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ARTICLE



The Seven Suicide Decisions: Reassessing the Gouldings' Work to Include Suicidal Ambivalence and the Homicide/Suicide Dimension

Tony White

ABSTRACT

This article assesses the original concept of seven decisions related to suicide as it was originally proposed in 1979 by Goulding and Goulding. It examines the suicidal life script, including how it forms with the acceptance of the Don't Exist injunction and is then personalized with the seven suicide decisions. The author considers the relationship between suicide and homicide and how they are similar and provides a transactional analysis explanation of homicidal behavior. The concept of *suicidal ambivalence* is presented to explain why all suicide attempts are half hearted. Seven suicide decisions and their clinical relevance are described.

KEYWORDS

Suicide; homicide; Goulding; decisions; episcript; life script; suicidal ambivalence; transactional analysis

In this article I seek to develop a more robust understanding of suicide than was presented over 3 decades ago by Goulding and Goulding (1979) with their presentation of seven suicide decisions. I attempt to go beyond the simple view that some people are suicidal and some are not and to tease out some of the gray areas so that suicide can be viewed in new ways. For example, I look at how suicide and homicide are similar and different, which allows the former to be understood in the context of homicidal behavior. This provides a more complete, or at least a different, view of suicidal behavior than is commonly found in the literature.

In addition, I consider the idea of *suicidal ambivalence*, which helps us to understand the contradictory behavior shown by some individuals who attempt suicide. More importantly, it provides further insight into the interface between suicidal death and death by accident. For example, it offers a more robust understanding of suicide by articulating how suicidal individuals can use good luck and bad luck in their suicidal behavior and how some suicides are a combination of a suicide and an accident.

Seven suicide decisions are discussed. These, in essence, personalize the Don't Exist injunction and are important because they demonstrate how suicidal individuals are not a homogenous group. People attempt to kill themselves for a variety of psychological reasons. By articulating these reasons, we gain insight into the motives behind suicidal behavior and can thus develop better clinical interventions.

The Original Goulding Proposal

Goulding and Goulding (1979) described how parents can give their child various injunctions, including Don't Be and/or Don't Exist. If the injunction is accepted by the child, he or she may make a number of early decisions that can lead to suicide. The Gouldings proposed a list of seven early decisions:

1. If things get too bad, I'll kill myself.
2. If you don't change, I'll kill myself.
3. I'll kill myself and then you'll be sorry (or love me).
4. I'll almost die and then you'll be sorry (or love me).
5. I'll get you to kill me.
6. I'll show you even if it kills me.
7. I'll get you even if it kills me. (p. 216)

Goulding and Goulding (1979) proposed that these decisions can lead a person to suicidal ideation, to make a suicide attempt, and to a "suicidal script" (p. 217). I (White, 2017) support this idea and have written that "the Don't Exist injunction or a don't exist script belief is seen as the basis of suicidality in the personality" (p. 37). I further noted that this is a major contribution transactional analysis has made to the suicidology literature. It provides a ready explanation for why some people are suicidal and others are not.

In essence, these early decisions personalize the injunction for the individual by making it more specific and highlighting the conditions under which the injunction will begin to influence the person and he or she will begin feeling suicidal. For example, the decision "If things get too bad, I'll kill myself" means the person has decided that if conditions become intolerable, suicide is a solution to solve the problem. Such conditions can be related to marital dysfunction, financial collapse, loss of reputation, ongoing depression, and so forth. This is quite different from the decision "If you don't change, I'll kill myself." In that instance, suicidal behavior is not related to things becoming too bad but is used as a way to manipulate others into behaving in a particular way. It is not about feeling intolerable conditions; it is about managing one's relationships. That involves quite a different clinical situation.

To my knowledge, the Gouldings did not address homicide in any substantial way, which means their taxonomy of decisions does not include it. In the past 30 years, there has been a good deal of research in this area, which I will highlight in the next section. In particular, recently the phenomenon of suicide bombings has attracted much attention (see Berko, 2007; Lankford, 2012; Merari, 2010).

After working in and studying the field of suicidology for over 30 years, including significant time in prison settings assessing and managing suicidal inmates, I have revised the Gouldings' original list. I removed four decisions because I found that few, if any, people I worked with fell into those categories. I propose replacing them with four new decisions that take into account the homicide dimension and the idea of suicidal ambivalence.

