

CHRONICLE OF AN ANNOUNCED SUICIDE. FORENSIC MEDICAL, PSYCHOLOGICAL AND PSYCHIATRIC CONSIDERATIONS

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ABSTRACT

What can be the triggers for a suicidal action? Is there a way to “notice” it in time? Is the person who ultimately threatens is more likely to carry it out? In the proposed case report, the authors examine the issue by illustrating the case of a woman who was depressed due to her divorce with her husband. She repeatedly staged a suicide attempt by hanging herself in front of her sons, later denying what she had done. Her suicidal intentions were realised after she saw herself in a video filmed by her daughter, in which she simulated hanging herself. The study addresses the complexity of suicidal behaviour, examining existing theories and challenges in diagnosis and classification. The factors involved in the woman's self-suppressive act are analysed, leading to the hypothesis that the “seeing herself again” forced her defence mechanisms, increasing her feelings of anger. Indeed, the viewing of the video may have induced a “self Werther effect”. This analysis highlights the urgent need for suicide prevention strategies with specialised and targeted interventions, especially in situations of family conflict. By understanding every aspect of suicidal behaviour, health professionals can implement preventive measures and support systems, while also educating family members to recognise the self-suppressive risk.

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1. Introduction

In the history of psychology and psychiatry, numerous attempts have been made to outline the phenomenon of suicide, which is inherently complex and difficult to categorise in absolute and unambiguous terms.

The first important theory on the subject came from the sociologist E. Durkheim, who defined suicide as "any death resulting directly or indirectly from a positive or negative action carried out by the victim himself with full awareness of bringing about this result", emphasising the intentionality and awareness of the act (1). The author's hypothesis was that the propensity to commit suicide depends on the society in which one lives; similarly, mental illness could be understood in part as a social phenomenon, as its manifestations and manifestations also vary according to the culture and society in which they occur. The author has therefore categorised the suicides of the "alienated" into four types, as described in Table 1.

In the absence of a mental illness as an explanation for suicide, Durkheim sees an important risk factor in the neurasthenia characteristic of industrialised society, which makes the individual susceptible to painful and stressful events and increases the risk of suicide (1).

Based on the causes that are decisive for suicide, the author recognised egoistic suicide, which results from an excessive affirmation of the individual ego at the expense of the social ego and is a direct consequence of the excessive individualism that underlies modern society.

He defined altruistic suicide as an act typical of societies with mechanical solidarity, in which the subject sacrifices himself in order to strengthen the group to which he belongs (1).

Abnormal suicide, on the other hand, is directly related to the anomie in which society finds itself. It represents the highest expression of man's submission to a society dominated by chaos and disorder, to a belligerence disturbed by the constant phases of change and disruption of the social equilibrium (1).

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Types of suicide by the mentally ill for Durkheim			
1	2	3	4
Manic suicide due to hallucinations or delusions, dictated by the positive symptoms of the psychiatric illness, in which the patient takes their own life for completely imaginary reasons.	Melancholic suicide associated with a state of extreme depression of a chronic and delusional nature.	Compulsive suicide due to the rigid and constant thought of death, a thought that the person concerned tries to resist and which fuels a state of fear.	Impulsive or automatic unprovoked suicide that is the result of an irrefragable impulse.

Table 1. Types of suicide by the mentally ill for Durkheim.

Durkheim therefore considered suicide as an outlet for the anomie of society, the only way to consciously and voluntarily escape a chaotic and alienating context, as the result of an individual decision that has its origins in social factors. The intersubjective dynamics, the family, social and professional relationships that are able to contain or dissipate the suicidal will thus become essential (1).

In 1915, Freud postulated that the ego could only kill itself by treating itself as an object and degrading itself to the target of its own homicidal impulses and internalised destructive desires (2). For Freud, the basis of suicide was ambivalence towards narcissistic love objects, identification with the loved and hated object in an attempt to repair the loss perceived as unbearable, and finally the destructive aggression of the introjected object. Suicide thus expresses aggression against a loved one with whom the individual has identified and therefore represents a missed murder. However, following the theorisation of the structural model, Freud defined suicide as a "victimisation of the ego by a sadistic superego" (3).

