

# **THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.**

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**Updated March 26, 2014**  
**BPSI: Theories of Suicide**

**Week 1: April 3.**

## **Introduction**

Contemporary models of the suicidal mind have developed from clinical data and emerging psychoanalytic theory. Hendin (1991) suggested that the psychodynamic meaning of suicide is understood by observing both its affective and cognitive components. Affective states that become intolerable are considered to be suicide inviting. Cognitive components help clarify the affective constituent states by adding meaning to affects and perceptions.

Several studies have pointed to a range of affects that play a role in suicidality. However these studies have limitations based on sample size and methodology. Freud's (1917) seminal thesis on hostility turned inward lays the groundwork for hate as a suicide inviting affect. Studies link suicide with rage (Hendin, 1969; Plutchik & van Praag, 1990; Weissman, Fox & Klerman, 1973); guilt (Hendin & Haas, 1991); hopelessness (Minkoff et al., 1973; Beck, Steer, Kovaks, & Garrison, 1985; Fawcett, Scheftner, Clark et al., 1987); desperation (Hendin, 1991; Hendin et al., 2004); and anxiety (Fawcett et al., 1990). Maltzberger (1988) describes potentially lethal affects of aloneness, self-contempt and murderous rage as intolerable psychic states that are suicide inviting. Adler and Buie (1979) identified intolerable aloneness as central to the pathology of patients with borderline personality disorder. More recently a variety of intense, unpleasant affect

states have been identified that are suicide inviting, including feelings of abandonment, self-hatred, rage, and anguish of intense degree (Hendin, Maltzberger, & Szanto, 2007). In addition to anxiety and hopelessness, and particularly in severe or malignant narcissistic personalities, aggression and rage can be the primary underlying propellants to suicide (Kernberg, 1992).

Cognitive components clarify affective states. Conscious and unconscious fantasies about death add meaning to these states for the suicidal person. Bell (2008) underscores the importance of fantasies that underlie all attempts at suicide. These fantasies are usually unconscious and relate to the self and the body. Common fantasies about suicide include death as a means for rebirth (Jones, 1911; Zilboorg, 1938; Yung, 1959; Hendin, 1963; Maltzberger & Buie, 1980); death as reunion, death as revenge, self-punishment or atonement (Haim, 1974); death as escape (Furst & Ostow, 1979; Grinker, 1967; Kilpatrick, 1948); and death as assassination (Hale, 2008). Fantasies of suicide represent revenge, retaliation or triumph, and serve to regulate and control intense sadistic impulses, hatred, rage or shame. Daydreams of punishing, retaliating against, or destroying somebody by killing the self can paradoxically makes it possible to continue to stay alive (Maltzberger et al., 2010). However, under certain stressful circumstances such as unbearable depression, psychosis or alcohol and drug intoxication these daydreams may take a malignant turn and lead to suicide.

More recently, an empirical study of the mental processes accompanying suicide evaluated psychodynamic constructs in non-schizophrenic suicidal psychiatric patients (Kaslow et al., 1998). These authors evaluated four psychodynamic concepts of suicidal behavior: self-directed aggression, object loss producing unresolved grief, ego

functioning disturbance, and pathological object relations. Their findings suggested strong support for impaired object relations in suicide attempters, who viewed relationships more negatively and more likely to produce malevolence or pain. They found that the intrapsychic structure of these patients was consistent with borderline pathology, showing a predominance of primitive defenses such as splitting, projection and projective identification. The experience of loss appeared to play a crucial role, first in terms of childhood experience, and later in light of recent adult losses. In this study there was little support for the hypothesis of self-directed aggression, and no support for the hypothesis of impaired ego functioning. The authors concede that this study is limited by several factors, including the study instruments, the patients involved (suicide attempters versus suicide completers), and the inability to measure the role of unconscious factors.

Readings:

1. Kaslow NJ, Reviere SL, Chance SE, Rogers JH, Hatcher CA, Wasserman F, Smith L, Jessee S, James ME and Seelig B: An Empirical Study of the Psychodynamics of Suicide. *Journal of the American Psychoanalytic Association*. 46:777-796, 1998. [PEP Web Link](#)
2. Hendin H. (1991). Psychodynamics of Suicide with particular reference to the young. *American Journal of Psychiatry*, 148:1150-1158 [Available in the [Library](#)]

**Week 2; April 10. Freud's Drive Theory**

**Guest Instructor: Stephen Sternbach**

Freud's (1917) description of the mechanism of internalization and splitting of the ego opened up the possibility of understanding masochism, self-attack and suicide. This has been further elaborated by Menninger (1933), Hendin (1951), and Sifneos and McCourt (1962). Freud's drive theory involved conscious and unconscious libidinal and aggressive urges that had to be defended against, leading to symptoms and suffering. In *Mourning and Melancholia* (1917) he suggested that in melancholia, where there is ambivalence towards a lost object, the ego splits and part of the ego becomes identified with the abandoned object so that hostility related to the object continues, and is directed towards the patient's own ego. In this way the patient is able to attack the self, and kill himself in the process of killing the ambivalently held object. Some years later, in *The Ego and the Id* (1923) Freud described a second mechanism for suicide where the superego becomes so harsh in its attack on the ego that it abandons the ego and leaves it to die.