Regarding the decision "I'll get you even if it kills me," the Gouldings suggested that this is about an angry individual who is trying to get even with others. To my

mind, they were rather unclear as to what “getting others” actually meant, so I have modified it to read “I’ll kill myself to hurt you.” As I will discuss later, a good deal has been written about this motive (hurting others) for suicide.

These are the decisions I removed from the Gouldings’ original list:

3. I’ll kill myself and then you’ll be sorry (or love me).
4. I’ll almost die and then you’ll be sorry (or love me).
6. I’ll show you even if it kills me.
7. I’ll get you even if it kills me.

These are my suggested revisions:

- If things get too bad, I’ll kill myself and others.
- I’ll kill myself by accident.
- I’ll kill myself and others by accident.
- I’ll kill myself to hurt you.

The new list of decisions includes the homicide dimension with the decision “If things get too bad, I’ll kill myself and others.” Also, the Gouldings did not address the idea of suicidal ambivalence, so I am introducing two new decisions: “I’ll kill myself by accident” and “I’ll kill myself and others by accident.”

Homicide and Suicide

To examine these decisions, we need first to consider the relationship between homicide and suicide. How different or similar are they? Although they seem quite different, an examination of the literature suggests otherwise. The line separating the two is much less clear than one might assume. Both involve killing a person, as the following literature review indicates.

Both suicidal and homicidal behaviors are displayed by an individual who has made the decision to kill a person. In their study of murder and suicide, Nabipour, Maleki, and Yousefjamali (2015) wrote that the literal meaning of *murder* is *killing*. Obviously, with murder, the murderer and the murdered are different. With suicide, the murderer and the murdered are the same. The point is that both suicide and murder involve killing.

Berne (1957) presented a similar notion when he wrote this:

Similarly, one can be very hateful toward others, the most aggressive act in this case being murder; or one can be very hateful toward oneself, the most aggressive act then being suicide. Both murder and suicide are expressions of aggressiveness; the only difference as far as mental energy is concerned is in its direction. (p. 62)

Mellor (1979) also examined the interface between homicide and suicide when he looked at three aspects of suicidal people, which involve “being killed, killing and dying” (p. 3). He went on to suggest that suicidal people need to make three decisions: a no-suicide decision, a no-homicide-of-self decision, and a life decision. He was highlighting the connection between suicide and homicide, or at least the

psychological relatedness of the two. For example, the no-homicide-of-self decision “deals with the motivation or commitment of one part of the person to kill another part” (p. 10). The person must deal with the murderer part in himself or herself.

In their discussion of episcrypt transmission among members of alcoholic families, Shustov, Merinov, and Tuchina (2016) offered interesting insight into other ways in which homicide and suicide can intertwine. One member can avoid his or her own suicidality by passing on the self-destructiveness to another family member by what is known as the “Hot Potato Game” (English, 1976, p. 96). In this way, it could be viewed as a homicidal act because one person is handing a “gun” to another while saying, “You shoot yourself so I don’t have to.”

Another relevant area of study is epidemiological studies of people who commit homicide and shortly afterward commit suicide. It is widely believed that such homicide-suicide events have more in common with suicide than homicide (Milroy, 1995; Rosenbaum, 1990; Saleva, Putkonen, Kiviruusu, & Lonnqvist, 2007). In essence, homicide-suicide is seen as a subtype of suicide. The individual is already considering a suicide attempt, and by murdering another person first, the perpetrator backs himself or herself into a corner. This is, essentially, a blurring of the line between homicide and suicide. Someone who is already feeling suicidal makes his or her life much worse by committing homicide, which then further drives his or her suicidality. The aggressive urges against self and others become intertwined.

The Homicide Decision

Homicidal behavior does not appear to be explained by the work of Goulding and Goulding (1978) on injunctions and their theory of early decisions. To my knowledge, they never described the psychological basis of the homicidal individual.

As mentioned earlier, both suicidal and homicidal persons have decided they have the option to end someone’s life. It seems important to explain such decisions by articulating two types of Don’t Exist injunctions: (1) Don’t Exist (I)—suicide and (2) Don’t Exist (You)—homicide. Of course, it is wise to consider these as being on a continuum. There are different levels of self-destructive behavior, with suicide being the ultimate expression. Similarly, there are different levels of violent and destructive behavior toward others. Domestic violence could be seen as an expression of this, with the ultimate manifestation being homicide. However, what do these two injunctions mean at a practical level?

