UNDERSTANDING THE MOTIVATION FOR SUICIDE FROM A TRANSPERSONAL PERSPECTIVE: RESEARCH AND CLINICAL APPROACHES

Sarah B. Neustadter
Palo Alto, California

ABSTRACT: The field of psychology has amassed an enormous amount of theory and research attempting to understand the motivations for suicide. However, within the literature there is little consideration of spiritual or transpersonal motivating factors that could inspire a longing for death. This article expands on the current research and theories on suicide and provides a much-needed transpersonal perspective on the topics of death, suicide, and the afterlife. Literature on commonly cited reasons for suicide attempts as well as the small body of literature falling under the purview of the transpersonal, is reviewed. This author examines the few available accounts of individuals who made suicide attempts that were motivated by beliefs in the existence of a blissful afterlife that is deemed to be more fulfilling than their current life. New approaches and areas of research that might help psychologists effectively assess and treat clients who suffer from this kind of suicidal ideation are presented.

If wild my breast and sore my pride
I bask in dreams of suicide
If cool my heart and high my head
I think, "How lucky are the dead."
    —Dorothy Parker (*The portable Dorothy Parker*, 1976)

Presently and historically, suicide is cited as "the most alarming problem of life" (Hillman, 1997, p.16). Within the United States, suicide currently ranks as the eleventh leading cause of death among the population at large, is the second leading cause of death among 25–34 year olds, and is the third leading cause of death among 15–24 year olds (Centers for Disease Control, 2008). In the United States alone, there are at least approximately 240,000 reported nonfatal suicide attempts per year (Maris, Berman, & Silverman, 2000), and research has shown that most people who make a suicide attempt do not die as a result of their own efforts (Useda, Duberstein, Conner, Beckman, Franus, Tu & Conwell, 2007). Despite the prevalence of suicide attempts there is much social stigma and taboo surrounding suicide (Lester & Walker, 2006). Results from a study of 160 American undergraduate students indicated that suicide attempters are a group that is stigmatized in society (Lester & Walker, 2006). The study found that people who attempted suicide were more stigmatized than certain ethnic and religious groups who are frequently subject to racism and marginalization, such as African-Americans, Mexican-Americans, and Jews. Moreover, it was found that 51.9% of the students in this study would not date someone who had attempted suicide within the last year. The stigmatization also contributes to the fact that very few support groups are

Sarah.Neustadter@gmail.com

available specifically for people who have attempted suicide (Lester & Walker, 2006). Levine and Levine (1989) noted that most people within Western culture believe that to commit suicide is to commit a horrendous act equivalent to a sin. The findings of the Lester and Walker (2006) study appear to corroborate this commonly held belief.

The purpose of this article is twofold: to gather and assemble the scant yet burgeoning literature on spiritual and transpersonal motives behind some suicide attempts; and to demonstrate the lack of literature currently available on this phenomenon and the need for further research. Although a number of potential transpersonal hypotheses for the motivations behind suicide can be proposed, the one explored here is that some attempters might view death not as a final exit but as a doorway to a different dimension of being or state of consciousness, and the suicide attempt might reflect a deep, human, spiritual longing and search for a state of being or afterlife dimension that purportedly contains higher spiritual values than their current earthly life. The desire to die can also be framed as a longing to return ''home'' or to one's original source. Examining the spiritual and transpersonal ideas, beliefs, and paradigms behind people's motivations for suicide will add to the field of suicidology, as literature on non-religious forms of spirituality and suicide is rare. As psychologists, it is important to understand all the possible reasons for clients' desires to die so as to be able to provide the most compassionate and effective guidance, support, and intervention that has sufficient power to save lives. The purpose of this article is not to encourage people to intentionally take their life; it simply proposes an expanded understanding of the longing for death by suicide. As such, this paper uses the available literature to present new perspectives from which to view a suicide attempt. Clinical approaches for therapy and suggestions for further research will be discussed at the end.

Definitions

According to *The Comprehensive Textbook of Suicidology* (Maris et al., 2000) the word *suicide* comes from the Latin root *sui*, which means ''of oneself'' and the root *cide* which ''means a killing'' (p.30). *Suicidology* is the scientific study of suicide, self-destructive thoughts and behaviors, and the methods of suicide prevention. Accordingly, a *suicidologist* is a person who studies suicide and its prevention.

The term *transpersonal* is often elusive and requires elaboration. In a thematic analysis of a wide variety of definitions of the term, spanning over four decades, Hartelius, Caplin, and Rardin (2007) operationalized transpersonal as:

> An approach to psychology that (a) studies phenomena beyond the ego as context for (b) an integrative/holistic psychology; this provides framework for (c) understanding and cultivating human transformation. To be even more succinct, we can say that transpersonal psychology studies human transcendence, wholeness, and transformation. (p.145)

This definition includes inner experiences of presence, states of consciousness that are beyond "ordinary' states of mind" (Hartelius et al., 2007, p.143), meditation, mysticism, or experiences or phenomena that are of a mystical or contemplative nature. Included in this broad definition are themes of human development and consciousness development that allow for unlimited human potential that can transcend conventional or consensual experiences of reality or the personal self while simultaneously encompassing ultimate values, meaning, or purpose. The aim of a transpersonal perspective of human experience is to facilitate "transformation, transconventional development, transpersonal self-actualization, psycho-spiritual growth, embodied knowledge, and equivalent formulations" (Hartelius et al., 2007, p.143).

Hartelius et al. (2007) acknowledged that the word "transpersonal" was also found to be synonymous with the word "spiritual" and the thematic analysis revealed that many transpersonalists liken transpersonal psychology with spiritual psychology. Within the context of this article on motivations for suicide from a transpersonal perspective, the terms are used interchangeably and share similar meaning and purpose. However, it must be noted that any employment of the word "spiritual" in this article refers to non-religious forms of spirituality. Theology and ideas about death, an afterlife, heaven, or hell that stem from organized religions are beyond the scope and focus of this paper, even though some cited studies will refer to the "religious."

Under the purview of the Hartelius et al. (2007) definition of the term "transpersonal" fall many modalities, practices, and alternative belief systems. Within the context of this article, the term "transpersonal" may encompass phenomena and/or lived experiences of the paranormal, parapsychology, consciousness expansion, or healing modalities. Examples of such could include beliefs in a non-religiously affiliated afterlife; Near Death Experiences; out-of-body experiences; beliefs in channeled entities or oracular consciousness such as visiting a psychic, medium, shaman; or consulting an oracle, astrology, or any other divinatory tool. Ideology or practices, such as meditation or spiritual inquiry, that are geared toward expanding consciousness and achieving states of awakening or enlightenment are also considered to be transpersonal.

Finally, Walsh and Vaughan (1993) provide a perspective on the transpersonal that is deemed relevant for this particular understanding of spiritually motivated forms of suicide. They wrote:

> Transpersonal experiences often suggest that there are nonphysical realms of existence of enormous scope. From this viewpoint existence is seen as multilayered, and the physical universe, so often assumed to be the totality of existence, now appears as only one of multiple realms. (p.10)

A belief or acknowledgement of multi-dimensional forms of reality and existence is a core assumption of this transpersonal theoretical framework explicating a particular kind of longing for death.

The field of suicidology is abundant with literature and research investigating and asserting the plethora of risk factors for suicide. Comprehensive reviews and fact sheets are widely available, but for the purposes of providing a brief overview, some of the most significant perspectives are cited.

The Psychache

Based on 60 plus years of clinical experience as a suicidologist, Shneidman (1993, 2001) concluded that suicide is a condition of the mind that results from a specific kind of psychological pain called a *psychache*. The psychache refers to "the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind" (Shneidman, 1993, p. 51), and suicide does not occur without it. The psychache is formed from a maze of frustrated psychological needs. These needs are organized into four basic categories of need: for love, acceptance, belonging; for control, autonomy, achievement, order; for atonement to repair feelings of shame, failure or embarrassment; and for succorance, affiliation, and nurturance (Shneidman, 2001).

Shneidman's (1993, 2001) ideas and observations refer to specific psychological and emotional deficiencies and needs existing within the psyche of a suicidal person. However, despite the abundance of the literature cited by Shneidman, there is very little discussion of beliefs about death or a suicidal person's longing to be in a spiritual afterlife. He views suicide not as a movement toward death leading to an afterlife with ultimate answers, but rather as an act of "movement away from some intolerable emotion, unendurable pain, or unacceptable anguish" (Shneidman, 1993, p.23).

In order to understand a person's motivations for committing suicide, Shneidman (1993) composed a list of factors and questions that the surviving family and friends are asked regarding the deceased person's life in order to uncover what precipitated the suicide. He calls this investigative process a *psychological autopsy*. The list contains 16 items but does not include any questions regarding religious or spiritual beliefs and/or ideas about death and an afterlife.

