

## When Bion meets Durkheim: A psychoanalytic contribution to the understanding of "suicide"

Med Hafsi

Nara university, Faculty of Psychology

### ABSTRACT

The purpose of the present study was to reformulate Durkheim's theory on suicide in terms of Bion's group dynamics theory, adding an individual variable, "valency", or the means by which the individual get linked to others, the group and society. By adding this variable the author tried to address a question Durkheim, as a sociologist, has intentionally left unanswered, namely the question of who is to commit suicide. Using Bion's terminology, the author has thus developed the hypothesis that suicide is in fact a group disease resulting from a "rigid relationship" between "Work Group" (WG) and one "Basic Assumption Group" (baG), and the consequent repression and confinement of the other two baGs in what Bion calls the *protomental system*. This state, to which the author referred to as group neurotic state, is attributed to a failure of the Specialized Work Group (SWG) to contain the baGs. Containment of the baGs was understood as including Durkheim's concepts of social *integration* and *regulation*. Suicide (S) occurrence was mathematically formulated as  $S = (WG \times baG) - (2baG)$ . Moreover, the author argued that suicide was committed by those individuals who, due to their pathologic or *minus valency* type, are unable to endure frustration and suffering resulting from these group conditions. This explains why not all people will commit suicide under similar social conditions. Moreover, each type of suicide, described by Durkheim, was attributed by the author to a rigid relationship between WG and one of the three baGs adumbrated by Bion. Finally, concerning the unconscious purpose of suicide, the author concluded that the victim commits suicide in order to attract the group or society's attention to one's unsatisfied and urging need to related through his/her valency, and thereby trying to reduce the rigid relationship between WG and the baG coexisting with it.

**Key Words:** *Suicide, Durkheim, Bion, valency, basic assumption group, work group*

When a person kills himself...it is not because he assumes the right to do so but, on the contrary, because it is his duty. If he fails in this obligation, he is dishonored and also punished, usually, by religious sanctions...Now, we have seen that if such a person insists on living he loses public respect; in one case the usual funeral honors are denied, in another a life of horror is supposed to await him beyond the grave. The weight of society is thus brought to bear on him to lead him to destroy himself. (Durkheim, 1979, p. 219)

The present paper constitutes, to my knowledge, the first attempt to provide a conceptual framework wherein two giants of the intellectual world, Emile Durkheim and Wilfred Bion, dare meet each other. A meeting between Bion and Durkheim is also a meeting between two seemingly opposed vertices or sciences of Man and Society: psychoanalysis and sociology.

One of the earliest attempt to link psychoanalysis and sociology is Freud's own work. His articles "Obsessive Actions and Religious Practices" (1907) and " 'Civilized' Sexual Morality and Modern Nervous Illness" (1908) exemplify this linking attempt. Moreover, in "The Claims of Psychoanalysis to Scientific Interest," Freud (1913) discussed the contributions that psychoanalysis could make to all the previously constituted psychological and social sciences, stressing that the unconscious often plays a primordial role in all kinds of human behavior. Then in his later works, Freud (1920, 1927, 1930) discussed the events leading to the foundation and modification of social links in groups, and the advent of civilization with its inherent discontents.

Afterwards, a number of psychoanalysts and psychoanalytically-oriented authors have followed the path traced out by Freud, developing further his effort to understand society and civilization. Among the most famous of these authors are Herbert Marcuse (1964), Eric Fromm (1969), and Géza Róheim (1950). For instance, the latter, both anthropologist and psychoanalyst, succeeds in demonstrating the universal character of Freud's ideas regarding the primitive horde, murder of the father, the Oedipus complex; arguing that they apply to all societies and cultures regardless of their manifest differences.

Moreover, there are thus many psychoanalysts who have contributed original concepts and theories explaining groups, organizations, and society in terms of unconscious processes, creating thus a so-called "clinical sociology" school. Contributors are divided into two principal schools, the French school and its principal representative members Max Pagès, Gérard Mendel, Didier Anzieu (1985), René Kaës (1993), Jean-Claude Rouchy, André Lévy, and Eugène Enriquez, and the British school represented by Wilfred R. Bion (1961), Elliott Jaques (1955), and others.

As suggested by the title, in the present study I will refer mainly to Bion's work on groups, applying it to further understand and complete Durkheim's main ideas and hypotheses concerning the cause of suicide. Therefore, I will first try to provide a brief introduction to Durkheim's (1979) work on "suicide" and Bion's (1961) principal ideas on group dynamics, reformulating and interpreting the former's conclusions in terms of the latter's concepts. Then I will discuss my own attempt to integrate Durkheim and Bion into a relatively more complete theory of suicide.

