

SUICIDE AS COMMUNICATION:
ADLER'S CONCEPT AND CURRENT APPLICATIONS^{1, 2}

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Suicide and suicidal attempts as forms of communication may well be regarded as the basic concept in today's efforts in this field (13, 14, 32). A report of the World Health Organization considers it an outstanding finding that suicide is attempted or committed frequently "as a 'cry for help' rather than with a clear desire to die" (27, p. 10). Such a conception has taken the problem out of the intrapsychic realm and directly into the field of interpersonal relations or social psychiatry.

As Stengel (31) has pointed out, it was Alfred Adler who originally dealt with suicide from the viewpoint of social psychiatry. The purpose of the present paper is (a) to establish this fact more firmly, (b) to show the fundamental difference between Adler's concept and that of Freud, (c) to propose that Adler's concept is actually formulated as one of paradoxical communication, and (d) to show that it leads directly to points of therapeutic intervention.

ADLER'S THEORY

Adler proposed in 1910 that suicide had a social intention, in which it follows the same pattern as melancholia, or depression. "One's own death is desired, partly to cause sorrow to one's relatives, partly to force them to appreciate what they have lost in the one whom they have always slighted. . . . In later years, . . . a teacher, a beloved person, society, or the world at large is chosen as the object of this act of revenge" (1, p. 119*).³

In 1912 Adler stated that neurosis in general is "a self-torturing device for the purpose of raising the self-esteem [later added:] and troubling the immediate environment" (2, p. 201), and that suicide is similar. Actually, there are strong arguments against resorting to suicide—"death, nothingness, the disparaging feeling of turning to dust and of losing one's personality altogether" (2, p. 211). Thus

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³An asterisk (*) after a page reference means that the translation has been modified by us from the German original.

suicide generally founders "through the realization of the inner contradiction of this kind of protest" (2, p. 211), and when it does occur it must be in a state of at least temporary delusion on the part of the subject (2, p. 212).

In 1914 Adler added the concept of "opponent in the game" (*Gegenspieler*). He wrote: "The answer to the question against whom the patient is playing shows him . . . in his socially given system" (3, pp. 236-237*). Stengel confirmed this view in describing the suicidal act as "part of a dialogue. And you cannot understand a dialogue if you take notice of one participant only" (29, 30).

Adler's ultimate formulation, in 1937, included the concepts of life style, social interest, and degree of activity, as follows: "Reduced to the simplest form, the life style of the potential suicide is characterized by hurting others through dreaming himself into injuries or hurting himself. One will seldom go wrong in determining against whom the attack is aimed when one has found who is actually affected the most. . . . The idea of suicide, like any mistaken solution, arises when the individual is confronted with an urgent exogenous problem for which his social interest is insufficient. His degree of activity then determines the direction and development of the symptoms. These can be removed through an understanding of the context" (5, p. 252*). Adler recognizes that there are situations in which normal persons, that is those with a normally adequate degree of social interest, would consider suicide as "the only way out" (5, p. 249).

COMPARISON WITH FREUD

Adler presented his views originally at a meeting on suicide of the Vienna Psychoanalytic Society in 1910 at which he presided. Two weeks earlier he had become president of the Society at Freud's suggestion. The discussion was continued the following week with Stekel as chairman (25, pp. 470, 491, 506). The proceedings of the two meetings were published on Adler's suggestion and with a preface by him (34). They appeared only recently in translation (26). Incidentally, this translation mentions Freud as chairman (26, pp. 11 & 27); but this has been shown and accepted to be an error (9, 18).

Actually, Freud remained notably reticent at these meetings. Only at the end did he express that suicide is related to melancholia which, in turn, would have to be compared with mourning. But, "we have not arrived at a psychoanalytic understanding of . . . mourning." Therefore, "let us suspend our judgment" (26, p. 141).

Seven years later, in 1917, Freud published his understanding of the dynamics of suicide as follows: "The ego can kill itself only when, the object-cathexis having been withdrawn upon it, it can treat itself as an object, when it is able to launch against itself the animosity relating to an object—that primordial reaction on the part of the ego to all objects in the outer world" (15, pp. 162-163). After the introduction of the death instinct (16) and the super-ego (17), Freud explained suicide as self-destruction from "a pure culture of the death instinct," "holding sway in the super-ego" and succeeding "in driving the ego into death" (17, p. 43).

Both Adler and Freud made inferences, of course, from the consequences of suicide. But since Freud regarded man solipsistically (10), he could acknowledge primarily only the consequences for the subject himself. This would logically lead to inferring a motive of self-destruction, the death instinct. Today, even among those inclined to pay their respects to Freud, the death instinct hypothesis is considered "rather complicated," "highly controversial," and "more of a philosophical point of view than a testable scientific hypothesis" (23, pp. 75, 73, 81).

Adler, on the other hand, conceiving of the individual "in his socially given system," considered the social consequences of suicide primarily, and made the corresponding inferences regarding the motive. Thus the motive became an intent to influence significant others, which requires for its attainment the communication of a message. The intent was to hurt and trouble others, to blame and accuse them, to grieve them and arouse their sympathy. This would make the subject, who has usually been a problem child (5, p. 251), feel better, protect and increase his self-esteem. The suicide is the price the individual would pay to accomplish this end—although a price so high that it is paid only in a state of delusion.

Today several studies have shown that suicide has indeed a profound deleterious effect on the survivors (11, 19, 21, 36) which Adler inferred to be the motive of the subject. And again Stengel observed recently that, "There is ample evidence that these effects play a part in the conscious and unconscious motivations of suicidal acts" (29).

