TOWARDS A JUNGIAN THEORY OF SUICIDE : QUESTIONS

“Suicide is the paradigm of our independence from everyone else.” (Hillman, 1997, p. 91)

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January, 2003
Revised May 3, 2003

Symbol paper in partial fulfillment of the requirements for Training Candidate phase of the Diploma in Analytical Psychology, C.G. Jung Institute, Zürich
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SECTION ONE

1. INTRODUCTION

Jungian theory suffers certain model inconsistencies, and in some areas, lacks theoretical coherence. Although this is a frustrating issue, the challenge is quite in keeping with the manner in which the theory was developed and documented. Jungian theory is appreciated through the lived experience, as opposed to in an academic fashion. The theory is remarkably resistant, however, to clear model exposition. Steinberg (1988) states:

“It is not surprising that a writer as prolific as Jung should frequently contradict himself, and, as his experience and thinking deepened, that his later views should differ from earlier ones. Jung’s natural development, combined with his tendency to write directly from his feelings, and his intuitive and non-systematic approach, led some critics to say that a quotation can be found somewhere in his work to support any viewpoint.” (p. 21)

This is apparent when one is faced with the challenging clinical question of suicide. The Jungian community has not addressed the issue of suicide with the same rigour as it has the common clinical precursors of suicide, severe affective disorders. Jung made scant mention of suicide in his essays. There are less than a dozen paragraphs throughout the Collected Works which rely on a basic (simplistic) theme to explain client suicide - crudely put, the unconscious overwhelms the ego and the client kills him/herself to escape the pain. This seems far too basic a model to explain such a powerful act.

Jung does make mention of suicide in other areas of the Collected Works, but often as a therapeutic outcome statement concerning a client. It isn’t as though Jung was unaware of the issue, in fact, in a letter to Freud dated 12 June 1911, in discussing a case of dementia praecox (schizophrenia), he wishes he had Freud with him to discuss the clinical challenges especially the “….constant danger of suicide.” (Jung, 1973, p.23) We might surmise that his need for Freud as colleague/supervisor is in part a reflection of his fear of his patient suiciding. Taking this conjecture a little further, we may say that Jung, as a young psychiatrist, was galvanized as all clinicians are, by the prospect of losing a patient to suicide.

In a career that spanned decades, witnessed a revolution in psychiatry and involved encounters with thousands of patients, Jung must have worked with clients who suicided. If he, like most clinicians, was galvanized and humbled by the actions of such clients, how could he have remained so aloof from the issue in terms of his writing? Why does he rarely refer to the clinical issues presented in these cases? It is unlike him not to involve the resonance with his own psyche in his essays.
What, then is a Jungian formulation of suicide, and, more critically, how could we develop a theoretically and clinically coherent model of such a powerful act?

How do we understand a client taking his or her life? Here reference is first and foremost to a theoretical model of how the psyche can actually terminate its existence, rather than the larger spiritual dimension that suicide invariably resonates with. All of us who have struggled with Jung's complex material accept a central premise - the psyche has at its' centre (and circumference) the Self. The Self directs the unfolding of the personality through the process of individuation. We accept that this Self-driven process is towards a greater sense of awareness and consciousness and that the Self is inherently prospective, positive and wise. How can the Self engineer such an end through suicide? How can a teleological principle facilitate a retrogressive end?

Hillman goes as far as to argue that our understanding of suicide is critical to our experience of life:

“"If we want to move towards self-knowledge and the experience of reality, then an enquiry into suicide becomes the first step. Because analysis is just such a careful consideration of life it is occupied with questions of death. It provides the intense human situation for focusing essential questions, thereby becoming a paradigm of life.”

(Hillman, 1997, p.15)

1.1. STATEMENT OF INTENT FOR THIS PAPER

In the present paper, an attempt is made at a formulation of suicide from a Jungian perspective. In order to develop such a model, material relevant to Jung’s understanding of suicide is covered. Central to this paper is the argument that analysis itself echoes the suicide process: the loss of hope, the contemplation of an end, the dark night sea journey, the transition through this pain to light. Analysis then offers us a working metaphor to aide our understanding of the issue of suicide. The paper leaves clear questions regarding the issues involved in a model of suicide, many of them unanswered.

In Section Two, the etymology and taxonomy of suicide is briefly covered. A core argument is made in this section that the “classic” profile of the client starkly echoes the “classic” profile of the successful suicide from an epidemiological perspective. In Section Three, Freud’s death instinct is reviewed. The argument here is that the death instinct is crucial to our understanding of suicide in that in the psychoanalytic model, the death instinct manages to subjugate and overwhelm the life instinct, resulting in suicide. Section Four focuses on Jung’s statements regarding suicide. Section Five examines the notion of the suicide complex. Section Six examines
suicide as an example of the failure of adaptation. Finally, Section Seven
examines the metaphor alluded to initially, and the core of this paper –
analysis serves as a series of (symbolic) suicides throughout the process.

This paper serves as a précis of a potential thesis.
SECTION TWO

1. ETYMOLOGY AND TAXONOMY OF SUICIDE

1.1. ETYMOLOGY OF THE TERM “SUICIDE”

We need to refer to the etymology of the term suicide. The word has two crucial components: that of -cide, a Latin suffix referring to -cida or killer from caedere meaning to cut down or kill (hence the use of the suffix in homicide, parri-cide). The Latin -cidium refers to killing. The prefix sui is Latin for oneself.

Some have gone so far as to suggest we need to alter our use of the term suicide and use penacide instead (Salvatore, 2002). Pena is from the Latin poena meaning to torment or punish (we use this root in the English word for pain) and -cide is from, as mentioned above, caedere meaning to strike down. One may argue that this simplifies the act into a simple elimination of pain and ignores suicidal actions by those in heroic situations (war for example) or in culture-specific behaviours such as Japanese ritual suicide.

1.2. TAXONOMY OF SUICIDE

Clinical psychology (as with other social sciences) has struggled to develop a taxonomy of suicide. It is as if in the naming of the act we lull ourselves into believing we know that act. Nothing could be further from the truth. All we succeed in doing is further shrouding a difficult human behaviour in yet more obscure terminology. We read of anomic, altruistic, passive or religious suicide, amongst others, with each social science carving out a nomenclature that is discipline-specific.

Hillman (1997) provides his own nosology, an attempt at simplification, yet in so doing he joins the ranks of others in their attempts at naming that which defies accurate description. However, his categories are useful. His approach may be considered more sociological than psychiatric and contains four types of suicide:

- Collective
- Symbolic
- Emotional
- Intellectual

Collective suicide involves suicide committed with others or on behalf of others, such as suicidal charges by soldiers during battle; kamikaze pilots and
ritualized suicide such as harakiri or seppuku. This is a similar category of suicide as Durkheim’s (1897) Altruistic Suicide. Symbolic suicides require public reaction as they are committed for exhibitionistic and voyeuristic needs. An example is the immolation of the body as a protest against war atrocities. Emotional suicides occur while under the influences of a powerful emotion or passion (revenge, guilt, shame, humiliation, grief, abandonment etc.) This category most often confronts the analyst and is similar to Durkheim’s (1897) Anomic Suicide and to some degree his Egoistic Suicide. Finally, Intellectual suicides are based on adherence to a principle: such as the hunger strikes of Maze prisoners in the UK.

Hillman doesn’t really add much to the taxonomy of suicide, as we can see he simply reframes Durkheim’s work and adds a fourth category. However, the four categories do serve as useful labels for our discussion of suicide.

Characteristic in discussions of suicide is the religious or spiritual component. This paper, as mentioned above, avoids this theme and focuses more on the clinical end of the spectrum. However, a brief mention of religious attitudes to suicide is useful.

Even within orthodox religious circles, suicide is a difficult theme. “Several of the major religious traditions reject suicide as a religiously justifiable act but commend martyrdom; among them are Judaism, Christianity, and Islam. These religions distinguish between actively willing to end one’s life in suicide and passively accepting one’s death as the divine will by means of martyrdom at the hands of another.” (Eliade, 1987, p.125).

