

DUBLIN BUSINESS SCHOOL

CELIA DALY

**THE AMBIVALENCE OF THE SUICIDAL ACT:
A PSYCHOANALYTIC EXPLORATION**

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SUPERVISOR: CATHAL O'KEEFFE

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ABSTRACT

Suicide is an immense human tragedy, which is responsible for the deaths of thousands of people on a global scale every year. In this dissertation the author seeks to uncover the unconscious constructs that characterize the inherent ambivalence of the suicidal act. Through a psychoanalytic lens, the author explores suicide from the theories of Sigmund Freud, Melanie Klein and Jacques Lacan. The dissertation considers the distinction, made by Freud, between mourning and melancholia, the concept of the loved and hated lost object and the destructive force of the superego in the context of suicide. Klein's main focus is on the death drive from which her other theories emanate. The research examines her theory of projective identification, the early paranoid-schizoid in which there is a split between good and bad objects and the later integrated/depressive positions. Klein proposes suicide as a means in which the person seeks to preserve the good objects while ridding the body of the bad objects. Lacan distinguishes between acting out and "passage a l'acte", both means by which the subject manages unbearable anxiety. Closely integrated with Lacan's theory of suicide are the notions of lack, desire and narcissism. Lacan perceives the completed suicidal act to be an acknowledgement of the death drive, which he contends is at the heart of narcissism. The final part of the dissertation considers the creation of the suicidal body through dissociation and detachment, which it is argued, enables the act of suicide to take place. While the research helped the author to

better understand the inner workings of the suicidal client's world, ultimately it is concluded that one can never fully discern a client's conscious or unconscious intentions. It is essentially our 'lack', a fundamental part of our humanity, which prevents us from knowing but none-the-less, sustains our hopes and beliefs for the future of our clients.

INTRODUCTION

*To die: to sleep
No more; and by a sleep to say we end
The heart-ache and the thousand natural shocks
That flesh is heir to: tis a consummation
Devoutly to be wished*

Hamlet Act 111:1:5-9

In the above quote, Hamlet considers the act of suicide and its consequences. Suicide is expressed as release from the despair of life. A moral dilemma ultimately precludes Hamlet from suicide but the fantasy of his essence being preserved for a better life beyond the grave characterizes the motive for suicide for some people (Morse, 1973, cited in Maltsberger & Buie, 1980, p.61).

Suicide is an immense human tragedy; it represents a disavowal of life, the ultimate expression of hopelessness and pessimism. On a global scale, death by suicide accounts for the loss of some 800,000 people every year (Department of Health 2015 p.74, 77). There are many reasons for suicide including psychiatric disorders, substance abuse and physical illness. Fonagy (2008), points to the disconnect between suicide and contact with medical care. He construes the distancing from engagement with others, including caregivers, as being the inherent ambivalence represented in the suicidal act (cited in Briggs, Lemma & Crouch, p.xvi-xvii).

What then may be the state of mind that drives people to suicide? Many disciplines including psychology, sociology and psychotherapy proffer a theory on what lies behind the desire to kill oneself. However, since psychoanalysis deals with the unconscious, Mikhailova (2005) argues that it is “the best equipped to understand the mysterious ambivalence that characterizes almost every suicidal act”. For this reason, the author chose to explore the paradigm of the suicidal act from a psychoanalytic perspective. The dissertation will primarily focus on the work of three main theorists: Sigmund Freud, Melanie Klein and Jacques Lacan.

In the first chapter, the research will explore Freud’s 1917 paper ‘Mourning and Melancholia’, which has been described as the paper, which “overtowers everything else pertinent to suicide in the psychoanalytic literature” (Maltzberger & Goldblatt, 1996, cited in Briggs et al, 2008 p.3). In this paper Freud distinguishes between mourning, as a normal reaction to loss, and melancholia, as a pathological denial of loss. It will be seen how Freud developed some of the ideas from his 1914 paper ‘On Narcissism’ in ‘Mourning and Melancholia’ and how these are further refined in his 1923 paper ‘The Ego and the Id’.

The second chapter considers Klein’s focus on the death drive from which all of her other theories emanate. Her theory of manic-depressive states proposed a system of good and bad objects at the infantile stage. She further developed the idea of splitting in her theory of infantile development, proposing the notion of projective identification, the early paranoid-schizoid

and the later integration/depressive positions. According to Klein, melancholy comes about due to an inability to manage psychic pain associated with the depressive position and the consequent regression to the primitive schizoid state (Bell, cited in Briggs et al, 2008, p.48).

