

# II. Suicide and the Body

## Suicide:

### Being Killed, Killing, and Dying\*

*Ken Mellor*

#### Summary

To help suicidal people stay alive one must be aware of the three aspects of the act of self-destruction. These aspects are: being killed, killing and dying. The degrees to which each suicidal person is motivated and/or committed to each facet of their own deaths need to be identified. Their motivations and commitments are then dealt with in the process of making "no suicide," "no homicide-of self" and "life" decisions. A four step process helps ensure that all points are covered and a final integration achieved. Contracts with each ego state may need to be negotiated as part of the process until corresponding re-decisions are made.

#### Introduction

Suicide is a killing in which the victim is the murderer and the murdered. It is also a death. Karl Menninger (Menninger, 1938) thoroughly analyses related motivations: the wish to be killed, the wish to kill, and the wish to die. He claims that all three are present in varying intensities in the suicidal or potentially suicidal person. My work with over 50 such people in the last few years has borne this out. It has also added the further perspective that suicidal people, whatever the level of their motivation, are variably committed to each of these courses. How can these three aspects to suicidal people's motivation and commitment be dealt with so their suicide is prevented? This article answers the question by indicating that there is the potential need in

any suicidal person to make three different types of re-decisions before their continued life is assured. They are "no suicide," "no homicide-of self," and "life" decisions.

#### The "No Suicide" Decision: An Established Method

Robert Drye, and Bob and Mary Goulding (Drye, Goulding, Goulding, 1973) developed an elegant, simple and effective method of monitoring the actual risk of suicide and of securing a reliable commitment not to suicide. As a direct consequence of their work many people have lived who may not have done so otherwise.

Their method was to assess the actual risk of suicide by getting the person to make the following statement.

"No matter what happens, I will not kill myself, accidentally or on purpose, at any time."

Their claim, supported by the experience of many, is "If the patient reports a feeling of confidence in this statement, which no direct or indirect qualifications and with no incongruous voice tones or body motions, the evaluator may dismiss suicide as a management problem." He or she will have made an open-ended "no suicide" decision.

When qualifications are detected, on the other hand, the possibility of suicide should not be dismissed. The highest priority becomes to get the person to make a firm "no suicide" contract using the monitoring statement as the basis. The ultimate goal is to get an open-ended "no suicide" deci-

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sion—after the person's resistance has been resolved. Interim short-term contracts provide the necessary protection until then. Initially a person may only be willing to make the commitment for a short period: a few minutes, a day, a month. In the process of their work these periods are properly extended as soon as possible until the ultimate goal is achieved. Until then it is important to ensure adequate arrangements are made to establish an extension to the commitment before its expiration date. If no initial or further commitment is made, protective action, such as hospitalization, needs to be taken. Protection is always a paramount issue with suicidal or potentially suicidal people. (Steiner, 1971; Steiner, 1974).

### **A Minor Change**

There is a lot to recommend the Drye-Goulding monitoring statement. In particular, it is short and easy to remember. However, prompted by the needs of people who thought it had loopholes they could use in order to kill themselves, I now use an extended version of it.

"I will not hurt myself or kill myself in any way, accidentally or on purpose, and I will not set it up for anyone else to do it to me."

People who make this statement with commitment are not at risk.

Not everyone is willing to do so. Initially some will only make the "not killing" commitment. They will not decide not to hurt themselves in any way. If there seems no viable way of them keeping the double "not hurting or killing" commitment because the type of hurting (giving themselves headaches or other body pains) is something they are still learning to deal with, I am reluctantly willing to settle for the "no killing" decision as an interim measure with the "no hurting" clause to be added at the first viable opportunity. However, I deal specifically with any external acts, such as hitting, bumping or cutting themselves, by getting time limited contracts for periods during which they think they will be safe from their own self-directed hurtful acts. As with the "no suicide" con-

tracts, protection is the paramount issue and my ultimate aim is to get an open-ended "no hurting" decision as well.

### **The Need for More**

For quite some time the "no suicide" contract followed by the necessary redecision seemed sufficient to me for helping people deal with their suicidal thoughts and impulses. It clearly worked. Then, recently, I had several experiences that demonstrated just as clearly that some people need to make other decisions as well if they are to live securely with themselves. They were people for whom the "no suicide" decision did not deal with the intensity of all three types of motivation and commitment with which they were grappling; and they were people who used exclusion to separate themselves from aspects of their internal threat of death. For these people a "no suicide" decision only dealt with their motivation and commitment to be killed. It did not deal adequately with their motivation to kill, their wish to die, nor any commitments to these. They demonstrated that it is possible for people to make a "no suicide" decision while maintaining their commitment to killing themselves, and/or dying prematurely. They were still at extreme risk because, in effect, the "no suicide" decision freed them from volunteering to be their own murder victim, but it had not changed the murderer in them, nor had it changed their decision to die.

