Open Questions
in Analytical Psychology

Proceedings of
The Thirteenth International Congress
For Analytical Psychology
Zurich, 1995

Mary Ann Mattoon
Editor
Depression and Suicide

David Rosen
College Station, Texas, U.S.A.
Inter-Regional Society of Jungian Analysts

The subject of depression has been relatively unexplored in analytical psychology, as compared with Freudian psychoanalysis. This discrepancy is especially striking when dealing with the topic of suicide. Indeed, Jung — unlike Freud — never wrote a separate essay or book on either depression or suicide. My hope is to contribute to more effective Jungian-oriented treatment of depression and enhanced suicide prevention.

Depression

Freud’s classic work, Mourning and Melancholia (SE14), contrasts normal bereavement with pathological depression. Unlike in mourning where there is actual loss through death of a loved one, in melancholia the loved one lives but is lost as an object of love or gratification. The despondent individual feels anger toward the lost love object but, because the anger cannot be vented on the loved one, it is turned against the self by way of the person’s own ego. This depressive backlash can be made much worse by guilt feelings (from a harsh superego) for harboring such anger in the first place. Abraham (1917), a follower of Freud, attributed depression to a blockage of libido. He claimed that, when people gave up their sexual desires without gratifying them, they felt unwanted and unloved with resultant self-reproach and self-degradation.

When Jung was still a Freudian he, too, viewed depression as blocked libido or an “I am stuck” condition. However, when Jung broke from Freud he experienced his own severe depression and the loss of his false (Freudian) self, which was tied to the completion of “The Sacrifice,” the last chapter in Symbols of Transformation (CW5). Jung’s break from Freud also yielded a breakthrough when he experienced melancholia as regression into a symbolic womb (the prima materia or collective unconscious), a regression that
resulted in "loss of soul," followed by psychic death and rebirth. Jung discovered that the sacrifice of his hero identity – loss of ego – created an emptiness that allowed the spirit to enter and repossess his lost soul.

Post-Jungians express different views about depression and its value. For example, Odajnyk (1983) claims that depressions are useful and healing only if the ego stays intact and defends against the pressing drives and fulfills needs of the unconscious. This sounds more like a Freudian or neo-Freudian view. In contrast, my position is that the ego must die symbolically for meaningful change and healing to occur. Steinberg's (1984) thinking is similar to mine. Using a redemption model, he sees successful analysis of depressed individuals as involving a death of the negative parental introjects (which the depressed person tends to project onto others) and the rebirth of a newly constituted ego that is linked to the Self. Later, Steinberg (1990) outlines Jung’s view of depression as purposive, creative, and potentially transforming through a death-rebirth experience.

Depression also operates as a normal biological conservation-withdrawal mechanism which protects the individual and allows for periods of rest or incubation, such as sleep or renewing retreats. When a person’s psychological conservation-withdrawal mechanism is operating, the individual is in a state of adaptive depression. This is not an abnormal reaction, but a natural, perhaps essential process, much like Storr’s (1989) concept of solitude as a necessary state for active imagination, creativity and the reviving of mental health. Depression becomes abnormal or pathological only when the individual remains locked in a state of darkness and inactivity, instead of progressing beyond it and ideally transforming it.

Oscar Wilde said, “Where there is sorrow, there is holy ground.” Similarly, my view of depression is archetypally and spiritually based. Like Jung, but unlike Freudians and present-day biologically based psychiatrists, I see depression as a potentially favorable affect which is linked to the quest for meaning. My approach to understanding depression is a holistic one and involves a systems model. As illustrated in the diagram, it is necessary to view depression as having four factors: biological, psychological, sociological, and existential/spiritual. Like Jung, I consider soul (as reflective of the fourth factor) the central element in the healing process.
Suicide

When depression becomes abnormal and the person remains in darkness and despair, suicide becomes a reality. Menninger (1938) maintained that we (analysts, therapists, and healers) bear a responsibility to avert suicide.

Freud postulated two fundamental drives in the human psyche: sexual (libido or life instinct) and aggressive (destrudo or death instinct). In suicide the aggressive or death drive is turned against the self. Often suicide is an act of disguised murder.