## I. Durkheim and Suicide

### 1. Suicide as a social phenomenon

Durkheim's famous work, *Le Suicide* was published in 1897. According to Durkheim, suicide designates a behavior leading to death consciously accomplished by the victim him/herself.

Durkheim did not take into consideration the victim's intention and motive because he believed that those are too personal to be apprehended from the outside. Therefore, he did not study suicide as a private or individual phenomenon, but as a phenomenon involving society-as-a whole. Based on statistics of suicide occurrence, he rejected all the extra-social factors and theses explaining this phenomenon.

He first rejected the theses held by numerous psychiatrists such as Esquirol, Falret, and Moreau de Tours, arguing that suicide is not a direct result of any specific mental disease (psychopathy, monomania, neurasthenia, alcoholism, etc.); although mental diseases may constitute a favourable field for suicide. He then turned to the racial theses which hold that race is an important suicide-inducing factor, demonstrating statistically that both race and heredity have no significant effect on the suicide rate.

## **2. Determinant factors of suicide**

Durkheim rejected the thesis which attributes a determining role to cosmic factors (climate and seasonal temperature) in determining suicide rate, arguing, based on statistics, that nothing seems to prove the influence of the climate on suicide.

Finally, he was not also satisfied with the thesis favouring imitation as a determinant factor of suicide. He argued that although imitation may strengthen the effect of the real causal factors, it does not affect the global rate of suicide. Thus, for Durkheim (1979) the real factors causing suicide are inherent in society as-a-whole; they correspond to two social forces he called social "*integration*" and social "*regulation*".

Briefly defined, social integration refers to a social state where people share a common consciousness, have, one with the other, permanent and stable relationships, and are devoted to common purposes and goals. In a few words, an integrated society is therefore characterized by social cohesion, and cooperation.

On the other hand, Durkheim (1979) presents social regulation as the social authority society exerts on the individuals composing it by fixing limits to or restricting their personal and basic desires and needs. To the philosopher Durkheim, Man is a creature with unlimited desires, and needs. Unlike other animals, Man is not completely satiated when his biological needs are fulfilled. Owing to this natural insatiability, Man's desires and needs should be thus regulated by external or societal control.

According to Durkheim (1979), social cohesion and stability, depends on the degree of integration and regulation and the balance between them. He believed that suicide rate constitutes a reliable indicator of the nature of this balance. Durkheim argued that there is a "normal" rate of suicide, because suicide existed in any place and any period of human history; an abnormally high rate is an indicator of imbalance between the two social forces or functions.

### 3. Types of suicide

As previously mentioned, Durkheim (1979) used the term *suicide* to refer to all cases of death resulting directly or indirectly from a positive or negative act by the victim himself, which he knows will result in death (Thompson, 1982); it is therefore different from accidental deaths. As indicated in Figure 1, Durkheim proposed four types of suicide, based on the degree of the two social forces, namely social *integration* and social *regulation*: Egoistic suicide, altruistic suicide, anomic suicide, and fatalistic suicide.

Egoistic suicide is a result of a lack of insufficient or a too low social integration. This suicide characterizes societies where the individual is not sufficiently bound and submitted to social groups (and therefore well-defined values, traditions, norms, and goals); he or she is left with little social support or guidance. In these conditions, the individual recognizes only those values, norms, and rules that take into consideration his or her personal interests, and therefore tends to commit suicide on an increased basis. For instance, Durkheim (1979) found that, unmarried people, particularly males with less stable connection with social norms and goals, tended to committed this kind of suicide more than married people do.

Social Forces Condition	Suicide Type
<b>Integration</b>	
<i>Low:</i>	Egoistic Suicide
<i>Excessive:</i>	Altruistic Suicide
<b>Regulation</b>	
<i>Low:</i>	Anomic Suicide
<i>Excessive:</i>	Fatalistic Suicide

Figure 1. A Schematic Durkheimian Taxonomy of Suicide

The second type, altruistic suicide, characterizes societies where the individual is so excessively integrated into social groups that he or she has lost sight of his or her individuality, and is therefore led to sacrifice his or her own life for the group's interests. Durkheim's study revealed that the most common cases of altruistic suicide occurred among members of the military, a group characterized by excessive social integration. Moreover, Durkheim distinguishes three types of altruistic suicide: *obligatory altruistic suicide*, *optional altruistic suicide*, and *acute altruistic suicide*.

Obligatory altruistic, which is more characteristic of primitive societies with a strong and mechanical solidarity, is the essential type; the latter two (*optional* and *acute altruistic suicides*) derive from it. According to Durkheim (1979), optional altruistic suicide is not necessary dictated and required by the community, however social circumstances are such that it is considered as a virtue, praiseworthy, is idealized, and therefore indirectly encouraged. In the case of acute altruistic suicide (of which "mystical" suicide is the "perfect pattern"), the individual commits sui-

cide for the pure joy of sacrifice and self-renunciation.

