

Stirring The Dormant Phoenix: Reflections on suicide and spirituality

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Early in the year 2000 I read in a local Harrow newspaper about a suicide that I found more than usually disturbing. A woman had reportedly set herself alight in the grounds of Harrow's landmark church on the hill. There were a few details about her being a distinguished retired head-teacher who had been awarded an MBE for her work.

For about a year I had been attending this church, having spent the previous twenty years distancing myself from religious observance and the explicitly spiritual dimension. The experience of this historic church and the beauty of the Anglican liturgy had been for me a joyful and exhilarating return from exile. It made a shocking contrast to read of this woman's death. Later I learned that there were errors in the story. The suicide had actually happened in a *different* church further down the hill. I also heard more biographical detail. None of this altered the original impact of the story, and I took poetic licence with its archetypal theme.

Shortly afterwards I visited the millennium exhibition 'Seeing Salvation – The Image of Christ' in the National Gallery and ended up writing a poem connecting this imagery with the reported suicide. The resulting poem gives this paper its title and ends with a sort of imperative to understand more about suicide from a personal, artistic and spiritual perspective.

Suicide By Fire In A Harrow Churchyard

You came to this place you knew,
This Hill,
Hallowed for a millennium,
To burn the torment of your soul
Upon our consciousness,

Your anger turned upon yourself in illness
To kill the thing you love.
You spread the ashes of your Agony
Upon our Garden,
And challenge us with what we might become:
Fire of the Spirit, fire of personal hell
Consuming passion or refinement.
The light of your life, extinguished, smoulders on,
And we who have felt your pain
Now sense your Judgement.

Do we wake or sleep
Or turn away?
Or try
In some small way
To understand
And stir your dormant phoenix?

Writing the poem brought its own cathartic relief and it wasn't until I was invited to prepare this paper that I came back to it. I now realise what a vast subject it is, such that it could form a backdrop to a psychiatrist's personal and professional lifetime. In that respect it is a humbling theme.

I don't yet understand the poem's full meaning, and believe that poems, like dreams are over-determined so that poets, like dreamers, can continue to reap more meaning over time. I expect that we can all do this with the memories of our professional stories and encounters also. One central theme that emerges is of the defilement of a place of peace and beauty by a terrible act.

Why did this happen here of all places?

How could it happen here?

On reflection I think that it is possible, quite unexpectedly, to be so taken up with the glorious, beautiful side of religion/spirituality as to be temporarily blinded to what it all about in the first place. It is very possible, for example, to listen to Bach's 'St Matthew Passion' (even sung in English) and not connect this in any way with its dark and terrible content. I have not seen Mel Gibson's recent film 'The Passion of the Christ', but I suppose one of the many reasons why it is so shocking is just this.

Suicide for me represents a very dark side of personal and professional life. My sister made a serious attempt, and my brother-in-law actually killed himself. As a junior doctor I was physically assaulted by the widow of my first suicide patient as I left the coroner's court. My husband and entire family went through an excruciating ordeal when a cluster of deaths by suicide in his busy and deprived catchment area led to an extended inquiry that lasted over a year and mercilessly attacked his character, while finding no evidence of medical negligence.

There is a strong connection between suicide and violence. Suicide *is* a violent act. Sometimes we can forget this, and this defensive and cultural forgetting may be just one factor underlying the suffering, anger and persecution of those left behind, who are rightly described as 'survivors' in Alison Wertheimer's book 'A Special Scar'.¹

One notable survivor was the poet Ted Hughes, who eventually stopped reading his work in public when over a decade after her suicide, he was greeted at a poetry festival in Australia with placards accusing him of the *murder* of Sylvia Plath.² Hughes was involved with another woman who also killed herself. His relationships with these women led him to warn a subsequent partner of the lethal risk of becoming involved with him. Of note, however, is the observation that whatever his contribution to her suffering, Sylvia had had suicide as a

lifetime preoccupation and had fortuitously survived a previous attempt before she and Hughes ever met.

The violence of the suicidal act was not always culturally denied. I was reminded of this when an elderly GP referred a patient to Charing Cross Emergency Psychiatric Service as 'in danger of *felo-de-se*'. Suicide was once considered a felony for which ironically a death sentence could be passed.

