


Essay

## Suicide and the Drama of Self-consciousness<sup>1</sup>

Siri Hustvedt   
writer, USA

Submitted to SOL: 4<sup>th</sup> November 2013; accepted: 11<sup>th</sup> November 2013; published: 8<sup>th</sup> December 2013

**Abstract:** Since suicide became a medical, not an ethical problem in the West, it has been associated with pathology. The dubious statistic cited in the current literature is that over 90% of all people who kill themselves are mentally ill. But what is the self being killed in suicide? Despite research that hopes to uncover genes that predispose a person to suicide, the work remains highly speculative. Epigenetic investigations are more promising and, although a relation between gene expression and environmental stress can be established, a direct link to suicidal behavior remains illusive. Subjective phenomenal experience must be part of Suicidology. Drawing from William James, Merleau-Ponty, Søren Kierkegaard, contemporary phenomenology, and the neuroscience of self, I argue that suicide cannot occur before a child has developed the capacity for reflective self-consciousness, the ability to conceive of herself as an other in time—with a remembered past and an imagined future—and the social emotions that accompany this level of development, such as shame, guilt, and pride, and that the movement from pre-reflective to reflective self-consciousness is shaped by early attachment. Following Jean Améry, I argue that suicide is an act that addresses an other; is dialogical, can be rational, partakes of both conscious thoughts and intense feeling, which should not be lumped into one faculty as in emotion appraisal theory, a conflation that has guided the practice of CBT. What is crucial for a despairing person is not restructuring his reasoning but establishing a therapeutic alliance between self and other.

**Keywords:** pre-reflective self-consciousness, reflective self-consciousness, biology, psychology, attachment, dialogical, self-conscious emotion.


Copyrights belong to the Author(s). Suicidology Online (SOL) is a peer-reviewed open-access journal publishing under the Creative Commons Licence 3.0.

When I worked as a volunteer writing teacher in a locked ward for psychiatric inpatients in New York City, I had a number of suicide survivors in my classes over the course of three and a half years. Some came attached to IV's, some wrapped in thick bandages, some with healing bruises. Others carried no visible sign of their ordeals. They were men and women, young and old. Their diagnoses varied—major depression, schizophrenia, bipolar, borderline, OCD. Their moods were just as variable. I remember a woman who ended her poem with the words “I am already dead.” I had a raging man who threatened to

take his family with him “next time.” He was the only patient I worked with whom I reported to the ward supervisor. One young man wrote a poem in the first person, in which he recorded a long list of bungled suicide attempts. Despite his earnest efforts to destroy himself by hanging, drowning, leaping from buildings, and slicing his veins, he failed every time. The poem was funny, but the poet admitted that he had landed in the hospital because he had tried to kill himself and that this recent attempt was not his first. He had turned his desperation into black comedy.

For centuries in the West, self-murder was a problem of ethics, not pathology. The emphasis began to shift in the seventeenth century, and by the nineteenth suicide had become an illness. In 1828, the English physician George Man Burrows wrote, “A propensity to self-destruction, like any other peculiar delusion, is but a symptom of deranged intellect, and can only be viewed as a feature of melancholia”

---

 Amanda Urban  
International Creative Management, USA  
E-mail: aurban@icmpartners.com

<sup>1</sup> First delivered as keynote lecture at the XXVII World Congress of The International Association for Suicide Prevention, Oslo, Norway, September 24, 2013.

(Burrows, 2012, p. 117). This statement, which connects suicidal urges to what we now call depression, has a contemporary ring to it. And yet, not all people suffering from major depression are suicidal and not all suicidal people are depressed. More people with temporal lobe epilepsy kill themselves than people with other forms of epilepsy and at rates far higher than non-epileptic people, but we cannot conclude from this that either depression or epilepsy *cause* suicide (Hawton & Marsack, 1980; Verotti, Cicconetti, & Ferro, 2008).

I have read hundreds of times that over 90% of all people who kill themselves have a mental disorder, but there is never a note explaining where this statistic comes from. Is this an American estimate, a European one? My efforts to find the source for this bit of received knowledge yielded nothing. How can anyone actually know this statistic? And when did psychiatric diagnosis become an exact science? Criticism of the DSM as a purely descriptive text that ignores etiology and shifts its categories with ideological winds is hardly new. In his book *November of the Soul*, George Howe Colt (1991) mentions a Harvard study in which doctors were given case studies of people who had killed themselves. When the physicians examined the narratives that suppressed the ultimate suicide, the highest estimate of mental illness was 22%. When the end of the story was provided, the estimate leapt to 90%. In this instance, the last chapter appears to have rewritten those that came before it.

But what does it mean to kill one's self? What is being attacked and/or escaped from? There is no consensus about what a self is. Its contours change or even vanish depending on your particular perspective—philosophical, psychological, or neurobiological. Is the self an illusion or something real? Is it an aspect of our consciousness? An intense conscious feeling state of some kind seems to be necessary to trigger the act of suicide, but that doesn't mean unconscious forces are not at work in the suicidal person. Most of what the brain-mind does is unconscious and that includes so-called higher cognitive functions. Once knowledge is mastered, it quickly becomes habitual and leaves awareness (Kihlstrom, 1987).

