

# Suicidal Fears and Authentic Accompaniment

***"We need to care for them in a more truthful way — accompanying, supporting, and helping them to address underlying issues — so they can begin to find real healing..."***



When we realize that someone we love may be suicidal, it can be complicated to figure out how best to respond. The threat of suicide from a friend or family member obviously needs to be taken seriously, and we need to respond with loving support and accompaniment. Providing such help, however, will not necessarily be synonymous with granting every request or affirming every assertion they make.

Suppose that a friend shares that he has just lost his entire personal fortune in the most recent stock market crash. He tells you know that he is going to commit suicide unless his investment accounts somehow get shored up to the same levels they were prior to the crash. Even though you wish to show compassion to him in his difficult situation, and would want to do everything you could to deflect his suicidal thinking, it wouldn't be appropriate to go along with his demands by replenishing all his accounts with your own funds.

That your friend is threatening suicide reveals that on some level, he has adopted a false understanding of himself, where he perceives himself as valuable only when he possesses substantial sums of money. To support him authentically would mean assisting him to break free of this illusion, so he can

grasp the liberating truth that his personal identity and self-worth do not depend on his financial assets.

Clinical psychotherapist Lisa Marchiano shares another example:

If I work with someone who's really suicidal because his wife left him, I don't call his wife up and say, 'Hey, you've got to come back.' ...We don't treat suicide by giving people exactly what they want.

Instead a good psychotherapist helps a suicidal husband navigate his new situation by offering support and encouragement, and by assisting him to understand who he really is, despite the absence of his wife. His suicidal thinking indicates he has not fully grasped the fact that his own identity and existence still remain objectively good, dignified and worthwhile even if his wife may have painfully walked away from their marriage.

Similarly, imagine a girl wants liposuction, despite the fact that she is thinner than a pencil from years of battling an eating disorder. She is very unhappy, and even suicidal, on account of

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her delusion that she is massively overweight. We could not encourage or consent to liposuction for her as an “affirmation strategy,” but would need to support her in addressing the mental and personal issues that underlie her morbid fear of gaining weight and the disturbed perception of her own body.

Dr. Paul McHugh, formerly Psychiatrist in Chief of the Johns Hopkins Hospital Psychiatry Department, offers a parallel analysis for the situation of gender dysphoria. He notes that the belief by a male that he is a female trapped inside a male body is similar to “the feelings of a patient with anorexia nervosa that she is obese despite her emaciated, cachectic [wasting away] state. We don’t do liposuction on anorexics. So why amputate the genitals of patients? [...] We psychiatrists, I thought, would do better to concentrate on trying to fix their minds and not their genitalia.”

Gender dysphoria is a particularly sensitive area that needs to be addressed with charity and truth-centered compassion. Those who struggle with gender dysphoria have significantly elevated rates of suicide compared to the general population. Regrettably, some physicians who prescribe puberty blockers or cross-sex hormones, or who perform

transgender surgeries on young people, will use this higher rate of suicide to pressure parents to support so-called “gender-affirming” interventions for their children. The implication is that parents should do whatever their children ask for, to stave off a possible suicide.

In the case of a boy who declares he is actually a girl, if a parent expresses any hesitation about proceeding with surgeries to remove healthy sexual organs, some physicians have been known to ask, “What do you want? A dead son or a live daughter?” Such a query offers a false dichotomy, suggesting only two possibilities, while leaving out the third and most important option, namely a “live son” who is led away from his suicidality and false notions about his gender through professional supports, including appropriate psychotherapy, and through strong, loving familial and personal accompaniment.

When loved ones manifest an elevated likelihood of committing suicide, it makes no sense to adopt a posture of automatically yielding to every request they make, nor is it reasonable to affirm untrue assertions they may be focused on or even obsessed with. Rather, we need to care for them in a more truthful way — accompanying, supporting, and helping them to address underlying

personal and psychiatric issues — so they can begin to find real healing and experience a new wholeness and integration in their lives.

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*Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled “Making Sense of Bioethics” is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.*

