Suicide in Contemporary Western Philosophy I: the 19th Century

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Introduction

This chapter explores some of the dominant philosophical ideas surrounding the phenomenon of suicide in 19th century western thought. Largely continuing on from the approach of the preceding century, conceptual definitions of suicide in the 1800’s typically assumed the phenomenon could be unproblematically defined intuitively as an intentional, self-caused death. Nevertheless, there were major philosophical developments that led to reconfigurations of how to understand the *causes* and, therefore, the *morality* of suicide. Two such developments in particular shall be addressed here.

The first major development to be considered is the shift in thinking about suicide from *moral* terms to *biological* and/or *psycho-sociological* terms. The explosion of successes in the empirical sciences in the 19th century was concurrent with the emergence of psychology and sociology as autonomous disciplines. Relative to the perceived stagnant scholastic debates over the the ‘evil’ of suicide, a reconsideration of its causes in terms of powerful emotions (e.g. grief; melancholy; resentment, etc), as well as social factors (e.g. irreligiousness; socio-political instability; lack of family life, etc), appeared to offer a more productive research program in line with the dominant empirical methodologies. An implication of this profound shift in attitude towards the phenomenon of suicide was that traditional arguments for and against its permissibility—religious or otherwise—became, at best, redundant, and at worst, a pernicious influence on intellectual and social progress. Section 1 analyses this shift in detail, disentangling various psycho-sociological approaches to suicide. In particular, it addresses how these approaches facilitated an attitude towards suicide as a pathological phenomenon symptomatic of biological and social decline or degeneration; a problem that ultimately required *medical* *treatment* as opposed to *moral condemnation*.

The second major philosophical development of the 19th century to be considered with respect to the phenomena of suicide is the pessimismusstreit or ‘pessimism dispute’, which (alongside the materialism controversy) dominated the philosophical milieu in Germany from 1860-1900. Coming to prominence at a time of decline in European religiosity, philosophical pessimism calls into question the value of life, boldly asserting that non-existence is essentially preferable to existence. While this provocative view—as well the closely related view of ‘nihilism’—might be thought to vindicate or even *entail* suicide, many of the most prominent pessimists, including Arthur Schopenhauer and Eduard von Hartmann, denied that this was the case. Sections 2 and 3 investigate how pessimists, while typically dismissive of traditional arguments against the moral permissibility of suicide as philosophically bankrupt, nevertheless provided modest moral (as well as practical) reasons to reject at least some forms of the practice. Consequently, a moralising resistance to the then growing medicalisation of suicide came from the unlikeliest of sources: those who thought, for a variety of reasons, that life was not worth living.

I argue that pessimistic approaches to suicide thus embody an interesting philosophical struggle that illuminates the nuances of prevailing attitudes to suicide in 19th century Europe. On the one hand, pessimists’ retention of moral categories to analyse suicide keeps one foot in the preceding centuries, and therefore represent a kind of philosophical atavism. On the other hand, pessimists’ typical rejection of the traditional moral arguments for the impermissibility of suicide, and particularly their resulting *force* of moral, legal, and religious condemnation, places the other foot in their contemporary sphere, situating them closer to the ‘progressive’ elements of psychological and sociological approaches to suicide.

1. Suicide as a Medical and Cultural Problem: The Rise of Psychology and Sociology

In 19th century Europe, there was a widespread perception among social commentators that suicide rates were rapidly rising. Tomáš Masaryk, in his 1881 study of suicide, went as far as declaring it “the sickness of our time” (Masaryk, (1970) [1881]). In a growing atmosphere of enthusiasm for the explanatory power of the empirical sciences and philosophical materialism more broadly, the newly established fields of psychology and sociology sought to provide a scientifically-minded account of these allegedly rising rates of suicide. Among the wide variety of postulated causes, attention was paid to: poor physical health, hostile climate, irreligiousness, neurosis, urbanisation, socio-economic hardships, political instability, family turmoil, and so on. In France, for example, Edmond Lisle and Alexandre Brierre de Boismont separately took it upon themselves to classify and analyse the motivations of those committing suicide. Pouring over the letters, notes, and writings of thousands of victims, they sought out trends that might indicate the common causes of those attempting to kill themselves, listing, in addition to the above: insanity, unreciprocated love, debt, gambling, legal troubles, and so on (Goldney, et. al, 2008: 78-79).

Interpreting increased rates of suicide as a result of such variables inevitably framed suicide (among other phenomena) as a symptom of biological and/or social decline; as something that required *diagnosis* and *treatment*, rather than moral condemnation. Indeed, there was an almost hysterical preoccupation with the notion of ‘degeneration’ and social regression among theorists working at the interface between the social and biological sciences.[[1]](#footnote-1) To fully appreciate the nature and extent of this paradigm-shift into thinking about the phenomenon of suicide in medicalised terms, it is necessary to disentangle the numerous strands of psychological and sociological accounts of the the phenomenon. We can begin by broadly distinguishing two trends of thinking: (i) suicide as a symptom of illness (i.e. bodily or mental decline); (ii) suicide as a symptom of social decline. As we shall see, these were not mutually exclusive.

