THE FACULTY OF MEDICINE
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John Terry Maltsberger

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(1933-2016)
John Terry Maltsberger was a psychoanalyst, psychiatrist, researcher and suicidologist whose contributions exerted a major influence on the study and treatment of suicidal people the world over. Throughout a long and productive career, Terry focused on an uncomfortable area of the psyche, that sphere that impels the attack on the self. His position in psychoanalysis stands out for his early emphasis on the patient's internal subjective experience and the dynamics of the therapeutic engagement. He contributed many invaluable and informative publications that enhanced our insight into suicide and the experiences of suicidal patients. Terry had a broad range of knowledge and interests and was able to integrate perspectives from empirical studies with his empathic understanding of clinical material and a striking ability to make complex and impenetrable intrapsychic processes lucidly understandable. As a teacher and mentor, he guided and encouraged numerous trainees and clinicians in their professional growth and understanding of their struggling patients. His lifelong dedication to the awareness and prevention of suicide was extraordinary and will remain deeply appreciated.

Terry came east from Cotulla, Texas, as a young man. After undergraduate studies at Princeton, he went on to Harvard Medical School and a psychiatric residency at Massachusetts Mental Health Center in the early 1960s. It was there, after the suicide of an inpatient in 1961, that his career trajectory developed. After his residency, Terry became a candidate at the Boston Psychoanalytic Society and Institute and graduated from BPSI in 1970 and joined its faculty a few years later, teaching classes and workshops for many years.

Over the next four and a half decades Terry contributed significantly to a number of organizations related to the studies and preventions of suicide, locally, nationally and internationally. He was a longstanding member of the American Association of Suicidology (AAS) and served as its President in 1992. He was the secretary on the executive committee for the American Foundation for Suicide Prevention (AFSP) between 1999 and 2005, and was also the founder and president of the New England division of the American Foundation for Suicide Prevention from 1991-2005. He co-directed the American Foundation for Suicide Prevention's "Suicide Database" Project with Dr. Herbert Hendin from 1990 to 2005, which

was a research effort engaged in the detailed collection of suicide case histories and treating clinicians' experiences that produced at least 8 papers identifying important aspects of these treatments.

Terry's contributions have been internationally recognized. In 1996 he became an elected member of the International Academy of Suicide Research (IASR). He was a founding member of the Aeschi Suicide Project in Switzerland from 2000 together with Drs. Konrad Michel and David Jobes. The Aeschi biannual conferences specifically emphasized and studied the suicidal patient's experiences and perspectives, and outlined a respectful, compassionate and empathic approach for evaluation and treatment of suicidality.

Terry was a staunch advocate for understanding and treating suicidal and self-attacking patients. He emphasized the subjective experience of suicidal patients, and those who treat them, and attending to the therapeutic relationship and treatment alliance. As an integrative thinker he was a realist about patients' capacities to deal with life-threatening stressors and helped us understand suicide as a phenomenon in and of itself, one that cuts across psychiatric diagnosis and conditions. He saw suicide as related to mental illness, but not simply as a symptom or result. Rather, he considered suicide a human process, a struggle, a crisis in a life context, with a broad range of deeply subjective and interpersonal facets. He acknowledged and normalized the difficult challenges facing the therapist treating patients struggling with suicidal urges, and helped devise treatment strategies to move patients away from suicide toward a more consolidated engagement with life. In particular, he made it known that suicidality can take a wide range of pathways, and that each patient is unique. Similarly, he stressed that each therapeutic dyad, involving the suicidal patient and psychotherapist, can unfold quite differently. In essence, he specifically attended to the individual struggling with suicidal thoughts and urges, and prioritized the internal subjective experience of pain, fear, anguish, rage, shame, and despair that characterizes the individual struggling with suicide.

Terry's scientific and clinical interests stood at the intersection of psychoanalysis and suicide studies, which were central to his core understanding of this phenomenon. He expanded our knowledge by connecting psychoanalysis with the study of suicidal patients, including those with more severe pathology, on the psychotic, borderline, and narcissistic levels of functioning. He incorporated countertransference as a legitimate indicator of therapeutic experience, describing the effects of suicidal patients on the therapist and recognizing that countertransference enactments may prove fatal to the patient. He broadened the concept of self-attack to include responses to ego impairment and self-disintegration, including a breakdown of the self that enables the suffering patient to attack and kill him- or herself.