### **The "No Homicide-of Self" Decision: How It Developed**

As a natural extension of the Drye-Goulding method I had been getting homicidal or other-destructive people to use a slight modification of the monitoring statement.

"I will not hurt or kill anyone else in any way, accidentally or on purpose, and I will not set it up for anyone else to do it for me."

The impact of these decisions within families in which violence was common was great. The aim has been to get an open-ended "no homicide" decision and, as

with the “no suicide” decision, it is helpful to accept time limited contracts if the person is not willing to commit to more. One day I worked with someone whose issues stimulated me to get her to make two “no homicide” decisions. What was new about this was that both were in relation to herself and were to deal with part of a complex web of internal self-destructiveness.

*Example 1:* Sally was one of twins. Her brother, Sam, had a lot of problems and when he was in an angry rage, a not infrequent event, she feared for her life. While doing some two chair work with her, stimulated by my guess that she was suicidal, it was evident to me that as “Sam” she no longer knew she was Sally. It was also evident that “Sam,” while overtly homicidal to Sally, was suicidal too, and denying it. Being a twin myself, I immediately realized that it is rare for one to have an issue without the other also having it, so I checked out whether or not Sally was homicidal towards “Sam.” She denied it and I doubted her denial. I got each of them to make both the “no suicide” and “no homicide” monitoring statements. Sally readily made a “no suicide” decision but simply refused to make a “no homicide-of Sam” decision; and “Sam” readily made a “no homicide-of Sally” decision but just as adamantly refused to make a “no suicide” decision. There followed an hour of very moving work in which I managed to get the necessary decisions from each of them. Throughout, each presented as a coherent personality with a full complement of ego-states. Yet while functioning as Sally she had little or no awareness of the “Sam” in her and while functioning as “Sam,” something she had never let herself do before, “he” had little awareness of Sally. At the end she felt relieved and secure, and was amazed to discover and begin to unite with another part of herself which she had previously excluded. (Note: while symbiosis explains aspects of the relationship between many twins, the above diagram seems to me to be a much more accurate representation of other aspects. Each twin has his or her own internal version of his or her brother or sister, and yet only acts

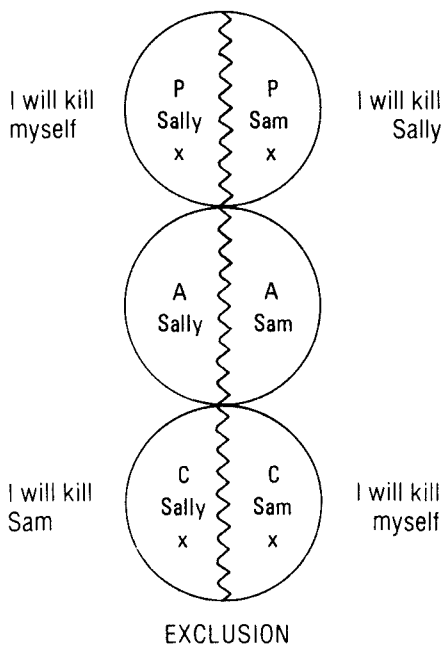


Figure 1  
Fragmented Ego State Structure of Some  
Twin People Showing Exclusion Within Each  
Ego State (One Side Excluding the Other)

from his or her side of the split, usually not acknowledging the presence of the other part. When separated physically they are often two fragmented personalities because of the non-use of the other twin’s part in them.)

This young woman had a part of her which was homicidal towards her and on which a “no suicide” decision had no impact. Her “no suicide” decision was experienced by “Sam” as completely unrelated to “his” intended homicide and, just as importantly, “his” intended suicide. She could well have made a firm, clear “no suicide” decision and “no homicide-of Sam” decision in order not to kill herself and could have killed herself anyway through using “Sam’s” unresolved life and death issues to do it for her.

I reasoned from this experience that non-twins may have a similar dynamic for dealing with a homicidal part of themselves.

to kill him and had incorporated a violent, homicidal Parent. He was reluctant to make a firm "no suicide" decision from his Child and agreed to let me talk to his father, "Jack," who seemed to be the cause of his reluctance. "Jack" turned out to be a tough guy only on the outside. On the inside he was scared about his ineptitude as a father and beat his son both out of desperation and because he believed it was the best way to get him in line when he misbehaved. He responded quickly to a frank no-nonsense talk about the effects on children of his type of behavior and immediately committed himself to different options on how to handle Bill. He then readily made a "no homicide-of Bill" decision. This was extended to cover everyone because he had had impulses to hurt or kill others at times too. Back in Bill's chair, Bill was all smiles and relief. "If Jack had taken over one day, I don't think I could have stopped him," he said. I countered, testing, "You would have to have decided to let him take over, you know." His reply, "Yes, I know; and I don't think I would have stopped myself because I believed he was too strong." He went on to make a clear, firm "no suicide" contract.