There is a noticeable shift in the terminology applied to the phenomenon of suicide at the turn of the 18th century. Leaving talk of ‘violations of duty’ behind, the emphasis became upon the notions of the ‘health’ and ‘sickness’ of the suicidal individual. As a small but representative sample: The Danish physician Henrich Callisen (1740-1824), for example, conceived of suicide as a form of illness (Goldney, et. al, 2008: 75–76). The French psychiatrist Jean-Étienne Dominique Esquirol (1772–1840) argued for the idea that suicide generally resulted from “a disorder of the emotions” (Esquirol, 1821). George Burrows, an English physician whose work on insanity exerted tremendous influence on the topic in the 19th century, associated suicide, typically, with “melancholia” (Burrows, 1828: 413), and further argued that “the medical treatment of the propensity to suicide…differs not from that which is applicable in cases of ordinary insanity” (Burrows, 1828: 449). While all were sensitive to how social factors could be contributing causes to suicide, they are representative of a wider shift towards medical diagnoses as exhaustive explanations of suicide.

One of the most dominant conceptual frameworks used to analyse suicide in these terms centred upon degeneration theory. Initially developed in the late 18th century by a number of French and German thinkers, this theory held that species, societies, and races, can, have, or will, diverge or ‘degenerate’ from an original type. Degeneration theory came to thrive in the 19th century when it was adopted by a number of medical and social scientists—such as Cesare Lombroso, Joseph Arthur de Gobineau, Charles Féré, and Bénédict Augustin Morel—seeking to apply its principles to understand human variation and flourishing. The socio-biological notion of degeneration and its associated concepts were invoked to explain a variety of human behaviours, tendencies and beliefs, including (but not limited to) various forms of criminality, immorality, pessimism, insanity, eccentricity and megalomania. One such behaviour this degenerationist framework attempted to explain was suicide. An account representative of this tradition is outlined in Max Nordau’s 1892 hit *Degeneration* [*Entartung*].[[2]](#footnote-2) After introducing the principles of degeneration theory, Nordau offers statistics purporting to demonstrate the “constant increase of crime, madness and suicide” (Nordau, 1989: 40) in the 19th century. Suicide (among other phenomena), Nordau claims, speaks to the “malady of the period”, and its rates—like crime rates—“can be measured and counted, and thus are susceptible of being scientifically established” (Nordau, 1898: 40).

This framing of the issue is interesting for two reasons. First, it is telling that suicide was conceived under the same umbrella as crime and insanity, namely: as a *problem* (ultimately of a medical kind) to be solved. Second, it suggests that the problem of suicide was typically seen as a specifically *modern* problem. This was not to say that suicide had never occurred, or was never considered, in antiquity, but rather that the perceived increase of cases pointed to its correlation with industrialised, modern society. For instance, on the number of “nervous diseases” he takes to be at the root of modern suicides, Nordau goes on to say: “Let it not be believed that they always existed, and were merely overlooked…they are exclusively a consequence of the present conditions of civilized life” (Nordau, 1898: 41). But how, specifically, did Nordau and other degeneration theorists take psycho-physiological forces, triggered by various social changes, to cause suicide?

The condition of neurasthenia—a general term for a form of emotional disturbance and hyper-sensibility; a somewhat intermediary between sanity and madness—was typically linked to suicide by 19th century commentators. Nordau is again representative of this trend. In a telling passage, he says the following:

All the symptoms enumerated [including suicide] are the consequences of states of fatigue and exhaustion, and these, again, are the effect of contemporary civilization, of the vertigo and whirl of our frenzied life, the vastly increased number of sense impressions and organic reactions, and therefore of perceptions, judgments, and motor impulses, which at present are forced into a given unity of time (Nordau, 1898: 42)

Neurasthenia and suicide are claimed here to be linked in the following way. The psycho-physiological nature of some persons is such that they are over-sensitive to stimuli. In our rapidly-evolving and fast-paced modern society, humans are bombarded with multiple and evocative stimuli, and this leads such neurasthenic persons to a kind of lassitude or weariness. In turn, this makes objects in the world consciously register as obstacles and chores. Unsurprisingly, such persons come to define their reality exclusively in terms of suffering, construct a net-negative appraisal of life as a tiring, ceaseless struggle, and when the subject reasons that their sufferings are too great to be worth enduring, they are led to suicide as means of escape.

The notion of ‘civilised’ society being a fast-paced, rapidly evolving entity that can produce exhaustion or fatigue in certain individuals was common. The influential Italian physician and psychologist Enrico Morselli, for example, described suicide as “an effect of the struggle for existence and of human selection, which works according to the laws of evolution among civilised people” (Morselli 1881: 354). Evoking social-Darwinian themes, Morselli held that because modern society is constantly transforming relative to pre-industrial times, it requires adaptation and competition. Naturally, he thought, “weak characters and inferior organisms” (Morselli 1881: 358) would be casualties of this mode of living, becoming weary and fatigued to the point of finding life itself a burden. Like Nordau, Morselli found suicide to be just one symptom of this kind of neurasthenia: “misery, disease, prostitution, madness, suicide…represent the inevitable result of the struggle for existence” (Morselli, 1881: 361).