Menninger refined Freud's concepts and posited three necessary components in order for suicide to take place: the wish to kill; the wish to be killed; the wish to die. The ego becomes the murderer and the victim becomes the self. Menninger also emphasized that the suicidal person has a wish to be rescued; this wish forms the basis for suicide prevention and all therapy with depressed and suicidal patients.

The French writer Albert Camus challenges us to deal with the only real philosophical issue, which is suicide. He resolves the issue
by rejecting suicide and focusing on hope and the future. Shakespeare, through his character Hamlet, presents us with the same essential dilemma: to be or not to be. It seems that Shakespeare was using his writing and active imagination to transform his suicidal “false self” into his inspiring and creative “true self.” Winnicott (1986) claims that if the true self is unable to emerge, the result will be suicide or self-murder by the false self, that is, the dominant negative ego identity.

The Jungian view regarding the prevention of suicide was addressed by Klopfer (1961). He inferred, based on Jung’s essay “The Soul and Death” (before Jung’s letters concerning suicide were published), that Jung would be opposed to suicide. Klopfer felt that suicide represented a longing for spiritual rebirth, but he characterized the essential issue as involving a symbolic death of the ego that has lost its connection to the Self and hence to the purpose and meaning of life. The ego has to return to the collective unconscious and the womb of the great mother to reestablish this contact and to be reborn with a new meaning for life. Jane Wheelwright (1987) has a similar perspective and phrased it this way: “Our periods of depression, which are like small deaths, can be used in a sense, as practice for our exit ... It is a misinterpretation of this process which, more often than not, leads people into suicide. The downward pull and immobilization that accompany deep depression are mistaken for sensations of physical death rather than of the psychic death which, as a matter of course, precedes psychic rebirth” (p. 407). Now it is indeed clear from Jung’s letters that he was against suicide unequivocally as a crime against the Self. (Let-I, p. 434; Let-II, pp. 25, 278-79).

Hillman’s (1964) work is provocative philosophically, but dangerous and of little use clinically; he is critical of psychiatric treatment, suicide prevention, and — amazingly — hope. Nevertheless, to Hillman’s credit, he discusses the inherent transformative drive in suicide. However, he regards suicide as a rational deed to be understood and accepted and he recommends that analysts maintain “dispassionate scientific objectivity” toward the act. Since depressed and suicidal patients are hypersensitive and vulnerable, they could perceive such a cold, detached neutrality as “counter-transference hate” and such perceived rejection and abandonment could precipitate an actual suicide. Kirsch (1969) also criticizes Hillman’s approach because he downplays and even ignores valuable medical assessment and treatment as well as suicide prevention.
In my view, preventing suicide — which is often related to depression and nearly always associated with hopelessness — involves killing the suicidal part of the ego (which I term "egocide") and undergoing transformation. This is accomplished by analyzing to death the negative and self-destructive part of the ego (often represented by the shadow), which leads to symbolic death and new life. By confronting the vibrant and varied symbols at the core of depression, it can be turned into a fountain of creative energy. Through active imagination and work in the creative arts, suicidally depressed patients can transform their self-destructive false selves into meaningful true selves. (See Rosen, 1996.)

Egocide and Transformation: The Case of Jung

After the break from Freud, Jung plunged into a dark abyss of severe depression and the depths of the collective unconscious. He went through a suicidal crisis in December of 1913 and underwent egocide (killing the negative ego) prior to contacting his inner Elijah. In a dream Jung (MDR) teamed up with a dark-skinned savage and they shot and killed Siegfried. When he awoke a voice within Jung said, "You must understand the dream ... at once! If you do not understand (it), you must shoot yourself!" Jung tells us that he was frightened because in the drawer of his night table lay a loaded revolver. Fortunately for him, and for us, the moment of egocide came and Jung realized, "The dream showed that the attitude embodied by Siegfried, the [German] hero, no longer suited me. Therefore, it had to be killed" (p. 180). Thus, Jung and a representative of his "primitive shadow" psychically murdered this negative aspect of his dominant Freudian ego-image and identity. Jung then fell deeper into the depths of the archetypal world, where he met Elijah.

