

Suicide and the Soul

James Hillman, 1964

“Suicidal moves give us a clue about our ‘inner-killer,’ who this shadow is, and what it wants. Since suicidal moves show this shadow using the body as an instrument for concrete aims (revenge, hatred, etc.), profound questions are raised about relations between suicide attempts and attempts at liberalizing reality by means of the body. [...] The danger lies not in the death fantasy but in its literalism.”

In other words: *the death wish of the soul is metaphorical, suicide is using the body to carry out this death wish.*

On the soul

The soul is often associated with words as mind, spirit, heart, warmth, humanity, personality, individuality, intention, essence, emotion, virtue, morality, sin, wisdom, death and god. A soul can be troubled, old, disembodied, immortal, lost, innocent. It is visualized as an inner man, sister or wife, the place of God’s voice, a cosmic power we all share. You can sell your soul, it can be tempted, cursed and saved, travelling. The soul is located in the body (sperm, egg, eyes) and hangs around it like a cloth. To the analyst all this doesn’t matter, because *“they are one and all true positions, in that they are statements about the soul made by the soul.* They are the soul’s description of itself in the language of thought (just as the soul images itself in contradictions and paradoxes in the language of poetry and painting.). This implies that at different moments each of these statements reflect a phase of the body-soul relationship. [...] We must then conclude that such statements about the soul reflect the state of the soul of the one making the statement. They reveal the special bent of a person’s own psyche-soma problem, a problem that seems unendingly bound up with psychology and the riddle of the soul, since it is this question—what have the body and soul to do with each other—that the soul is continually putting to us in philosophy, religion, art, and above all in the trials of daily life and death.”

So the soul is not so much a concept with a referent with which we can agree or disagree based on arguments and evidence, but a symbol, “so that we are not able to use the word in an unambiguous way, even though we take it to refer to that unknown human factor that makes meaning possible, turns events into experiences, and is communicated in love.”

On analysis

The focus of the analysis is the suffering of the soul. Hillman describes analysis as a search, not for the analyst to come up with a diagnosis and treat the patient accordingly, but for the analyst and patient as two human beings to examine how to deal with the soul, also—and perhaps in particular—when the soul wants to die. The primary focus of the analysis is the health of the soul and handling psychological death. In most modern psychotherapies the soul is absent. The same goes for psychiatry, in which life prevails and death is something to be prevented. Most of its attention is turned to the life of the body and in order for the body to live on, psychiatry intervenes on the body (for instance with medication or electroshock therapy). But if you take the death wish of the soul seriously, instead of denying or repressing it you can explore it: *“Whenever treatment directly neglects the experience as such and hastens to reduce or overcome it, something is being done against the soul.* For experience is the soul’s one and only nourishment. If one stands for psychological life, as the analyst must, physical life may have to be thwarted and left unfulfilled in order to meet the soul’s claims, its pressing concerns with redemption.”

It’s not up to the analyst to judge or disapprove of suicide, or to think whatever of it. It’s his duty to understand it as a fact of psychological reality: “Any careful consideration of life entails reflections of death, and the confrontation with reality means facing mortality. We never come fully to grips with life until we are willing to wrestle with death. We need not postulate a death drive nor need we speculate about death and its place in the scheme of things to make a simple point: every deep and complex concern, whether in oneself or with another, has in it the problem of death. And the problem of death is most vividly in suicide.”

Suicides can be classified via several approaches (collective, symbolic, emotional, intellectual). This is of no interest to the analyst, for he knows suicide is one of our options and the meaning of the choice for suicide varies per person and circumstances. That’s where his work starts: “An analyst is concerned with the individual meaning of a suicide, which is not given in classifications. An analyst works from the premise that each death is meaningful and somehow understandable, beyond the classification. [...] He assumes that behavior has a meaningful ‘inside’ and that by getting inside the problem he will be able to understand its meaning.” The analyst is preoccupied with experiences and sufferings: problems with an inside and the domain of the soul. The fact that science doesn’t know the soul, or denies its existence all together doesn’t mean that the soul as the world of our experiences doesn’t exist, nor that the patient can’t share his world with his analyst, that together they can’t learn to understand the inner meanings of behavior. To ‘understand’ here means to see the relevance

of an experience for the soul of the patient. It isn't about looking for causes and explanations. That would turn 'death' or 'suicide' into something with an outside you look at, whereas what matters here is the inside.

