

Sense of self-determination and the suicidal experience. A phenomenological approach

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Abstract In this paper phenomenological descriptions of the experiential structures of suicidality and of self-determined behaviour are given; an understanding of the possible scopes and forms of lived self-determination in suicidal mental life is offered. Two possible limits of lived self-determination are described: suicide is always experienced as minimally self-determined, because it is the last active and effective behaviour, even in blackest despair; suicide can never be experienced as fully self-determined, even if valued as the authentic thing to do, because no retrospective re-evaluation from some future vantage is possible. The phenomenological descriptions of the possible scope of lived self-determination in suicidality, presented in this paper, should prove to be extremely helpful in three different fields of interest: (a) ethical debates regarding the pros and cons of autonomous or heteronomous suicide; (b) clinical day-to-day practice with respect to treating suicidal people; (c) people who suffered a suicidal crisis, attempted suicide or lost loved ones through suicides. (155 words).

Keywords Agency · Autonomy · Conduct of life · Experience of being rescued · Minimal sense of self-determination · Phenomenology · Self-effectivity · Suicide

Introduction

In this paper I will develop a fair description of the structure of suicidal mental life and of lived self-determination from the first-person-perspective applying a phenomenological method. This should allow us to achieve a profound description of the intricate linkages between a person's sense of self-determination and her suicidal state of mind. In other words: it should be possible to describe the scope of experienced self-determination in suicidality. Basically, I will draw attention to three theses:

1. Suicide, or the option to kill oneself, is only (pre-reflectively) valued as attractive or worthy to achieve, if the pertinent person is despaired, hopeless or helpless or suffering from psychache. Basically, as will become clear in Sect. “[The Experiential Structure of Being Suicidal](#)”, I claim that these different terms (desperation, hopelessness, helplessness, psychache) try to capture the same state of mind. This thesis, however, argues that suicidal mental life can never be experienced fully self-determined;
2. Suicide, or the option to kill oneself, is, furthermore, only valued and/or judged as attractive or worthy to perform, because it is perceived as the last resort. The pertinent person perceives, or thinks, her option to kill herself as her last possibility to actively change anything at all to the better. This option must be discovered by every person for herself. It is, furthermore, an option the concerned person can only actively perform by herself (or actively delegate to another person to perform on herself). This implies that a minimal sense of self-determination is always given in the suicidal experience.

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3. The valuing of suicide as attractive or worthy to perform need not be judged as true, or correct, from the pertinent's person point of view. Furthermore, to kill oneself implies also that one will not be able to re-evaluate from some future vantage point whether the valuing and/or judgement that suicide was the last option to change anything at all was in fact true or not. The suicidal person is usually aware of this fact. This implies that lived self-determination cannot be maximal, or judged as being the fullest, with respect to suicide. All three theses are in line with the claim that suicide is, basically, indifferent from a moral point of view and that every suicidal act could be rated on a polar scale between 'fully autonomous' or 'fully heteronomous'. In other words, there is neither a fully autonomous, or 'rational', suicide, nor a fully heteronomous, or 'irrational', suicide. This claim seems to be widely supported in biomedical ethics (see f.e. Battin 2003, 2010; Birnbacher 1990, 2006; Fairbairn 1995; Schramme 2007). A description of the possible scope of lived self-determination in suicidal mental life could, therefore, offer support with respect to this claim in bioethical debates. This could be the case, although moral judgements are difficult to tackle using the phenomenological method. I will address at least some of these difficulties more closely in Sects. "[Short Remarks on the Phenomenological Method](#)" and "[The Experiential Structure of Being Self-Determined](#)", but will limit my arguments with respect to the overall goal of my paper. Furthermore, a phenomenological approach seems to be of outstanding interest from a clinical point of view. In my daily work as a psychiatrist, psychiatric consultant and psychotherapist I was, in fact, primarily interested in the subjective experience as perceived by the suicidal person, but not in ethical or moral arguments. A fine-grained description of the possible forms and scopes of lived self-determination in suicidality should therefore help professionals in their daily encounters with suicidal people.

In order to defend both theses, I will first spend some time (Sect. "[Short Remarks on the Phenomenological Method](#)") on clarifying a few basics concerning my own understanding of phenomenological work, discussing limits and options of a phenomenological approach. In the next Sect. "[Introduction](#)" will describe some aspects of suicidal mental life (Sect. "[The Experiential Structure of Being Suicidal](#)"), drawing also heavily on findings from empirical suicidology, and, more closely, of experiencing oneself as being and/or behaving self-determinedly (Sect. "[The Experiential Structure of Being Self-Determined](#)") in phenomenological terms. Lastly (Sect. "[The Experience of](#)

[Being Self-Determined in Suicidal Mental Life](#)") I will present a description of the possible forms and scopes of lived self-determination in suicidality. After that some closing remarks (Sect. "[Discussion](#)") are presented.

Short remarks on the phenomenological method

Doing phenomenology starts, according to its founder Edmund Husserl (1859–1938), with a step called *epoché*. This first step implies to abstain from all forms of judgement with respect to what is given to the phenomenologist. Even though the abstention of prejudices is, beside the need for a certain systematization, a standard claim of nearly every method, the phenomenologist's abstention is a fairly special one: the phenomenologist embrackets the so called 'general-thesis' (*Generalthese*, Husserl) through (reflectively) changing the attitude towards his experience. The 'general-thesis' means the pre-predicative and pre-reflective 'statement' 'the world exists'. This 'statement' is the most taken-for-granted aspect of all our experiences. In other words, we cannot prevent to believe in the reality of the world we are embedded into. This belief (*passive doxa*, Husserl) is given automatically. To embracket the 'general-thesis' does not mean that phenomenologists are sceptics. It does mean, however, that they are interested in the way things are given, or disclosed, to us in our conscious experience. In other words, doing phenomenology means to describe how an experienced givenness is given in one's own conscious experience. As a phenomenologist I am therefore interested in the 'consciousness-of-things-themselves', as Klaus Held reformulates the famous Husserlian claim '*Zu den Sachen selbst*' (1995, p. 275ff). Hence the phenomenological method is perfectly suited to describe experiential structures in the first-person-perspective; but it is, of course and just like every other method, not able to describe mental life exhaustively. To be more precise, the phenomenological method implies a 'methodically critical attitude' (*methodenkritische Einstellung*, Rinofner-Kreidl, 2003, p. 90ff), a claim in line with most Husserlian phenomenologists.