Perhaps the most well known and influential account of suicide in 19th century Europe is Durkheim’s sociological study of it in his 1897 work *Suicide*. Building on statistical work by Morselli, Durkheim postulated the existence of various social pathologies to explain rising suicide rates. The most well-known of these is the concept of *anomie*, which is a social condition defined by the breakdown of the social norms which facilitate understanding and communal interaction between a given society’s members. Durkheim, considered a number of forms of suicide to be determined by an imbalances of social forces, whereby there is either *over-regulation* and oppression of the individual, or, at the other end of the spectrum, a *deficiency* of regulation via moral norms. It is suicide as symptomatic of *anomie* which he is most known for, according to which insufficient social regulation to facilitate shared values, goals, and a sense of meaningful integration of individuals in a community spawns feelings of aimlessness, despair, and moral confusion that preclude the possibility of expectation and aspiration. Accordingly, for Durkheim, it is a mistake to consider personal psychological conditions—stress, anxiety, grief, despair—to be postulated as exhaustive explanations of suicide, independently of the social fabric and context they occur in. On the contrary, for Durkheim, suicide is a deeply *social* phenomenon. One of the famous case studies he offers to substantiate this thesis is the differing suicide rates between Protestants and Catholics, holding that stronger forms of social control (and thus, integration) among the latter explain their lower suicide rates compared to the former (Durkheim, 2005: 105-110).

Though Durkheim’s relationship to degeneration theory is complicated (see Hawkins, 1999), he did see the rising suicide rates in Europe as cause for alarm (Durkheim, 2005: 334), and at times deployed some of its typical rhetoric. For example, he writes:

Since we are its handiwork, society cannot be conscious of its own decadence without the feeling that henceforth this work is of no value. Thence are formed currents of depression and disillusionment emanating from no particular individual but expressing society's state of disintegration. They reflect the relaxation of social bonds, a sort of collective asthenia or social malaise, just as individual sadness, when chronic, in its way reflects the poor organic state of the individual (Durkheim 2005: 172)

But very *unlike* traditional degeneration theories, Durkheim’s view was that at least some forms of suicide were, like crime, rather normal occurrences in modern society (Hawkins, 1999). For example, he evidently considers one type of suicide, which results from traditional values and institutions losing their authority, to provoke the rise of the progressive Enlightenment emphasis on ‘reason’ and ‘freedom’ in combatting the power of orthodoxy. Some suicides, on this view, might then be the expected “ransom money of civilisation” (Durkheim, 2005: 334). Moreover, Durkheim’s consistent suggestion for the treatment of ‘degenerate’ behaviours in individuals was one of radical institutional reform conducive to the ends of social integration, and not one of a panicked quarantine of the ‘sick’ from the ‘healthy’.

So far we have seen that there was a seismic shift in how suicide was thought of in the 19th century, moving away from moral reasoning and (typically) moral condemnation of the practice, and towards an allegedly hard-nosed scientific analysis of suicide through the lens of the newly emerging fields of psychology and sociology. The import of this seismic shift towards a strict aetiology of suicide which is relevant for our purposes here is that the psychological and sociological forces that gave rise to such a medicalised approach to suicide was explicitly conceived of as a *replacement* for what were seen as antiquated metaphysical-moral categories of ‘good’ and ‘evil’. As Nordau writes concerning how to interpret “the riddle of life” and its various phenomena: understanding them “is founded on a biological, not a metaphysical, basis”, and explains the various manifestations of degenerate behaviours as “an adequate or inadequate vitality, as the existence or absence of adaptability, as health or sickness” (Nordau, 1898: 150).[[3]](#footnote-3)

2. Suicide, Secularism & the Pessimism Dispute

Despite receiving relatively little attention from contemporary philosophers, there was a second major philosophical development in the 19th century which took the phenomenon of suicide to be of the utmost importance: the ‘pessimismusstreit’ or ‘pessimism dispute’.

Between the years of 1860-1900 in Germany, hundreds of essays, books, pamphlets, and salon discussions were occupied with either the defence or the critique of philosophical pessimism. While the term ‘pessimism’ can be associated with a variety of theses (see Hassan, forthcoming: Ch. 1), in the latter half of the 19th century pessimism took on a *de facto* definition as the view that life is not worth living; that non-existence is essentially preferable to existence. Initially articulated as a philosophical view by Schopenhauer, the likes of Eduard von Hartmann, Olga Plümacher, Julius Bahnsen, Agnes Taubert, and Phillip Mainländer all became prominent defenders of it. Such was the German preoccupation with the question of the value of life that, as one participant reflected: it gave rise to “an unlimited flood of tirades of a popular philosophical sort, and for a time…completely controlled general literature” (Windelband, 1926: §46, 673). In one of the only sustained treatments of the pessimism dispute in the Anglophone world, Frederick Beiser goes as far as claiming that pessimism was “the major philosophical dispute in Germany in the last four decades of the 19th century” (Beiser, 2016: 8).

