

The sense of self and suicidal behaviour: a case-study

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There is only one serious philosophical problem: that is suicide.

Albert Camus (1942): Myth and Sisyphus

ABSTRACT

Suicide remains among the most tragic consequence of psychiatric disorder and the assessment of suicidal potential should be a task of the highest priority. In this paper, we describe the silent issues of an assessment and treatment of psychiatric patients. The treatment of suicidal patients has two aims: (1) to treat underlying psychiatric disorders that may contribute to suicide, and (2) to substitute patient's more adaptive behavior in response to an interpersonal crisis. We can conceptualize that disturbances of the self cause an individual's broken spirit and will to thrive, making the affective state flat and non expressive – inert, lifeless, empty, and vacuous.

When the basis of the self-structure and its organization is damaged, the result can be different forms of degrees of self-dissolution, fragmentation, disintegration, and self-destructiveness. Patient with a disordered or depleted sense of self might find a suicide as an emergency to maintain and/or restore a vulnerable and unhealthy self into internal cohesion and harmony. In this article, we described a therapy provided to a highly suicidal patient who presented 'self-at-worst' state which the sense of self was compromised with no safety or an access to emotional resources. His depleted sense of self has been afflicted with a sense of emptiness in painful intensity and his suicidality was desperate attempts to 'fill a gap', making further destructions of the self and having 'nothing inside'. Overwhelmed by emptiness and desperate rush with no stream of consciousness he makes himself exist in a chronic state of fear of living, or the fear of another failure and shame.

Keywords: suicide, self concept, fear, resilience (psychological), psychotic disorders

INTRODUCTION

Suicidal behaviour and its aftermath represent a serious public health problem. Identifying characteristics of persons at high

risk for attempting or committing suicide expands the psychiatrist's reference in assessing suicidal potential. Suicidal ideation refers to a range of thoughts; from the idea, that death would be welcome, to the immediate intent to kill oneself. It is of clinical benefit to explore the sense of self of the suicidal individual. The sense of self was a topic of interest throughout the 19th and 20th centuries: explaining the meaning of life, of consistency, and relationships. At the end of the nineteenth century William James conceived 'self' as awareness of the flow of inner life - the stream of consciousness - developing a psychological system which has since come to be known as the psychology of self.

However, it was Heinz Kohut^{1,2} who systematically set about to investigate the concept of self and its importance to an individual's functioning. Kohut was of the opinion that self is a permanent mental structure of a person's experience of him/herself, consisting of feelings, memories, and behaviour. He further stated that 'self' is the centre of an individual's psychological universe. He pointed out the importance of self as an intrapsychic structure.

The concept of self in its relationship to others leads to the growth of self-esteem in an individual. Responses to and from others, that 'fit', evolve the personal reality and one's emotional state. If responses evoke a positive emotional tone, 'a state of well being', an individual feels endorsed about himself leading to the growth of self-esteem. However, many elements can cause *disorders of self*. The impact on the self can alter the structural and functional dimensions of self in many different ways, including the possibility of/or potential for self-destruction. The components of self can undergo changes, which result in a loss of functional integrity, affectivity, sense of self-worth, loss of autonomy, and so forth. When the basis of the self-structure and its organization is damaged, the result can be different forms and degrees of self-dissolution, fragmentation, disintegration, and 'implosive' self-destructiveness (suicidal behaviour).

Suicide can be seen as an emergency attempt to maintain and/or restore a vulnerable and unhealthy self into internal cohesion and harmony. Can suicidal behaviour be seen as a defense mechanism (splitting); compartmentalizing the experience of self and other such that continued integration is impossible? How is the individual's reality 'being tested' and is there an ability to distinguish, what values he/she has? Is the individ-

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