

# DESPERATION AND GRANDIOSITY IN SUICIDE: PHENOMENOLOGICAL APPROACH

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## *Summary*

After some general considerations on contradiction, which constitutes a most usual fact on various levels of reality, the author takes into consideration four areas of suicidality where the contradiction between desperation and grandiosity may become apparent. These areas are, respectively, the borderline area, the melancholic area, the psychotic area and the area where suicide has ideological connotations. The approach chosen is the phenomenological one.

## *Key words*

Desperation, grandiosity, contradiction, borderline, melancholy, psychosis, ideology.

*Samson said: "Let me die  
together with the Philistines!"*  
(Judges, 16, 29)

"But when I descended the rock path, I was assailed by folly and screamed loud in the night, and when I bent with silvery fingers over the taciturn water I saw that my face had forsaken me. And the white voice told me, "Kill yourself!" The shadow of a child rose in me with a sigh and looked at me from crystalline eyes, so that, in tears, I slumped under the trees, the immense heavenly vault." (G. Trakl, Revelation and Defeat). I think that these words by Georg Trakl, regarded by Claudio Magris as the greatest poet of the German language of the 19<sup>th</sup> century, who died - probably a suicidal death - in a psychiatric military hospital, cannot be outdone in describing the antinomy between fall and ascesis which see in suicide a dramatic as well as odd accomplishment.

The principle of non-contradiction, which states that one thing cannot be contradicted by the same thing, i. e. that A is not B and vice versa, which derives from Aristotelian logic and is at the base of common sense as an ordering element of reality, may sometimes prove to be a conceptual trap. Indeed, instead of being mutually exclusive, antinomical realities are often linked by an indissoluble dialectical bond. There are examples of this on various levels of reality: in Physics, where corpuscles are waves and waves are corpuscles, in western philosophy, where thesis and antithesis are brought together into synthesis, in oriental philosophy, where ying and yang are mutually complementary, in the unconscious recesses of the mind, where the Id dominates the so-called "primary process" by which one thing can identify itself with its opposite, in normal affective life, where feelings are pervaded by ambivalence, and also in psychopathology, where in psychotic crises, the dividing lines between different compartments of the mind, such as perception and thought, vanish to the point that they confuse themselves with each other. We must therefore conclude, as Edgan Morin (2001) does, that any logic that expels contradiction and rules out the opposite is simply insufficient.

Also suicide, especially inasmuch as it is a limit state of the mind, forces us to come to terms with contradiction. The most useful approach to be able to grasp the apparent contradiction in suicide between desperation and grandiosity is the phenomenological one. It is useful because it is simpler, because it refers to experiences, to direct experiences, in the very quick of subjectivity, of how the world appears to us, the "phenomenon" world, meant as a product of a perception which is also self-perception. By applying this approach, we can do without the confines that each single discipline establishes in response to demands for scientificity, we can do without the dividing line between psychiatry, psychology, sociology, cultural anthropology, history, etc. and,

ultimately, even if we want to remain within the realm of psychiatry, we can also do without the nosographic bottlenecks.

I believe that, above all, we should underline what constitutes the basic element of suicidality, that is, the impulse; an impulse taken in the broadest sense of the term, not so much as - and not only as - a passage to the act, but as a moment which lacerates continuity. This interruption of continuity may be represented by a "full" unit, that is, by a thought, by an action, but it may also be represented by a non-thought, by a non-action, by an "empty" unit of the mind, where to die or to let oneself die may just be the two faces of the same reality.

This lacerating crack in continuity is anyway the common final way to suicidality, whatever the path which precedes it, either psychological or psychopathological. Therefore, we repeat, it represents the background data, the obligatory point, the conclusive and lacerating moment, the strong decision without which it is impossible to have a clear-cut truncation of the fabric of our existence. In this respect, the suicidal gesture configures itself as a sort of black hole, as a sort of recess of the mind, a mysterious recess which gives the gesture itself, in an almost sacral manner, a dimension of extreme alienness. Any form of voluntary death always carries with it that flare-up, that break, that angered blind leap in the void and into the mystery of not-being which is the very auto-suppressive gesture.

But if taking that leap makes it necessary, metaphorically speaking, to close one's eyes, this leads us to that dialectics between activity and passivity, between empty and full, between action and non-action, between willingness to die and lack of willingness to live which, in turn, brings to mind a suspended grey area represented by the space which lies between suicidality and pseudo-suicidality, that is, between actual suicide and attempted suicide. Exploratory anamnesis of the experiences of those who have attempted to commit suicide demonstrates, in fact, the great breadth of this obscure area of overlap between willingness to die, lack of willingness to live and, above all, the willingness to show that one wants to die.