Anyway, at first sight phenomenology does not seem to be suited for debating the question whether a suicide should be deemed as self-determined or not. Instead, this question obviously requires ethical reflection on abstract moral principles or normative obligations. This way of reflecting is, indeed, not the way of addressing moral or ethical questions from a phenomenological vantage point. As John J. Drummond points out in his most clarifying introduction on *The Phenomenological Tradition and Moral Philosophy*, there is another dimension in ethical reflection. "In this dimension we investigate the nature of moral agency itself. We reflect upon the nature of the

everyday moral experience itself, the manner in which we experience moral categories, the nature of the emotions and of evaluative experience, the nature of action, and so forth” (2002, p. 4). In other words, phenomenology asks: What it is like to be a moral agent? Hence the major benefit of my phenomenological approach in this paper is to achieve fine-grained descriptions of the possible forms and scopes of lived self-determination in the suicidal state of mind.

Phenomenological descriptions are, as pointed out above, descriptions of mental life from the first-person-perspective. This does not mean, however, that phenomenological descriptions simply adopt the subject’s point of view. It is therefore important to recognize that the how is the scientific object of phenomenological investigations. In other words, how an experienced object is given in a subject’s conscious experience. Accordingly, phenomenological descriptions distinguish between pre-reflective and reflective qualities of mental life. To put it differently, there is a difference between the subject’s point of view and the phenomenologically describable structure of mental life. This difference is of outstanding importance if addressing ethical or moral questions. To be more precise, simply because a person experiences (values, judges) her decision to kill herself as fully self-determined, this need not be the case.

This indicates a second aspect rendering phenomenology a suitable method for my task here. The phenomenological method offers a fruitful understanding of possible correlations and associations between our (subjective) experience, being described in phenomenological terms, and insights into our mental life as derived from other sciences (see Fuchs 2002; Schwartz and Wiggins 2004; Schlimme et al. 2010c). This offer is of special relevance for psychiatry and psychotherapy, as well as for my approach here. The background for the relevance of this offer lies in the variety of scientific methods psychiatry and psychotherapy necessarily draw on. In order to study their ‘objects of interest’, which are afflicted persons who are ill and have a disease, different methods from natural sciences, social sciences and humanities have to be applied to cover as many aspects as possible.

The phenomenological description of lived self-determination in the suicidal experience will, however, improve our understanding of what is going on in a suicidal person. It may therefore be helpful to comprehend the experiential basis of normative debates with respect to topics such as assisted suicide, suicide prevention, or suicide counselling. In a certain sense a phenomenological approach to the topic of ‘self-determination and suicide’ seems therefore partially in-line with the famous and renowned approach to suicide by David Hume (1783/1995). Hume was surely no phenomenologist in the sense proposed here. But he was interested in mental life of suicidal people, deeming this

helpful for tackling moral questions concerning the issue of suicide.

Phenomenological descriptions of

The experiential structure of being suicidal

People usually think about suicide when in a desperate state of mind. To put it quite simple: the suicidal experience is basically the experience of desperation plus the knowledge of suicide as one’s last option to act in an effective way with respect to changing or altering one’s feelings (one’s desperation). People in despair want to change their unbearable state of mind, as was especially highlighted by Søren Kierkegaard (1813–1855) (1849/1992, p. 11f and p. 66ff). Although Kierkegaard was basically a religious thinker, he delivered exquisite descriptions of the desperate state of mind (I will use the term ‘desperate’ as an adjective to the noun ‘despair’). He pointed out, for example, that the inherent direction towards changing one’s desperation is not leading out of despair. To the contrary, the desperate person has repeatedly found out, and her situations have repeatedly demonstrated, that a positive change appears to be impossible. In other words, all usually fruitful behaviour, and every behaviour the afflicted person can think about, has failed already and turned out to be fruitless. Despairingly, the desperate person is well aware of this ‘helplessness’ (Kierkegaard 1849/1992, p. 12 and p. 66).

Various suicidological concepts reframed this kierkegaardian description of a desperate state of mind, coining terms like ‘hopelessness’, ‘helplessness’, or ‘psychache’ (Beck et al. 1986, p. 266f; Shneidman 1993, p. 50f). Usually they didn’t refer to Kierkegaard in their empirical works. Instead, they developed these concepts drawing on reports by persons who attempted suicide. These investigations gave empirical support for the claim that this special state of mind can be understood as the final common pathway in the longer process of becoming and being suicidal. In other words, suicidal persons appear to be very similar with respect to their desperate state of mind. In a broad sense it is irrelevant whether one’s desperation results from one’s loss of job or family, from suffering from severe and chronic (mental) illness or if this desperation might be prescribed by one’s depressed mood. There are, however, subtle differences in the experiences of suicidal people with respect to underlying mental disorders (e.g. a person suffering from a borderline personality disorder experiences her suicidal ideation, maybe, as a reaction to a feared loss of an important and valuable person, while a severely depressed person might be suicidal because she is delusionally convinced that her loved ones

are better off without her). And people with mental diseases are more susceptible to desperation, due to impaired or suboptimal coping capabilities and/or enhanced challenges and challenging situations. But, not every depressed person gets suicidal and not every suicidal person is depressed. In other words, suicidal people are not necessarily depressed (in a clinical sense), but they are necessarily in a state of mind of despair.

Desperation is, in the sense used here, not simply meant as an emotion. It is, in fact, affecting all (active or passive) levels of mental life. For example, a desperate person is not only feeling despaired, but her reflective abilities are altered. This feature of suicidal people is usually named as “narrowing” in psychiatric and psychological models and received empirical evidence (Ringel 1954/1999, p. 103ff; Beck et al., 1986, p. 262ff; Shneidman 1993, p. 50ff). For example, suicidal people tend to rethink this option to kill themselves over and over again, sometimes even literally unable to think about anything else. This cognitive and evaluative narrowing is, for example, the reason why Aaron T Beck named his concept of a final common pathway to suicide “hopelessness” (Beck used this term mainly in a cognitive sense being a cognitive-behaviourist psychologist). And, as will become clearer later on, many of her “valuings” are altered according to her desperate state of mind (see also Sect. “[The Experience of Being Self-Determined in Suicidal Mental Life](#)”).

In these despairing situations the possibility to put oneself to death offers a last and reliable option to change one’s experience and to end one’s desperation. This is the reason why suicide has been called a remedy. A patient I met as a psychiatric consultant on an ophthalmological unit, named her knowledge of suicide her “remedy”. She was, in fact, facing the possible outcome of blindness due to an acute ophthalmological disease which required delicate surgery. In this situation, Anne (let’s call her Anne for a pseudonym) became despaired and couldn’t think of any other option than killing herself, if she would in fact get blind. She actually spent most of her time in these days thinking about this option. It had, as she reported, a soothing effect on her. Of course, the term “remedy” Anne used could have referred to Shakespeare’s Juliet: “Be not so long to speak; I long to die./If what thou speak’st speak not of remedy.” (Shakespeare 2008, IV, I) Anne was a highly educated person, after all. But then, she could also have been referring to David Hume (1711–1776), who resurrected Shakespeare’s term in his famous essay “On Suicide” (1783/1995, #8). Hume points out that suicide can even be experienced as a “remedy” if death is perceived only as a “horror”, or, as Hume himself claims in his *Treatise*, death is perceived as ultimate annihilation removing all perceptions (2000, p. 165). It is, as Hume argues, the effectiveness with which death “free him from

all danger or misery” that makes it a “remedy” in the eyes of the desperate person, claiming that “no man ever threw away life while it was worth keeping” (1783/1995, #8). Anyway, Anne experienced herself as being rescued in this knowledge, and option, to be able to put herself to death in the case that she would become blind.