This is what an analyst does: "Not prevention but confirmation is the analyst's approach to experience. His desire is to give recognition to the states of the soul that the person concerned is undergoing, so that they may become realized in the personality and be lived consciously. He is there to confirm what is going on—*whatever is going on*. Ideally, he is not there to approve, to blame, to alter, or to prevent. He may search for meaning, but this is to explore the given, not to lead away from the experience as it is. Leading away from experience leads also away from understanding the data as they are presented. [...] Anything that interferes with his unique emotional understanding of the individual will work against understanding in general. [...] Explanations from studies that show suicide as the result of confused reasoning degrade what the soul is going through. Explanations fail the seriousness and enormity of the event. The 'psychosemantic fallacy' [that you want to put an end to your suffering and forget that after death there is no 'you' to live onwards without suffering] makes sense enough to the person about to kill himself. The analyst's task is to move his understanding inside the other person to where it makes sense." To do so he will first try to understand the life of his patient, the conscious and unconscious elements of his personality. The latter Hillman calls the 'inner mythology' (dreams, fantasies, modes of perception): "Because suicide is a way of entering death and because the problem with entering death releases the most profound fantasies of the human soul, *to understand a suicide we need to know what mythic fantasy is being enacted.*" Most of us don't know our own myth that leads to our death. Usually we don't really know what we're doing and because death often surprises us, it seems to be exogenous. Hillman thinks this is a mistake: we carry our death inside us (later more about this). That's why an analyst is focused on the inside. But he mustn't totally enter the inner world of his patient. He is at the same time both inside and outside, for understanding requires two partners in a conversation (total identification with his patient makes them one, not two). Staying in touch with the outside means bringing in knowledge, not so much about suicide per se, but "knowledge about the *experience* of death, the archetypal background of death as met in de soul, its meanings, images, and emotions, its import in psychic life, so that one can try to understand the experiences undergone during the suicidal crisis."

On death

Death seems the big unknown in life and out of fear of death (or will to live) the knowledge traditions of sociology, law, medicine and theology didn't give death its proper place in the story of what it means to be human: "They conceive death as exogenous to life, not as something lodged in the soul, not as a continuous possibility and choice." As said, most therapies are aimed at prolonging the life of the body and preventing death, and therefore offer no or limited space to talk about the death experience. Psychology knows little about death (or, for that matter, sleep, its symbolic counterpart). Theology has some things to say about it, but in a rather authoritative tone and you're not particularly invited to ask questions (for instance, because your own experiences are otherwise). Natural sciences, including medicine, also have a rather fixed idea of death, namely as the final stage of decay.

Closest comes philosophy: "Life and death come into the world together; the eyes and the sockets that hold them are born at the same moment. *The moment I am born, I am old enough to die.* As I go on living, I am dying. Death is entered continuously, not just at the moment of death as legally and medically defined. Each event in my life makes its contribution to my death, and I build my death as I go along day by day. The counterposition must logically also follow: any action aimed against death, any action that resist death, hurts life. Philosophy can conceive life and death together." One of the philosophical traditions states: "Death is the only absolute in life, the only surety and truth. Because it is the only condition that all life must take into account, it is the only human *a priori*. Life matures, develops, and aims at death. Death is its very purpose. We live in order to die. Life and death are contained within each other, complete each other, are understandable only in terms of each other. Life takes on its value through death, and the pursuit of death is the kind of life philosophers have often recommended. If only the living can die, only the dying are really alive." So life and death aren't mutually exclusive opposites, but both at the same time present. Therefore, death can be experienced as a way of being, an existential condition: "In dreams and in psychosis one can go through the anguish of dying, or one is dead; one knows it and feels it. In visions, the dead return and report on themselves." Death is experienced in life.

On the death experience

Plato called philosophy the study of dying: "It has been called 'dying to the world.' The first movement in working through any problem is taking the problem upon oneself as an experience. One enters an issue by joining it. One approaches death by dying. Approaching death requires a dying in soul, daily, as the body dies in tissue. And as the body's tissue is