After this and other experiences I have concluded that the "no homicide-of self" decision is sometimes a necessary step in dealing with a person's suicidal potential. It deals with the motivation or commitment of one part of the person to kill another part. Most security seems to result when the name of the target of the homicide is specified in the contract. Usually this will be between Parent and Child. Sometimes it is not, as with Sally and Sam, and sometimes it may be between different parts of the Parent.

### The "Life" Decision

Suicidal people demonstrate some motivation or commitment to die. It is generally interwoven intricately with the other two issues already discussed and so it can be obscured at times. Yet it is sometimes the most important aspect of all. It may, for example, have been thoughts of dying or a decision to die that stimulated ideas of

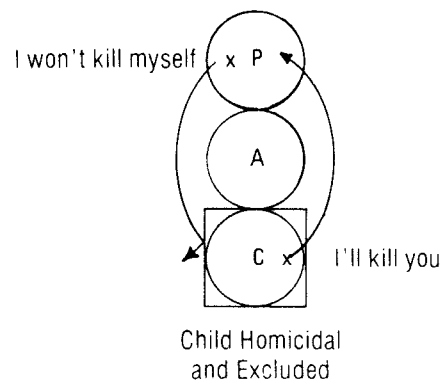
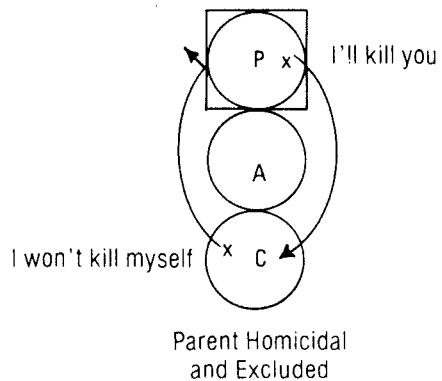


Figure 2

They could use exclusion to deal with a homicidal Parent or Child and could well make a "no suicide" decision which had no impact on the excluded homicidal part of them. On the other hand, there was no guarantee that their homicidal parts would not act at some stage, especially if they were still motivated or committed to dying in their non-excluded parts. I have since dealt with a number of people with Parent exclusions, but none with Child exclusions. John McNeel's Parent Interview (McNeel, 1976) was invaluable in dealing with these Parents. His method enabled me to deal with the Parent ego state as if it was a separate person, which was how it was experienced internally, and to obtain the necessary decisions.

*Example 2:* Bill had had a tyrannical father who beat him regularly, often muttering or shouting about killing him one day. He believed his father had meant

killing or being killed; or it may only have been lack of sufficient motivation or commitment to dying that stopped the person suiciding. In any event, until a clear commitment to living is made, the possibility of suicide or, because deciding not to kill or be killed is not the same as deciding to live, the possibility of an aimless, joyless life is still too high for security.

Getting a "life" decision deals with the issue. I use the following monitoring statement for this.

"I will live a healthy, full life and promote the same in others."

I have found it useful to check out the meaning of the words "healthy, full life" to the person using them to ensure their meaning does not contain loopholes.

Sometimes getting a "life" decision is the easiest first step in dealing with people's suicidal issues, because it opens the way to subsequent "no suicide" and/or "no homicide" decisions. Sometimes it comes most easily part of the way through the whole process or at the end.

*Example 3:* Andrea had experienced life as a constant grind and had kept going by consoling herself that she could "always kill herself and the children if ever things got too bad." After a lot of work on her part she made clear "no suicide" and "No homicide-of others" decisions. She had thereby confronted herself with life. In the six weeks that followed she struggled with her panic and sense of being overwhelmed by all she then had to deal with in her life, things she had successfully postponed facing until then. Over and over again she questioned her commonsense in making the other decisions. After she finally made a "life decision" a great deal of her distress subsided. Her commitment to living and not simply to not killing herself was a major turning point in her growth. Suicide was no longer an issue for her.

### A Method

After becoming aware of the possible need to deal with these three aspects to suicidal issues, I developed a four step process to ensure I dealt with everything

before I rested secure that the person was no longer at risk. The steps may or may not be taken in order depending on the needs of the person.

*Step 1:* Identify the suicidal motivation and/or commitment in each ego state.

Identify the homicidal motivation and/or commitment in each ego state.

Identify which ego states have a wish or a commitment to die.

Any or all three of these aspects may be found in the Parent or Child. They may be invested with different levels of energy.

*Step 2:* Using the three monitoring statements, get the necessary "no suicide," "no homicide," and "life" re-decisions from each part of the person. I suggest that you not consider the process complete until you have done so for every part involved. For protection, short-term contracts may be needed prior to re-decision.