It is a sign of the times that neuroscientists are looking for genetic causes for suicide. This research has not addressed the self in the brain. The findings that suicide victims have reduced levels of the neurochemical serotonin and its major metabolite (5-HIAA) as opposed to those who died for other reasons have drawn the most attention (Mann, 1999, 2003; Mann et al. 1996; Stanley & Mann, 1983). Because there is evidence that the serotonergic system is partly under genetic control but no specific knowledge of how this works, the research remains

speculative (Arango, Huang, Underwood & Mann, 2003). Despite newspaper articles trumpeting the discovery of a suicide gene, researchers have proposed only candidate genes (Akst, 2011; Sample, 2011). The chosen endophenotypes for suicide are impulsivity and aggression, but as Gustavo Turecki (2005) points out, not all suicides are impulsive or aggressive. Notably, self-harm is not distinguished from harm to others and, while there are countless animal studies on the role of genes and environment in aggression, self-aggression is so rare in the animal kingdom that routine study is impossible.

What we do know is that environmental influences on an animal, including social ones, such as maternal care and isolation, have been demonstrated to produce chemical alterations around the DNA molecule, which modify gene expression (McGowan et al., 2011). Some studies have found that these chemical changes can be inherited by offspring who have never been subjected to the same stress (Meany, 2001). It seems that poor maligned Lamarck is due for reconsideration. Much of the work in epigenetics is done on mice and rats, but it is not insane to extrapolate to human beings if one proceeds carefully. Repeated shocks or deprivations to an animal affect its stress regulatory system (the Hypothalamic Pituitary Adrenal axis) and hormone levels—corticosterone in rats, cortisol in human beings—which have been linked to changing gene methylation (Labonté & Turecki, 2011). A human postmortem study by McGowan et al. (2009) found increased cytosine methylation in suicide victims who had been abused but not in suicide victims who had not been abused. Abuse alters methylation, it would seem, but is not predictive of suicide. "Stress," that vague and now ubiquitous word for myriad forms of assault originating from outside the organism, is a vehicle by which environment is transmuted into biological being, although not one of us is conscious of how our cells are adapting to the particular conditions around us.

Human beings are surely made of cells, but as a species we have produced a broad range of cultures, organized in myriad ways, and we have generated ideas about how to live that have been articulated in hundreds of languages, and this thickening of complexity in the human realm defies reduction to genes, neurochemicals, and synapses. The suicidal poet in my class may have been subjected to repeated emotional stress that altered his gene expression. He may have been impulsive and aggressive, but if we truly wanted to understand what had happened to him, we would have to try to take his point of view. We have to enter a first-person perspective.

In his 1973 article for *Encyclopaedia Britannica*, Edwin Shneidman writes, "It is probably

accurate to say that suicide always involves an individual's tortured and tunneled logic in a state of inner-felt intolerable emotion" (p. 383). "Better a terrible end, than terror without end," wrote one man at the end of his suicide note (Grashoff, 2006, p. 138). These two aspects of conscious experience—unbearable feeling and an internal argument for the deed must be present in the suicidal person, and I think Shneidman is right to distinguish them.

In Chapter 10 of his *Psychology*, William James describes several selves—material, social, and spiritual, but his "self of selves" is "felt." He calls this "empirical" and embodied self, Me (James, 1890/2007, p. 291) James's Me resembles what phenomenologists call the pre-reflective, minimal, or core experiential self. The neuroscientists Jaak Panksepp (1998) and Antonio Damasio (2012) each propose a form of a primal or core self, a motor-sensory, affective bodily self with a neural location in the brain, which is responsible for a primary form of self-awareness in many creatures. What other animals don't have is what James called the "I" or knower, a self that remembers its past and anticipates its future: reflective self-consciousness. Sean Gallagher and Dan Zahavi (2008) note the difference between the pre-reflective and reflective self: "When speaking of a first person perspective it is important to be clear about the distinction between having or embodying such a perspective and being able to articulate it linguistically..." (p. 47). Suicide is an intentional conscious act. Before you do it, you have to picture it, think about it, test it out in your mind and articulate it linguistically. It requires reflective self-consciousness, an active projective imagination in which the self sees itself dead. The Me can experience terrible suffering, but only the I can form an argument for killing.

In *The Sickness Unto Death*, Kierkegaard's meditation on despair (1849/1980), the pseudonym Anti Climacus asks what the self is: "The self is a relation that relates itself to itself or is the relation's relating itself to itself in the relation; the self is not the relation but is the relation's relating itself to itself" (p. 13). The famously complicated philosopher further complicates this definition, but I shall seize on something essential. For Kierkegaard the physical body takes in and records the immediate reality of the senses, which the psychical then interprets in reflection. Kierkegaard's self is a synthesis. This is a fertile idea I will rephrase: The conscious human self is not a static thing but an active relation between the motor-sensory-perceptual life of bodily experience and psychic ideas or thoughts and their linguistic representations. In *Phenomenology of Perception*, Merleau-Ponty (1962) argues that the person "as concrete being is not a psyche joined to an organism but the movement to and fro of existence which at

one time allows it to take corporeal form and at others moves toward personal acts" (p. 88). For every suicidal person there is consciousness of suffering—a pre-reflective but felt bodily state—and there is a tortured logic or story the person tells herself that makes death seem right and necessary, her reflection. And yet, as Merleau-Ponty justly points out, her feeling and her language are enmeshed in a single phenomenal reality.

