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Suicidal attempt – psychodynamic factors*

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Over the last three years, the bulk of the in-patients referred for Psychiatric Consultation, are those that have attempted suicide. The commonest mode of the suicidal act is by self-poisoning. The writer in an attempt to analyse the dynamic motivational factors in fifty cases of attempted suicide at the University Hospital, Kuala Lumpur, finds similar factors uniting some of the patients, and distinguishing them from other groupings. This conception is a necessary springboard for research into problems of suicide and in dealing with such clinical aspects as the intensity and duration of depression and the degree of suicidal intent in the different groups of psychiatric patients who attempt suicide.

THERE ARE many theories with regard to suicide. Like many other problems in psychiatry, these theories are invoked to explain demonstrable clinical phenomena. And since problems in psychiatry are often complex with multiple facets and factors, there is bound to be disagreement in resultant theories. Aggression either directed at oneself or at the human environment does evoke tremendous anxiety in many people including those in the medical profession. It was hence felt necessary to look into about fifty cases of attempted suicide which were studied by the writer at the University Teaching Hospital, Kuala Lumpur, to deal primarily with such clinical problems as the intensity and duration of depression and the degree of suicidal intention in the different groups of psychiatric patients who attempt suicide.

The intention of this study is an attempt to assess dynamic motivational factors in suicidal patients, with an aim towards comprehending different motivational groups. No quantitative scales were set up to evaluate more objectively these factors involved. The attempt is based mainly on a detailed clinical analysis of the fifty cases and also upon further cases of attempted suicide, seen subsequently with a view to checking tentative conclusions.

This study shows that even if all suicidal patients cannot be understood as one, there are similar dynamic motivational factors uniting some of the patients, and distinguishing them from other groupings. The following groups were elicited.

A. To inflict emotional pain and to force attention or affection

These two factors are usually seen as co-existent and complementary motivations. At times one may be dominant, but evidence of the other will invariably be present. When both these factors are present and dominant, it is important to note that the degree of suicidal intent is in most instances minimal.

A good example where these motivational factors are uniformally exhibited is in a young adult where the suicidal attempt is part of a "family quarrel" or a "lover's quarrel". During the quarrel, the young person usually a young lady, suddenly swallows a few sleeping pills or a mouthful of washing detergent and then "fall faint". These patients are usually classified in the Reactive Depressive group, since their other general behaviour is not characterized by sufficient anxiety, with resultant symptoms or inhibitions in activity, for them to be termed

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neurotic. Even with the clear-cut neurotics who attempt suicide with the desire to spite or to force affection as motivational factors, the intent is usually low. In the reactive depressive group, the most characteristic feature is emotional immaturity.

Patients with personality disorders also exhibit these primary motivations in their suicidal attempts, sometimes under the influence of alcohol or other addictive agents. These patients are often manipulative, almost wholly wrapped-up in themselves and are unable to form strong attachment with others. This ability to form strong human relationship by this group of patients is an important differentiating factor when compared with the neurotic patients who attempt suicide.

B. **Loss OR threatened-loss of LOVED OBJECT**

A majority of the neurotic patients examined attempt suicide after or during the breaking of strong love-object attachments. Usually it is their own neurotic behaviour that contributes to the termination of these relationships. Since they are in great need to establish similar relationship and if unable to do so, they repeat the attempt, often of a more serious nature, within the next few months or years. In some cases, the patients were passive figures during the relationship; and in others, they played more active role. But in all these cases, a great part of the patients' problems centered in difficulties involving the expression of anger more realistically. With the termination of a relationship and the unsuccessful attempt to establish a similar one, they seem to direct "on the self", those aggressive impulses involved in the object relationship.

The contract here between this group and the first group is that in the former, the suicidal attempt is a manipulative gesture to achieve the end. The key to the neurotic group is the breaking down of a strong human bond, and eventually a kind of loss of hope, with regards to finding another love-object as an outlet for dependency-needs and the release of neurotic aggressive drives.

A relatively small group of patients in the older age-group usually in the fifties who have always been "passive" and "dependent" come under this group, following the loss of a person they were dependent upon – mother, wife, husband, etc. in past years. They usually struggled along for a year or more, making little attempt to form new attachments, and made a suicidal attempt in response to relatively small situational disturbances.

C. **Guilt**

A sizeable group of patients who attempt suicide by swallowing their full supply of medications are the schizophrenic patients whose illness have remitted but who are prone to periods of depression. Guilt seems to be a painful motivational factor towards their suicidal attempts especially when they exhibited overt hostility to parental figures and felt rejected in an ambivalent relationship. Suicidal attempt as a reaction to powerful guilt, bound to unexpressed sexual feelings or perversive sexual behaviour can escape notice when the guilt is projected into a hallucination, and the patient states that the suicidal attempt was a response to voices that reproached him for his misconduct. Sometimes this guilt would be expressed in a delusion of punishment and the suicidal attempt was a conformation of this state of mind. Usually these patients were resistant to any understanding of the dynamic motivational factors, unless special efforts were made to establish a closer relationship over a long period of time.

Discussion

Psychodynamics, the science of the unconscious mental forces has its roots in Freud's analysis of the human mind. The word connotes the interplay of underlying forces which influences behaviour in its broadest sense. Perception, thoughts, feelings, and actions are all caught up in this vast network of influence, and only when the forces themselves are laid open to scrutiny, can the accompanying behaviour be fully understood. Such scrutiny is difficult at best because the process often takes place at an unconscious level, where detection is possible only by inference. Many unconscious forces come into action when a person makes a direct attempt on his life. A clear idea as to the motivation for the attempt is a very essential part of the management of the distressed person. The foregoing considerations may helps us in understanding some of the factors influencing suicidal behaviour. There may be many more.

In Freud's "Mourning and Melancholia", he considers suicide in great depth. Here he stresses the significance of the mechanisms of "identification" and "incorporation" of an abandoned love-object, with the ego lunching on itself the animosity related to the object. In the cases studied here, where the loss of a loved object played a prominent role, we are dealing primarily with neurotic patients. Clinical depression of any great extent was often absent here despite a high degree of suicidal intent. Thus the use of antidepressant therapy alone was ineffective and in some instances even facilitated more serious suicidal attempts. These patients had problems connected with expression of anger right from the start in their object relationship. Their object attachments were, thus, neurotic solutions or outlets. With the termination of relationship, there was evidence of diffuse expression of this anger; and,

with the consequent inability to establish satisfactory substitutes, the anger and the aggression became self-directed. In the character disorder, where the intent is minimal, the fact that strong object relationships have not been made is, in a sense, a protecting factor. More serious suicidal intentions emerge not uncommonly in these patients when they are subjected to intense psychotherapy and strong object relationships begin to develop in a psychotherapeutic encounter.

Summary

An attempt has been made to group suicidal patients on the basis of similarities in clinical and psychodynamic findings. The main groups are:

A. Those whose dominant motives are to inflict emotional pain and force attention – they are usually labelled as suffering from reactive depression or personality disorder. Their suicidal intent is minimal and they attempt to manipulate the environment by their behaviour.

B. Loss of loved-object – predominantly they form the neurotic group unsuccessfully seeking re-establishment of object attachment. Their suicidal intent is of a higher degree although their depressive state is clinically very minimal. Their main problem is connected with expression of anger.

C. Guilt – predominantly they make up the schizophrenic group whose psychotic illness has remitted. But they are subjected to depression and alienation. A psycho-dynamic understanding of their behaviour is even more difficult as they tend to resist interpretation and insight.

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