

Psychodynamic understanding of the emotional experience of college students who have suicidal ideation

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Abstract

This study aimed to promote a better understanding of how to communicate with college students who have suffered from suicidal ideation while in college student counseling. We examined 10 cases and identified their emotional experiences for college students who had suffered from suicidal ideation. As a result, we abstracted six states of affect, which were “anger,” “self-hatred,” “anxiety/depressive feelings,” “feelings of isolation,” “distrust,” and “emptiness/pessimism.” An analysis of these in detail indicated that the distressed affect was induced by the difficulty in dealing with feelings of ambivalence toward “significant others,” such as their parents. Referring to psychodynamic theory regarding suicidal ideation and tolerance to ambivalence, we offered some perspectives on conducting psychotherapy with college students who have suicidal ideation.

Key words: adolescence, suicidal ideation, emotional experience, ambivalence

1. Problems and Purposes

Suicidal ideation—thinking about suicide and wanting to take one’s own life—is experienced by about 10 % of the general population and about 30 % of university students. It has been said that those with suicidal ideation tend to have a mental illness, especially a mood disorder (Gould, Greenberg, Velting et al, 2003) , but there are many other factors related to this. Particularly in the case of adolescent students, their psychological development and psychosocial situations characteristic to that age group greatly affect their state of mind. Hence, it may also be meaningful to look at their death wish from the perspective of their adolescent dispositions.

When students talk about their suicidal ideation in a counseling session, what state of mind are they in and what kind of affect are they experiencing? It is very important for someone who counsels students to think about these questions. A student who has the intention to commit suicide releases his/her emotions and feelings explicitly and implicitly in the counseling space, and the counselor cannot avoid being immersed in this. If the counselor can read and understand the student’s emotional experience and accompanying messages without withdrawing himself/herself from the emotions in the atmosphere, then he/she can appropriately assess the risk of suicide and establish a therapeutic alliance.

In this study, we aim to identify the emotional experiences of students who have suicidal ideation and look

at the characteristics of this experience to better understand the suicidal ideation.

2. Methods

(1) Cases of analysis

We chose and analyzed 10 cases in which students talked in detail about their suicidal ideation. These were selected from the cases of counseling sessions that the author had administered in the last five years at several universities.

(2) Analysis Methods

Using counseling records (verbatim records over the course of the counseling) of the sessions (44 sessions in total) in which the students talked about their suicidal ideation, for each case, we extracted the statements about feelings or descriptions in which we could read out their emotions in context, and categorized these by using the KJ Method. We referred to Maltzberger (1986) for the categorization of feelings and asked a professional psychologist to judge if the categorization was appropriate.

3. Results and Discussion

(1) Breakdown of the cases

Six cases were male, and 4 were female. Six majored in the humanities, and 4 majored in the sciences; there were no significant differences between gender or department. Regarding how and why they came to counseling, 6 cases were by referral from a faculty member and 4 were voluntary visits. Three of them either repeated a school year or had taken a leave of absence in the past. The average number of sessions per person was 12.7 times.

(2) Categorization and characteristics of emotional experience

As a result of categorizing the emotional experiences, 6 feelings were identified as follows: anger, self-hatred, anxiety/depressive feelings, feelings of isolation, distrust, and emptiness/pessimism. The categorized feelings, their characteristics, and examples of related statements are presented in Table 1. We are going to look at “anger,” “self-hatred,” “feelings of isolation,” and “distrust,” which could be seen in many cases.

1) Anger

Anger is a feeling involving fuming, hatred, and revenge that occurs in those who are in a desperate situation. In this study, anger tended to be directed toward families, friends, and tutors, but many students did not express emotions directly toward the other person, as is shown in the remark, “I am frustrated... but can’t get mad at him/her.” They would rather show anger indirectly by taking a superior or careless attitude or turn the anger against themselves, as shown in the remark, “As I may hurt my lab members, I can’t help but kill myself.”

By exploring the background factors of why they cannot express anger, we found the targets of their anger were also people who they loved. This means that the students have hatred and hostility towards “significant others,” such as parents and friends, but they also have a dependence on and affection toward them. There is ambivalent conflict, such as love-hate and dependence-hostility relationships, in the circumstances of adolescents who intend to commit suicide. These adolescents may turn their anger toward themselves because they cannot handle the conflict.