If we take a closer look at Anne’s experience of ‘being rescued’ in her knowledge of suicide, an important point in her remedying-experience seems to be that she was able to put herself to death effectively and on her own account. It is indeed this knowledge of a behavioural option which can be named as the major difference between simple desperation and the suicidal state of mind. In other words, compared to being simply despaired by the danger of getting blind, her discovery of being able to kill herself changed her otherwise seemingly unchangeable desperation. She now had an option for what to do if it came to the worst. Nonetheless, Anne’s experience of ‘being rescued in her knowledge of being able to kill herself’ differs from the usual experience of ‘being rescued’. The latter displays three crucial features: (1) the rescue-option presents an infinitely “more”; (2) the rescue is given “as and when”; (3) the rescue implies a deep change of the former personal identity (see for this description: Schlimme 2010b, p. 568ff).¹ Usually ‘being rescued’ takes place suddenly, unforeseen, and when a person is in desperate need of it. It is, obviously, a passive experience in the sense that the rescued person has no power over the “force” saving her. And it is, furthermore, experienced as a “qualitative jump” out of previously restricted situations, that is: it is experienced as a “breakthrough” to a new and different way of living (Kierkegaard, 1849/1992, p. 61ff; Jaspers 1932/1994, II, p. 206f). Even though being rescued allows a new start for a better life, it is, however, not necessarily a rescue for all times; it is, first of all, just a rescue from the current state of despair.

¹ Even though there are important differences between Jean-Luc Marion’s understanding of phenomenology and my understanding of phenomenological work, his description of “saturated phenomena” is highly stimulating for a description of the experience of being rescued. For him, a saturated phenomenon has an “essentially unforeseeable character” (2002, p. 199f), saturates one’s experience so that one “suffers bedazzlement” (p. 202f), and “appears *absolute* according to relation, which means it evades any analogy of experience” (p. 206f), which especially holds true in reflective retrospect. These three features of its experiential structure can be retrieved in the fabled description of being rescued by Friedrich Hölderlin (1770–1843), one of the most important German poets. In *Patmos* he describes the connection of despair and rescue (“Wo aber Gefahr ist, wächst das Rettende auch”, trans.: “Where there is danger, rescue sprouts.” (1992/1998, I, p. 463), the impossibility to catch the experienced in a meaningful predication (“Keiner aber fasset/Allein Gott.”, trans: “But nobody comprehends/except God.”) and the implication of radical change (the potentially rescuing force is also “Wie Feuer, in Städten, tödlichliebend”, trans.: “Just like fire, in cities, loving fatally”).

As I have argued elsewhere, suicidal people can experience (value), or (pro-/retrospectively) judge, their own suicide as a 'relief', a 'remedy' or a 'rescue' in at least five different ways: (a) the experience of one's imaginatively anticipated death shows death as somehow "more" than can actually be expected from anything else; (b) this experience is bound to the knowledge, or at least awareness, of being able to kill oneself on one's own means in a self-effective way; (c) a deep (irreversible) change of oneself and one's situation is (prospectively) experienced as promised to take place after one's suicide/suicide attempt; (d) the suicidal person can be aware of the possibility to use more or less uncertain techniques of attempting suicide thereby tempting possible saving forces in life; (e) a survived suicide attempt and/or coped and overcome suicidal crisis can never be understood exhaustively in retrospect, since certain, and maybe even crucial, aspects remain to appear arbitrary (e.g. the incidence that someone came along and noticed one's attempt) (Schlimme 2010b, p. 568f).

Typically, experiences of being rescued imply that one will be able to re-evaluate the experienced change in retrospect from some time in the future. As the person contemplating suicide is usually well aware of, depending on her concept of an afterlife, this cannot be taken for granted after having killed oneself. It is further more interesting to notice that all three features of the experience of 'being rescued' can only be found in the retrospective evaluation from a post-suicidal-crisis-situation (the way "e"). Maybe a second example might be helpful for illustrating this aspect: In my second year as a house officer, working on an inpatient unit for the elderly in the psychiatric department of Hannover Medical School, I met Hans (a pseudonym). He was 84 years old and had been involuntarily admitted to our unit due to a serious suicide attempt. As leading motive for his suicide he named loneliness and social isolation, which were in fact given. His wife had already died 10 years before, and just recently his last friend from his adolescent times had passed away. He was neither severely depressed, nor senile or physically severely disabled due to some kind of bodily disease. In other words and from a medical point of view, he was well off for his age. In one of our psychotherapeutic encounters he disclosed to me that he experienced his rescue as some kind of wonder (which was not far off the mark, because his rescue was in fact arbitrary due to an unplanned visit by the priest of his community). He was neither deeply religious, nor did he hold any clear concepts regarding some kind of afterlife. He didn't expect anything special from his own death, except to end his loneliness ("And it would have ended it."). In other words, this motive was still in place (though he was not acutely suicidal anymore). And indeed, his loneliness could not easily be altered. In retrospect he

nonetheless took his survival as a legacy to keep on, maybe seek new friendships in his religious community, although he clearly pointed out: "Without the knowledge that I can do it anytime I want to, I wouldn't go on. But then, maybe it wasn't the right time already after all."

To summarize, we can conclude that the structure of suicidal mental life is inherently reflective in three ways: (a) consciousness about oneself; (b) consciousness or knowledge about one's mortality²; (c) proved knowledge of one's possibility to kill oneself as one's last option to change one's desperation effectively. This reflective quality of suicidal mental life does not imply that the suicidal person could not be able to kill herself without musing elaborately about her own mortality in that very moment.³ But it makes clear that this option cannot be given without the reflective discovery of this behavioural option as a possible behaviour for oneself.