Anomic suicide is, as indicated in Figure 1, a result of relative lack of sufficient social regulation, and, therefore, a social state Durkheim called "anomie". This type of suicide occupies a particular place in Durkheim thinking (Mestrovic, 1987); for it is this suicide type that led him to postulate the existence and necessity of a regulatory social force beside the integrative one.

Any rapid social change, writes Durkheim, upsets previous networks in which life styles are embedded, and carries with it the possibility of anomie and anomic conditions. Under these conditions, there is a breakdown of normative structure -- rules/norms are weak, unclear and indistinct--, and no guidance for the individual and no limitations. People are led into believing that one can depend only on his/herself but are not provided with the necessary means (guidance, help, opportunity etc), or are prevented from satisfying their desires and dreams. For society lacks, in Durkheimian terms, the ability to adequately regulate and integrate the individual's aspirations and goals, affecting thus his/her self-identity, expectations, and role in society. This leads, according to Durkheim, to a state of anomie and anomic suicide.

Based on his empirical findings, Durkheim adumbrated four categories of anomie: 1) acute economic anomie, 2) chronic economic anomie, 3) acute domestic anomie, and 4) chronic domestic anomie. Each involved an imbalance of means and needs, where means were unable to fulfill needs.

Briefly described, acute economic anomie represents a sporadic decrease in the ability of traditional institutions, such as religion, guilds, pre-industrial social systems, to regulate and fulfill the individual's social needs. Chronic economic anomie corresponds to a long term decrease of social regulation. Durkheim identified this type as characterizing the ongoing industrial revolution, which gradually destroyed traditional social regulators without replacing them. As a result, industrial goals of wealth and property could not provide sufficient happiness, for the higher suicide rates was found more among the wealthy class than among the poor one.

Acute domestic anomie describes sudden changes on the microsocal level leading to a decrease in the individual's ability to adapt to, and therefore to higher suicide rates. Widowhood is a prime example of this type of anomie.

Chronic domestic anomie refers to the failure of marriage, as an institution, to regulate the sexual and behavioral means-needs balance among men and women, providing, however, different regulations for each. Consequently, bachelors were more prone to commit suicide than married men because of a lack of regulation and established goals and expectations. On the other hand, since marriage has traditionally served to overregulate the lives of women by further restricting their already limited opportunities and goals, Durkheim found that unmarried women do not experience chronic domestic anomie as often as do unmarried men.

The final type of suicide, fatalistic suicide, is associated with an excessive regulation level. Durkheim did not discuss in details this type of suicide. In a few words, suicide is fatalistic when

the victim is convinced that he or she can never change his or her destiny. It includes suicides committed by individuals excessively regulated and leading unrewarding lives, such as slaves, childless married women, and young husbands. According to Durkheim (1979), it is found mainly under despotic regimes which are characterized by rigid leadership and intransigent rules. For instance, contemporary sociologists have argued that modern fatalistic suicide occurs in such societies as Japan, where social mobility is so limited by social norms that individual fulfillment is impossible (Chandler, Tsai 1993).

#### **4. Restoring social cohesion and suicide reduction**

How to restore social cohesion and reduce suicide? Durkheim's answer is that this task can be performed neither by a severe judicial system, nor education, religion, the nation, or the family. For education reflects society and its disfunctions and social diseases; religion restricts freedom of thought; the family is becoming more and more ephemeral and tends to be reduced to a mere couple; the nation has a restricted efficacy during periods of political turmoil. According to Durkheim, none of these institutions can restore the feeling of solidarity and wakenen people's moral sensibility. Cohesion can be restored and suicide reduced only by what he call corporations, or professional groups. For members of a corporation are united by a common profession and task, and its moral presence is effective everytime, everywhere, and during the major part of life. Moreover, compared to the nation, a corporation is characterized by flexibility in regulating society. Therefore, for Durkheim, corporations should not be abolished but reformed so that they can assure general cohesion instead of merely protecting private interests. Thanks to corporations, everyone's part and hopes will be fixated. This will reduce egoistic suicide rate, but it has no effect on domestic anomie. The only solution to the latter is forbidding or making divorce procedure more complex to discourage divorce. However, this constitute a partial solution only. For this reduces men suicides but increases women ones.

Durkheim's work and particularly his view of and approach to suicide were not easily accepted by all his contemporary and modern sociologists. Some, like Merton (1968) for instance, regards his hypotheses as providing only a general frame for empirical survey. Others criticized him as having a minimalist, and a holistic view of social phenomena (Aron, 1987) which, unlike Weber's (1968) *methodological individualism*, ignores the role played by the individual.

