

Suicide and Spirituality

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In addressing this topic, I make no claim to expert knowledge on these two enormous subjects. Rather I see my role as sharing my own and others ideas and experiences which can act as a springboard for a discussion.

My interest in suicide stems from my undergraduate days when I wrote my dissertation on Medical Attitudes Towards the Overdose Patient. I later wrote my PhD on Young People who Self-Harm in Central London. Also, I will draw on my clinical experience. In addition I have personal experience in that my brother committed suicide while I was doing the study and twenty-four years later his son also committed suicide at the same age as his father. I claim no expertise in the subject of spirituality except a deep personal interest in the part it plays both on society and in the individual and how it can contribute to the quality of life. I have been close to some deeply spiritual people who have influenced me, yet my intellectual, rational side struggles with an absolute belief. I actually wrote this paper in a monastery. I don't know whether it was the spiritual atmosphere or just the peace and quiet, but it was a wonderful environment, conducive to concentration and reflection.

I propose to examine some of the issues from a sociological as well as psychological perspective.

My first thoughts when reflecting on this subject were about meaning. Initially I thought of suicide as a loss of meaning for the individual, while spirituality was perhaps a search or quest to find some meaning in life. But how does that fit in with the different religions and cultures? I thought, of course, of the suicide bombers and the attitude of Islam and Christianity towards suicide. My understanding is that Islam esteems the human person as much as does Christianity. Life is seen as a gift from God and the individual is responsible to God for how he uses it. Because life is sacred, taking one's own life is forbidden except in self-defence.

The Jihad (which does not mean Holy War) as applied to war is purely defensive. If Islamic land, people or property is seized, it is the duty of Muslims to 'fight against those who fight against you'. The rules are quite clear. Only combatants may be attacked. No civilians, no commercial or agricultural property may be harmed.

Muslims have a much stronger concept of themselves as a group, with less emphasis on the autonomous self, than we in the West. Israel presents a difficult challenge. The Islamic land taken from the Palestinians is occupied and held by 'civilians' who have built commercial and agriculture ventures on it. Are these civilians therefore actively participating in the injustice and are they therefore liable to have violence done to them to repel their occupation? How one answers this question either legitimises or condemns the suicide bombers. 'No peace without justice' declared Pope Paul VI before the UN. The Palestinians are treated badly by Israel; they are 3rd class citizens in their own land. They are violated and discriminated against in everyway. The youth have no hope. On an

individual Palestinian level this is a recipe for suicide. On a social level it is a ripe opportunity for fundamentalists, who seem to offer a clear solution to the problems of the hopeless individual and the hopeless society. Durkheim¹ showed us that most frequently it is the least integrated members of a community who commit suicide. There is no question that some political and fundamentalist groups, such as Al Qa'ida, seek out impressionable young men, indoctrinate them and send them on suicide missions; this is the cost associated with a culture of high social solidarity and group identification versus an individualistic one. Thus it would appear that for the suicide bombers the meaning of their death is a willingness to sacrifice their self for the greater good of their community, an altruistic suicide.

The Christian tradition has a long history of condemning suicide. Dante² puts suicide and murder in the same category of sin. In his 'Wood of Suicides' human forms have been transformed into trees, which cry out with pain when bleeding branches are broken off. However in more recent times Christianity has responded in a more humane way. Ronald Rolheiser³ writes in the Catholic Herald: 'in general when people die it is against their will. The same is true for suicide, except that in the case of suicide the breakdown is emotional rather than physical, a tragic breakdown of the emotional immune system'.

A lot more could be said about this subject, I have only skated on the surface but I want to move on to issues that are perhaps more relevant to our patients and our understanding of their experience. I should say I am referring to patients who self-harm, meaning suicide and parasuicide, and those who are injurious to themselves. Inevitably we don't get to treat the ones who succeed. However, 75% of the suicides have given some sort of warning and if they have tried before they are 3 times as likely to try again.^{4,5}

Alvarez⁶ says that total loneliness is a precondition of suicidal depression. I quote: 'once a man decides to take his life he enters a shut off, impregnable but wholly convincing world where every detail fits and each incident reinforces his decision. An argument in a bar, the wrong voice on the telephone, even a change in the weather - all seem charged with a special meaning; they all contribute. So it is the person's perception or interpretation of the world around them that can determine their action.

