

Tedium vitae [L: tired of life] suicide

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Abstract

Objective: Tedium vitae suicide was described in ancient Rome. Our aim is to determine whether this term/concept, ‘tired of life’, has a place in current thought.

Conclusion: It refers to the accumulation of disappointments and troubling (but not terminal) physical problems, rather than severe medical problems or major physical or psychological trauma. It was reported in Egypt two millennia before Seneca, and can be traced throughout history. In the current day, it can justify the services of euthanasia clinics. When a suicide is considered inexplicable, this non-medical mind state deserves consideration, before deciding the individual suffered an undetected depressive disorder. It does have a place in current thought.

Tedium vitae [L: tired of life] suicide

Tedium vitae (tired of life) as a trigger for suicide has roots in the teachings of Seneca the Younger (4 BCE-65 CE), a Roman stoic philosopher, dramatist, and advisor to Nero. It referred to “pain both of the soul and the body” and could include “disgust with the political situation” (1). English dictionaries give the description, “the feeling that life is boring and troubling” and “extreme ennui”, and a medical dictionary offers, “Weariness of life, with suicidal inclination” (2).

The term does not appear in current medical textbooks and PubMed yields only two papers, one in Polish, the other in Portuguese, and none in English. Thus, it has no medical currency. Here we question whether this concept has any value in explaining suicide which cannot otherwise be explained.

Established triggers

In the 19th century the belief emerged that all, or almost all suicide, was attributed to insanity (3). This belief has been labelled a myth by the World Health Organization (4), but it continues to be widely and strongly held.

A host of other factors have been demonstrated to trigger or contribute to suicide, including impulsivity, perfectionism, traumatic childhood, defeat and entrapment, physical illness and interpersonal problems including separation and divorce (5). Others include various losses - prestige, fortune, and employment, the emotions of shame, guilt, sadness, anxiety, anger, and intoxication of various forms. Gender, lack of integration into society (6), culture, and economic and political factors (7) are also influential.

Shneidman (8) proposed a universal feature of suicide: “psychache” which “refers to the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind”. Two decades later, a systematic review of the literature concluded that “mental pain” is, in fact, a core feature of suicide (9).

Tedium vitae - historical

For historical/cultural examples we consulted Battin (10).

1. “A debate between a man and his soul” was written in Egypt (c. 1937-1759 BCE) and concerns a man plagued by misfortune and his intention to escape by completing suicide (p.17). This document antedates Seneca by almost two millennia.
2. In “Of the law of nature and nations” by von Pufendorf (1632-1694) come the words: “those who put an end to their own lives, ... tired out with the many troubles which commonly attend our mortal condition...” (p.308).
3. An old, blind Cheyenne man reported looking “for a chance to die”, because he “was tired of only half seeing” (p.345).
4. In ‘Of Suicide’ David Hume (1757) wrote that he was tempted to suicide, “whenever pain and sorrow so far overcome my patience as to make me tired of life” (p.409).

The Book of Wisdom/Ecclesiasticus, by Jesus ben Sirach (c. 190 BCE), contains the words, “Death is better than a bitter life”. This document also precedes Seneca.

Seneca wrote (c. 65 CE), “I shall not endure myself on that day when I find anything unendurable” (11), and Nietzsche wrote (1889), “Socrates was tired of life” (12).

Tedium vitae - contemporary

1. The Daily Mail (2014) reported that two elderly women who were not ill or disabled but were “tired of life” had died in Swiss euthanasia clinics (13). Those who receive this service are examined for significant mental disorder.
2. The Guardian (2016) reported that the Dutch government intends to legalize assisted suicide for people who believe they have “completed life” (14). This would appear to be similar to being ‘tired of life’.

Tedium vitae - speculation

We commonly encounter reports of suicide which cannot be explained using the mental illness, or major trauma/stressor models. In the next section it will be argued these may be the result of *taedium vitae* – here, for the sake of argument, we give possible examples.

Hunter S Thompson (67 years) a journalist and author whose idiosyncratic writing style (blurring fiction and nonfiction) inspired a new approach to reporting, shot himself at his Colorado home in 2005. He had married twice, was married at the time of his death, and had one living son.

