

Psychoanalytic Perspectives on Theory and Practice with Self-Harm and Suicide

Tuesdays 29th September, 6th and 13th October

Seminar 1: Tuesday 29th September 2026

Psychoanalytic interest in suicide dates to the 1910 symposium on suicide in which Wilhelm Stekel wrote the most basic and crucial observation on suicide,

“...No one kills himself who has never wanted to kill or at least wished the death of another.”

Suicide and self-harm are acts of violence, perpetrated not just against the self but also others in the internal and external world of the perpetrator.

Freud remarked at the same symposium that suicide would not be understood until more was understood about the complex process of mourning and melancholia.

This thinking will be developed in the first seminar, where participants will read and discuss Freud's 1917 paper, Mourning and Melancholia and link this thinking to current practice using clinical material.

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Seminar 2: Tuesday 6th October 2026

Freud's formulations have been developed in many ways in a rich literature on suicide and self-harm. A key strand is the theory that suicidal fantasy is an unconscious motive for suicide.

In this way, more modern psychoanalytic thinking about suicide and self-harm goes beyond Freud's concept of an attack to destroy an inner presence. Theories have expanded the consideration of the importance of the (usually unconscious) fantasies that underlie self-harm or a suicide attempt. The discussion in this seminar will be of Maltzberger and Buie's 1980 paper on suicidal fantasy.

For Maltzberger and Buie revenge remained an important fantasy, however, they believed that there are also fantasies of punishment and of reunion with the idealised mother of early infancy. These ideas will be explored in relation to clinical material.

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Seminar 3: Tuesday 13th October 2026

The third seminar will focus on the difficulties of work with suicidal and self-harming patients for clinicians and other professionals.

In such work, an understanding of “countertransference” is vitally important, as in the relationship with the patient there are dangers of being drawn into a violent enactment, where the clinician becomes a player in the patient’s internal fantasy. Such enactments are almost inevitable in work with people who act with violence in what Sandler (1976) called “role responsiveness”.

The reading and discussion will be of my own 2026 paper on countertransference and work with suicidal patients.