The paradox of suicide: issues of identity and separateness

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Introduction

In this chapter I will discuss aspects of the analysis of a suicidally depressed borderline young man. From the start of the analysis, Robert linked his suicidal feelings to his experience of his body as a hateful, alien object, frighteningly out of his control. Analytic work revealed that his hatred of his body (in fact, particular aspects of his body and its functioning) expressed his unconscious fear and hatred of his parents, whom he unconsciously experienced as engulfing and murderous. His suicidal phantasies represented his attempt to free himself from these hostile internal objects, and in so doing to take his revenge on them.

His suicidal impulses arose in the context of intense feelings of helplessness, anxiety and fear. These feeling states, and his suicidal state of mind, were predicated upon his inability to negotiate a secure sense of separateness within which he could develop a coherent sense of self. The emotional unavailability of his father as a third object, facilitating separation from his mother, played an important part in Robert's remaining trapped and stuck within his omnipotent attempts to fulfill his mother's phantasies and expectations. The essential role of the father in the separation-individuation phase of development has been discussed by many analysts. Campbell (1995), Fonagy and Target (1995) and Perelberg (1995a, 1995b) have emphasized the relative absence of the father as playing an important part in their patients' propensity for violent acts towards the self or others.

Maltsberger and Buei (1980) in their paper 'The devices of suicide' state: 'It is the paradox of suicide that the victim, finding inner death in life, seeks inner life in dying.' In 'Mourning and melancholia' (1917) Freud discussed suicide in terms of aggression initially directed towards the object becoming turned against
the self, with a part of the ego 'altered by identification' (p. 249). Freud described a process of regression to identification with the object and to sadism 'under the influence of the conflict due to ambivalence' (pp. 251–252). Implicit in this is a splitting of the ego in which one part of the self, identified with the hated and longed for object, is attacked and in retaliation attacks the dependent part of the self. The suicidal person is both victim and murderer.

Since it is the body which defines us as separate individuals, the suicidal attack on the body can also be understood as a wish to rid the self of an unbearable experience of separateness. The high incidence of suicidal acts in adolescents and young adults attests to the developmental crises which may arise in individuals in whom the earlier process of negotiating separateness from the primary objects has failed. The bodily changes in adolescence frequently become the focus of fears of losing control of aggressive and sexual impulses. Hatred of the changing body in the face of intense anxieties and conflicts evoked by an uncertain sense of identity may intensify regressive fears of merging, and provoke the desperate defensive manoeuvre of a suicidal attack on the body.

The suicide phantasy is a psychotic phantasy in that the individual believes that the attack on their body will not end in death, a part of the self will survive (Campbell, 1995). The self which is envisaged as surviving is an ideal self in a fusional relationship with an idealised mother, a phantasy of eternal peace with no frustration and pain. This unconscious scenario also expresses a primitive Oedipal phantasy in which the mother of infancy is possessed completely and the father is excluded totally. Predicated upon the failed negotiation of separateness from the primary objects, suicide as a solution may be seen as failed mourning of the infantile relationship with mother, which leads to a profound sense of emptiness and despair. Various defensive manoeuvres develop as attempts to cover up this central absence, in particular the denial of separateness with consequent distortions of reality testing.

Clinical illustration

Robert made his first suicide attempt after taking his university finals. The prospect of leaving, being faced with functioning independently, evoked intense fears and conflicts to which he responded by retreating into a state of suicidal despair. He took an overdose and on waking, cut his wrist. He later described how in a rather macabre way, he had wanted to dissect out his vein. His parents were in the process of divorcing at this time, which undoubtedly exacerbated his sense of having nowhere to go.

I first saw Robert when he was 22, a year after he had left university, during which time he had made two further suicide attempts. He had tried to swallow bleach, and had tried to hang himself in his mother's house. These suicidal enactments were further evidence of the violent solution he sought to his difficulties in living his own life. He was intensely depressed and extremely angry with his parents who he felt had let him down. He described feeling controlled by his mother's emotional demands for submission to her views, and by her depression. He felt terrified of his father's bullying and critical attacks. In his description of his childhood relationships with his parents he clearly allied himself with his mother against his father. He portrayed his mother as an all-powerful figure whom he tried to please. He was desperate to be her special child, remaining within her orbit throughout adolescence, when he anxiously retreated from peer relationships. Early on in the analysis he gave a picture of his family in which mother was at the top of the house in her study, with the door closed, whilst father was in the basement messily cooking a huge meal. Robert saw himself as somewhere in-between. I thought this gave an important insight into his unconscious relationships with his primary objects. Mother is idealised and tantalisingly unavailable in her ivory tower. Father is dejected in his paternal role, while his nurturing capacities are portrayed as dangerous and disgusting. Robert's dilemma is apparent: he cannot securely identify with either parent, defensively oscillating in between.

