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Introduction

In Durkheim's classic work "Suicide" he uses a sociological approach for his analysis (1959). He seeks to establish that "what looks like a highly individual and personal phenomenon is explicable through the social structure and its ramifying functions." Durkheim's study of the social causation of suicide takes place on the level of analysis of group rates; he does not delve into why particular individuals are drawn toward self annihilation. He negates the popular doctrines, which ascribe suicide to such "extra-social factors" as racial characteristics, climate and imitation.

This eminent French sociologist emphasizes that suicide is not explicable by its individual forms; rather it is a phenomenon in its own right and has its own unity; his studies show that each society has a collective inclination to suicide. When basic conditions of a society's existence remain constant, there is a fairly stable self-homicide rate. This collective inclinations is a reality; it is exterior to the individual and wields a coercive effect on him. When a rapid increase in the social suicide rate occurs, it is symptomatic of a breakdown in the "collective conscious" and the social equilibrium. When the increase becomes fixed at a new plateau, another phase in the cycle of suicide has occurred.

In this paper an attempt is made to determine what factors propel given individuals toward self destruction. Durkheim's typology of suicides is utilized and an analysis of the social and psychological components of each type undertaken. The social structure is viewed from the vantage point of how it influences and is internalized by members of society. The psychological aspects are handled by looking

into what intrapsychic and external forces shape the individual's personality and behavior in such a way that he seeks his own death. In some instances it is hard to draw a sharp line of demarcation between the social and psychological; as many factors are "psychosocial." Psychoanalytic psychiatry postulates that the fundamental patterns of behavior are set in infancy and early childhood and are not seriously altered later. Neurosis can not be cured by social analysis; this is the task of psychotherapy. Each individual has a certain level of suicide potential that is established during his early life by his family and immediate environment through such behavior as rejection or over acceptance; frustration or total gratification of wishes. If the child is not gradually prepared for responsible adulthood, his suicide potential is apt to be high. Conversely, if his rearing readies him for work and other activities which will net him socially valued rewards, his suicide potential will be low. Even though an act of suicide may appear to be precipitated by a specific cause, one stimulus alone is not sufficient to produce self murder. The underlying pattern of behavior must be already leading in that direction.

A methodological obstacle to determining psychological causation comes from the fact that unless the person who commits suicide had been under long-term psychiatric care and a copious psychosocial history has been kept, interpreptation and classification of his suicide becomes an ex-post facto reconstruction of his life. Such a task is impossible. Durkheim found "no consistent agreement between insanity and suicide scales that would indicate definite causal connection between the two sets of phenomena."

Theories of suicide can be placed along a continuum from the strict social causation of Durkheim through the psychosocial formulations of Fromm, Reich and Freud to the psychoanalytic theories of unconscious volition of Abraham and Groddeck. The most extreme viewpoint on self-willed death is expressed by Groddeck (1961) who attests that the more severe the inner conflict, the more severe the illness which symbolically represents it. If a slight degree of illness doesn't suffice to solve or suppress the conflict,

> the It* has recourse to more serious forms...to chronic diseases...which slowly bury the conflict...and finally

* It is the forerunner of Freud's Id and means virtually the same.

to death... For he alone will die who wishes to die, to whom life is intolerable.

In this discussion of suicide (other terms used synonymously herein are self-annihilation, self murder and self homicide) Durkheim's definition and delineation is maintained. He considers suicide any death which is the "direct or indirect result of a positive or negative act accomplished by the victim himself" with fair knowledge of what the result of his action will be. It is the act of voluntarily "renouncing existence." Attempted suicide denotes the same pattern; but the act falls short of producing actual death.

Although suicide is usually a "positive, violent action involving some muscular energy," it may also be the culmination of a "purely negative attitude or mere abstention" such as the refusal to take nourishment. An indirect but still deliberate case occurs when a person knowingly commits a crime punishable by death.