Table 1. The cases' feelings, characteristics, and examples of statements

Feelings	Number of people	Characteristics of the feelings	Examples of statements
Anger	7	Aggressive reaction and fuming toward a desperate situation.	<p>"I just have to be bitter toward myself. As I may hurt my lab members, I can't help but kill myself."</p> <p>"I will kill myself if I have to repeat a year. It is all their fault."</p> <p>"I am frustrated by his/her unreasonable way of speaking, but can't get mad at him/her."</p>
Self-hatred	6	A state where they cannot value themselves because of the critical opinion of themselves.	<p>"I always cause trouble to the people around me. I am just depending on them. I am no good and troubling my parents and friends. They will be happier without me."</p> <p>"I feel bad about myself because I cannot do things as other people do."</p> <p>"I have defects. I can't help it because I am bad. There is no point in living."</p> <p>"I can't get motivated and feel tired. I feel depressed."</p>
Anxiety/depressive feelings	6	Anxiety that arises from low self-respect and self-esteem (e.g., abandonment anxiety, achievement anxiety).	<p>"I can't be engaged with people because I am afraid of being disliked. I don't want to be a burden to anyone."</p> <p>"I am not confident going out into the world and cannot bear up under the stress."</p>
Feelings of isolation	5	A state of desperate feelings based on the view that there is no one to support their self-evaluation.	<p>"I feel lonely and scared at night. I am afraid that no one would notice even if I disappear."</p> <p>"I want to rely on someone as I feel lonely, but I don't have anyone to trust."</p> <p>"I was lonely in my heart while I was trying to fall in line with other people to avoid being isolated. After all, I am not loved by anyone."</p>
Distrust	5	A state of mind involving doubt, feelings of being cheated, and denial of emotional bonds.	<p>"I have feelings of distrust because I have been cheated by others. I will get burned if I trust them too much. I am seemingly being friendly, but I do not show my innermost emotions to anyone."</p> <p>"My parents didn't love me. I can't trust them. I don't deserve to live."</p> <p>"I have been unable to trust people since the early days. After all, human relationships are superficial."</p>
Emptiness/pessimism	4	Loss of the meaning of life, and a feeling of emptiness in life.	<p>"I lost the meaning in my life because I am so lonely."</p> <p>"I have no concerns about the world. I lose my enthusiasm for living."</p>

2) Self-hatred

Self-hatred is a mental state in which a person hates himself/herself based on a critical and punitive viewpoint. The students tend to blame themselves because they cannot mature into an adult and say, "I am just depending on them." They talked often about their accompanying feelings of shame and self-deficiency. They also feel indebted and guilty to their families and friends saying, "I am no good and troubling my parents and friends." Such students were likely to blame themselves too much and showed shame for themselves even in a neutral situation.

3) Feelings of isolation

Feelings of isolation is a helpless and empty mental state in which a person is overwhelmed by an anxiety when they are separated from "significant others," such as parents and friends, who soothe their pain and

provide a secure feeling; these feelings result when they cannot find anyone to comfort them.

This study involved many students who kept their connection with their families and friends on a superficial level while also giving up being understood by others and trying to cut off relationships with people. This is shown in the statement, “I was lonely in my heart while I was trying to fall in line with other people to avoid being isolated. After all, I am not loved by anyone.” The gap between inside and outside, created emotional distress, and they seemed to try hard to not allow their friends and families to see their emptiness inside.

They talked substantially about the conflicted feeling associated with their mental dependence. For example, they said, “I want to rely on someone as I feel lonely, but I don’t have anyone to trust.” It was characteristic that they deepened the feelings of isolation that were facilitated by the conflict of “dependency wish” and “fear of backstabbing.”

4) Distrust

The feeling of distrust can be understood in the same context as the feelings of isolation. Distrust is a feeling of doubt and suspicion. Many students refused to have an emotional bond with others and devalued human relationships. As expressed in the remark, “I will get burned if I trust them too much,” the students cannot trust or lean on people because of a traumatic experience of being “cheated.” They are protecting themselves against getting hurt or being overwhelmed by the feeling of helplessness by severing connections with people around them. That is, the feeling of distrust seems to be an emotional distress that arises from the inner experience of the “desire to depend on others” and the “inner wound and anger caused by trauma.”

In summary, two possibilities were suggested: 1. The emotional experience of the students who have suicidal ideation is caused by the inability to cope with their ambivalent feelings toward “significant others,” and 2. The negative feelings are not expressed directly and a destructive power that has nowhere to go is turned toward themselves to generate suicidal ideation. The students who talked about their suicidal ideation were overwhelmed by their pent-up emotional distress and held their emotions in their internal world. They could neither reflect on (sublimate) themselves nor resolve the distress in their relationships with the outer environment, and instead kept their feelings of helplessness and despair inside.

(3) Ambivalence toward others from the adolescent viewpoint

Why do the students head in the direction of self-destructive behaviors without being able to cope with their ambivalence toward “significant others”? Adolescence is the period in which early relationships with “significant others” are called into question again. Adolescence is a transitional period in which they transform from “child self” to “adult self,” and adolescents go through psychological abreaction (independence from parents), which is called a second separation-individuation period. From the beginning of early adolescence, children gradually transform from the child self, which has been formed in the family, to the self that relies on the peers of the same age group to establish the adult self. Psychological abreaction is more or less accompanied with separation anxiety for many adolescents. However, they are supported by the parental images underplayed in the domestic relationships and/or the relationships with friends in real life to achieve isolation. As the separation-individuation progresses, the adolescent becomes able to see the parental image from a distance, and create a real and holistic parental image that includes good or bad. By achieving psychological separation from the parents to some extent, they can resolve their ambivalent feelings toward parents.