Curiously, prior to the publication of his works on psychache and psychological autopsy, Shneidman (1964) wrote:

> What would seem to be needed would be studies relating self-destructive behaviors to the operational features of religious beliefs; including a detailed explication of the subject's present belief system in relation to an omnipotent God, the efficacy of prayer, the existence of an hereafter, the possibility of reunion with departed loved ones etc. These cosmological beliefs would seem to play a role in suicidal behavior, in the "death work" that a dying person has to do, and in his attitudes toward sleep. (p.100)

The cosmology of a suicidal person's ideas about death is most relevant to a transpersonal understanding of suicide. However, Shneidman (1964, 1971, 1993, 2001) did not include any case examples of clients' specific cosmologies pertaining to death, and given his acknowledgement of the significance of beliefs about death, it appears incongruent that this piece is absent from his list of investigative factors. Moreover, Shneidman himself never did conduct these suggested studies on self-destructive behavior and religious beliefs.

Escape Theory

Baechler (1975/1979) was the first suicidologist to propose an escape theory of suicide. According to this theory, the motivating factor behind suicide is to escape a situation that feels unbearable (Baechler, 1975/1979; Farber, 1968). Escape theory also views suicide as an escape from the self and any meaningful or aversive awareness of the self. Baechler never conducted research to verify his theory; however, his ideas prompted several studies that did indeed find that suicide is an attempt to escape (Baumeister, 1990). The theory acknowledges the lure and seduction of the idea of losing consciousness and escaping into oblivion (Baumeister, 1990).

According to escape theory, people attempt to escape from their own negative affect and avoid meaningful reflection about their lives by undeliberately using a method of rationalization called *cognitive deconstruction* (Baumeister, 1990). This cognitive process constricts and distorts a person's view of time, creates a narrowed focus pertaining only to immediate sensations and activities, thus allowing the individual to think solely about the immediate circumstances as determining the future. People under the strains of cognitive deconstruction are incapable of thinking creatively and openly about their lives or of finding solutions to their problems.

Escape theory describes the cognitive devolution of a suicidal mind. Hillman (1997), writing from a more transpersonal perspective than Baumeister (1990), stated that explanations that show suicide as the consequence of confused reasoning "degrade what the soul is going through" (p. 49). Escape theory does not address why the individual initially feels compelled to escape life. Moreover, the question arises as to why the individual chooses death as the means to escape versus other means of escape such as running away to a tropical destination, quitting one's job, or abusing substances. Baumeister's (1990) explanation that death offers oblivion does not seem sufficient in engaging the root causes of the desire to escape: what is problematic in the individual's life, what is being desired, and why.

Mental Illness as Risk Factor

It is important to keep in mind that contemporary suicidologists (e.g., Maris et al., 2000) contend that suicide occurs within the context of a person's entire lifespan and does not occur simply as a reaction to present life stressors and circumstances. Each suicide has roots that extend far back into a person's life.

For example, research has demonstrated that people with a history of physical or sexual abuse in early childhood are at a great risk for suicide and that knowledge of abuse history will enhance the accuracy of determining suicide lethality (Molnar, Shade, Kral, Booth, & Watters, 1998; Read, Agar, Barker-Collo, Davies, & Moskowitz, 2001; Santa, Elaine, & Gallop, 1998).

The most common prelude to suicide is the presence of a major depressive disorder (American Psychiatric Association, 2000; Baumeister, 1990; Farber, 1968; Kovacs, Beck & Weissman, 1975; Maris et al., 2000). After major depression, alcohol dependence and bipolar disorders are the diagnoses most associated with completed suicide (Canapary, Cleary, & Bongar, 2002; Clark & Fawcett, 1992; Maris et al., 2000; Murphy, 1992).

According to the *Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revision* (DSM-IV-TR) (American Psychiatric Association, 2000), up to 15% of individuals with severe major depressive disorder die by suicide. According to the American Association of Suicidology (2009), as of the year 2006 approximately two thirds of people who complete suicide are depressed at the time of their deaths. One out of every sixteen people diagnosed with depression will eventually end their life through suicide.

The DSM-IV-TR reported that there is four times the likelihood of death by suicide in individuals with major depressive disorder who are over the age of 55 (American Psychiatric Association, 2000). Additionally, within a depressive episode, a person might commit suicide because of a ''desire to give up in the face of perceived insurmountable obstacles or an intense wish to end an excruciatingly painful emotional state that is perceived by the person to be without end'' (American Psychiatric Association, 2000, p. 351). This statement appears in alignment with escape theory. Depression may be a common precursor to suicide and indicates high risk, yet it is unclear from the DSM-IV-TR and other literature if it is a motivating factor. The majority of people suffering from depression do not attempt suicide and so the correlation does not necessarily imply causation.

Hopelessness

Hopelessness is often cited as a risk factor and cause of suicide (Baumeister, 1990; Beck, 1979; Beck, Steer, Kovacs, & Garrison 1985; Farber, 1968; Hall, 2001; Kovacs et al., 1975; Maris et al., 2000; Smith, Alloy, & Abramson, 2006). Hopelessness involves the inability to conceive of a pleasant or acceptable future, the inability to imagine oneself in the future, and the inability to respond to setbacks with foresight and conceive of an improved future (Baumeister, 1990).

Early research on hopelessness had found that while both depression and hopelessness were positively correlated to suicidal risk, the prevalence of hopelessness was a significantly better predictor of suicide attempts than depression (Kovacs et al., 1975). Beck et al. (1985) described hopelessness as a

cognitive schema and conceptualized hopelessness as a specific cognitive vulnerability that is present at the time of the attempt. Recurring episodes of hopelessness may be the activation of certain cognitive schemas that create negative expectations that control patients' beliefs about outcomes of immediate and future situations. Cognitive approaches to hopelessness do not clarify the underlying causes of that state.

Farber (1968) theorized that suicide is a symptom of the "disease of hope," (p. 12) and occurs when a person's outlook on life is hopeless. Hope is an important spiritual dimension in creating existential meaning for depressed individuals (Peteet, 2007). According to Hall (2001) today's global society is suffering from a collective lack of hope, and individuals may be experiencing symptoms of a larger phenomenon of hopelessness. Suicidal individuals who experience hopelessness and suicidal ideation may be experiencing a spiritual or existential crisis and a yearning for a more meaningful or spiritually connected life. Understanding the underlying spiritual roots of hopelessness might provide more insight into suicidal ideation and the pervasiveness of lack of hope.

Loneliness as Risk Factor

Loneliness as a factor appears frequently in the literature on suicide. Based on his extensive work on loneliness among the college age population, Booth (1997) suggested that *pathological loneliness* is positively correlated with suicide. Pathological loneliness refers to an unhealthy, reactive, and chronic process of adapting to life's challenges that causes chronic distress and has no redeeming features. The problem is not that individuals experiencing pathological loneliness lack relationships; rather they perceive the relationships they have as dissatisfying and inadequately meeting their needs. Booth (1997) wrote, "In many cases their expectations far exceed what can be reasonably expected from human loyalty and friendship, not to mention love" (p. 24). The dissatisfaction may create a longing for relationships and human interactions to be other than they are. A study that investigated the reasons people overdosed on drugs interviewed 128 suicidal patients soon after they had recovered from their attempts (Bancroft, Skrimshire, & Simkin, 1976). It was found that loneliness and a sense of failure were the most common feelings experienced by the patients at the time of the suicide. Loneliness, pathological or otherwise, may suggest the prevalence of certain spiritual longings for communion with the divine, reunion with loved ones, or longing for a state of being where relationships are more connected and idealistic expectations are fulfilled. Future investigation exploring the relationship between loneliness, suicide, and spiritual longings might add to a transpersonal understanding of motivation for suicide.

TRANSPERSONAL PERSPECTIVES ON DEATH: THE AFTERLIFE, NEAR-DEATH EXPERIENCES, AND UTOPIAN IMAGES

Research has indicated that the majority of people in the United States believe in life-after- death, and beliefs in an afterlife and psychic and paranormal

phenomena are on a steady increase (Gallup Jr. & Lindsay, 1999). According to the *U.S Religious Landscape Survey* conducted by the Pew Forum on Religion and Public Health (2009), 74% of over 35,000 Americans surveyed in 2007 reported having beliefs in an afterlife, and the same number of those surveyed reported believing in a heaven.

In the past 30 years, the publication of thousands of people's Near-Death Experience (NDE) narratives has transformed the way many people view death and the afterlife (Lee, 2003). The phenomenon of the NDE has led to an increased cultural awareness of death and a ''reenchantment with death'' (Lee, 2003, p. 117) that has decreased the general fear of death and dying amongst New Agers as seen in the studies discussed below. NDE narratives are presented here to provide a transpersonal framework for the possibility of life after death and a belief structure that does not contain a fear of death.

According to Moody (1976), individuals who have had NDEs view death as a transition from earthly life to life-after-death, a doorway into a higher state of being and of consciousness. Firsthand accounts of NDEs have revealed the possibility that an afterlife free from suffering does indeed exist and that this place has been described as ''so, so beautiful'' (Horacek, 1997, p. 156) and ''True and pure and free of Earthly worries. Absolute pure love!'' (Greyson, 2006).