Robert felt that from early on 'things were not right' between his parents, which made him feel 'if I lean against my mother that would destroy her, if I lean against my father, he would destroy me.' In this way he vividly conveyed his view of his parents as damaged and damaging objects who have to be kept apart. Robert consciously experienced his father as a threat to his existence, however at an unconscious level he also experienced his mother as murderous towards his adult masculine self. From this perspective his suicidal phantasies are both revengeful attacks on and a submission to the murderous parents.

Robert was dependent on a variety of obsessional routines of exercise and diet to control his anxiety and fear of collapse. He felt extremely self-conscious, feeling that people could see through him and see into him, thereby seeming how helpless he felt. He experienced others as humiliating and threatening. The intensity of his anxiety and terror of breakdown, and the aggression in his routine of exercise, all had a violent quality. He was imprisoned by his anxiety and fear of life, and his obsessional and narcissistic defences imposed a tyrannical form of control.

The analysis

The analysis was conducted within a research group at the Anna Freud Centre which was set up to study breakdown in young adults.

In the initial months Robert spoke with a sense of great pressure and urgency. There were very few silences in the ceaseless flow of talk. I felt he needed
to keep me at a safe distance to protect himself from humiliation of a devastating nature. His sense of fragility created an atmosphere in which I felt I had to tread carefully, as suicide seemed an ever-present danger. His predominant response to interpretations was to feel humiliated, to experience me as forcing him into a frighteningly helpless position of dependence. In the counter-transference I at times felt forced into a passive role, or pushed into an active rescuing role. Whilst he longed for relief from his suffering, he experienced my understanding as a threatening engulfment. I was then living inside his rescuing role. Whilst he longed for relief from his suffering, he experienced his words as 'banked up' inside me. He was very watchful, he needed to feel one step ahead to try to make my actions predictable. His anxious need for control of the relationship was based on his intense dependence on me and on the setting.

It took some time before I became more clearly aware of the etiologic of his talking and his use of his intellect. His words were felt to be concrete links with me, intended to keep me enthralled and excited, in a phantasied state of non-separateness. He avidly read psychoanalytic books. He described how he felt his words were 'banked up' inside me. He was very watchful; he needed to feel one step ahead to try to make my actions predictable. His anxious need for control of the relationship was based on his intense dependence on me and on the setting. He was unconsciously extremely fearful of what was going on in my mind, what I was thinking and feeling about him. He was unable to tolerate another point of view, experiencing this as non-validating of him, and seeing it as my attempt to exert my superiority arrogantly and sadistically over him.

Weekend and holiday breaks were felt as neglectful and cruel abandonments, leaving him vulnerable and exposed to overwhelming anxiety and suicidal feelings. During the first treatment break, Robert took an overdose and then took himself to hospital. He remained an in-patient during the holiday and then attended a day hospital for a further six months. In this way he was able to obtain a sense of control and to create additional support and structure. He thus modulated his experience of the analytic relationship which he found both intensely exciting and frightening.

The role of the body: representation of the body

In Robert's analysis, anxieties about his body predominated. The intensity of his gaze, the stiffness of his body movements, conveyed his conflictual feelings about his body. His anxieties arose from all developmental levels. He was fearful of his oral greed, his anal messiness and sadism, and his phallic strivings. His body represented the hated part of himself, in which his mesmeric and aggressive feelings and phantasies were barely distinguished from the objects who elicited them.

Robert's obsessive exercising and dieting had become his way of trying to maintain control over his affects which threatened to overwhelm him. He attempted to create a kind of muscular body armour to protect himself from his father and others he perceived as threatening. Robert used exercise and his muscular body to create a thick-skinned experience of self (Bateman, chapter 5 in this book). When he felt threatened by my interpretations, he resorted to talking about exercising or intellectual achievements in order to distance himself. He would then quickly become anxious about losing contact and return to a position of idealisation: 'You are so important to me, I love you so much.' His body was also used to express his primitive phallic narcissism. He would describe in detail the results of his exercise in terms of achieving the perfect 'muscle definition' which he would admire in front of the mirror. I was supposed to be admiring and excited, although the threat that I would become the engulfing mother was always evident.