Suicide Typology and Etiology

Egoistic and Anomic Suicide

Egoistic suicide results from lack of integration of the individual into society. The stronger the forces throwing individuals onto their own resources, the higher the suicide rate in that society. If the individual's goal orientation is to himself only, he develops the idea that his efforts are destined to be lost in nothingness as he has no worthwhile end to pursue (Teryakian, 1962). Durkheim takes a dim view of the inwardness stressed in existential thought as "authentic existence" (May, 1969). If the individual's consciousness breaks off from external reality it has "nothing remaining to reflect upon save its own misery....its internal nothingness." He believes authentic selfhood can only be found through participation in, not withdrawal from, social reality. Egoistic suicide springs from "excessive individualism." If the bonds attaching the individual to society slacken, those holding him to life also become more tenuous.

Anomic suicide also results when man's activities lack the regulative influence of social control. It is similar to egoistic suicide in that in both, society is "insufficiently present in the individual." But they are different from and independent of each other.

The person manifesting the egoistic form is "deficient in collective activity." In the anomic type there is a lack of restraint of individual passions. Durkheim reasons that man's insatiable wants must be limited by some external force; a moral force of recognized superior authority that will regulate and repress his passions in the name of "common interest." Such discipline is useful only when it is considered just, when man is willing to accept the prevailing social-moral bonds and adopt the "collective conscience." "The less limited one feels, the more intolerable all limitations appear." It is in this latter category that the suicidal person who feels "no one cares about me" falls.

Conditions for anomic suicide are maximized when the social and economic climate changes drastically. Mannheim, in discussing anomie (1936), states that "the disruption in wholeness of individual experience corresponds to the disintegration of culture and group solidarity." The anomic condition of social emptiness appears when life's activity loses its sense of meaning because the social structure is breaking.

Durkheim posited that suicide increases with knowledge. When man's religious society becomes less cohesive, his desire for new knowledge to explain his world expands. As his old certainty diminishes, man kills himself in greater numbers. Yet since knowledge, dangerous as its acquisition may be is the beacon of progressive societies, a new dilemma arises. Minds cannot be made to lose their desire for freedom by artifically shackling them to faith; but neither can they recover equilibrium by "mere freedom." Freedom must be used "fittingly."

Religion was seen by Durkheim as having a "prophylactic effect on suicide" as it fosters an intense collective life. Adherence to its beliefs and practices become mandatory. To illustrate--Catholicism demands high integration into the collective life of the church. It condemns suicide and the Catholic suicide rate is the lowest of the three major Western religions. Protestantism promotes individualism, secularization, and freedom of thought. This has resulted in a diminution in the ties of the individual to the religious group and to society; suicide rates among Protestants are proportionately much higher. Durkheim concludes that religions which dwell on the advantages and moral values of poverty are best equipped to teach the self restraint which counters suicidal thoughts.

Suicide also varies inversely with the degree of integration into "domestic...and political society." The closer the members of a family unit, and the more satisfying their lives, the greater their immunity to self destruction. Historically, women have had a much lower suicide rate than men. (The discrepancy in rates may be less true today in cultures where women are "emancipated" and "educated").

People need close contact with others to maintain their equilibrium. Loss of a spouse, parent or child may prove more devastating than one can bear and they may feel abandoned and like life is no longer worth living without the deceased loved one. Rapid intervention by a sensitive clergyman, doctor or social worker might enable the grieving survivor to hold on long enough to begin to focus on other meaningful relationships so that the loneliness is dispelled and death becomes a less appealing recourse.

Durkheim believed the strong suicidal tendency among unmarried adults was partially connected to their chronic "sexual anomy." This is aggravated when sexual desires are most easily aroused, in the 20-45 year age group. This may no longer be true in the more sexually permissive climate of the 1970s when many unmarried adults may well be more active sexually than their married counterparts.

Durkheim found in countries where divorce is permissible and acceptable, the force of matrimonial regulation and of the moral structure is weakened. The state of "conjugal anomy" produced by divorce explains for him the "parallel development of divorce and suicide." "Domestic anomy," which results from the death of a spouse, is termed the "crises of widowhood."

Acute economic crises aggravate suicidal tendencies. The same upward trend in suicide rates occurs whether fortunes change markedly for better or for worse because both require change in lifestyle. Both constitute disturbances of the collective order. On the political or national scene, suicide rates fall during periods of major crises. There is greater active participation of

individuals in communal life; thus their "will to live is strengthened and egoism restricted."