Research (Groth-Marnat & Summers, 1998; Moody, 1976; van Lommel, van Wees, Meyers, & Elfferich, 2001) has indicated that people who have had NDEs reported no longer finding death fearful and ominous because the uncertainties about what lies beyond death have been reduced through NDE narratives. Groth-Marnat and Summers (1998) investigated the shifts in beliefs, attitudes, and values of 53 subjects following their reported NDEs. These responses were measured against a control group of 27 subjects who had life-threatening incidents but did not have NDEs. In an effort to obtain corroborative data, 45 of the participants' significant others in both groups rated the exact types of changes and the extent of their pervasiveness. The results of the study indicated that the NDE group went through a significantly greater number of changes than the control group. The specific areas of change included increased concern for others, reduced death anxiety with a strengthened belief in an afterlife, increased transcendental experiences, reduced interest in material possessions, and an increased appreciation for natural and paranormal phenomena. Von Lommel et al. (2001) conducted a study in the Netherlands on patients who had NDEs during cardiac arrest versus patients who did not. The study found that after intervals of two and eight years the individuals who had NDEs reported a significant increase in belief in an afterlife as well as a decrease in fears about death as compared with the patients who did not have NDEs. Although these findings document a decrease in death anxiety among the actual experiencers of the NDE, the awareness of the reduced death anxiety as a result of NDEs that are portrayed in media such as movies, television shows, and literature may influence beliefs about death and an afterlife among the general population.

In a dissertation study, Flippo (1998) quantitatively and qualitatively assessed 40 elderly people living in assisted housing about whether the awareness of NDE's reduced death anxiety among those who had not had a near-death experience. The results indicated that of the 22 people who were aware of the phenomenon of the NDE, 13 reported that that awareness reduced their fears about dying. However, the results did not show a sufficient correlation between awareness of reports of near-death experiences and the reduction of fears of death. The majority of the participants thought that the narratives of NDEs were helpful to them because they provided ideas about what to expect at death and suggested that death may not be a painful or lonely experience.

Kellehear (1991) speculated that NDE narratives describe an afterlife society that mirrors utopia. He hypothesized that these accounts are "social images" (p. 200) that belong to the historical, cultural, and sociological discourse about the ideal society. Thus, the NDE narratives reflect current feelings, problems, and social criticisms that may serve to inspire society to higher things. Individuals dissatisfied with the status quo, experiencing despair, hopelessness, and loneliness, may first adopt utopian dreams inspired by NDE accounts and/or utopian/fantasy images and then might make a suicide attempt in hopes of finding their ideal world in death. Piazza (2010) reported that the utopian fantasy world within the film *Avatar* has fueled depression and some cases of suicidal ideation amongst viewers, and perhaps this phenomenon could support hypotheses that NDE narratives may inspire suicide ideation. *Avatar* will be discussed in the next section. Further research is needed to determine to what extent the perceived utopia of NDE (and/or fantasy utopias) is a motivating factor for suicide.

The prevalence of NDE narratives within Western culture, the depictions of a wondrous after-life realm, and knowledge that NDEs decrease the experience of anxiety about death might potentially inspire an individual who is depressed, hopeless, or suffering, to long for death as a means of experiencing the blissful features that have been reported to occur after dying. Literature and research examining whether belief in an ideal afterlife increases suicidal ideation in people who are depressed and spiritually dissatisfied is sparse. Several searches of the keywords "suicide" and "afterlife" and "life after death" on CSA–including searches on PyscInfo (dating back to articles from 1806) and PsycArticles (with articles dating from 1894)– on ProQuest, and on Ebsco Host, yielded no relevant results. Future research on the link between an awareness of non-religiously inspired depictions of an afterlife, such as described in NDEs or otherwise, and suicide and suicide ideation is needed.

TRANSPERSONAL PERSPECTIVES ON SUICIDE

Studies and literature on non-religious forms of spirituality and their connection to suicide are scant (Colucci, 2008; Colucci & Martin, 2008; Webb, 2003). However, since the inception and gestation of this article, there appears to be an increase in awareness within the field and within the culture, about the

possibility of spiritual and transpersonal values, beliefs, and images influencing people to contemplate suicide.

A pioneering study has begun the investigation into this very phenomenon. Robbins and Francis (2009) conducted research on 3,095 13–15 year old students in England and Wales examining the relationship between suicidal ideation and both conventional religiosity and what the authors term *paranormal beliefs*. Unfortunately, the authors did not specifically operationalize or define what was meant by paranormal beliefs. Throughout the article they employed the term *alternative forms of spirituality*, a conceptualization based on a study conducted by Heelas and Woodhead (2005) on emerging "New Age" spiritual practices in Kendal, England. Those authors compiled a list of spiritual practices they referred to as *forms of holistic milieu activities* that included acupuncture, astrology, art therapy, Buddhist groups, flower essence therapy, herbalism, hypnotherapy, counseling, psychotherapy/psychosynthesis group, massage, yoga groups, etc. (Appendix 3, pp. 156–157). Robbins and Francis grouped these activities into seven categories: (a) physical therapies, such as acupuncture, chiropractic, and homeopathy (b) therapeutic techniques, such as aromatherapy, flower essence therapy, and art therapy (c) relaxation techniques, like massage and relaxation therapy (d) self-help networks that included CancerCare (e) faith-based groups such as Buddhist and interfaith groups (f) recreational activities like yoga and circle dancing (g) and paranormal phenomena including "astrology, pagan activities, palm readings, psychotherapy, tarot card readings" (Robbins & Francis, 2009, p. 263). The examples cited under this final paranormal phenomena category are broad, varied, and dissimilar. Psychotherapy is generally not considered paranormal so the inclusion is unclear and no further explanation was provided.

Regardless, Robbins and Francis (2009) asked a crucial question at the onset of their study. Since literature and research have consistently shown that conventional religion plays a protective role in preventing suicide attempts (Colucci & Martin, 2008; Hovey, 1999; Jasperse, 1976; Kay & Francis, 2006; Marrion & Range, 2003; Pescosolido & Georgianna, 1989; Schweitzer, Klayich, & MacLean; 1995; Stack, 1983; Zhang & Jin, 1996), do these alternative forms of spirituality inhibit suicidal ideation in ways similar to conventional religious beliefs and practices, have no effect, or foster an increase in suicidal thoughts? The Teenage Values Survey, the Francis Scale of Attitude toward Christianity assessing beliefs in conventional religiosity such as God, Jesus, Bible, prayer, and church, the Williams-Francis Paranormal Belief Scale, and the Junior Eysenck Personality Questionnaire Revised measuring degrees of extraversion, neuroticism, psychoticism and a lie scale, were administered to students at 11 secondary schools in England and Wales. Paranormal belief was assessed using a five-point Likert-type scale rating five questions about belief in contacting the spirits of the dead, ghosts, in fate, in horoscopes, and in tarot cards. Suicidal ideation was assessed by a Likert-type rating of a single statement, "I sometimes considered taking my own life." Relevant results of the study indicated that one in four adolescents had experienced thoughts of suicide. Three types of analyses were conducted on the data. Of interest are the correlation and the multiple regression results. The correction result indicates

that a student's paranormal belief is associated with higher levels of suicidal ideation Further analysis using stepwise regression reported that after controlling for sex, age, and personality differences, those who "record high scores on the index of paranormal belief record higher levels of suicidal ideation" (p. 267).

The Robbins and Francis (2009) study is important to the fields of suicidology and transpersonal psychology because it is the first to empirically investigate and document any correlation between so called alternative spiritual views and thoughts of ending one's own life. The study is somewhat limited in that it is missing a clear definition of paranormal beliefs, a discussion of the implications of each of the 5-indexed paranormal beliefs and their possible connections to suicide, and a screening for prior suicide attempts or assessment of the level of lethality of the suicidal thoughts. Nevertheless, the research breaks ground by establishing a scholarly context and laying the foundation for deeper investigations into the motivation of someone who wishes to die for spiritual or transpersonal reasons. The authors stated that young people's beliefs in the "transcendent" are pivotal in shaping their views about fundamental aspects of life that could potentially inhibit or promote thoughts about death. Understanding the specific paranormal beliefs that could potentially instigate suicide ideation and attempt could be essential for the future of suicide prevention as well as to a reevaluation and possible restructuring of certain spiritual and transpersonal teachings that may contain certain potentially life threatening assumptions, values, and practices that could put a person's life at risk. Robbins and Francis acknowledged that further research is needed.