#### Readings:

1. Freud S. (1917); Mourning and Melancholia SE XIV: 243-258 [PEP Web Link](#)
2. Freud, S. (1923). The Ego and the Id, SE 19, pp. 13-59. [PEP Web Link](#)
3. Briggs, S. (2006). "Consenting to its own Destruction": A Reassessment of Freud's Development of a theory of Suicide. Psychoanal. Rev., 93:541-564. [PEP Web Link](#)

### **Week 3; April 17. Klein and Bion**

**Guest Instructor: Larry Brown**

**Melanie Klein**

Defenses of splitting, projection and projective identification are important concepts that were elaborated to a great degree by Melanie Klein and her followers, and are highly relevant to understanding the suicidal patient. Klein emphasized the hope for union with good internal objects, which are preserved, in the suicidal fantasy.

*According to the findings of Abraham and James Glover, a suicide is directed against the introjected object. But, while in committing suicide, the ego intends to murder its bad objects, in my view at the same time it also always aims at saving its loved objects, internal and external. To put it shortly: in some cases the phantasies underlying suicide aim at preserving the internalized good objects, and that part of the ego which is identified with good objects, and also at destroying the other part of the ego which is identified with the bad objects and the id. Thus the ego is enabled to become united with its loved objects.*

*In other cases suicide seems to be determined by the same type of phantasies, but here they related to the external world and real objects, partly as substitutes for the internalized ones. As already stated, the subject hates not only his 'bad' objects, but his id as well and that vehemently.*

*At bottom we perceive in such a step his reaction to his own sadistic attacks on his mother's body, which to a little child is the first representative of the outside world.*

*Hatred and revenge against the real (good) objects also always plays an important part in such a step, but it is precisely the incontrollable dangerous hatred, which is*

*perpetually welling up in him, from which the real melancholic by his suicide is in part struggling to preserve his real objects.” (Klein, 1935, pp. 276-277).*

Echoing Freud’s earlier formulation of suicide resulting from an overly cruel superego attack (1923), Klein also recognized that “too harsh a conscience gives rise to worry and unhappiness” and that “the strain of such phantasies of internal warfare and the fears connected with it are at the bottom of what we recognize as a vindictive conscience... expressed in deep mental disturbance and lead to suicide” (Klein, 1935, p. 340). Klein (1935) recognized the bivalent motives in suicide “But while in committing suicide the ego intends to murder its bad objects, in my view at the same time it also always aims at saving its loved objects, internal and external” (p. 276).

## **Bion**

Bion extended Klein’s contributions on projective identification and envy, through his description of the attack on linking (Bion, 1959). Emotion that is too intense to be contained by the immature psyche causes an attack on all that links the infant to the breast. The internal object is considered to worsen the situation. Envy produces an attack by the mind on itself, in order to protect the self by destroying its link to the object. Seen in this light, suicide is an action energized by the dynamics of the treatment, and is seen as an acting out of the transference. According to Bion, suicidal actions represent behaviors that relate to feelings towards the therapist. These feelings may be unconscious, but play a very important role in suicide.

*Attacks on the link, therefore are synonymous with attacks on the analyst's, and originally the mother's, peace of mind. The capacity to introject is transformed by the patient's envy and hate into greed devouring the patient's psyche; similarly, peace of mind becomes hostile indifference. At this point analytic problems arise through the patient's employment (to destroy the peace of mind that is so much envied) of acting out and threats of suicide (p. 314).*

Readings:

Joseph, B. (1982). Addiction to Near-Death. *Int. J. Psycho-Anal.*, 63:449-456. [PEP Web Link](#)

**Week 4: April 24. The Death Instinct.**

**Guest Instructor: Cordelia Schmidt-Hellerau**

A revision of Freud's second drive theory.

Readings:

1. Cordelia Schmidt-Hellerau (2013). Anxiety in the Negative Therapeutic Reaction. In: Wurmser, L. & Jarass, H. (Eds.) *Nothing Good is Allowed to Stand. An Integrative View of the Negative Therapeutic Reaction*. New York, London, Routledge. S. 149-159. [Available in the [Library](#)]

Suggested Readings

1. Freud, S. (1920) *Beyond the Pleasure Principle* SE Vol XVIII [PEP Web Link](#)

2. Schmidt-Hellerau, (2006) Surviving in Absence - On the preservative and Death Drives and their Clinical Utility. The Psa. Quarterly, 1057-1095. [PEP Web Link](#)

### **Week 5; May 1.**

**Guest Instructor: Elsa Ronningstam**

Narcissism, aggression, death drive and suicide:

Readings:

1. Kernberg O. (2009). The concept of the death drive: A clinical perspective. International Journal of Psychoanalysis 90:1009 – 1023. [PEP Web Link](#)

Suggested Reading:

1. Rosenfeld H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: An investigation into the aggressive aspects of narcissism. International Journal of Psychoanalysis, 52:169-178. [PEP Web Link](#)

2. Green A. (2001). Life Narcissism, Death Narcissism. London, Free Association Books. [Available in the [Library](#)]

### **Week 6: May 8: Ego Psychology**

**Guest Instructor: Terry Maltzberger**



Building on Freud's description of the formation of the ego and later twentieth century ego psychology, suicide has been formulated as arising from defects in ego development, or from ego disintegration, (e.g. Maltzberger, 2004; Hendin, Maltzberger, Haas, Szanto, Rabinowitz, 2004). Self-regulation is impaired by affective overload, which over time leads to regressive changes to the ego. However, some ego functions are preserved, including the ability to concentrate, focus and organize the self-attack. The agency to implement the suicidal self-attack remains intact.