The purported justifications for pessimism are manifold. One of the most popular justifications is hedonic in nature: happiness is impossible, and the essential ubiquity of suffering means that it will always outweigh the pleasures of life. But the force of this view cannot be fully appreciated without understanding the cultural and intellectual context from which it emerged. For a number of reasons, the 19th century saw the beginnings of the collapse of theism as an intellectually respectable worldview, and saw the subsequent demise of popular religion and religious institutions in the cultural life of Europeans, in which it was for so long essential (see Beiser, 2016: 5-7). Suffering was nothing *new* to the human experience in the 1900s, but the fracturing of the Christian worldview came to be seen by many to also compromise the framework underpinning traditional values, and the religious narratives which endowed suffering with the meaningfulness required to make it bearable. Suffering could no longer be justified as a moral challenge from God; as a necessary component in a guaranteed outweighing good; as an opportunity for character development; or as some other feature of a universe well-ordered for human felicity. It was this particular context which prompted Schopenhauer to reconsider the traditional problem of evil for a secular audience: can and does existence have any meaning or value at all?

Given this intellectual and cultural context, it ought to be noted that pessimism is closely related, yet conceptually distinct from, the concept of nihilism. While never coming to have a relatively fixed definition in the way that pessimism did, nihilism occupied the sustained attention of numerous philosophers as a similarly alarming consequence of theism’s decline, most famously: Nietzsche and Dostoyevsky. Where pessimists take there to be no problem with our values but rather with the world which systematically fails to realise them, one common form of nihilism is the reversal of this view: the world is not the problem, but rather the absence of any genuine values, where genuine values are understood as objective, authoritatively demanding, and meaning-conferring.

On the face of things it would seem that pessimists (and nihilists) would not only find suicide entirely rational and permissible, but also *advocate* for it as the best prudential outcome, and perhaps view it as a moral requirement. If life—an ultimately futile and misery-filled struggle—isn’t worth living, isn’t cutting it short surely both inevitable and, further, the best course of action (Jacquette, 2005: 135)? Many opponents of pessimism reasoned in exactly this way. For instance, Nietzsche—one of pessimism’s sharpest critics—claimed in an early work that its practical implications may go far beyond mere quietistic resignation: belief in the worthlessness of life via exposure to its many sufferings would “[enfeeble] man’s instinctive zest for life” to the point where “suicide [would] become universal” (Nietzsche, 1993: §15).

However, the reality is more complicated. Perhaps surprisingly, the vast majority of philosophical pessimists, in fact, *rejected* suicide, and provided some interesting arguments—some unique, some redeployments of older arguments—against the practice.[[4]](#footnote-4) Such arguments can generally be categorised into to types: (1) arguments that take suicide to be *irrational* (i.e. a failure of practical reason insofar as it fails to achieve what one intends it to); (2) arguments that take suicide to be *immoral*. While we shall briefly consider a version of the first kind of argument shortly, it is the second kind of argument which will be of primary concern here. Eduard von Hartmann, for example, while sympathetic to cases of suicide as understandable, nevertheless considered the practice immoral. The case of the suicide, he writes, is…

…as little deserving of admiration as in the sick person who, to escape the prospect of a per­petual toothache, reasonably prefers the painful drawing of the tooth. In both cases there is only well-calculated egoism without any ethical value; rather an egoism that in all such situations of life is *immoral*, save when the possibility of fulfilling one’s duties to one’s relatives and society is entirely cut off (Hartmann, 1893: III, 100)

Hartmann’s point is that the person who reasons that their suffering will always predominate over their pleasure, and takes measures to end their life on these grounds, merely acts prudentially. Since, for Hartmann, self-interested actions have no moral worth, and are the source of most manifestations of *im*morality, suicide is morally objectionable. The above passage suggests, however, that what makes egoistic action objectionable is its forgoing of obligations to others (i.e. “one’s relatives and society”) where they are present. This indicates that Hartmann’s objection to suicide is a rather orthodox one that is deeply social in nature; a point which becomes clearer as the passage goes on:

the suicide of a still capable individual not only saves the whole no pain, but even increases its torment, lengthening it out by the necessity, needing considerable time, of procuring a substitute for the amputated limb (Hartmann, 1893: III, 100-101)

Suicide is morally wrong where it causes harm towards specific others, or to society as a whole. In an approving commentary on Hartmann’s philosophy, fellow pessimist Olga Plümacher similarly writes that for any metaphysical monism which takes everything to share an underlying essence, suicide [*Selbstmord*] “appears…immoral [*unsittlich*]…because no phenomenon stands alone, but each individual occupies his specific place and activity in the whole” (Plümacher, 1884: 157).[[5]](#footnote-5) While moral condemnations of suicide as an interpersonal wrong will be limited in scope, allowing some forms of suicide to be morally permissible, both Hartmann and Plümacher are representative of a typical rejection of suicide (at least in the manner it most frequently occurs) within the 19th century pessimistic tradition.[[6]](#footnote-6)

Paolo Stellino is right, then, when he claims that “a pessimistic worldview does not necessarily go hand in hand with a pro-attitude towards suicide” (Stellino, 2020: 73). But to further elucidate 19th century philosophical approaches to suicide, it is worth pressing the nuances of *why* pessimists typically offered arguments against the practice. Offering the most sophisticated, and in many ways idiosyncratic, arguments against suicide from a pessimistic position, we will focus upon the views of Schopenhauer. Despite giving significant attention to the philosophy of suicide, even dedicating a specific essay to the topic, Schopenhauer is all-too-often ignored in its analysis. I aim to show that this is a mistake, and leaves us with an impoverished grasp of 19th century approaches to suicide.