2. BRIEF NOTES ON EPIDEMIOLOGY

The prevalence of suicide in our industrialized population is disturbing. However, there are a variety of epidemiological statistics concerning suicide that are highly relevant to Jungian analysis, primarily because the "classic" description of the typical client is also one associated with the typical profile of successful suicides. It is for this reason that clinicians, especially from a Jungian perspective, need to be attentive to the issue of suicide and suicide risk amongst our clients.

"Statistics show a rise in the frequency of mental depression in men about forty. In women the neurotic difficulties generally begin somewhat earlier. We see that in this phase of life - between thirty-five and forty - an important change in the human psyche is in preparation. At first it is not a conscious and striking change; it is rather a matter of indirect signs of a change which seems to take its rise in the unconscious. Often it is something like a slow change in a person’s character; in another case certain traits may come to light which had disappeared since childhood; or again, one's previous inclinations and interests begin to weaken and others take their place. Conversely - and
this happens very frequently - one's cherished convictions and principles, especially the moral ones, begin to harden and to grow increasingly rigid until, somewhere around the age of fifty, a period of intolerance and fanaticism is reached. It is as if the existence of these principles were endangered and it were therefore necessary to emphasize them all the more. (CW 8, para. 773)

Briefly, the high suicide risk client appears to be male; in mid-life; disconnected from the spiritual life; of a higher social status (correlates with higher education); with some medical illness; and suffering some degree of mental health problems (often a depressive disorder). (Kaplan and Sadock, 1988).

The earlier statements regarding the "classic" profile of the analytical client echoes these factors in that the client enters analysis often at mid-life, with a sense of anomie or disillusionment and struggles with existential questions regarding their place in the world. Doesn't this parallel urge us to address the issues of suicide in a far more serious light? If we regard analysis as a series of death/rebirth experiences, the issue of suicide attains a new level of significance, both as the experience of death and rebirth of psychic structures, and the very real risk of client death.

The argument that the analytical process echoes aspects of suicide is just that – an echo rather than any substantive association implying risk. We have an opportunity to struggle with an essentially ‘unknowable’ process, in the form of analysis, using the ‘incomprehensible’ process of suicide as a linking metaphor.
SECTION THREE

1. DEPTH PSYCHOLOGY AND THE DEATH INSTINCT

1.1. FREUD AND THE DEATH INSTINCT

“In Beyond the Pleasure Principle (1920), Freud proposed that the instincts could be divided into two broad groupings: the life instincts and the death instincts. The former class included the self-preservation instincts (hunger and aggression) and the sexual instincts. In Freud’s earlier formulations, however, these two categories had been opposed. The death instinct exemplified the conservative and regressive character of instinct in general – i.e. the tendency of the instinct to seek discharge and hence reduce excitation to zero level. This takes the form of regression to ever more simple and archaic levels and ultimately leads to an inorganic state; hence the ‘death’ instinct has taken over.” (Samuels et al, 1992, pp. 39)

Freud referred to the death instinct as a state of non-tension or non-excitation in which the organism tends towards the ultimate state of non-tension, death. Death, for Freud, was the final entropic state. We are thus born to die. Yet Freud’s followers struggled with his formulation, having difficulty with the paradox of the organism being able to vision its own non-existence or death. I.e. how can the person experience death at a psychic level? Freud argued that the death instinct is silent, unknowing and unknown, with no imagic or cognitive representation. This is vastly different from the Jungian notion and it is here that Freud’s formulation founders.

What in part propelled Freud to this concept of the death instinct, was his reliance on the laws of thermodynamics, a set of physical laws that was very much in vogue at the time he (and Jung) developed their theoretical arguments.

“Freud had developed the idea of a death instinct a psychic parallel to the concept of continuous physiological processes that lead to a reduction of differentiation, and to the reinstatement of an earlier, an inorganic state.” (Gordon, 1961, p. 122)

Along with these laws, was the issue of entropy within biological systems – all systems devolve to a lower state of energy or excitation than they previously held. Death is the ultimate entropic experience. Jung of course differed with Freud primarily on the issue that that notion of death has an imagic and cognitive percept – we can imagine death and the accompanying affects. In fact, we may go so far as to say that there is an archetype of death.

“Freud assumed that the death instinct operated quietly within the individual, that, unlike the sexual drives, it was not obvious even to
psychoanalytic enquiry. Some of its manifestations, destructive impulses and certain types of masochism, were construed as its most accessible results. The death instinct was not assumed to be of the same etiological importance in the neuroses as libido and its vicissitudes. Therefore, even after his revision of the theory of drive, Freud never paid quite as much attention to the death instinct as to the libido.” (Greenberg and Mitchell, 1983, p.62)

1.2. FREUD AND SUICIDE

Unlike Jung, Freud was far more open regarding his experience of client suicide and suicide risk. Freud mentions the suicide of a client: “A patient over whom I had taken a great deal of trouble had put an end to his life on account of an incurable sexual disorder.” (Freud, S.E. 6, p.3). Freud mentions a suicide note in his analysis of Dora but attributes little meaning to it other than a gesture to galvanize the reactions of her parents. (Freud, S.E. 7)

A very short paper on suicide in secondary schools is included in S.E. Vol. 11. Freud made mention of the topic in a meeting of the Vienna Psycho-analytical Society on April 20 and 27, 1910. The paper is the introductory address and the closing remarks of this two day session.

The suicide of the Wolf Man’s sister is reported as a result of “…the beginning of a dementia praecox.” (S.E. vol. 17, p.21)

In a short paper on the use of electricity administered to war neurotics in an attempt at treatment, Freud states that the treatment may have resulted in suicides. It appears from the paper that a behavioural modification system involving an electric shock was employed. It seems the system was brutal and ineffective and Freud is hard pressed to modulate his distaste for treating traumatogenic neuroses in such a medieval fashion. (“Memorandum on the Electrical Treatment of War Neurotics, 1920”). (S.E. vol. 17)

Freud mentions a patient’s suicidal attempt in his discussion of a case history: “A Case of Homosexuality in a Woman.” (S.E. 18), a sad reflection of the psychoanalytic belief that sexual orientation could be “cured” by analysis. The case involves a young woman who was in a lesbian relationship. Her family believed this situation to be unacceptable. The situation that Freud refers to centred on the woman in question walking with her lover. Her father passed them both and gave a furious stare. This precipitated the suicide attempt. Her explanation of the act was that when she had disclosed to her lover that the man who had just stared at them was indeed her father, that her lover had insisted on terminating the relationship. The woman then made the attempt at suicide. Freud believed that there was far more to the situation than the woman, his client, reported. He felt it was the fulfillment of two issues: that of self-punishment, and a wish. The wish was to conceive a child by her father, which, when denied, had ‘driven’ her to a lesbian sexual
orientation. The link between her father’s denial of this wish to conceive and the manner in which her lover had rebuked her was the unconscious issue of note in Freud’s eyes. The self-punishment issue was the result of unconscious death wishes against her parents for denying the wish. It is from this case that Freud formulated his classic notion of suicide.

“For analysis has explained the enigma of suicide in the following way: probably no one finds the mental energy required to kill himself unless, in the first place, in doing so he is at the same time killing an object with whom he has identified himself, and, in the second place, is turning against himself a death-wish which had been directed against someone else. Nor need the regular discovery of these unconscious death-wishes in those who have attempted suicide surprise us (any more than it ought to make us think that it confirms our deduction), since the unconscious of all human beings is full enough of such death-wishes, even against those they love.” (Freud, S.E. vol. 18, pp. 162-163)

1.3 JUNG AND THE DEATH INSTINCT

“…..there are a number of features in Jung’s work which, taken together, suggest that concepts analogous to the death instinct have a place in analytical psychology. The neutral nature of psychic energy means that it can be put to any use and this would not rule out the paradox of the application of energy to the search for a reduction of energic tension.......This can be regarded metaphorically as a death from which ego potential reconstellates in a more adequate and conscious form. Even temporary loss of ego control is dangerous however, and it is only after the personality emerges enriched that the ‘death’ can be seen to have been a prelude to transformation. ......Crucial to this reading of the death instinct is that regression, whether benign of malign, is as much part of life as growth and progress. Death, as a psychic fact, therefore occupies an individual all of his days and not just towards the end of his life. Repression of this may take place at any point.” (Samuels et al, 1992, pp. 39-40)

One may argue that there is a death instinct within us, hence a death archetype. We can experience this archetype imagically. We clearly do not know what death is like, but we can envisage an aspect of it.