Even within his context of being interested mainly in social causation of group suicide rates, Durkheim posits that "suicidal behavior is a combination of psycho-instinctual impulse and social precipitation." We now turn our attention to these "impulses" and see how these are handled separately and in conjunction with social forces as causal factors by various personality theorists.

Adler sees suicide as a social act eventuating from certain problems in the individual's life (1923). The potential suicide's background shows he was a "pampered child because of underlying parental rejection" or because he was a child "afflicted with organ inferiority" or marked feelings of insecurity. When adolescence demands a reorganization of his life style, he is unable to meet the expectation. To withdraw from further humiliation and defeat he hides behind defense mechanisms and eventually turns to self destruction. When committing a suicidal act he may wish to succeed or he may be "attempting to harness his environment by frightening the others around him." In the latter instance the underlying idea may be "you'd miss me (be sorry) if I died" or to manipulate the world to be cruel to him and thus continue to fulfill his self image, in transactional analysis terms--his loser life script. (Harris, 1967). In clinical practice, clients who threaten suicide if a child is planning to move out on his own or if a spouse is seriously contemplating divorce are attempting to manipulate or control others' behavior through intimidation and playing on possible future guilt. The social worker/therapist should help the client examine the motivation, the aggressive-defensive maneuvering and the consequences of the threat for him and recipient(s) of it. Is this really the route to self fulfillment?

Suicide is depicted by Adler as one of the strongest forms of masculine protest; man's supreme act of asserting his sense of self. Because of his previous failure to communicate with significant others, he has not achieved a necessary sense of superiority; conversely, he feels quite inferior, a psychic development basic to

the suicidal complex. He attempts to free himself from responsibility by attributing his inferiority to heredity or to his parents. He then unerringly places purposeful distance between himself and the anticipated act or decision. Usually simultaneously the patient gives shape to his "separation from the world and reality" by rejecting all communal and humanitarian demands and attempts suicide. Thus, he literally takes his life into his own hands and in his choice of his own time and manner of death, at long last asserts his will power, his superiority over the world even though he "triumphs in pain." This final taking control of one's life in death is not infrequent in prisoner suicides.

Parsons (1951) takes a similar view of suicide. He attests that man would rather bring death on himself than "face the certainty of prolonged torture." In an analysis stemming from a Parsonian action systems viewpoint, "an act of suicide would not be interpreted as motivated by a simple wish to die" but rather as what was "felt by the actor to be the least intolerable resolution of an intolerable conflict situation." In light of his desperate plight he is minimizing his deprivation through self annihilation. Patients with terminal cancer and prisoners with life sentences are two vivid examples. In discussing isolation Fromm claims

> the essence of the human mode....of life is the need to be related to the world outside oneself; the need to avoid aloneness. To feel completely alone leads to "mental disintegration."

There is a compelling need in everyone to "belong," to feel at "one with others," to avoid being overcome by "individual insignificance." When man is unable to relate himself to any system from which to derive meaning and direction, he becomes overwhelmed by doubt. Such doubt "finally paralyzes his ability to act, that is, to live." Thus a universal factor in human nature is man's need to avoid isolation and moral aloneness. (Durkheim's anomie). The phantasy of suicide is the last hope if all other means fail to bring relief from the "burden of aloneness". (Fromm, 1941).

We embark upon the discussion of psychoanalytic concepts which illuminate self destructive patterns through a summation of Freud's final formulation on number and kinds of instincts. He classifies all instincts under two general headings; "life instincts and death instincts" (1961). The latter (previously called "aggressive instincts" and "destructive instincts"), perform their work less conspicuously than do the life instincts (eros) and therefore less is known about them. Great public resistance to acknowledging death instincts exists, yet inevitably these instincts accomplish their purpose; everyone ultimately dies. We each harbor a wish, usually unconscious, for death. This assumption is based on Fechner's formulation of the constancy principle that "all living processes tend to return to the stability of the inorganic world" (Hall & Lindzey, 1970). Expressed psychologically, "the goal of all life is death"; thus the death wish is the psychological representation in human beings of the constancy principle.

