

750

SUICIDE AND THE SOUL

by
JAMES HILLMAN

1978



Spring Publications, Inc.
Box 1, Univ. of Dallas
Irving, Texas 75061
USA

CHAPTER XI

HOPING, GROWING, AND THE
ANALYTICAL PROCESS

"WHERE there is life, there is hope" is the physician's maxim. Hope puts heart in the patient, strengthening his will to live. The physician dare never yield his hope. It is the essence of his therapeutic attitude.

This maxim means more than its secular, medical use, i.e., as long as the patient lives there is hope for cure. The sentence states an identity of life and hope. Where life is, there is hope. And this hope is the very will to live, the desire for the future—or as the dictionary defines it: "to expect with desire". How could we go on without it; what is tomorrow without it? The physician's maxim offers the idea that man's fundamental driving force might well be hope, just as hopelessness is the atmosphere of suicide. Where there is life, there must be hope. Hope keeps us going. Or as T. S. Eliot has phrased it:

*Go, go, go, said the bird: human kind
Cannot bear very much reality.*

And if hope is the fundamental emotional force of life, perhaps it is also, as Eliot hints, the opposite: the fundamental deceit, as the expectation and desire that takes us away from the moment.

The tales of the origin of hope in the world might be worth recalling. In India hope belongs to Maya, the Great Goddess, who tempts us with the round of illusion. Like Maya, hope spins the countless fancies of our fate. We are caught up in a web of hopes which is the will to live experienced as projections towards the future. As

fundamental emotion, the hope of Maya would be what modern psychology calls the projecting function of the psyche which never lets us go as long as we live, luring us onward. In the West, Pandora is the counterpart of Maya. The tales of their creation show parallels. In Greece, Zeus made Pandora as a life-sized statue, a doll of painted beauty, the first 'sweet cheat' (*kalon kakon*), endowed with virtues by twenty of the Greek divinities. In India, the Great Goddess came into being as a combined product of the assembled Hindu pantheon to save the world from despair. In another tale she appeared in the form of Dawn; and then, as Sati, she was fashioned by Brahma in the presence of twenty divinities to tempt Shiva down from ascetic isolation so that the eternal play of life could continue, breeding and exfoliating without cessation. Associated with the Goddess, Greek and Hindu, are all the follies and vices of human passion, and all the creative (Shiva and Brahma; Prometheus, Hephaestus, Zeus) energies of human pursuits.

Pandora in her original form was represented as a large jar or vessel. As the Panofskys show, this vessel became a box in later tradition. In Pandora, as vessel, all the evils of the world lay concealed. When this was opened (and it must be inevitably, in the same manner that Eve brought Sin into the world by yielding to temptation of the forbidden) out flew the evils, all save Hope. The creation of the phenomenal world of illusion is similar in Greece, in India, in the Old Testament.

Hesiod's tale of Pandora tells us that *hope is one of the evils that was in the vessel, and is the only one that remains within*. It lies concealed where it is not seen, whereas all the other evils, fancies, passions are the projections we meet outside in the world. These can be recaptured by integrating the projections. But hope is within, bound up with the dynamism of life itself. Where hope is, is life.

We can never confront it directly any more than we can seize life, for hope is the urge to live into tomorrow, the heedless leaning ahead into the future. Go, go, go.

Is not religious hope altogether different? We find it in Paul's *Epistle to the Romans*, VIII: "For we are saved by hope: but hope that is seen is not hope: for what a man seeth, why doth he yet hope for? But if we hope for that we see not, then do we with patience wait for it." Hoping is not hoping for what one hopes for; one hopes not for that which is already known. Such hope is hope for the wrong thing. It is illusion. Again to use the words of Eliot:

*I said to my soul, be still, and wait without hope
For hope would be hope for the wrong thing; wait without love
For love would be love of the wrong thing; there is yet faith
But the faith and the love and the hope are all in the waiting.*

The religious meaning of hope implies the sacrifice of all hoping. Is not this religious hope, in which the waiting is all, the hope of despair that appears when meeting the suicide risk?