More importantly, however, idealizing of or thinking about suicide can be embedded in one's habitualized 'structure'. Of course, killing oneself cannot in itself become a custom (contrary to 'Lady Lazarus', Sylvia Plath). It seems, however, possible to habitualize with respect to this behavioural option. There is, for example, clinical, empirical and single-case-study-evidence that people are commonly, for a certain period of time, suicidal before committing suicide or attempting it. In other words: They become despaired, discover suicide as an option and usually muse about this option for a longer time. This fact is conceptualized in Pöldinger's model of different stages (Pöldinger 1982). According to Pöldinger, suicidal people usually live through at least two different stages before deciding whether to attempt suicide or not. Furthermore, repeated suicide attempts and vicarious experiences, either directly through personal relationships (e.g. suicide as a 'traditional family behaviour', previous suicide attempts of one's peers and/or relatives) or indirectly through 'media' (e.g. myths and narrations, mass media, or fine arts), seem

² Fairbairn seems to be of a similar opinion, claiming these two conditions as necessary conditions for suicide (1995, p. 73). His third, and also necessary as well as sufficient condition for suicide, is that the "person who suicides wishes to be dead, intends to die and enacts that intention" (p. 79).

³ It is a well-known fact that people often report to have tried to kill themselves impulsively and without giving it elaborate consideration or having explicitly ambiguous second thoughts in the very moment of doing it. Yet, even though this seems to be especially possible in adolescents, and may even be more pronounced in repeated suicide-attempters, it is nevertheless a necessary condition to be aware of one's mortality in order to have this option of intentionally killing oneself, whether in an impulsive or a highly planned way. In other words: in order to go watching a film in a cinema impulsively, the possibility to do exactly that must be a behavioural option embedded in the person's pre-conscious and habitualized 'structure', even if the person is not self-consciously aware of this possibility in the very moment of acting it out.

to be ways of getting accustomed to this behavioural option.⁴ It seems, therefore, sensible to understand this process of getting despaired and suicidal as a process in which the pertinent person acquires a new and, at least partially ‘accustomed’ style of perceiving, valuing and addressing things in her world.

While the first two characteristics (a + b) are therefore necessary, but not sufficient conditions (apparently we are not usually suicidal when becoming aware of ourselves and/or our mortality), the third characteristic is the crucial and sufficient condition for the suicidal state of mind. It is important to notice that it basically relies on a desperate state of mind as a background. Both Anne and Hans, for example, would not have perceived and valued their self-inflicted death as some kind of ‘remedy’ (Anne) or ‘relief’ (Hans) if they would not have been despaired in the first place. In other words, one has to be utterly despaired in order to address and value one’s death as one’s rescue. Being despaired can therefore be described as a pre-reflective and experiential prescription of suicidal mental life. Only if desperation is the foremost, or maybe even only, style of how things are disclosed to an experiencing subject, self-inflicted death can be disclosed in its rescuing qualities.

The experiential structure of being self-determined

The experience of self-determination affords us more than being the agent of a behaviour, even though we usually experience ourselves as ‘free’ in those situations in which we are not explicitly self-conscious. Self-determination affords our being able to name proper reasons for our behaviour. In other words, behaving self-determinedly affords our being a ‘moral agent’. In accordance with the phenomenological method, I want to present a preliminary description of moral agency. In this I will draw extensively on the works of John J. Drummond.

⁴ It is an interesting observation from various psychological studies that the most reliable predictor for future suicide are suicide attempts in one’s personal history or the history of one’s family (an overview, Runeson and Asberg 2003). Following our phenomenological description this fact can be understood as a process of habitualization or ‘embodiment’: the more one gets familiar with a certain behaviour, via training, mental training, or stimulating narrations, the better one is in performing this behaviour. This is not saying that talking about suicide ‘introduces’ the idea and elevates the risk of doing it, especially when talking to already suicidal people. Quite to the contrary, it can be concluded that, since every person will sooner or later discover this behavioural option for herself, it should be highly effective, from a suicide-prevention point of view, to debate more openly about suicidal crises as not unusual experiences in one’s lifespan, not necessarily leading to death. This could especially include life-stories of celebrities, who overcame suicidal crises, therefore allowing suicidal people to model their own behaviour on successful coping.

Usually we would expect that a moral agent can display the following abilities: develop intentions for his behaviour; show a certain effectivity of his behaviour with respect to his intentions; judge his behaviour independently from his intentions; and deliver reasons for his behaviour. As Drummond points out from a phenomenological vantage point, our intentions as well as our judgements can be described as being prescribed by our various (explicit or implicit; moral or practical “use”-) interests (2002, p. 22ff. and 26ff.). What is meant with this term of ‘being prescribed by interests’? The answer becomes clear if taking a closer (phenomenological) look at our experience of immediate and *prima facie* valuing (“Wertnehmung”). Because it is somewhat at the heart of my argument, it is important to capture the difference between valuing and judging, the latter being understood here as a reflective act, the former being understood as a pre-reflective operation taken out automatically in our mental life. The following three paragraphs are devoted to describing this difference more closely, maybe even more detailedly than actually required for my approach here, from a phenomenological vantage point, drawing, as already indicated, on the works of John J. Drummond.

Following Drummond we can describe these pre-reflective valuing experiences (“Wertnehmungen”; value-apprehensions; valuing without further and explicit value-judgement) as founded on a purely descriptive ‘objective sense’ of an experienced object as the core of this experience. Founded upon this core is a ‘feeling-moment’ in the particular kind of act called (pre-reflective) valuing (“Wertnehmung”). Or as Drummond has stated, the specific moment of this act is “the affective response to the situation with its non-axiological properties” (Drummond 2008, p. 41). Importantly, as Drummond points out, there is “something like an abstraction at work in evaluation” (Drummond 2002, p. 19). In other words, only some features of this presented (or disclosed) object are addressed in this affective response. This is why Drummond talks about an “affective as”, covering with this term the simple fact that we experience objects as something (e.g. bad, brute, elegant, fabulous, fresh, frightening...). As Drummond further argues, this immediate and pre-reflective abstraction, or particular selection taking place in valuing, is prescribed by our (pre-reflective) interests (p. 22ff.).