In a previous article (White, 2017), I noted that individuals who accept the Don’t Exist (I) injunction add something to their behavioral repertoire: They conclude that suicide is a viable, acceptable behavioral option for solving a problem. Those who do not accept the injunction do not add suicide to their list of possible behavioral choices. The same can be said for those who accept the Don’t Exist (You) injunction: They are adding an extra behavior to their list of possible acceptable behaviors.

However, there is also an attitude that develops with the Don’t Exist (You) injunction. The person who accepts it may not see anything intrinsically wrong with being violent toward others and likely does not have a philosophical or moral problem with physically assaulting someone. As Day and Daffern (2013) noted, one of the biggest challenges in working with violent individuals is engaging them in the treatment

process. The practicality of anger management is the easy part; the hard part is for them to actually view their physical violence as wrong or intrinsically bad. As Day and Daffern wrote, "Some clients steadfastly maintain that they are justified in their behaviour and that it is appropriate for them to have acted aggressively or violently; many do not believe that any other reaction would have been appropriate" (p. 11). This is typically found in cases of domestic violence in which the perpetrator does not believe his or her violent actions were unjustified and instead views them as an acceptable solution to a problem.

Pollard and Borg (2013) supported the idea of a homicidal attitude in their discussion of the treatment of alcohol-related violence. They suggested that one of the main clinical challenges in such treatment programs is that many participants are there because they are ordered to be by a court and are themselves not motivated to seek treatment. One of the biggest challenges is to assist them in finding such motivation, which is crucial if offender treatment programs are going to achieve any degree of success. Pollard and Borg highlighted the importance of the attitude that accompanies the Don't Exist (You) injunction, which permits violent behavior to be viewed as an acceptable solution to a problem. Managing violent behavior with anger management techniques is only effective if that basic attitude has already been addressed.

Logically, this makes sense. If children decide that physical violence is an acceptable solution to a problem, then, of course, their attitude will be consistent with such behavior and will feel ego syntonic. They are behaving in a way that is consistent with the beliefs and attitudes they already have.

Transactional analysis can make a significant contribution to the understanding and treatment of violent and murderous individuals with the inclusion of the Don't Exist (You) injunction. McMurran et al. (2006) and Pollard and Borg (2013) all noted that there is a clear association between alcohol consumption and violent behavior, but the majority of people who drink do not become violent. The literature includes many explanations for why this is so, including taking into account the context in which the alcohol is consumed, the presence of provocation, the type of alcohol consumed, the pharmacological effects on thinking, the impaired ability to read cues appropriately, and so forth. All of these are interesting, but in my view they fail to offer as clear an answer as the one suggested by the transactional analysis theory of injunctions. Those who have accepted the Don't Exist (You) injunction, when disinhibited by alcohol, often display physically violent behavior. Those who have not accepted such an injunction will not be violent, even when disinhibited.

Suicidal Ambivalence

Before we can further examine the seven suicide decisions, we need to understand the concept of suicidal ambivalence: "All suicidal individuals are ambivalent to some degree. They all have a set of contradictory thoughts and feelings inside. They all have internal dialogue which states: 'I do want to die vs I do not want to die'" (White, 2011, p. 205). This is shown in Figure 1 where the Free Child is that part of the personality where the individual has a drive or urge to stay alive and not die. We all have this aspect to our personality. The suicidal individual also has a contradictory set of thoughts and feelings as represented by the Adapted Child ego state in Figure 1.

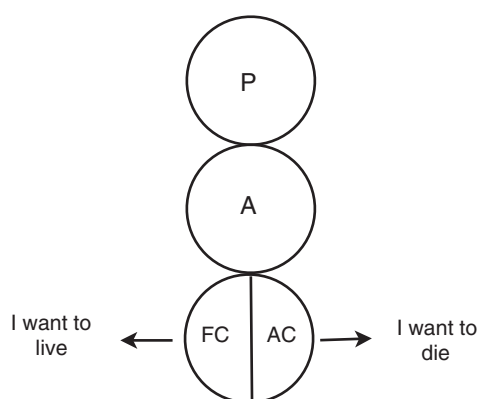


Figure 1. Ego States Involved in Suicidal Ambivalence (Free Child ego state/FC; Adapted Child ego state/AC).