Freud confirms his "Theory of the Death Instinct" from his study of sadism and masochism (1965). These component instincts almost always appear in combination (1930). When sexual satisfaction can be derived only if "the sex object suffers pain or humiliation" sadism is strongly operative. Masochism is the "need to be the ill treated object." Besides finding the complimentary instincts in two interdependent people, these patterns also occur successively in the same individual. Sadism is the "destructive instinct directed outward". If the aggressive instinct can not find satisfaction in the external world because it collides with real obstacles, it will retreat and increase the amount of destructiveness turned inward.

Self destructiveness may be regarded as an expression of the death instinct (Freud, 1965). It is partially derived from the compulsion to repeat; the effort to restore an earlier, more satisfying state of things. These instincts are the opposite of the erotic (life) instincts which block the death instincts and convert them into aggression which moves "outward against substitute objects" (Hall & Lindzey, 1970). In its extreme form such outward directed destructiveness and its accompanying hatred, another derivative of the death instinct, culminate in extreme sadism or homicide. This

inclination to aggression constitutes the greatest impediment to civilization (Freud, 1930). Civilization attempts to inhibit and weaken such aggressiveness by having parents socialize children to internalize its values and restraints. This takes the form of implementing a restrictive, punitive super ego which becomes an integral part of the personality structure. "Conscience," the cherished moral agency of the civilized person, emerges as permeated with death instinct (Freud, 1923). When tension arises between the ego and superego, the latter subjects the former to great harshness and the "sense of guilt" emerges. It expresses itself in the need for punishment, that is, masochism. The most extreme form occurs in melancholia where the personality is dominated by a punitive superego. Practitioners working in in-patient and out-patient psychiatric facilities often encounter severely depressed, suicidal patients beset with hugh burdens of guilt.

One feels guilty or "sinful" when he does or wants to do something he has learned is "bad". People are made to fear loss of love for "badness". This loss of something so vital must be avoided; therefore discovery of such thoughts and actions must be avoided. The sense of guilt, a form of social anxiety, originates from two sources: (1) fear of external authority which causes internalization of aggressive instincts--one of the severest dictates of society, and (2) fear of the super ego's internal harshness which holds the dangerous aggressive drive in check. To sidestep the threatened punishment and loss of love, one may instead suffer permanent internal unhappiness. If the sense of guilt reaches such proportions that it becomes impossible to tolerate, the individual may resort to neurosis, psychosis or death.

> When we think of...the unconscious need for punishment and neurotic self injury, these make plausible the hypothesis that there are instinctual impulses that run contrary to self preservation (Freud,1965).

It is the need for punishment originating in the sense of guilt that leads to neurotic illness and its attendant desired suffering. Since this need is satisfied through the illness, the patient clings to his symptoms. Praise or encouragement cause him to fear he is getting better. Therefore he unconsciously resists treatment so he can remain disturbed and continue receiving the punishment he feels he deserves.

Several prominent post-Freudian theorists, including Marcuse and Reich, disagree with his "Theory of the Death Instinct." Marcuse's point of departure is Freud's use of Fechner's Constancy Principle which Freud develops into "life consists of a continuous descent toward death" (Marcuse, 1955). The nirvana principle emerges in Freudian thought as the "dominant principle of mental life"; it holds that the organism seeks "to reduce, keep constant or remove internal tension." Marcuse does not believe the nirvana principle to be supreme. Rather he states that "despite the universality of regressive inertia or organic life, instincts attempt to attain their objective in fundamentally different ways." The life instincts can and do gain ascendancy, counteract and delay the "descent toward death." Eros is the great unifying force that preserves life (So too in Freud). The conflict between life and death instincts can be reduced as life approximates a state of gratification; the pleasure and nirvana principles could converge in a non-repressive civilization (Marcuse, 1955). Then Eros would be freed from surplus repression and would be strengthened. At that point, "death would cease to be an instinctual goal."

Nonetheless, death could become a token of freedom, a final liberation, a rational end at the moment of one's own choosing after a fulfilled life. How many aged and chronically ill individuals long for this freedom to choose death over continual pain, rapid decline and being a burden to their loved ones? And should their healers insist that they hold onto a life that may be insufferable?

Reich's (1949) disagreement is on a different basis. He hypothesizes that the clinical basis of Freud's construct "death instinct" was "negative therapeutic reaction." Many patients reacted to psychiatric interpretation not by improvement but by intensification of neurotic reactions. Freud considered such a reaction the result of unconscious guilt feelings or the need for punishment which forced the patient to continue suffering. Reich's reformulation holds that the need for punishment is not the cause but rather the result of the neurotic conflict and attributes the negative therapeutic reaction to the lack of adequate technique for dealing with "latent negative transference."