The distinction between immediacy and reflection is crucial because far too often the word "consciousness" is equated with reflective self-consciousness, which leads to logical but absurd conclusions, such as this one: consciousness requires that a person knows that she knows. Infants do not know that they know. Therefore infants are unconscious (Carruthers, 1989). Every parent knows her baby is not unconscious. Infants have powerful feelings, engage robustly with beloved others, and have an experiential bodily sense of self. They are immediate rather than reflective beings.

In his passionate, if rambling, defense of suicide published in 1976, two years before he killed himself, Jean Améry (1976/1999) maintains that what all people who kill themselves share is not a cry for help but the *message*. "This message, which does not have to be written down, cried out, defined by any kind of sign, but is instead given along the way in the silent act, means that we ourselves at the moment of stepping over the line, when we have issued our refusal to the logic of life and the demands of being, still have in a part of our person something to do with the other, right up to our last flicker of consciousness..." "Because the other", he continues, summoning Sartre, "with his glance, his project, his fixing of my ego, is both murderer and Samaritan. The other is the breast of my mother and the helpful hand of the nurse. The other is more: the 'you'; specifically, without which I could never be an 'I'" (pp. 106-107).

Améry's view of suicide is dialogical. The real other may be missing from the death scene but an imaginary other haunts the proceedings until the final message is delivered. Many suicidal people deliver messages, drop hints, or make some sign of their intention. In Sarah Kane's last play before she killed herself in 1999, *4:48 Psychosis*, her nameless character says, "Don't switch off my mind by attempting to straighten me out. Listen and understand, and when you feel contempt don't express it, at least not verbally, at least not to me" (2001, p. 226). The terrible anxiety of the "I" in relation to the "you" in the play, the terror of being shamed and belittled, the aggression and the abjection are so raw that when I read the text, it was like listening to a scream.

Suicide and suicidal behaviors are fundamentally intersubjective or communicative.

Even though the message is not necessarily linguistic, it is always embodied, and it is always directed at an other, which, as Améry points out, can be both murderer and Samaritan. Kane's *I want you and I don't want you* is such a message. The "you" is at once desired and feared. None of us begins life with a knowing "I," but an experiencing "Me" is present from the start, and that early self develops through an intimate other—a "you." As the psychoanalyst and pediatrician D.W. Winnicott (1984) argued, the baby sees herself in her mother's face. "What does the baby see when he or she looks at the mother's face? *I am suggesting that ordinarily the baby sees himself or herself. In other words the mother is looking at the baby and what she looks like is related to what she sees there*" (p. 112). The discovery of mirror systems in the premotor cortex of macaque monkey brains in 1995, and which subsequent research has found in human beings, only further confirms our dialogical nature. These neural systems function at a pre-conceptual level and provide a biological fundament for human intersubjectivity (Gallese, Fadiga, Fogassi, Rizzolatti, 1996). As Améry contended, there is no I without a you.

In his landmark work *Attachment and Loss*, John Bowlby (1969) referred to "working internal models" of the environment and of self and others, often unconscious but also conscious templates that mediate response to others throughout a person's life. Allan Schore's (1994) *Affect Regulation and the Origin of the Self* brings together attachment theory, psychoanalysis, and neurobiology to demonstrate how the back and forth movements established in the original dyad of mother and child affect the plastic cortical synaptic connectivity that takes place in an infant's brain during the first years of life. Neglect, trauma, and erratic care in infancy have dramatic impact on whom the adult becomes. An increasing number of studies have connected insecure attachment styles to suicide and suicidal behaviors. In an overview of the literature, Mario Mikulincer and Phillip Shaver (2007) note that "attachment insecurity, mainly anxious and disorganized" has been consistently linked "to suicidal thoughts and behavior" (p. 392). For some researchers, suicidal acts may be understood as extreme attachment behavior (Adam, Sheldon-Keller, & West, 1996). Anxious attachment creates a highly charged zone between self and other, in which intense desire for closeness mingles with a fear of rejection. Kane's character speaks to this at the end of the play: "the vital need for which I would die/ to be loved" (p. 240). Interestingly, both secure and avoidant or dismissive attachment styles appear to protect a person from suicide (Stepp, Morse, & Pilkonis, 2008). The boundaries between I and you are more clearly defined in both. From an attachment perspective,

then, suicide is a relational drama between self and other, a relation that is unconsciously and consciously coded within a person and may be described in both biological and psychological terms.

Infants that are fed, but not loved, may "fail to thrive," and die of neglect. Some monkeys and other primates that have been isolated, especially during early life, repeatedly show self-injuring behaviors (Hosey & Skyner, 2012; Novak, 2003). An ostracized chimp in the wild may creep off alone and eventually die, but I don't believe the baby's death or the animal's self-injury and withdrawal can be properly called suicidal. Social animals need others like them to live. Isolated, socially deprived mammals do poorly. The conscious core experiential self or Me can suffer from separation anxiety and the pain of loneliness. Since Durkheim's classic monograph in 1897, isolation has been connected to suicide. In his interpersonal theory of suicide, Thomas Joiner refers to this as "thwarted belongingness," which is defined as "a dynamic cognitive-affective state...influenced by both interpersonal and intrapersonal factors" (Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner, 2010, p. 580). The number of suicides that appear to be precipitated by loss of love and feelings of abandonment and isolation are legion. In one of her last poems, Sylvia Plath (1999) wrote, "They threaten/ To let me through to a heaven/ Starless and fatherless, a dark water" (p. 3). The need for the other may be mammalian, but only Pascal's "thinking reed," who knows he will die, can turn this knowledge into a death wish or death itself.