#### Readings

1. Maltzberger JT. The descent into suicide. Int J Psychoanal. 2004;85 (Pt 3):653-67. [PEP Web Link](#)

### **Week 7: May 15: Object relations Theorists: Winnicott**

#### **Guest Instructor: Peter Lawner**

Winnicott, (1958, 1960) emphasized conflicts between different internalized aspects of the self, and saw suicide as an attack on bad internal objects or unwanted aspects of the self:

In the child's management of his inner world and in the attempt to preserve in it what is felt to be benign, there are moments when he feels that all would be well if a unit of malign influence could be eliminated. (This is equivalent to the scapegoat idea.) Clinically there appears a dramatization of ejection of badness (kicking, passage of flatus, spitting, etc.). Alternatively the child is

accident-prone, or there is a suicide attempt—with the aim to destroy the bad within the self; in the total fantasy of the suicide there is to be a survival, with the bad elements destroyed, but survival may not occur

(Winnicott, 1975).

Winnicott's concept of the false self (1965) as a defensive function to protect the true self also plays a role in some patient's suicide (p.143). Suicide may occur under two separate formulations: In more severe cases, where the false self takes over to such an extent that the true self is "under threat of annihilation", (p 133), suicide may be seen as a "reassertion of the true self" (p.133). In this formulation, suicide is viewed as a last ditch attempt to break away from the dominance of the false self, a final attempt of expression by the true self. In less extreme pathology, suicide falls under the purview of the False self, as a protection of the true self from further assault.

More towards health: The False Self has as its main concern a search for conditions which will make it possible for the True Self to come into its own. If conditions cannot be found then there must be reorganized a new defence against exploitation of the True Self, and if there be doubt then the clinical result is suicide. Suicide in this context is the destruction of the total self in avoidance of annihilation of the True Self. When suicide is the only defence left against betrayal of the True Self, then it becomes the lot of the False Self to organize the suicide. This, of course, involves its own destruction, but at the same

time eliminates the need for its continued existence, since its function is the protection of the True Self from insult (p. 143).

Kilpatrick (1948) emphasized overwhelming self-hate, hopelessness and alienation in suicidal patients for whom suicide acts towards restoring self-esteem. She points out that the unconscious idealized self-image is often accompanied by its counterpart, a despised self-image. “When we understand narcissism not as love for the self, but as love of the idealized image of the self, we become aware of the gravity of self-hate and alienation which needs to be present” (p.19). This view is maintained in contemporary object relations theory, which formulates suicide as an attempt by the superego, with which the good self is identified, to eliminate the bad self (Hendin, 1991).

Suicide has been viewed by several authors as representing reunion with the lost object (Fenichel 1945; Hendin 1991), Asch (1980); Wasserman (1988). Asch (1980) took up the role of pathological internal objects, which are projected and interacted with. He suggested that in response to object loss, the patient enlists another in the role of executioner. He emphasizes the double aim in suicide, “of first cleansing the self, and then uniting (actually re-uniting) with an omnipotent love object” (p. 52).

## **References**

1. Aggression in Relation to Emotional Development (1950) reprinted in *Through Paediatrics...*; [Available in the [Library](#)]
2. Ego Distortion in terms of True and False Self (1960) reprinted in *The Maturation Processes*. [Available in the [Library](#)]

3. Chapter 2 in *Playing and Reality* entitled Dreaming, Fantasying, and Living: A Case History Describing a Primary Dissociation. [Available in the [Library](#)]

The latter two have a bearing on the schizoid person's likely experience of futility; the former on Winnicott's distinctive understanding of aggression.

### **Suggested Readings**

Winnicott DW (1958). *Collected Papers: Through Paediatrics to PsychoAnalysis*.

London. Tavistock Publications [PEP Web Link](#)

Winnicott, DW (1960). The theory of the parent-infant relationship. In *Maturational Processes and the Facilitating Environment*. New York: Basic Books, 1965, p. 37-55 [PEP Web Link](#)

Winnicott DW (1965). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. The International Psycho-Analytical Library, 64:1-276. London: The Hogarth Press and the Institute of Psycho-Analysis. [PEP Web Link](#)

Winnicott, D.W. (1975). *Through Paediatrics to Psycho-Analysis*. The International Psycho-Analytical Library, 100:1-325. London: The Hogarth Press and the Institute of Psycho-Analysis. [PEP Web Link](#)

**Week 8: May 22 Intersubjective Theory and Suicide:**