For a phenomenological description of lived self-determination it is, furthermore, important to recognize directedness as an essential feature of our interests. This goal-directedness often remains pre-reflective, implying that we are unconsciously directed towards specific ends. In his ‘genetic phenomenology’ Edmund Husserl coined the term “*Erwartungsintentionen*” (intentions of anticipation; Husserl 1999, e.g. §21–26) for this feature of tendentious pursuit inherent in all kinds of interests. Such intentions of

anticipation can be described, from the phenomenological vantage, as being given in our conscious experience: whether in perception, “wertnehmen” (pre-reflective valuing), body movements, or even in complex behaviour. For example, going to a farmer’s market, we perceive a tomato. We immediately, and pre-reflectively, anticipate that it has a certain kind of backside. Because we are familiar with tomatoes, we also immediately value this tomato as “ripe” and “juicy” (being all red and well shaped). All of a sudden we are filled with curiosity, if its backside can hold up to what its front is promising. Since we are familiar with our own body movements, rightly anticipating that we are indeed able to move our hand adequately, we stretch out our hand in order to satisfy our interest, pick up the tomato and turn it around. Intentions of anticipation can be, of course, either fulfilled or disappointed (“negated”, as Husserl calls it). Fulfillment, as well as disappointment, of these anticipations often remains pre-reflective, sometimes maybe even pre-conscious. It can, however, be reconstructed as ‘fulfillment’ and/or ‘disappointment’ of one’s intentions of anticipation in explicit reflection. The tomato we picked up and turned around can be completely green on its backside, which will lead to our immediate valuing of this tomato as “unripe”. If starting to think about it, for example, because a friend stops by and asks us what we are doing, we would be able to reconstruct the set of anticipations and interests which led to the very moment in which our friend went by. In this reconstruction we become aware of our own underlying interests as having already, pre-consciously, guided our perceptions, intentions and actions. This example demonstrates that the directedness of our various interests often remains pre-reflective, implying that we are unconsciously directed towards specific ends (e.g. picking up a tomato and turning it around). Being guided in our behaviour by intentions of anticipation makes understandable why it is only natural that we go on doing things which we are already used to do (e.g. picking up tomatoes and turning them around if we are interested in buying some of them). Nothing else is meant with the term *custom*, *accustomed behaviour* or *habit* (“*habituellem Niederschlag*”; Husserl 1999, § 25).

In other words, our behaviour is prescribed by our embodied selves being embedded in accustomed situations, thereby ‘producing’ our situation as an ‘experiential workspace’ (Talero 2008; similarly Merleau-Ponty 1944, pp. 164ff). In this ‘production’ pre-reflective anticipations of our capabilities guide our focus of consciousness towards those goals which are achievable (and often, though not always or necessarily, valuable) for us. Being guided by our habitualized perceptions and value-apprehensions, our styles of thinking and behaving, does, however, not already imply that we act self-determinedly. But, as Drummond points out with explicit reference to

Aristotle, we are indeed able to behave morally justified if we are following *virtuous* customs, habits and/or traditions (Drummond 2002, 2008; see also Aristotle 2006, 1103a–b). Still, occurrent deliberation is often required in order to recognize and effectively intend those actions which are in our best interest, including our moral interests (Drummond 2008, p. 46). And indeed, we, as agents interested in autonomous behaviour, commonly pre-reflectively anticipate that we would be able to explicitly evaluate our accustomed behaviour as morally justified (e.g. from some future point of view). This pre-reflective anticipation is truly given if experiencing ourselves as autonomous in our intentional actions – at least, if we don’t do something we explicitly know to be forced to by external or internal causes. We further take for granted that we are truly able to perform the envisaged behaviour successfully, and to pursuit and achieve our intended goals. Although we are usually not aware of this specific capability, we are indeed able to become aware of it. Such an explicit belief in one’s capability to perform certain actions successfully is called *self-efficacy* in cognitive-behaviouristic psychology (Bandura and Adams 1977). From a phenomenological point of view, however, this psychological concept of self-efficacy can be described as the reflective reconstruction of pre-reflectively given intentions of anticipation (Edmund Husserl) of one’s *personal effectivity* in one’s (interpersonal) world with respect to one’s intended goals. In other words: goals which are valued as ‘worthy to pursuit’ are already pre-reflectively shaped as the attractive ones according to our accustomed capabilities (Drummond 2002, 2008). “Value-attributes are the correlates of ... the affective response of a subject with a particular experiential history—that is, particular beliefs, emotional states, dispositions, practical interests, and so forth—to the non-axiological properties of an object or situation.” (Drummond 2010, p. 416) Such pre-reflective guidance neither means that we simply want what we can achieve or only want what we could achieve, nor does it imply that we always achieve what we want or that unwanted and unexpected effects are not possible.

So far for describing Drummond’s approach to moral agency more closely, especially focusing on the distinction between pre-reflective valuing and reflective judging. On the background of phenomenological approaches to ethics and moral philosophy, especially relying on the works of Drummond, we can describe two forms of experienced self-determination.

1. An often pre-reflectively experienced form of self-determination on the level of freedom of (intentional) action. Here, the concerned person’s underlying interest is to behave effectively with respect to her goals. This sense of self-determination equals personal

(behavioural) effectivity in line with one's actual motivations and intentions, whether these intentions are directed towards self, world or others. Furthermore, this lived self-determination is deeply embedded and habitualized; pre-reflective intentions of anticipation with respect to one's effectivity and one's potential judgement are commonly describable as inherent features of accustomed behaviours in agents. However, as has already been pointed out, behavioural effectivity, as well as implicitly assumed future judgements, lead a person only half-way towards self-determination in its fullest sense. Currently relevant interests of a person can indeed be superficial, mistaken and/or self-deceptive with respect to her deeper, underlying, or 'true' and authentic interests.

2. An often reflectively experienced form of self-determination on the level of freedom of the will. In this form, the underlying interest is to be a responsible person (as indicated above). Or, as Drummond calls it: a self-responsible person. Self-responsibility means, from a phenomenological vantage, nothing other than being authentic: "The authenticity of this kind of life is responsible self-realization, taking responsibility for one's convictions and for disclosing the evidence that warrants those convictions (to oneself and to other people J.S.)." (Drummond 2010, p. 423) Following Drummond, our interest in self-responsibility (authenticity) flows from "the teleological dimension inherent in all intentional experience, the striving toward fulfilment." (p. 421) This interest in being authentic (or responsible) *can take us all the way* to self-determination, since it promotes the reflective disclosure of the object of one's valuing experience in its relations to one's interests. Such 'taking stock' of one's life and life-conduct with respect to one's deepest principles allows people to test, pro- and retrospectively, the adequacy (authenticity) of a person's valuing in relation to her interests—not only for oneself, but also for others. Alterations and impairments of a person's freedom of the will are, of course, of outstanding importance for our approach here.