The notion of “non-being” can only exist if we gave a clear sense of being now, i.e. an ego-sense must presuppose the imagic experience of death. To die, is therefore the loss of this sense of “I-ness”, of the ego. In individuals facing body death (for example after a catastrophic diagnosis) there is no sense of cellular death, in that one cannot imagine the loss of body in death. The prospect of ego-death, on the other hand, is frighteningly real for many, especially those who lose their sense of “I-ness” in altered states, severe mental illness or psychosis. To sense the loss of self, the loss of ego, is the
threat of complete annihilation, of death. The ego is threatened with death so we assume that the sense of “not-being”, or “not-I-ness” must be an ego-function. We are fully cognisant of the reality of this state.

Critical to our understanding of this sense of ego-death is the issue that we have tremendous ambivalence towards death. We continue throughout our lives to engage with death symbolically and of course its counterpart, rebirth. Jung, in his use of the notion of a bipolar symbol-producing structure in the form of the archetype, necessitates our paying attention to the bifurcation of the death archetype – it cannot stand alone as representing the end, but has a Janus-faced quality that engages rebirth or renewal.

“It is precisely Jung’s concept of the self – a metapsychological construct to account for the experience of symbols of completeness and totality – that makes it possible for us to do justice to the bipolarity and the feeling about death, and to the fact that a person’s wish for dissolution and reunion is not only a regressive symptom, but is also the expression of a drive for integration and wholeness. The concepts of an ego and of a self help us to perceive the permanent state of tension between the demand for separateness and the demand for union, between the drive towards differentiation and the drive towards non-differentiation.” (Gordon, 1961, p.125)
SECTION FOUR

1. JUNG’S STATEMENTS ABOUT SUICIDE

As mentioned above, Jung refers to suicide primarily regarding the influx of unconscious material into consciousness. He also refers to suicide in terms of:

- compensation,
- a suicide-complex, and
- the transference.

These concepts will be examined in turn. Of interest are Jung’s comments regarding suicide in his correspondence, which offer markedly differing positions than do appear in his essays.

Jung mentions suicide in his letters, often in response to specific questions regarding suicide from correspondents. It is here that we find Jung had quite specific notions of suicide and viewed the act as wasteful. Yet, the connection between his own clients and suicide goes unmentioned. Jung’s strongest statement is made to a “Mrs. N.,” a 47 year old woman concerned about the impact of her suicide attempt at age 21. This statement is contained in a letter dated 13 October 1951.

“It isn’t possible to kill part of your “self” unless you kill yourself first. If you ruin your conscious personality, the so-called ego-personality, you deprive the self of its real goal, namely to become real itself. The goal of life is the realization of the self. If you kill yourself you abolish that will of the self to become real, but it may arrest your personal development inasmuch it is not explained. You ought to realise that suicide is murder, since after suicide there remains a corpse exactly as with any ordinary murder. Only it is yourself that has been killed.” (Jung, 1975, p.25)

Two critical arguments appear in this wonderful paragraph. These are: that you can’t kill any part/aspect of the Self unless the body is killed; and, “The goal of life is the realization of the self.”

The first issue demonstrates Jung’s mature anti-empiricist view that the body/mind/soul is an indissoluble entity. This sidesteps the artificial body-mind split that the Cartesian model advocates. If we move deeper into his statement, we can understand that the psyche cannot be partially ‘dismembered’ in that all aspects exist contemporaneously as a unified whole. Jung’s correspondent may well have asked if you could ‘kill’ an aspect of the ego, or of the body. This clarity of the wholistic view of the psyche does present difficulties when we attempt to tease out how the components of the psyche may self-destruct.
The second issue Jung refers to is that life is premised on a teleologic path – realization of the Self. This is an enormous concept: how can one realise the Self unless the Self contains that which is to be realised? So, contained within the psyche is the eventual psychic position the individual is striving towards. To interrupt this prospective process is to frustrate this principle. If suicide is a possible eventual psychic position, then the Self contains this knowledge.

An earlier echo of this attitude is found in a letter Jung wrote dated 10 July, 1946, to a correspondent regarding suicide. He states:

“The idea of suicide, understandable as it is, does not seem commendable to me. We live in order to gain the greatest possible amount of spiritual development and self-awareness. As long as life is possible, even if only in a minimal degree, you should hang onto it, in order to scoop it up for the purpose of conscious development. To interrupt life before its time is to bring to a standstill an experiment which we have not set up. We have found ourselves in the midst of it and must carry it through to the end.” (Jung, 1973, p. 434)

Some fifteen days later, (25 July, 1946) Jung wrote a lengthy letter to Eleanor Bertine. A substantial portion of the letter concerned Kristine Mann’s death. He makes a clear case against euthanasia.

“It is really a question whether a person affected by such a terrible illness should or may end her life. It is my attitude in such cases not to interfere. I would let things happen as they were so, because I’m convinced that if anybody has it in himself to commit suicide, then practically the whole of his being is going that way. I have seen cases where it would have been something short of criminal to hinder the people because according to all rules it was in accordance with the tendency of their unconscious and thus the basic thing. So I think nothing is really gained by interfering with such an issue. It is presumably to be left to the free choice of the individual. Anything that seems to be wrong to us can be right under certain circumstances over which we have no control and then end of which we do not understand. If Kristine Mann had committed suicide under the stress of unbearable pain, I should have thought that this was the right thing. As it was not the case, I think it was in her stars to undergo such a cruel agony for reasons that escape out understanding. Our life is not made entirely by ourselves. The main bulk of it is brought into existence out of sources that are hidden to us. Even complexes can start a century or more before a man is born. There is something like karma.” (Jung, 1973, pp. 435-436)

In a letter dated 19 November 1955 to a terminally ill woman he states that suicide is not the answer to ending her suffering, but that she should rather hold on as long as she can as “The reason for such an “unreasonable” attitude with me is that I am not at all sure what will happen to me after death. I have
good reasons to assume that things are not finished with death. Life seems to be an interlude in a long story.” (Jung, 1975, p. 279)

From these letters we are able to see that Jung had a definite attitude towards suicide. He appears to feel our lives are not ours to take; that there is something beyond this life on earth, and that the journey the psyche takes requires the totality of experience including the indignity and suffering of terminal illness, because this suffering is the stuff of the psyche. Without it, we cheat the psyche from attaining its eventual goal. Here, Jung is making a clear argument regarding the prospective and teleological aspect of the Self and the psyche. It is not “ours” to tinker with. He clearly felt that the Self cannot facilitate suicide, so our earlier question as to whether the Self contains knowledge of its end in suicide appears answered in the negative.

1.1. THE IMAGE OF THE UNCONSCIOUS OVERWHELMING CONSCIOUSNESS

“The catastrophe can, however, also be subjective and take the form of a nervous breakdown. This invariably happens when the influence of the unconscious finally paralyzes all conscious action. The demands of the unconscious then force themselves imperiously on consciousness and bring about a disastrous split which shows itself in one of two ways: either the subject no longer knows what he really wants and nothing interests him, or he wants too much at once and has too many interests, but in impossible things. The suppression of infantile and primitive demands for cultural reasons easily leads to a neurosis or to the abuse of narcotics such as alcohol, morphine, cocaine, etc. In more extreme cases the split ends in suicide.” (CW 6 : 573)

This approach forms the basis for much of the theoretical arguments on neurosis and psychosis in Jungian models. The issue is straightforward - the unconscious is able to overwhelm consciousness (implying that there is some hydrodynamic “dam/flood” mechanism at work in the psyche) and consciousness is unable to take the pressure (here the hydraulic model used so often in depth psychology is implied.) The use of the term “hydrodynamic” is not to be confused with depth psychology’s reliance on thermodynamic constructs. The latter assist us in understanding the economy of the psyche, whereas the former is implied in the hydraulic metaphor used for the movement of psychic energy.