On the basis of this interpretation, numerous theories were formulated to show how suicide takes on the meaning of aggression against the other and not against oneself, when the subject, although acting against himself, in reality expresses the intention to harm the other in order to punish him and take revenge.

Menninger considered suicide as a reverse murder resulting from the subject's anger towards another person introjected or used as a pretext for punishment, and argued that there are at least three desires to be found in the suicidal act: the desire to die, the desire to kill and the desire to be killed (4). The desire to kill, in this case, is introjected and directed towards an internal object; indeed, suicide is often aimed not only at the death of the body but at the destruction of the survivor's existence, the only satisfying form of revenge on parents or a spouse.

In this context, Fornari distinguishes different forms of suicide depending on the prevailing type of anxiety: if the subject suffers from a "persecutory" sense of guilt, suicide can be understood as "murder in disguise", whereas if the subject suffers from a "reparative" sense of guilt, suicide is synonymous with the recovery of the lost love object or the reparation of the damaged love object (5).

An important factor related to suicide is despair, which is considered a reliable predictor of suicide risk because it is associated with the maintenance of a rigid self-image that cannot be changed despite repeated disappointments (6). Some authors have even argued that a person who cannot live up to rigid expectations of the self may see suicide as the only way out of despair over the failure to fulfil these expectations (7).

Self-psychologists focussed their attention on the vicissitudes of the ego and the loss of self-esteem. Vulnerability to suicide appeared to be related to the difficulty of maintaining self-esteem at an acceptable level in the absence of the object-self (8). The object-self was seen as a precursor substitute for psychological structures that did not yet exist, and the loss of such an external-internal object could be a clear risk factor.

In contrast to those who acted to gain attention, those who seriously attempted suicide exhibited an inability to disengage from infantile desires for food, as well as conflicts regarding their own dependency needs, an

ambivalent view of death, high expectations of themselves, and hypercontrolled aggression (9).

A new perspective for understanding suicide is the interpersonal psychological theory, which emphasises the interaction between the factors involved in the phenomenon. There are three factors that influence the execution of the act (10):

- Thwarted belongingness, which expresses the need to belong without hope of change and reflects a situation of loneliness and lack of reciprocity in relationships;
- Perceived burden, i.e. the feeling of being a burden to the environment;
- acquired ability, which indicates whether the person has less fear of the physical suffering of death: the higher the combination of variables, the higher the risk of suicide.

Despite the different perspectives on the understanding of suicide, it is difficult for the scientific community to provide a clear explanation of the problem. Analysing the literature on the subject, it is clear that the various studies never arrive at a uniform and clear definition (11), (12), (13), (14), (15), (16), (17).

The following describes the case of a woman who realised her suicidal intentions after seeing herself in a video in which she simulated hanging herself. The aim of this article is to reflect on what could have been the possible triggers for the suicidal actions, which is the central importance of communicating correctly with people who express suicidal intentions

2. Case report

In 2020, a 50-year-old woman from southern Italy, mother of 2 children, committed suicide by hanging. The medical records seized revealed that about three years before her death, her relationship with her husband had become conflictual, leading to a divorce and her leaving the marital home. As a result, the woman suffered from an anxiety-depressive disorder, for which she underwent psychotherapy and drug treatment, both intermittently.

In the two months prior to her suicide, her depressive symptoms increased in intensity and became disabling, but she did not resume her previously interrupted therapies and was not reported to the relevant authorities. The woman complained of being "powerless", spending a lot of time in bed and neglecting domestic and social activities.

In addition, she frequently expressed suicidal intentions in the presence of her children, citing a lack of energy and an inability to cope with her condition. When she expressed such wishes, her language was often unintelligible, according to the children. She also simulated the act of hanging herself in the presence of the children by tying a rope around her neck. She then became lucid again and resolutely denied what she had just done and said.

As the frequency of this (daily) simulation increased, the daughter filmed it in a video on her mobile phone, which she sent to her mother via WhatsApp.