Most of the criticisms addressed to Durkheim come from sociologists; reviewing them here goes beyond the scope of the present paper. However, viewed from a psychological or psychoanalytical vertex, Durkheim's hypothesis about the causes of suicide seems incomplete and therefore remains to be completed. The conclusion that suicide is a social, or a large group phenomenon is undeniable. For suicide rate in protestant countries is still higher than the one in catholic countries, in wartime there are less suicides than in peace time, and marriage continues to protect married men from suicide, and so on. However, in spite of their consistency, Durkheim's conclu-

sions do not enlighten us concerning the characteristics of those who are more sensitive to the social factors (integration and regulation), namely those who tend to commit suicide on the behalf of the society they belong to. In other words, Durkheim does not tell us why not all the people living under same social conditions commit suicide. As demonstrated by the statistics on which Durkheim based his conclusions, not all protestant people, not all unmarried people, etc., commit suicide. Durkheim's work does not answer this question, because he regards it as insignificant and unanswerable. According to him, it pertains to the individual's private and intimate layer which can not be apprehended from outside. Answering this question will thus complete Durkheim's idea about suicide. Therefore, the author will thus try to discuss suicide types and answer this question from a Bionian vertex.

## II. Suicide from a Bionian Vertex

Bion did not address suicide, however, based on his definition of what he called "group disease" (Bion, 1961), we can postulate that suicide is a social or large group disease, or a disease the individual displays on the behalf of the whole large group. According to Bion, "group diseases" (including physical diseases, such as tuberculosis, venereal diseases, diabetes, and others so-called psychosomatic diseases) are fundamentally collective phenomena which "manifest themselves in the individual" (p. 102). For a close investigation reveals that although they are individually displayed, their roots are found in the group *protomental system*\*, or, specifically speaking, in the *group matrix* rather than in the individual. In this sense, Bion's conception's of disease bears a striking resemblance with Durkheim's holistic view.

### 1. Bion's work on groups

According to the author's interpretation of Bion's work (1961), the cause of group diseases, including suicide, lies in a disruptive relationship between the *work group* and the *basic assumption group*. Before developing further this idea, let us first briefly introduce these concepts and other related ones.

Bion (1961) argued that whenever a group is born and engaged in a task, it is characterized by two different and simultaneous mental states or activities called *work group* (WG), and *basic assumption group* (baG), remarking that the term "group" does not refer to the members composing the group but rather to the mental activity the latter is indulged in.

WG is a conscious, reality-based, and task-oriented mental activity. It involves conscious *cooperation* in order to carry out the group's basic task. Moreover, when operating under the

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\* *Protomental system* is hypothetical entity depicting a personality level where the two inoperative basic assumption groups are confined to form a *group matrix* from which, according to Bion, will spring group diseases.

influence of this mental state, the group uses scientific methods, is aware of the passage of time, able to learn from experience and concerned about change, improvement and development; in a few words, the group is in touch with reality. Seen from this perspective, WG fulfils an integrative function which includes Durkheim's concept of *integration*.

WG activity is diametrically opposed to another unconscious mental activity, the baG, with which it always coexists and interacts. When operating under the influence of the baG, the group will share a given unconscious assumption, and behaves "as if" this assumption reflects reality, distorting thus the later and favouring phantasy. According to Bion (1961), this basic assumption colors, influences, and suffuses any rational activity of the group. He adumbrated three different basic assumptions, namely *basic assumption of dependency* (baD), *basic assumption of fight/flight* (baF), and *basic assumption of pairing* (baP).

Briefly described, the baD is characterized by a basic assumption that the group has met in order to depend mentally and physically on an omnipotent and omniscient leader. This leader is thus expected to be able to unconditionally help the group whatever the problem confronted with is.

The baF characterizes a group sharing a basic assumption that they have met "as if" to fight or flee from an enemy (leader, scapegoat, therapist, out-group, etc.). The group activity and psychic energy is therefore oriented toward dealing with this fictitious enemy.

Finally, in the case of baP, the group is characterized by a mental state of patience and expectancy; the group unconsciously behaves "as if" it is expecting the birth of something, "a messianic something" (a plan, an idea, etc.) which will save the group from their unconscious feelings of mutual hatred, self-destructiveness and despair. Discussing these groups in details goes far beyond the scope of the present paper; the reader should refer to Bion's (1961), and, among others, the author's (e.g., Hafsi, 2000; 2002; 2004) works for a detailed description of these groups.

As mentioned previously, Bion (1961) suggested that group diseases are the result of a disruptive relationship between WG and the baG coexisting with it, and a resulting *group matrix* (this concept will be discussed later), but did not develop further this idea. Therefore, developing further this idea, the author (Hafsi, 2002; 2003; 2004,) suggested three kinds of relationships between WG and baG: 1) integrative relationship, 2) "conspiracy" relationship (Bion dealt only with this one), and 3) impeding relationship.