In the "Masochistic Character" written as a clinical refutation to the death instinct, Reich (1949) states that the manifestations erroneously ascribed to the "hypothetical death instinct" are really due to a form of "orgasm anxiety"--a masochistic disturbance of orgasm function which expresses itself in fear of dying or fear of bursting. Masochism results from the repression of natural sexual desires. Thus, the solution to the problem of masochism lies in achievement of orgastic satisfaction. He argues that there is no such drive as the biological striving for unpleasure; and that the death instinct hypothesis omits the fact that "the inner mechanisms which constitute an antithesis to sexuality are moral inhibitions which represent the prohibitions imposed by the outer world--an authoritarian society."

> The ultimate motive power of life is tension with the prospect of relaxation; an organism deprived of this, internally or externally, will wish to cease living. Self destruction becomes the last and only possibility of relaxation.

Yet even in the desire for death, the pleasure--unpleasure principle expresses itself. Human suffering is due to the "disastrous effect of social conditions on the biopsychic apparatus"; it is these conditions which create neurosis and should be corrected. What seem to be self destructive tendencies are really the expression of strong "destructive intentions... of an authoritarian society interested in suppression of sexuality" ...and pleasure. If, as a result of continually meeting with externally caused frustration to his striving for pleasure, the seeking turns into unpleasure, the organism will destroy itself as the only possible means of release from intolerably painful tension (Reich, 1949).

Fromm (1941) also makes some pithy observations on authoritarian societies in which masochistic strivings frequently appear. Life is experienced as something overwhelmingly powerful which the individual cannot control. Because he comes to feel inferior he belittles himself. In extreme cases, this progresses to antagonizing loved ones, to illness and incurring accidents; all forms of behavior detrimental to the self. "Suffering and weakness

are the aims of such masochistic perversion"; the person feels sexual excitment only when experiencing pain inflicted on him by another--the sadistic partner. This attachment helps the individuals involved escape their unbearable feelings of aloneness and insignificance.

The key theme in Fromm's analysis is the individual's attempts to escape from loneliness (Durkheim's anomie) and his unbearable feelings of powerlessness. He becomes destructive as a reaction to constant anxiety; the aim of his destructiveness is elimination of the object, in this case, the external world. This constitutes a last desperate attempt to save himself from being crushed by it and is a root cause of much anti-social crime against property. If nothing external can become the object of his destructiveness, his own self ultimately does. If this occurs to a marked degree, physical illness results and suicide may be attempted.

Despite Fromm's critique of the "death instinct" on the ground that Freud "fails to sufficiently recognize that the amount of destructiveness varies greatly in individuals and groups" he makes a similar analysis to Freud's of the inhibition--frustration--aggression--destruction chain and of the sado-masochistic pattern. Fromm posits that the more the drive to life is thwarted by suppression, the stronger the drive toward destruction becomes. Destructiveness is the outcome of unlived life." In a society dominated by an authoritarian philosophy evolved out of "extreme desperation" and lack of faith, nihilism and the denial of life occur.

Abraham (1953) posits the "Unconscious Volition of Suicide,"

> when a person has lost all pleasure in life, he thinks it would be better to die than continue living. Persons prone to self injury, avoidable accidents, and refusing food are expressing strong suicidal tendencies."

Fear of starvation often appears during the involutional period when there is a decrease in genital eroticism (Reich's orgastic satisfaction). The libido undergoes a regressive change and female depressed patients become extremely disturbed when they no longer consider themselves the object of male desire. The depressed patient

often returns to the most primitive developmental stage--the oral or cannibalistic--in which the tendency to devour or demolish the object is prevalent. His fear of this tendency causes him to refuse food and thus to fear starvation--which he also deems the only punishment fitting for his "unconscious cannibalistic impulses." The starvation as punishment for one's "sinful" incorporative desire may become transformed into suicidal tendencies. The cutting of one's throat is an attack on the phantasied introjected love object as well as a self-punishment. It is his oral sadism that the patient is trying to escape.