The daughter wanted to dissuade her mother by showing her the seriousness of the gestures and intentions that she had denied until then: she hoped that her mother would realise what she was denying and that this would make her give up her intention. Two days after receiving the video from her daughter, the woman committed suicide alone in the house by hanging herself with a piece of cloth tied to the door frame.

The autopsy confirmed death by mechanical asphyxia due to atypical (anterior knot) and incomplete hanging (the woman supported herself with her lower limbs on the floor).

The external examination of the corpse revealed in particular the characteristic skin furrow in the area of the neck. This lesion, with a total length of 42.0 cm, showed no discontinuity (skin depression) in its course, reflecting the tight closure of the ligature to completely occlude the cervical airway, as if to avoid failure. In the suprahyoid region, approximately 1.5 cm to the left of the midline, there was also the negative impression of the nodule, which was renal in appearance, with a larger oblique axis, antero-posterior and medio-laterally oriented, approximately 1.5 x 0.8 cm in size, parchment-like in consistency and hypopigmented compared to the surrounding anatomical context (Figure 1).

At autopsy, blood filling of the deep tissue of the left lateral neck region was noted (Figure 2). Examination of the vascular bundles revealed Amussat's sign: small tears at the level of the tonaca intima of the carotid arteries, which often occur when hanging (Figure 3). In contrast, the cervical spine was intact.

Lung fragments were also removed, which showed parenchymal oedematous-congestive phenomena and areas of subpleural emphysema on light microscopic examination.

Taken together, these elements confirm death by hanging.

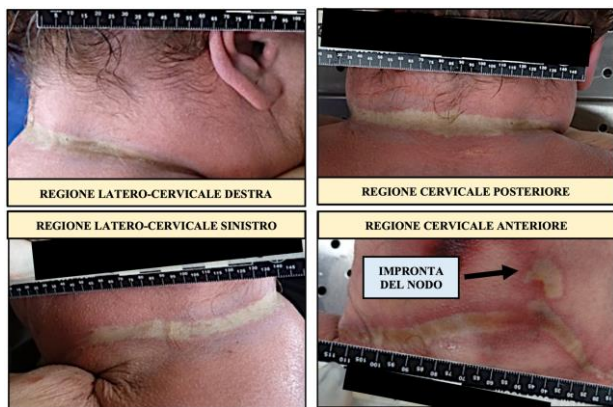


Figure 1. Negative impression of the nodule in the suprahyoid region.

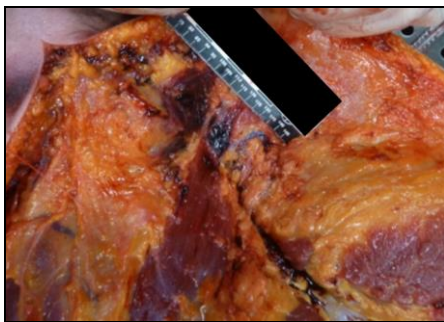


Figure 2. Blood filling of the deep tissue of the left lateral neck region.



Figure 3. Amussat's sign: small tears at the level of the tunica intima of the carotid arteries.

3. Discussion

In marital break-ups, the woman often suffers from the loss of her role as wife, carer and head of the family. This can lead to severe depression, as in the case cited. These women do not always consult specialists, and even when they do, adherence to treatment is often poor and apathy and numbness prevail. This inevitably leads to a progression of the psychologically depressive picture, sometimes to the point where there is insufficient motivation to survive.

As mentioned earlier, depression can be triggered by various factors, including divorce and separation (18), (19), (20), (21), (22), (23), (24).

In general, the loss of the role of wife/mother and the lack of family security is one of the main causes of despair for women, which, as already seen, is in turn a propaedeutic factor for suicide (6), (25).

In the social context in which the protagonist of the case report lived, building a healthy family could be an important source of pride; failure in this area, on the other hand, could give rise to feelings of insecurity and thus undermine her self-esteem and ego security. Leaving her husband led to an irreversible state of despair: not only was she no longer able to bear her new existential situation, but she could not imagine any improvement. In her moments of greatest despair, when she simulated suicide, the woman portrayed this despair to her children. The feeling of worthlessness and inadequacy (mixed with self-centred anger and aggression) could therefore only be overcome by repressing an existence that had become meaningless.

