

SCIENTIFIC MEETING

June 1st, 1938

(closed meeting)

Total attendance: 27

Guests: Dr. Gregory Zilborg, New York

Dr. Sheley

Dr. Nador

Dr. H. Heilborn

Mrs. C. Fenichel

Dr. Montgomery

G. Fraenkel

Dr. Abraham

Dr. Gingold

Dr. Brunswick presiding.

Speaker: Dr. Gregory Zilborg

Subject: "Clinical Aspects of Suicide"

Dr. Zilborg referred to two points in theorizing ~~about~~ on suicide: 1. suicide to be considered as a phenomenon regardless of practical aspects; 2. danger of postulating an underlying death instinct.

Death threat considered scientific (insulin shock etc.);

Approach still in medieval state of mind-, physico-chemical.

Dr. Zilborg spoke of investigation of problem of suicide as leading to severe anxiety; that such death anxiety is existent in everyone.

Suicide as a phenomenon is universal, it is almost a biological phenomenon. It is present in all races as well as in animals (monkeys, dogs through self-starvation). It is higher among the primitive races and is not a phenomenon of present culture as so often claimed.

Clinical findings: the statistics are unreliable because only the successes are recorded, excluding death resulting from unsuccessful attempts. The relation of murder

(aggression) to suicide is inverse in a given society.

(Rate of capital murders in Prussia is low, suicide high; in Ireland vice versa etc)

Differential diagnostic signs: Inquiry into relationship of deceased brother or sister during early childhood or puberty (ages 6 & 14) reveals death identification during high death instinctual conflict. The Oedipus complex is revived with particular strength; death in family is too realistic to withstand serious consequences (reverse constellation of oedip. compl)

There is a marked tendency among man to ceremonialize anything that has deep instinctual significance. Thus slow suicide is rationalized ceremony (tendency to attract attention, not pity, by looking beautiful) among depressives and needs investigating. Suicide is not directly related to manic-depressive psychosis. It is present under certain constellations in Hysteria and copulsion neurosis. Panicky suicide is frequent among schizophrenias. Suicides in hysteria more frequent among people whose oedip. conflict is at height. The classical circular manic-

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depressives yield fewest suicides because the aggressions are lived out during mania. The chronic depressives on the other hand yield a large number. The libido theory cannot be applied to sociological factors in understanding the problem of suicide, but only to the individual.

Discussion: Wilson, Glenn Myers, Montgomery, Brunswick

M.L.