Freud recognised the in-turning of aggression towards the self in 'Mourning and Melancholia'⁴ when he notes that 'the shadow of the object falls upon the ego', which is then attacked, and in the case of suicide destroyed. There is a splitting of the ego involved in which 'one part of the self, identified with the hated and longed-for object is attacked and in retaliation attacks the dependent part of the self. The suicidal person is both victim and murderer'.⁵

The attack upon ourselves as mental health professionals implicit in the act can sometimes be very obvious. There are two suicides I remember with particular pain who killed themselves the day after I had seen them. Deeply ironic notes are often left for family expressing a wish *not* to cause them pain and distress. Suicide and deliberate self-harm can be timed to coincide with significant family events and religious festivals, thereafter for ever contaminating what might have been a joyful time.

There is a paradox in the suicide being both victim and murderer. Psychoanalytic thinkers after Freud have continued to explore the underlying motives. Joan Schachter, in a paper in the New Library of Psychoanalysis collection 'Psychoanalytic Understanding of Violence and Suicide'⁵ emphasises her adolescent patient's failure to establish a healthy experience of separation from his mother, leading to an attack on his own body. The body is seen, especially in adolescence, as representing change and growing separateness. Schachter links this to the common experience that self-harm and suicide so often happen in adolescence with its inherent task of developing a separate identity.

She and the other neo-Freudian writers in this volume stress the importance of the father in the resolution of what is termed the 'core complex'⁶ underlying suicide and violence. Here there is a phantasy of fusion with a longed-for idealised mother, who is a split figure with terrifying engulfing and indifferent elements threatening annihilation. Withdrawal and aggression can be seen as defences against this. The third position of the father makes a triangular relationship in which there is a safer space for separate development.

The amount of material to consider or read about concerning suicide in relation to spirituality is potentially infinite. Within the psychoanalytic tradition there is the death instinct. Freud's belief in 'anatomy as destiny' could be seen to imply that the suicide is hastening the inevitable. For Freud the enduring values are work and love. Shengold writes of 'an urge to kill that is optimally increasingly transformed and attenuated...but never relinquished.'⁶ The same author writes of his work with adults traumatised as children as his work on 'soul murder' and goes on to say 'we cure by love'. One author, Maltzberger⁷ is quoted as saying 'It is the paradox of suicide that the victim, finding inner death in life, seeks life in dying'.

All this paradox is reminiscent of religious and poetic language with its eternal themes of light and darkness. I am reminded of the Anglican funeral liturgy: 'In the midst of life we are in death'. A. Alvarez entitled his book on the subject of suicide 'The Savage God, and if it is possible to believe in a more benign deity one is inclined to think 'there, but for the grace of God go I!' In preparing this talk I have found myself with more than the usual degree of writer's block and some awe of the infective potential of the subject matter. This has led me to reflect on the dark side of spirituality, which poets and mystics have written of, and which is often ignored. Here is a short selection:

I said to my soul, be still, and let the dark come upon you
Which shall be the darkness of God...
I said to my soul, be still, and wait without hope
For hope would be hope for the wrong thing; wait without love
For love would be love of the wrong thing; there is yet faith
But the faith and the love and the hope are all in the waiting.
Wait without thought, for you are not ready for thought;
So the darkness shall be the light, and the stillness the dancing.

TS Eliot

Why no! I never thought other than
That God is that great absence
In our lives, the empty silence
Within, the place where we go
Seeking, not in hope to
Arrive or find...

RS Thomas

(A) God of absences and negative attributes, quite comfortless. A God in whose creation the camps and modern physics are equally at home. But this god has the one Almighty that matters; He is the Truth.

Ted Hughes (reviewing the Hungarian poet Pilinszky)

Wild Spirit, which art moving everywhere;
Destroyer and preserver; hear, oh, hear!

Percy Bysshe Shelley

No worst, there is none. Pitched past pitch of grief
More pangs will, schooled at forepangs, wilder wring.
Comforter, where is your comforting?
Mary, mother of us, where is your relief?

Gerard Manley Hopkins

Before returning to this area and its potential therapeutic value, I would like to speculate on the motives underlying suicide. In thinking and reading about suicide I decided to collect associated thoughts and ideas, taking care *not* to confine this to the perspective of general psychiatric knowledge. The ideas I came up with are as follows, and this is by no means an exhaustive list:

Suicide is associated with:

Anger, Violence, Rage, Conflict, Envy
Despair, Hopelessness, Existential Isolation, Anomie
Meaninglessness, Void, Annihilation, Nihilism
Conflict, Rejection, Abandonment
Contrast Between Inner And Outer Worlds, Perfectionism, Narcissism
The Gilded Cage

Contrast Between Real And Ideal Self

Option 'Last Way Out', Choice, Control
Destiny, Sacrifice
Regression
Ordeal/Gamble
Afterlife, Heaven/Paradise and Hell, Escape, Oblivion, Rest
Reunion With Deceased Loved One
Union With God/ Nature/Mother, Longing
Judgement, Courage
Balance of Light And Darkness
Altruism
Political or Religious Ideals

These associations can be grouped into similar concepts as well as into some pairs of opposites. This observation of opposites suggests conflict, tension and struggle. This in turn leads to the idea of an optimal situation of balance. The verdict of suicide is traditionally mitigated by the conclusion by of the coroner that this happened 'while the balance of mind was disturbed.'

