

*Self murder: Suicide and the intolerable
state of a fragmented self*

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Declaration

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Dedication

This thesis is dedicated to

Cynthia and Bernard Chamberlain,

and to

*the memory of those who chose suicide to
escape the intolerable burden of their
psychological distress*

Abstract

Suicidal behaviour remains a serious public health issue worldwide despite the substantial literature on the subject and the development and implementation of prevention and intervention strategies. Notwithstanding the considerable contributions of researchers to date, suicidality is not fully understood and there remains a subgroup within the suicidal population whose behaviour cannot be adequately explained in terms of current understandings.

Consequently, this thesis applies Heinz Kohut's (e.g. 1971, 1977) psychoanalytic theory of self psychology to the subject of suicidality. Specifically, it examines the relationship between individual differences in the cohesiveness of the construct of *self* and suicidal behaviour. Self psychology attributes primacy to the *self* in the human experience, and is essentially a theory of structural deficit in the *self*. The theory focuses on the enduring psychological effort to realise ones ambitions and maintain a healthy sense of *self* cohesion.

The research has a clinical emphasis and applies a mixed methods approach to data collection and analyses. Several epidemiological survey data sets are analysed to progress the central argument that individuals with a fragmented sense of *self* are vulnerable to suicidal behaviour. Additional data are also collected through the 2009 South Australian Health Omnibus Survey, the Australian National Epidemiological Study of Self Injury (Martin, Swannell, Harrison, Hazell, & Taylor, 2010), and several samples of convenience. The mixed method study collected qualitative and quantitative data from suicide attempters admitted to the emergency department of the Royal Adelaide Hospital and quantitative data from controls, resulting in the development of the Adelaide Self Cohesion Scale (ASCS). The final study validated the measure with data from suicide attempters, suicidal ideators, and community controls.

The results of the research demonstrate that one's sense of *self* is a core determinant for vulnerability to suicidal behaviour. The key suicidality findings are: (1) the significance of individual differences in the stability of *self*, and how this relates to early life experiences, (2) experiences of an incohesive sense of *self* is common in the suicidal, (3) trauma, as a risk factor, is best understood in terms of its proximity to one's sense of *self*, and (4) sexual orientation is a more appropriate research variable than biological sex in suicide research. In addition to providing a plausible explanation for individual differences in the suicidal, this novel approach to suicidality also advances two original concepts: the extension of Cannon's (1929) fight-flight response, and the ASCS for the measurement of *self* cohesion

The results of the findings in this dissertation have important implications for understanding the unique role of one's sense of *self* in determining an individual's vulnerability to suicidal behaviour. The consequences for clinical interventions and prevention strategies, together with the limitations of the research and future directions, are discussed.

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Suicide and the Intolerable State of a Fragmented Self

There are times in life when the question of knowing if one can think differently than one thinks, and perceive differently that one sees, is absolutely necessary if one is to go on looking and reflecting at all (Foucault, 1987, p. 8).

Suicide is arguably a uniquely human phenomenon, found almost universally throughout recorded history, and it attracts a plethora of historical and culturally contingent explanations. Referred to in earlier times as *self murder*, this seemingly senseless act appears to strike at the very heart of the human experience. As a result, all manner of social institutions and scientific disciplines have influenced perceptions and explanations of the behaviour. Researchers have made considerable progress toward identifying risk factors, introducing prevention strategies and developing intervention measures in response to the broad empirically-based consensus that the interaction between psychological distress and sociological issues is the principal cause. Nevertheless, there remains a subgroup within the suicidal population whose behaviour cannot be adequately explained by contemporary psychological and sociological theories. Moreover, and provocatively, some accounts of suicide simply do not appear to completely capture the essence of why attachment to life was insufficient to insulate the person against acting out thoughts of death.

With psychopathology responsible for a significant proportion of suicidal behaviours, the question of how to differentiate between individuals suffering similar levels of psychological distress and their desire to die remains unanswered. It would be naïve to posit a single aetiology, because the evidence is irrefutable that suicide is not the homogenous construct that lay understandings implicitly assume it to be. Indeed, it is the heterogeneity of psychological circumstances that lie behind each completed act of suicide that continues to frustrate clinicians and researchers alike. Consequently, it is

this dearth of knowledge created by the considerable contributions of others that encourages this enquiry.

Inspired by Strozier's (2001) biography of psychoanalyst Heinz Kohut and subsequent readings, the objective of this thesis is to determine whether the application of Kohut's perspective can contribute further to understanding suicide. Specifically, it is the relationship between individual differences in the cohesiveness of the construct of *self* and suicidality that is the principal focus of this research. Personality is universally viewed as the primary defining characteristic of human individuality, the "putative nucleus" (Berrios & Markova, 2003, p. 9) referred to as the *self*. Intuitively it is understood to be responsible for, *inter alia*, the experience of general self-awareness and personal identity. Amongst the many other theorists interested in the construct of *self* such as Klein, Jung and Winnicott, Kohut figures predominantly for his theory of the *self* within the general psychodynamic paradigm developed by Sigmund Freud. Kohut, a qualified neurologist, introduced what he referred to as *self* psychology, which diverges from the purist psychoanalytic emphasis on instinctive drives, which he considered subordinate to *self* cohesion as the central fulcrum of the total personality. A cohesive *self*, he argued, is essential for psychological wellbeing and any deficits of cohesion result in fragmentation and ultimately psychopathology. Thus, it is through the paradigmatic lens of self psychology that suicide is examined.