Re-decision work using two or more chairs is a very potent way of doing this. When dealing with the Parent in these encounters you can use John McNeel's Parent interview and call each aspect by its own name. I suggest that you remember to include the name of the target of the homicide in the "no-homicide" decisions, whether the act is from Child to Parent, Parent to Child, or Parent to Parent.

John being his homicidal mother says,  
"I will not hurt you or kill you John,  
or anyone else in any way—."

(When dealing with suicidal/homicidal issues there is a high probability of encountering craziness in a person's Parent. This highlights John McNeel's caution not to do Parent interviews when a person has a "crazy" parent. I agree with this as a caution, but not as an injunction, which is the way some people have taken it. Those experienced in dealing with severe disturbance or "craziness" can conduct Parent interviews with "crazy" Parents and achieve very good results. Taking a re-parenting orientation (Schiff, 1970; Schiff *et. al.*, 1975) helps, as you may need to re-parent the Parent in the interview in order to help it free itself to make the necessary decisions. An article on re-parenting the Parent is being prepared for a later issue.)

*Step 3:* Do some integration work in which the different parts of the person discuss their reactions to each other after or during the decision-making. It is also valuable at times to get them to discuss signals they will send each other to warn each other out of areas that create problems or, preferably, to signal what support they can give each other.

This can take a lot of time if there are several parts of the person involved—and the time is well spent. The person will leave experiencing a new internal unity and cohesion, rather than being left with the remnants of the old internal separations intact.

*Step 4:* Check that all the necessary work is done by having the person repeat a composite of the three monitoring statements as follows: "I will not hurt or kill myself, or anyone else, accidentally or on purpose; I will not set it up for anyone else to do it to me or for me; I will live a healthy, full life and promote the same in others."

*Example 4:* Geraldine had an horrific childhood. Her mother had tried to abort her. After that she had actively tried to kill her several times while she was still a child. Her older sister had thrown her to the floor while she was a baby to try and kill her, and when she was older her sister used to take her out and lose her in an attempt to get rid of her. Her father had also tried to kill her several times while she was a child. Her mother and sister were both also suicidal. Her mother wanted to die, which she managed to do through drinking when Geraldine was in her late adolescence. Prior to her death, Geraldine's parents had many violent fights during which they seemed likely to kill each other. It was little wonder, then, that she was herself highly self-destructive and had a lot of suicidal thoughts.

*Step 1:* Summary: Three people in her Parent were homicidal towards her, two were suicidal and one wanted to die. Her mother and father were homicidal to each other. She was suicidal and wanted to die.

In a session during which she was re-experiencing giving birth to her own son, Geraldine suddenly flipped into a primal

of her own birth. As a result she made a clear "no suicide" and "life" decision. After feeling very secure for two days, for the first time in her life, she suddenly began to panic. She realized that her decision to die had been her protection against the internal assaults of her "mother," "sister" and "father," who, now she had changed her decision, were literally out after her blood. I conducted three Parent interviews in successive sessions while providing the necessary protection outside the sessions until the process was complete. In the first her "mother" made "no homicide," "no suicide" and "life" decisions after a lot of struggle and reparenting. Her "sister" took the second to make "no suicide" and "no homicide" decisions, again with some reparenting although not much. Her "father" readily made a "no homicide" decision in the next session. My impression was that "he" had been working on the side while the others were the focus of attention! After this both "mother" and "father" were brought together and made "no homicide" contracts with each other.

*Step 2:* Summary: Her Child made "no suicide" and "life" decisions followed by the necessary decisions from the "mother," "sister" and "father" in her Parent.

During the integration periods at the end of each session they discovered some common interests and a lot of previously hidden love and compassion for each other. They identified trouble spots and agreed on how to handle them. She felt secure and internally united.

*Step 3:* Summary: Internal integration carried out and signalled by decreasing exclusion of the Parental and Child aspects concerned.

She made the full monitoring statement, with conviction.

*Step 4:* The process was completed.

## General

Doing this type of thing is like working with a whole family (and sometimes more) inside one person. A lot of family therapy

techniques are directly relevant. As with much family therapy, there is a lot of energy available and the work is gratifying with remarkably big changes achieved in little time. Basically, the person's Child is in charge of events, which it is helpful to remember when meeting Parental resistance. A brief discussion with the Child at such times about its investment in the Parent staying the same will often deal with the resistance. In general I have found it most productive to follow the person's lead on the order in which to deal with the issues. The time taken to deal with them all has varied from one session, where the issues were clear and simply related, to several years, where the issues were unclear and intricately enmeshed.

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That moment  
with your hand  
against my cheek  
was warm and tender.  
And though  
there were hundreds  
around us,  
it was the most  
intimate  
I've experienced with you.

Let's be intimate  
when we're alone.

*Robert F. Andersen*