When individuals wish to kill themselves in a way that is clearly thought out in advance through organisations advocating assisted suicide or euthanasia, this creates considerable public and professional unease. Test cases go to court, and to the House of Lords, but generally fail in their aim to help physically ill people to end their lives. While the majority of people who commit suicide may have been depressed, it is also possible to stretch the concept of mental illness or disorder by the idea that anyone who wishes to kill him or herself is *de facto* mentally disordered in some sense. At that point, mental illness/disorder can seem to lose all meaning. The idea that it might be stretched in this way, however, suggests that there is a continuum here between what is overtly pathological and what is inherently part of the human condition.

I want to briefly consider the balance of two key factors: *Anger and Despair*. These are in my opinion always present in suicidal acts and threats. It is the ratio of the overt expression of each that is variable. Where one is overtly prevalent, the other may be seen to be also operating more subtly, often at an unconscious level.

If we take a classic scenario of a depressed widowed old man suffering from a stroke and heart disease, who is found dead in his flat following an overdose of anti-hypertensive medication, we can imagine the despair he may have felt. With some more information, the picture becomes more complex. The night before his death, he had received a phone call from his son-in-law about arrangements his daughter had made with him in the preceding weeks. On account of his frequent falls and emergency calls, the younger couple couldn't cope any more, and he had reluctantly agreed to go into an old people's home. It is now perhaps more possible to see the anger towards them underlying his fatal act.

In the opposite scenario, a seventeen-year old girl returning from a night out drinking with friends takes ten paracetamol tablets alone in her bedroom. Shortly afterwards, she wakes her parents to tell them what she has done. She has been dating a much older man of whom her parents disapprove. It is possible to see that she was angry with her parents and hoped for them to change their minds. Indeed she told them so. What is not so easy to see is the despair that she felt in the hour leading up to the act. This man meant the world to her, and the idea of having to choose between him and her parents' enduring love and concern actually felt at the time like a fate worse than death. In the A&E dept she would very likely tell the SHO that she regretted the act and felt 'silly' but this belies the true wish to die that she had briefly experienced.

The motives underlying suicide are many and likely to be mixed and characterised by some sort of struggle. I am inclined to think that some degree of ambivalence is almost invariable, although this may not be accessible to the person's consciousness awareness.

A middle-aged woman has struggled all her life with a suicidal preoccupation associated with a wish not to exist. She also has a life-long interest in spirituality.

The wish not to *exist* in this case has been interpreted by our own team as incorporating a wish for a fulfilling life rather than a mere existence. This may account for her enduring interest in spirituality and the fact that in a lifetime of taking serious overdoses, she had not fatally enacted her fantasy. In the words of Elaine Feinstein, she may wish to fulfil 'the God-given imperative to live life to the full'.

The struggle with anger, despair and meaninglessness that has been so much part of life features very widely in literature and literary biography. Kay Redfearn Jamison, a professor of psychology who herself suffers from bipolar affective disorder, has made a study of creativity and affective disorder. Her book 'Touched with Fire' gives evidence in tables of the connection between creativity, serious mental anguish and suicide.⁸

Jamison gives fascinating accounts of the emotional lives and family histories of writers and artists. Tolstoy reportedly had such an intense struggle with suicidal impulses that he had to stop wearing his ceremonial sword lest he turn it on himself. Graham Greene literally played Russian roulette. Both these men are known not only for their literary work, but also for their religious experience. The litany of famous suicides might serve also to remind us, not only of the cost of fame, but also of the value of the life lived that cannot be obliterated by the manner of death. This goes for less famous people also.

Suicide and the death wish are major themes in poetry and literature. Interestingly, both Shakespeare's Hamlet, in his most famous soliloquy⁹ and Keats in 'Ode to a Nightingale'¹⁰ are pulled back towards life by contemplation of what might come after death. For Hamlet there is the 'undiscovered country', and conversely for Keats the disincentive is the threat of oblivion.