Of the three theorists Lacan was the only one to refer to the act as such. He distinguishes between behavior and acts, the latter for which subjects are morally responsible (Costello, 2002, p.106). For Lacan, self-alienation begins with the child's innocent look in the mirror (Lacan, 1977, cited in Mikhailova, 2005). In the third chapter, the dissertation will explore Lacan's key concepts relating to suicide, 'acting out' and *passage a l'acte*, in relation to one of Freud's case studies.

The fourth chapter of the research will look at the concept of self-destruction; the creation of the suicidal body through dissociation and detachment, which facilitates a fatal act of aggression on the body (Orbach, 2008 cited in Briggs et al, p.90).

The research will seek to draw together the elements of each theorist to enable a psychical construct of the suicidal act to emerge. As a trainee psychotherapist it is hoped that a greater understanding of the suicidal act may assist in working with people who have suicidal intent.

The aim and objectives of the dissertation may therefore be summarized thus:

AIM AND OBJECTIVES:

AIM:

To explore the ambivalence of the suicidal act from a psychoanalytic perspective.

OBJECTIVES:

1. To consider Freud's theory on suicide; the notion of the loved and hated lost object, the split ego, and suicide as a response to the destructive relationship between the ego and the superego.
2. To consider Klein's object relations theory, the concept of the early paranoid-schizoid and later integrated depressive positions and their relationship to suicide.
3. To review and consider the distinction made by Lacan between 'acting out' and *passage a l'acte* with reference to one of Freud's case studies.
4. To examine the concept of self-destruction and the suicidal body.

CHAPTER 1: EXPLORING FREUD'S THEORY OF SUICIDE

In the introduction to his paper, 'Consenting to its own Destruction', Briggs (2006) proposes that Freud's theory on suicide is dispersed throughout his theoretical works rather than in one single paper (p.541). While 'Mourning and Melancholy' (Freud, 1917/2001) is referred to in much of the literature as his seminal work on suicide, some of Freud's ideas refer back to the earlier 1914 paper 'On Narcissism' and are developed further in the 1917 paper. Freud's later paper 'The Ego and the Id', (1923/2001) further expands on the notion of the superego and the death instinct proposed initially in 'Mourning and Melancholy'. It is useful therefore, in the first instance, to briefly explore the concept of the ego as expounded on in 'On Narcissism'.

Narcissism and Identification

Perelberg (2005) argues that the publication of 'On Narcissism' fundamentally altered the image of the ego from a place in which the drives are controlled to the notion of the ego as an object (p.72). In this paper Freud describes narcissism as the individual's relationship with his own body as the sexual object (1914/2001, p.73). He distinguishes between early primary narcissism and secondary narcissism (p.75). In the former the young child is the centre of his own universe and his own love object (Quinodoz, 2008, p.128). In the latter, the individual moves beyond the sphere of himself as the love object to love others, which in turn enables him to love himself (Quinodoz, p.128).

Freud proposed that each person initially has two sexual objects, the initial carer, usually the mother, and the person himself (1914/2001 p.88). He suggests that as part of the development process an ego ideal is formed based on the influence of and identification with the parents (Perelberg, 2005, p.75). The ego ideal “is the substitute for the lost narcissism of his childhood in which he was his own ideal” (Freud 1914/2001, p.94).

Perelberg (2005) contends that Freud’s clinical work up to 1914 which included the case of the Wolf Man was where he first became aware of the relationship between identification and narcissism (p.75). In ‘Mourning and Melancholy’ Freud expanded further on his ideas on identification and projection; the notion of the melancholic having a “narcissistic identification with the object”, to the extent that the identification may be an idealization (cited in Perelberg, 2005, p.75). Freud’s preoccupation with the notion of narcissism during the period 1912-14 also invigorated his interest in the concept of melancholia (Paris, 2000). In a letter to Lou Andreas-Salome Freud stated “And so I find my views on narcissism very useful in investigating melancholia and other hitherto obscure conditions” (1966, p.28, cited in Paris, 2000).

