Kierkegaard's Romantic Legacy

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THE IDEA OF SUICIDE

IN THE PREVIOUS CHAPTER, I argued that there are important commonalities between the theological and sociological conceptions of the self. However, these respective approaches have yielded vastly different consequences for practice. To appreciate the legacy of the Romantic movement with respect to theories of the self, it is important to consider its consequences for practice. I have chosen to focus on the phenomenon of suicide to illustrate how the transition from a theological to a sociological self influenced social practices relating to self-killing.

We are well served by uncovering historical disparities in practice between the theological and sociological schools, before we can hope to bring them together in practice. We shall see that the theological and sociological schools did indeed result in divergent practices. I first show suicide conceived of as a moral problem and, later, as a social one.

MORAL PROBLEM
It was Pliny who, in the first century CE, pointed out that a deity's one flaw is his inability to commit suicide. In all probability, suicide has been familiar, both as thought and deed, to all cultures in all times. In some cases we have records to support this assumption: von Hoff, for instance, catalogues 960 cases of suicide in classical antiquity, by sex, culture, method, motive, accomplishment (was it successful?), reality (was it fictitious?), and source (what is the origin of the information?). He records suicide as the cause of death of numerous philosophers of the ancient world.

In the Phaedo, however, Socrates suggests that we do not have the right to kill ourselves because we are God's property (and we should not kill that which does not belong to us). Aristotle viewed suicide as an illegitimate act (an act against the state), while Aquinas saw it as a violation of the natural law (the will to live, which was put there by God). For Augustine suicide was against the sixth commandment (not to kill), as it merely represented a peculiar form of murder, that is, self-murder. Common to all four thinkers—Socrates, Aristotle, Aquinas, and Augustine—was the notion that suicide is rebellion, be it against God, society, nature, or the law.

There was no word that we know of for suicide in ancient Greece; the word suicide was, in fact, coined in the seventeenth century and only Caramel the
theologian used the neologism, suicidium, which was adopted by the Frenchman Abbé Desfontaines in 1737. The overriding concern for the ancients was the ethical status of the act; the virtue or vice of it, whether it was to be considered noble or ignoble. In Historia Zoon, Aristotle tells the tale of a mare that killed herself by throwing herself into an abyss for having mated with her offspring. Here we have an Oedipal motif, in which suicide follows incest. It seems to suggest that suicide may be ethically permissible (even encouraged?) when it follows an act that is perceived to violate nature. In the same vein, a woman who killed herself after being raped could have been considered to have acted nobly, since she killed herself out of shame (pudor).

The ancient world saw suicide from a strictly moral perspective in that certain situations did not just excuse the act but almost called for it as the only possible response if one were to retain or regain one's dignity. Women killing themselves to avoid assault by conquerors, or even a woman killing herself if not able to "fulfill herself as a woman" through the institution of marriage, are examples cited of situations in which suicide could be considered a noble act.

Furthermore, certain methods of suicide were considered more noble than others, such as starving oneself (inedia), or throwing oneself upon a sword. The former act is in the tradition of the philosopher, and the latter has a soldierly connotation. If honour was at stake, the statesman or soldier could be said to have a duty to commit suicide. In a militaristic state, for instance, where regimentation and conformity are valued, suicide is the ultimate expression of obedience to society. In Rome, for example, death by suicide was a matter of honour for the soldier or slave. Suicide by hanging or jumping was, however, considered ignoble and vulgar in that it conveyed desperation and injured the integrity of the body.

The legality of various forms of suicide became a matter of some judicial wrangling. A taxonomy of different reasons for the act formed a virtual discipline of suicide, where some, such as weariness or hatred of life, were considered acceptable means for the act. There were, in fact, numerous ways of indicating cause of death by suicide (which allowed legal appraisal). Suicide could be caused by madness (mania), nobility of the soul (eupsychia), despair (desperatta salus, desperatio), loyalty (fides), grief (dolor), guilt (mala conscientia), despondency (athymata), weariness of life (taedium vitae), insufferable pain (impatientia doloris), shame (pudor), anger (ira), frenzy (furor), fit of insanity (mente torbata), ostentation (iactatio), or being ordered to carry out the act (necessitas).

In the Middle Ages, suicide was mostly represented as an act of despair (desperatio). Despair was the central category in assessing suicide. Despair was a sin, a renunciation of God, hope, and faith (as in the case of Judas). Since God extends the promise of salvation, a suicide is rebellion against grace. Kierkegaard also saw suicide as a permanent sin: an abandonment of one's task to become oneself. The Christian ethics around suicide were developed around 400 CE; Ambrose and Augustine struggled to justify self-killing in the case of women seeking to avoid violation (and it was Augustine who would set the tone for the moral views and canonical laws of the church).
In England, the council of Hertford had adopted a canon in 672 CE denying suicides a normal burial (although one thousand madmen had been exempted). In the sixteenth century, self-murder was still considered a serious crime and was often punished. Suicide was viewed as a moral failing, a case of having been "tempted by the devil." Some thought suicides ended up wandering the world as estranged ghosts, forever condemned from the world of the living and unlikely to gain entry into heaven. Perhaps an attempt at stopping these ghostly wanderings lay behind the popular custom of burying the suicide at a crossroads with a stake driven through his chest. Given the moral attitudes surrounding suicide, well-to-do suicides often ended up being ruled "accidental deaths," so as not to defile the status of the person and family.