Clinical and literary accounts of suicide suggest that that it is both a private and a public act. There seems to be a point in the inner drama when the destructive imperative becomes very strong, and efforts to seek help or interact in a potentially life saving way with others may be extremely difficult and may go unnoticed. In Alvarez's account of the suicide of Sylvia Plath,¹¹ and in the recent film 'Sylvia' directed by Christine Jeffs this is demonstrated. There are opportunities for fate or others to intervene, but these are unsuccessful in the face of the determination of the destructive part of Sylvia Plath, once her decision appears to have been made. This fits in with my own experience that when we prevail upon our patients to contact the emergency services when the impulse comes again, they and we are often in a very fragile alliance against the destructive impulse.

Can spirituality be of help here? Two key areas to consider are the search for meaning and the question of choice.

When somebody in anger and despair challenges me to provide him with a reason for living, I believe that I would be doing him no favours to do so in any literal sense. Indeed if I was to issue any formula, psychiatric, psychological or religious, I think that this would not be useful and might be harmful. The quest for meaning is an individual task, and this is recognised in the wisdom of the great religions. That this a terrible challenge is also recognised, for example, by St Paul, '*Work out your own salvation with fear and trembling*'.¹²

This leads me to consider again the value of the darkness in personal experience and spiritual tradition. Respect for the darkness or the bright light, for that matter, does not come easily to doctors in general and psychiatrists in particular with our tendency to want to effect cure. I remember attending a presentation by Kay Jamison some years ago when she referred to an advertisement for a lithium preparation that claimed that Handel was manic when he composed the Messiah and that lithium might have cured him!

I wonder how many people were a bit uneasy, as I was, about the title of the college campaign 'Defeat Depression'. 'Understand and manage depression' would have been less catchy. I am not suggesting that we should under-treat the pathological state; rather that we should also recognise the underlying wake-up call that the subjective experience of distress can represent to the individual to

work out his/her personal circumstances in such a way as to get the best out of life.

The great religions abound with imagery of light and darkness as well as winter festivals when light shines in the darkness. This contrast may be vital to human existence. A central theme in Jungian psychology is understanding and respect for the shadow. St John of the Cross's poem 'The Dark Night of the Soul'¹³, as well as other writings in the mystical tradition, have suggested that there is spiritual value in times of intense existential uncertainty when the experience of a sustaining God seems absent. Too much light can be blinding, where, conversely, we can begin to see in the dark.

Thomas Moore, a former catholic monk turned psychotherapist, has written a fascinating self-help book called 'Dark Nights of the Soul'.¹⁴ In it he advocates viewing very stuck periods in life like a sort of womb, or the belly of Jonah's whale which can have great value. In the Jungian tradition he refers to alchemy in which the dark material is critical to the process of transformation. He helps the reader to go through these periods armed with personally resonating images from mythology and Art. Gonville French-Beytagh,¹⁵ an Anglican priest who suffered severe depressions also advises others to accept psychiatric treatment, not to fight the condition and to read material that resonates with the mood rather than anything cheerful.

In despair or desperation, it is not uncommon and may be natural for people, whether or not they would consider themselves religious, to turn to God (in whatever way conceptualised) for help. The Jungian writer Edward Edinger¹⁶ describes the dependence of the ego on strength from the archetypal Self in psychologically critical situations and states of mind. Individuation and mature spirituality are associated with a growing awareness of that dependence and the possibility of accessing the support it provides. This could be a way of understanding the power of prayer.

In the mystical tradition there are positive and negative schools: *via positiva* and *via negativa* respectively. The psychotherapist Josephine Klein in 'Jacob's Ladder'¹⁷ writes of the mystics' 'cure for narcissism'. I think that a possible way of understanding narcissism here might be the pain of the soul in contemplating its own imperfection. She warns that some of the writings in the *via negativa* tradition seem to advocate a rather ruthless denial of the self and slightly elitist approach to spirituality. Is the writer of The Cloud of Unknowing maybe advocating repression or even masochism when he suggests trying 'to suppress all knowledge and feelings of anything less than God, and trample it down deep under the cloud of forgetting... For it is the way of the perfect lover not only to love what he loves more than himself, but also in some sense to hate himself for the sake of what he loves...' ¹⁸ *Via negativa*, says Josephine Klein, "can take us into the realm of psychoneurotic perversion."