The Lost Object

In ‘Mourning and Melancholy’ Freud distinguishes between two reactions to loss: Through the process of mourning the person finds a way of accepting or at least psychically accommodating the loss, eventually accepting that the

object no longer exists, facilitating the expression of love to other objects instead (Green, 2013, p.77 and Perelberg, 2005, p.128). Conversely in melancholy there is a denial of the loss; the psyche refuses to recognize it or let the object go, resulting in ambivalence and self-hatred (Green, 2013, p.77). According to Freud, in melancholy the object has not died but has been “lost as an object of love” (1917/2001 p.245). In mourning the loss is tangible and conscious whereas in melancholy the person cannot see what has been lost; it becomes unconscious. The ego identifies with or becomes the lost object and consequently is now the focus of all the reproach that was attached to the object (Bell, 2008, cited in Briggs et al, p.46). The excess of libido, which is released by the loss of the object, attaches the ego to the discarded object in a narcissistic identification (Walsh, 2015, p.11). As Freud describes it:

Thus the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as though it were an object, the forsaken object.

(Freud, 1917/2001 p.249)

Contradictory feelings of love and hate give rise to or reinforce ambivalence, which become central in this state of regressive narcissistic identification (Walsh, 2015, p.11). Conflict arising from ambivalence facilitates “hate com[ing] into the operation on this substitutive object, abusing it, debasing it, making it suffer and deriving sadistic satisfaction from its suffering” (Freud, 1917/2001, p.251). These aggressive attacks express the subject’s condemnation of the lost object; that is, what was not expressed to the other for its failings or limitations (Clewell, 2004). Thus the notion of destruction is turned back on the self as a way in which the lost other can be revenged

(Clewell, 2004). The ego becomes split off with one part of the ego, the “conscience”, judging the other part (Freud 1917/2001, p. 247). Freud argues that no-one contemplating suicide has not thought about killing someone else and it is only through identification with the object that the subject can kill himself (1917/2001 p.252).

In Freud’s 1923 paper, “The Ego and the Id”, he both revised and expanded on his theory of suicide set out in “Mourning and Melancholia”. He reconsidered the importance of linking identification to melancholia and also revised the notion of the fixed split between mourning and melancholia, introducing instead the idea of internalizing the lost object as part of the subject’s own identity (Clewell, 2004). He introduced the concepts of the superego as the critical agency which he had described as the ‘conscience’ in “Mourning and Melancholy” (1917/2001 p.247). In ‘The Ego and the Id’, Freud proposes that suicide is the consequence of a ruthless superego attacking the ego: Unable to withstand the torment, the ego gives up and lets itself die, suicide being “experienced as a passive, hopeless death” (Briggs, 2006).

This chapter set out to consider Freud’s theory on suicide developed initially from the notion of narcissism and identification in “On Narcissism”. The discussion traced the connection to the later paper “On Mourning and Melancholia” and briefly reviewed some revisions to Freud’s thinking on suicide in the 1923 paper “The Ego and the Id”. Turning now to the work of Melanie Klein there are some similarities between Freud’s concept of

regressive narcissistic identification and Klein's regression to the primitive paranoid-schizoid position. Klein expands on Freud's theory of suicide but goes much further in her conception of the death instinct. It is to an exploration of Klein's theory on suicide that we now turn.

CHAPTER 2: OBJECT RELATIONS THEORY AND SUICIDE

Freud's theory of melancholia centred on the notion of identification with the lost object (Perelberg, 2005, p.192). The death instinct is the fundamental basis of Melanie Klein's theory from which all of her other concepts are derived (Mikhailova, 2005). The death instinct is apparent from the very beginnings of life: the trauma of birth being a manifestation of "the struggle between the life and death instincts" (Klein, 1948, cited in Mikhailova, 2005). Thus the earliest knowledge of the infant is of death and the corresponding primeval fear of extinction. Klein argued that the consequent anxiety is fundamental to all stages of life, irrespective of how undeveloped the stage is (Likierman, 2001, p.86). She proposed two positions, or what might be described as ways of being in the world; the paranoid-schizoid position and the depressive position (Bell, 2008, cited in Briggs et al, p.46).