To summarize, we can conclude that the experience of being self-determined has its most important pre-structure in our experience of agency. To be more precise, freedom of intentional action requires pre-reflective effectivity with respect to the initiation of one's behaviour (setting it in motion according to one's goals and intentions) and the effects of one's behaviour in the world as regards one's intentions and goals (Schlimme 2010a). According to these descriptions of the experiential structure of being self-determined, we can differentiate three domains of this pre-reflective self-referential effectivity. They can be

described, in phenomenological reflection, in those experiences in which a subject feels to be the causal *and* unhampered agent of her behaviour. These domains are, however, located on the level of freedom of intentional action. Nonetheless, each of these domains implies the pre-reflective anticipation of a possible active deliberation of one's experienced self-determination with respect to one's explicit (moral) values or principles:

1. A given effectivity of one's intentions with regard to one's behaviour and the pre-reflective anticipation of a positive (moral) evaluation of one's intended behaviour as can be tested in prospective deliberation;
2. A given effectivity of one's behaviour in order to pursuit and achieve one's intended goal and the pre-reflective anticipation of a positive (moral) evaluation of one's behaviour as acceptable, as can be tested in pro- and/or retrospective deliberation;
3. A given effectivity of one's behaviour on oneself in the long run and the pre-reflective anticipation of a positive (moral) re-evaluation of one's past behaviour from some future vantage as can be tested in retrospective reconstruction.

The fact that all three domains of self-referential effectivity can be described in a certain behaviour does, however, not imply that this pertinent behaviour will be called autonomous, whether in prospective deliberation or if looking back in judgemental retrospect. In fact, the pertinent agent may not even have any proper reason whatsoever for his behaviour. Nevertheless, he may feel free in its performance (e.g. in so called flow-experiences). These three different kinds of effectivity are indeed merely describing features which are inherently given in pre-reflectively experienced self-determination on the level of freedom of intentional action. We may, however, act virtuously and therefore morally justified.

The experience of being self-determined in suicidal mental life

In this Sect. "[Introduction](#)" will draw on these two different kinds of distinctions, developed in the section above, in order to describe alterations of lived self-determination in suicidality in a more detailed way. I will, on the one hand, focus on the freedom of intentional action claiming that on this level most suicidal people can experience their suicide as a self-determined act. Nevertheless, even on this level special impairments are given. It will be interesting to see, in which domain of self-referential effectivity this impairment can be retrieved in our phenomenological enquiry. On the other hand, I will focus on possible connections, or correlations, of alterations in these domains of

self-referent effectivity with impairments of free will in suicidal mental life. I am convinced that some connections should be found; and that the phenomenological description of these connections is helpful for better comprehending suicidal mental life in its experiential structure.

1. Suicidal acts are in most cases experienced as self-determined in the first domain, because people who kill themselves usually intend exactly that. There is also empirical evidence from psychological autopsy studies that this basically is the case (Shneidman 1993). In other words, on the level of intentional action, suicidal behaviour could indeed be experienced as unhindered (if it is in line with the actual strongest interest). Of course, this cannot simply be taken for granted from a third-person-perspective, as especially Gavin Fairbairn argues (1995, p. 57–69). Suicidal people can, for instance, change their minds in the middle of their previously intended action, or after attempting suicide. The latter is a well known feature in emergency rooms; frequently people show up having called the emergency line themselves after, for example, ingestion of an overdose followed by a change of mind. This change of mind indicates a possible impairment in this domain, which is often named as ambivalence of suicidal mental life. Suicidal people may indeed remain unsure about the question whether suicide is really their last rescue-option or not. There are, in other words, two (conflicting) interests in the same person at work at the same time.

There is a special kind of suicide, which demonstrates this very clearly. It may not be occurring very often, and I personally never ran across it in my time working as a psychiatrist, but it has single-case-study-evidence on its side. It was called ‘musical chairs’ by Karl Menninger (1938), or an ‘ordeal’ by Jean Baechler (1975; Fairbairn addresses it as ‘cosmic gamble’, 1995; 2008). In this special case persons suspect that some other way out of their desperation might probably show up in near future, or they might in fact use a gambling technique like Russian roulette. There is, indeed, empirical evidence that suicidal people can have an explicit intention to survive accompanying their intention to kill themselves (this has especially been argued for people suffering from borderline personality disorder, and I can give testimony to such deep ambivalence in suicidal people). Anyway, in these cases the suicidal person’s intention is not clear. To be more precise, the suicidal person is at odds with herself, whether she should really kill herself or not. We could say that she is hindered internally on the level of intentional action due to two conflicting interests.

Far more common is an appellative suicide gesture (‘cry for help’, Erwin Stengel 1961; ‘suicide gesture’, Gavin

Fairbairn 1995). In this case, the suicidal person maintains the explicit expectation that other people, loved ones for instance, could in fact be of help. She seems to be convinced, however, that it requires a ‘faked’ suicide attempt in order to get their awareness. In other words, the pertinent’s person intention is primarily not to kill herself, but to appear to others as a person which is so utterly despaired that she actually intended to kill herself (although she didn’t). She might even be ambiguous with respect to the question whether she should attempt a suicidal ‘cry for help’ or if it might be possible to acquire the required attention on a different and less dangerous way.

Anyway, in all these cases the person’s level of freedom of intentional action is, internally, hindered or even contradicted by another motivation. All this indicates not only that it is necessary to distinguish between a freedom of intentional action and freedom of the will if trying to address the topic of self-determination phenomenologically. It is demonstrating that it is of special interest with respect to lived self-determination in suicidal mental life, whether the person truly intends to kill herself or not (if it is her strongest interest, if she can identify with this interest and so forth). We will come back to this in our discussion and, not surprisingly, in the following paragraphs in which we deal with the other domains of self-referential effectivity.

2. Suicide is imagined as being effective in achieving the intended goal (‘relief’, ‘remedy’, ‘rescue’). In other words, it would not be chosen as means to achieve it if the suicidal person would not pre-reflectively value and/or reflectively judge it as effective and suited. It is, furthermore, valued as self-determined with respect to this domain. Yet, there might be doubts whether it is truly the best, last, or only way to achieve the intended goal. As already discussed in the paragraphs above, other interests might contradict the valuing of killing oneself as being the ‘right thing to do’. Suicidal people might, for instance, simply wish a ‘pause in their life’, comparable to some kind of deep slumber, or they might intend to get others attention (‘cry for help’).

Nonetheless, as already discussed above, the desperate person’s ability to behave effectively with respect to changing her desperation is the key feature rendering suicide a ‘relief’, ‘remedy’, or ‘rescue’. It is, in other words, the pre-reflective anticipation of this effectivity which ‘produces’ the pre-predicative experience of self-inflicted death as an attractive, valuable and probable goal. This pre-reflective valuing of one’s self-inflicted death as ‘relieving’, ‘liberating’, or maybe even ‘rescuing’ cannot be easily altered self-consciously if truly being utterly despaired. This holds true even if a person explicitly knows, or retrospectively reconstructs for example in therapeutic

settings, that her valuing of her self-inflicted death as attractive ('relief', 'remedy', 'rescue') is influenced by her actual mental condition. She cannot, in other words, alter her pre-reflective valuing profoundly on the spot. Suicidal mental life can in fact be truly two-fold with respect to this point: a suicidal person can ideate killing herself, while simultaneously knowing that this ideation is partially a result of her blackest despair which is, for example, her actual mental condition due to ongoing and seemingly unchangeable depression, or chronic pain, or so forth. Exactly this kind of ambiguity is central for the well-known and, at least from a clinical perspective, fabled ambivalence in suicidal mental life.