3. Schopenhauer in Focus: A Middle Path on Suicide

Schopenhauer’s attention to suicide is nuanced and multifaceted, with his most sustained attention to the topic appearing in §69 of *The World as Will and Representation* (*WWR*) and a dedicated essay, ‘On Suicide’, later in 1851 (*PP2*, §157-§160). He presents both what we might call a *critical* project to undermine traditional approaches to the aetiology and morality of suicide, as well as a *positive* project to construct legitimate grounds for rejecting the practice. Schopenhauer begins his critical project noting that moral condemnations of suicide appear to be somewhat peculiar to Abrahamic traditions of thought, and the legal institutions influenced by them. He points to evidence of contrary evaluative attitudes to suicide as often noble (e.g. in the Stoics) and as a deeply religious act (e.g. Indian traditions) (*PP2*, §157: 278). This is all the more intriguing, he claims, since there is no textual basis for suicide’s condemnation in Christian scripture. Schopenhauer’s critical project is thus aimed at the *philosophical* arguments for the impermissibility of suicide that have been offered in its place by theologians, but also by contemporary ‘secular’ philosophers “who cosy up to them” (*PP2*, §157: 278).

Traditional moral arguments against suicide are numerous. They include a rejection of suicide on the grounds that it violates duties to oneself, to others, to God; or that suicide expresses various kinds of vice (e.g. cowardice, ingratitude, etc). All such arguments, however, Schopenhauer finds to be “weak, easily refuted sophisms” (*PP2*, §157: 278) which are “stuck fast in prejudices and conducted from the shallowest of grounds” (*OBM*, §5: 131). He rejects the concept of a self-directed duty as incoherent (*OBM*, §5), and the idea that one ought to feel gratitude for the ‘gift’ of life merely begs the question against a committed pessimist: “it is clear as day that anyone who could have first seen and looked the gift over would have said ‘no thank you very much’” (*WWR2*: 595). However, Schopenhauer does not directly address what precisely is problematic with the other prohibitions on suicide. Rather, he suggests that their fatal weaknesses are already so well documented in Hume’s *Of Suicide* that it would be superfluous to spend time rehearsing them.

The real substance of Schopenhauer’s critique of traditional arguments against suicide is, however, what he takes to be the moral psychology underpinning them. The grounds for these arguments “are so shaky”, he writes, that “they seek to compensate for the lack of strength of their arguments by the strength of expression of their horror” (*PP2*, §157: 276). In other words, priestly philosophers who lack the philosophical justification for the designation of suicide as a great evil veil this shortcoming with forceful rhetoric, “…and so we have to hear that suicide is the greatest cowardice, or is only possible in madness, and further absurdities of this kind” (*PP2*, §157: 276). But *why* would priestly philosophers be motivated to uphold the immorality of suicide in the absence of either scriptural or philosophical authority, and have to resort to “empty phrases” and “abusive words” (*PP2*, §157: 277)? Schopenhauer’s explanation for this zeal is that suicide—and especially high rates of suicide—suggest that something is awry with existence, and this does not sit well with the view, peddled explicitly or implicitly by priestly philosophers, that this world is the best of all possible worlds:

Could it not be this, that that the voluntary giving up of life is a poor compliment to the one who said ‘everything was very good’? Then once again it would be the obligatory optimism of these religions which denounces the killing of oneself in order not to be denounced by it (*PP2*, §157: 279)

Schopenhauer’s *critical* project is thus, in line with 19th century trends outlined in the previous section, primarily psychological in nature: since condemnations of suicide are *philosophically* bankrupt, it must be habits of *sentiment* that are driving them. But these sentimental condemnations of suicide are callously insensitive to the circumstances which provoke someone to suicide, which ought to elicit *sympathy* rather than anger or disgust. To establish this point, Schopenhauer encourages us to compare our emotional responses in the following scenarios:

Let us try for the time being to allow our moral feelings to decide on this matter, and compare the impression on us of the news that an acquaintance has committed a crime, say murder, cruelty, fraud or theft, with the news of his voluntary death. Whereas the former occasions lively indignation, supreme resentment, and calls for punishment or revenge, the latter arouses sorrow and compassion often mixed with a certain admiration for his courage, rather than the moral disapproval which accompanies a bad action (*PP2*, §157: 276)

Unlike murder, theft, and fraud, suicide typically provokes feelings of compassion for the person who felt compelled to take such extreme measures. Moreover, suicides also often simultaneously elicit admiration. Why? Because it takes great courage to overcome the natural fear of death, which is driven by a fundamental drive to self-preservation. That an extraordinary state of mind is required to conquer the “horrors of death [*Schrecknisse des Todes*]” which stand “as guards before the exit gate” (*PP2*, §158: 279) explains, Schopenhauer surmises, why there is a tendency to associated suicide with insanity.[[7]](#footnote-7)