The 'Avatar Blues' Phenomenon

A recent cultural phenomenon also seems to indicate that the climate revolving around suicide is slowly shifting. Although not cited in a scholarly source, its occurrence and relevance is worth noting. Piazza (2010) reported that some young moviegoers have begun feeling depressed and suicidal as a result of viewing the motion picture *Avatar*. The film depicts a transcendent and spiritually inclusive utopian society living on a mesmerizingly beautiful planet called Pandora. Life on Pandora embodies spiritual attributes that are often rarely seen in everyday life: a sense of interconnectedness between all beings and creations and a lived experience of the importance of being recognized and valued as an extension of spirit. Fans have reported that once the movie ended they were left feeling disgust and dissatisfaction with life around them, a desire to escape reality, a longing to enjoy the beauty of Pandora, and even a belief in suicide as an opportunity to be "rebirthed in a world similar to Pandora" (Piazza, 2010, p.1). A topic thread entitled "Ways to cope with the depression of the dream of Pandora being intangible" was established on an *Avatar* fan forum site and has received more than 1,000 posts. Several of these posts refer to feelings of suicidality and the longings for something greater. This author speculates that this dissatisfaction with the status quo and longing for an ideal, more spiritually in-tune society may stem from the depersonalization,

alienation, competition, materialism and capitalism of the modern world which Kellehear (1991) contended induces depression and despair and has created widespread feelings of *collective pessimism*. This collective sense of pessimism and despair provokes many to seek, pursue, or create something better in the form of utopian visions. As seen by the recent *Avatar* phenomenon, the stark contracts between the reality of what is and the fantasy of the ideal could be potentially dangerous for some people and motivate a spiritual longing to die.

The Afterlife and Suicide

Douglas (1967) observed that many suicidal people think that after death they will continue to live in some way, such as in heaven, and that they will still be able to witness events on Earth. Several psychodynamically oriented psychologists have acknowledged the importance of assessing suicidal clients' beliefs about afterlife fantasies. Hendin (1991) wrote that suicidal clients construct conscious or unconscious meaning about death that may motivate their attempts. They may believe that death is a reunion with loved ones who have died or view death as a rebirth of some sort. In clients who believe that death will offer a reunion with loved ones, Hendin (1963) writes that "Most frequently the emphasis is not put on the dying but on the gratification to follow" (p.241). This indicates that there is a belief that what follows the death act will be potentially more rewarding than the client's current state of being. Asch (1980) noted that among his clients the intention behind the suicide attempts was to cleanse oneself of all wrongdoings and feelings of self-loathing and also to be united or reunited with "an omnipotent love object" (p. 52). Although Asch (1980) did not specify, this love object could be an actual deceased loved one or perhaps an image of the divine. These beliefs about death are transpersonal in nature and could have been expanded upon in more depth. Shneidman (1971) warned that a lack of fear of death in general creates a context that allows suicide to be a viable outlet for those suffering. Although not empirically studied, this less fearful attitude towards death has been linked with a greater likelihood to have suicidal thoughts. Studies exploring this connection would inform the literature on transpersonal motivations for suicide.

Suicide and Soul

Hillman (1997) is the first theorist to incorporate a transpersonal perspective in a theory of suicide. He viewed suicide as an attempt to encounter one's soul. In an effort to define and explain the word "soul," he postulated at length about the definition and meaning of the word "soul" and included several near synonyms as reference points such as mind, spirit, heart, warmth, and essence. However, his effort at a precise definition ultimately concluded with soul being "a deliberately ambiguous concept resisting all definition in the same manner as do all ultimate symbols which provide the root metaphors for the systems of human thought" (p. 46). Hillman stated that suicide is a way of entering the death realm and provides a direct confrontation with one's soul. As such, stepping towards death releases the most "profound fantasies of the human

soul'' (Hillman, 1997, p. 51). Fantasies of the soul might include any afterlife beliefs, personal or cultural myths, or religious beliefs. In order to comprehend an individual suicide, the exact fantasy that is being enacted must be understood.

According to Hillman (1997) attempting suicide is an embodied effort to move from one mode of existence to another by forcefully using death. He described a suicide attempt as an ''urge for hasty transformation'' (Hillman, 1997 p. 73). This is in contrast to Baechler's (1975/1979) idea that suicide is an escape. Hillman (1997) views life and death as intimately related since one could not exist without the other. Therefore, taking a stance and choosing death establish a person's individuality. Conversely, as the individuality of a person increases, so too does the possibility of suicide. If one cannot freely choose one's own death, one cannot choose life, and until one can say ''no'' to life, one has not fully said ''yes'' to it and has simply been carried along by the collective. Hillman wrote that when an individual stands against the collective ''stream of life,'' he or she immediately comes face to face with the notion that death is the ''opponent'' to life and is the only alternative to life (p. 64). According to Hillman, having a death experience, be it a symbolic death, suicide ideation, suicide attempt, death of a loved one, or serious loss of some kind, is necessary in order to separate from the collective and claim one's individuality. Suicide is seen as a direct confrontation with life and death.

Hillman's (1997) assertion that a suicide be examined within the context of the individual's soul and soul fantasies incorporates a transpersonal approach. His intent is ultimately to deeply comprehend his client's soul by concerning himself with the individual meaning of a client's suicidal ideation and death fantasies that are separate from any conventional diagnostic classification. Implicit in his ideas is the belief that a greater, more amorphous, intangible dynamic is at the heart of a suicide attempt, and psychologists must get ''inside the problem,'' (p. 41) maintain an open mind, and be available to each and every patient's soulful yearnings. It is from inside the problem that the therapist will be able to understand the meaning inherent in the desire to die.

Hillman (1997) asserted that while an individual is going through this transformation, the act of suicide itself is actually a call to others for help in the dying process and to make the death experience meaningful. The idea that a suicidal person is making a conscious and self-aware choice to die while holding a belief in the existence of a different state of being beyond the threshold of death, encompasses a transpersonal motivation for suicide. The suicide attempt may not necessarily be seen as an act that ends life as conventional consensus views it; it could be seen as an act that promotes and leads to a different state of life.

Body as Obstacle Toward Transformation

Hillman (1997) views suicide as ''a body problem'' (p. 71) because the emotional crises of the individual saturate the body so entirely that the body

responds and adapts by changing its behaviors and habits. This may cause noticeable differences in one's appearance and presentation. Hillman observed that many people commonly complain of a sense of feeling alien in their own bodies. For example, a survivor of a NDE described life in the body as a ''prison'' (p. 97) and death as the escape (Moody, 1976). Hillman (1997) further theorized that in order to encounter the realm of the soul and for transformation to be genuine, a death of the body in its physical form is needed. He posited that the suicide attempt is an attack on the life of the body itself in an effort to change and release the soul.

Spirituality and Depression

Research has shown a connection between depression and low levels of *spiritual wellness* (Briggs & Shoffner, 2006; Westgate, 1996). The literature review by Westgate (1996) divided spiritual wellness into four categories: (a) meaning and purpose in life (b) intrinsic values (c) transcendence (d) spiritual community. Seeking and having a sense of meaning in life refers to participating in or seeking experiences and relationships that enhance one's quality of life. Intrinsic values pertain to an individual's inner resources and personal belief systems that form the basis of behavior. Transcendence includes an awareness of a force that is larger than one's self. Faith is included in this category. Spiritual community involves a relationship with self, others, and the divine (Westgate, 1996).

Westgate's (1996) literature review indicated a significant connection between a lack of spiritual wellness and depression. To confirm the validity of Westgate's conclusion, Briggs and Shoffner (2006) conducted a study on older adolescents, ages 18 or 19, and midlife adults that examined the link between the four components of spiritual wellness and depression. An ethnically diverse sample was given a battery of questionnaires that included a spiritual wellness measure and a depression scale. A series of analyses of variance were performed and the study found negative correlations between all of the four components of spiritual wellness and depression for both groups. The findings indicated that the most significant spiritual component or lack thereof that contributed to depression was meaning and purpose in life.

Taliaferro, Rienzo, Pigg Jr., Miller, and Dodd (2009) conducted research on 457 undergraduate students at the University of Florida investigating the relationship between specific dimensions of spiritual well-being (e.g. religious well-being and existential well-being), and suicidal ideation. Existential well-being was established as feelings of fulfillment and satisfaction with life and finding meaning and purpose in life. A battery of measures on spiritual well-being, religiosity, hopelessness, depression, social support, and suicidal ideation were administered. After controlling for demographic and psychosocial variables, the results indicated that neither religious involvement nor religious well-being significantly impacted suicidal ideation. Rather, low levels of existential well-being were a significant predictor of suicide ideation. The authors recommend further investigations into the ways by which spiritual

well-being affects mental health and how an increase in spirituality can help strengthen one's sense of meaning and purpose in life as serve as a protective barrier against suicide. The authors did not discuss the inverse correlation nor pose any theoretical hypotheses for underlying structures of how and why low levels of spiritual existential well-being could lead to suicide ideation.

Given that empirical research supports a correlation between a lack of spiritual/existential wellness and suicide, this author suggests further investigation about the specific qualitative nature of experiencing spiritual dissatisfaction and whether certain suicidal attempts are attempts to move into a different mode of existence in an afterlife that is believed to provide greater spiritual fulfillment. Does a relative lack of spiritual and/or existential well-being correlate with desires for spiritual transcendence in the form of suicide? This line of research may be useful for developing a thorough understanding of all relevant variables, promoting increased awareness of the dangers of low levels of spiritual and/or existential wellness thereby helping clinicians formulate and implement appropriate interventions for this particular spiritual problem.