Hans, for instance, knew very well that he deemed suicide as a 'relief' because he was feeling lonely and left behind (by his wife, his friends). He knew that valuable social contacts would help him to overcome his loneliness and that, accordingly, he would not experience the option of putting himself to death as that attractive and relieving. This insight, which he pronounced clearly in the above mentioned statement, was not the result of a long therapeutic process, but an insight already there in the time before attempting suicide.

Anyway, the fact of discovering the possibility to kill oneself as an effective way to change one's otherwise seemingly unchangeable desperation is of outstanding importance. This has been, for example, captured in the term "natural liberty" by David Hume (1783/1995, #3), who claimed to be thankful "for the power with which I am endowed of escaping the ills that threaten me" (#5) (this should hold true, as Hume argued, even if one would believe in providence, what Hume didn't do of course). According to our phenomenological descriptions of lived self-determination in suicidal mental life, we can admit that there is always and in every suicidal behaviour an experienced quality of self-determination (called here minimal sense of self-determination). This means sometimes nothing more than that it is the afflicted person herself who determines, or has determined, that suicide is a possible behaviour to effectively alter her experience of desperation, her feelings of despair, her desperate state of mind. This minimal sense of self-determination can be compared, though this may appear rude, to our last resort of computer-control stemming from our claim: I can still pull the plug.

Anyway, this minimal sense of self-determination in suicidal mental life is due to its inherent reflective quality, indicating all the time: I have discovered this rescue-option personally for myself. It is important, however, to recall that this subjective evaluation is not necessarily saying something more from a moral point of view. The pre-reflective valuing ("wertnehmen") of self-killing as attractive, as relieving, rescuing or liberating seems indeed to be specifically pre-scribed by the pertinent's person

desperation. We could suspect that this might also be the case for reflective judgments of self-inflicted death as last resort and/or as one's last autonomous act (indicating an identification with one's pre-reflective valuing). I will address this idea more closely in our next section.

3. Suicidal behaviour is directed towards oneself, indicating a high self-related effectivity in the third domain. Self-determination, as experienced from the suicide's point of view, has therefore its natural end in one's own death (at least in this life). Suicidal people who muse about killing themselves are usually aware of the radical alterity of death. Although they may not be able to pinpoint exactly their epistemological and experienceable limits with respect to 'death', they know that their death will be irreversible in the sense of not allowing them to re-enter this life anymore. This does not deny that other effects on others might be intended too, like the induction of shame or guilt in others ('cry for help'), or that people might have fantasies about 'resting for a while'.

Nonetheless, there is clinical evidence that self-inflicted death is not valued as 'relieving' or 'rescuing' if a person is not aware that death is radically different from life. For example, severely depressed people with Cotard's syndrome usually expect self-killing to be ineffective. Being delusionally convinced that their body has already died, suicide is devoid of its rescuing qualities. Piet C. Kuiper, a renowned dutch psychiatrist who suffered himself from repeated severe depression, reported exactly this kind of delusionally altered quality of suicidal mental life in his extraordinary insightful autobiographical novel on his severe depression and recovery (Kuiper 1988, p. 85ff).

There seems to be an inherent connection between one's pre-reflective valuing of suicide as 'relieving', 'liberating', or 'rescuing', and the simultaneous perception, or valuing, of death as being radically different from earthly and fleshly life. In other words, it seems to display these qualities of 'relieving' and so forth, not only because it can be performed effectively by oneself. But, it seems to be valued as such also because it will lead to some state of mind/oneself which is radically different from everything going on right now. It can therefore be addressed as the last resort even if being in blackest despair. If this is true, and Anne and Hans would have agreed, then this would imply that suicidal people can be aware of the fact that a personal retrospective evaluation of one's suicide will be impossible. In other words: they could be aware of the simple fact that it will be impossible to prove that their suicide was really the adequate behaviour and that it can still be called that from some time in the future. Anne, for example, was very well aware of this fact too. She addressed it herself, in an, admittedly, aggressive sense, claiming: "I know, you

could say: Look, there are so many people with even worse disabilities than blindness, no legs, no arms and still happy. I know. But this is not me. For me, blindness is unbearable.” She simply rejected, at least in overt communication, the fact that indeed she, being an intelligent and fairly sophisticated woman, could learn how to live a good life as a blind person. In other words, she knew that she, once having killed herself, would not be able to test in retrospect, from some time in the future, whether her behaviour would still be judged from her point of view as having been justified. And, she furthermore suspected that it could well be that she would judge it as not justified from some future vantage point (just like Hans did, claiming that his attempt was premature at last).

This inability to re-evaluate one’s suicidal behaviour from some future vantage point seems to be a major limitation with respect to the possible scopes and forms of lived self-determination in suicidal mental life. It makes the suicidal person’s explicit (reflective) identification with her pre-reflective valuing of self-inflicted death as ‘relieving’, ‘liberating’, or ‘rescuing’ difficult. From a phenomenological vantage, this difficulty directs us to a description of the most self-determined way of justifying self-inflicted death which can be achieved. According to Anne, this seems to be the case if the suicidal person values, and reflectively judges, her suicide as a sacrifice for that kind of life-conduct which she deems also worth dying for. In other words, if she truly identifies with her pre-reflective valuing also from a more distant point of view, which should involve ethical reflection and so forth. Or, more simply put, if her intention to kill herself is authentic.

This claim becomes clearer if recalling that we, as human beings, are persons. Being a person implies being able, and challenged, to conduct our lives in the way we deem to be best. In Sect. “[The Experiential Structure of Being Self-Determined](#)” we already discussed the possible phenomenological understandings of this fundamental human interest, drawing on John J. Drummond’s work. ‘Best’ appeared to be just another word for ‘authentic’, which is, as I readily admit, an evenly broad concept. It is, however, at least from a phenomenological point of view, retrieving the pre-reflective valuing of a self-determined conduct of life. To re-quote Drummond once again: “The authenticity of this kind of life (self-determined kind of life, J.S.) is responsible self-realization, taking responsibility for one’s convictions and for disclosing the evidence that warrants those convictions (to oneself and to other people, J.S.).” (Drummond 2010, p. 423) In other words, lived self-determination in suicidal mental life reaches its highest standard, only if a person deems her own death, either self-inflicted or personally risked, to be a way of disclosing the evidence that warrants her convictions to mankind, and herself, in prospective deliberation.