The critical component of Schopenhauer’s analysis of the morality of suicide marks a sharp break from substantive evaluations of it which prevailed up to and including the 18th century. His finds the *typical* philosophical and legal basis for a rejection of suicide to be a failure, going as far as claiming that to hold suicide to be “wrong” is “totally senseless”, for “there is obviously nothing in the world to which everyone has such an indisputable *right* as his own person and life” (*PP2*, §157: 276). Nevertheless, despite his dismissal of traditional arguments against the permissibility of suicide, Schopenhauer’s second, *positive* component of his critique is an attempt to establish a legitimate ground for a rejection of the practice.

One set of reasons Schopenhauer offers in support of this rejection are *practical* in nature, and amount to the view that suicide is a self-contradictory act which offers only a “false illusion” (*WWR1*, §54: 307) of liberation from the will as the cause of our suffering, and is for this reason a “futile and therefore foolish act” (*WWR1*, §54: 307; cf. §59: 350-351; §69: 425-426). The nature of this practical argument and its shortcomings have been well-attested (Fox, 1980: 168; Stellino, 2020: 103-106; Cholbi, 2022: 151-154). What is more interesting for our purposes, and in light of the claims of the first section of this chapter, is Schopenhauer’s second set of reasons for his rejection of suicide; reasons which he describes as *moral*, in a sense that needs to be determined.

Schopenhauer’s rejection of suicide on ‘moral’ grounds is a matter of dispute. On the one hand, some have claimed that suicide, for Schopenhauer, is “not morally objectionable” but only misguided (Jacquette, 2005: 125; 138). Others, by contrast, have claimed that he takes suicide to be “deeply immoral” and “singularly appalling” (Migotti, 2020: 291-294; cf. Young, 2005: 194-195). The most plausible position lays somewhere in-between these two extremes. Schopenhauer is explicit that there *is* a legitimate ‘moral’ reason against suicide, namely: that it is “counter to achieving the highest moral goal insofar as it substitutes merely illusory redemption from this world of misery for the real one” (*PP2*, §157: 279), and even explicitly calls this the “*only relevant* moral reason against suicide” (*PP2*, §157: 279 - emphasis mine). While he deploys a historically common argument against suicide in terms of its frustrating of the *summum bonum*, Schopenhauer’s own conception of this highest good is more unique among philosophers. Inspired by Indian, Buddhist, and early Christian conceptions of saintliness and asceticism, Schopenhauer takes the highest ethical good—“Salvation” [*Erlösung*]—to be resignation from life, where the will is broken as a result of metaphysical insight into the essence of the world as futile and endless striving. For the person who has achieved this state of total indifference to the world, knowledge of reality enables them to comprehend that *their* suffering is nothing special, but ubiquitous, and this provokes detachment from worldly objects that were previously desired. In Schopenhauer’s words, when one comprehends the true essence of the world “and ﬁnds that it is constantly passing away, caught up in vain strivings, inner conﬂict, and perpetual suffering”, then this knowledge “becomes the *tranquillizer* [*Quietiv*] of all and every willing” (*WWR1*, §68: 406; cf. §48: 259; §51: 280; §68: 424; §69: 427).

For Schopenhauer, suffering is instrumental in this process, pointing to ascetic practices of fasting, self-flagellation, and various forms of abstinence as means of provoking and maintaining the state of resignation. Schopenhauer constructs his moral argument against suicide from these claims in the following way:

…if purely moral incentives have ever kept any human being from suicide, the inner meaning of this self-overcoming (regardless of the concepts his reason clothed it in) is the following: ‘I do not want to avoid suffering, because it can help suppress the will to life (whose appearance is so miserable) by strengthening the recognition that is beginning to stir in me of the true essence of the world, so that this recognition can ultimately become a tranquillizer of my will and redeem me forever’ (*WWR1*, §69: 427)

Schopenhauer explains difference in motivation and belief between (a) the typical suicide that seeks to escape suffering, with (b) the saintly ascetic, by, curiously, offering an evocative medical analogy:

A person who commits suicide stops living precisely because he cannot stop willing, and the will affirms itself here through the very abolition of its appearance, because it can no longer affirm itself in any other way. But the very suffering that he avoids so emphatically could, in the form of a mortification of the will, have led to self-negation and redemption; which is why, in this respect, someone who commits suicide is like a sick person who, having started undergoing a painful operation that could cure him completely, does not allow it to be completed and would rather stay sick. Suffering approaches and, as such, introduces the possibility of negation of the will; but he repudiates it by destroying the body, the appearance of the will, so that the will might remain unbroken (*WWR1*, 69: §426–427)

The problem with the typical suicide, then, is one of missed opportunity: the suffering which *could* have led to their salvation is, instead, mistakenly conceived as just bad personal luck in circumstances that aren’t worth living through. However, Schopenhauer is adamant that the argument he offers is, by contrast, a rather *modest* moral rejection of suicide: “But it is still a very long way from this error to a crime, which is what the Christian clergy want to make it out to be” (*PP2*, §157: 279). There is a tenable reason for this distinction. Schopenhauer suggests that egoism is the “natural perspective” of each sentient creature, and “essential to everything in nature” (*WWR1*, §61: 358; cf. *OBM*, §14: 190). Therefore, piercing through the ‘veil of Maya’ and gaining metaphysical insight into (i) the unity of all things; and (ii) the ubiquity of suffering—pre-requisites for salvation—is extremely difficult to achieve. The implication is that suicide, while an epistemic failing and a sub-optimal outcome, is nonetheless a *blameless* error for most, stemming from ignorance systematically induced by our hard-wired psychology.