Anxiety and the Paranoid-Schizoid Position

Klein describes the process through which objects are projected onto other objects and become identified with them in her theory of projective identification (Bell, 2008, cited in Briggs et al, p.47). In the paranoid-schizoid position, the infant deflects the anxiety generated by the death instinct through the defence mechanisms of introjection and projection (Segal, 1974, p.26). The breast, where the greater portion of the death instinct is deemed to be contained, becomes the target of the projected/split ego. Thus, the notion of the "bad breast" is established, which is "felt as external and internalized

persecutor[s]” (Klein, 1935). Consequently, the anxiety produced by the death instinct is converted and represented by the bad breast, the mother who is frustrating and hateful. However, the ego’s instinct to survive ensures that the other part of the split ego establishes a relationship with the ideal object or the “good breast”; the mother who is perceived to be loving and capable of fulfilling the infant’s needs (Segal, 1974, p.26). The infant strives to introject the good object/breast and to project the bad object/breast as a means of managing the acute anxiety characteristic of the paranoid-schizoid position.

Integration and the Depressive Position

While it may appear contrary, the benefit of splitting in the paranoid schizoid position enables the ego to emerge from turmoil and to organize its experiences thus facilitating later integration (Segal, 1974, p.35). Successful organisation of the infant’s world through the processes of introjection, projection and splitting enables the infant to increasingly identify with the ideal object. While the move towards integration of the ego and the object demonstrates successful negotiation of early infanthood anxieties, protection of the object now becomes a concern (Rosenbluth, 1965). Klein (1935) stated that, “the infantile depressive position is the central position in the child’s development”. In the depressive position, the infant recognizes the whole object, the mother, and becomes aware that the self and the outside world are separate. With this development, a new situation arises for the ego, what Klein (1935) refers to as “loss of the loved object”; the full extent of the loss cannot be felt until the object is loved as a whole. The mother, as whole

object, is the same mother who can be loved and hated at the same time. Klein emphasizes the impact of weaning as the first significant loss in the infant's life, which precipitates a state similar to mourning (Likierman, 2001, p.100). Loss of the intimacy of breast-feeding reinforces separation from the mother. Ambivalence is now the main conflict; anxiety springs from fear that the destructive forces of hatred may overcome love and the infant will destroy the object or mother upon whom he is totally dependent. The anxiety here may be distinguished from persecutory anxiety; here loss of the object generates depressive anxiety, the degree to which depends on the infant's internal security (Rosenbluth, 1965).

Integration at the depressive position is not a one-off achievement but is continually re-negotiated throughout life particularly at times of stress and trauma, leading to either regression or assimilation (Bell, 2008, cited in Briggs et al, p.48). Klein linked the notion of adult depressive states to early infancy; proposing that depression is not an occasional feature in adult psychopathology but represents an inescapable part of the human condition. It is first universally experienced in infancy through the weaning process (Likierman, 2001, p.105). According to Rosenbluth (1965), in Kleinian terms *“depressive illness arises as a result of an inability to face or adequately deal with, the conflicts aroused in the depressive position”*.

Preservation of the Good Objects

There are two possibilities for the child to manage the difficulties of the depressive position. Firstly through reparation the child can re-establish the mother's position as the loved object in his psyche. Secondly the child learns through the process of mourning to accept the loss of his mother's imperfections (Likierman, 2001, p.107). Klein (1940) identifies the distinguishing feature of adult abnormal mourning and manic-depressive states from normal mourning as the inability in early childhood to "establish their internal 'good' objects" and to feel internally secure. The child may not have been strong enough or may have been too angry to manage his ambivalence about the object. Consequently he has adopted defence mechanisms which are rigid and inflexible and there is a denial of his inner reality (Likierman, 2001, p.107). Negotiation of the disappointments in life for such an adult may result in pathological depression and suicidal ideation. Whereas Freud's concept of suicide as a means through which identification and hatred of the lost object is turned back on the self, Klein had a different theory (Leader, 2008, p.169). She considered the goal of suicide to be the way in which the good objects can be preserved. She argued that

while in committing suicide the ego intends to murder its bad objects in my view at the same time it also aims at saving its loved objects internal and external...

(Klein, 1935, p.276, cited by Bell, 2008 in Briggs et al, p.50)

Essentially, the ego fears that the badness from the id will taint the loved object and therefore the only way to protect it is by ridding the object from the ego (Mikhailova, 2005).

In this chapter, Klein's theory of infantile development was explored, beginning with the death instinct, and moving through the paranoid-schizoid and depressive positions to an examination of the psychical structures of depression and suicide in adult life. In the next chapter, the dissertation will look at the perspective on suicide taken by Lacan with particular reference to his concepts of acting out and *passage à l'acte*.