Terry valued relationships and held on to them throughout his life. He talked about things he learnt in residency as if they happened yesterday and he spoke with an immediacy of the people he admired and their ideas that had obviously stayed with him for many years and continued to influence him. He also spoke of the many relationships he had in suicide-related organizations, the journals where he was a reviewer, and the congresses where he presented his work during his long and illustrious career.

One of the highlights of his contributions that significantly affected the field was his first major publication with Dan Buie in 1974 dealing with the strong negative emotions that arise in psychotherapy with suicidal patients. These two close friends and co-residents were puzzled and troubled when a supervisor commented that it was shameful to entertain angry feelings against sick, depressed patients. This article in the Archives of General Psychiatry, opened up discussion about how common it is to deal

with these feelings in supervision and in consultation (Maltsberger & Buie, 1974).

Terry also offered an innovative approach to suicide risk assessment marking a radical departure from checklist of risk factors for evaluating an individual's risk of suicide (1988). He described how to attend to the disturbances and subtle signs of a fragmented self-representation and outlined five components to formulate suicide risk. He recommended assessing the patient's past response to stress; their vulnerability to life-threatening affects; their exterior sustaining resources; death fantasies and capacity for reality testing.

Terry believed that repeated injuries to the self, particularly in childhood, cumulatively impairs the capacity to make and maintain loving attachments and corrodes the ability to maintain hope in the face of adversity. In the absence of sufficiently sturdy inner resources (good objects) for maintaining hope and bolstering positive self-regard, patients are thrown on whatever external resources they can muster to keep themselves in affective balance and to maintain self-regard (Maltsberger 1993). This added a very important dimension to suicide not only as a consequence of major depressive disorder but also as a characterological struggle in patients with personality disorders.

In "*The Descent into Suicide*,"(2004) Terry described in vivid language the suicidal state as experienced by the desperate, rapidly regressing patient. He explicated the subjective experience of the unraveling suicidal patient in a way that is vividly descriptive and remarkably clear. By using Edgar Allan Poe's tale "*A Descent into the Maelstrom*" (1841) as a metaphor he described the catastrophic effects of being caught up in the hopelessness of suicidal currents: The fisherman is compared to the almost paralyzed ego, the boat to the self, caught in catastrophic currents (the affects) whirling toward destruction. He identified four temporal stages in the breakup of the self and illustrates them with passages from Poe's story: (1) affective deluge; (2) efforts to master the affective flooding; (3) loss of control and disintegration; (4) grandiose schemes for self-preservation through jettison of the body that then allows for the deadly self-attack.

Terry also recognized that suicidal fantasy can sometimes serve as a life sustaining resource. Sometimes people think about suicide and don't go on to kill themselves. Often, thoughts of suicide precede action, but at other times daydreaming about suicide can inhibit deadly action (Maltsberger et al. 2010).

He recognized the more recent development of suicide studies towards epidemiological factors and urged the field towards a greater understanding of suicidal patients. *Counting is of course indispensable, but sometimes it can get in the way of deeper and more productive thinking. The human condition cannot be reduced to a series of risk factors and correlations; the drive to empiricism, as helpful as it is on the one hand, risks drowning out other ways of understanding people on the other….we need to free ourselves from the constriction of general, homogenizing diagnosis. We need more reports that reflect the deeper experiences of our patients, including more qualitative research* (Maltsberger et al 2015).

The study of suicide was Terry Maltsberger's life's work and it was extremely important to him to teach and support others who would continue this exploration. He supported the four of us as consultant to our work with suicidal patients and got each of us started in studying and writing about suicide from a psychoanalytic perspective. To that end he created the Boston Suicide Study Group, which continues without him, guided by his ideals and goals.

Conclusion

Terry Maltsberger's contribution to the study of suicide and the treatment of self-destructive patients is immeasurable. His influence on our lives and on many careers is similarly inestimable. His warmth, insight, and compassionate interest along with his deep understanding of the human mind contributed to his ability to help and influence others. His remarkable sense of humor and interest in applying his vast knowledge of literary and cultural connotations to the range of human experiences made his scholarly and clinical contributions widely applicable and accessible. Terry's ability to connect with suicidal patients and their exquisite pain was immediately recognizable in his clinical presentations which stayed with the audience long after his talks were over. His ability to connect with all of us who learned so much from him will continue to resonate long after he is gone. He will be greatly missed.

Respectfully submitted,

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