The problem is that there is no real explanation as to HOW this process occurs, largely due to the fact that the Jungian model is devoutly defence-mechanism free. If we relied on the Freudian notion of defences, we could develop a more detailed understanding of the “flood control mechanism” and how it operates. This “mechanism” refers to a series of ego defences that the ego employs in response to anxiety.
We are clear that the intrusion of unconscious material may happen with varying degrees of intensity - from a little daytime fantasy, dreams, to active imagination, and ultimately to a pure psychotic state. Nowhere do we have a sense of the degree of unconscious intrusion - which leaves one asking just how intense this intrusion has to become to result in suicidal ideation, and finally suicide. In the case of suicide as the outcome of this “flooding” we must ask what aspect of the unconscious tips the balance in favour of the process? Is it simply an archetypal inflation or a complex possession?

If we posit the archetypal route, we must then begin to address which archetype(s) are responsible for this action. In the clinical scenario of inflation, an archetype partially and temporarily overwhelms the ego but this archetype (suicide) has a specific action, that of the ending of physical life. This archetype then can override all other aspects of the psyche, particularly the central organizing archetype (the Self), and cause a retrogressive act. In effect, the suicidal archetype causes a return to the original state of the psyche prior to birth, largely unformed and without clear demarcation. But, is there evidence for a suicide archetype? It will be argued later that there is no such archetype, rather we should address ourselves to the notion of a death archetype, at the core of a suicide-complex.

Jung, in his discussion of Freudian psychoanalysis, referred again to the power of the unconscious, distinguishing unconscious contents as being far less “personal” than Freud’s approach. He saw Freud “depreciating” the unconscious in favour of consciousness. The cost, Jung argued, is that the vitality of the unconscious is critical to the renewal needs of the conscious aspect of the psyche. Yet, there is of course a risk of intrusion of powerful unconscious content:

“Freud’s approach s not always mistaken, however, for consciousness is not always firmly established. This presupposes a good deal of experience of life and a certain amount of maturity. Young people, who are very far from knowing who they really are, would run a great risk if they obscured their knowledge of themselves still further by letting the “dark night of the soul” pour into their immature, labile consciousness. Here a certain depreciation of the unconscious is justified. Experience has convinced me that there are not only different temperaments (“type”), but different stages of psychological development, so that one can well say that there is an essential difference between the psychology of the first and second half of life. Here again I differ from the others in maintaining that the same psychological criteria are not applicable to the different stages of life.” (CW 4, para. 762)
1.2. THE IMAGE OF THE DANGEROUSNESS OF THE UNCONSCIOUS

“We are greatly mistaken if we think that the unconscious is something harmless that could be made into an object of entertainment, a parlour game. Certainly the unconscious is not always and in all circumstances dangerous, but as soon as a neurosis is present it is a sign of a special heaping up of energy in the unconscious, like a charge that may explode. Here caution is indicated. One never knows what one may be releasing when one begins to analyse dreams. Something deeply buried and invisible may thereby be set in motion, very probably something that would have come to light sooner or later anyway – but, again, it might not. It is as if one were digging an artesian well and ran the risk of stumbling on a volcano. When neurotic symptoms are present one must proceed very carefully. But there are cases of people, apparently quite normal, showing no especial neurotic symptoms – they may themselves be doctors and educators – priding themselves on their normality, models of good upbringing, with exceptionally normal views and habits of life, yet whose normality is an artificial compensation for a latent psychosis. They themselves suspect nothing of their condition. Their suspicions may perhaps find only an indirect expression in the fact that they are particularly interested in psychology and psychiatry, and are attracted to those things as a moth to the light. But since the analytical technique activates the unconscious and brings it to the fore, in these cases the healthful compensation is destroyed, the unconscious breaks forth in the form of uncontrollable fantasies, and overwrought state which may, in certain circumstances, lead to mental disorder and possibly even to suicide. Unfortunately these latent psychoses are not so very uncommon.” CW 7 : 192

Here Jung relies on the intrusion metaphor yet he adds a depth to the explanation in that he argues the unconscious has a "dangerousness" to it and goes so far as to say that certain individuals harbour a latent psychosis that is compensated for by a veneer of normality, viz. a normal persona. What causes this buildup of psychotic material, and again, far more importantly, what acts as the flood control?

This paragraph would at first appear to be from a very young Jung, close to or during his association with Freud. In this statement he shares Freud’s crude notion that the unconscious is essentially a dark primaeval morass to be expertly drained through analysis, as opposed to the more flexible view of Jung’s that we are familiar with. However, Jung wrote this essay somewhat late in life. What the paragraph does show is that Jung still held to the belief that the unconscious had sufficient power to overwhelm consciousness and this potential threat needed to be taken very seriously, something few Jungians today would disagree with.

We are still faced with the issue that suicide is the result of a surge of unconscious material overwhelming consciousness. We need to, at some stage, begin to re-visit the place of the ego (or consciousness) in the model of
the psyche. The reason for this need is that we cannot view the ego as being the solitary bastion against an unconscious tidal wave, nor can we dismiss the fact that for some patients, suicide is an extremely well-thought, conscious, ego-based decision and in no way represents a flooding by unconscious contents.

1.3. THE ISSUE OF COMPENSATION IN SUICIDE

"Although it in the great majority of cases compensation aims at establishing a normal psychological balance and thus appears as a kind of self-regulation of the psychic system, one must not forget that under certain circumstances and in certain cases (for instance, in the latent psychoses) compensation may lead to a fatal outcome owing to the preponderance of destructive tendencies. The result to suicide or some other abnormal action, apparently preordained in the life-pattern of certain hereditary tainted individuals." CW 8 : 547

Here the compensatory model is used to its full effect. The issue of a latent psychosis is used by Jung to bolster his argument. His unfortunate use of "hereditary tainting" does little in this day and age to facilitate a greater understanding of the model. But what is the compensation about?

Compensation is a core principle within the Jungian model, implying that the psyche has within it, the ability to re-dress imbalances and in some cases to push the fulcrum of the balance beam quite deliberately in a direction that results in distress, in the overriding prospective goal of altering conscious attitudes.

Our problem is that suicide may be the result of a failed compensatory action on the part of the psyche. At the core of this compensatory action is of course the Self, so we return to our original dilemma – how can the Self precipitate a retrogressive implosion of the psyche in the form of a suicide?

1.4. THE DANGER OF TRANSFERENCE

“…..The vast majority of mental illnesses (except those of a directly organic nature) are due to a disintegration of consciousness caused by the irresistible invasion of unconscious contents. Accordingly, we must know where we can intervene without the risk of harm. Even if no danger threatens from this side, we are still not exempt from certain hazards. One of the commonest consequences of preoccupation with unconscious contents is the development of what Freud called “the transference.” Strictly speaking, transference is the projection of unconscious contents upon the person analyzing the unconscious. The term “transference,” however, is used in a much wider sense and embraces all the exceedingly complex processes which bind the patient to the analyst. This bond can turn into an extremely unpleasant
obstacle if inexpertly handled. There are cases where it has even led to suicide. One of the main reasons for this is the coming to consciousness of certain unconscious contents which throw a new and disturbing light on the family situation. Things may come up that transform the patient’s love and trust in his parents into resistance and hatred. He then finds himself in an intolerable state of isolation, and will cling desperately to the analyst as his last remaining link with the world. If at this critical juncture the analyst, through some technical blunder, snaps even this link, it can lead straight to suicide.” (CW 17 para. 260)

One may read this paragraph as referring not only to a solid clinical warning about the mis-management of transference, but also as the reflection of a clinician who has experienced first-hand, the consequences of such a catastrophe. Jung may well be referring to those clients of his who did suicide as a result of treatment. The paragraph, particularly the last line, is quite damning. Is Jung referring to the painful experience he must have had, in which a client suicided, and did Jung himself feel culpable owing to some ‘technical blunder’?

Jung continues to employ the intrusion model in the above quote yet adds an important component in analysis - the role of the transference. Ultimately, Jung warns against the inappropriate assault on the defences of the client, yet couches it in terms of damage to the transference (here used in a strictly parental-imago sense). We are still left facing the same problems as mentioned in earlier sections and when we examine the paragraph above – we do not employ the classic notion of defence mechanisms that the Freudian model has available to it. Transference involves the use of projection. Unless we can examine transference as a projective behaviour of the unconscious (and hence a defence mechanism) we cannot make headway.