Berne (1957) discussed the Freudian concepts of *eros* (life instinct) and *thanatos* (death instinct), which apply here. I presented this earlier (White, 2016) and related *eros* to the Free Child and *thanatos* to the Adapted Child. These two conflicting drives exist in the suicidal person and may be seen as similar to what Goulding and Goulding (1979) originally called a *third-degree impasse*. However, this is not the case. In the third-degree impasse, the individual in the Adapted Child feels like he or she has been bad or wrong for a long time. This belief or feeling is resilient and does not change easily, but *thanatos* or the self-destructive instinct in the suicidal person can be quite changeable. At times the person may feel highly suicidal, thus indicating that the Adapted Child aspect of the personality is strong; at other times the person may not feel suicidal at all, thus indicating a lowering of the influence of *thanatos* in the personality.

When the executive of the personality, the Adult, makes a decision, it does so in consultation with the Child and Parent ego states. It is influenced by the beliefs and wants of the Parent and the beliefs and urges of the Free Child and Adapted Child. As *thanatos* rises, the Adapted Child becomes more influential in the person's overall decision making, and the Adult pays more attention to it. The Free Child, of course, counters it, and the Parent ego state may or may not depending on the person's particular views of suicide. For instance, the person may have the Parent ego state view that suicide is a cowardly act that will hurt the person's loved ones. Or the individual may hold a more philosophical view of suicide and believe people have the right to end their life when and how they want. All these aspects of the personality influence the person's final Adult decision making, and as the Adapted Child grows in prominence, so does the individual's suicidality.

Others have also mentioned the ambivalent nature of the suicidal person, including Goulding and Goulding (1979) in their discussion about the no-suicide contract. This involves getting suicidal clients to take both sides of their suicidality: one side saying "I will kill myself" and the other side saying "I won't kill myself." Little (2009) also acknowledged this ambivalence: "Twenty-six people have survived jumping off the Golden Gate bridge. All said that the moment they jumped they knew they had made a mistake" (p. 225). In discussing a case, he wrote, "As he thought of suicide and

looked at where he would tie the rope, the client seemed to shock himself out of the narcissistic state sufficiently to phone the doctor and make an appointment [for] the next day to talk about his depression" (p. 222).

Shustov et al. (2016) also offered a case study that demonstrated this ambivalence: "It was the first time she considered committing suicide. Feeling severely depressed, Valery swallowed a handful of various pills. However, it dawned on her that 'it had been stupid' of her and she vomited" (p. 14). This could be explained as a switch in ego states. Initially, her Adapted Child was influencing her decision making and the suicide attempt was made. Then, over a short span of time, she switched ego states to the Free Child, which then influenced her decision making and she moved to halt the suicide attempt. In her case, it was successfully stopped. At the same time, Valery's Parent ego state would have had its views about the reasonableness, or not, of suicidal behavior. This would either have supported Free Child urges to live or Adapted Child urges to die.

As can be seen in these examples, these shifts can result in some confusing and contradictory behavior. All suicide attempts are half hearted to some degree.

Case example 1. A 45-year-old woman made a robust, serious suicide attempt during which she nearly died. She planned to take a significant amount of medication at home when she was alone and would be for many hours. She planned to lie down on her bed, but at the last moment she changed her mind. She reported thinking, "If I die in the house, then when my children go to sell the house, it will be worth less because the owner died in the house by suicide." This seemed like reasonable logic, so she decided to lie down on a rug in her back garden area. A neighbor poked his head over the fence, saw her, called the ambulance, and she did not die.

The theory of suicidal ambivalence would argue that the last-minute reassessment of her plan and her decision to move outside was motivated, at least in part, by urges from the Free Child aspect of her personality. It sabotaged her plan and successfully undermined it. Hence, we see inconsistent behavior whereby one part of her sought to make a plan that would be completed and another part sought to undermine the plan so that she did not die.

Suicide Decisions

Allen and Allen (1978) noted that once a child accepts the Don't Exist (I) injunction, then he or she can make a number of decisions based on that injunction. As noted earlier, these can be called suicide decisions, and, in essence, they personalize the injunction for the individual. In the following sections, I discuss my list of seven decisions.