Groddeck (1961) reaches the zenith of attributing behavior to internal, unconscious causation. He states that all illnesses, whether organic or "nervous," are creations of the It (Freud's Id), desired and brought forth by it. The It animates man. Accidents are also its creations and are usually "self inflicted punishment for a frightening wish or phantasy." Indulgence in onanism is often met with threats of bodily injury or warnings of idiocy. Much anxiety over masturbation is aroused from infancy on when "the threatening mother hand interrupts voluptous playing with sex organs." Attacks of hysterical cramp from masturbation phantasies can bring the person close to symbolic death.

Groddeck highlights another connection, besides anxiety, between sensual pleasure and death. The culmination of sexual intercourse is a dying for the man, death in the woman. The erection is life; "life expending effusion of semen is the dying into sleep"; sleeping is death. Concepts of "heaven and hell" evolve from Man's death during embrace, from giving his soul to the woman, when he "let's himself go in sexual pleasure" and becomes unconscious in ecstasy, thus dying in another. Hence, love and death are alike. He may feel hope for resurrection in a child's birth nine months later or dread the "everlasting fires of desire." There are cases of death at the moment of climax--self punishment for pleasure. Death appears as a "flight of the soul out of the body, a giving up of the self, a separation from the world." Contriving to remain sick or dying from disease or suicide are artifices the "It" contrives to "prevent the complexes from reaching consciousness."

There are some areas of agreement in Durkheim, Groddeck and

the Freudians. Durkheim holds that "suicide is impossible if the individual's constitution is opposed to it," if he does not have an inclination in this direction. Can not the "individual's constitution" be construed as his "It" which animates him? And when Durkheim states that "all insanity suicides are either devoid of motive or determined by imaginary motives," aren't these imaginary motives analogous to unconscious impulses? Yet Durkheim considers suicide an "ego manifestation" even while it is an annihilation of the ego. The pain inflicted on the ego is construed as compensating for guilt. These statements resemble Adler's concept of assertion of will and Freud's stress on the "sense of guilt" as central in the need for self-punishment.

Altruistic Suicide

This type of self murder occurs in social groups characterized by a high degree of integration of members and contains elements antithetical to egoistic suicide. Life is rigidly governed by custom; obedience is demanded. The individual is tightly interwoven into society and the group is of utmost importance. Individual life has little value in such a society.

A person may take his own life because of a "higher commandment" to do so (Durkheim, 1951). Such suicide is often regarded with admiration and is considered an enobling act rather than a destructive one. The spirit of renunciation and abnegation is the immediate and visible cause. The actor may be engaging in a religious sacrifice of honoring his God. The self-sacrifices of the Buddhist Monks in the 1960s fall into this category. Altruistic suicide has the same root as "heroic suicide"--voluntarily dying to protest human suffering and call attention to a humanitarian cause. A recent expression of this is self-immolation in the causes of civil rights and peace.

The individual may be impelled by strong political or nationalistic allegiance. He may kill himself rather than betray his country to the enemy when captured as a spy or Prisoner of War. In armies where obedience is mandatory, one goes to his death when commanded to do so. Such military suicide, which is an obligatory altruistic suicide, is on the decrease.

Marcuse (1955) states that in repressive civilizations heroic death is glorified as the supreme sacrifice. Education is slanted toward consent to death which introduces the element of surrender and submission to whatever life demands. Some theologies and philosophies celebrate "death as an existential category."

Fatalistic Suicide

Durkheim's fourth category, and the least common, fatalistic suicide, is presented as the opposite of anomic suicide. It is suicide which evolves from excessive regulation. When an individual's "passions are violently choked by oppressive disciplines" or his future appears irrevocably blocked, life is not worth living. In societies characterized by excessive physical or moral despotism, fatalistic suicide puts an end to the bleak life.

Indicators of Potential Suicidal Acts

Understanding the factors which foster and precipitate suicidal behavior is not sufficient to enable the social worker, corrections officer, psychologist, psychiatrist, or nurse (etc.) to intervene to effectively prevent someone whose wellbeing is entrusted to them from taking his own life. A knowledge of the warning signs that suicide is being contemplated is also essential. Although occasionally altruistic suicides occur in the United States, the suicides which are attempted in this country generally fall in the egoistic or anomic categories. Sometimes, perhaps most specifically with prisoners, anomic suicidal behavior contains elements of fatalistic thinking also. The following discussion is applicable for recognition of intent to commit egoistic or anomic self murder.