He talked in one session of his anxieties about moving into a shared flat with peers. He wanted his own space, in particular his own toilet. He wanted to speak of his sensitivity to smells with a mixture of disgust and excitement. He described how he looked at his own face to see whether 'what I have produced matches my experience'. I said I thought his concerns about smells expressed his anxieties about emotional contact with others, since emotions expressed in smells cannot be seen, but get inside him and others. I added that his concerns about damage to himself and others intensified his wish and fear to know what is going on inside where he cannot see (Shengold, 1985). Fonagy and Target (1995) discuss a patient whose attacks on his body represented attempts to make a distinction between his own sense of himself and that of his mother. They suggest that the patient has an unconscious phantasy that ideas reside in the body. Robert's actions to control and manipulate his body can also be understood in this way.

Another recurring theme in his discourse about his body was his hatred of his hair growing. He felt it had a life of its own which made him feel he wanted to 'hack it back'. His fear of this uncontrollable part of himself seemed matched by his excitement at cutting his hair very short. He linked this with his mother's control, forbidding him to cut his hair short when he was a young adolescent. He also complained that she would not let him touch her hair. I wondered at times whose hair he was cutting, whose mind and body he was attacking when he cut his hair. He felt that having very short hair made him look hard and aggressive, as if making him invulnerable to his threatening father and engulfing mother.

The role of the father

Discussions with the research group in the third year of the analysis were particularly important in enabling me to recognise the extent to which I was caught up in a dyadic relationship with Robert, interpreting too exclusively in the maternal transference. This stance on my part reflected to some extent the impact on me of...
the violent intensity of Robert's primitive affects. Of course his reporting suicidal feelings and impulses evoked my anxiety, but it was more often the intensity of his narcissistic rage which provoked defensive reactions on my part.

In a week in which he had become increasingly depressed and anxious, he had telephoned and left a message on Thursday evening, asking me to phone him. We had been talking about his conflict between the wish to be separate and independent which evoked his fears of being isolated, abandoned and seen as arrogant, and his angry, revengeful wishes to destroy himself, his parents and his analyst. I had returned late and decided not to phone him. The following day I was aware of a feeling of anxiety anticipating the session.

He arrived a couple of minutes late and went to the toilet as usual. I was surprised by my fantasy on hearing a clicking noise, that Robert had a knife. He began talking about his anger and disappointment with me for not phoning him back, he felt my concern was all 'just talk'. He had felt like not coming to the session. I thought I needed to be careful in how I took this up. I felt wary about interpreting his wishes to intrude in a controlling way into my life, anticipating that he would be unable to hear this as other than a humiliation. I took up his fear and rage at feeling left with his feelings after the session yesterday, and his desire to have contact with me as a way of fulfilling his wish for me not to be separate. He replied angrily that I was telling him that I had chosen not to phone him back.

He went on to say he had written letters of resignation to his professor. I was surprised by my fantasy on hearing a clicking noise, that Robert had a knife. He began talking about his anger and disappointment with me for not phoning him back, he felt my concern was all 'just talk'. He had felt like not coming to the session. I thought I needed to be careful in how I took this up. I felt wary about interpreting his wishes to intrude in a controlling way into my life, anticipating that he would be unable to hear this as other than a humiliation. I took up his fear and rage at feeling left with his feelings after the session yesterday, and his desire to have contact with me as a way of fulfilling his wish for me not to be separate. He replied angrily that I was telling him that I had chosen not to phone him back.

In retrospect I thought this was an example of my being initially immobilized by my counter-transference feelings of anxiety, hostility, and guilt. Though it was an uncommon event for Robert to telephone between sessions, he frequently complained that I did not do enough to help him. I ‘just talked’. This session took place a few weeks before the summer break, which undoubtedly intensified his anxious demands, and my anxiety about the possibility of a suicide attempt. My fantasy that Robert had a knife shocked me into realizing the violent nature of his phantasies of intrusion, which felt so dangerous to speak about, as if in that moment, in the absence of a protective internal father, the fear of not surviving the violent attack was very intense (Campbell, 1995). I was unable to maintain a third perspective, instead identifying with Robert’s use of me as a hated, but needed controlling superego. Faced with evidence of his violent hostility he and I retreated onto the ‘safer’ ground of his narcissistic indignity.