In addition, an analysis functions from the intra-and-interpsychic interactions between client and analyst, the position of the analyst on suicide radically influences their countertransference responses to client’s discussion of previous suicide attempts, or more problematic, client’s statements about intended suicide. Hillman argues that it is through the training of the analyst that this issue is addressed. The analyst’s own working through of beliefs and attitudes towards suicide will markedly influence the context of suicidal client interactions.

“Because a personal point of view only is not adequate for meeting the problems of the analytic hour, training aims at increasing objectivity. When suicide is the problem of the hour an analyst should be expected to have achieved a conscious point of view beyond his subjective concerns. But how does an analyst develop objectivity about suicide? “ (Hillman, 1997, p. 17)
Analysts require exquisite self-knowledge to engage effectively in the analytic process with the client. This implies that analysts should have dealt with their own suicidal issues.

“...because analytical work is a relationship, a relationship requiring the commitment of the analyst’s personality, an analyst is always involved in every event. This involvement goes beyond medical responsibility for a charge; it is rather a participation in the other as if it were oneself. Thus the death of his charge is always to the analyst his own death, his own suicide, his own failure. An analyst faced again and again with suicidal people is forced to consider his own death and where he is lacking, because the people who come for therapy bring the analyst his own problems.” (Hillman, 1997, p.21)

The argument here is that in coming to terms with their own death issues, analysts are more capable of dealing with the death issues in the Other. The paradox though is that the more we are comfortable with our own death issues, the less we are galvanised by the death issues of the client. Yet in order to facilitate this, we must out of necessity, be quite prepared for our own death and have no concerns that might intrude in the analytic process. This is a tall order for any human.

“What is called death by the neurotic mainly because it is dark and unknown is a new life trying to break through into consciousness; what he calls life because it is familiar is but a dying a pattern he tries to keep alive. The death experience breaks down the old order, and in so far as analysis is a prolonged ‘nervous breakdown’ (synthesizing too as it goes along), analysis means dying. The dread to begin an analysis touches these deep terrors, and the fundamental problem of resistance cannot be taken superficially. Without a dying to the world of the old order, there is no place for renewal, because, as we shall; consider later, it is illusory to hope that growth is but an additive process requiring neither sacrifice nor death.” (Hillman, 1997, p.68)

Here Hillman is using the notion of death in terms of psychic change. Important is the issue that the transference is also influenced by the notion of compensation. Steinberg (1988) argues that transference is a form through which compensation is enacted:

“Compensation is the mechanism by which the psyche automatically regulates itself. If, due to resistances or excessive repressions, ego-consciousness becomes too one-sided and cannot be modified by the self-regulating mechanism of compensation, a neurosis develops. The information which compensates the conscious attitude is expressed through neurotic symptoms. The transference, like the neurosis which it manifests, is an attempt at a self-cure through compensation. It is an attempt of the self-regulating psychic system to restore balance to the personality.” (p.24-25)
1.5. THE IDEA OF A SUICIDE-COMPLEX

“Generally speaking, therefore, an unconscious secret is more injurious than a conscious one. I have seen many patients who, as a result of difficult circumstances that might well have driven weaker natures to suicide, sometimes developed a suicidal tendency but, because of their inherent reasonableness, prevented it from becoming conscious and in this way generated an unconscious suicide-complex. This unconscious urge to suicide then engineered all kinds of dangerous accidents – as, for instance, a sudden attack of giddiness on some exposed place, hesitation in front of a motor-car, mistaking corrosive sublimate for cough mixture, a sudden zest for dangerous acrobatics, and so forth. When it was possible to make the suicidal leaning conscious in these cases, common sense could intervene as a salutory check: the patients could then consciously recognise and avoid the situations that tempted them to self-destruction.” (CW 16 : 128)

In this paragraph Jung mentions a suicide-complex (the only time in the Collected Works in this sense.) He mentions this complex once again in a letter of 10th January, 1939 to Pastor Fritz Pfäfflin (see Jung, 1973, p. 258). A complex is developed (we are not informed as to the manner of this formation) that accounts for occasional suicidal or self-destructive behaviours. We must add at this juncture that the earlier Life/Death instinct approach of pre-1920's Freud addressed this issue remarkably well. Freud's formulation of the death instinct continues to serve as one of the psychoanalytical theoretical constructs that has proved resistant to universal acceptance by his adherents.

Of the three constructs Jung uses to discuss suicide (compensation, suicide-complex, and transference), it is the suicide-complex that offers a clear clinical model that has potential for development into a Jungian model of suicide. We now focus on this issue.
SECTION FIVE

1. SUICIDE AS A COMPLEX

1.1. INTRODUCTION

The notion of a suicide-complex permits a clear model formulation that has eluded us to date in this debate on suicide. The suicide-complex will be examined in this section. At the core of all complexes are archetypes, and it is to the Suicide archetype and the Death archetype we must turn for an understanding of this core. In working in a clinical setting, the process of “unpacking” (depotentiating) a complex is extremely challenging, but does have a definite tradition of a methodology which is detailed below.

One may argue that a complex is appreciated by the client firstly through the affect-response to the issue, then a gradual depotentiation of the complex in working through, and lastly, through the recognition of the archetypal core. It is a possible source of confusion to the client, to address the complex the other way through.

An approach to addressing the problem of how the suicide-complex achieves its' negative end is the use of the term possession, or constellation, in that the individual constellates the complex (and may thus undergo archetypal possession) due one of three mechanisms:

- exogenous trigger
- archetypal possession
- dissociation.

The ability of the complex to displace the ego-complex and temporarily "manage" consciousness is critical in this issue. The suicide-complex may, at times, have complete autonomy in the consciousness, and it may well be that this autonomous state is the condition under which individuals may actually kill themselves. Jung writes:

"These peculiarities plainly reveal the qualities of the autonomous complex. It creates a disturbance in the readiness to react, either inhibiting the answer or causing an undue delay, or it produces an unsuitable reaction, and afterwards often suppresses the memory of the answer. It interferes with the conscious will and disturbs its intentions. This is why we call it autonomous. If we subject a neurotic or an insane person to this experiment, we find that the complexes which disturb the reactions are at the same time essential components of the psychic disturbance. They cause not only the disturbances of reaction but also the symptoms. I have seen cases where certain stimulus-words were followed by strange and apparently nonsensical
answers, by words that come out of the test-person’s mouth quite unexpectedly, as though a strange being had spoken through him. These words belonged to the autonomous complex. When excited by an external stimulus, complexes can produce sudden confusions, or violent affects, depressions, anxiety-states, etc., or they may express themselves in hallucinations. In short, they behave in such a way that the primitive theory of spirits strikes one as being an uncommonly apt formulation for them.” (CW 8, para. 593)

“The feeling-tone is an affective state accompanied by somatic innervations. The ego is the psychological expression of the firmly associated combination of all bodily sensations. One’s own personality is therefore the firmest and strongest complex, and (good health permitting) it weathers all psychological storms. It is for this reason that the ideas which directly concern our own persons are always the most stable, and to us the most interesting; we could also express this by saying that they possess the strongest attention-tone.” (CW 3, para. 83)

In discussing the somatic responses to a powerful complex, Jung states that:

“This perseveration of the affect, coupled with great intensity of feeling, is one of the reasons for a corresponding increase in the richness of associations. Hence large complexes are always strongly feeling-toned and, conversely, strong affects always leave behind very large complexes. This is due simply to the fact that on the one hand large complexes include numerous somatic innervations, while on the other hand strong affects constellate a great many associations because of their powerful and persistent stimulation of the body.” (CW 3, para. 87)

In a profoundly important essay presented to the Royal Medical Society in 1939, Jung discusses aspects of “autonomous complexes” in an attempt to understand the aetiology of schizophrenia. It is from this paper that we are able to quote material relevant to our topic of suicide. In these paragraphs, Jung describes a psychotic break, but does so using the notion of the complexes to explain how the essential ‘dis-connect’ of the psychotic relies on very discrete and autonomous aspects of the psyche. It is here that we have valuable insight into how a possible suicide-complex may become active and lead to the patient ending his life.

“The autonomous figures have broken away from the control of the ego so thoroughly that their original participation in the patient’s mental make-up has vanished. The abaissement has reached a degree unheard of in the sphere of neurosis. An hysterical dissociation is bridged over by a unity of personality which still functions, whereas in schizophrenia the very foundations of the personality are impaired. (para. 509) The abaissement
(1) Causes the loss of whole regions of normally controlled contents.
(2) Produces split-off fragments of the personality.

