

Psychological Approaches to Suicidal Tendencies

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ABSTRACT

Elements obtained in the course of psychotherapy suggest that errors in childhood education, the aforementioned traumas in the molding periods, are of capital importance in the genesis of suicidal ideas, as they exacerbate the already existing manifestations of innate death instinct; that circumstantial factors of old age - loneliness, abandonment and scarcity of vital stimuli - reactivate unconscious conflicts and the manifestation of the death instinct already existing in the periods of molding, and that the hypothesis of psychosomatic fantasy would contribute to clarify the intimate mechanism of the suicidal act. We can come to formulate the following hypotheses about the suicidal act that is psychosomatic. This hypothesis is based not only on psychoanalysis but also on phenomenology, on modern structuralism. In order to carry out this psychosomatic hypothesis about the origins of suicidal ideas in depressive states about the psychogenic etiopathogenesis of thanatisms, there is the need to consider the following theories: 1) Gestaltism; 2) The new psychoanalytic currents; 3) New phenomenological currents; 4) The new currents of structuralism; 5) The philosophy defended by Duns Scotus; 6) Specificity and object relations.

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Introduction

We live in an era in which unfortunately new factors contribute to suicidal tendencies, such as living during and after the pandemic, bullying, artificial intelligence and globalization. The way in which each individual is affected depends on his or her basic psychic outline. With this in mind, we think it is important to start with the understandings already studied since the pre-pandemic.

It is important to understand the primary origins of the morbid thoughts that lead to the suicidal act, starting from the baby-breast relationship (first period of molding) and family environment (second period of molding) and, finally, from the influence of frustration-aggression - injustice of the social environment. To be able to explain the suicidal act, we also resorted to a research on possible psychosomatic alterations that could lead to this depression, which depressive mood is related to this suicidal act. In view of the above, we can formulate the following hypotheses about the suicidal act that is psychosomatic.

This hypothesis is based not only on psychoanalysis but also on phenomenology, on modern structuralism.

Psychosomatic Fantasy of Suicide

Most suicidal acts would be an unresolved psychophysiological-humoral intimacy, whose fundamental core would be constituted by conscious fantasies or secondary elaborations of peculiar unconscious fantasies, fantasies that make the individual be himself and not the other, and without which he ceases to be

himself. These fantasies arising from conflicts in object relations cause the individual to internalize bad objects in an organ or apparatus and subsequent projection, which causes unsatisfactory identifications. The effect of the bad object, because it is inserted in a system of changeable relations, varies with the structure. This fantasy, which makes the individual be in his or her private world, would occur mainly in the periods of molding, being based on genetic factors and triggered by external factors [1,2].

In order to carry out this psychosomatic hypothesis about the origins of suicidal ideas in depressive states about the psychogenic etiopathogenesis of thanatisms, there is the need to consider the following theories: 1) Gestaltism; 2) The new psychoanalytic currents; 3) New phenomenological currents; 4) The new currents of structuralism; 5) The philosophy defended by Duns Scotus; 6) Specificity and object relations.

Gestalt or Concept of Integral Medicine

To understand our hypothesis, it is necessary to accept psychosomatic medicine as integral. We are with Rof Carballo in the combined value of genetic, neuroendocrine, biochemical, psychoanalytical, anthropological and social factors; it would be a gestalt view of psychosomatics [3-5].

In the studies of Psychosomatic Medicine we no longer separate mind and body, thus disappearing the traditional alternative between soma and psyche: there is an intricate process, areas of the cortex that govern the organs and these are represented in the brain by hormones or enzymes, one of the many factors that maintains a continuous relationship between conscious and

unconscious [6-13]. It is a reciprocal and constant process, whose attributes of the body or psyche depend on the way consciousness perceives, so subtle that we could only roughly divide the body from the mind. The word psychosomatic was created in the sense of union, to this day the doctor and the student, in general, continue to place the physical at one extreme and the psyche at the other, as separate and isolated representations, just like Cartesian dualism [14]. In previous studies, it was sought to demonstrate that if we delved into psychoanalytic and biochemical research, we would not find this separation [8-11]. Today, we consider all diseases psychosomatic, that is, we admit that in infections there is simultaneously a non-negligible psychic factor; we even admit, too, that neurosis and psychosis have mainly immune, hormonal and enzymatic somatic factors. From this point of view, in a neurotic patient it is not uncommon to find a psychotic personality [15,16].

The internal perception, intersusception, of this substantial unity, a unity that is well highlighted in situations of stress, is evident in the symbolism or language of the organs whose complexity is sometimes so complex as to resemble that of psychotic communications [17,18].

To understand the psychosomatic symptom, which can mean psychotic communication, we must resort to works that focus on object relations. The same Cartesian dualism already mentioned is found when we study the psychoanalytic theories of object relations. For this reason and for a better understanding of our hypothesis, we must resort to the psychoanalytic concepts that follow.

New Psychoanalytic Currents that would help the Understanding of the Suicidal Act

Conceptions of Klein, Isaac and Segal about the formation of symbols and unconscious fantasy as a mental expression of instinct [19-21].

This conception is of fundamental importance; from there, that is, from the secondary elaborations of unconscious fantasies, we were able to formulate our hypothesis about the intimate mechanism of the suicidal psychosomatic phenomenon.

In the theories of object relations it is the internalized evil object that is the basic element for the formation of the suicidal idea. Fairbairn differs from the Kleinians because he approaches from the angle of the development of the ego in relation to internalized evil objects, while the latter emphasize the angle of anguish and its vicissitudes that emerges from the here and now [22]. These conceptions were valued by Winnicott with his transitional objects; Green thinks that language is the inheritance of the first transition of objects [23,24]. We believe that our concept of the thanatic object perceived as good also contributes to better explain somatizations and behavioral disorders such as suicide [25,26].

Rapaport's Conceptions of Ego Psychology by Hartmann, Kris Loewenstein, Erikson, and Jacobson [27-31].

This conception emphasizes the ego and its object relations referring to interpersonal relations and the environment, following the principle of reality; it would be a genetic-historical aspect of Freudian theory with a return to the biological aspect, in which we agree with the explanation of various psychosomatic symptoms.

There is no divorce between this theory and the object relations theories of Klein et al, Winnicott, Fairbairn and Bion [15,16,20,22,23]. A similar fact occurs with the supports of the psychic apparatus: the Freudian principles on the one hand and the Kleinian, Bionian and Winnicottian positions on the other are not antagonistic but complementary, it is Leclaire's heteronomy. These concepts have come to clarify various attitudes of conduct.

We will Give an Example for Better Understanding

A Paranoid Schizoschio Patient During a Suicide Attempt Thinks: "the other one I was trying to kill myself, something was preventing me".

This Individual was Divided: a part of the ego and not the whole ego would be functioning, due to the introjected good objects.

When parts of the ego contain evil objects, with which it would be dangerous to maintain a relationship, these defense mechanisms are used, the splitting of the ego at the bodily level.

Unconscious fantasies can explain the suicidal act without the individual having a real reason for such an attitude.

In conclusion, from all the above, the lines of reasoning will be fixed in one or another theory of understanding suicidal tendencies.

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In memoriam: Luiz Miller de Paiva.

Conflict of interest

None.

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