Although a few studies have described suicidal ideation and self-injurious behavior in very young children, statistics suggest that suicide in children under the age of five is extremely rare. Of the eight boys and one girl between three and a half and five who exhibited suicidal behaviors in a study by Rosenthal, Rosenthal, Doherty, and Santora (1986), seven were known to have been neglected and/or abused. In this context, it is important to acknowledge that three-year-olds are neither unreflective nor lacking symbolic tools for self-expression. Mirror self-recognition arrives at about 18 months. Around the same time, a child begins to use the pronouns "I" and "you" in dialogue and, by 32 months, he has become proficient. He also becomes capable of self-conscious emotions (Lewis, 2007). Michael Lewis (2007) regards pride, guilt, and shame as self-conscious emotions and contrasts them with Ekman's (1992, 1999) list of basic emotions: sadness, disgust, joy, surprise, interest and anger.

The list of basic emotions is open to debate, and there are many arguments about shame vs. guilt, for example, but it is certain that by three, a child has internalized parental-cultural rules and standards, standards that are expressed and understood in

different ways depending on a particular culture. In collectivist cultures such as China, shame has a more positive quality than in the individualist West and more nuanced meanings. A group of researchers found 113 shame related words in Chinese (Li, Wang, & Fischer, 2004). Every normal child gains self-conscious emotions. She develops what Freud would have called a fledgling superego. She can reflect upon and evaluate her own behavior, can represent herself to herself in language as an “I” opposed to a “you,” and has begun to narrate her own autobiography with the help of her parents. She has gained reflective self-consciousness and the imaginative spatial and temporal mobility that accompanies it. Without this level of development, there is no self as object to annihilate in suicide. “It is a sickness peculiar to Man,” Montaigne (1580/1991) wrote, “to hate and despise himself; it is found in no other animate creature” (p. 397).

Awareness of the self as a being in time, as a person with a remembered past and imagined future that can be articulated in symbolic narrative form to others is uniquely human and predicated on the ability to view one’s self as an other. My patient-poet turned himself into an object of ridicule, a man who couldn’t even succeed at killing himself. Perhaps his self-image was weighted by the idea of himself as a failure, a mental construct that was formed through his dealings with intimate others, broader cultural ideas of success, and a painful gap between the way he perceived himself and what he imagined he should, could, or might have been. This dichotomy or doubling of the self—I see myself as failed, miserable, shameful, guilty—partakes of both conscious memory and imaginative projection.

As I have argued elsewhere, autobiographical or episodic memory and imagination are not distinct but related faculties (Hustvedt, 2011). There is mounting evidence that the same core brain network is involved in both. In their paper “Self projection and the brain,” Randy Buckner and Daniel Carroll (2006) note that the constructive character of episodic (reflectively self-conscious) memory, its proneness to error and change may have an adaptive function. Self-projection backward or forward in time might be most useful, not as a means of accurately representing the past, but as a flexible means of predicting the future.

What has happened to the suicidal person’s future? The word *hopelessness* implies the future by definition. And the future, of course, is a pure fiction. We do not know what awaits us; our expectations are made from our stories of the past. Do suicidal people lack imaginative flexibility? Is their occlusion of the future linked to Erwin Ringel’s (1979) *constriction*, Alvarez’s (1990) *irresistible logic of suicide* and

Shneidman’s (1973) *tortured and tunneled logic*? As anyone who has read through hundreds of suicide notes is aware, the explanations for *why I am killing myself* are hardly uniform. I also think we must acknowledge this: they can be rational. In some cases, the future has vanished. Contrary to the reiterated myth, inmates in the Nazi death camps did end their own lives, and fellow prisoners who had chosen not to kill themselves aided them (Ryn, 1986). The people on September 11<sup>th</sup> who decided to jump to their deaths rather than be immolated in the burning towers were hardly out of their minds. Their decisions reverberate with Cato’s famous sentence: “I am master of myself.” Rather than allow a monstrous other to murder me, I choose to kill myself. With my last gesture I am able to see myself as a person of action and dignity, not as a victim. The suicide of Jean Améry—who was born Hans Mayer in Vienna, fought in the French resistance, was caught, brutally tortured by the SS, deported to Auschwitz, and survived—may be seen as a delayed and complex version of this same phenomenon, a form of defiance in the face of insane reality, of taking charge of his narrative and ending it. In *At the Mind’s Limits*, he wrote, “I am a Jew—I mean by that those realities and possibilities summed up in the Auschwitz number” (Améry, 1984, p. 94).