In theory, the concept of "suicidality" represents a continuum ranging from death wishes and tiredness of life to suicidal thoughts, suicide planning and suicide attempts (26).

Some definitions are listed in Table 2.

The relationship between suicidal ideation, suicide attempt and suicide is still under investigation.

A first perspective, the so-called ideation-to-action framework, assumes that the development of a suicidal idea and the transition from the idea to the suicide attempt are two different phenomena that have different predictors and explanations (Table 3) (15), (16).

Joiner proposed the Interpersonal Theory, which offers an explanation and distinction between the desire to die and the desire to commit suicide (27). According to the author, the combination of the perception of severity and lack of belongingness leads to the desire to die, while the desire to proceed to action arises when the fear of death and the associated pain, which are the main deterrents, are overcome.

O'Connor developed the Integrated Motivation-Volition (IMV) theory by arguing that the feeling of defeat and the idea of being trapped in it are the main causes of suicidal ideation and that the transition to the act occurs through the interaction with other factors (access to weapons or lethal means, impulsivity, etc.) (28). The author also argues that a previous history of self-harm may be predictive of the transition to offending. Klonsky and May have also elaborated the Three-Stage Theory of Suicide (3ST), identifying three main sequential moments: moderately present suicidal ideation, strongly present suicidal ideation and finally the suicide attempt (16). According to 3ST, suicidal ideation develops from the emotional or psychological distress that results from the person's ongoing negative experiences. This type of experience irretrievably impairs the will to live, but the suffering itself does not lead to suicidal ideation. The authors explain that the key element that can determine the onset of suicidal ideation is the lack of hope for the future, as opposed to a real possibility of improvement. The combination of suffering and hopelessness leads to suicide being seen as the only way out and salvation, and is therefore crucial for the onset of moderate suicidal ideation, which intensifies when suffering prevents the person concerned from investing emotionally and psychologically in relationships and their own projects. The decisive factor for the transition from "idea" to "attempt" is ultimately the actual ability and possibility of the person concerned to attempt suicide (Figure 4).

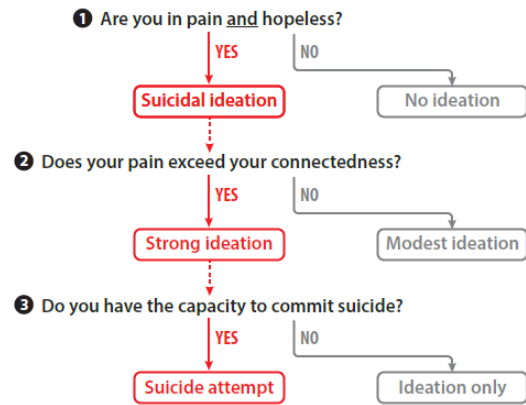


Figure 4. Key constructs of the 3ST are grief and hopelessness, mindfulness, and suicidality. (15)

Definitions:

Non-fatal suicidal behavior (with or without injury) as "A non-habitual act with a non-fatal outcome that the person initiates and performs with the belief that he or she will die or cause physical harm to himself." 32

Suicidal ideation: "Cognitions that can range from fleeting thoughts about the fact that life is not worth living to very concrete and well-thought-out plans of self-destruction; situations in which the individual has the idea of self-destruction, but without going so far "going to carry out the suicidal act, with a variable degree of intensity and sophistication; a wish to be dead or a thought about how to kill oneself".

Suicide attempt:

- "A self-inflicted, potentially injurious act with an explicit or implicit intention to die, with a non-fatal outcome that does not result in the death of the person".

- Potentially self-inflicted, potentially harmful behavior with a non-fatal outcome where there is evidence that the person intends to kill themselves. A suicide attempt may or may not result in injury."

-- Potentially self-harmful, non-fatal behavior in which there are implicit or explicit signs that the person intends to kill themselves in some way. The suicide attempt may or may not result in injury".

- - "Self-inflicted, non-fatal destructive act with an expressed or perceived intent to die.