Integrative relationship characterizes a normal or healthy mental state, and therefore a normal group or society. In this case WG integrates and regulates the baG coexisting with it in order to use it for the profit of the basic task of the group. Unlike in the other two kinds of relationships, WG coexists in harmony not only with the baG operating with it but with the other non-operative baGs. In other words, under this condition the group is characterized by tolerance and flexibility towards the latter.



These integration and regulation functions are fulfilled by the Specialized Work Group (SWG) which constitutes an integral part of WG. Like the WG, SWG refers both to a function and its bearer, namely a person, or a subgroup within the group (Hafsi, 2003; 2004). There are as much SWGs as baGs; each SWG being specialized in a specific baG. According to Bion (1961), "these groups are budded off by the main group of which they form a part, for the specific purpose of neutralizing" (pp. 157-158) [the baG]. The baG is composed of two elements or components: a psychic component and a behavioral component. Integration of the baG involves neutralizing the latter, and promoting only the former, to prevent the baG from hindering the WG activity without suppressing the baG. Bion (1961) writes that "it must be regarded as a failure in the specialized work group if dependent or fight-flight group activity either ceases to manifest within the specialized groups or else grows to overwhelming strength" (p. 157).

Hence, as suggested by Bion (1961), owing to the conscious cooperation among the group members characterizing it, WG allows the group to be united around a common task, and at the same time, regulates its basic assumptions and the desires and behaviors associated with them. Therefore, according to the author's understanding and interpretation of Bion's work, WG (including the SWG) fulfils the two social functions Durkheim referred to as *integration* and *regulation* discussed above.

The second kind of relationship between WG and baG, *conspiracy* relationship (Bion, 1961) is characterized by a failure of the SWG to fulfill properly both its integration and regulation functions. In this case it has failed in a Bionian sense of the term, to contain, namely integrate and neutralize both the baG with which it coexists and the other two baGs. Consequently, WG establishes a rigid relationship with the baG coexisting with it. This relationship consists in allowing only expressions of the operative baG, suppressing the other two baGs and confining them into the hypothetical clinical entity Bion called the protomental system. As a result, regardless of the nature of the task, only expressions of the operative baG are, even if inappropriate, allowed and promoted. The group operating under this mental state which the author (Hafsi, 2009) called *group neurotic state*, is therefore characterized by lack of flexibility in its contact with reality, and by over-activity, and insufficient toleration of frustration.

In the case of the third kind of relationship between WG and baG, or *impeding relationship*, the former is almost completely overwhelmed by the latter. This relationship is characterized by a complete failure in integrating and regulating efficiently both the operative baG and the inoperative ones. Consequently, the baG activity reigns, inhibiting thus the WG one. For the group is neither able to repress nor to tolerate the baGs. And the resulting mental state is such that the group is satisfied neither by WG nor the baG. Bion (1961) writes that "though the work group function (WG) may remain unaltered, the contemporary basic assumption that pervades its activities can be changing frequently; there may be two or three changes in an hour..." (p.154). For both WG and baG are experienced as source of "nameless dread" (Bion, 1962) and anxiety.

That is why the group will try to alternate from one baG to another to avoid them, but this attempt ends in failure. This mental state, which the author (Hafsi, 2009) calls *group psychotic state*, corresponds to the mental state Bion (1961) described under the term of baG activity.

## 2. Rigid WG-baG relationship and suicide

The hypothesis developed here is that suicide (S) is associated with the second group mental state, or *rigid relationship* between WG and baG. This can be simply reformulated as follows:  $S = (WG \times 1 \text{ baG}) - (2\text{baG})$ . Hence, although suicide is apparently an individual and private phenomenon, it is the result and indicator of a group neurotic state. As described above, this state is characterized by rigidity and inability to interpret, and deal adequately with reality, and a consequent group (social) climate characterized by frustration. The relationship between WG and the baG coexisting with it is so rigid and inflexible that no room is left for the other two baGs to be expressed and used for the sake of the group task. These baGs are discouraged, suppressed, and confined to a protomental existence to constitute a *group matrix* from which will spring, through the individual, group dis-eases or diseases of which suicide is an example.

Rigid Relationship	Minus Valency	Suicide Type
WG & baF	Pairing	Egoistic Suicide
WG & baF	Dependency	Anomic Suicide
WG & baD	Fight	Altruistic Suicide
WG & baP	Flight	Fatalistic Suicide

Figure 2. WG-baG Relationship, Valency and Suicide Type

Developing further this idea, we can postulate that, as shown in Figure 2, each type of suicide (egoistic, altruistic, anomic, and fatalistic) adumbrated by Durkheim (1979) is 1) the result of an inadequate (rigid) relationship between WG and a specific baG, and 2) the individual's inability to cope with and adapt to the resulting neurotic state owing to his or her negative or minus valency (Hafsi, 2006; 2008). Let us now discuss each of the four suicide types described by Durkheim.