Thompson had a troubled early life, raised by an alcoholic mother, he was convicted of robbery at 19 years of age and enlisted in the Air Force to avoid jail. He led a flamboyant and dangerous life. He took illegal drugs and excessive alcohol, and advocated for these products. He rode with the Hell’s Angels for a year, until they bashed him. He ridiculed politicians, liked firearms and kept a bomb in his basement. He wrote for the National Observer and Rolling Stone, and authored some well-regarded books including, *Fear and Loathing in Las Vegas*.

In the last year of his life Thompson suffered several medical problems, including a broken hip. Four days before he died, he wrote to his wife. Headed “The Football Season is Over”, it continues, “No More Games. No More Bombs. No More Walking, No More Fun. No More Swimming. 67. That is 17 years past 50. 17 more than I needed or wanted. Boring. I am always bitchy. No Fun – for anybody. 67. You are getting Greedy. Act your old age. Relax – This wont hurt” (15).

Carolyn Heilbrun (77 years), a former University of Colombia professor of literature, took and overdose and put a plastic bag over her head, in her New York apartment, in 2003. She was married with three adult children.

Heilbrun was prominent in academic feminism. She resigned her university position in 1992 (66 years) saying she was tired of battling entrenched sexism. She continued writing and submitted work to publishers in the week before she died. Under a pen-name, she published fourteen detective novels.

She stated, “Quit while you’re ahead” was her motto. In her 60s she advised that she would take her life at 70 years – but, she found she was still productive and enjoying life, so took no action. When she did act, family and friends stated she was not sick and had no problems, she had no history of mental illness and was on no medication. Her son stated, she felt her life had been completed. A suicide note read, “The journey’s over. Love to all” (16).

Argument

It is a reasonable proposition that suicide occurs when the negative experiences of living outweigh the fear and consequences of dying. In 2006 (Vienna), Wolfgang Priklopil (44 years), died by jumping in front of a train. He had kidnapped a schoolgirl and kept her prisoner in his house for 10 years – she had escaped and the police were pursuing him. This immediate response is understandable to many.

Tedium vitae, described in ancient Rome, refers to a different predicament, the longer-term accumulation of disappointments and troubling (but not terminal) physical problems. This concept of being ‘tired of life’ fits with the proposal of “psychache” (aching, psychological pain) as a universal feature of suicide (8).

While the term ‘tired of life’ does not occur in medical texts (nor should it), it appears in lay documents throughout history as a trigger for suicide (10). Currently, ‘tired of life’ has been accepted as justification for euthanasia in Switzerland (13), and the Dutch government has prepared legislation to allow euthanasia for those who claim to have “complete life” (14).

At the moment, the medical profession sees mental disorder as the trigger of all, or almost all, suicide. The man in the street can understand the suicide of Priklopil, and of those with painful terminal illnesses. What is less widely embraced is the concept that people who have numerous long-term psychological and physical problems may become ‘tired of life’, and consequently pursue suicide. It is proposed that a wider acceptance of ‘taedium vitae/tired of life’ would assist our understanding of suicide, and give an explanation to some suicide events which are currently considered inexplicable, or unsafely attributed to undetected mental disorder.

Thompson was an exceptional man with a history of drug and alcohol abuse and unorthodox behaviour. But, he was neither intoxicated nor mentally disordered at the time of his death. His letter to his wife a few days before his death is a clear statement of being ‘tired of life’. Heilbrun was a very different person. She became less interested in the outside world. Her family were keen to establish that she was not sick and her suicide was an act of autonomy. For her, ‘The Journey’ was ‘over’. Both suicides appear to be the endpoint of protracted, non-fatal factors.

We conclude, the concept/term does have a place in modern thought.

Discussion

When people complete suicide and those around them have seen no evidence of a mental disorder, experts frequently advise that the individual must have suffered depression which was not detected. This made sense when masked depression was a diagnostic possibility – but, that is no longer the case.

We now have a choice between believing 1) that such an individual has been suffering a serious mental disorder which has not been noticed by friends and family, or 2) that there can be non-medical reasons for suicide (such as *taedium vitae*/tired of life).

Our argument does not depend on Thompson or Heilbrun having been ‘tired of life’. We have limited details (media reports). However, both experienced (apparently) minor physical and psychological irritants, and it is likely, ‘tired of life’ may have applied. If not them, it is probable many others, who are currently believed to have been suffering undetected mental disorder, have in fact, been experiencing this state.

If nothing else, the euthanasia clinics, which insist on patients being thoroughly psychiatrically examined, are suggesting there can be reasons for wanting to die, other than physical and mental illness.

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