The person consciously or unconsciously contemplating suicide sends out signals to others alerting them to the fact that he may attempt self annihilation in the near future. The individual who is sensitized to recognizing these warnings is apt to be able to intervene early enough to offset the person's depression, despair, sense that no one cares about him or acute anxiety sufficiently that a pro-life choice is possible instead. If he is skilled in

recognizing indicators but not in helping avert such fatal action, he can act rapidly to see that a third party who has sufficient competence in dealing with suicidal individuals is brought into the picture to do so.

Earlier in this paper, mention was made of the issue of someone's right to choose the time and method of his own death. In intervening to stop a suicide, one is taking a position related to ideals of being "my brother's keeper," of believing "where there's life, there's hope" and that often combined with the despair and the desire to escape from life's painful realities, there are also elements in the individual's personality that may make part of him desperately wish to continue living, albeit in a more satisfying way (Schneidman & Mandelkarn, 1967). It is to this positive side of the ambivalence that the "rescuer" appeals. It is partly the finality of suicide that makes others take the responsibility of interceding before it happens; hoping that it will then be possible to enable the person to move beyond the desperation and later endow his own life with more significant value, meaning and purpose. Also, "acute suicidal states are temporary" (Schneidman & Mandelkarn, 1967). Some individuals who have at one time attempted complete self destruction are later grateful to their "savior" and ultimately pull themselves together and go on to lead happier lives.

Conversely, anyone really determined to commit suicide (and with whose personality it is consonant) over a prolonged period of time will ultimately triumph in killing himself. His aim is definitive; this differentiates him from the aggregate of people for whom suicidal actions denote a "cry for help" to others.

As indicated earlier, psychologically suicide results from anger and aggression turned against the self. Whereas when fury and hostility are violently expressed against another, the result is homicide; when it is unleashed against oneself--self murder is the result. Rarely is the action impetuous; usually it has been well thought out which is why clues to the contemplation may abound.

Behavioral Clues of Impending Suicidal Attempt

The person engages in:

1. Writing suicide notes.

2. Actual threats of "I'll kill myself" as well as more subtle conversations in which person talks of thoughts and fantasies about commiting suicide and about death wishes.

3. Sudden generosity in the form of giving away one's valued possessions.

4. Frequent visits or requests to visit doctor or hospital; or failure to take or report for medication he knows is essential to survival.

5. Evidences great pessimism, despair and disturbance. Conveys sense of hopelessness and helplessness.

6. Exhibits continual depression, often coupled with psychomotor agitation; expresses threats or statements like, "I'll succeed the next time," when an earlier suicidal effort has failed.

7. Extreme change in behavior pattern; for instance withdrawal from all interaction, noneating, constant sleeping or inability to sleep at all.

8. Suddenly drawing up a will.

9. Confusion and turmoil over learning of one's own terminal illness or the death of a loved one toward whom much guilt or anger was also felt.

10. Emits messages that he is experiencing extreme internal stress and/or unbearable situational press.

11. Makes illogical or irrational statements or expresses behaviors reflecting extreme thought disorder and confusion.

12. Repeated self destructive behaviors coupled with carelessness and throwing self into very risky situations (The person seems programmed to self-destruct).

13. Repeated provocations of others to kill him. Seems to be setting a trap for another to bait him into fatal assault.

14. Expressions that something is terribly wrong; much apprehension, sense of alarm, many aches and pains.

15. Listlessness, fatigue, "heaviness," carelessness about self and belongings.

16. Expresses extreme guilt feelings and depreciates self.

Any one of the above may herald an imminent suicidal attempt. However, when two or more of these signs are visible, they are likely to spell approaching disaster. It is incumbent upon the practitioner or therapist who notes such behaviors to respond as quickly as he hears, sees or senses the "cry for help." It is invariably serious--even though it may be an attention getting maneuver; the need for attention has reached desperate proportions and must be met, not ignored or denied. The staff member should determine how well laid out the plan is and when the person is planning to execute it. The most critical moment is when the urgent signal of distress is sent out. The immediate goal is to stop the person from destroying himself. Shortly thereafter, longer range goals of helping him "pull himself together" can be set with him.