CHAPTER 4: LACAN AND THE SUICIDAL ACT

Narcissistic Desire

It is useful to begin the discussion here by considering the notion of lack in Lacanian theory. Lack is the awareness that we are not complete, that something is missing which must be filled (“Lacan and Language”, n.d.). It represents a fundamental concept in Lacan’s view of the human condition. At the Oedipal stage the young child becomes aware of lack both in himself and his mother. The child’s lack arises from his inability to satisfy his mother’s desire. The mother’s lack comes from her desire for the phallus. Consequently, the child tries to become the phallus in order to satisfy his mother’s desire (Costello, 2002, p.98). The phallus is a signifier of desire, a constant reminder of lack, which can never be satisfied, a state which is carried throughout life (“What does Lacan say about...desire”, n.d.). For Lacan, *objet a* represents the desire that can never be fulfilled; the desire of the desire, so to speak. Pursuit of the *objet a* by the subject is essentially narcissistic desire which may be linked to melancholy (Ruti, 2005). The desire is fixated on particular objects as substitutes for what was lost or was perceived to have been lost in the past. Leader (2009) proposes that if our own image is narcissistically projected on to those we love, their loss is akin losing ourselves (p. 134-135). He goes on to suggest that we are the same as the ones we mourn; essentially they are part of ourselves (p. 136).

Acting Out and *Passage à l'acte*

Lacan distinguishes between behaviour and acts, the former he attributes to all animals, the latter as symbolic and human only related (Costello, 2002, p.106). Furthermore Lacan held that subjects are morally responsible for their own acts, both conscious and unconscious (Costello, p.106). Lacan's writings on suicide are predominantly contained in his 1962-63 Seminar on Anxiety where he distinguishes between acting out and *passage à l'acte*, both acute means of alleviating anxiety. Freud originally referred to the term 'acting out' in the Dora case when she broke off the treatment with him and "Thus *acted out* an essential part of her recollections and phantasies instead of producing it in the treatment" (Freud, 1905/2001, p.119). For Freud, acting out and transference in the psychoanalytic relationship were linked and were expressions of the practice of repetition instead of remembering, a form of repression (Rowan, 2000, p.86, 88). Lacan separates acting out and *passage à l'acte* by reference to various cases including one of Freud's case studies "The Psychogenesis of a Case of Homosexuality in a Woman" (Freud 1920/2001). By proclaiming her love publicly for the older woman that her parents disapproved of, the young woman is acting out; she is revenging her father for not giving her what she wants from him. Safouen (2004) describes this as her intention to send a message to her father; acting out may be considered as "going into the scene of the imagination in order to signify something" (p.27). When she sees his angry look and is then rejected by the older woman she throws herself on the tracks; the suicidal act is "jumping *out* of the scene which was a *passage à l'acte*" (Safouen, p.28).

The young girl's complete identification with the *objet a* is described by Lacan as "Confrontation with this desire of the father upon which all her behaviour is constructed, with this law which presentified in the look of the father, it is through this that she feels herself identified and at the same moment, rejected, ejected off the stage" (1963, p. 12 cited in Costello, 2002, p.107). In the very public way in which the confrontation is played out, the young woman is acting out but the suicidal attempt is a *passage à l'acte* (Lacan, 1963, cited in Costello, 2002, p.108). Ultimately the young woman has not been able to realize her desire; to have her father's baby as a phallus, and unable to bear the ensuing anxiety, she tries to kill herself (Costello, 2002, p.108, 113).

Suicide and Identification

Lacan considered suicide to be the only fully successful act as it articulates "the conscious assumption of the unconscious death drive" (Costello, 2002, p.107). For Lacan, the death drive can be located at the centre of narcissism (Ragland-Sullivan 1986, p.52 cited in Mikhailova 2005). The young infant sees his reflection in the mirror very early on and falls in love with the fully integrated image that he sees. The true self in all of its imperfection can never match up to the mirror image but through self-deception the subject can withstand the death drive (Mikhailova, 2005). Through identification with the image, the desire for death is resisted. However when there is a problem with this identification, suicide becomes a likely scenario. Suicide, for Lacan, is the final act in which the self is affirmed, inspired as it were by desire (Mikhailova

2005). It may be that death holds the promise of something that is not possible in life; permanent union with the elusive image (Mikhailova, 2005).