Once this background premise has been presented, that is, the premise that the impulse, in its broadest sense and with the overlaps and ambiguity that the term involves, is the final path common to all experiences of suicidality, we still have to tackle the nucleus of our subject: the antinomy between desperation and grandiosity. I shall take four aspects into brief consideration: the borderline area, the melancholic area, the psychotic area and the area of ideological suicide disregarding too strict nosographic discriminations and distinctions between normality and pathology.

By "borderline" area, I mean that area of the personality which, beyond the nosographic line of the "borderline personality disorder", encompasses a number of psychopathological repercussions implying narcissism, affective greed, extreme need for valorisation, abandonism and tendency to impulse. The grandiosity lies, in these cases, in a disproportionate need for gratification based, in turn, on a high degree of avidity in the relationships with others, with the world and with all that psychoanalysts, in a general sense, call the "object". The desperation stems from the abyss which may open up after the crack, even the slightest of cracks, in the all-engaging character of these affective demands. C. Odier (1947) very well described the antinomy which lies at the base of the mental structure of these subjects speaking of a "toutourieniste", a French neologism (from "tout ou rien") denoting the person who lives for "everything or nothing".

Being unable to sustain the grandiose instance, that is, the affective yearning to have everything, a yearning which is inevitably never saturable, these subjects easily precipitate into nothing, into the void of desperation. The nihilism of this existential checkmate becomes, at this stage, the inevitable outcome of the immoderate and grandiose affective avidity. Suicide, which often takes on the form of attempted suicide, adopts the configuration of an extreme endeavour to "count" for others, to show what one is capable of and, by dying, to induce in others an enormous and

mournful nostalgia for one's disappearance. Through the sacrifice of themselves these subjects realise, in other terms, that fantasy of centrality which they had incessantly sought for and which had constituted the very leitmotif of their existence.

This fantasy of grandiosity prevents the subject from tolerating different modulations of mental pain deriving from frustration or abandonment and also from tolerating the mediocrity of tolerance. For those who love avid and total assertions of themselves, the absolute dark of a non-existence may be preferable to the half-light of a mediocresly suffered existence.

The second area which preserves the antinomy between desperation and grandiosity and which, by the way, also represents the most classical background of suicidality, is melancholy. The phenomenological approach has illustrated how the core of the melancholy experience consists of an alteration of temporality intended as a freezing of the present, as a block of the planning capacity towards the future and as a reprimanding reflux towards the past. In this regard, the masterly analyses conducted by L. Binswanger (1960) and by H. Tellenbach (1974) are worthy of mention. The sentiments which dominate that anguishing existential situation are described, from the point of view of clinical psychology, as "hopelessness" and as "helplessness". The psychoanalytical approach also highlighted the concept of "loss of the object", where "object" stands for any kind of investment on any reason for one's existence, whether it be a person, a thing or a value. The image suggested by Freud, according to which "the shadow of the lost object falls upon the Ego" and triggers off a total crushing and annihilation of the Ego, remains unsurpassed. It is precisely at this point that the grandiosity cannot escape a close observation. In order to better understand its quality, we think it fit to consider that extreme dimension in desperation represented by the so-called "Cotard's syndrome or delirium" which, more than a true delirium in its strictest sense, constitutes a particular declination of one's experiences. In Cotard's syndrome, when all the world seems to have sunk into anguish, the suffering involved in living is such that the subject finds it difficult to believe that he is alive; inside him and all around him, every prospect of life ceases, and everything seems to speak of death. This happens because time does not exist as hope any longer and because it seems to have reached its summit and its total collapse and life speaks the language of non-life. At this stage, Cotard's syndrome takes on the form of a delirium of negation: the subject thinks he does not exist any more and, in addition, all the world is, so to speak, dragged behind the subject so that, by negating his very existence, he also negates the existence of reality. This negation is, implicitly, a narcissistic act because it regards reality as a mere appendix to the subject. But here, the narcissistic instance goes a step further towards grandiosity. In fact, since the subject perceives himself, he inevitably perceives himself as being alive but because he claims to be dead, he thinks he has already consumed his destiny as a mortal and, therefore, since he no longer has to think about dying, he perceives himself, just as inevitably, as immortal. Thus, a circle of grandiosity closes in on itself. This circle starts from a premise of negative symbiosis with reality and ends up with the narcissistic triumph upon death. This life-death identification realises in this way an impelling assertion of the subject.

Cotard's syndrome represents an extreme point of the melancholic experience, just like suicide itself. I think we can easily state that melancholic suicide represents the phantasmal realisation, with the dramatic addition of the impulsive gesture of auto-suppression, of the Cotardian experience. Besides, this would confirm the well-known assumption of psychoanalysis according to which, deep down in our unconscious, each of us claims to be immortal.