Secularised hope shows itself best in medicine. During recent meetings of the American Cancer Society an expert consultant is reported to have explained why the battle to save a patient from cancer must never be given up. No matter the expense, the pain, and the psychic agony, there is always the hope that, during a temporary reprieve, medical science will come up with a remedy and save the patient's life. The quality of life and the entrance into death tend to be placed second to the main medical aim—prolonging life. Life is no longer for the sake of anything else, but has become its own measurement.

This is enough and correct for scientific medicine; but

is it enough and correct for analysis? Saving life has different meanings. For the physician, saving life means first of all postponing death. This is simple and clear. It can be evaluated by measurement: by years, days, hours. The hope for salvation which the physician offers is the *hope for more time*, that is, a quantity of life. And the hope the physician serves is the patient's *demand for more life*, not better life, not transformed life. When life becomes its own measurement the good life means simply more life, and death becomes the great evil. And suppose the remedy has been found, flown to the bedside, what hope has the patient? What has been done to save the patient, for his salvation? This sort of medical hope serves secularised salvation—and there is no such thing.

Medicine links disease with death, health with life. Gaubius of Leyden (1705–80) gave this definition: "Medicine is the guardian of life and health against death and disease"; while today medicine says that evidence for the idea of a 'natural death' is wanting, because autopsies show that all death can be traced to the residues of disease. This implies the hope that could we do away with disease we might also do away with death. However, a diseased life and a healthy death are also realities. This rearrangement of the usual pairs offers another way of viewing death problems which the analyst meets. The battle against disease can be separated from dread of death, because disease is an enemy of both life and death. Disease interferes with proper dying as well as proper living. A Hindu metaphor of dying shows that *death requires health*; one drops intact and ripened from the tree of life at the right moment. This implies that the physician may take arms against disease not for the sake of life only but also *in the name of death*, in order to allow his charge to come to conscious fruition.

Or, for the Eskimos, when one falls ill, one takes on a

new name, a new diseased personality. To get over a disease, one must quite literally 'get over' it by transcending it, that is, by dying. The only hope for cure lies in the death of the ill personality. Health requires death.

Perhaps this is what Socrates meant with his last obscure words about owing a sacrificial cock to Asklepios. Once the cocky pride of life that crows hopefully at each day's dawning is sacrificed, the instinct for tomorrow is yielded. Death then is the cure and the salvation and not just a last, worst stage of a disease. The cock-crow at dawn also heralds resurrection of the light. But the victory over disease and the new day begins only when the ambition for it has been abandoned upon the altar. The disease which the experience of death cures is the rage to live.

This disease is phrased best in the medical-statistical term 'life-expectancy'. Hoping, 'expecting with desire', is justified statistically; one has the right to a certain quantity of life. This hope tends to entangle physician and patient in hoping for the wrong thing. They hope for more of the life that is already known, that is, for the past. Hope of this kind is hardly for salvation or even for new beginnings. It is regressive because it prevents the challenge of death. It is egotistic because it asks for more of what one was. This is hardly the hope Paul describes which is not seen and where 'getting better' would mean a quality of being, not an approach to the normal. One is led to believe that the desire to be free from illness means in truth to return to what one was before the illness, to the *status quo ante*. When the physician joins the patient in hoping to restore or return him to health with a speedy recovery, they move against the flow of time, the process of ageing, and the reality of death. Their joint hope denies the morbidity of all life.

An analyst often finds himself purposely passing by the symptoms appearing in his practice. Rather than

investigate these symptoms, he turns to the person's life which has fostered the pathology. His premise is that the disease has its meaning in the life of the patient and he tries to understand this meaning. He cannot hold out the usual hope for cure or even relief of symptoms. His analytical experience says that *the hope which the patient presents is part of the pathology itself*. The patient's hope arises as an essential part of the constellation of his suffering. It is frequently governed by impossible demands to be free of suffering itself. The same condition that constellated the symptoms is just the condition which these symptoms are interrupting and killing—or curing. Therefore, an analyst does not hope for a return to that condition out of which the symptoms and the hope for relief arose.