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Robert's bondage with his mother can be understood in terms of Glasser's concept of the 'core-complex' (1992). In the core-complex the phantasy of fusion with the idealised mother is envisaged as the means of meeting the desire for complete satiety and security. The mother, however, is a split figure. She is conceived of as both engulfinng and indifferent. The consequent annihilation anxiety provokes two concurrent defensive responses: narcissistic withdrawal and aggression with the aim of destroying the dangerous annihilating mother.

The role of the father is of vital importance in the resolution of the core-complex. Robert's fear of his father and the collusive relationship with his mother undermined his capacity to form a positive relationship with his father. Instead of identifying with his father, Robert attempted to dis-identify with him, further intensifying his dependence on his mother. He remained completely dependent on his mother/analyst for approval and more fundamentally for a sense of existence which was totally conditional on complying with her wishes and phantasies. His hostility towards his mother had to be split off and projected into his father.

Robert's fear of his father and the collusive relationship with his mother meant that he also had to take on his mother's views, as he perceived and wished them to be, of his father as a feared and denigrated sadistic man. Perelberg (1995a and chapter 4 in this book, 1995b), discusses a violent patient who 'felt trapped in a world created by his mother/analyst, where he experienced any questions about his father as being blocked'. She describes the oscillating phantasies in the transference that expressed her patient's different desires in regard to the primal scene, his 'contradictory but simultaneous beliefs and identifications'. Gaddini (1974) emphasises the presence of the father capable of 'generating extremely dramatic responses in the child'. She sees the primal scene as indicative of a crucial phase of development: 'during the course of this process, the gradual recognition of the second object appears to be experienced by the child as an unexpected and bewildering series of changes in the mother'.

The primal scene phantasy and the search for a sense of masculine identity

Early in the analysis Robert asserted that he was a feminist and not an aggressive male rapist. This statement, which at the time I was not supposed to question, reflected his compliance with what he believed to be his mother's views, and mine, since he believed that all women thought the same. It expressed a central aspect of his dilemma - what kind of a man could he be in mother's world. He frequently voiced his love and admiration for women. However, this apparently idealising view could easily shift into his complaint and grievance that women had all the power.

In his masturbation phantasies Robert imagined ejaculating over a woman to demonstrate his power and elicit her excited admiration; his reporting these phantasies to me at times had the quality of an enactment of them. He clung to his defensive idealisation of a relationship with a woman in order to counteract his fears of castration, of passive submission and engulfment, and his fears of his hostility. There has been some lessening of the intensely sadistic nature of his sexual phantasies, which has enabled him to approach the real possibility of a sexual relationship. His first experiences, in the fifth year of his analysis, were brief encounters with unavailable women. The in-between character of his relating, with the implicit or explicit presence of the threatening third person was very evident in these fleeting events. Subsequently he has developed a relationship with an older woman who he is drawn to because she is not critical of him. Initially he felt very excited about this relationship but soon he came to experience her as trapping him, as being too much like his mother. This relationship, though clearly a transference displacement, seems to be both...
a partial working through of his incestuous attachment, as well as a defensive holding on. For Robert, being sexually active with a woman threatens him with being overwhelmed by his hostile feelings towards the engulfing pre-Oedipal mother. He then experiences his penis as undifferentiated from his father's penis which he believes his mother hated, he has then to retreat into a passive position linked with his feminine identification.

Concluding comments: some issues about technique and termination

In the first years of the analysis the focus was primarily on Robert's destructive attacks on his body and his mind. As these have become modified through his developing capacity to understand and accept his affects, his violent, hostile feelings and phantasies towards women have emerged. His defensive need for control and his consequent difficulty in allowing a more sustained emotional engagement became the focus of analytic enquiry. Though there is now more space for thinking in the sessions, he can risk being critical of me, a significant degree of restriction remained. He rarely brought dreams and could barely allow any consideration of their unconscious meaning. Quick to pick up any interest in dreams he tended to use them to tantalise me. His fear of humiliation continued to be a major issue, consistently part of his response to interpretations. The threat of humiliation evokes violent fantasies towards himself and his objects, which we have understood as having the function of restoring his sense of omnipotent control. He has articulated his fear that any move towards independence will bring a catastrophe.