The third dimension in which suicide may constitute a vigorous and reactive gesture of assertion of subjectivity is represented by the psychotic area and, more particularly, by that dramatic implication of psychosis, where the so-called experiences of passivity prevail. In these cases, the patient loses the sense of belonging of his own mental acts, the conscience of the Ego crumbles down and the confines of the Ego are overwhelmed by the irruption of the outside world into the

very heart of subjectivity. At this stage, swept over by the hallucinatory tide which pervades him and deprives him of sensations of being the master of what he perceives, the patient thinks and does, carries out an extreme gesture of repossession of his own self. The more destructive the gesture becomes, the more active and vigorous it will be. This is undoubtedly an act of desperation but, at the same time, a drastic act of autonomy. It is a radical gesture which enables the subject to express a decision – just as drastic – to reassert his own self when the self seems to become evanescent. Confronted with this sort of sacrificial heroism with which the subject seems to say that, even if at the mercy of external forces, he is always the one who decides, purely descriptive psychopathology demeans this gesture considering it a mere execution of an imperative hallucination which orders the patient to kill himself, taking him down to the role of the performer of a command. Instead, this is not the simple mechanical execution of an order, but it is a reassertion, an active and dramatic one, of the last shred of subjectivity left.

To return to the words of Trakl quoted at the beginning, there is nothing else left for the subject who has realised the loss of belonging of his own mental acts and, therefore, of his own identity ("I was assailed by folly and screamed loud in the night, and when I bent with silvery fingers over the taciturn water I saw that my face had forsaken me"), but to reassert himself in the desperate gesture of he who has lost himself, following the suggestion of the "white voice" ("And the white voice told me, 'Kill yourself!' "). A gloomy grandiosity filters out from the verses which immediately follow upon these ("The shadow of a child rose in me with a sigh and looked at me from crystalline eyes, so that, in tears, I slumped under the trees, the immense heavenly vault."). In cases of suicide it is a weary grandiosity that, unfortunately, the subject cannot breathe, because he finds himself already dead.

I believe that some conclusive remarks should be dedicated to the suicide that we may consider "ideological", represented, that is, by those situations in which suicidality, both as an individual or mass phenomenon, crosses over the private sphere of psychological or psychopathological malaise and finds its support on any ideology of reference. History, sociology and the news present an over-abundance of such instances. They go from the fighter's heroic individual suicide (Pietro Micca), to mass suicide (Masada, Fort Alamo, Japanese kamikazes) to the redemption of dishonour (in ancient China, as a reaction to an offence or in Japan, as a ceremony to "hara-kiri") and to philosophical suicide (Socrates), from ascetic suicide or protest suicide (Buddhist monks who let themselves be burnt) to ritual suicide (the "Satis" of Indian widows), from group suicide, as in the sects (followers of Reverend Jones in Guyana) to the dramatic topicality of political-religious suicide (bomb-men of Islamic radicalism).

I do not claim now to enter into correspondence with the relationship between suicide and cultures (so I may refer, as regards the eastern cultures, to Festari and Colombo, 2005), to the problems of suicide in the sects (see Di Fiorino and Corretti, 2005), to the big question of suicide's meaning among religions (see Di Maio 2004, where he distinguishes among martyrdom, grandiosity and nihilism) or to the sociological approach to suicide.

I only would like to point that all the cases I mentioned above – and we could give many others – the subjects immolate themselves holding fast to a system of values which is more or less shared in the situations and sub-cultures of reference. In these cases, the social construction of grandiosity is blatant and finds a fitting counterpoint in the assertion of values and codes of behaviour which do not limit themselves to justifying sacrifice, but which often go so far as to exalt it. This does not mean that the self-destructive instance is attenuated: it not only exists, but is invigorated and strengthened; in this sense, we can state that the "Destrudo" remains the mother of all suicides.

However, aggressiveness and exaltation are not sufficient to determine these forms of suicide: we always need the irreducible counterpoint of desperation. And desperation, in such cases, stems from the perception of a reality seen as an absolute and overpowering evil. Whether this evil is

represented by an impending enemy, by the prospect of renunciation to one's vital convictions or by a loss of one's role or one's honour, it takes away hope and meaningful sense from life. At the base of this desperation is a sort of absolute contraposition between good and evil and a sort of irreducible Manichaeic dualism. In the force with which one opposes what is regarded as evil lies the dimension of grandiose destructiveness inherent in these forms of suicide.

There is a most well-known biblical character, Samson, whose behaviour realises this mixture of desperate destructiveness and yearning for grandiosity. We may say that the figure and strength of this character hovers in every form of ideological suicide. But this desperate force does not escape close analysis and is present in every single form of suicide, and perhaps constitutes its very essence.

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