COMMUNICATION AND PARADOXICAL COMMUNICATION

Adler's formula for suicidal behavior, "hurting others by hurting oneself," assigns suicide to communication in a sense that has only

recently been fully described. According to Watzlawick et al. (35, p. 22) it would be "nonverbal . . . body language." This conception is also found in Adler who spoke of "the language of the body," the psychosomatic aspects of which in particular he called "organ dialect" (6, p. 223). But Watzlawick goes beyond this in making the very important distinction between the *semantics* of communication, which is the problem area of the meaning of verbal communication; and the *pragmatics* of communication, by which is meant the behavioral effects of communication, an area which applies to both verbal and nonverbal communication. Adler's formulation pertains then pre-eminently to the pragmatics of communication.

Additionally, Adler's formulation is also a paradoxical communication which is a message characterized by being qualified in an incongruent or conflicting way, according to Haley (20, pp. 7 & 17). Expressed more precisely as a paradox, we would have in suicide an action directed against oneself, on one level, the physical level; while directed against others on another level, the psychological level. Adler understood well the paradoxical nature of symptoms in general (6, p. 144) which Haley has made more explicit, namely, to gain a certain advantage without owning up to it or taking the responsibility for one's action (20, pp. 15-19). According to Adler, "it is a categorical command of the patient's life-plan that he should fail through the guilt of others and thus be freed from personal responsibility" (3, p. 236). This is the neurotic's "life-lie."

In a similar vein Adler, several years later, showed how the various forms of disordered behavior appear like problem solutions in the nature of a trick, defined as "a strategem for bypassing the difficulty in order to solve it" (4, p. 4*). "It is the use of a trick whenever a person commits suicide to elude the pressing duties of life" (4, p. 10). This formulation is paralleled by Haley, except that he uses the term ploy in place of trick. Haley finds suicide one of "the more desparate ploys by patients" (20, p. 197).

From a communication theory of suicide such as Adler's one would, of course, expect that it could be brought to bear profitably on problems of the semantics of suicide. More specifically, is Adlerian theory helpful in discriminating between genuine and simulated suicide notes gathered after the method of Shneidman and Farberow (28)? This was tested in a recent study by Darbonne (12) who found: Out of 19 hypotheses derived from the Adlerian theory of suicide, 10 were supported by the data ($p < .05$), while only two were contra-

dicted. The most strongly supported hypotheses ($p < .0005$) referred to greater demands expressed in the genuine notes (the pampered life style); more activity indicated by the writers of these notes; and greater concern by them that their message reach a specific person, that is, that "his veiled aggression hit his target."

When some other studies of suicide notes found that these "rarely have a taunting quality" (24, p. 167; also 33) this is not surprising from the viewpoint of Adlerian theory. If we approach the notes as part of a process of paradoxical communication, we will, e.g., understand that profuse expression of love will, under the circumstances, hurt the one to whom it is directed all the more, than a more moderate expression. Accordingly, in an earlier study profuse expression of love was indeed found more frequently in genuine notes than in simulated notes (8).

IMPLICATIONS FOR THERAPY

The dynamic model of "hurting others by hurting oneself," affords the therapist three direct points of intervention, depending on the case. These are, of course, in addition to the general therapeutic process of encouragement and development of social interest.

Is it worth the price? Since we assume that it is not the patient's primary aim to destroy himself, the therapist may vividly confront him with the dire nothingness of death and may remind him that the therapist "is available to the patient only if he is alive" (22, p. 210). In other words, since we are convinced that it is not death or self-destruction that the patient really wants, we may attempt to destroy whatever delusions he may have with regard to death, or by which he puts death out of his mind.

Will you really accomplish what you intended? Although, as we have seen, suicide is indeed an effective weapon against those at whom it is aimed, the therapist may nevertheless dramatize its relative ineffectiveness. Kurt Adler likes to tell his patients "that the deviousness of suicide has been generally recognized; that people quickly try to forget suicides, shy away from talking about them; . . . that nobody will feel guilty on account of his action" (7, p. 66). The therapist may also point to "the realistic paradox that the more justified the patient's anger, the less effective will suicide be as retaliation" (22, p. 209).

Suicidal threats to depreciate the therapist were counteracted by Adler by telling the patient, "I am prepared for a suicide to happen

at any time" (6, p. 339). Similarly, though in a rougher tone, Haley would say to a patient threatening suicide, "Well, I'd be sorry if you blew your brains out, but I would carry on with my work" (20, p. 197).

Do you really want to hurt them? When the patient emphasizes his very good relationship with his family, one may point out that suicide will hurt them very much and ask him if this is really what he wants. For example, a young girl who stressed her closeness to and respect for her parents, wanted to commit suicide because of a very "bad" (immoral) escapade from which she had just returned. Confronting her with the simple question, "Don't you think your parents would rather have a bad daughter than a dead daughter?" seems to have been the turning point.

SUMMARY

Beginning in 1910 Adler dealt with suicide from the viewpoint of what we call today social psychiatry, meaning that the suicidal individual is guided by a desired effect of his action on his environment and his own problems of living. This is in sharp contrast with Freud's conception of seven years later that suicide is motivated by an urge for self-destruction as an end in itself. Adler's understanding is expressed today also as "suicide as communication," more specifically, "paradoxical communication." His model of "hurting others by hurting oneself," affords the therapist three direct points of intervention.

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