(30) Hinders normal trains of thought from being consistently carried through and completed.

(4) Decreases the responsibility and the adequate reaction of the ego.

(5) Causes incomplete realisations and thus gives rise to insufficient and inadequate emotional reactions.

(6) Lowers the threshold of consciousness, thereby allowing normally inhibited contents of the unconscious to enter consciousness in the form of autonomous invasions.” (CW 3, paras. 509-510)

“The more common form of abaissement does not affect the unity of the personality, at least not seriously. Thus all dissociations and other psychic phenomena derived from this general form of abaissement bear the stamp of the integral personality.” (CW 3, para. 514) (Here Jung refers to common forms meaning those as a result of fatigue, anxiety, intoxication etc.)

“Under the stress of an extreme abaissement the psychic totality falls apart and splits up into complexes, and the ego-complex ceases to play an important role among these. It is just one among several complexes which are equally important, or perhaps even more important than the ego. All these complexes assume a personal character although they remain fragments. It is understandable that people should get panicky, or that they eventually become demoralized under a chronic strain, or despair of their hopes and expectations. It is also understandable that their will-power weakens and their self-control becomes slack and begins to lose its grip upon circumstances, moods and thoughts. It is quite consistent with such a state of mind if some particularly unruly parts of the patient’s psyche then acquire a certain degree of autonomy.” (CW 3, para. 521)

1.2. AFFECT-STATE OF THE SUICIDE COMPLEX

What then are the affect-responses to this polarized construct of "I want to kill myself vs. I want to live"? The individual will vacillate between these two poles, and, as is common in such persons, will be highly sensitive to exogenous cues and triggers.

In terms of suicide risk assessment, one of the core predictors is the verifiable existence of an exogenous trigger, such as a severe loss (employment, friend, family) or a sense of facing a certain outcome (going to jail, losing your fortune, being diagnosed with terminal cancer.) This exogenous trigger then constellates the suicide-complex, pushing the already fragile ego to call it a day and give in.

In the absence of this exogenous cue (and obviously in the absence of a range of suicide risk factors) the individual feels able to cope with the normal stressors of life and hence suffers no challenge to the ego to end it all. The affect state is a core drive in the constellation of the negative pole of the complex. If an individual feels overwhelmed, out of control, hopeless and has

a sense of a negative future, the power of the affect itself is sufficient to constellate and erode the survival instinct of the body.

It is here that the affective issues that are constellated by the complex are critical. A profound sense of being overwhelmed, or incapacitated with concomitant sense of powerlessness and no possibility for an alternative outcome, pervade the consciousness of the client. This is a necessary condition for the deepening of the power of the complex. The complex has us, rather than we the complex, as Jung said (CW8, para. 200).

We need to consider the role of the body in the complex as well. Affects and emotions have somatic correlates. The emotions are rooted somatically. Suicide then has a somatic component (beyond the obvious termination of physical life.)

“Transformation, to be genuine and thorough. Always affects the body. Suicide is always somewhere a body problem.” (Hillman, 1997, p. 71)

1.3. ONTOGENETIC ASPECTS OF THE SUICIDE COMPLEX

The nature of the complex, beyond the affect state, is largely influenced by the individual’s ontogenetic history as the complex is developed through the lived experience. Here the notion of suicide risk factors supports this premise. In individuals with a previous history of suicidal attempts, the risk of future (successful) suicide is extremely high. In addition, children of parents who suicided are at a greater risk than children of parents who did not end their own lives. We see that the ontogenetic experience, in conjunction with the affect state, is highly predictive of suicidal behaviour, yet it still does not answer the fundamental question: how does the psyche "permit" such a self-abuse?

1.4. ARCHETYPAL BASIS FOR THE SUICIDE COMPLEX – THE DEATH ARCHETYPE

If we travel deeper into the core of the complex, we touch on the archetype. A possible archetype in question we might attempt to label the Suicide Archetype. What exactly could this archetype represent, and what myths or religious thought may we rely on to amplify this symbol? A review of symbol dictionaries (largely collections of one authors’ amplifications of symbolic materials) under the term “suicide” reveals no information. Somehow, this topic has been relegated to the extreme boundaries of clinical psychopathology.

We may be reminded of the notion of “Suicide as Sacrifice” at an archetypal level, yet suicide is clearly not always a sacrifice. Suicide is a clear step against gaining greater good for a community in that it is highly individualistic,
extremely self-centered and without purpose other than to avoid the pain of the present or the future. Suicide is thus an end to personal suffering. (This is clearly not the case in Hillman’s Collective Suicide.)

“The term sacrifice, from the Latin sactificium (sacer, "holy"; facere, "to make"), carries the connotation of the religious act in the highest, or fullest sense; it can also be understood as the act of sanctifying or consecrating an object." (Henninger, 1987, p. 544)

Sacrifice, in which an individual dies, is self-termination for a greater purpose. Sacrifice is clearly an act that enters the realm of the sacred. The classic sacrifice many of us are aware of is the voluntary crucifixion of Christ. In dying on the cross He redeemed mankind of its sins. Myths and religion are riddled with the notion of sacrifice. The more bloody versions are to be found in Meso-American fertility and cosmic regeneration rituals. Yet, extreme as these sacrificial acts were, they cannot be viewed as pure clinical suicide, even if the sacrificial victim went willingly (or substantially drugged) to the slaughter. The core distinction in the rituals is that the act was conducted in the realm of the sacred.

“A truly essential element, on the other hand, is that the recipient of the gift be a supernatural being (that is, one endowed with supernatural power), with whom the giver seeks to enter into or remain in communion.” (Henninger, 1987, p. 544)

This essential aspect of sacrifice, that of the relationship between the sacrifier and a higher being, implies that the act is concerned with this relationship. If, through the relationship between oneself and the divine, one is able to facilitate change, the sacrifice has its true purpose.

This, one might argue, is the core distinction: suicide is aimed at preventing the individual’s present or future pain whereas sacrifice is aimed at the greater good. This distinction is between the sacred and the profane. Sacrifice involves a series of layered meaningful acts in the interaction between the sacred and the profane. These layered meanings structure the purposive act of sacrifice. Central issues in the act are:

“(1) Who offers the sacrifice? (2) What is offered? (3) What external forms belong to the act of offering? (4) In what places and at what times are sacrifices offered? (5) Who is the recipient of the sacrifice? (6) For what reasons are sacrifices offered? “(Henninger, 1987, p. 545)

Suicide generally lacks these layered meanings. However, there are specific forms of sacrifice that address Henninger’s final question regarding the reasons for sacrifice.

“Theologians usually distinguish four intentions of sacrifice: praise (acknowledgment, homage), thanksgiving, supplication, and expiation;
but several or even all four of these intentions may be combined in a single sacrifice.” (Henninger, 1987, p. 549)

Before we establish a rigid separation between sacrifice and suicide, we should address the fourth category of sacrificial intention mentioned above, that of expiation. It is worthwhile quoting Henninger (1987) in full.

“In the narrow sense, expiatory sacrifices presuppose consciousness of a moral fault that can be punished by a higher being who must therefore be placated by suitable acts on the part of the human beings involved. But the concept of expiation (purification, lustration) is often used in a broader sense to mean the removal or prevention of every kind of evil and misfortune. Many authors assume that the ethical concept of sin was a late development and therefore consider rites of purification and elimination for the removal of all evils (in which no relation to higher personal beings plays a part) to be the earliest form of expiation. Furthermore, when there is a human relationship to personal beings, a distinction must be made. These beings (spirits, demons, etc.) may be regarded as indifferent to ethical considerations, unpredictable, and capricious, or even malicious, envious, cruel, and bloodthirsty. In this case expiation means simply the removal of what has roused (or might rouse) the anger of these beings, so that they will leave humans in peace; no relationship of goodwill or friendship is created or sought. On the other hand, the higher beings may be regarded as inherently benevolent, so that any disturbance of a good relationship with them is attributed to a human fault; the normal good relationship must therefore be restored by an expiatory sacrifice or other human action; in these cases we speak of atonement, conciliation, or propitiation.” (p. 550)

An expiatory sacrifice can well be enacted through suicide. It is through such a suicide that a full atonement of sin is attempted. In addition, if this form of sacrifice by suicide is towards the greater good of a cult, group or community, then it does indeed fulfill Henninger’s (1987) requirement for an expiatory sacrifice. The crucial issue is that if this sacrifice is undertaken by the victim and not by others (i.e. a ritual killing), then we have to acknowledge the capacity for the suicide to be a form of self-sacrifice. This is of course the form of suicide that Durkheim (1897) labelled altruistic suicide. We are familiar with this approach in terms of suicidal actions committed by Japanese kamikaze pilots in the Second World War.