Because hope has this core of illusion it favours repression. By hoping for the *status quo ante*, we repress the present state of weakness and suffering and all it can bring. Postures of strength are responsible for many major complaints today—ulcers, vascular and coronary conditions, high blood-pressure, stress syndrome, alcoholism, highway and sport accidents, mental breakdown. The will to fall ill, like the suicide impulse, leads patient and physician face to face with morbidity, which stubbornly returns in spite of all hope to the contrary. One might ask if medical hope itself is not partly responsible for recurrent illness; since it never fully allows for weakness and suffering the death experience is not able to produce its meaning. Experiences are cheated of their thorough effect by speedy recovery. *Until the soul has got what it wants, it must fall ill again*. And another iatrogenic vicious circle of recurrent illness begins.

The medical image of health, with its expectations upon life, simply does not allow enough for suffering. Medicine would rid us of it. The physician may aim to rid his patient of his disease because he views it as a foreign in-

vasion to be thrown off. But 'getting rid' is impossible in analysis because, as we have seen, the disease is the patient. And the disease is the suffering not from which the patient must be saved but the condition necessary for salvation. If the patient is the disease, 'getting rid' means a destructive rejection of the patient. The patient's only protection here may be a magnified transference where the soul—cajoling, clinging, seducing—demands more intensely than ever to be allowed to be. As long as cure means 'getting rid', no person in analysis will ever want to give up being a patient.

Yet, it would seem the hope of medical treatment is to achieve that utopia where there are no patients. Somewhere, somehow, the patient always feels he 'ought not' to be ill. We are led by medicine itself, through its notion of health, to live beyond ourselves, driven and exhausted, in threat of breakdown, owing to the denial of human frailty. When the physician cautions to slow down, his own 'go, go, go' and *furor agendi* prevent his warning from having effect. 'Getting better' means 'getting stronger'; health has become equivalent to strength, strength to life. We are built up to break down and then be rebuilt as we were before, like a machine caught in an accelerated feedback. The soul seems able to make itself heard only by speaking the physician's language—symptoms.

To be weak and without hope, to be passive to the symptomatic manifestations of the unconscious, is often a highly positive condition at the beginning of analysis. It does not feel positive because our hope is for something else, for something we expect from what we have already known. But death is going on and a transformation is probable. An analyst may encourage his patient to experience these events, to welcome them, even to treasure them—for some get better by getting worse. If he starts to hope with the patient to 'get rid of' them he has begun

to repress in a medical way. Some must arrive at this place where humility begins only through the humiliating defeat of disease or suicide attempts, only through the organic mode. But here medical hope with its armoury of prescriptions aims for the strength of the *status quo ante*. It sends the patient, strengthened, away again. As these patients were on their way to health by approaching death, medicine sends them back again to life and disease.

An analyst approaches dependence and passivity and hopelessness differently, because he starts from his own weakness. He is faced with admitting in the first hour that he can make no diagnosis, does not know the cause of the complaint, nor whether he can treat it or cure it. He shows that he is, in a sense, passive to it. He has had to abandon his expectations about the lives of his patients, and he offers little to feed a patient's hope. If he has hope at all, it is in the unconscious, in the unknown which might emerge out of the analytical dialectic, which is a hope "for that we see not". This attitude was presented in detail in the chapter "Meeting the Suicide Risk".

As with hoping, so it is with growing. The physician has been trained in biology. His model of development comes from studies of evolution, mainly on sub-human species. He recognises development by growth in size, differentiation in function, increased viability, approximation to the norm for the species, and in higher forms of life, he recognises ripeness by the capacity to reproduce. Genetics, bio-chemistry, histology, embryology have given the physician his basic knowledge about growth.

Transferred to the analytical process of soul development, this model misapprehends some fundamental phenomena. Here again we find Freudian analysis influenced by its medical background. Freudian analysis generally comes to an end when the patient has achieved

successful sexual adjustment. Freudian analysis rarely accepts analysands over the age of forty-five. The notion of development is conditioned by biological thinking. The biological ability to reproduce is transferred to the psyche and made a criterion for 'maturity'. But must biological plasticity and psychic capacity coincide?