1. If Things Get Too Bad, I'll Kill Myself: Don't Exist (I)

This is probably one of the more common decisions. Examples of things getting too bad include a person's mood (such as depression or anxiety), marital or relationship disharmony, financial collapse, loss of reputation, and the loss of quality of life. Leenaars and Wenckstern (2004) wrote about this and the desire of a person to

remove the self from an intolerable situation. Michel (2000) also wrote that some suicidal acts are “aimed at obtaining relief from an unbearable mental state” (p. 666).

Case example 2. A 30-year-old man who reported suicidal thoughts said that he had attempted suicide a number of times in the past and that at least some of the attempts had been serious. He sometimes suffered major depression and reported that when he was in a depressive phase, it wore him down as the days became weeks and then months. Slowly, he lost his resolve to live as the depression became increasingly unbearable. Eventually, he would feel that life had become too bad to carry on, and at that point he would make an attempt.

Clinical implications. If this decision is diagnosed, the therapist needs to find out from the client specifically what things make life unbearable for him or her. What does the person think might get too bad (e.g., his or her depression, voices in the head, drug addiction, etc.)? Once articulated, then the therapist can keep an ongoing note of how the person is currently perceiving those aspects of his or her life.

2. If Things Get Too Bad, I'll Kill Myself and Others: Don't Exist (I) and Don't Exist (You)

This involves a person killing himself or herself (suicide) and killing another (homicide), often in the one act. Lankford (2012, 2014), in his in-depth study of suicide bombers, refuted the notion that they display little of the psychopathology commonly found in suicidal individuals. He, along with others such as Berko (2007), Merari (2010), and Lester (2014), found considerable evidence that suicide terrorists display significant signs of psychopathology, including depression and posttraumatic stress disorder. More interestingly, he found many had experienced a precipitating crisis, such as divorce, an unwanted pregnancy, job problems, rape, addiction to drugs, and serious health problems. Epidemiological studies of homicide-suicide suggest that this is, in essence, a subtype of suicide. This is further supported by Milroy (1995), who suggested that in most instances of homicide-suicide, the decision to kill oneself was made before the decision to kill others, thus making it primarily a suicidal act. To quote Lester (2014), “In a number of these cases, there appeared to be a direct cause-and-effect link between the crisis and the individual's decision to seek death” (p. 355).

There are also the cases of what are known as *rampage shootings*, which often gain wide press coverage (e.g., the Columbine High School shootings in Colorado, USA, during which Dylan Klebold and Eric Harris killed 13 people in 1999). After the shootings of others, the perpetrators then commit suicide. Assuming these are a variety of murder-suicide phenomena, then one could argue that they are primarily suicide attempts.

Although suicide bombings and murder-suicides are rare, they can occur more often with the use of a motor vehicle. Cars are easily accessible to large numbers of people, and it is simple to use them in a homicidal and suicidal way. One simply gets in the car and accelerates to high speed, especially when intoxicated. Because of its ease of access, it makes sense that homicidal-suicidal individuals will be attracted to using this means. I will comment further on this in the section about the decision “I'll kill myself and others by accident.” Many governments have recognized this problem; for example, in Australia we have what is called the Habitual Offenders Scheme

(New South Wales, 2013) by which someone can be declared a habitual offender if he or she is repeatedly caught driving a car in a dangerous manner.

Clinical implications. As with the previous decision, the therapist needs to identify what things for the client can get “too bad.”

3. I'll Kill Myself by Accident: Don't Exist (I)

The use of an “accident” as a means of possible suicide has been acknowledged in the literature for years. Indeed, over 40 years ago, Beck (1967) noted this trait in some depressed people: “A suicidal wish may be manifested by the patient's taking unnecessary risks. A number of patients drove their cars at excessive rates of speed in the hope that something might happen” (p. 31). Goulding and Goulding (1976) observed the same: “Killing self, of course, can be suicide or ‘accidental’ suicide, such as not getting medical care in time, using cars as murder/suicide weapons, volunteering for combat duty, etc.” (p. 43). Langhinrichsen-Rohling and Lamis (2008) looked at suicide proneness in adolescents and found that the most commonly reported methods of attempting suicide were drug ingestion, cutting, shooting oneself with a pellet gun, and driving recklessly.