Suicide as a Form of Spiritual Bypass

Welwood (2000) observed a widespread tendency by people to use spiritual practices and beliefs as a way to prematurely transcend and avoid dealing with basic human needs, as well as personal, developmental, or emotional tasks. In response to his observations, Welwood created the term ''spiritual bypass'' to describe this behavior. He elaborated that while struggling to find themselves, many people discover spiritual teachings and practices that explicitly or implicitly encourage that they deliberately eliminate any sense of personality or personal self and/or eliminate their egos. Consequently, some people may use spiritual practices to create a new ''spiritual'' identity that is simply a recycled and repackaged version of their personal self with old psychological issues masquerading in the form of spiritual seeker. Cashwell Meyers, and Shurts (2004) added that the ''spiritual'' identity becomes the individual's persona and the unprocessed psychological material gets repressed and incorporated into the ''Shadow'' (p. 403). These unresolved and unexpressed aspects of the personal self cannot remain repressed without causing intrapsychic conflict that can lead to detrimental psychological consequences.

Welwood (2000) reported that spiritual bypassing is particularly appealing to people who have difficulty navigating through life's developmental challenges. Spiritual bypass can be used to compensate for low self-esteem, anxiety, depression, narcissism, and dependency issues. Additionally, spiritually bypassing is consciously or unconsciously employed to avoid major mental health issues (Cashwell, Myers, & Shurts, 2004) and is symptomatic of the tendency that people have to turn away from what is difficult or unpleasant. According to Welwood (2000), this avoidance of necessary psychological work stems from a person having a weak ego structure. If an individual does not feel sufficiently strong to deal with the difficulties of this world, then one finds ways

of transcending personal feelings all together through genuine spiritual practices such as meditation that may promote premature detachment or avoiding reality through excessive spiritual community involvement or compulsively "good" behaviors. The spiritual bypass behavior prevents individuals from resolving crucial and salient issues and conflicts, keeps them continually ensnared, and perpetuates dysfunction. Cashwell, Bentley, and Yarborough (2007) cited "compulsive goodness, repression of painful emotions, spiritual narcissism, extreme external locus of control, spiritual obsession or addiction, blind faith in charismatic leaders, abdication of personal responsibility, and social isolation" (p. 140) as common problems that result from spiritual bypass.

Welwood (2000) wrote, "This desire to find release from the earthly structures that seem to entrap us–the structures of karma, conditioning, body form, matter, personality– has been a central motive in the spiritual search for thousands of years" (p.11). This motive could be the type of spiritual incentive that spurs either suicidal thoughts or attempts. In certain cases, attempting or committing suicide could be viewed as an extreme form of spiritual bypass. An individual might choose suicide both as a way to avoid feeling intense emotional and existential pain and as a way of shirking the required psychological and developmental processing and integration that would facilitate healing and recovery. In some cases, suicide might be viewed as the easiest way to end the pain. A spiritual bypass in the form of suicidal thoughts/ attempts or completed suicide could be motivated by a wish to skip over the pain and hard work of therapy and receive immediate gratification and release from the pain to enter into a more "spiritual" plane of existence that is allegedly blissful, easier, and more rewarding than the trials and tribulations of human existence. Rather than negotiate the "earthly structures that seem to entrap us" and face and resolve issues related to "karma, conditioning, body form, matter, personality," a person motivated to commit suicide for spiritual reasons could unknowingly engage in a deadly and ultimate form of spiritual bypass.

Transpersonal studies, Eastern-influenced thought, and Buddhist psychology assert many postulates and are rife with certain assumptions that could potentially steer some people, and especially young people, down a path of spiritual bypass. Depending on the degree and nature of the bypass and the idiographic psychological issues that the bypass is masking, these particular postulates could hold enormous potential for suicide ideation/attempts. The assumptions and postulates are as follows:

According to Welwood (2000), Eastern spirituality views the ego as serving a developmental purpose. As a child develops and navigates through circumstances of life, the ego serves a caretaking function in that it protects the child from undue harm and promotes survival. The ego helps the individual discern against danger and construct defenses that provide security and stability. However, there is a notion within the field of transpersonal psychology, consciousness studies, and Buddhist psychology, that eventually if one is on a spiritual path, then one needs to transcend the ego in order to know one's

"authentic self" or "true nature" (Welwood, 2000, p. 37). This notion stems from a generally held underlying assumption by some transpersonal scholars and spiritual teachers (Cortright, 1997; Katie, 2002; Pendergast & Bradford, 2007; Scotton, Chinen, & Battista, 1996; Tolle, 2006; Walsh & Vaughan, 1993) that the ego is an inferior structure and is an "outer façade" (Welwood, 2000, p. 37) that is superficial to the true reality of our being. The ego and the personality (as an extension of ego) are often minimized in that they assert, attach, or grasp on to more concrete structures of life. This grasping and attaching are viewed as the root of human suffering and source of separation from knowing the authentic self.

The postulates that the "ego is not ultimately real" (Welwood, 2000, p.39) and that "our personality is simply a stage on the path," (p. 38) have been articulated in a multitude of ways and are pervasive throughout much of Eastern spirituality, transpersonal psychology, and consciousness expanding belief systems (see Cortright, 1997; Katie, 2002; Pendergast & Bradford, 2007; Scotton et al., 1996; Tolle, 2006; Walsh & Vaughan, 1993). Welwood asked (2000), "How can a constructed sense of self, built out of self-concepts be real or have any genuine lasting power?" (p. 41). The discussion of what is real is a larger one and is beyond the scope of this article; however, the notion that the personality or self is not real could potentially spur some people to avoid developing and expressing their egos and personalities, arrest sufficient and mature ego strength development, bypass an integration of crucial psychological material and experiences, and seek an experiential knowing of the revered and so-called authentic self. This spiritual bypass can become fatal if the individual believes that the authentic self exists in its most natural unrestrained form on the other side of death, in a state of consciousness that is the true essence of being and the source from which people originate.

Furthermore, in a different vein, a young individual seeking to minimize any "constructed sense of self" or ego may consciously try to diminish his personality and sense of self thereby never fully attaining the protective factors of sufficient ego strength or solid sense of self. If he comes upon external or internal life stressors, as is inevitable, this lack of integration of the personality and insufficient ego strength, coupled with any lack of belief in the realness of life around him and a yearning to know greater aspects of the authentic self or experience higher states of spirituality or consciousness could potentially constellate into a distorted world view that promotes suicide as a method of transcendence. The view of the self or personality as secondary in importance to some greater state of spiritual consciousness, is not a belief that protects against suicide; in fact, it more likely promotes it. As this hypothesis is presently theoretical and speculative, further research is needed for a more grounded understanding.

Spiritual Assessment

Hendin (1963) wrote, "It may seem surprising that, in many studies of suicide in the literature, the attitudes of suicidal patients toward death, dying and

afterlife have been neglected'' (p. 239). According to Lovett and Maltsberger (1992) some people believe that when they die they will travel somewhere, while others believe that they will be reunited with loved ones who have passed away. Lovett and Maltsberger (1992) stressed the importance of assessing for the emergence and emotional importance of these kinds of death fantasies. Similarly, Peteet (2007) reported the need to assess a suicidal client's spiritual belief system. He wrote, ''Assessing spirituality in addition to suicidal thoughts, plans, means and prior attempts can help determine suicide risk. What does the person believe happens after death (reunion, punishment)?'' (p. 751). Maltsberger (1986) stated that during a suicide assessment, the clinician must be alert to and assess for the possibility that the suicidal client may believe that suicide ''will provide a passage into another, better world'' (p. 86).

EXAMPLES OF SUICIDE ATTEMPTS MOTIVATED BY TRANSPERSONAL DESIRES

If Maltsberger's (1986) assertion is an accurate reflection of actual beliefs that some at-risk individuals hold, then it is surprising that literature and case examples that explicitly articulate and explore this phenomenon were few and far between. Case studies on clients who made a suicide attempt in order to specifically reach an idealized and more spiritual form of existence were surprisingly difficult to find in the literature. CSA (includes PsycInfo and PsycArticles), ProQuest, and Ebsco Host databases were searched for articles on ''spirituality'', ''religion'' and ''suicide;'' ''suicide,'' ''afterlife,'' and ''life after death;'' and ''spirituality,'' ''religion,'' ''suicide,'' ''case examples,'' ''case study,'' and ''examples.'' The relevant results were limited and only one case example was found and is cited.

Case of Teresa

Heckler (1994) details a history of a suicidal client seen by the author and referred to as Teresa. At the time that she sought psychotherapy with Heckler, Teresa was a grown woman, registered nurse, and mother of two. She reported that she overdosed on pills when she was a teenager. Teresa's father died when she was three years old. Her mother was a substance abuser and was usually drugged, drunk, missing, or in the hospital. Teresa's mother remarried a man who molested Teresa and physically abused her younger brothers. Because her mother was unavailable, Teresa became the primary caretaker of the family and at the age of 12 she became the manager of the family restaurant. Teresa is reported to have been intellectually astute, involved in community projects, and concerned with finding world peace. As a teenager she felt a strong sense of purpose and wanted to help people who were disadvantaged. She was on a spiritual quest to change the world and also wanted to save her family. However, when the family moved to a new town, the hope of getting her mom's attention waned, and the prospect of taking care of her family and the family business became too difficult to endure, she lost her spiritual vision and began to acknowledge the hopelessness of rescuing her family and changing the world. This led to a 'silent death,' and her faith collapsed.