Schopenhauer thus believes he has hit upon the only justifiable moral argument against suicide, and the explanation for “why almost all ethics, philosophical as well as religious, condemn suicide, although they can only give strange, sophistical grounds for doing so” (*WWR1*, §69: 427). However, there are two further significant points about this ‘moral’ argument that ought to be clarified. First, it is worth asking in what sense Schopenhauer characterises suicide as ‘moral’ issue. At least on this matter, he uses the words ‘moral’ and ‘ethical’ interchangeably. But there are grounds for taking the view that he is operating with an implicit conceptual distinction more familiar in contemporary philosophy, namely between: ‘morality’ as a system of duties concerning the wellbeing of others; and ‘ethics’ as a broader investigation into how we ought to live, or an articulation of the good life. He comes close to explicitly making use of this distinction when he states that “[i]f there really are genuine moral motives against suicide, then they lie very deep and are not to be reached with the plumb line of the usual ethics in any case; they belong rather to a higher mode of consideration” (*OBM*, §5: 132). This rejection of suicide from a “higher ethical standpoint” (*PP2*, §157: 279) is deeply entrenched in his metaphysical views, and is *ascetic* in nature; a category that Schopenhauer elsewhere distinguishes from the moral (see *WWR2*: 622), and which appears to concern how individuals ought to navigate the world in a way that is best *for them* (see Hassan, 2022). Nevertheless, there is a potential way of interpreting Schopenhauer to be offering a *moral* argument (in the narrow sense) against suicide too. Saintly ascetics, it might be claimed, act as *exemplars*, primarily because they demonstrate a mode of living that may be instructive for those still attached to life, and are disposed towards suffering in ways that are inimical to their salvation. On either interpretation, Schopenhauer’s reasons for his rejection of suicide are still within the remit of metaphysical arguments which the psycho-sociological movement of the 19th century sought to repudiate.

The second point to note about Schopenhauer’s moral argument against suicide is the limitation of its scope. Far from offering a condemnation of *all* forms of suicide, Schopenhauer actually reserves admiration for a certain type that the saintly ascetic, as described so far, can partake in: death from voluntary starvation. When one breaks the will and no longer wishes to engage in the vanity of life, nothing registers as an object of desire worth pursuing, even fundamental needs for subsistence. The typical suicide that wants escape from the suffering they reason outweighs their happiness, Schopenhauer argues, still emphatically *affirms* the will: “The person who commits suicide wills life, and is only unsatisﬁed with the conditions under which life has been given to him” (*WWR1*, §69: 425). But in the case of ascetic suicide, according to Schopenhauer, “[f]ar from stemming from the will to life, in this kind of suicide an ascetic of this type stops living simply because he has stopped willing altogether” (*WWR1*, §69: 428).

Some commentators have found it unclear what Schopenhauer takes to be normatively significant about this type of suicide. On the surface, ascetic suicide seems to just be a delaying of the same result ‘typical’ suicide offers. In the 19th century, even other pessimists made this criticism. Hartmann writes that “the endeavour after *indi­vidual* negation of the will is *just as foolish and useless*, nay, still more foolish, than *suicide*, because it only attains the same end more slowly and painfully” (Hartmann, 1893: III, 129). The value of ascetic suicide, however, is supposed to be in the attainment of metaphysical insight that (allegedly) provides very different reasons for death in each respective case. For the saintly ascetic, their death from starvation is the *bi-product* of breaking the will, and not the result of the “intention of shortening misery” (*WWR1*, §69: 428).[[8]](#footnote-8)

An interesting alternative account of the admiration Schopenhauer shows for ascetic suicide as opposed to typical suicides is in the *integrity* it expresses (Cholbi, 2022; cf. Beiser, 2016: 62). The ascetic commits suicide by starvation on principle in light of their firm convictions about the nature of the world as essentially meaningless striving, and symbolically expresses these convictions in resigning from life to the point where even the basics needs of subsistence are forgone. Assuming this is a plausible interpretation or reconstruction of Schopenhauer’s views, there is nonetheless a question to be raised about the coherence of this psychological picture. To assign a *motivation* to the ascetic is, *prima facie*, to assign to them a state of *willing* which they are partly defined by having successfully given up. Criticism of this kind was forcefully levelled by Nietzsche, who diagnosed that the ascetic is self-deceived in that they are no more free from the will as any other: they maintain a “*will to nothingness*, an aversion to life, a rebellion against the most fundamental prerequisites of life, but it is and remains a *will*!”. As he summarises: “man still prefers to *will nothingness*, than *not* will” (Nietzsche, 2006: III, §28).