renewed, so is the soul regenerated through death experiences. Therefore, working at the death problem is both a dying from the world with its illusory hope that there is no death, not really, and a dying into life, as a fresh and vital concern with essentials. *Because living and dying in this sense imply each other, any act that holds off death prevents life.* ‘How’ to die means nothing less than ‘how’ to live. [...] Living in terms of life’s only certain end means to live aimed toward death. This end is present here and now as the purpose of life, which means the moment of death—at any moment—is every moment. *Death cannot be put off to the future and reserved for old age.* By the time we are old we may no longer be able to experience death; then it may be only to go through its outer motions. Or, it may have already been experienced, so that organic death has lost all sting. [...] When we refuse the experience of death, we also refuse the essential question of life and leave life unaccomplished. Then organic death prevents our facing the ultimate questions and cuts off our chance for redemption. To avoid this state of soul, traditionally called damnation, we are obliged to go to death before it comes to us. Philosophy would tell us that we build toward death from day to day. We build each our own ‘ship of death’ within ourselves. From this standpoint, by making our own deaths, we are killing ourselves daily so that each death is a suicide.”

So the death experience is necessary, but far from pleasant, similar to most organic dying. It’s a demanding thing to do. The analyst tries to help the patient to figure out the meaning of the choice for the death experience. Is it a form of unconscious philosophy? Then the (attempted) suicide is “an attempt to understand death by joining it. The impulse to death need not be conceived as an anti-life movement; it may be a demand for an encounter with absolute reality, *a demand for a fuller life through the death experience.*”

Another reason can be ‘becoming an individual’, to separate yourself and stand on your own two feet. Until you can say ‘no’ to life, you haven’t really said ‘yes’ to it and just floated around on the larger stream of life. Individuality takes courage, not so much to choose for or against life, but to choose for yourself, including your evil side. To continue to live knowing your dark side and stopping your life because both take courage.

The death experience comes in many forms. You dream you or a part of yourself dies; loved ones die; you get fired; you end habits; a love ends; you feel empty and deserted; you are afraid of death. Some people are driven, others haunted by death. Some feel drawn to ‘the other side’ because they want to be with their lover, parent or child. Some have had a mystic experience they didn’t understand but need to feel again. For some, every goodbye is a form

of dying. Some think they're cursed and doomed to live a life that can only get worse. Some people made it through a war but their escape of death is not yet internally experienced. Others have phobias, compulsive disorders or insomnia that bring death to their consciousness. Suicide is but one way to experience death, other ways are depression, collapse, trance, isolation, intoxication, failure, psychosis, dissociation, amnesia, denial, and pain and torture. These can be concrete or symbolic experiences. To understand these patterns of death, the analyst has to listen to what the soul has to say about death. This is not necessarily in literal language, as in dreams and fantasies images often have their own meanings. Death stands for the desire for a transformation, which can also be symbolized by birth and growth, or movements in time and place.

On transformation

The reason why death in its many forms is so prominent in analysis is that it appears not only as desire for transformation, but it does so in such an emotionally intense way, that one simply has to make space for the transformation: "Every turmoil and disorder called neurosis can be seen as a life and death struggle in which the players are masked. What is called death by the neurotic mainly because it is dark and unknown is a new life trying to break through into consciousness; what he calls life because it is familiar is but a dying pattern he tries to keep alive. The death experience breaks down the old order, and in so far as analysis is a prolonged 'nervous breakdown' (synthesizing too as it goes along), *analysis means dying*. The dread to begin an analysis touches these deep terrors, and the fundamental problem of resistance cannot be taken superficially. Without a dying to the world of the old order, there is no place for renewal, because [...] it is illusory to hope that growth is but an additive process requiring neither sacrifice nor death. The soul favors the death experience to usher in change. Viewed this way, a suicide impulse is a transformation drive. It says: 'Life as it presents itself must change. Something must give way. Tomorrow and tomorrow and tomorrow is a tale told by an idiot. The pattern must come to a complete stop. But, since I can do nothing about life out there, having tried every twist and turn, I shall put an end to it here, in my own body, that part of the objective world over which I still have power. I put an end to myself.'" According to Hillman this is an attempt to move from one status to the other, from 'becoming' to 'being'. Putting an end to yourself is searching for your limits and cross them, an attempt to move from one reality to another. From 'here' to 'there' is a choice between opposites, like 'inside' and 'outside', 'active' and 'passive', 'body' and 'soul', 'matter' and 'mind'; and "The agony

over suicide represents the struggle of the soul with the paradox of all these opposites.” The real suicide then satisfies the need for a quick transformation.

If the death experience is a transformative choice, then suicide fantasies can free you of your usual outlook on the world and let you meet the realities of your soul: “These realities appear as images and voices, as well as impulses, with which one can communicate. But for those conversations with death one must take the realm of the soul—with its night spirits, its uncanny emotions and shapeless voices, where life is disembodied and highly autonomous—as a reality. Then what appear as regressive impulses can reveal their positive values.”