**Egoistic suicide:** As previously mentioned, Durkheim attributed egoistic suicide to a low degree of social integration. As a result, those individuals not sufficiently bound to social groups (and therefore well-defined values, traditions, norms, and goals) were left with little social support or guidance, and therefore tended to commit suicide.

From a Bionian vertex, we can assume that egoistic suicide (ES), as a large group phenomenon, is caused by a rigid relationship between WG and baF, especially the flight group, or stated

differently,  $ES=(WG \times baF) - (baP+baD)$ . According to Durkheim, this type of suicide constitutes a characteristic of societies wherein the individual is no more sufficiently submitted to social norms which he or she tries to defy whenever possible. That is why, according to the present author, many authors including Durkheim, have interpreted this individual reaction as "individualism" where the "individual ego" has vanquished the "social ego".

Seen from a Bionian perspective, this *pseudo* individualism or search for individual interests may be interpreted as a reaction to the suppression and confinement (into the protomental system) to which individual needs for intimate bonding, or pairing, with the social group were subjected. These conditions are the result of rigid relationship between WG and baF; only what reflects or is associated with the baF group is thus authorized, valued, and promoted. In other words, regardless of the task the group is engaged in, needs associated with baD and baP are denied, devaluated, and strongly repressed. Hence, egoistic suicide can be interpreted as an unconscious and desperate attempt by the victim to attract the social group attention to one's need to get bound intimately by means of his/her *valency*\*, and, at the same time, to reduce suppression so that baP related needs are allowed a relative free expression by one's social group. In most cases, this unconscious strategy bears fruits, however, the resulting seemingly pairing-oriented group climate may be not more than a mere temporary phenomenon, Bion (1961) called "aberrant forms".

Obviously, not all people experiencing these conditions will commit suicide. Who are thus those people who commit egoistic suicide on the behalf of their social groups? As previously mentioned, Durkheim does not provide a convincing answer to this question. Applying his concept of *valency*, especially *minus valency*, the author (Hafsi, 2006; 2008) postulates thus that, as shown in Figure 2, it is the person with *minus pairing valency* who is likely to commit egoistic suicide if his or her capacity to tolerate frustration is insufficient. Since a rigid relationship between WG and baF will automatically lead to suppression of the baP, the person with a minus pairing valency will be deprived of his sole means to related to significant others. Therefore, he or she will naturally feel frustrated, suffer more than people with other valency types, and consequently will resort to egoistic suicide, in order to fulfill the two functions discussed above. This explains why not all people under these same social conditions will commit suicide.

For instance, the famous Japanese novelist Yukio Mishima (1925-1970) 's spectacular way of ending early his life is an example of egoistic suicide. As described by his bibliographer (Nathan, 1974), based on his fascination with physical beauty, his strong need for self-disclosure (as shown by his novel, *Confession of a mask*) and self-presentation (as demonstrated by his well-planned *seppuku*), his provocative and arrogant behavior, his expectation and desire of a messiah emperor, we can postulate that Yukio Mishima had a minus pairing valency, and his ritual

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\* Bion (1961) defines *valency* as "a capacity for instantaneous involuntary combination of one individual with another for sharing and acting on a basic assumption" (p.153) group.

*seppuku* or *harakiri* was an egoistic suicide.

**Altruistic suicide:** As mentioned previously, Durkheim (1979) attributes this kind of suicide to societies characterized by an excessive degree of integration, cohesion, and a strict respect for the rules. These societies are so integrated, and cohesive that the individual who has lost sight of his or her individuality, and is not given the opportunity to exert his or her basic instinct of conservation.

Viewed from a Bionian vertex, altruistic suicide (ATS) can be interpreted as a product of a rigid interaction or relationship between WG and baD, that is,  $ATS = (WG \times baD) - (baF + baP)$ . Under these conditions, it is only baD that is allowed to coexist and interact with WG, regardless of the task the group is indulged in. All what counts is a blind submission to and idolatry of the group, its rules, and its representatives. The individual is sacrificed for the group. Thus, individual fundamental needs for self-protection, self-display, self-expression, intimacy, and opinions that do not reflect the group mentality associated with baD are ignored, rejected and suppressed. Because these needs constitute expressions of baF and baP, they are regarded as running against the group interest, hindering the task, and preventing the group from achieving its goal. They are also feared and discouraged because they are perceived as a threat and challenge to the group precarious integrity and cohesion. The outcome of these conditions is an atmosphere and feeling of frustration, which, if untolerated, will leave the individual hopeless, with no other alternatives than suicide. Suicide is thus regarded here, paradoxically, as the sole means to save others or the whole group, and oneself from these unbearable social and mental conditions.