I have two examples of when an outside intervention changed the person's mind. Denis had baked a lethal cake and had started to eat it when a postcard came through his letterbox. It was from his mother who he had not been in contact with for 5 years. It said, 'every cloud has a silver lining'. Denis then rang for an ambulance.

Ian had climbed onto Battersea Bridge. He had just finished his bottle of vodka and was preparing to jump. A man passed by and asked him if he wanted a push. Ian was so angry at this apparent callousness he climbed back over to confront the man. I am not suggesting this as a tactic but perhaps in this case the man succeeded in redirecting the anger that Ian had turned onto himself.

The majority of people who self-harm are young. Fiona Gardner⁷ writes: 'Self-harm typically begins in adolescence and is characterised by an adolescent state of mind, even when the person harming themselves may be long past

adolescence.' Many of our patients have had painful childhoods. Natural youthful idealism expects things to get better. But what if that is not what is experienced? They may not have developed sufficient inner resources or have sufficient outside support to cope with their conflicts. Their despair and emptiness can be palpable.

I want to pause and focus on the emptiness. As psychiatrists you know your profession has a high rate of people who consider suicide. Brendan Smith⁸ has written eloquently on the emptiness, the void, drawing on poets as an effective way to describe the experience. Pascal⁹ saw human beings as wretched because of their unsatisfied desires, the void at the centre of their being, which they desperately try to forget by constant activity and seeking pleasure. Baudelaire was a man without a centre. He inherited a Catholic conscience without the faith and was tortured by a sense of sin and consequent self-hatred. He was a typical narcissist, who only saw the external world reflected in his own self. Sartre said he never grew up and was in a permanent state of immaturity. He tried to escape the emptiness through sex, drugs and art. He wrote, 'to wish nothing, to feel nothing, to sleep and go on sleeping, that today is my only wish. Ignoble and loathsome wish but sincere', and, 'I fear sleep as one fears a great hole, full of looming horror, leading one does not know where. I can see nothing but the infinite through every window.'

Sartre describes the despair. 'A damned man going without a lamp down the edge of an abyss whose smell betrays its damp depth, down endless stairs without banisters, where slimy monsters wait, whose great phosphorescent eyes make the night darker still and leave nothing visible except themselves.'

The horror of the emptiness of life and the emptiness in the human heart brings a desire for the cessation of existence. But the infinite emptiness has another side to it - humanity's infinite longings for happiness, for fulfilment, for beauty. There was a positive desire in Sartre to satisfy the infinite longing of his human heart. These idealised longings were inevitably unsatisfied. Thus the frustration of the latter was the cause of the 'bottomless pit'.

Of course, self-harm can have other meanings than the wish to die. If we look to the past in Christianity, mortification of the flesh has generally been an important theme. For example, by flagellation the body is punished, especially for sexual feelings, and by fasting, the body is controlled. Cross¹⁰ describes the seriously distorted eating habits among 'the Holy Women' of Medieval Europe, noting that these women who practised extreme fasting and purging of their bodies enjoyed social prestige and even power. She points out that this is in sharp contrast to the impotent self-destruction of the contemporary anorexic and self-cutting women.

There has been a long history of attacking the body. Is it possible that cultural experience is stored consciously or unconsciously in our psyches? Both Freud and Jung thought so.

Self-harm can function as a way of dealing with loneliness and conflict. Some adolescents, particularly those who have been abused in childhood, have few controls for dealing with their overwhelming feelings. Their response is often impulsive action, accompanied by an impoverished inner world. A crude and

simple perception of the world allows no room for thought and reflection. It is important for us to understand the meaning behind the action. Both Alvarez's parents had attempted suicide; he grew up knowing it was a possible action. Was this the case for my brother and his son? I am working with a patient at the moment who has had three of her group of friends commit suicide in the last six months. She said, 'It does become a possibility all of a sudden. They aren't suffering any more, they don't have to keep struggling with this shitty world' She went on to describe her funeral at some length and became quite affronted when I suggested she seemed to want to be around after her death. In fact we came to understand that she wanted the damaged part of her to die so that the healthier part could grow.