Even the idea of creativity, the cherished goal of so many people, is moulded by these biological notions of potency and reproduction. Because the seed of all natural processes always shows itself physically, creativity is conceived as a reproductive act with a tangible result—a child, a book, a monument—that has a physical life going beyond the life of its producer. Creativity, however, can be intangible in the form of a good life, or a beautiful act, or in other virtues of the soul such as freedom and openness, style and tact, humour, kindness. The ability to create virtue in oneself has always been for philosophy and religion a prime good. Traditionally, this kind of growth took precedence over physical growth. To achieve it, the biological model of creativity and the kind of growth shown by nature may have to be sacrificed. But growth in soul does not require the exaggerations of the martyr and ascetic. We need only recall that the creative life shows spontaneity and freedom, and that *creativity does not mean only productivity* of a voluminous physical sort. The patient wants to 'grow' and 'become creative'. And a good bit of psychotherapy is deluded by the idea that everyone must be normal (cured), having children, and 'doing things', or be creative by writing or painting or 'making things'. When a person talks about creativity as productivity he tends to find a receptive ear in the medical analyst because of the biological model of growth. (The medical attitude is correctly bound to this way of thinking because, as we recall, the root of 'physician' is *bhu*, meaning 'to grow', 'to produce'.)

This notion of growth betrays the same expectations as hoping. Again, it is quantitative. It tends to see the analytical process mainly as *adding to personality*. An analyst who so views things hopes his patient will grow more well rounded, more adapted, more successful, more productive. Or, if his goals be introverted, growth tends to mean a richer, more differentiated subjectivity, formulated as 'enlargement of consciousness'. Whether the expansion be extraverted or introverted, growth tends to mean increase and the goals are influenced by biological thinking. The person expects to grow along the lines of the biological model, and the analyst who stands altogether upon this model runs the risk of judging growth only according to the standards of evolutionary processes. Such ideas of development are more suitable for the growing child than for the grown adult, for whom increase of size and viability, reproduction, and approximation to the norm are no longer goals. Growth as increase only, growth without death, echoes the wish for a loving Mother with ever-flowing milk from her breast. Creativity as expansive productivity has in it the omnipotent fantasies of ambitious phallicism. Maintaining such goals into later life, even if now transferred on to 'psychic development' and 'creativity' reveals that not all childish things have been put away. It is the immature who are preoccupied with the search for maturity. And is it not typical of adolescence to see growth and creativity in protean images of 'becoming'? Hope and growth, like youth, are green. The creative *furor agendi*, supported by misplaced metaphors of growth, may prevent true psychic development, and so an analyst is led to view growth in a wholly other light.

The creativity of analysis does not have to go beyond the analysis itself. It does not have to produce something else. The creativity is there, present during the hour of analysis itself. The analytical relationship, that is, a relationship

mutually worked at, is the basic form of mutual creativity. Other creative acts take place in solitude, as painting and writing, or in complex groups, as in the performing arts. But in analysis at its best two people create each other. Does not analysis provide the root metaphor for creativity in any relationship, where the fruitful interplay is the work but the work is not for its fruits?

The analytical process consists of transformations towards individuality; it leads to being oneself. From the empirical observation of this process one could state that individuality is the norm for the species, man. This is paradoxical, because individuality is always different from the species and belies all statistical truths. *The analyst therefore finds himself encouraging a growth that, if anything, leads towards the non-standard and eccentric.* He finds himself taking stands, as the stand on suicide, which seem definitely opposed to the norms for the species as biologically conceived.

Growth of the soul may lead altogether away from adaptability and differentiation. For example, through analysis a young introverted wife, or a young man for whom feeling comes before thinking, may find themselves more withdrawn and less in command of the world about them. They have had first to be what they are rather than get along with a world that for them makes inauthentic demands. On a longer view, perhaps they are now more adapted, but the steps towards this adaptation appear totally different from the usual biological notion of growth. Even some extremes of the asylum, such as increased dependence and autistic withdrawal, an analyst can see as phenomena of growth. The soul can make developments without their coming to light, and its manifestations may appear contrary to the world, life, and the body. We must think again about the ancient idea of a healthy mind in a healthy body. When we speak of a full

life we do not always mean a full soul too. Sometimes a full life can mean an 'inner emptiness', just as someone said to be a rich soul or a good person may never have lived one day of his life in good health from a medical point of view.