We are still faced with a problem regarding amplification of the Suicide Archetype. Does the Suicide Archetype exist?

Rosen (1993) asks this very question:

“Is there an archetype for suicide? In other words, is there a predisposition to murder oneself built into the human species: an ancient behavioural pattern or drive that is latent and unconscious (at
least, for most individuals), but that can be detected in our myths and artistic creations? “ (p. 31)

Rosen answers this question with a resounding no. There is no evidence for the suicide instinct in our species, on the contrary, suicide has a strong taboo surrounding it for most of human history. There is no innate self-destructive instinct, rather there is clear evidence for a suicide complex (a construct Jung himself refers to). As complexes have archetypal cores, what then is the archetype of the suicide complex? Is it a Suicide Archetype – clearly not as this construct cannot reside in our psyche, for reasons mentioned above, rather, there is a death archetype at the core of this complex.

“Throughout history, most societies have tried to forestall any individual inclination towards suicide by declaring it taboo, attaching a stigma to it, or by drawing strict distinctions between justifiable and unjustifiable suicide situations. Some of the earliest recorded societies portrayed suicide as forbidden because of two related beliefs: Suicides lived miserably in the next world; the ghosts of suicides seek revenge by attempting to destroy others as they have destroyed themselves.” (Rosen, 1993, p. 21)

Fairy tales show little evidence for suicidal experiences. A notable example is Rumplestiltskin. As fairy tales are one of the purest examples of the collective unconscious, and there is little if no evidence for suicidal motifs in these tales, we may say that this provides additional support for the argument that there is no suicide archetype in the human psyche. What is apparent in these tales, is the symbolic suicide or dissolution and rebirth of ego aspects. Here we are struck again by the importance of the death/rebirth structure that is at the core of suicidal attempts and behaviour.

“The archetype of death and rebirth is inherent in Jung’s theories of the transformation of libido and the symbol-creating process of regression and progressive renewal (1956). Death and rebirth can be seen in such individuation experiences as working through life transitions or within the analytical process as clients assimilate aspects of the unconscious. Death and rebirth can been in passages through major crises, such as puberty, marriage, illness. In speaking of the archetype of the Self, Jung saw that images of immortality are symbols of “the treasure hard to attain”: the water of life, the healing herb, the elixir of immortality, the philosopher’s stone, miracle rings, magic hoods, winged cloaks. This “treasure” suggests that immortality corresponds analogously to self-discovery and the individuation process. In all creative acts, there is a liberation of what was held captive and an acquisition of some “treasure” which releases productive energy in the soul.” (Dalrymple, 1987, p. 179)
SECTION SIX

1. SUICIDE AS A FAILURE OF ADAPTATION

1.1. INTRODUCTION

Kast (1990) views suicide as a response to crises.

“Suicide commonly serves as an expression for existential crisis in general; yet it can also be understood as a way of coping with a crisis. Threatened by a totally devastating situation, exposed to naked terror, suicidal persons attempt to kill themselves in order to forestall the anticipated catastrophe.” (p. 31)

What is apparent in this quote is that suicide is a reaction to an event or a crisis. The problem though is that the crisis one immediately considers is that of an exogenous trigger, rather than the intrapsychic problem resulting from an existential question. One may argue that the intrapsychic terror that may precipitate a suicide is of the very nature that concerns analysis: who am I? How can I continue this existence? Is there something better in the next hour? Analysis is more often than not a reaction to intrapsychic crises and it is our response to these crises that brings us close to the possibility of suicide.

1.3. THEORY OF ADAPTATION WITH RESPECT TO SUICIDE

If we accept the argument that adaptation is the reciprocal balancing process between the demands of the external world and the unconscious, then suicide may represent the failure of this process.

We are faced with two issues that may precipitate such a failure:

- The psyche's inability to adapt to, or successfully negotiate an exogenous demand, or
- The inability of consciousness to successfully adapt to the demands of the unconscious.

Material regarding enantiodromia and the transcendent function serve to bolster the theoretical processes involved in suicide prevention, but not the reverse. To argue that suicide, in terms of the theory of adaptation, is simply a failure of the energetic aspect of the transcendent function to arise seems too simple.
1.3.1. THE PSYCHE'S FAILURE TO ADAPT TO AN EXOGENOUS DEMAND

The theory of adaptation relies initially on a conscious attitude or standpoint. The individual holds to a conscious attitude or ego-stance, and it is in response to this ego-stance that the unconscious replies.

Exogenous demands quite obviously range across the human experience. A serious challenge to the ego for one individual may represent an enhancing experience for another. Core ego-stance challenges would include severe concerns such as the loss of a critical object or experience, physical insults, or severe threats to the persona. As Jungian theory pays scant credence to the ego defences outlined initially by Freud and later his daughter Anna, one cannot fully explain how the ego responds to these challenges, apart from some agreement that the ego feels incapable of integrating the challenges or altering its' stance towards such challenges.

We cannot forget the role of the unconscious in this process as it is the unconscious after all, that responds to the new ego stance or conscious attitude thereby facilitating an adaptive response. However, initially this is largely an external world problem facing the ego. It is only later that the unconscious begins a response, and, more importantly, it is only when the individual is in a position to recognise and adapt to the unconscious material that the ego stance can be altered.

Consciousness (ego) either cannot integrate the counter-balancing position the unconscious provides, or, more sinister, the unconscious position exacerbates the situation. Either way, the ego perceives that the situation is untenable, ignores or denies the symbol-producing capacity of the psyche and begins to disintegrate. We may assume that with the increasingly fragile ego-state, the movement into primary process thinking would begin. It is here we must ask – does the unconscious overwhelm the ego (death archetype material) or does the ego develop a clear stance that psychic disintegration is immanent and decides to terminate the process through suicide?
SECTION SEVEN

1. ANALYSIS AS A SERIES OF “SUICIDES”

1.1. INTRODUCTION

In this section the premise is that analysis represents a progressive series of suicides – suicides that are death/rebirth cycles. These cycles represent a challenge to the ego. Old attitudes are forced into dissolution, permitting newer attitudes to arise. The suicide referred to here is a transformation of the old into the new.

“The individuals who are seeking help must experience many, often seemingly small, changes in their conscious attitudes, in their patterns of behaviour, and in what we call their psychological structures and dynamics, if their growth is to continue and be genuinely effective over an extended period of time.” (Stein, 1994, p.27)

Here Stein is referring to the successive changes that are involved in analysis. Without a dissolution of psychic structures and the concomitant development of new attitudes, analysis does not, and cannot truly occur. If we regard analysis as an example of accelerated individuation, then this successive death/rebirth cycle is indeed onerous and challenging to the beings involved. Here we must make note of the fact that it is not only the client that experiences this cycle, but so does the analyst.

“Jungian analysis takes place within a dialectical relationship between two persons, analyst and client, and has for its goal the client’s coming to terms with the unconscious: the client is meant to gain insight into the specific unconscious structures and dynamics that emerge during analysis, and the structures underlying ego-consciousness are meant to change in their dynamics relation to other, more unconscious structures and dynamics.” (Stein, 1994, p.29)

The very dialectic between consciousness and the unconscious may be seen as representing this successive change and in so doing becomes a series of initiations, in the sense that von Gennep (1960) relies on: separation, transition and incorporation, with each stage referring to a mini death/rebirth.

1.2. ANALYSIS AND THE NOTION OF STAGES

Jung, in a discussion of individuation as represented through images clients painted (“A study in the process of Individuation” CW 9i) he discusses the need for the client to ‘let go.’ In letting go, the client voluntarily submits to the
dark night sea journey, a journey of blackness, despair, depression, but is also the critical phase for renewal, integration and rebirth.