Fiona Gardner ⁷ understands wounds from cutting as a metaphoric representation of the encaptive conflict, suggesting that it carries marks of both enslavement and the desire to cut free. What is felt internally as a sensation is externalised and fixed as a memory on the skin. Paradoxically, cutting is both a defence against thinking about the past, and the evocation of sensations of an earlier violation in another form.

It is still the case that many females feel fearful of expressing aggression and so direct it against themselves. One defence is repression. Another may be disassociation. With both forms of inhibition, all the complicated conflicts between the opposing emotions such as love and hate are kept out of conscious awareness. It is the role of psychotherapy to address these dynamics. I will return to this later.

Gardner's central theme is that attacking the body is a symbolic representation of different internal and conflictual states of mind. The adolescent is in transition. Typical conflicts are around sexuality, separation and individuation. In any transition there has to be the mourning of the loss of the previous stage being left before there can be an embracing of the new. This applies not only to adolescents, but also to any transition, from single to married, becoming parents, children leaving home to leaving middle age and entering old age. At such times, earlier experiences of infancy and childhood tend to be reawakened. If the person lacks inner resources to negotiate the transition it can leave them vulnerable. Susie Orbach ¹¹ suggests that internalised states of deprivation and neglect make it easier to let go of the body, as there is less to lose in terms of pleasure and satisfaction, with little sense of self-preservation.

In our contemporary society, self-harm attacks are very individual and are enacted by individuals who feel cut off from society. More traditional societies have initiation rituals to mark the transitions. Eliade ¹² suggests that initiation is a universal rite, that surfaces and influences life wherever there is a spirit of beginning or a weight of an end. Then it will continue to emerge but in different guises. More contemporary examples are rap bands, street gangs, cults, training organisations and military institutions. They all contain initiatory rites and symbols.

Could the self-harm, cutting behaviour be seen as performing a mistaken and faulty variation of an adolescent girls puberty rite? However unlike its traditional counterpart, it has no lasting regeneration, meaningful connection with

knowledge, sexual or spiritual insight and the behaviour is not approved or part of a wider social system. It is confused, misinformed and destructive.

This brings me to the work of David Tacey¹³ who has kindly given me permission to quote from his book to be published shortly. Tacey talks about 'rites of passage', referring to mental transitions during crucial periods of our lives. He suggests suicide is a rite of passage gone wrong. He believes that suicide is not rational and that there is a spiritual dimension, which is largely hidden from our awareness. He draws on his contact with Aboriginal Elders to develop his theory. He suggests we all have two selves, the ego or first self, and the soul or second self. The first self is not first in priority but we learn about it first, before we discover the inner, more hidden self. The ego defines itself in terms of personal likes and dislikes, social adjustment and connectedness with the outside world. The soul is concerned with a different connectedness. It wants to feel connected with Spirit, the cosmos, the world. It is not nourished by social status or financial success, but only by meaning, value and purpose. The soul requires meaning that comes from a connection to transcendent values. The soul's origin, according to Greek philosophy and most world religions, is transcendent, and only feels at home in this world to the extent that it is connected with the transcendent source. When a crisis occurs the soul is exposed. Tacey argues it is irrational for 'rational society' to ignore the reality of the soul. We educate the mind and the intellect but not the heart and emotions. The soul has traditionally been the province of religion, but in our increasingly secular society the authority of religion has been reduced. He points to the paradox that just as society gets better in so many ways, we are beset with dreadful mental health problems. Brendan Smith also takes up this point. He talks about the tendency in our culture to be concerned only with verifiable knowledge and a desire to be in control. Politicians and businessmen talk about 'living in the real world' when they mean they are acting for expediency, not principle. The claim that reality does not include anything transcending the human he does not find impressive. It may be true that the modern technological society produces people who have difficulty in being aware of the transcendent. Like Tacey, Smith suggests this is a factor in the lack of psychological health in the West. Of course, we should also keep in mind the argument that the prevalence of mental health problems may well be to do with greater resources, and an increase in diagnosis and treatment.