The biological goals of enlargement and differentiation may have to be forsaken in behalf of concentration. For some gifted young men the horizon and all its luminous possibilities shrinks. The development of consciousness requires perseverance and single-mindedness. Concentration upon oneself and one's fate develops a narrowness of vision and emotional intensity that nowhere fit the pattern of biological differentiation or the viability of a well-rounded man who has brought all his faculties into play.

Analysis is just not dynamic psychotherapy. The very word 'psychodynamics' betrays the hopeful, growing *weltanschauung*. Analysis often leads to conditions where the dynamics of change fall away, ending in stability. This stability the alchemists understood as the Stone; not known for its capacity to grow and become different, but simply the same. The simplicity of this condition is not pessimistic, but it weighs heavily on optimistic expectations.

Growth may be a development away from the world. The analytical process shows this by images of losing, of shedding, of dying. Just as much falls away as is added. When illusions are worked through, what remains is often smaller than what was hoped, because becoming oneself means being reduced to just what one is—that stone of common clay—just as loving oneself means accepting one's limited reality, which is, as well, one's uniqueness. Analytical development, especially in older people, seems to move away from what shows to what does not show. (Again, is it not the child who must show us everything?) Questions of manifest results become less and less com-

prising, even though the analytical work may become more and more urgent. Here, creativity is fully occupied with the creation of oneself. We have discussed this above in the language of tradition as the subtle body, or immortal diamond body, or building one's death. Such growth and creativity cannot be measured by biological standards; it corresponds more with the patterns of spiritual development in religion, mysticism, and philosophy.

Therefore the analytical process is described better as qualitative refinement than as quantitative growth. Alchemy presents, as Jung so carefully documented, the clearest picture of this kind of development. Ore (our common substance) is smelted to yield a precious metal; fluids (our vague emotional currents) are distilled for a drop of rare essence; solid masses (our amorphous accumulations) are reduced to their elements. Separation proceeds by discrimination and the dross is discarded. Or, through the fire and salt (of our hot and bitter experiences) superfluities are burned away and values given permanence. The too gross is made subtle, the too heavy volatilised, the too mercurial burdened with lead, and the too dry fertilised with rain. The yield of the harvest is always smaller than the standing grain. The analytical work tends to produce the smaller personality in the religious sense, where growth seems to proceed downward and inward, and backward towards ancestral spirits and germinating seeds from which we have sprung. As alchemy says, the analytical process is an *opus contra naturam*, a work against nature. The soul's ontogeny hardly recapitulates biological phylogeny, even if our intellects must use biological metaphors for descriptions. Therefore, psychic growth is paradoxically a growth against natural life, when natural life is conceived too naïvely. The growth of the soul would be through death,

the major *opus contra naturam*. No, it is not growth, but rather as the Buddha said in his last words: "Decay is inherent in all component things. Work at your salvation with diligence."

As hope and growth are inadequate for conceiving the analytical process, so too their opposites, despair and death, are also unsatisfactory metaphors. Or, rather, as long as we discuss analysis as a process of improvement only, any model of refinement, transformation, growth, and development will do. But all such root metaphors mislead when they become shields against *direct experience*. And direct experience, the soul's only food, is the heart of analysis, because it generates consciousness. Refinement, transformation, growth, and development all require individual moments of direct experience which negate in shattering intensity the process of accumulated development.

Process can too easily be confused with progress, progress too easily mask the moment. A moment, any moment in fact, can be the moment of death, so that the whole process is always condensed into the now. It is not elsewhere nor in the future, but here and now, at any moment of emotionally intense consciousness.

We know little about consciousness. After all the ages man has been in this world, we are still unable to say very much about the central event of psychic life. We have reliable hypotheses about its physiological base and sensory connections. We also have good reason to believe that consciousness consumes energy, that it requires psychological tension or 'set', and that it is bound up with what is called 'reality'. Conversely, we use the word unconscious when there is distortion or incognisance of reality. From what evidence we have, it seems that *consciousness intensifies when reality is experienced most boldly*.

