done due to time constraints, financial limits and/or incorrect cause of death.

Suicide in the second degree would include those cases in which a sudden event causes tragic, impulsive suicidal actions. There is a lack of concern or care for self, or intent to die with no premeditation. This is the example of the woman hearing of the death of her only child and driving off a bridge. This sudden acute pain causes suicidal action without true planning. The intent is there to die and yet it has not been planned; it is done with impulse.

In murder cases the next classification is manslaughter, in which there is a death without malice. This definition really fits for the unintentional death that occurs with suicide intended to save others. For the soldier who jumped on the grenade; the friend who runs in front of another to take a bullet. Neither case likely had a predetermined plan or intent to self-harm or die. It was a split second decision made to protect others and yet sometimes life insurance is denied due to the suicide label as cause of death. Cases like this should be considered manslaughter suicide.

In a final category I suggest the permanent problem suicide category. A common tag-line used in suicide prevention is, "suicide is a permanent solution to a temporary problem." What if the problem is not temporary? What if the person has a terminal illness and he/she knows what symptoms lay ahead with death as the final stage? They have intent to die, often they make a plan, yet this is different than suicide in the first degree as often they are of very sound mind when they make this choice. Also with medical factors being a part of the equation it is necessary to separate this type of suicide. For this terminally ill population, depression may be a factor. To know that they will certainly die however, many family and friends report that the decision for assisted suicide was made due to acceptance of death not escape from life. Although this too is suicide many people are building this solution terminal illness into their final wills and legal documents.

The Insanity Plea:

When mental health, bullying and hormonal/chemical imbalance are factors (and in many cases one or more of these are contributing factors in a pre-meditated suicide) why wouldn't we consider a type of insanity plea to life insurance companies, social supports and with data collect to increase prevention and awareness? In homicide cases we often hear, "I don't recall", "I blacked out", "I totally lost it" the only problem in building this case for suicide is of course that the person involved in the killing is the deceased. Often the necessary psychological autopsy is seldom done and perhaps there is no need to complete one when a suicide, is a suicide no matter the circumstance.

More to Follow:

Too often suicide deaths are misappropriated as an accidental death or unknown cause. Who could blame survivors for this with our system the way it is? This categorization could protect families from stigma and financial strain due to lack of life insurance coverage. Perhaps categorizing suicide deaths, getting accurate data on those suicide rates and raising awareness will increase prevention efforts and decrease social stigma. Maybe there are even more ways to organize and understand this type of death beyond these preliminary thoughts. The umbrella label, suicide, no longer fits; there is a social and medical need to start recognizing the differing causes and aftermath of all types of suicide.

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