I (White, 2011) discussed suicides and accidents in some depth and noted that although some deaths are clearly accidents and some are clearly suicides, there is a significant group in which individuals behave in such a way that they increase their chances of being killed but not to the extent that it becomes a certainty. Luck, either good or bad, plays a role, so we can say that the death is partially a suicide and partially an accident. It is in these cases that the idea of suicidal ambivalence allows us to more clearly understand this type of suicidal behavior. Killing oneself by accident is a creative solution in that it satisfies the influence of both Adapted Child and Free Child ego states.

One can cite the example mentioned by Goulding and Goulding (1976) of volunteering for combat duty in a war zone. The person does not even have to be a soldier but could be a contract worker, government official, or journalist who volunteers to go into a combat zone to report from there. Such individuals' Adapted Child urges are satisfied because they might die if they have bad luck, and their Free Child urges are satisfied because they might live if they have good luck. If the person is killed, then it has been because of a combination of the decision to put himself or herself in a high-risk situation, which represents the suicidality in his or her psyche, plus bad luck. It represents both a suicide and an accident occurring contemporaneously.

Case example 3. A 35-year-old man reports that he sometimes has strong thoughts of suicide but that he can never imagine himself actually making a plan and carrying it through. He has no history of making a suicide attempt. This puts him in a dilemma, because he has suicidal urges at times but does not have the behavioral repertoire to make an attempt, so what can he do? His solution is to engage in reckless behavior:

It's in the bad times, when all the controls I have on myself I just let go of, and it's, “I will just do what I want.” This is when my drug taking becomes reckless. Also, it's in those times when I can get full of drink, get in the car, and go driving recklessly.

When he is in this frame of mind, his intravenous amphetamine use becomes reckless, and he has been hospitalized a number of times due to overdosing. In addition, his reckless driving while intoxicated could also kill him. If he has bad luck, then he can either die “accidentally” by a drug overdose or in a car accident.

Clinical implications. The therapist needs to identify the high-risk behavior that the client engages in so that it can be monitored by both the client and the therapist. Then contracts or other therapeutic strategies can be used to hopefully circumvent the risky behaviors.

4. I'll Kill Myself and Others by Accident: Don't Exist (I) and Don't Exist (You)

In decision 2 above, the individual seeks to kill himself or herself and others directly. However, decision 4 is more passive. There is a desire to kill oneself and others but by making it an accident rather than a direct goal.

Case example. Again, a common example would be by using a car. As mentioned earlier, most people have access to a car, and it is easy to behave in a suicidal and homicidal way by driving at high speed. As also mentioned earlier, the idea of suicidal ambivalence allows us to understand such suicidal and homicidal behavior. People can drive in a way that, if they have good luck, they will live, but if they have bad luck, they will die. The same applies to the homicide decision; if they have good luck, no one else will be killed, and if they have bad luck, someone else will die.

Clinical implications. Just as with decision 3, the goal is to identify the high-risk behavior that could kill the person and others and then to monitor it. The therapist will also want to assess if the client recognizes his or her behavior as high risk in the first place.

5. I'll Get You to Kill Me: Don't Exist (I)

This decision can result in phenomena such as “death by cop,” where someone behaves in a threatening way such that the police shoot him or her. Other examples include voluntarily entering a combat zone or associating with violent people (e.g., organized crime). As I noted elsewhere (White, 2011), research supports the idea that those who end up on death row may have a higher level of suicidality than those in the general population. One way to commit suicide is to behave in such a way that the state kills you with the death penalty. An example of this might be taking drugs into a country that enforces the death penalty for drug trafficking.

This type of suicide involves individuals setting themselves up, usually through a series of decisions over time that put them in a position where others can kill them. For example, deciding to traffic drugs to countries that have the death penalty would require the person to make a series of decisions over time. Associating with people who are violent and murderous also requires a number of decisions over time.

Clinical implications. In working with such individuals, the clinician will want clients to articulate what they have to do and the decisions they have to make in order to set themselves up in the manner just described.

6. *I'll Kill Myself to Hurt You: Don't Exist (I)*

These have been referred to as *revenge suicides* or *Samsonic suicides*. (The term *Samsonic* derives from the legend of Samson and Delilah, in which Samson kills himself in order to harm others.) Counts (1980) described how this motivation for suicide can be an expression of power by otherwise powerless people. He (Counts 1987) noted that in some North American societies and others such as in Papua New Guinea, female suicide is a culturally recognized behavior that allows the weak to take revenge on those who oppress them. In domestic violence situations, the female can suicide, which will subsequently force others in that society to take revenge on her husband. Jeffreys (1952) studied a number of African societies and found that many suicides occur because the people who kill themselves believe their ghost will torment their enemies.