On case and soul history

Hillman thinks the half-in-half-out position of the analyst is important, because suicide fantasies often arise out of confusing the inner world and the world outside. The analyst must guard the difference between the two: “We suffer when we muddle psychic reality with concrete reality and events, thus symbolizing life and distorting its reality. And the reverse: we suffer when we are able to experience psychic reality only by acting out concretely our fantasies and ideas.” The analyst must help the patient first to separate the two and then to bring them back together again, so that the soul can express itself in the world outside and the outside world can feed the inner person. For this one must distinguish between case history and soul history. The case history is about the life in the outside world and it entails the biography of important events in your life. The soul history is about experiences; they don’t have to be about these events or even logically (according to conventions) pair with them, nor do these experiences have to follow the chronology of the case history. The language of the soul history is mostly in emotions, dreams and fantasies: “Gulfs of years and events are dispensed with out of hand, while the dreams circle around and around certain aspects of the case history as symbols of meaning that carry the experience of the soul. These experiences owe their existence to the natural symbol-forming activity of the psyche. The experiences arising from major dreams, crises, and insights give definition to the personality. They too have ‘names’ and ‘dates’ like the outer events of case history; they are like boundary stones that mark out one’s own individual ground. These marks can be less denied than can the outer facts of life, for nationality, marriage, religion, occupation, and even one’s own name can all be altered. To deny or try to erase one’s own symbolic ‘passport’ is to betray one’s own nature, and to then be lost in a rootless anonymity equal to, if not worse than, an outer disaster. Nor will any amount of reductive analysis be able to empty the meaning from these

symbols by referring them to outer traumata. [...] Soul history emerges as one sheds case history, or, in other words, as one dies to the world as an arena of projection.” The analyst must deny nor nuance the need to die, symbolically or physically, but help the patient to enter death, so the experience can take place before death does. The patient then enters a new psychic reality. The analyst doesn’t offer hope, but confirms the despair of the patient and faces it together with him, so that together they can investigate the meaning of that experience: the destructive forces (the desire to hurt and to kill); the absurd and trivial of life (the nonsense, strange habits, coincidences). It is not up to the analyst to promote life, but to help the patient to better understand his death wish from the inside and to let him undergo his death experience. He does so by entering the patient’s inner world together with him, and by deciphering its secret language. This creates a secret bond between them and the patient is no longer alone and isolated. The transformation starts at the moment of despair. Cure isn’t the goal, because you can’t be cured from complexes as these aren’t causes, even if they determine psychic life: “They are basic, given with the soul itself, as energetic nuclei and qualitative foci of psychic life. A medical model tends to conceive them like wounds or traumata, or as malignant growths and foreign bodies to be removed in the medical manner. But if complexes are energetic centers, they cannot be ‘cured’ without damaging the vitality of the patient.” So not cure, but transformation and consciousness are the goals. Transformation always takes place in the body. As the body is also an experience, it will transform along the way and consequently undergo all sorts of effects that can become observable in rashes, disturbances of the blood circulation, organ failures, all sorts of pains; these have symbolic meaning as well because the body is an experience.

On the analytical dialectic

The soul develops between tensions. Tensions require two poles. The analyst represents the pole that the patient temporarily misses within himself. In the course of analysis the patient can refind that pole and become his own analyst.

In analysis meanings are brought about in two ways. In the first, the analyst asks questions that provoke more questions, helping the patient to dig deeper into his inner world. In the second, amplification, new symbols are created. Symbols that emerge can lose their meaning once they see daylight. The issue at hand (like love, family, work, money, emotions and death; the issues in every human life) are re-inspected using literature, art, daily life, dreams, whatever, so that another symbolic aspect is discovered setting loose another. It isn’t about right or wrong symbols, but about symbols that are relevant for the patient’s soul: “Because

the themes to which one returns through amplification are not only your and my deepest wounds, but are as well the eternal themes of the soul, they can never be settled by definition once and for all.” The analyst’s outer position enables him to bring in his knowledge about the collective aspects of the human soul and through the analytical dialectic unite the individual with the collective: “The analyst tries to understand the other and bring about the other’s self-understanding, by relating the case history with the soul history, by placing the trivia in relation to the central myth of the patient’s life. [...] The collective level of the troubled soul is human history. It concerns everybody.”