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In the every day psychoanalytic clinic, one can observe that patients who have attempted suicide usually present a depressive mood related to an extremely fragile moment in their lives. The degree of harm can be noticed in the type of suicide attempt chosen, and this makes us question about the structure of those subjects in relation to self-aggression. Some get slightly hurt, others even mutilate themselves.

In his work *Mourning and Melancholia* (1917), Freud says that the subject "can only kill himself if he regards himself as an object". He seems to be saying that the subject, due to the impossibility of bearing such irreparable loss, responds with a state of melancholy, not being able to overcome his anguish. In his text, Freud states that melancholy is a kind of psychosis.

To Psychoanalysis, melancholy is linked to the area of psychosis, that is, distinguished from other forms of neurotic depression. Such difference is characterized by the framework of the psychic functioning of the subject by means of his discourse, not his symptomatology. In this structure, the subject that has not been marked by repression that is, has not been barred by the Name-of-the-Father, he remains a victim, subject to the Other, offering himself to the jouissance of the Other.

According to Lacan, melancholy is not characterized as a representation; it corresponds to a void in the symbolic. Considering this, some suicide cases, or even suicide attempts seem to be an endeavor to leave a mark in the world, in the presence of an absence. In his effort to find some meaning, a fatal exit towards life, the act has no sequence as it can not be recalled by a signification. This is what Psychoanalysis calls *passage to the act*.

Passage to the act can be regarded as an attempt made by the subject to perform symbolic castration in real life, a parting from the Other. Such separation produces a barrier in the Other, a barrier made real by the subject who, then, falls like the object itself. Therefore, it means an attempt to give meaning without words. The act takes over the word.

The field of neuroses is also a rich one to think about suicidal attempts. In neurosis, there is an Other constituting a lack. This is the case of the subject barred by the signifier (S^1). The neurotic subject differs from the psychotic one in his relation to the Other, which does not mean that in many situations of his life this may prove insufficient. Suicidal attempts by neurotics are also a passage to the act and this means and exclusion, a radical cut from the Other, differently from psychosis, in which the Other does not count, he is forclosed. Also, in neurosis, acting takes place of saying and, in the passage to the act, one leaves behind all mistakes caused by thinking and language, as well as all the dialectics of recognition; one creates a situation with no way out from the Other.

To let oneself fall is related to an exit from the scene of the ghost, even though the subject is unaware of this. Any symbolization becomes impossible. The subject does not communicate to anyone and does not expect an interpretation, even when it occurs during treatment. It is a defenestration.

Alberti (1999, p. 17, my translation) says that “most suicides committed by the young are done by hysterical women and, as a consequence, the subject, because of her neurotic structure, doubts, to the last minute, his desire to take his own life”. The author says that the subject does not always want to commit suicide; what happens is the occurrence of a “miscalculation”. Taking this into consideration, we may think that passage to the act in suicidal attempts occur in both neurotic and psychotic structures.

We have observed some cases in which the act of addressing the Other is almost always present. The complaints and guilt usually point to a jouissance of those subjects in relation to the lost object. We may suppose that mourning is more common in suicidal attempts than melancholy. Appeal to the Other is experienced without symbolic sanction, in a moment of fall for the subject.

In his seminar “Anguish”, Lacan makes a distinction between mourning and melancholy by explaining that the issue in mourning is keeping the links through which desire is suspended from $i(a)$, by which love, an idealized dimension, is narcissistically expressed. This constitutes the difference between mania and melancholy

In Television (1999), Lacan refers to depression as a form of yielding to desire, and is associated to mania. He says that suicide would be the return to the Real by what is rejected, by language, a mortal return enabled by maniac excitement.

There are subjects whose suicidal attempts constitute an appeal to the Other which lets us consider an hysterical structure. In other cases, we have observed that aggressiveness towards the Other is launched back to oneself, which suggests cases of obsessive neurosis. Both to hysterical and obsessive individuals, desire is a chief issue. For obsessive ones, desire is a constitutive condition; pure desire which he denies throughout his life. Such desire is, however, ambivalent. As far as hysteria is concerned, the subject searches for his desire in the desire of the Other, or in what he/she imagines to be the desire of the Other.

In his work *The Ego and the Id* (1923), Freud states that obsessive neurosis provides a greater protection against suicide than hysteria. This is due to the fact that, in general, obsessive neurosis changes the drive to love into aggressive drives against the object which, in turn, makes it more difficult to return to his own self. Such aggressive tendencies eventually reach their objective by means of another form of self-destruction, a permanent punishment. This is one of the main issues which draws attention upon recurring suicide attempts in which the subject eventually succeeds in killing himself.

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