

SUICIDE¹

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The incidence of suicide, although differing widely for the various countries, continues for each country at about the same rate; the problem of suicide attracts the unabated interest of psychologists and psychiatrists; and the study of its dynamics and its prophylaxis has perhaps received increased attention in the United States in recent years. Two symposia on suicide were held at last year's convention of the American Psychological Association, and a large grant has recently been made by the U. S. Public Health Service to investigate the problem, with the possibility of setting up a suicide referral clinic. It is for these reasons that we considered it important that Adler's article summarizing his views on suicide be made available in English at the present time.

The frequent fact of suicide is surrounded by mystery for the average observer. When he is not personally touched by the suicide of someone near to him, he usually resorts to a superficial explanation which occasionally makes the suicide comprehensible, but usually leaves it incomprehensible. The members of the suicide's intimate and wider circles also usually find the occurrence strange and inexplicable. This does not seem very significant, since, in general, an understanding of human nature and thinking directed toward prophylaxis cannot be taken for granted.

Attempts at explanation often begin with the frequency of suicide among mentally disordered individuals, especially depressed persons, to all of whom suicide appears as a way out of their distress even if by their words they seem to reject it. Thus the approximately normal person is inclined to regard suicide as an entirely pathological phenomenon.

SITUATIONAL FACTORS

Even so, there are certain situations from which the normal person regards suicide as the only way out. These are situations which are too distressing and unalterable, such as torment without any prospect for relief, inhumanly cruel attacks, fear of discovery of disgraceful or criminal actions, suffering of incurable and extremely painful diseases, etc. Surprisingly enough, the number of suicides actually committed for such reasons is not great.

¹Translated and edited from 'Selbstmord,' *Int. Z. Indiv. Psychol.*, 1937, 15, 49-52—Ed. note.

Among the so-called causes for suicide, disregarding the cases of the psychologically ill, loss of money and unpayable debts take the first place. This gives us much to think about. Disappointed and unhappy love follow in frequency. Further frequent causes are permanent unemployment for which the individual may, or may not be responsible, and justified or unjustified reproaches.

Another cause is suicide epidemics which, puzzling as this may be, do occasionally happen. Harakiri, although on the decline, still exists among the Japanese. Among women and girls, suicide or attempted suicide takes place relatively frequently at the time of menstruation. Lastly, suicides increase strikingly after the age of fifty. All these facts ought to be explicable through Individual Psychology.

It is not surprising that qualified and unqualified circles often endeavor to work for the reduction of suicides. So far as we can see, such attempts have not succeeded in reducing the suicide rate. This is because individuals who turn to associations for the prevention of suicide, would only be those who still regard the future with a certain amount of hope.² In our time, the number of suicides is unchanged, possibly even increasing.

THE INTERPERSONAL FACTOR

The frequency of suicide is a serious accusation against the non-too-great social interest of mankind. In view of this, a comprehensive exploration of this puzzling phenomenon is urgently needed.

Among inner, endogenous causes, Individual Psychology considers only the style of life which is established out of heredity and environmental influences by the individual's own creative power with his incomplete, humanly limited insight. In addition, one must determine the external, exogenous cause which reveals the inadequate preparation of the individual in question for the urgent situation before him. When the self-consistent life style thus clashes with the external situa-

²There were in Vienna in the late 1920's several agencies concerned with the prevention of suicide, as we learn from a paper by Rudolf Dreikurs, entitled "Zur Frage der Selbstmordprophylaxe," *Allg. Z. Psychiat.*, 1930, 93, 98-114. Principal among the seven agencies mentioned by Dreikurs was one conducted by the welfare office of the Vienna police. The Ethical Culture Society also conducted a center, with which Dreikurs was connected. Viktor Frankl was the organizer of a private youth guidance service. Additional efforts were those under the direction of Richard Schwartz, the Charitas organization, the mental hygiene clinic of the university, and the general guidance center of the Individual Psychology Association. Yet Dreikurs deplors a lack of participation by psychiatrists in these efforts and the fact that only a very small percentage of cases of attempted suicide received psychiatric treatment.—Ed. note.

tion, the extent to which the individual stands the test of living together in society becomes apparent.