On the other hand, when the adolescent without the experience of a stable relationship is forced to go through psychological separation, he/she experiences a strong separation anxiety and abandonment anxiety because the internal object is unbalanced and unable to provide strong support. Such an adolescent denies the isolation from their parents, not being able to let go of the all-around parental image (and the accompanied all-around self-image) . For example, in the remark, “My parents didn’t love me… I don’t deserve to live,” the speaker denies the psychological separation from his parents and identifies with the all-around parental (and self) image. It would be hard for him to cope with their ambivalent feelings toward his parents. There also seem to be many cases of self-destructive behaviors (wrist-cutting, anti-social behaviors, domestic violence, eating disorder) other than suicidal ideation, which result from the inability to cope with their ambivalent feelings toward “significant others.”

(4) Psychodynamic understanding of the tolerance for ambivalence

How can we psychodynamically understand the mental state in which the students cannot cope with the ambivalent feelings? First, Maltzberger (2004) viewed the mental state of those who were prone to be caught in a crisis of suicide as having the ego that had not developed fully. The ego, overwhelmed by the attack from the id’s and superego’s desires, easily regresses, and its ability to consider reality is impaired. When exposed to ambivalent feelings, the distinction between self- and object-representations becomes ambiguous as the ego regresses internally. This undifferentiated state of mind means that the self-image is blended together with the idealized mother image that they possessed in childhood. That is, in the state of the regressed ego, “By becoming unified with the mother image, they wish to enjoy again the peaceful state of mind experienced in their all-powerful childhood where time does not pass and they do not have to think about anything, far away from the hostile adult world” (Maltzberger,1986) . In this state of mind, the isolation from self-object separation is denied and they cannot tolerate the ambivalence. To run away from the distress, they daydream about an expansive and magical coping method by abandoning their body.

Secondly, Shreve and Kunkel (1991) viewed adolescents’ suicidal ideation as “a maladaptive attempt to prevent self-fragmentation”. Self-fragmentation is an anxious and confused state of mind in which self-experience does not go together and is experienced in bits and pieces. To avoid this fragmentation, selfobject (an experience that provides energy and an ideal, and supports self-cohesive properties) is critical. However, those who have suicidal ideation experience incomplete empathy in the environment and come to be in a vulnerable state of self as a result of failing to have a sufficient selfobject experience (Trout,1980) . Adolescents who have such self-deficiency step away from selfobject that are appropriate for their age, because they seek a primitive selfobject function in early selfobject (therefore, they cannot tolerate the ambivalence of selfobject) . They fall into this malignant cycle and lose the opportunity to experience selfobject in their own backyard. Then, they experience self-fragmentation and, subsequently, depression, anger, and suicidal ideation, particularly through their sense of shame. However, the suicidal ideation and suicide attempts of such adolescents can also be seen as a strategy to cope with the overwhelming sense of shame caused by the lack of selfobject, which is an inappropriate attempt to prevent further self-fragmentation (Patton & Robbins,1982) .

From this perspective, the suicidal ideation and suicidal behavior of adolescents cannot be seen just as a regression or acting out, but it brings a teleological implication that they are protecting themselves from further distress and signaling for help. This is consistent with the fact that the rate of attempted suicide of adolescents is higher than other age groups and the methods of suicide have a greater appeal in which they are

planned with an awareness of the presence of others.

(5) Suggestions for psychological treatment

As mentioned above, in the counseling session with a student who has suicidal ideation, strong emotions released in the counseling space stir up strong emotions in the counselor. The counselor feels anger and fear toward the students' anger, feels frustrated by the students' self-hatred, and feels helplessness or a desire to help when they talk about their feelings of isolation. These counselor's feelings are blended and experienced all together and, subsequently, the counselor becomes tired and gradually loses his/her ability to think, becoming negatively influenced by the students' words, "I want to die."

If the counselor can take into consideration that the students' emotional experience is ambivalent—that is, they talk about anger and hatred because their desire for love is not satisfied, and they talk about distrust because their desire for dependence is not fulfilled—the counselor's capacity of thinking may be recovered to some extent. In addition, if they can expand an understanding of their emotional experience of the death wish by studying the psychodynamic theory, they may be less influenced by the students' words. In a counseling session with a student who has suicidal ideation, we are required to understand his/her emotional experience from multidimensional perspectives and engage in theoretical rationalization and calm judgments about suicidal ideation that include a third-party viewpoint (e.g., supervision).

Summary

In this study, to improve the understanding of suicidal ideation mentioned in the student counseling settings, we identified the emotional experiences of the students who talked about their death wish and reviewed the characteristics of these experiences. After looking at the characteristics of the extracted feelings of "anger," "self-hatred," "isolation," and "distrust," it was suggested that these feelings were caused by the students' inability to cope with their ambivalence toward "significant others." Referring to psychodynamic theory regarding the students' tolerance toward ambivalence, we considered the mental state of the students who have suicidal ideation and provided recommendations for counseling.

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