The seductive excitement of his suicidal fantasies has become clear, his 'ultimate weapon'. His use of suicidal fantasies as a threat when he felt confronted in the analysis with aspects of himself he found difficult to accept, has led to an increased understanding of his terror of change. His passivity and sense of narcissistic entitlement which underlie his fears are expressed in his defensive 'freezing' of himself and his objects, his wish for there to be no difference. More recently he has responded to feeling confronted by me through missing sessions, earlier he could not contemplate missing a session. To some extent this can be seen as a development in his capacity to experience himself as separate, as having an identity away from the analysis and his analyst. However it is also an expression of a fundamental resistance. As Fonagy and Target (1995) pointed out, violent patients who rely on using the analyst's mind to deny separateness can only make progress when this 'bondage' is abandoned and mourning of the illusory omnipotence is achieved. For Robert this process constitutes a struggle in which the absence of his phantasied omnipotent control appears like a void of terrifying proportions.

In a paper on termination in the analysis of severely disturbed adolescents, Burgner (1988) suggests that analytic progress with such patients may be characterised as 'lessening the pressure of primitive anxieties, phantasies and enactments, and to facilitate a psychic organisation that has a more differentiated gender identity. An organisation in which the terror of and overwhelming with for the mother have receded and the father is recognised as having a more active yet protective role'. An implication of this movement would be the development of more differentiated gender identifications. It is in this area that Robert faces his fundamental ambivalence. He has not yet been able to find a way to safely integrate his masculine sexual identity and his feminine identifications.

Whilst Robert describes himself now (in the seventh year of his analysis) as feeling fuller and rounder as a person, less estranged from other people and pleased to be a man, he remains vulnerable to anxious and violent reactions to disappointments. He has with difficulty made changes in his life, each occasion of making a decision facing him with his fear of not being perfect and the need to give up other options. His relationships still lack depth, being dominated by his narcissistic needs, thus he remains fearful of true intimacy. He vividly expressed this in his reactions to moving into a new flat, in the house of an older woman. He described his anxiety about what would happen between them; what would she expect from him, and his fear of himself: 'How can she trust me? I might be an axe murderer.' This paradoxical relation to his objects, his clinging attachment and his defensive hostile distancing, underpins all his relationships and inevitably functions as a central resistance to the analytic work. His reluctance to relinquish his incestuous attachments and his difficulty in mourning his infantile omnipotence raises issues about the possible interminability of analysis with young adults, who, like Robert, use the analysis to some extent as a refuge from life, as a kind of narcissistic cocoon.

Summary

The analysis of a suicidal young man is discussed from the viewpoint of the underlying failure to negotiate and establish an adequate sense of separateness from his primary objects. The suicidal acts represented a phantasy solution to the developmental impasse in adolescence of being unable to resolve his conflictual sense of personal and sexual identity, which had been built around the trap of fulfilling maternal phantasies. The compelling nature of his suicidal phantasies reflected his rigid dependence on omnipotent control. The analyst's relationship with the research group, within which the analyst was conducted, was important in enabling the analyst to remain in touch with the patient's suicidal potential, and to confront his omnipotence and resulting narcissistic rage. This relationship also highlighted the role of the father in the patient's pathology, and the importance of primitive Oedipal phantasies in his suicidal enactments.
Introduction to final remarks

This brief presentation by Peter Fonagy was given in September 1997 at the Conference on 'Violence and Sexuality in Borderline Young Men' at the Psychoanalysis Unit, UCL in association with the Anna Freud Centre. This Conference presented some preliminary results of the research carried out by the Young Adults Research Scheme (described above, p. xix), a subsidised scheme offering analysis to young adults and under which several of the patients in this collection have been analysed. The papers presented were by Rosemary Davies, Joan Schachter, both included in this collection and another by myself (1997, on the patient discussed in chapter four).

In his concluding remarks Peter Fonagy discussed three main themes which he derived from the analysis of these patients: the issue of separation and separateness; the emphasis on the body, which accompanies an absence of mentalisation and is rooted in these patients' experiences with their primary objects; and, finally, the common features of the analytic processes in which acting-out behaviour is consistently present. Peter Fonagy highlighted the fact that in each case the analyst emphasised the importance of keeping contact with the patient's anxieties. There was also enormous pressure on the analysts to monitor their counter-transference in order to be able to reach in their own mind formulations about their patients' mental states. This was especially important in the cases of the three female analysts analysing three violent male patients, where the possibility of violence in the consulting room was constantly present.