This assumption accords with the descriptions of most spiritual disciplines which develop consciousness through intensifying focus into a prism of attention. This attention is not merely intellectual. It is an attending, waiting, or listening to reality speaking, an image for which is the Buddha—his huge receptive ears, the whole side of his head opened up. Consciousness is vivified in analysis by bold confrontations with reality, the paradigm of which is facing together the reality of death by suicide. Getting to this place where all veils fall is expressed in countless metaphors for the development of consciousness, such as: wandering the blind alleys and detours of the labyrinth; the progress of the pilgrim through inflations, depressions, and resistant obstacles; peeling away, one by one, the external wrappings of the Kabbalistic onion, and so on. Whatever the metaphor, the aim is to get through to a direct experience of reality, things just as they are. Mystical consciousness, even the chemical 'instant visions' of Huxley, aims at this vivid penetration, so that the division between subjective awareness here and objective nature there disappears. Life and imagination join in moments of synchronicity.

The detours, the walls, and the veils are those systems that we have constructed to prevent direct contact. They are the growth that prevent growth, the crusts that shield sensitivity from immediate exposure. For *immediacy is the great taboo*, and experience has become vicarious. The soul's food is packaged. The person no longer feels he is inside his own life, but is outside somewhere looking on or putting it into words. He has become a character in a film, the author of his own memoirs, a piece of the family's imagination fulfilling hopes sprung from the despair of others. Mother lives life through her children and Father through his organisation. Contact through sexuality becomes compulsive when every other possibility of naked

immediacy recedes. The soul would bare itself to another in its simple eloquence but only impels the body into adulterous folly. Most subtly, experience is mediated by psychology itself, its heroes, their images and their lives, its techniques and terms. The person becomes a case report, acting out concepts from the book in a process of self-analysis that fragments emotional spontaneity into bits of dust. Even all the worthwhile activities of leisure and social responsibility, the hobbies of the suburb, as well as the 'higher' pursuits such as religion, art, and the idyll of personal love *can prevent direct experience* so that life takes on that quality called 'phony' by the young, who, because they are still capable of immediacy, resist with violence the caging of their pristine vision in the ready-made traps of adult avoidances. For this reason we have called analysis a continuous breakdown and have related it to creativity. It must be iconoclastic. *It proceeds by breaking the vessels in which experience is trapped, even the vessel of analysis itself.*

Of all the vessels, the medical one is the most tempting for the analyst, especially since it contains so nicely the expectations of the patient. By watching for growth and hoping for the next hour, the unfinished business of this hour may be avoided. In analysis there is only the numinous now; and growth and hope lead away from this confrontation. Here, only boldness will do, even to the point where therapeutic skill in the medical sense gives way to human directness and the risk of emotion. Here, we are naked and rather hopelessly dumb and in no way the patient's superior.

The analyst's only instrument for intensifying awareness during the analytical hour is his own person. Therefore, analysts have always considered their own analysis the primary criterion for the work; the unanalysed are lay. Dreams, associations, events may all come to his aid, but

they may just as easily be used by the patient as new veils and new defences against direct experience. This makes the present encounter so important because in it the analyst not only mirrors the patient. He confronts him with the analyst's own reaction. The patient has come for this reaction. He seeks neither growth, nor love, nor cure, but consciousness in immediate reality. The present encounter requires the partners to be intensely focused, or 'all there', a kind of total 'being present', which owing to the physical basis of consciousness cannot be maintained at length. Again, as we discussed in Chapter VI, this total commitment to being in the process is the ontological ground of the work, because being analytically present means also the presence of analytical being.

The movement from couch to chair, that is, the movement from Freud to Jung, shows this shift away from the diagnostic and the mediate to the dialectical and the immediate. The physical position parallels another ontological position, giving another meaning to 'being in analysis'. The patient in the chair no longer looks down upon himself with the medical eye as an object for diagnosis and treatment. The change from couch to chair represents a shift in focus in the person himself from *what-he-has* to *who-he-is*. The armchair corners us into ourself, back into the inside of our reality, just as we are, face to face, knee to knee, boldly confronted in the mirror of the other, with not a chance for vicarious experience. There is no longer the freedom of association with the hopes for something new to turn up. There are no expectations for something different; instead there is the sameness of what one is, now. We experience the changeless beneath the recurrent changes. That sameness and changelessness the early Greeks called Being, and it is the sameness of one's uniqueness, which the Alchemists imaged in the Stone. Here, at this still and wounding point, there is