Conclusion: Tradition vs. Progress the 19th Century

This chapter has not sought to provide a comprehensive overview of every philosophical position on suicide in the 19th century. Rather, it has attempted to elucidate two prominent philosophical movements which took the phenomenon of suicide seriously, and to assess their major points of contention and agreement. The first movement was the psycho-sociological approach to suicide whose proponents saw themselves as replacing antiquated moral-metaphysical appraisals of the practice with an allegedly scientific *aetiology* of it. This shift in focus from a moral problem to a medical problem laid the foundations for much of the contemporary psychological approach to suicide. The second movement was philosophical pessimism. As we have seen, the pessimists sought to retain an ethical analysis and rejection of suicide, and thus, their somewhat traditional approach operates to a large degree in *resistance* to the emerging psycho-sociological approach that became dominant. The pessimist arguments against suicide are thus, we can conclude, an interesting kind of ‘philosophical atavism’. From the perspective the medicalising approach to suicide, their position remains stuck in the metaphysical framework of the 18th century. However, a more accurate analysis would be that the pessimists have a foot in each era: they preserve elements of traditional moralistic approaches to suicide, but also dampen the dogmatic condemnation of the practice by re-considering the real psychology of individuals who engage in it, and seek to move beyond orthodox grounds for it impermissibility.

Due to what I have argued is his particularly apparent representation of this tension in approaches to suicide, critical focus was given to Schopenhauer. On the one hand, Schopenhauer vehemently rejects the traditional arguments for the impermissibility of suicide as hopelessly implausible, stuck in antiquated philosophical prejudices, and presupposing an inadequate and simplistic psychology of suicidal behaviour. But on the other hand, by attempting to give a justifiable moral argument against (typical) suicide that is heavily dependent upon metaphysical commitments, Schopenhauer looks to be trying, as one commentator has put it, to “accommodate the squeamishness of traditional morality about the problem of suicide” (Jacquette, 2005: 136).

In the process of drawing this conclusion, I have also demonstrated at least four points of difference which make Schopenhauer’s idiosyncratic approach to suicide interesting as somewhat of a philosophical an outlier in 19th century thought. Unlike both Durkheim and Hartmann, for example, there is a sense in which Schopenhauer’s approach to suicide is remarkably *asocial*, thinking of its causes and effects, and its ethical evaluation, in predominantly individualistic terms. Unlike degeneration theorists such as Nordau and Morselli, (b) Schopenhauer thinks about suicide *ahistorically*, rejecting the idea that it is a specifically modern problem, instead taking the problem of living to speak to an atemporal, universal human concern. In astoundingly contemporary terms, (c) Schopenhauer’s attitude to suicide is consistently one of *pity* and *decriminalisation*. Lastly, and perhaps most unlike other 19th century approaches to suicide, (d) Schopenhauer draws upon *non-Western perspectives* on the subject, typically evoking their superiority in both understanding the psychological nature, and ethical significance, of suicide as it manifests in different forms.

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1. This was a hysteria that was no doubt exacerbated by the ‘social question’ [*die soziale Frage*] or ‘worker’s question’ [*die Arbeiterfrage*] that animated much of the social commentary of the industrialising era, namely: the problem of how, if at all, the suffering of the newly-urbanised and immiserated working masses could be alleviated. [↑](#footnote-ref-1)
2. I quote from the 1898 2nd edition. [↑](#footnote-ref-2)
3. Yet, there are good reasons to question whether this alleged replacement was not in fact just a *re-casting* of the traditional axiological dichotomy see Ken Gemes, 2021. [↑](#footnote-ref-3)
4. The exception would be Phillip Mainländer: a pessimist who argued that redemption is only in death, and followed through with this principle by committing suicide upon the publication of of his major work *Die Philosophie der Erlösung* (1876). [↑](#footnote-ref-4)
5. Interestingly, in places Plümacher considers at least some physiological and medical explanations of suicide—as the pathological irritation of the diseased brain [*der pathologische Reiz des erkrankten Gehirnes*]”—to be legitimate (see Plümacher, 1884: 347). [↑](#footnote-ref-5)
6. See Chapter 22 of this volume for a consideration of suicide in the context of a modern form of pessimism. [↑](#footnote-ref-6)
7. To be clear, Schopenhauer never rules out that some cases of suicide could be brought about by insanity, and that there are epistemic limits to determining this (e.g. *WWR1*, §69: 429). But his key point is that it is absurdly simplistic to assume that *all* cases of suicide are due to insanity. [↑](#footnote-ref-7)
8. One criticism of this view might be that if this is how to correctly describe the saintly ascetic’s mental state, then one could deploy the Doctrine of Double Effect for the purposes of showing that their death looks less like *suicide* after all. Like the solider who jumps on the grenade in order to save their comrades but expecting it will kill him, the ascetic intends to break the will and resign from life and, only as a foreseen consequence of this, dies. [↑](#footnote-ref-8)