By contrast *via positiva* focuses on awareness of the Love of God, which is seen in the revelation of Julian of Norwich to be the divine purpose behind all things, and 'all will be well, and all will be well, and all manner of things will be well'¹⁹. You don't have to be lovable to be loved. A most reassuring saint! 'At its best' writes J. Klein after some discussion of both schools of thought, 'the

recommended training of the mystics is a training in knowing what you are, and looking beyond that.'

Losing oneself in something larger, whether it be in contemplation of the divine order or in a much more eastern way going with the flow of Life is a common spiritual theme. I think there can be some difficulty here as to whether this is a journey or the goal of the journey. (It may be both). Self-consciousness seems to play a key role in the Western Creation Myth, where the Fall follows on from the acquisition of knowledge. The happy, spontaneous play of a well enough cared for child can indeed seem like paradise lost to the adult, even if things haven't gone terribly wrong. It seems to me that the inscrutability of the Zen koan represents an attempt to cut through the 'self aware' self-consciousness of ordinary experience, and going back, to some pre-verbal wisdom that is beyond comprehension.

Getting back to suicide, despair and existential isolation can be relieved and even transformed by the experience of *belonging* to a community of faith (or a secular therapeutic community). At the centre of mainstream spirituality is also the idea of surrender to the higher power. This idea is complicated, and has to be handled with care. The wish to belong on too concrete a level can lead vulnerable people to membership of destructive religious cults and movements. The temptation to have the organisation or its charismatic leader do the thinking for us can have a high cost, and is likely to have been at least one of the factors underlying the tragedy of Jonestown. 'Beware', writes Joseph Campbell, 'of getting rid of your ego – you may be getting rid of the best part of yourself!' ²⁰

The most disturbing aspect of suicide is the notion of *choice*: the choice against life. Depending on how this is interpreted, the suicidal person can be understood and accepted by others or condemned for doing something truly outrageous and beyond redemption. Nurses in an intensive care unit nursing a dying patient struggling for life in one bed and somebody asserting the wish to die from an overdose in the other have been known to enact hateful feelings towards the psychiatric patient. Most mainstream religions have traditionally held a condemnatory attitude towards suicide. This is, however, in all cases mitigated by an understanding that the 'choice' was complicated by illness and distressed states of mind. As far as I am aware, most suicides now have respectful funerals, which can provide an opportunity for healing.

The idea of choice is worthy of some consideration. Some biblical, literary and psychological ideas can throw some light on what it means. In the Hebrew Scriptures there is the following exhortation:

'I have set before you life and death, blessing and cursing: therefore choose life that both thou and thy seed may live...' ²¹

In the Christian tradition the suicide of Judas is associated with betrayal. Interestingly Tim Rice, in the lyrics of his rock musical Jesus Christ Superstar puts into the mouth of his Judas a request not to be 'damned for all time'.

In Victor Hugo's 'Les Miserables' ²² the hero Jean Valjean extends the same mercy to his persecutor that the bishop he had robbed had earlier shown to him. In Jean's case there was transformation; the reprieved policeman however

was unable to use the offer of mercy from his former victim and killed himself instead.

The psychoanalyst Neville Symington²³ has written extensively about emotion and spirit, and uses quite religious language when he describes the lifelong struggle of people with narcissistic difficulties in which there has been an unconscious choice leading to a refusal of 'The Lifegiver and consequent guilt. There is an echo here of the priest and metaphysical poet George Herbert: *'Love bade me welcome: yet my soul drew back, Guiltie of dust and sinne.'*²⁴

Symington observes that opportunities are presented again and again in recurring situations to change this. The choice is a painful and humbling one, involving acceptance of need and dependence on the other for growth and change to take place. To me this seems rather like the idea of true repentance, and, (rather like God!), Symington rejoices in the heroism of those who make a positive choice while feeling saddened by the more numerous people who don't.

As I reach the conclusion of this talk I would like to contend that the choice always remains. This is what gives hope to those of us who work with very challenging people and situations. When exploring suicide in Buddhism I came across the story of the monk Channa who killed himself with a sword while afflicted with serious illness. The Buddha pronounced him blameless, and there has been consequent debate and ambiguity about the Buddhist attitude to suicide. The question hinges on whether or not he can have been enlightened while yet having a desire to leave his life. He could have reached enlightenment *after* the suicidal act. Who knows what happens 'betwixt bridge and brook' the Buddhist scholar writes, quoting Burton's *Anatomy of Melancholy*.²⁵ ²⁶ This seems to me truly enlightened, and a good reason not to condemn suicide.

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