Table 2. Definition of suicidality

(a) Traditional approach	(b) Ideation-to-action framework	
Risk factors for suicide	Risk factors for suicidal ideation	Risk factors for suicide attempts
Mental disorders	Mental disorders	Certain mental disorders (e.g., posttraumatic stress disorder)
Depression	Depression	Access to lethal means
Hopelessness	Hopelessness	Knowledge/comfort with lethal means
Impulsivity	Impulsivity (most forms)	Impulsivity (poor premeditation)
Access to lethal means	Nonsuicidal self-injury	Nonsuicidal self-injury
Knowledge/comfort with lethal means
Nonsuicidal self-injury
...

Table 3. Differences between (a) the traditional and (b) the ideation-to-action framework for suicide (16).

5. Conclusions

Suicide rehearsals reduce the taboo of suicidal behaviour and the fear of pain and death (29). Before committing the offence, the protagonist of the case had repeatedly carried out a preparatory simulation of suicide ("suicide rehearsal"). However, the woman tended to deny these simulations with conviction and firmness. This can be understood as a defence mechanism of the ego based on denial and dissociation, which aims to protect oneself from one's own suffering as well as from one's own reaction to this suffering. The thought of taking her own life was not fully accepted by the woman, she experienced it as alien and was probably frightened by it, even to the extent of the change that occurred when she saw herself in the video.

However, the preparatory simulation of suicide can be seen as a form of crisis or a warning sign of possible future suicidal intent. Suicide attempts may be a common behaviour in people going through a period of concrete stress and emotional difficulties, often associated with an increased vulnerability to suicide, and are not an empty threat but an omen of future suicidal acts.

By picking up on the mother's detachment from reality, the daughter tried to make her understand the value of her own actions; however, watching the video of her own suicide simulation had an unintended effect: it shook the woman but broke her fragile (albeit dysfunctional) inner balance.

A first key to interpretation could be the violation and forcing of the ego's defence mechanisms. Until this moment, the dissociation experienced by the woman probably had the function of relegating the suicidal intention to the realm of the imaginary, the impossible. The woman was not prepared to switch from her immature ego defence mechanisms (denial, dissociation) to a mature mechanism such as rationalisation. This compulsion exerted by the video exposed the woman's fragile inner world to the violence of her own feelings and emotions. When she saw the images of herself with a rope around her neck, the two worlds (the real and the unreal) violently merged, leading to the collapse of the protective walls that had been painstakingly erected until then.

A second key to interpretation can refer to the Werther effect and in particular to the occurrence of a self-inflicted Werther effect (30), (31). From the moment the woman saw herself performing self-injurious behaviour, she fully understood the value of these gestures. As soon as she was left alone, she realised what she had seen two days earlier,

namely imitating the actions of the woman filmed in the video. This woman was indeed another woman up to that point, a stranger to her. By watching the film, she became familiar with her suicidal intention and was able to realise it. This has the same meaning and characteristics as the Werther effect, and in this case the imitation took place in relation to herself, to that version of herself that until that moment had been relegated to the realm of the impossible.

On the other hand, the (involuntary) devaluation of the woman's gestures and the associated pain of her daughter plays a role that should not be underestimated: the daughter unintentionally trivialised her mother's pain. In the moments in which she simulated her own suicide, the woman explicitly showed a great inner difficulty in which she obviously did not recognise herself, as she was unable to cope with this pain and despair. Instead of realising the desperate need for help, the daughter filmed the video and shared it via a messaging app (Whatsapp), which shamed her mother into seeing the irrationality of her own suffering. This helped to increase her anger, which according to Menninger (4) is one of the predominant feelings that characterise a suicide. The explosion of rage had a fatal outcome in his own suicide.

In view of the lack of compliance with psychiatric therapy, one way of saving the woman could be to listen empathetically. Communication with suicidal people, despite its difficulty, plays a fundamental and central role. Therefore, it is equally important that health professionals receive specific training on the subject, in which they learn to recognise, interpret and deal with the risk factors for suicide, and that they involve the patient's family, the relationship contexts, the area's resources, if necessary and possible, as subjects to be consulted for strategies to deal with the phenomenon.

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