Tacey draws on Aboriginal culture to examine how the soul is attended. The induction into the spirit is ritualised in the form of the initiations. The Aboriginal society supports the person through the transition; it ritualises the pain and shares it with the community. It is a way of containing the pain of the loss and allowing closure, before embracing the new stage. My understanding is that the aim is to match the inner experience with the outer one. Tacey asked an Aboriginal leader why so many young people are now harming themselves. He replied, 'they don't know who they are.'

Society no longer initiates us to the extent it once did, but the human soul goes through its pattern of change – changes that are both biological and spiritual. But we are not addressing the spiritual needs. In tribal culture, society

supplies a vision for the individual. In the West we want to have the freedom to find our own meanings. Any culture without wisdom is living a lie. An Aboriginal Elder said, 'you white fellows are curious people, to us it looks like you are not initiated'.

Tacey argues that we need symbolic thinking and understanding for the spiritual aspect of our impulses to be realised.

It is not surprising that altruism is at the centre of all good spiritual traditions and embraces the concept of good winning over evil. It seems to me that both selves, the ego and the soul, have to interact with each other, just as in our work we are aware of the dynamics between the id, the ego and the superego. Pascal concludes that reason must be silent, so that human beings may learn from revelations, the nature of their true condition. This reminds me of Winnicott's idea of True self/ False self or Adapted self. St John of the Cross sees the emptying of the intellect of all knowledge and the emptying of all desire as a prerequisite to connect with God. The Mystical experience cannot be adequately expressed in words. (The nearest analogy is climaxing when making love).

Am I stretching the point to wonder if there is a link here when we invite our patients to free associate? We sometimes ask our patients to suspend their rational intellect, as we in part do ours, to endeavour to allow unconscious processes to emerge. We hope to work through and transcend the defences, such as repression or disassociation, to lay bare the hidden conflicts. For some people a similar process is being attempted, albeit alone, when they pray.

Is this relevant to the different psychologies available? Do the analytic and psychodynamic have techniques more suited to the soul's needs, while the cognitive psychologies focus more on the ego's needs?

Brendan Smith sees love as the breath of life. He argues that true love means accepting the dark side, the 'sin' inside us, and trying not to act it out. For those who dismiss formalised religion, it is therefore that the 'good' is symbolised as 'God'. Others might view the idea of God as an idealised projection, or part of infantile longings or a return to the womb. Whatever one's beliefs it seems to me that it is accepted that the 'good' and the 'bad' have to become integrated for a person to become whole.

One issue I do want to mention - and I don't want to be seen as idealising religion. There is a potential conflict. We only have to look at history to know that religion, like anything else, can be a source for evil as well as good. Formalised religion has often been the source of fear and guilt, not nurturing love and understanding. I have been fortunate; that has not been my personal experience. However some patients might see religion as a source of torment not healing. As therapists I only suggest we should be aware of the spiritual dimension and how it might relate to our patients.

And what of the 'ego's' first self needs? Joy in helping and relating to others (as we must know of ourselves) is an emotion that is felt not only by Taoist and Hindu sages, by Hebrew, Christian and Muslim prophets but also by millions of anonymous humans, many of them atheists. Studies of people who are happier about their lives point to two factors; close stable relationships with

others and involvement in their community.¹⁴ 75% of people who attempt suicide will give a breakdown of a relationship as a reason.⁵ Of course, that is only the overt reason and it is always more complex. However it does indicate a loss and an inability to love both others and themselves. I do believe that connectedness makes people feel alive, and that applies both internally and externally. It is our inner resources that determine how we cope with the world and we ignore the spiritual dimension at our peril. As we try to help our patients develop their inner resources we always need to keep the spiritual dimension in mind.

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