This chapter considered the suicidal act in the context of psychical desire and narcissism. It distinguished between the notion of acting out as a form of going into the psychical scene and *passage à l'acte* as a form of leaving the scene, the latter usually represents the suicidal attempt. In the next chapter the discussion will turn to the suicidal mind and body.

CHAPTER 4: THE SUICIDAL MIND AND BODY

The focus of the preceding chapters has been on the psychoanalytic or unconscious constructs of suicide from the perspective of three main theorists. In this chapter the discussion will turn to the way in which these concepts manifest themselves in the person and drive them towards the suicidal act. The research will also examine what is meant by Edwin Shneidman's notion of *psychache* in the context of suicide. Furthermore, the author will seek to understand what enables a person to attack his/her own body, which appears to contradict the inherent life instinct, a fundamental aspect of the human condition.

Unconscious Processes and the Suicidal Act

In the earlier discussion on Freud it was seen how he described melancholia as incorporation of the lost object into the self; becoming, as it were, the lost and, indeed, hated object. Bell (2008) argues that in all suicidal acts the self is attacked because of its association with the hated object; the act represents both an assault on the object and at the same time a form of retribution on the self because of its merciless cruelty on the object (cited in Briggs et al, p.47). Unable to endure the relentless and sustained assaults from the superego the subject resorts to suicide as the most radical form of self-punishment (Clewell, 2004).

Klein's concept of integration and the move towards the depressive position acknowledged the ambivalence of the object, which can be both good and bad. The associated feelings of remorse and loss can only be tolerated if a good stable object can be acquired and successfully internalized (Bell, 2008, cited in Briggs et al, p.48). For Klein suicide may be a way in which the good object can be preserved from contamination by the bad object (Mikhailova, 2005). Paradoxically, Bell (2008) refers to the not unusual scenario of patients recovering from depressive illness becoming highly suicidal. He proposes that the progression towards integration, as proposed in Klein's theory, brings the person into touch with unremitting condemnatory guilt, which is unbearable and suicide becomes the means through which the pain can be purged (cited in Briggs et al, p.48).

The concepts of lack, desire and narcissism are closely bound up with Lacan's theory of suicide. *Passage a l'acte*, a state of acute anxiety, equates to a suicide attempt; the subject leaves the psychical scene but does not necessarily die. The completed suicide represents for Lacan the realization of the unconscious death drive. Suicide is the ultimate expression of lack, the desire that can never be fulfilled, narcissism that cannot be mediated.

Psychache and the Suicidal Body

Shneidman (1996) refers to the specific pain associated with suicide as 'psychache', which emanates from frustrated psychological needs usually stemming back to early childhood (p.4, p.163). From his research and

experience with clients he identified various psychological factors common to suicide. These include the desire to find a solution, to escape from unbearable pain, the experience of hopelessness, powerlessness and ambivalence and the belief that there is no other answer (p.130-133). Shneidman argues that suicide is paradoxically “a moving away and a moving toward” (p.157). Through escape from unbearable pain, the person moves to their perceived goal of tranquility and peace (p.157). Suicide has been described as “the last defensive action against mental pain” (Shneidman, 1993 cited by Orbach, 2008 in Briggs et al, p.81). It is as if the spirit of the person is irreparably broken.

Maltsberger (2004) also considered that the process of self-disintegration starts with the anguish of mental pain; the person becomes engulfed in aggression, self-hatred and self-criticism; the experience of hostility becoming a form of insanity (cited by Orbach, 2008 in Briggs et al, p.82). Failure to control the overwhelming experience of disintegration impels the person to attack the body as a means of saving the mind (Orbach, p.82). However the path from unbearable mental pain to the act of self-annihilation requires further explanation. To be able to inflict irreparable damage on the body in the act of suicide requires certain states of mind to be present. Orbach (2008) describes this as the “creation of the suicidal body”; a split occurs between the mind and body, through the processes of dissociation and detachment (p.90). The self ceases to have meaning in the dissociated body. The body no longer acts as protective barrier; instead indifference and neglect now characterize its function. The person becomes removed from the normal bodily

experiences of pleasure and pain. The dissociated body can become anesthetized from experiencing any sensation of pain or emotion or feel disembodied (Rothschild, 2000, p.65). Thus, the body becomes a negative vehicle through which the suicidal act can now be facilitated. Orbach (2008) argues that for suicide to take place, the suicidal body is a necessary condition (cited in Briggs et al, p.90).