The theoretical frame of reference addressed in this thesis is consistent with the classical Kohutian conceptualisation of disorders of the *self*. This restricted approach is by necessity, and does not imply a rejection of the contemporary theoretical self psychological perspectives and the considerable contributions of others since Kohut first articulated his theories. Self psychology is now too broad a school and Kohut's original theories have been expanded in divergent directions and emphases, which are beyond the scope of this thesis (e.g. Bacal & Newman, 1990; Lichtenberg, 1989; Shane & Shane, 1993). Nevertheless, many post Kohutian contributions are included to elucidate the classical view. Moreover, it is acknowledged that Kohut's original ideas do

not enjoy universal support, whether it is within *self* psychology (Gedo, 1988; Stolorow & Atwood, 1992) or without (Rubovits-Seitz, 1988). Kohut's theories are also not without their own assumptions, contradictions and leaps in logic, for these are characteristic of any emerging paradigm (Kuhn, 1962). Further compounding this was his preference for vagueness in terminology, and his tendency to illustrate by clinical example rather than by theoretical argument (Shane, 1992).

Psychology has a number of different approaches to explain the nature and function of the mind. Freud was the first to take the innovative approach of recognising personality as individual and complex processes of constantly seeking to adapt to the environment. These processes are viewed by the traditional psychoanalytic school as biologically driven internal conflicts which can result in maladaptive behaviour and psychological distress. Kohut begged to differ and suggested that psychopathology results from deficits in *self cohesion* because it interferes with the attempts to combat a devitalised *self* and maintain psychological wellbeing.

Although Freud is considered by many as the seminal thinker in the psychology of personality, the influence of psychoanalysis has given way to a discontinuity of disparate theoretic approaches such as the Humanistic and Existential, and the Cognitive-Behavioural. Nevertheless, elements of psychoanalytic thought can be recognised in many of the contemporary understandings of what Wakefield (1992) refers to as the *harmful dysfunction* of the mind. However, psychoanalysis continues to be surrounded by controversy for its dependence on case-study qualitative data and the vocabulary it employs; recognised as the beginning of a science but not considered to be one (Breger, 2000). Accordingly, any reference to psychoanalytic theory may attract claims of redundancy and be dismissed as archaic knowledge, unsupported by empirical evidence. However, it can be the case, and it is the expectation of this critique, that through the reappearance and application of earlier knowledge, more will be revealed about the dynamics of suicide that may have been obscured by more recent theories.

There are also other ingredients that constitute the *self* in as much as individual understandings of truth and knowledge, and the significance of the epistemological and ontological contributions are acknowledged. However, philosophical issues are largely omitted so as not to confound or distract from the argument. Nevertheless, philosophical discussion is included where necessary to provide clarity or context. This is particularly so in the chapter on the *self*, where an uncomfortable tension arises from the difficulty in incorporating a phenomenological construct into an empirical enquiry, and avoiding what Lewis (2000) refers to as the “incredulous stare” (p.111). Embedded within the discussion that follows is the underlying assumption of the completeness of the *self*. It is noted because reference to disorders of the mind and the nuances of language may be interpreted as implying a dualistic perspective, which is not the case.

The thesis has a clinical emphasis and applies a mixed-methods approach to addressing the objectives discussed above. This research approach is taken because it converges different, but complementary, data collected on the same topic (Creswell, 2009; Creswell & Plano Clark, 2007), and is elaborated further in Chapter 8. Nevertheless, to progress the central argument that individuals with a fragmented sense of *self* are vulnerable to suicidal behaviour, several epidemiological survey data sets are analysed. Specific data are also collected through the 2009 South Australian Health Omnibus Survey, the Australian National Epidemiological Study of Self Injury (Martin et al., 2010), and psychology students from the University of Adelaide. The final two studies include data from suicide attempters admitted to the emergency department of the Royal Adelaide Hospital.

The structure of this dissertation is designed to bring together the subjects of suicidal behaviour, *self*, and *self* psychology in a manner that provides meaning to the relationship between a subjective experience and an explicit act. To that end, the dissertation is presented in three sections. Section A is a literature review comprising four chapters. Chapter 1 provides context by way of a broad introduction to suicide and also includes a discussion of several theories relevant to the construct of *self*. Chapters

2 and 3 introduce the theory of self psychology, and the construct of *self* respectively. Chapter 4 concludes the section with a discussion on the biological structures associated with stressors, and offers a hypothesis regarding the psychological burden of human executive functioning in the form of an extension of Cannon's (1929) fight-flight response. Section B seeks to implicate the construct of *self* in suicidality and demonstrate the validity and utility of the theory of self psychology. Several quantitative studies are presented commencing with Chapter 5, which details two exploratory studies directed toward demonstrating a gap in the literature relating to individual differences within suicidality that might plausibly be explained by the theory of *self* psychology. Chapters 6 and 7 continue the focus on *self* and suicidality by examining respectively the subjective experiences of trauma and sexual orientation. Section C develops and validates a measure of *self* cohesion and concludes the thesis. Chapters 8, 9, and 10 present a mixed method study and the development of the Adelaide Self Cohesion Scale. The scale is validated in Chapter 11, and a final discussion is presented as Chapter 12.

It is acknowledged that this is not an exhaustive examination of the relationship between *self* and suicidal behaviour. Although a great deal of information is covered in what follows, it is inevitable that as a result of the effort to be broadly inclusive within the limitations of this dissertation, many topics will not receive the attention they might otherwise attract.

Finally, this thesis is largely written in the masculine to avoid inconsistency with the considerable early psychoanalytic literature included, and is not intended in any way to present a gender bias.