Attitudes to suicide did not change much over the centuries. To be charged with death by suicide in Victorian England could entail posthumous punishments, such as being denied a church burial and having life insurance declared null and void. Family disgrace often ensued. Up until 1882, a suicide had to be buried privately by the police upon orders of the coroner (between the hours of nine and twelve at night).

Punishing a suicide was of course not a simple matter, as the person guilty of the crime was dead. Punishing members of the suicide's family was a considered option, a practice Voltaire criticized, but this was in many ways unsatisfactory and the problematic remained. An attempted suicide, on the other hand, did not present the same awkward dilemma as that person was alive to receive his or her punishment.

In the nineteenth century, suicide was still seen as a sin, a cowardly act. The nineteenth century periodicals, for instance, sometimes blamed the increasing safety of daily life for a reduction in courage and manliness, which was thought to result in suicide. In fact, in England, the Army Act of 1881 made suicide a military offence.

SOCIAL PROBLEM

Thomas G. Masaryk put forward the thesis in 1878 that suicide is a symptom of modern civilization, the most notable feature of which is the decline of religion; he also held that suicide was not present in primitive societies. He claimed that suicide was a "mass phenomenon" particular to modern culture and hoped he could locate the "sickness of our century." According to him, a mentally healthy person is in harmony with the environment (or at least has a perception of how things ought to be). Basically, Masaryk paints the old dilemma between civilization and nature, typical of romantic thought such as Rousseau's. Civilization, or at least aspects of it, leads to illness, whereas nature, or a more primitive existence, represents freedom. His basic assumptions are that suicide represents the fruition of a long process, which is rooted in a historical process of a society. He writes:

In the Middle Ages there were probably few mentally ill and no general widespread nervousness; only in the present era does mental illness and its corresponding psychosis generally increase...[suicide is] the most significant sign of our times.
The march of technological progress has a dark side: social disintegration. Since Durkheim wrote and published his famous investigation into the etiology of suicide, sociologists have busied themselves carrying out an extension of his legacy. In the tradition of Durkheim, they have tended to use social integration as the central factor in explaining social ills. Integration is understood as the accord between the individual's needs, aspirations, attitudes, and values and those of his group. If we share a common outlook with the rest of our community, we could be said to be well integrated. Yet, if we are radically at odds with the community in which we exist, we may be alienated (which is a factor in suicide rates, according to Durkheim).

As early as 1852, Henry Buckle published a book drawing on suicide statistics, which provided prima materia for the positivistic approach to society (and hence suicide). Suicide was to be prevented as a symptom of a social ill within the body politic. Suicide, if it was an evil, was a social one. For some, suicide was to be the gauge of the effects of social change.

Yet, the number of deaths registered as suicides may be skewed; the methods of acquisition, and class of those categorized, render these statistics fallible. For instance, since there is (still) a stigma attached to suicide, many may be classified as "accidents." In early modern England, for example, a coroner would get news of a sudden death from private individuals, doctors, policemen, institutions such as asylums and hospitals, or from the registrar of death. Most of these proved to be unreliable sources as they had interests of their own to protect: family members were reluctant to admit to the shame of a suicide in their midst, doctors were trying to avoid a bad reputation, while the police were not under regulations requiring reporting of sudden death. The registrar only had to report sudden death under certain conditions. In such cases as women "found drowned," it was easy to report an accidental drowning.

In spite of unreliable data the move was on to explain suicide from a scientific point of view. The positivistic approach of finding the cause of suicide led to a preoccupation with geography in an effort to discern patterns, such as why suicide rates appeared to be higher in certain areas than others. The approach of discerning patterns based on geography was applied to bastardy, drunkenness, and cholera, before it was first tried with regards to suicide in 1859. From preliminary studies it was concluded that the etiology lay in vicious or morbid tones of thought (Radcliffe 1862). In about 1880, Morselli related suicide to climate and landscape, stating that it was lower in mountainous regions and areas with extreme climates and higher in flat and fertile areas with rivers.

In 1930, Durkheim's pupil Maurice Halbwachs expanded on this geographical perspective, saying that land terrain influenced occupation, which in turn influenced the suicide rate. The new approach, then, was to compare occupations (agricultural-rural/industrial-urban) with suicide rates. Suicide, together with other social ills such as sexual repression and violent crime were seen as inevitable consequences of the progress of "civilization." Twentieth-century sociologists traced the thought prints of eighteenth-century romantics in viewing these phenomena as significant of the move away from nature.

Social scientists sought to uncover the truth of suicide, which helped shift the focus on suicide away from the moral dimension and toward a scientific-
medical assessment. As a social phenomenon suicide required explanation, and the adoption of scientific methodology engendered hope of revealing the causes of suicide. The view adopted of suicide was one of a health problem, an aberration, which needed to be dealt with by a host of experts: psychiatrists, sociologists, social workers, and an entire apparatus of the medical-science community, which gave birth to a new discipline, namely suicidology.23

I have not attempted to show we ought to view, or deal with, individual suicides. I have pointed out, however, that suicide moved from the governance of the (Christian) ethical-religious regime of power during the Middle Ages to becoming the focus of a medical-scientific community and of an entire apparatus of experts in the production of new knowledge. As far as suicide continued to pose a problem, it was a social one, which required an uncovering of the truth behind it.

We can bring the theological and sociological accounts together in practice without being blind to how they can, and have, diverged. In this chapter, we saw that the theological and sociological schools resulted in divergent practices related to suicide.

In the next chapter, I take a look at schizophrenia, with the aim of examining in more detail what is at stake for practice in adopting a specific theory of the self.
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