Of course, here again, not all the people will opt for suicide. Only individuals characterized by an excessively strong need for self-expression, need to relate to others through confrontation, competition and communication, namely individuals with minus fight valency, may be prone to commit altruistic suicide.

The suicide of Yasunari Kawabata (1899-1972), another Japanese famous novelist, another instance of altruistic suicide. Although he did not apparently have a positive opinion about suicide -- he condemned it in his Nobel Prize acceptance speech in 1968 --, Kawabata ended his literary career following a suicide by gassing, leaving no note (Gessel, 1993). Unlike Mishima's spectacular suicide, Kawabata's one seems to be an acute altruistic type. Judging from the fact that he was, from the beginning of his career, at odds with the currently popular naturalistic school, his active campaign for the conservative political -- he signed an address condemning the Cultural Revolution in China --, his active leadership as president of the Japanese PEN club, and other characteristics, we can conclude that Kawabata may have had a minus fight valency. The motives behind Kawabata's suicide remain unclear. There are a number of theories trying to explain these motives, but no one is convincing enough. The author believes that Kawabata's suicide was an acute altruistic one, triggered by a feeling that he has lost his ability to get bound to

society through his minus fight valency, and therefore, committed suicide as a result of self-renunciation.

**Anomic suicide:** As previously discussed, Durkheim (1979) argued that, like egoistic suicide, anomic suicide was a result of a social condition of relative normlessness he referred to as anomie. Anomie characterizes societies with an imbalance between societal regulation of individual's goals and the integration level of the individual into society, or between means society provides and its members needs where means were unable to fulfill needs. Under these conditions, the controlling influence of society on individual propensities is no longer effective, and people are left to their own devices, without any guidance and support.

Translated into Bionian terminology, we can assume that anomic suicide (ANS) is the outcome of a rigid relationship between WG and baF. Therefore, the baGs repressed are the baD and baP. This can be formulated as follows:  $ANS = (WG \times baF) - (baD + baP)$ .

Hence anomic suicide is directly affiliated with a repressed or protomental baD and baP. As shown in Figure 2, under anomic social conditions, it is thus people with minus dependency valency that are more prone to anomic suicide. For, as discussed elsewhere (Hafsi, 2006, 2007) individuals with minus dependency valency have a strong pathological need to establish relationship resorting to dependency. Generally speaking, for individuals with dependency valency, being able to be connected to one's entourage, or the significant other, is equated with being able to express freely and satisfy their fundamental dependency needs, and, therefore, enjoy the consequent mental and social benefits associated with being connected.

However, the rigid relationship between WG and baF deprives these individuals of the opportunity to satisfy these fundamental needs and experience the consequent feeling. Therefore, those with minus dependency valency unable to tolerate this deprivation, will thus resort to anomic suicide with all its various forms (including "acute economic anomie" and "chronic economic anomie") as a means to bring to end their mental suffering.

**Fatalistic suicide:** Fatalism is a state opposite to anomie which is characterized by an excessive social regulation which fundamentally restricts individual freedom. Under these conditions the individual is left without any hope to change the oppressive discipline and norms of society.

Seen from a Bionian perspective, fatalism is associated with the baP. As discussed previously, baP is characterized by an excessive emphasis of and a total dependence on rules which are regarded as "sacred", having a bounding power and function for the whole group. Therefore, infringing these rules is equated with an act of disobedience, arrogance, and a challenge to the group fundamental messianic beliefs, that is the group common fantasy. Thus defined, baP includes the fatalistic state describe above. Like in the fatalistic state, under the baG, the individual has no other alternatives than to blindly believe in and obey the group's biblical rules, or leave

the group. Under these conditions, the individual's mental state is such that he or she feels that the only means to free oneself from this state is to commit suicide. Based on the resemblance between baP and this social condition, the author postulates that fatalistic suicide, is the result of a rigid relationship between WG and baP and suppression of baF and baD, that is,  $FS = (WG \times baP) - (baF + baD)$ .

Individual who tends to commit this kind of suicide are those having a minus flight valency and an insufficient toleration capacity towards these group conditions. Owing to their excessive pathological need to avoid conflict and distance themselves emotionally and physically from conflictual situations, this social state puts pressure on them to display more emotional involvement with the group, its activity and phantasy. Those with a minus flight valency and an insufficient tolerance of the group pressure, are likely to be drawn into conflict with the pairing group, and therefore will lose the subjective distance which stirs in them the feeling of being bound to and integrated to one's social group. This loss of one's subjective and vital distance separating them from the group (significant other), is felt as a loss of self-identity, the capacity to be bound, and finally as a loss of the meaning of life itself. Reaching this mental state, and unable to bear it the person with minus flight valency is likely to opt for a fatalistic suicide, as the final resort.