Antonin Artaud (1965), who did not kill himself, wrote, “If I commit suicide it will not be to destroy myself but to put myself back together again...By suicide I reintroduce my design in nature, I shall for the first time give things the shape of my will” (p. 56). Suicide as a means of controlling story. In his wrenching work, *The Umbilicus of Limbo*, Artaud (1976) described the vertiginous dislocations of his mounting schizophrenic psychosis: “A shifting vertigo, a sort of oblique bewilderment which accompanies every effort, a coagulation of heat which grips the entire surface of the skull or is cut into pieces...One must speak now of the disembodiment of reality, of that sort of rupture that seems determined to multiply itself between things and the feeling they produce in our mind, the place they should take” (p. 65). For the disintegrating self, the willed, decisive act of suicide may indeed appear, not just as an escape, but as a momentary return to wholeness. In the tender, cogent letter left for her husband before she drowned herself, Virginia Woolf wrote, “I feel certain I am going mad again. I feel we can’t go through another of those terrible times,” and then, “I know that I am spoiling your life and without me you could work” (Quoted in Rose, 1986, p. 243). Woolf writes that she has begun to hear voices, but her decision to die is anticipatory of complete breakdown. I will not face a future like the past. Her letter displays a quality Thomas Joiner (2005) believes is present in all suicides—“perceived

burdensomeness,” the belief that beloved others will be better off without you. But I do not think this holds true for every suicide.

In the diary he kept during the last year of his life before his suicide, Cesare Pavese wrote, “One does not kill oneself for love of a woman, but because love—any love—reveals us in our nakedness, our vulnerability, our nothingness” (Quoted in Lajolo, 1983, p. 69). As in Kane’s (2001) play, erotic shame permeates Pavese’s diaries. Love is a mirror of the self. He sees himself as an abject thing through his own eyes and the eyes of a beloved object, but she is a feminine abstraction, like the “you” in Kane’s play, not a particular person. For Pavese death has a luxuriant, seductive lure, a palpably pleasurable masochistic frisson, perhaps related to his dead mother, whom he felt had rejected him, but he does not worry that he is a burden to others. Woolf, too, had a troubled relation with her mother, who died when the writer was thirteen. “She has always haunted me,” she wrote in a letter (Woolf, 1975-1980, p. 374). What Pavese and Woolf shared was not perceived burdensomeness, but a tormented dialectical relation to the other.

We all experience sadness, loneliness, anger, shame, guilt, and pride. Every person has moments of helplessness and hopelessness, but when do these feelings begin to generate suicidal thoughts or ideation? As imaginative beings, we have all fantasized about our deaths, but when is there a turn toward action? “All it takes is a little courage. Not words. An act,” Pavese wrote in his final entry. “I’ll write no more” (Quoted in Shneidman, 1993, p. 132). It does take mental preparation and courage to kill yourself. One has to be integrated enough to act—as Artaud knew. How can we measure the distance between thought and act? When does suicidal become suicide? The internal drumbeat of obsessional thoughts about suicide may appear as an irresistible argument for death, may in fact help push the thinker toward the deed, but it is a leap to assert that these cognitions *cause* suicide. In *Suicide as Psychache*, Shneidman (1993) devotes a chapter to Pavese, in which he analyzes the writer’s faux syllogisms, oxymoronic thinking, and confused predicates, what he calls the “styles or patterns of mentation or logic that intensify the probability of suicide” (p. 115). Nevertheless, at the end of his chapter, Shneidman offers the following caveat: “Suicide is a complicated deed. It is not *due* to faulty logic” (p. 133).

And yet there are therapies for suicidal people founded on this very idea. On the website for the American National Association of Cognitive-Behavioral Therapists (NACBT), I found the following statement: “CBT is based on the idea that our thoughts cause our feelings and behaviors, not

external things like people, situations and events.” The idea is that our perceptions of events, not the events themselves, are instrumental in how we live our lives. Born of a mixture of Alfred Adler’s fictional finalism, behaviorism, and the “cognitive revolution” that began in the 1960’s, CBT rests on a theoretical model in which the mind-brain is an information-processing machine. In this computational, rationalist model, emotions occur only *after* we have judged a thing in our environment to be good or bad. Known as the appraisal theory of emotion, it effectively turns emotions into cognitions. As Jesse Prinz (2012) writes in *Beyond Human Nature*, “for appraisal theorists, emotions are not feelings at all. They are thoughts” (p. 242). Kierkegaard (1843/1987), speaking through his character Judge William is once again acute on the subject: “Despair is an expression of the total personality, doubt only of thought” (p. 212). To reduce suicide to a behavior that results from maladaptive thinking strikes me as simplistic in the extreme. It equates the intolerable emotion of suicide with its tortured and tunneled logic.

In *The Emotional Brain*, the neuroscientist Joseph LeDoux (1996) writes, “Consciously accessible appraisal processes cannot be the way, or at least not the only way, the emotional brain works” (p. 64). He maintains that an emotional response such as fear may take one of two routes, what he calls the low road—I hear a boom near me; I freeze and then run like hell—or a high road; I hear an explosion, realize that the sound is from a firecracker, understand I am in no danger and calmly resume what I was doing. The former is an immediate limbic response; the second is reflective, tamed by higher cortical processes. But let us say I am a traumatized veteran who witnessed a comrade decapitated by a mine explosion. In this case, the knowledge that it is a firecracker may make little difference. My HPA axis is already in high gear. I am flooded by horrifying motor-sensory flashbacks that are immediate, thoughtless, and without any form of symbolic representation.