Maltsberger and Goldblatt (1996) discussed in some detail the idea that suicide can express the wish to punish others. Some individuals who contemplate suicide spend time thinking about post-suicide fantasies in which others feel guilt and sorrow as a result of their death. Other writers, such as Jacobson (1964, 1971) and Maltsberger (1993), report how some people have the illusion that although they die after the suicide, somehow they maintain a kind of presence so they can savor the distress felt by those left behind.

Suicide based on decision 6 tends to reflect an angry, punishing type of behavior rather than the more melancholic, passive nature of decision 1 ("If things get too bad, I'll kill myself"). When things get too bad, these latter individuals decide it is time to leave this world, which is not about impacting others or making a statement. Indeed, many, if not most, people who attempt or are successful at suicide want their remaining loved ones to be impacted as little as possible and for the suicide to be forgotten as quickly as possible. With a Samsonic suicide, the opposite is true; the person wants to have as much impact on others as possible and to be remembered for as long as possible.

Case example 4. I (White, 2016) reported on a case of Samsonic suicide involving a 55-year-old woman who had a long and volatile marriage characterized by many arguments and disputes. She planned her suicide so that one of her daughters would find her rather than her husband. She left a comprehensive suicide note detailing how badly the husband had treated her and that he had finally driven her to suicide. She wanted to hurt him by informing their daughter in the hope that this would cause trouble between her husband and his daughter. In addition, the woman, who was wealthy, specified in her will that the majority of her estate went to her daughters and only a little to her husband. This suicide was designed to have punishing ramifications long beyond her death.

Clinical implications. The family is usually seen as a protective factor in suicidal risk assessment. The more individuals are involved with family, and the stronger those attachments are, the less likely they will attempt suicide because they feel a sense of belonging and do not want to hurt loved ones left behind. However, if someone has decided "I will kill myself to hurt you," then the opposite applies. In these cases, the closer a husband is to his wife, the more likely he is to try a Samsonic suicide. The marriage is then not a protective factor but an incendiary one for a suicide attempt.

In assessing suicide risk and discussing family, it is imperative to find out if this type of suicide decision has been made. It is also important to recognize that the suicide decision “I’ll kill myself to hurt you” is based on the Don’t Exist (I) injunction, and thus its primary aim is to kill oneself. The revenge aspect of this decision needs to be seen as secondary, that is, the means to an end or an excuse the person is using in order to end his or her own life.

7. If You Don’t Change, I’ll Kill Myself: Don’t Exist (I)

This decision is similar to something presented by Goulding and Goulding (1979), who noted that threats of suicide can be used to blackmail and manipulate others. This can be the case in families in which this type of communication is used in a variety of ways. It may also represent power struggles between people by attempting to force someone to behave in a particular manner.

It also reflects a type of angry, punishing behavior and a particularly sadistic and cruel form of manipulation. It is designed to hurt another, and most recipients of such a threat feel stress and disquiet. Each time they come home, they wonder if they will find the person dead on the floor or hanging from a rope. In that sense, it has some Samsonic features. Not only is the threat designed to get the person what he or she wants, but it is also used to hurt and punish others.

Clinical implications. This is, nevertheless, a suicide decision, which means the person sees suicide as a viable solution to his or her problems. Therefore, the manipulative aspect needs to be seen as secondary. It is the excuse or means to an end by a person who is seeking to end his or her life. Therapeutic work should focus on the individual learning other ways of asking for what he or she wants rather than relying on suicide threats.

Conclusion

The revised seven decisions presented in this article highlight the idea that suicidal individuals are not a homogenous group but vary significantly in their motives. Some want to inflict as much discomfort as they can on their loved ones left behind, whereas others want to inflict the least possible discomfort on others. It is probably safe to say that these ideas will continue to develop as further theorizing and practice raise more questions about the heterogeneity of suicidal individuals.

Also central to this article is the consideration of the relationship between homicide and suicide, that is, understanding better why some people try to kill others and themselves, often in the same act. This is especially relevant today because of the ways some individuals and groups use homicide and suicide to gain attention for political goals. This is an evolving field, and it is important to articulate how transactional analysis can contribute to addressing these and other aspects of suicide-homicide, including by further developing the idea of the homicide decision.

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