Soul Attack, Disability and the Healing Process

There is an ancient history of associating depression with injury to the soul or its loss. By the soul, I mean the enlightening spirit or life-giving force that gives rise to those stabilizing, integrating powers that make a being whole and a person fully human. Such a person can find meaning in life and experience optimism, sensitivity, receptivity, empathy, and creativity. When the soul is attacked or a person feels disconnected from its life-sustaining force, the
individual feels dead and is often so depressed that he or she wants to commit suicide. The “soul attack” victim becomes disabled or “not able” to function.

The etymological root of healing is haeilen, which means to make or become whole. Hence, healing involves a process toward wholesomeness that culminates in integrity and having meaning and purpose in life. Shamans, based on healing their own severe depressions associated with loss of soul, were able to help similarly troubled individuals to heal themselves. In fact, the forerunners of modern mental health professionals were shamans or “doctors of the soul.” The archetype of the “wounded healer” is near and dear to the hearts of many Jungians. Hence, it is critically important to have a clear, life-oriented philosophy that includes finding meaning for ourselves and helping others to do the same.

Plato described one of the seats of the soul as the heart, and therefore made a direct connection between the heart and soul. Thus, there is an archetypal basis to the popular song “Heart and Soul.” The heart and soul represent the vital essence of the body and the psyche, which have been artificially separated for too long. Damage to the heart and soul often is self-inflicted, activated by negative mother and father complexes and the subsequent taking in of harmful poisons such as nicotine and alcohol. Heart and soul attacks are therefore associated with the possibility of the loss of heart and soul – death.

We need the term “soul attack” in our everyday discourse, just as we now have the term “heart attack.” Why? Primarily because it would help in overcoming the stigma associated with depression and suicide. Thus, treatment and prevention programs would become more accepted. The American populace seems to be receptive to the word “soul” as indicated by Thomas Moore’s (1992, 1994) best-selling books. It seems that people easily could grasp the meaning and importance of dealing with “soul attacks.”

Paralleling our treatment approach to heart attack victims and Coronary Care Units, there ought to be Psychical Care Units providing acute intensive treatment for patients with soul attacks, specifically for the care of their souls. Acceptance of the term “soul attack” might direct more resources to effective treatment, rehabilitation, and prevention of severe depressive and suicidal states. Persons with soul attacks are just as disabled as those with heart attacks. In both cases there has been a death and loss. With heart attack victims there is a death of cardiac tissue and time is needed
for healing and regeneration. Following the acute phase, a slow and caring process is required with follow-up outpatient treatment to prevent future heart attacks. With persons suffering from soul attacks there is psychic damage and symbolic death – egocide. Egocide (in contrast to suicide) allows for the false self to be shed (symbolic death) and new life to begin, based on one’s true self. Just as a heart attack can be precipitated by a stressful event (e.g., loss of job), a soul attack can also be precipitated by a loss, such as divorce. Egocide allows for the needed death of a part of the person’s identity, but the whole person lives. As in any crisis, there is danger – in this case of suicide – but the opportunity also exists for self-actualization.

How can the subacute and chronic treatment phase be financed? In addition to health insurance, disability insurance is often available to assist persons in their regenerative and long-term healing processes. The treatment process involves four factors: biological, psychological, social, and existential/spiritual. We must always address each of these factors. For soul attack victims, the healing process may involve anti-depressant medication, psychotherapy, new job training or group therapy, as well as assistance in becoming reconnected to the soul and thereby re-establishing meaning and purpose in life. We must advocate more than the bare minimum – more than just a “cure” and “survival.” While a cure and survival are critical, a premium should be placed on caring for the soul and an on-going healing process.

Healing, if attained, would ensure rebirth and life without self-inflicted harm to the heart or soul. The experience of a life-threatening soul attack allows for the transformation of depression, an end to the preoccupation with acts to end one’s life, and for the spirit to enter the previous void of suicidal melancholia. A key aspect of this healing is to transform destructive energy into creative products and constructive actions. Art therapy and what Jung termed “active imagination” are essential medicine for the soul.

References