In a serious review of the theoretical grounding of CBT, Chris Brewin (2006) acknowledges that the therapy originated “to bring about positive changes in erroneous cognitions,” that it is “primarily rationalist in its formulation of patients’ thinking” and that its goal is to “promote constructive, reality-based reasoning” (p. 769). The faith that an application of reason can neaten up disordered minds assumes that once a person is confronted with “true” mental representations rather than “false” ones, he will see the error of his ways and conform to “reality.” If we open our toolbox and retrieve the right wrench, we can fix the human machine’s abnormal processing. I am not alone in thinking that a paradigm change (Kuhn, 1996) is in order, that it is, in fact, already

underway as embodied theories of mind increasingly challenge computational ones (Gallagher, 2005; Manturana & Varela, 1972; Varela, Thompson, & Rosch, 1993).

A weak theoretical model does not necessarily produce wholly ineffective treatments, however. By addressing what CBT's founder, Aaron Beck calls automatic thoughts, a person in the grip of suicidal fantasies may find another avenue of self-reflection, one more flexible and open to future possibility. After all, classical psychoanalysis and psychoanalytically based psychotherapy are devoted to bringing unconscious repetitive patterns and behaviors to consciousness so they can be addressed and changed. In psychotherapy, the patient is continually rewriting her narrative so that it makes sense, but this *sense* is not purely intellectual, it is embodied and felt. The road to insight involves the narrating I and the experiencing Me. Beck's hopelessness scale surely captures an important aspect of human despair: if there is nothing better ahead for me, why live? Placebo studies make it clear that top-down effects, or, to use an old word, suggestions work—the expectation of feeling better can make you better. Research shows that the placebo effect functions both through the release of endogenous opioids in the brain and through non-opioid mechanisms. No one understands how a belief is transformed into neurochemistry, but placebo has been shown to relieve depression, and a Harvard study demonstrated that the effect works even when you tell subjects that they are receiving a placebo (Kaptchuk et al., 2010).

I suspect that placebo may function not through the conscious thought—*this will make me better*, although the thought no doubt occurs—but rather that the alliance between patient and physician has in itself a restorative psycho-biological effect. Maternal touch has been shown to quiet the alarm response of the HPA axis (Calkins & Hill, 2007). Every treatment that involves a therapeutic alliance is potentially helpful to a despairing person beset by suicidal thoughts because he or she has already been pulled out of isolation into a form of dialogue. Sarah Kane's (2001) wish that the other "listen and understand" her is not a bid for retooling her cognitive processing. It is an expressed hope for a sympathetic ear.

In an essay on suicide, published in 1796, John Watkins recommended listening and understanding as a cure. We must expand his masculine emphasis to include women, but otherwise, his words remain vital: "Many a poor creature, who has plunged himself into irretrievable ruin, might have lengthened out a useful life, if he had been enabled to have unbosomed himself, with safe conscience, to some good man, experienced in

the ways of the world, the varieties of temptation, and the powers of consolation" (Watkins, 2012, p. 365). If there was one thing I understood while I worked with my patient writing students, it was this: what mattered most between us was not so much what I said. What mattered was that I gave my complete attention and unwavering respect to each writer, that I listened and responded to every single one of them with my whole being.

## References

- Adam, K., Sheldon-Keller, A. E., & West, M. (1996). Attachment organization and history of suicidal behavior in clinical adolescents. *Journal of Consulting and Clinical Psychology, 64*, 264-272.
- Alvarez, A. (1990). *The savage god: A study of suicide*. New York: Norton.
- Améry, J. (1999). *On Suicide*, pp. 106-107. Trans. Barlow, J.D. Bloomington IN: Indiana University Press.
- Améry, J. (1984). *At the mind's limits: Contemplations of a survivor of Auschwitz and its realities*. Trans. Rosenfeld, S. & Rosenfeld, S.P. Bloomington IN: Indiana University Press.
- Akst, J. (Nov. 16, 2011). Suicide gene identified, *The Scientist*.
- Arango, V., Huang, Y., Underwood, M. & Mann, J. (2003). Genetics of the serotonergic system in suicidal behavior. *Journal of Psychiatric Research, 37*, 375-386.
- Artaud, A. (1965). On Suicide. *Artaud anthology*, pp. 56-58. San Francisco: City Lights Books.
- Artaud, A. (1976). The Umbilicus of Limbo. *Antonin Artaud: Selected Writings*, pp. 56-57. New York: Farrar Straus & Giroux.
- Bowlby, J. (1969). *Attachment and Loss*, vol. 1. New York: Basic Books.
- Brewin, C.R. (2006). Understanding cognitive behavioral therapy: A retrieval competition account. *Behavior Research and Therapy, 44*, 765-784.
- Buckner, R.L. & Carroll, D.C. (2006). Self projection and the brain. *Trends in Cognitive Sciences, 11*, 49-57.
- Burrows, G. M. (2012). Suicide. In P. Seaver. (Ed.), *The History of Suicide in England: 1650-1850*, vol. 7, pp. 413-465. London: Pickering & Chatto.
- Calkins, S. & Hill, A. (2007). Caregiver influences on emerging emotion regulation: Biological and environmental transactions in early