According to these phenomenological descriptions the following four statements are possible:

1. One experiences one’s (self-inflicted) death only as one’s last rescue, if one is utterly despaired;
2. The aspect of an effectively achievable change (undeniably given in death) is crucial with respect to the rescue-quality of one’s death in a desperate state of mind, but implies that suicidal behaviour can never be experienced as self-determined in a full sense (e.g. impossibility to fulfill the pre-reflective intentional anticipation of retesting whether one’s suicide was really justified);
3. In every suicidal experience a minimal sense of self-determination is given in the (personally discovered) ability to kill oneself. In other words, self-inflicted death cannot be performed without at least a minimal sense of self-determination, inherent in the explicit knowledge that it is yourself you are putting actively to death;
4. Suicide can be experienced as personally justified in the best way possible for this behaviour if a (unachievable) way to conduct one’s life is also deemed worth dying for. In other words: if it is the authentic thing to do.

Discussion

In this paper I tried to describe the possible forms and scopes of lived self-determination in suicidal mental life from the first-person-perspective drawing on the phenomenological method. From these descriptions we can conclude that suicidal mental life neither offers the experience of being fully autonomous, nor the experience of complete heteronomy. In fact, as the phenomenological description demonstrated, a person cannot decide to suicide without having a, at least, minimal sense of self-determination.

In a certain sense, this seems to be a trivial statement. Every suicide is, per definition, at least minimally self-determined, because self-killing is about oneself. It cannot, however, be taken for granted that this fact is acknowledged by everyone. At least, it is not taken for granted if adopting, for example, a strictly medical attitude or a religious attitude in which killing oneself is deemed to have nothing to do with self-determination, or is the far craziest thing you could ever do. To acknowledge this fact of a minimal sense of self-determination does, furthermore, imply to acknowledge another, maybe even similarly trivial fact: this personally discovered option to ‘pull the plug’ strips desperation of its most despairing feature, which is utmost helplessness. In other words: the knowledge of this personally discovered option sustains and

supports a desperate person, because it offers a second possibility besides simply enduring desperation. It is this sense, in which Friedrich Nietzsche (1844–1900) wrote in *Beyond the good and the bad*: “The thought of suicide is a great comfort: it helps one to get through a bad night” (1994, III, Statement 157). If reframed from a phenomenological point of view, we could say that it is the possibility to perform the suicidal act freely, if intended, which is administering a minimal kind of freedom to suicidal mental life as compared to a desperate mental life. This freedom is, on the one hand, located on the level of intentional action; on the other hand, it is also a freedom of the will, because the possible goal of killing oneself was simply not given before being discovered by the pertinent person herself. Obviously, as we can conclude, this very trivial thing is a very complex phenomenon, at least from a phenomenological vantage point. It is therefore not simply a question of how we define the term suicide, but just the reverse: the definition of suicide as intentional self-killing would be incomplete, and obviously contrary to our human lifeworlds, if ‘intentional’ would be understood only in the way of a self-conscious volition. Instead, it is indicating the relationship between the experiencing subject and its experienced object; insofar, it also indicates pre-reflective qualities of our relatedness to our world.

The discovery of one’s ability to kill oneself is, therefore, not only the starting point for being suicidal. It is also a non-axiological property of the object ‘intentional self-killing’, which can be pre-reflectively valued in different ways. It can be valued, for example, as unattractive, seducing, relieving, premature, liberating, immoral, ineffective, horrifying, or even as attractive. The pre-reflective valuing of the object ‘intentional self-killing’ is, as has been argued above, prescribed by our momentarily state of mind. If, for example, being humorous and delighted, it is difficult to think about suicide as a beautiful and liberating behavioural option. If, however, being in a desperate state of mind, a state which is self-consciously valued and judged as unbearable and unchangeable, suicide can appear to be the only autonomous and relieving act achievable. Even if the suicidal person takes her desperation as the necessary condition for experiencing her suicide as a possible rescue or relief into account, the experienced attractiveness of one’s suicide as rescue or remedy does not vanish. For example, if you tell a depressed person that her helplessness and hopelessness is a typical symptom of her mental illness and that a reasonable treatment can in fact improve her mental condition, this need not lift her spirit. If she, for example, thinks of suicide as her only true remedy, her pre-reflective valuing of ‘intentional self-killing’ as relieving will hence remain completely unchanged. In other words, the various forms and scopes of lived self-determination in suicidality basically rely on this crucial

feature of a minimal sense of self-determination inherent in intentional self-killing.

In an equal fashion, the possible scopes of lived self-determination in suicidal mental life are limited on the opposite side, on the side of fuller autonomy. The main limitation, besides being prescribed in one’s pre-reflective valuing by one’s actual state of mind, is the impossibility to re-evaluate one’s suicidal behaviour retrospectively. This impossibility is well known by suicidal people and marks the major difficulty to identify with one’s pre-reflective valuing of suicide as attractive and so forth. The suicidal person’s awareness of this fundamental limitation makes understandable, why killing oneself is often not a hasty decision. The pertinent person’s musings, whether it is indeed the right time to kill oneself or if some other option to alter one’s unbearable desperation might still be available, becomes therefore a question of authenticity. In other words, because you cannot give your behaviour second thoughts once you have done it, you should achieve the best decision not only for now, but for all times. This lives up to the motto: ‘Your decision should better be authentic.’ This style of how this situation, in which the suicidal person is called upon to decide, is disclosed indicates that the decision to kill oneself can be experienced as self-determined in the highest way possible, only if one’s own death can also be claimed to be in line with one’s deepest commitments. That way it becomes, in the eyes of the suicidal person, a sacrifice for one’s highest valued way of life-conduct; which is, in a certain sense, a very platonian way of suicide.

Our phenomenological descriptions support actual ethical considerations in philosophical debates which reach the same, platonian limit. Battin, maybe the leading philosopher in this field of medical ethics, claims that a suicide should only be called ‘rational’ if “dying accords with one’s most fundamental interests and commitments” (1996, p. 115). Similarly, Cholbi claims that a person’s suicide could only be called ‘rational’ if it is “a reflection of her true self” (2008). As Battin pointed out recently, we need to be aware of the difficulties to argue this claim sufficiently in real life. A support for rationality of a person’s suicide can only be possible if there is, ‘objectively’, no chance to get better or avoid pain and suffering in any other way (Battin 2010). She especially calls for further insights into the lived experience of people in these situations; a call, I tried to take up in this paper.

The insights into the various scopes and forms of lived self-determination in suicidal mental life – which has been delivered here in phenomenological terms from the first-person-perspective – could also be helpful for coping with a past suicide-crisis and for people who lost loved ones through suicide (so called ‘survivors of suicide’). It should at least be of help for professionals in their daily work,

because it offers a profound understanding of a crucial aspect of suicidal mental life.

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