At an early age Teresa began to have detailed conversations with her deceased father as a way of finding comfort. The conversations were not assessed as auditory hallucinations, but rather as non-pathological, internal conversations that were part of her grieving process. As such, she developed an intimate association between kinship and death. She believed that death offered much solace and connection while life only provided despair. In describing some of her motivations behind her suicide attempt Teresa said:

> I really wanted to kill myself but I didn't really want to die. I pictured myself being like one of those people in stories, who would die and then come back to life after they saw heaven or something. I thought that either I would die completely, so maybe I'd see that light people talk about, or it would change other people's lives and then somehow change mine. I remember sitting there after taking the pills, waiting, and thinking, "Maybe I'll see God and find out that I am special." Finding that out was important, because I felt there had to be something deeper than what was going on here." (Heckler, 1994, p. 103)

Teresa also stated:

> I wanted the experience of some deeper spiritual connection, to someone or something, because the[relationships] I had weren't satisfying at all. I was also taking my last real chance to be mad at my dad. I was tired of being alone. I wanted him here, with me. At the very least, I thought that I'll finally find my dad. (Heckler, 1994, p. 103)

Teresa's spiritual views about death seem inextricably intertwined with her suicide attempt. Her account includes many transpersonal components: a longing for an encounter with a spiritual realm and a divine figurehead; a desire for a spiritual transformation and to transcend the lack of spiritual connection she experienced in her current relationships; and to be reunited with a loved one. Teresa's example is a rare documentation of some of the transpersonal motivations for suicide. It seems highly unlikely that Teresa's longings are simply idiographic and other cases do not share similar features. Further research is needed and recommended to verify this phenomenon.

Suicide Notes

Since 1949, Shneidman (2004) has made a formal study of suicide notes with the hope of coming to a greater understanding of suicidal phenomena. Although he admits that suicide notes do not always provide the answers to the confounding questions left behind after a suicide, he systematically analyzed suicide letters as part of a thorough psychological autopsy. In reviewing suicide notes for this article, two were found that articulate the desires of a transpersonally motivated suicide. German writer Heinrich von Kleist left a joint suicide letter with a friend with whom he committed suicide. Kleist was an important 18th century dramatist of the Romantic movement. He was reportedly obsessed with suicide throughout his life and consistently sought

companions to join him in the suicide act. His letter suggests a deep disappointment with life, a glorification of heaven, and a desire to be there. He wrote:

> Farewell, our dear, dear friend, and be very happy-it is said to be possible on earth. We for our part wish to know nothing of the joys of this world, we know and dream only of heavenly meadows and suns, in the light of which we shall stroll about with long wings on our shoulders. Adieu! (Etkind, 1997, p.42)

A second, unpublished suicide letter, written by a man who completed suicide, expresses the writer's wish to return to his original source or spirit. He wrote, ''Some how I have to believe that there is some original innocence within that transcends all…I'll be entering back into spirit for another round to fully embody myself the Self.'' This sentence indicates a belief in a transcendent realm of spirit that provides an ultimate experience of being or of one's greater self. This excerpt also reveals traces of the notion that physical and human embodiment on earth is a highly distinct and separate experience than that of being in original spirit form. For the author of this note, the human experience was unduly and inherently painful because it created a sense of separation with his ultimate self and the divine, which caused an aching longing to return to a perceived nondual realm of spirit and bliss.

CLINICAL APPROACHES

Since an understanding of the transpersonal and spiritual motivations of suicide ideation is still emerging, the reader is invited to consider further perspectives on clinical implications and applications and suggest pathways for future research in this vital area. The following suggestions for treatment are ideas and approaches that stemmed from this author's experiences with suicidal clients and with transpersonal psychology.

Cashwell, Bentley, and Yarborough (2007) cautioned against the well-intentioned therapist encouraging forms of spiritual bypass by only attending to spiritual issues and not working to integrate spirituality with emotional, cognitive, physical, and interpersonal dimensions of psychotherapy. The delicately nuanced aspects of patients using suicide as a form of spiritual bypass must be consistently monitored, and the therapist needs to be conscious of his or her own tendencies while conducting psychotherapy to bypass the crucially relevant clinical needs of the client in favor of discussion of spirituality, existentialism, or theology. If a therapist takes only an exclusively spiritual or transpersonal approach, there runs a risk of romanticizing, philosophizing, minimizing, or spiritually bypassing the more reality-based, essential, and life or death needs of the client.

When a client presents with depression or other mental disorders associated with an increased risk for suicide, it is incumbent upon and is the responsibility of the therapist to consistently and skillfully assess for suicidal ideation. In

conjunction with an expanded, transpersonal and spiritual approach to assessing and treating suicidality, it is essential–and cannot be overemphasized– for the transpersonally-oriented therapist to provide solid clinical care that includes a comprehensive biomedical-psychological-socio-cultural evaluation, including consistent and thorough suicide lethality assessments, tracking of eating and sleeping habits, and referrals for psychiatric and medical evaluations as necessary (for an excellent and thorough guideline on preventative and risk-reducing assessment criteria for practitioners see Grunebaum & Soleimani, 2010, pp. 233–236). Toward that end, depending on the client's diagnosed mental disorder(s), pharmacotherapy may be necessary to help stabilize the crisis or stop increasingly dangerous symptoms that could include negative cognition. As an important side-note, clients with acute bipolar disorders or any psychotic disorder may present with experiences that might appear to be transpersonal in nature; however, the spiritually motivating factors for suicide ideation might not be conscious or rationally constructed. In these cases a comprehensive biomedical-psychological-socio-cultural-spiritual assessment and appropriate treatment is needed.

Foundational to any work with suicidal clients is the fact that most suicidal clients express a certain degree of ambivalence and uncertainty about suicide (Silverman, 2004). Teasing out clients' ambivalence about their desire to kill themselves by reflecting back subtly disguised desires to live, and helping them identify, express, and confirm their reasons for living is an invaluable therapeutic intervention (Ramsay, Tanney, Lang, & Kinzel, 2004) that can be done at all points in the treatment.

In working with a client who wishes to die due to transpersonal or spiritual beliefs, it is vital for the therapist to explore client's attitudes and beliefs regarding death and life-after-death and ascertain if the client places more emotional value on death fantasies than on the reality of living. Asking about the particular spiritual or transpersonal paradigm the client ascribes to, and gathering specific information regarding what books, movies, or spiritual teachers have influenced this trajectory of belief will be helpful in establishing strong rapport, creating empathy, and intimately understanding the nuances of the idiographic death fantasies. Additionally, the therapist should inquire into the client's spiritual longings and co-occurring spiritual void and determine if the client believes that these desired spiritual qualities exist beyond death.

An important therapeutic goal for working with a client who has spiritual or transpersonal longings for suicide is to help increase the client's spiritual well-being (e.g. existential well-being, intrinsic values, faith and transcendence, and community). Colucci (2008), Fitzpatrick (2009), and Webb (2003) each stressed the value of helping suicidal clients find meaning and purpose in their lives. Meaning-centered counseling or logotherapy approaches are recommended as modalities that can help increase a client's belief in the existential worthiness of living (Colucci, 2008). Perhaps a precursor to helping clients find meaning and purpose in their lives is to help them heal and integrate any previous trauma while simultaneously facilitating a process of learning and discovery about ones' self. This approach could be particularly helpful in treating young adults

who have not fully developed a mature sense of self. Helping clients cultivate curiosity about themselves and flesh out a vivid portrait of who they are, detailing all their likes, dislikes, boundaries, strengths, weaknesses, wishes, dreams, talents, and while integrating a healthy expression of shadowy traits such as anger, can promote a development of sufficient ego-strength to withstand internal and external conflicts. Litman (2004), one of the most prominent suicidologists in the field, stated that when working with suicidal clients he attempts to

> Discover their guiding dreams and fantasies and hook their narcissistic attention to their own imaginative selves…I try to fascinate them with the riddles of their dreams and imaginations so that they postpone the ending (suicide) in order to satisfy their curiosity about themselves. (p. 47)

A solid ego-strength, a strong sense of self, and a healthy fascination with the story of one's life can help the client have a clearer sense of one's most meaningful and spiritual purpose in life. This in turn can decrease fantasies that death will provide solution and can serve as protection from suicide. This approach may be particularly useful in suicidal clients using spirituality to bypass ego and personality development.

Another way of increasing spiritual well-being is to help the client find an authentic spiritual community that provides essential connection to people, and/or nature, and the chosen relationship to spirit or the divine. Making sure that the community is a healthy one that does not intentionally or unintentionally promote forms of spiritual bypass, is important for persons vulnerable to suicide. The purpose of finding a spiritual community is to help decrease the client's sense of alienation or isolation, find like-minded people, and ground his/her spiritual beliefs into an externalized structure. Additionally, by increasing the amount of buffers (e.g. immediate supports, social supports, networks, and contact with others) in the client's lives, the overall risk for suicide decreases (Suicide Prevention Center, 2009).