- development. In Gross, J., (Ed.) *Handbook of emotion regulation*, pp. 229-246. New York: The Guilford Press.
- Carruthers, P. (1989). "Brute Experience." *Journal of Philosophy*, 86, 258-269.
- Colt, G.H. (1991). *November of the Soul: The Enigma of Suicide*. New York: Scribner.
- Damasio, A. (2012). *Self Comes to Mind: Constructing the Conscious Brain*. New York: Pantheon.
- Ekman, P. (1999) Basic emotions. In Dagleich, T. & Power, T. (Eds.) *The Handbook of Cognition and Emotion*, pp. 45-60. Sussex, UK: John Wiley & Sons, Ltd.
- Ekman, P. (1992). Are there basic emotions? *Psychological Review*, 99, 550-553.
- Gallagher, S. (2005). *How the body shapes the mind*. Oxford: Oxford University Press.
- Gallagher, S. & Zahavi, D. (2008). *The Phenomenological Mind: an introduction to the philosophy of mind and cognitive science*. London: Routledge.
- Gallese, V., Fadiga, L., Fogassi, L., & Rizzolatti, G. (1996). Action recognition in the premotor cortex. *Brain*, 119, 593-609.
- Grashoff, U. (Ed.) (2006). *Let Me Finish*, London: Headline.
- Hawton, K., Fagg J., & Marsack P. (1980). Association between epilepsy and attempted suicide. *Journal of Neurology, Neurosurgery, and Psychiatry*, 43, 168-170.
- Hosey, G.R. & Skyner, L.J. (2012). Self injurious behavior in zoo primates. *International Journal of Primatology*, 28, 1431-1437.
- Hustvedt, S. (2011). Three emotional stories: reflections on memory, the imagination, narrative and the self. *Neuropsychoanalysis* 13, 187-204.
- James, W. (2007). *The Principles of Psychology*, pp. 291-401. New York: Cosimo Classics.
- Joiner, T. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- Kane, S. (2001). *Complete Plays*. London: Methuan Contemporary Dramatists.
- Kaptchuk, T.K., Friedlander, E., Kelley, J.M., Sanchez, M.N., Kokkotou, E., Singer, J.P., Kowalczykowski, M., Miller, F.G., Kirsch, I. & Lembo, A.J. (2010). Placebos without deception: a randomized controlled trial in irritable bowel syndrome. *Plos One* 5(12): e15591.doi.10.1371/journal.pone.001591.
- Kihlstrom, J.F. (1987). The Cognitive Unconscious. *Science*, 237, 1445-1452.
- Kierkegaard, S. (1980). *The Sickness Unto Death*. Trans. Hong, H.V. & Hong, E. Princeton, NJ: Princeton University Press.
- Kierkegaard, S. (1987). *Either/Or, Part 2*. Trans. Hong, H.V. & Hong, E. Princeton, NJ: Princeton University Press.
- Kuhn, T.S. (1996). *The structure of scientific revolutions*, 3<sup>rd</sup> ed. Chicago: University of Chicago Press.
- Labonté, B., & Turecki, G. (2011). The Epigenetics of Depression and Suicide. In: Petronis, A., & Mill, J. (Eds.) *Brain, Behavior and Epigenetics*, pp. 49-70. Heidelberg: Springer.
- Lajolo, D. (1983). *An absurd vice: A biography of Cesare Pavese*. New York: New Directions.
- LeDoux, J. (1996). *The emotional brain*. New York: Simon & Schuster.
- Lewis, M. (2007). Self Conscious Emotional Development. In L.J. Tracy, R.W. Robins, & J.P. Tangney, (Eds.) *The Self-Conscious Emotions*, pp. 134-152. New York: The Guilford Press.
- Li, J., Wang, L., & Fischer K. W. (2004). The organization of Chinese shame concepts. *Cognition and Emotion*, 18, 767-797.
- Mann J., Malone, K.M., Sweeney, J.A., Brown, R.P., Linnoila, M., Stanley, B., & Stanley, M. (1996). Attempted suicide characteristics and cerebrospinal fluid amine metabolites in depressed in-patients. *Neuropsychopharmacology*, 15, 576-586.
- Mann, J. (1999). The role of the serotonergic system in the pathogenesis of major depression and suicidal behavior. *Neuropsychopharmacology*, 21, 99-105.
- Mann, J. (2003). Neurobiology of Suicide Behavior. *Nature Reviews Neuroscience*, 4, 819-828.
- Manturana, H.R., & Varela, F. J. (1972). *Autopoiesis and cognition: The realization of living*. Dordrecht, Holland: D. Reidel.
- McGowan, P.O., Suderman, M., Sasaki, A., Huang, T.C., Hallett, M., Meaney, M.J., & Szyf, M. (2011). Broad epigenetic signature of maternal care in the brain of adult rats. *PlosOne* 6: e14739.doi.1371/journal.pone.0014739.

