



College Suicide: *Caveat Vendor*

BY THOMAS SZASZ

N*ulla poena sine lege* (no penalty without law). The rule that a person cannot be penalized for doing something that is not prohibited by law has long been viewed as a fundamental principle of free societies.

American criminal law does not prohibit suicide. *De jure*, it is legal to kill yourself. *De facto*, if you do so, others may be punished, and punished harshly. Our legal system often holds *innocent individuals and institutions* responsible for the “self-murder” (as it used to be called) of persons whose suicides they were supposed to prevent. This perversion of the law is destroying the moral and legal fabric of our society.

For centuries, suicide was a grave sin and a capital offense. The suicide as well as his family were harshly punished by both ecclesiastical and secular-legal sanctions. Today, the successful suicide is exonerated of self-murder with an automatic posthumous diagnosis of mental illness, and his family may be enriched by imputing guilt for his “wrongful death” to innocent third parties. The unsuccessful suicide (“suicide attempter”) is also automatically considered mentally ill; he is stigmatized as insane, deprived of liberty by psychiatric incarceration, and subjected to involuntary psychiatric “treatment.”

Pro forma, suicide has been decriminalized. *De facto*, suicide has been “criminalized” by turning the non-prevention of self-murder into a tort (civil-law offense). Contemporary mores and civil law define colleges, for example, as standing *in loco parentis* to college students; the students are cast in the role of standing *in loco infantis* to college personnel; and the substitute “parents” have the duty to prevent the child-students’ suicides and suicide attempts.

A report in the October 15, 2004, issue of the *Wall Street Journal* was titled: “Some colleges try zero-tolerance toward suicide attempts.” Normally, we use the term “zero-tolerance” in connection with illegal acts,

such as trafficking in prohibited drugs. Here the *Journal* casually uses it in connection with acts that are not only legal but usually are not “suicide attempts” at all.

We learn that at the University of Illinois, for example, the “frontline . . . of the [suicide prevention] program consists of about 1,000 people—from dorm staff to deans—who are required to file a formal suicide report any time they hear about or witness a threat or attempt.” What is there to prevent Alice from denouncing Elizabeth, claiming that she has talked to her about suicide? Of course, Alice is considered to be protecting Elizabeth, not denouncing her. And Elizabeth is being given an “option”; she is not punished.

A female student at the university picks up a power cord from a light fixture and wraps it around her neck in front of her boyfriend. He calls 911. University officials tell the student: “Meet with a mental health counselor for four sessions or don’t bother coming back to school the following semester. . . . [T]he university has a zero-tolerance rule with suicidal behavior.”

The university is an old institution. Through centuries—when the pupils were much younger than they are now—the student’s suicide was not the business of fellow students, teachers, or university administrators. Why is it now? Because formerly the student who killed himself sinned. Now we say he was sick. And we don’t punish illness. However, we do punish physicians who treat a sick patient “negligently”—and we have turned universities into therapeutic institutions for their students.

Paul Joffe, the psychologist who heads the University of Illinois’s suicide-prevention program, explains: “We may have had a program of ‘invite and encourage,’ but

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the students had their own program of ‘resist and refuse.’” In fact, college suicide-prevention programs have nothing to do with preventing suicide: they are charades that give the illusion that the “responsible” parties are behaving responsibly. In the process, they punish the students. “I’d rather get sued for saving a kid’s life than for ignoring a kid’s life,” declares William L. Riley, the university’s dean of students. In practice, “saving a kid’s life” from suicide typically means that he is stigmatized and locked up as mad.

As matters stand, the college’s liability for the student’s suicide is a given. This is a recent cultural and legal development. Epitomized by the tobacco litigation, American civil law is standing the classic free-market principle *caveat emptor* on its head: *Caveat vendor!*

The law classifies suicide as a “wrongful death.” Formerly, the term “wrongful” qualified the conduct of the person who killed himself. Now, it qualifies the conduct of the individuals and institutions that fail to prevent the suicide from killing himself—while he is assumed to have been temporarily insane.

The Illusion of Protection

Colleges cannot compel students to attend classes, much less to learn; they can only fail them. *Mutatis mutandis*, colleges cannot compel students to report to mental-health professionals, much less to undergo “counseling”; they can only suspend or expel them. The assumption behind such “therapeutic” coercion is that it is an effective method of preventing suicide. There is not a shred of evidence for this. In fact, evidence indicates that coercive psychiatric suicide prevention increases the incidence of suicide.

Frederick K. Goodwin and Kay Redfield Jamison—enthusiasts for suicide prevention and the authors of the major psychiatric textbook, *Manic-Depressive Illness*—write: “[Some psychiatrists] found that 7 percent of the patients in their sample had committed suicide *while in a psychiatric hospital*. [Others] reported

an even higher rate: 27 percent of manic-depressive patients killed themselves *while under hospital care*.” (Emphasis added.) If incarcerating individuals in insane asylums (and prisons) cannot prevent their killing themselves, how can college personnel prevent the student suicides?

The testimony of individuals subjected to psychiatric incarceration is relevant in this connection. French writer Antonin Artaud (1896–1948) declared: “I myself spent nine years in an insane asylum and I never had the obsession of suicide, but I know that each conversation with a psychiatrist, every morning at the time of his visit, made me want to hang myself, realizing that I would not be able to slit his throat.”

We deceive ourselves about the basic, unchanging and unalterable facts of life. Every period—childhood, youth, adulthood, old age—has its travails and tribulations. One of the most difficult periods is youth and young adulthood, when the individual—no longer a child, but not yet a mature adult—is expected to complete the difficult voyage from carefree childhood to responsible adulthood. This voyage may be eased or hindered by others—parents, siblings, teachers—but, in the end, each person must make it on his own. The wonder is that so many do make it, not that some don’t. Treating university students as potential mental patients will insure that many more won’t make it. Sadly, that may be the intended, not the unintended, consequence of all psychiatric policies preventing mental illness and promoting mental health.

For the subject, suicide is, ipso facto, a solution for the problems he faces. For the psychiatrist, suicide of the Other—not his own, which is frequent—is a disease to be treated and cured. That disjunction is the source of much perplexity in psychiatry, much profit in law, and much unnecessary suffering for the public.

Suicide is an act, not a disease. Preventing suicide—like preventing drunkenness—is the responsibility of the college student, not the college administration. 