Conclusion

Thus far, Hillman (1997) is the only contemporary theorist to include a transpersonal perspective on suicide by viewing it as an attempt to encounter the soul. Suicidology and psychology have attempted to study the characteristics of suicide that pertain to life and its difficulties versus engaging suicide via an in depth discussion about death and beyond. Perhaps this is because life is seemingly more concrete, knowable, tangible, and measurable than death. This disparity is where transpersonal psychology may assert itself and uncover the dimensions of a suicide attempt that might be motivated by spirituality and the belief in an afterlife.

This review uncovered areas where further research, both quantitative and qualitative, may be helpful. One suggestion for additional research includes deepening an understanding of the underlying potentially spiritual roots of

hopelessness and their correlates with suicidal longing. Exploring the relationship between loneliness, spiritual longings, and suicide was also broached. A third area of research is whether the awareness of an afterlife or spiritual non-religious beliefs about life-after-death promotes suicidal ideation and suicide attempts. Are people who believe that loved ones continue to live after death, people who believe in re-incarnation, or people who consult mediums or psychics at greater risk for suicide than those that do not?

Future studies might deepen the understanding of the connection between lack of spiritual wellness and suicide and whether the suicide attempt is actually the individual's solution to a dissatisfying spiritual life or low levels of spiritual wellness. What is the qualitative nature of the relationship between lack of meaning and purpose in life and the desire to kill one's self? What is the specific link between low levels of existential wellness and suicide ideation? Within this topic, researchers might explore whether the suicide attempt is an effort to change and increase spiritual wellness by moving to a more spiritual realm such as reported after death. Is the motivation behind a suicide attempt a desire not to die but rather to live in some other form or dimension that the individual believes to exist beyond death, such as is occurring with certain viewers of the film *Avatar*?

Specific to the field of transpersonal psychology is a recommendation for research into variants of spiritual bypassing and potential dangers of certain consciousness teachings that promote awakening and the degree to which an attempt to eliminate ego and personality can foster suicide. Research investigating the prevalence of suicide ideation specifically amongst populations of self-proclaimed transpersonal, New-Age, or enlightenment seeking spiritual practitioners such as in the San Francisco Bay Area might prove significant.

Answers to these questions could widen the purview of suicidology, restructure suicide lethality assessments, and add to the available literature on suicide risk factors. Results of proposed research endeavors could promote increased awareness about the pitfalls and risks of certain spiritual teachings and beliefs, thereby preemptively preventing spiritual distortions and bypass. Finally, expanded research could inform transpersonal and clinical approaches to the treatment of individuals contemplating suicide. The more knowledge amassed on this subject the greater the possibility of saving lives and preventing the devastating grief experienced by survivors of suicide.

There is much potential for suicidologists and transpersonal psychologists alike to push the boundaries of conventional paradigms of suicidology and spearhead cutting-edge research that investigates the further reaches of transpersonal views on death and suicide. Moreover, through a willingness to explore death, beliefs about an afterlife, or any other transpersonal beliefs about suicide, psychologists and clients can collaborate to effectively make yearned for transcendent values more immanent in daily life. Levine and Levine (1989) wrote, "Suicide often arises not from a hatred of life, but from a

lust for it, a desire for things to be otherwise, for life to be full when it appears not to be'' (p. 215). With this in mind, therapy may actively develop spiritual wellness for the client and use the information gathered from the suicidal ideation or suicide attempt to transform the client's current reality into what is being desired.

<div align="center">
This article is dedicated
with utmost love
to the life and memory
of
John W. Dulaney,
an angelic being
who transformed all who knew him.
</div>

REFERENCES

AMERICAN ASSOCIATION OF SUICIDOLOGY. (2009). *Fact sheets 2006: Depression and suicide*. Washington, DC: Author. Retrieved March 2, 2010 from http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-157.pdf

AMERICAN PSYCHIATRIC ASSOCIATION. (2000). *Diagnostic and statistical manual of mental disorders, text revision* (4th ed.). Washington, DC: Author.

ASCH, S. (1980). Suicide, and the hidden executioner. *International Review of Psycho-Analysis*, 7(1), 51–60.

BAECHLER, J. (1979). *Suicides* (B. Cooper, Trans.). New York, NY: Basic Books, (Original work published 1975)

BANCROFT, J. H., SKRIMSHIRE, A. M., & SIMKIN, S. (1976). The reasons people give for taking overdoses. *British Journal of Psychiatry*, 128, 538–548.

BAUMEISTER, R. F. (1990). Suicide as escape from self. *Psychological Review*, 97(1), 90–113.

BECK, A. T. (1979). *Cognitive therapy of depression*. New York, NY: Guilford Publications.

BECK, A. T., STEER, R. A., KOVACS, M., & GARRISON, B. (1985). Hopelessness and eventual suicide: A 10- year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, 142(5), 559–563.

BOOTH, R. (1997). Existential loneliness: The other side of the void. *The International Journal of Transpersonal Studies*, 16(1), 23–32.

BRIGGS, M. K., & SHOFFNER, M. F. (2006). Spiritual wellness and depression: Testing a theoretical model with older adolescents and midlife adults. *Counseling and Values*, 51(1), 5–22.

CANAPARY, D., CLEARY, K., & BONGAR, B. (2002). Assessing risk for completed suicide in patients with alcohol dependence: Clinicians' view of critical factors. *Professional Psychology: Research and Practice*, 33(5), 464–469.

CASHWELL, C. S., BENTLEY, P. B., & YARBOROUGH, J. P. (2007). The only way out is through: The peril of spiritual bypass. *Counseling and Values*, 51, 139–148.

CASHWELL, C. S., MYERS, J. E., & SHURTS, W. M. (2004). Using the developmental counseling and therapy model to work with a client in spiritual bypass: Some preliminary considerations. *Journal of Counseling & Development*, 82, 403–409.

Centers for Disease Control and Prevention. (2008). *Suicide: Facts at a glance*. Retrieved May 12, 2009 from http://www.cdc.gov/ViolencePrevention/pdf/Suicide-DataSheet-a.pdf

Clark, D. C., & Fawcett, J. (1992). Review of empirical risk factors for evaluation of the suicidal patient. In B. Bongar (Ed.), *Suicide: Guide- lines for assessment, management and treatment* (pp. 16–44). New York: Oxford University Press.

Colucci, E. (2008). Recognizing spirituality in the assessment and prevention of suicidal behavior. *World Cultural Psychiatry Research Review*, *3*(2), 77–95. Retrieved February 23, 2010 from http://www.wcprr.org/pdf/03-02/2008.02.7795.pdf

Colucci, E., & Martin, G. (2008). Religion and spirituality along the suicidal path. *Suicide and Life-Threatening Behavior*, *38*(2), 229–244.

Cortright, B. (1997). *Psychotherapy and spirit: Theory and practice in transpersonal psychotherapy*. Albany, NY: State University of New York Press.

Douglas, J. D. (1967). *The social meanings of suicide*. Princeton, NJ: Princeton University Press.

Etkind, M. (1997). *…Or not to be: A collection of suicide notes*. New York, NY: Riverhead Books.

Farber, M. L. (1968). *Theory of suicide*. New York, NY: Funk & Wagnalls.

Fitzpatrick, J. (2009). Preventing suicide: Developing meaning in life. *Archives of Psychiatric Nursing*, *23*(4), 275–276.

Flippo, D. S. (1998). *The value of the awareness of near-death experiences for reducing fears of death for elderly persons*. Unpublished doctoral dissertation, Saybrook Graduate School and Research Center.

Gallup, G., Jr., & Lindsay, M. (1999). *Surveying the religious landscape: Trends in U.S. beliefs*. Harrisburg, PA: Morehouse Publishing.

Greyson, B. (2006). Near-death experiences and spirituality. *Zygon*, *41*(2), 393–414.

Groth-Marnat, G., & Summers, R. (1998). Altered beliefs, attitudes, and behaviors following near-death experiences. *Journal of Humanistic Psychology*, *38*(3), 110–125.

Grunebaum, M. F., & Soleimani, L. (2010). Suicide prevention. In M. T. Compton (Ed.), *Clinical manual of prevention in mental health* (pp. 211–242). Arlington, VA: American Psychiatric Publishing.

Hall, D. J. (2001). Despair as the spiritual condition of humankind at the outset of the twenty-first century. *Journal for Preachers*, *25*(1), 3–10.

Hartelius, G., Caplan, M., & Rardin, M. A. (2007). Transpersonal psychology: Defining the past, divining the future. *The Humanistic Psychologist*, *35*(2), 135–160.

Heckler, R. A. (1994). *Waking up alive: The descent, the suicide attempt & the return to life*. New York, NY: G.P Putnam's Sons.

Heelas, P., & Woodhead, L. (2005). *The spiritual revolution: Why religion is giving way to spirituality*. Oxford, UK: Blackwell.