In this chapter the discussion focused on how the theoretical constructs of earlier chapters are manifested in the paradigm of suicide. The notion of mental pain as 'psychache' was explored. It was seen that through creation of the suicidal body the suicidal act could be perpetrated on the self.

CONCLUSION

The premise of the current research was to seek an understanding of the inherent ambivalence of the suicidal act. The dissertation focused on three main theorists, Freud, Klein and Lacan and sought to unpack the main concepts of each theory with a view to enabling a cohesive understanding of the suicidal act to emerge.

Starting with Sigmund Freud, the dissertation reviewed his early ideas on the relationship between *narcissism* and *identification* from the 1914 paper 'On Narcissism'. It was seen how Freud later developed this concept further in 'Mourning and Melancholia' where he distinguished between normal mourning as a reaction to a loss and the pathological denial of loss in melancholia. Identification with the lost object is the catalyst for destruction, as the conscience or (as later named) superego attacks the ego. In essence, for Freud, suicide was the outcome of anger turned back on the self in a state of regressive narcissistic identification.

Melanie Klein's theory focuses on the *death drive*; the anxiety arising from the fear of extinction being existent in all stages of development. She characterizes the early stage of infant development, the paranoid-schizoid position, as a split between good and bad objects. Through introjection and projection the infant manages the anxiety generated by the death instinct. Recognition of the mother as a whole object, in the depressive position, produces ambivalence in the child; the mother being both loved and hated at

the same time. Similarly at this stage, weaning represents the child's first experience of loss or mourning. Integration of the depressive position requires an anchoring, so to speak, of the child's good objects in order for internal security to be established. The depressive position is repeatedly negotiated throughout adult life, either successfully or unsuccessfully, resulting in integration or regression respectively. In Klein's theory of suicide, the person is intent on destroying the bad objects while preserving the good objects, the fantasy being that the latter could somehow be preserved in the suicidal act.

According to Jacques Lacan, the concept of *lack* appears in early childhood at the Oedipus stage and is carried through life. Linked to closely to lack is the notion of desire, for which the phallus is a signifier. Pursuit of the desire of the desire, or *objet a*, is narcissistic, a constant striving for identification with the mirror image which can never be realized. In acting out, the subject jumps into the psychological scene while in *passage à l'acte*, the subject jumps out of the scene usually in the form of a suicide attempt. Both acting out and *passage à l'acte* are ways in which the subject tries to manage unbearable anxiety. Completion of the act of suicide is an acknowledgement of the death drive, which Lacan believed to be at the heart of narcissism.

In the final chapter, the discussion turned to suicide and the body; the way in which the unconscious processes becomes an attack on the body. The idea of suicide as *psychache* proposed by Edwin Shneidman was explored. The premise of Shneidman's argument is that while there are many psychological

factors associated with suicide, the strongest reason is the intolerability of mental pain. The research then explored the suicidal act as an attack on the body and how this is possible through the creation of the suicidal body by the processes of detachment and dissociation.

The expected outcome was that an investigation into the unconscious constructs of the suicidal act would assist a trainee psychotherapist working with clients with suicidal intent. The research has provided the author with a better understanding and insight into the inner world of the client and the unconscious processes from which the paradigm of suicide is constructed. This insight further enabled the author to recognize that creation of a therapeutic environment of trust and safety are paramount for the client. Similarly, understanding the impact of transference and countertransference in the therapeutic relationship is important both for the client and the therapist. Further research would facilitate an understanding of how the psychoanalytic approach is used in the treatment of suicidal clients and in the prevention of suicide.

In the final analysis the therapist may not always be able to discern the client's conscious or indeed their unconscious desire towards suicide. Freud, writing in 1940, recognized that the subject of suicide needed to be further illuminated and Etzersdorfer (2008), writing more than sixty years later, acknowledged that this was still the case (cited in Briggs et al, p.159). To conclude by borrowing a phrase from Lacan; the author believes that it is our 'lack' of knowing, whether as trainee or experienced practitioners, which

makes us fundamentally human and sustains our belief in and hope for the future of our clients.

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