Observations of Individual Psychology have shown that every step of an individual is directed toward the successful solution of a presently imminent task in accordance with the total conception of his self-consistency. What the individual considers success, is always a matter of his subjective opinion. Our experience has also shown that all tasks which the individual may have to meet require, without exception, adequate social interest for their correct solution. Each individual is so joined to society that he can make no movement, think no thought, and express no feeling without testifying to the degree of his connectedness with society, to his social interest. From this it follows that suicide is a solution only for one who in the face of an urgent problem has arrived at the end of his limited social interest.

This coming to the end of their limited social interest shows itself in all failures, be they active or passive, in their greater development of the inferiority complex. That the suicide departs from the line of social interest, is quite obvious. All forms of working together, of living together, and of fellowship are lacking. Further, it must certainly be admitted that this departure occurs in an active way. The activity has a particular curve, however, in that it runs apart from social life and against it, and that it harms the individual himself, not without giving pain and sorrow to others.

The suicide generally gives little or no (conscious) thought to the shock which he causes others. But this difficulty in the way of a further understanding can be resolved. Could it not be that he would have to eliminate others from his thoughts before he could commit suicide? In some cases his social interest might well be great enough for that. Moreover one finds quite frequently, by contrast, that in his last letter or words the suicide hints at asking forgiveness for the sorrow he has afflicted. The movement and the direction of the suicide cannot avoid the fact of sorrow to another. And perhaps there are many on the brink of suicide who, through greater social interest, are deterred from afflicting this sorrow to another.

The "other" is probably never lacking. Usually it is the one who suffers most by the suicide.

PREDISPOSING FACTORS

Individual Psychology continuously seeks to understand the unity and self-consistency of the individual. We are prepared for

failures and try to prevent them, always in the conviction that the origin of a misconception of life and its organization can be traced back into early childhood. Therefore we must try to find the type of child which can be regarded as the potential suicide type. Studies of the past life and the childhood of suicides and of those who have attempted it always bring to light those traits which we have found in similar forms in all those failures who combine lesser social interest with a relatively large degree of activity. Suicidal persons have always been problem children, spoiled at least by one side of the family, very complacent, and oversensitive. Very often they showed hurt feelings to an unusual degree. In case of a loss or defeat, they were always poor losers. While they seldom made a direct attack against others, they always showed a life style which attempted to influence others through increased complaining, sadness, and suffering. A tendency to collapse under psychological pain when confronted with difficult life situations often stood out in addition to increased ambition, vanity, and consciousness of their value for others. Fantasies of sickness or death, in which the pain of others reaches its highest degree, went parallel with this firm belief in their high value for others, a belief which they usually acquired from the pampering situation of their childhood. I have found similar traits in the early history of cases of depression, whose type borders on that of the suicide, and also of alcoholics and drug addicts.

Among the early childhood expressions of the suicide one also finds the deepest grieving often over negligible matters, strong wishes to become sick or to die when a humiliation is experienced, tantrums with willful self-injury, and an attitude toward others as if it were their duty to fulfill his every wish. Occasionally inclinations toward self-accusation come to the fore which elicit the sympathy of others, deeds of exaggerated foolhardiness which are performed to frighten others, and at times stubborn hunger strikes which intimidate the parents. Sometimes one finds ruses in the nature of a direct or indirect attack against others, acts of aggression followed by suicide, or only fantasies, wishes and dreams which aim at a direct attack while suicide follows later.

Examples of suicide in the family have an attraction for those of similar tendency, as do the example of friends and well-known persons and special places associated with suicide.

SUMMARY

Reduced to the simplest form, the life style of the potential suicide is characterized by the fact that he hurts others by dreaming himself into injuries or by administering them to himself. One will seldom go wrong in determining against whom the attack is aimed when one has found who is actually affected most by it. We find in the suicide the type who thinks too much of himself, too little of others, and who is unable sufficiently to play, function, live and die with others. Rather, with an exaggerated consciousness of his own worth, he expects with great tension results which are always favorable for him.

The idea of suicide, like all other mistaken solutions, of course always breaks out in the face of an urgent confronting exogenous problem for which the individual in question has an insufficient social interest. His greater or lesser activity then determines the direction and development of the symptoms. The symptoms can be done away with through an understanding of the context.

The psychiatrist will do well to keep his diagnosis of a potential suicide to himself, but to take all precautions. He must not tell it to others, but must see to it that something is done for the patient to enable him to find a better, more independent, socially oriented attitude toward life.