Hendin, H. (1963). The psychodynamics of suicide. *Journal of Nervous and Mental Disease*, *136*(3), 236–244.

Hendin, H. (1991). Psychodynamics of suicide, with particular reference to the young. *American Journal of Psychiatry*, *148*(9), 1150–1158.

Hillman, J. (1997). *Suicide and the soul* (2nd ed.). Dallas, TX: Spring Publications.

Horacek, B. J. (1997). Amazing grace: The healing effects of near-death experiences in those dying and grieving. *Journal of Near-Death Studies*, *16*(2), 149–161.

Hovey, J. D. (1999). Religion and suicide ideation in a sample of Latin American immigrants. *Psychological Reports*, *85*, 171–177.

Jasperse, C. W. (1976). Self-destruction and religion. *Mental Health and Society*, *3*, 154–168.

Katie, B. (2002). *Loving what is: Four questions that can change your life*. New York, NY: Three Rivers Press.

Kay, W. K., & Francis, L. J. (2006). Suicidal ideation among young people in the UK: Churchgoing as an inhibitory influence? *Mental Health, Religion and Culture*, *9*, 127–140.

Kellehear, A. (1991). Near-death experiences and the pursuit of the ideal society. *Journal of Near-Death Studies*, *10*(2), 79–95.

Kovacs, M., Beck, A. T., & Weissman, A. (1975). Hopelessness: An indicator of suicidal risk. *Suicide*, *5*(2), 98–103.

Lee, R. L. M. (2003). The reenchantment of death: Near death, death awareness, and the new age. *Journal of Near-Death Studies*, *22*(2), 117–131.

Lester, D., & Walker, R. L. (2006). The stigma for attempting suicide and the loss to suicide prevention efforts. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *27*(3), 147–148.

Levine, S., & Levine, O. (1989). *Who dies?: An investigation of conscious living and conscious dying*. New York, NY: Anchor Books.

Litman, R. E. (2004). Consultation by Robert E. Litman, M.D. In E. S. Shneidman (Ed.), *Autopsy of a suicidal mind* (pp. 45–48). New York, NY: Oxford University Press.

Lovett, C. G., & Maltsberger, J. T. (1992). Psychodynamic approaches to the assessment and management of suicide. In B. Bongar (Ed.), *Suicide: Guidelines for assessment, management & treatment* (pp. 160–175). New York, NY: Oxford University Press.

Maltsberger, J. T. (1986). *Suicide risk: The formulation of clinical judgment*. New York, NY: New York University Press.

Maris, R., Berman, A., & Silverman, M. (2000). *Comprehensive textbook of suicidology*. New York, NY: The Guilford Press.

Marrion, M. S., & Range, L. M. (2003). African American college women's suicide buffers. *Suicide and Life Threatening Behavior*, *33*, 33–43.

Molnar, B. E., Shade, S. B., Kral, A. H., Booth, R. E., & Watters, J. K. (1998). Suicidal behavior and sexual/physical abuse among street youth. *Childhood Abuse & Neglect*, *22*, 213–222.

Moody, R. A. Jr. (1976). *Life after life: The investigation of a phenomenon- survival of bodily death*. New York, NY: Bantam Books.

Murphy, G. E. (1992). *Suicide in alcoholism*. New York, NY: Oxford University Press.

Parker, D. (1976). *The portable Dorothy Parker*. M. Meade (Ed.). New York, NY: Penguin Books.

Pendergast, J. J. & Bradford, G. K. (Eds.). (2007). *Listening from the heart of silence: Nondual wisdom and psychotherapy, Volume 2*. St. Paul Minnesota: Paragon House.

Pescosolido, B. A., & Georgianna, S. (1989). Durkheim, suicide, and religion: Toward a network theory of suicide. *American Sociological Review*, *54*, 33–48.

Peteet, J. (2007). Suicide and spirituality: A clinical perspective. *The Southern Medical Journal*, *100*(7), 752–754.

Piazza, J. (2010, January 11). Audiences experience 'Avatar' blues. CNN.com. Retrieved January 15, 2010 from http://www.cnn.com/2010/SHOWBIZ/Movies/01/11/avatar.movie.blues/index.html

Ramsaey, R. F., Tanney, B. L., Lang, W. A., & Kinzel, T. (2004). *Suicide intervention handbook*. Calgary, Canada: Living Works Education.

Read, J., Agar, K., Barker-Collo, S., Davies, E., & Moskowitz, A. (2001). Assessing suicidality in adults: Integrating childhood trauma as a major risk factor. *Professional Psychology: Research and Practice*, *32*(4), 367–372.

Robbins, M., & Francis, L. J. (2009). The spiritual revolution and suicidal ideation: An empirical enquiry among 13-15- year-old adolescents in England and Wales. *International Journal of Children's Spirituality*, *14*(3), 261–272.

SANTA, M., ELAINE, E., & GALLOP, R. M. (1998). Childhood sexual and physical abuse and adult self-harm and suicidal behavior: A literature review. *Canadian Journal of Psychiatry*, *43*, 793–800.

SCHWEITZER, R., KLAYICH, M., & MacLEAN, J. (1995). Suicidal ideation and behaviors among university students in Australia. *Australian and New Zealand Journal of Psychiatry*, *29*, 473–479.

SCOTTON, B. W., CHINEN, A. B., & BATTISTA, J. R. (Eds.). (1996). *Textbook of transpersonal psychiatry and psychology*. New York, NY: Basic Books.

SHNEIDMAN, E. S. (1964). Suicide, sleep, and death: Some possible interrelations among cessation, interruption, and continuation phenomena. *Journal of Consulting Psychology*, *28*(2), 95–106.

SHNEIDMAN, E. S. (1971). On the deromanticization of death. *American Journal of Psychotherapy*, *25*(1), 4–17.

SHNEIDMAN, E. S. (1993). *Suicide as psychache: A clinical approach to self-destructive behavior*. Northvale, NJ: Jason Aronson.

SHNEIDMAN, E. S. (2001). *Comprehending suicide: Landmarks in 20th-Century suicidology*. Washington, DC: American Psychological Association.

SHNEIDMAN, E. S. (Ed.). (2004). *Autopsy of a suicidal mind*. New York, NY: Oxford University Press.

SILVERMAN, M. (2004). Consultation by Morton Silverman, M.D. In E. S. Shneidman (Ed.), *Autopsy of a suicidal mind* (pp. 11–21). New York, NY: Oxford University Press.

SMITH, J. M., ALLOY, L. B., & ABRAMSON, L. (2006). Cognitive vulnerability to depression, rumination, hopelessness, and suicidal ideation: Multiple pathways to self-injurious thinking. *Suicide and Life-Threatening Behavior*, *36*(4), 443–454.

STACK, S. (1983). The effect of religious commitment on suicide: A cross-national analysis. *Journal of Health and Social Behavior*, *24*, 362–374.

TALIAFERRO, L. A., RIENZO, B. A., PIGG, M., JR., MILLER, M. D., & DODD, V. J. (2009). Spiritual well-being and suicidal ideation among college students. *Journal of American College Health*, *58*(1), 83–90.

TOLLE, E. (2006). *A new earth: Awakening to your life's purpose*. New York, NY: Plume/Penguin Books.

USEDA, J. D., DUBERSTEIN, P. R., CONNER, K. R., BECKMAN, A., FRANUS, N., TU, X., & CONWELL, Y. (2007). Personality differences in attempted suicide versus suicide in adults 50 years of age or older. *Journal of Consulting and Clinical Psychology*, *75*(1), 126–133.

U.S. RELIGIOUS LANDSCAPE SURVEY. SUMMARY OF KEY FINDINGS. (2009). Pew Forum on Religion & Public Life. Retrieved February 26, 2010 from http://religions.pewforum.org/pdf/report2religious-landscape-study-key-findings.pdf

VAN LOMMEL, P., VAN WEES, R., MEYERS, V., & ELFFERICH, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *The Lancet*, *358*, 2039–2045.

WALSH, R. & VAUGHAN, F. (Eds.). (1993). *Paths beyond ego: The transpersonal vision*. New York, NY: Tarcher/Putnam.

WEBB, D. (2003). Self, soul and spirit- suicidology's blind spots? *Newparadigm*. Retrieved February 23, 2010 from http://www.vicserv.org.au/publications/new_para/pdf/webbd2.pdf

WELWOOD, J. (2000). *Toward a psychology of awakening: Buddhism, psychotherapy, and the path of personal and spiritual transformation*. Boston: Shambhala.

WESTGATE, C. (1996). Spiritual wellness and depression. *Journal of Counseling & Development*, *75*, 26–35.

ZHANG, J., & JIN, S. (1996). Determinants of suicide ideation: A comparison of Chinese and American college students. *Adolescence*, *31*, 451–467.

The Author

Sarah Neustadter holds a B.A. degree from New York University and is a Ph.D. candidate in clinical psychology at the Institute of Transpersonal Psychology. Her clinical and research interests include suicide prevention, male psychology, young-adult psychology, and spiritual mate selection. Sarah currently works at the Suicide Prevention Center in Los Angeles, California.