Techniques of Intervention

A fairly useful battery of interventive techniques which have evolved out of the experience of staff members at suicide prevention centers, psychiatric hospitals and clinics, prisons and social agencies include:

1. Quickly establish a channel of communication. Show concern in a composed, calm voice and manner. Ask questions about his situation and feelings. Keep him talking as an antidote to action.

2. Establish a positive relationship through listening to his problems, conveying understanding and sympathy with his plight, and disclosing yourself as a well informed person capable of helping him over the immediate crisis.

3. Try to determine if another person is significantly involved in his decision to kill himself. If so, it might be wise to have a fellow staff member contact that important person to see if he can come to the scene or talk to the suicidal person and offer some words of comfort or some information to diminish the panic and distress.

4. Once the crisis is averted, consider having the person see a physician. With client permission, discuss the situation with the doctor and raise the possibility of his prescribing anti-depressant medication.

5. Follow through either as the person in the ongoing relationship or keep in contact with the mental health professional to whom you have referred him until you are reasonably certain he is stabilized at a higher level of functioning and that his reality is not so bleak that suicide will again beckon as preferable to living.

Summary

Each society has a specific aptitude for suicide. This predisposition results from distinct characteristics which vary according to each society. Durkheim, in his classic study of suicide, examined those conditions on which "social suicide rates" depend. He defined suicide as any voluntary death resulting from an act perpetuated by the victim against himself with foreknowledge of the results of his conduct. He depicts suicide as a supreme act of aggression and of alienation.

Durkheim's categorization of suicide into four morphological types was followed. The first two--egoistic and anomic--occur when the individual is inadequately integrated with or bound to society, its customs and values. He attributes egoistic suicide to "excessive

individualism" and finds the person engaging in it "deficient in collective activity." In the anomic variety the person lacks restraint of his passions. In both, the sense of belonging to a close knit family, religious community, economic unit and political system is absent. The individual feels isolated, alone, --his life lacks goal and meaning.

Altruistic and fatalistic suicides both occur when the individual is overly integrated into society and has forfeited his individuality. Altruistic suicide is committed in obedience to the command of a higher external authority and is the antithesis of egoistic. Fatalistic suicide, attempted when one has given up trying because life is too bleak with all avenues out of his situation blocked by excessive regulation, is the opposite of anomic. Apparently both too much or too little social regulation contribute to such frustration that the supreme act of self destruction is undertaken to end one's misery.

In addition to an analysis of Durkheim's therory of social causation, various theories of the psychosocial etiology of suicide were examined. All agree that the personality structure of the individual is built during infancy and childhood and that later behavior is at least partially determined by this early formation. All concur that suicide must be consistent with the personality structure or it will not be considered.

The socialization process, with its attendant repression of instinctual desires, was shown to cause a sense of guilt and frustration. If a reservoir of frustration accumulates, aggressive instincts emerge. Turned outward these take the form of destruction, sadism, or homicide. If not allowed external expression, these instincts are directed inward in a self punitive manner leading to masochistic behavior, severe depression or perhaps, when the anxiety and tension become unbearable--to suicide.

Freud's "Theory of the Death Instinct" and criticisms of it were explored. Mostly, the psychoanalysts view suicide as a "displacement" of the thwarted wish to murder another; the desire is turned back against the self. In suicide one kills the "introjected object and absolves his guilt for wanting to murder the object." Thus the ego is satisfied and the harsh super ego placated.

Despite the difference in sociological and psychoanalytic explanations of causation, similarities were found. The psychological counterpart of social control, the super ego or conscience, seemed to govern for the analysts the direction of the patient's behavior. If regulating influences of society or one's super ego are too strong or too weak, suicide becomes a serious possibility. This writer finds little antithesis between the social and psychopathological explanations of suicide. They seem quite complimentary.

Since the paper moves from Durkheim to Groddeck and opened with the former, it seems fitting to close with a quote from the latter.

> If once the "It" loses its interest in the game (of life), it lets go of life and dies. Death is voluntary, no one dies except he has desired death.

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