“...In this case and at this moment the ability to “let go” is of decisive importance. But since everything passes, the moment may come when the relinquished ego must be reinstated in its function. Letting go gives the unconscious the opportunity it has been waiting for. But since it consists of opposites – day and night, bright and dark, positive and negative – and is good and evil and therefore ambivalent, the moment will infallibly come when the individual, like the exemplary Job, must hold fast so as not to be thrown catastrophically off balance – when the wave rebounds. The holding fast can be achieved only by conscious will, i.e., by the ego, but one which, as we see here, is nonetheless relative. Relative, too, is the gain won by integrating the unconscious. We add to ourselves a bright and a dark, and more light means more night. The urge of the consciousness towards wider horizons, however, cannot be stopped; they must needs extend the scope of the personality, if they are not to shatter it. (CW 9i, para. 563)

Jung, in commenting on the notion of the dark night sea journey, mentions a passage from the *Rosarium*:

“...[O blessed Nature, blessed are thy works, for that thou makest the imperfect to be perfect through the true putrefaction, which is dark and lack. Afterwards, thou makest new and multitudinous things to grow, causing with thy verdue the many colours to appear.] It is not immediately apparent why this dark state deserves special praise, since the *nigredo* is universally held to be of a sombre and melancholy humour reminiscent of death and the grave. But the fact that medieval alchemy had connections with the mysticism of the age, or rather was itself a form of mysticism, allows us to adduce as a parallel to the *nigredo* the writings of St. John of the Cross concerning the “dark night.” This author conceives the “spiritual night” of the soul as a supremely positive state, in which the invisible – and therefore dark – radiance of God comes to pierce and purify the soul.” (CW 16, para. 479)

1.5. THE DARK NIGHT SEA JOURNEY

The night sea journey: Jung used the phrase ‘(dark) night sea journey’ frequently in his description of the passage through depression. The phrase is one that both St. John of the Cross and Frobenius are well-known for. A distinction though is that there is a substantial difference between the dark night sea journey, and the dark night of the soul. Jung quotes Frobenius who uses the phrase in a description of the mythic journey of transformation of gods (and of Biblical figures such as Jonah).

“A hero is devoured by a water-monster in the West (devouring). The animal travels with him to the East (sea journey). Meanwhile, the hero
lights a fire in the belly of the monster (fire-lighting), and feeling hungry, cuts himself a piece of the heart (cutting off the heart). Soon afterwards, he notices that the fish has glided on to dry land (landing); he immediately begins to cut open the animal from within (opening); then he slips out (slipping out). It was so hot in the fishes belly that all his hair has fallen out (heat and hair). The hero may at the same time free all those who were previously devoured by the monster, and now slip out too.” (CW 5, para. 310)

This passage aptly describes the death/rebirth cycle involved in analysis. In being swallowed (by the Great Mother) the client engages in a descent, a letting go and a death. The unconscious stimulates the conscious attitude to change its’ position. This change in position necessitates a change in conscious attitude in that the psyche progressively moves towards a greater sense of wholeness.

St. John, in his chapter on “The First Dark Night of Sense and Desire” provides clear attitudes to hold in an attempt to remove oneself from attachment to the senses in the lengthy dark night journey towards the soul’s unification with God:

“To silence and tranquillize the four natural passions – joy, hope, fear and grief – the following counsels are very helpful, conducive to great merit, and the source of great virtues:
Take care that you always choose
Not the easiest, but the hardest; Not the most delectable, but the most distasteful;
Not what gives most pleasure, but that is less pleasing;
Not what allows you much rest, but what requires much exertion;
Not what consoles, but what deprives you of consolation;
Not the loftiest and the most precious, but the lowest and most despised;
Not the desire for anything, but the desire for nothing.
Do not go about seeking the best of temporal things, but the worst. Desire nothing but to enter Christ’s sake into total nakedness, emptiness, and poverty with respect to all the things of the world.” (St. John of the Cross 1957, p.25)

This letting go or detachment from the senses is a critical metaphor for this paper. To let go, to remove oneself from the attachment to the present situation precipitates a death. This death is of the old attitude. Terrifying that this may well be for the client, it is a critical component in the individuation process being stimulated by the analysis. The process requires a death, or rather a psychic suicide in that one has to permit the psyche to eliminate a conscious attitude or an excessive attachment to a complex. Depotentiation of this complex or attitude is the very stuff of analysis. The journey is one of darkness, of dissolution and uncertainty.

The actual traverse of this dark journey begins on ‘The First Dark Night’ for St. John. Here he describes a process which echoes analysis remarkably well.
“If a soul aspires to supernatural transformation, it is clear that it must be far removed from all that is contained in its sensual and rational nature. For we call supernatural that which transcends nature, so that the natural is left behind. The soul must be completely and by its own will empty itself of everything that can be contained in it with respect to affection and volition, in such a way that, regardless of how many supernatural gifts it may receive, it will remain detached from them and in darkness. It must be like a blind man, finding its only support in dark faith, taking it as its guide and light, and leaning upon none of the things which it understands, enjoys, feels and imagines. And if the soul does not make itself blind in this manner, remaining in total darkness, it will not attain to those greater things which are taught by faith.” (St. John, 1957, pp. 32-33)

To let go is the clearest metaphor of suicide in analysis. The core issue here is that there is a guiding principle that governs this letting go, this series of psychic suicides. We have to trust that this process leads to a greater sense of wholeness and connection with the Self. However, the earlier question regarding the potential for the Self to lead us towards actual suicide is not answered. How can this dissolution process get away from us? Is it the result of excessive force by the analyst? A too fragile ego? Overwhelming exogenous factors? Or is it simply “the unconscious overwhelms consciousness”?

CONCLUSION

This paper stems from a serious lack of a coherent model of suicide within the Jungian field. It leaves more questions than answers. The questions result from the very nature of the problem posed. Jung appears to have neglected to discuss both his client’s suicides and the theoretical model that explained them. If we accept the centrality of the Self archetype within the psyche, how can we view an organizing, prospective, teleological principle having within it the potential for a retrogressive end in suicide?

A brief discussion of the etymology of the word suicide led us to pose another term that may more accurately describe a core aspect of the act – that if eliminating the psychic pain of existence, hence the term penacide. The taxonomic descriptions of suicide are imprecise and obscure the aetiological considerations within the act. Hillman’s use of Collective, Symbolic, Emotional and Intellectual classes of suicide does little to enhance Durkheim’s formulation a century previous to his work. Epidemiology provides a stark warning for Jungian analysis in that the classic profile of the suiciders echoes that of the common analytical client: male; in mid-life; disconnected from the spiritual life; of a higher social status (correlates with higher education); with some medical illness; and suffering some degree of mental health problems (often a depressive disorder). This contrast provides a core argument within the paper, that Jungian analysis is in and of itself is a series of “suicides” (death/rebirth cycles.)
An examination of Freud’s death instinct did little to enhance our understanding of the problem of suicide other than to provide access to classic psychoanalytic defence mechanisms that may be employed to explain the hydrodynamic metaphor that Jung used to explain suicide – that of unconscious contents overwhelming consciousness but still failed to account for the mechanism involved. Jung viewed the death instinct in a far less rigid a manner than did Freud and provides a real potential for model development in that the death/rebirth cycle is inherent in the suicide issue, however in the successful suicide this process fails in its’ regenerative capacity.

Jungian theory has within it three powerful components that may be employed in the generation of a clear model of suicide. These constructs are compensation, a suicide-complex, and transference. It is the suicide complex that may account for the aetiology of suicide yet not for its’ amelioration. Critical in the suicide-complex is that the complex has at its core not a suicide archetype, but a death archetype. It is this complex (and its archetypal powerhouse) that may facilitate sufficient displacement of ego function through dissociation leading to successful suicide. This process may also be seen in terms of a failure at adaptation. The core metaphor this paper lead to is that analysis is a series of suicides. The linking metaphor in this model would then rely on a thorough working through of analytical crises or ego-threats resultant in an adoption of a new conscious attitude in the dialectical interplay between consciousness and unconsciousness. Additional areas worth exploring are the notion of the dark night sea journey; clinical depression; alchemical metaphors in analysis (especially nigredo) and a broader linkage with object relations theory in model formulation.
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