### Conclusions and Discussion

In the present article, the author introduced Durkheim's main ideas on suicide then attempted to reformulate them from a Bionian vertex. He advanced that suicide is a group disease displayed by the individual on the behalf of the large group (society), supporting thus Durkheim's theory that interprete it as a social fact. Then, using Bion's terminology he developed this idea further, arguing that suicide (S) is the result of a "conspiracy" (Bion, 1961), or in the author's terms, a "rigid relationship" between WG and baG, or a group neurotic state. This neurotic state involves, regardless of the nature and requirements of the task the group is indulged in, allowing only one baG to operate with WG, and suppressing the two others baGS. This relationship between WG and baG was mathematically formulated as follows:  $S = (WG \times baG) - (2baG)$ .

Under normal conditions the two inoperative baGs are usually contained (in Bion's meaning of the term) by the Specialized Work Group (SWG). Containment of these baGs includes integrating them for the sake of promoting and reinforcing WG, and regulating them so that they are neither repressed nor strong enough to hinder the whole group WG activity. In the neurotic state, these inoperative baGs are denied and repressed creating a *group matrix* from which spring social diseases of which suicide is an example.

Hence, this Bionian approach supports Durkheim's conception of suicide as a social phenomenon resulting from a lack of balance between the two social forces, namely, integration and regulation. In Bion's terminology these forces are included in the containment function fulfilled by the

WG and its component, the SWG.

Furthermore, each of Durkheim's suicide type is attributed to a rigid (neurotic) kind of relation between WG and a specific baG. That is, egoistic suicide (ES) was attributed to a rigid relationship between WG and baF with the baD and baP suppressed into the protomental system. Differently represented,  $ES = (WG \times baF) - (baD+baP)$ .

Altruistic suicide and its three subtypes (obligatory, optional and acute) was understood as resulting from the same rigid relationship between WG and baD with repressed baF and baP, and was reformulated as follows:  $ATS = (WG \times baD) - (baF+baP)$ .

The cause of anomic suicide (ANS) was attributed to a rigid relationship between WG and baF with baD and baP suppressed, or confined to the protomental system, representing it mathematically as  $ANC = (WG \times baF) - (baD+baP)$ .

Finally, fatalistic suicide (FS) was conceived of as an outproduct of a rigid WG and baP relationship with baD and baF repressed. This was thus represented as follows:  $FS = (WG \times baP) - (baF + baD)$ .

Moreover, Durkheim's theory has enlightened us about the factors or social forces determining suicide, but failed to explain why not all people of a same society do not commit suicide when experiencing similar social conditions. As any social theory dealing with individual pathological behavior, Durkheim's theory on suicide has its limit (Crai, 1989). The author applied Bion's and his own concept of "minus valency" to go beyond these limits, providing thus the "missing link" between the social and the individual. The author argued that under WG-baG rigid relationship, egoistic suicide may be associated with minus pairing valency; acute altruistic suicide with minus fight valency, anomic suicide with minus dependency valency and fatalistic suicide with minus flight valency.

Furthermore, apprehending suicide from a Bionian perspective led the author to suggest that regardless of its nature, suicide in general has two functions or unconscious purposes. Firstly, it reflects the victim's unconscious desire to attract the social group attention to one's need to relate with it in a given fashion, or a specific minus valency, and secondly, bring to end the rigid relationship between WG and baG and, thereby reducing the suppression of the two baGs confined into the protomental system.

To summarize, seen from a Bionian vertex, suicide is a social disease caused by two different factors: a group or societal factor, and an individual factor. The former corresponds to the rigid relationship between WG and baG and the inability of the SWG to contain the baGs, i.e., transforming the baG operating with WG, and regulating the two inoperative baGs. The latter refers to the victim's pathological or, to use the author's term, *minus valency*, and his or her inability to tolerate frustration.

To conclude, Durkheim argued that to reestablish social cohesion and cure the "mal de l'infini" (disease of the infinite) that is suicide, the only means is to resort to professional groups and cor-

porations. The latter seem to fulfill, according to the present author, the role of SWG. Durkheim sensed their importance and, therefore, recommends that they should not be abolished but reformed, for they have the flexibility that the nation does not possess. Similarly, Bion also, as suggested by his work, would conclude that the cause of and remedy for suicide have to be looked for not in the individual alone, but in the group especially in the weakness or absence of SWG characterizing it.

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