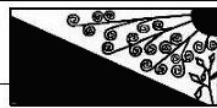


- McGowan, P., Sasaki, A., D'Alessio C., Dymov, S., Labonte, B., Szyf, M., Turecki, G., & Meaney, M. J. (2009). Epigenetic regulation of glucocorticoid receptor in human brain associates with childhood abuse. *Nature Neuroscience*, 12, 342-348.
- Meany, M.J. (2001). Maternal care, gene expression, and the transmission of individual differences in stress reactivity across generations. *Annual Review of Neuroscience*, 24, 1161-92.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception*. Trans. Colin Smith. London: Routledge & Kegan Paul.
- Mikulincer, M. & Shaver, P.R. (2007). *Attachment in Adulthood: Structure, Dynamics, and Change*. New York: Guilford Press.
- Montaigne, M. (1991). *The Complete Essays*. M.A. Screech (Trans. & Ed.) Harmondsworth: Penguin.
- Novak, M.A. (2003). Self injurious behavior in rhesus monkeys: new insights into its etiology, physiology and treatment. *American Journal of Primatology*, 59, 3-19.
- Panksepp, J. (1998). *Affective Neuroscience: The Foundations of Human and Animal Emotions*. Oxford: Oxford University Press.
- Plath, S. (1999). *Ariel*. New York: Harper Perennials.
- Prinz, J. (2012). *Beyond human nature: How culture and experience shape the human mind*. New York: Norton.
- Ringel, E. (1979). The pre-suicidal syndrome and its relation to dynamic psychiatry. *Dynamische Psychiatrie*, 12, 1-14.
- Rose, P. (1986). *A woman of letters: A life of Virginia Woolf*. London: Routledge.
- Rosenthal P.A., Rosenthal S.R., Doherty M.B., & Santora, D. (1986). Suicidal thoughts and behaviors in depressed hospitalized preschoolers. *American Journal of Psychotherapy*, 40, 201-212.
- Ryn, Z. (1986). Suicides in the Nazi concentration camps. *Suicide and Life-Threatening Behavior*, 16, 419-433.
- Sample, I. (Nov. 14, 2011). Gene that Raises Suicide Risk Identified. *The Guardian*.
- Schore, A. (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Hillsdale, NJ: Lawrence Erlbaum.
- Shneidman, E. (1973). Suicide. *Encyclopedia Britannica*, vol. 21, Chicago: William Benton, 383-385.
- Shneidman, E. (1993). *Suicide as psychache: A clinical approach to self-destructive behavior*. Lanham, MD: Rowman & Littlefield.
- Stanley, M. & Mann J. (1983). Increased serotonin-2 binding sites in frontal cortex of suicide victims. *The Lancet*, 321, 214-216.
- Stepp, S., Morse, J.Q., & Pilkonis, P.A. (2008). The roles of attachment styles and interpersonal problems in suicide related behaviors. *Suicide and Life-Threatening Behavior*, 38, 592, 592-611.
- Turecki, G. (2005). Dissecting the suicide phenotype: the role of impulsive, aggressive behaviors. *Journal of Psychiatry & Neuroscience*, 30, 398-408.
- Van Orden, K.A., Witte, T. K., Cukrowicz K.C., Braithwaite, S.R., Selby, E.A. & Joiner, T.E. (2010). *Psychological Review*, 117, 575-600.
- Varela, F.J., Thompson, E., & Rosch, E. (1993). *The embodied mind: Cognitive science and human experience*. Cambridge, MA: MIT Press.
- Verrotti, A., Ciconetti, A. & Ferro, F.M. (2008). Epilepsy and suicide: pathogenesis, risk factors and prevention. *Neuropsychiatric Disease Treatment*, 4, 365-370.
- Watkins, J. (2012). Enquiry into the causes of suicide, particularly among the English and remedies of the evil suggested in The Peeper: A collection of essays. In: *The history of suicide in England 1650-1850*. P. Seaver. (Ed.) Vol. 5. London: Pickering & Chatto.
- Winnicott, D.W. (1984). Mirror role of mother and family in child development. *Playing and Reality*, pp. 111-118. London: Routledge.
- Woolf, V. (1975-1980). *The letters of Virginia Woolf*. Eds. Nicolson, N. & Trautman, J., vol. 3. London: Hogarth Press.

**Suicidology Online**

open access journal

[www.suicidology-online.com](http://www.suicidology-online.com)



ISSN 2078-5488

Editorial Office  
Assoc. Prof. Dr. Nestor Kapusta  
Suicide Research Group  
Department of Psychoanalysis and Psychotherapy  
Medical University of Vienna  
Waehringerguertel 18-20  
1090 Vienna, Austria  
[office@suicidology-online.com](mailto:office@suicidology-online.com)  
<http://www.suicidology-online.com>

**Suicidology Online** is published under the following **Creative Commons License:**  
**Attribution-Noncommercial-No Derivative Works 3.0 Austria.**  
<http://creativecommons.org/licenses/by-nc-nd/3.0/at/deed.en>



This license regulates that articles from **Suicidology Online** are free to be **Shared** — to be copied, distributed and transmitted **under the following conditions:**

**Attribution** — You must attribute the work in the manner that its source **Suicidology Online** is mentioned. The most appropriate way to do this is by following scientific citation rules. (But not in any way that suggests that Suicidology Online or the authors endorse you or your use of the work).

**Noncommercial** — You may not use this work for commercial purposes.

**No Derivative Works** — You may not alter, transform, or build upon this work.