"MURDERING THE SELF": MEDIATING ROLES OF NARCISSISM AND
DEFENSE MECHANISMS BETWEEN THE OBJECT RELATIONS AND
SUICIDE PROBABILITY RELATIONSHIP

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ABSTRACT

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Understanding the dynamics of suicide has always been a concern of psychoanalysis, although no systematic perspective has yet been presented. Freud's explanations for suicide were related to self-objectification and an attack on the ego in melancholic depression. The purpose of this study is investigating the mediating roles of narcissism and defense mechanisms between the object relations and suicide probability relationship. 362 individuals participated in this study. To assess suicide probability of the participants Suicide Probability Scale (Cull & Gill, 1988) was used. Moreover, Bell Object Relations and Reality Testing Inventory (Bell, 1995) was used to assess the object relations; The Hypersensitive Narcissism Scale (Hendin & Cheek, 1997) was used to assess narcissism of the participants. Moreover, the assessment of how the participants use defense mechanisms was done by using the Defense Style Questionnaire (Andrews et al., 1993). In order to investigate the serial mediation effects of narcissism and immature defense mechanisms on the association between object relations and suicide probability, Hayes' PROCESS macro (Model 6)

was implemented. The results of the mediation analyses revealed that there are both direct and indirect significant effects among the variables. The hierarchical regression analyses and mediation analyses results were discussed in the light of the theory and the existing literature.

Keywords: Suicide, the object relations, narcissism, defense mechanisms

ÖZ

"BENLİĞİ ÖLDÜRME": NESNE İLİŞKİLERİ VE İNTİHAR OLASILIĞI İLİŞKİSİ ARASINDA NARSİSİZM VE SAVUNMA MEKANİZMALARININ ARACILIK ROLLERİ

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İntiharın dinamiklerini anlamak her zaman psikanalizin ilgi alanı olmuştur, ancak intihar ile ilgili sistematik bir bakış açısı sunulmamıştır. Freud'un intihara ilişkin açıklamaları, öz-nesneleştirme ve melankolik depresyonda egoya yönelik bir saldırı ile ilişkiliydi. Bu çalışmanın amacı, narsisizm ve savunma mekanizmalarının, nesne ilişkileri ve intihar olasılığı ilişkisi arasındaki aracılık rollerini araştırmaktır. Bu çalışmaya toplamda 362 kişi katılmıştır. Katılımcıların intihar olasılığını değerlendirmek için İntihar Olasılığı Ölçeği (Cull ve Gill, 1988) kullanılmıştır. Ayrıca, nesne ilişkilerini değerlendirmek için Bell Nesne İlişkileri ve Gerçeklik Testi Envanteri (Bell, 1995) kullanılmıştır; katılımcıların narsisizmini değerlendirmek için Kırılgan Narsisizm Ölçeği (Hendin ve Cheek, 1997) kullanılmıştır. Ayrıca, katılımcıların savunma mekanizmalarını nasıl kullandıklarının değerlendirilmesi Savunma Biçimleri Testi (Andrews ve ark., 1993) kullanılarak yapılmıştır. Narsisizm ve immatür savunma mekanizmalarının nesne ilişkileri ve intihar olasılığı arasındaki ilişki üzerindeki aracılık etkilerini araştırmak amacıyla Hayes' PROCESS makrosu

(Model 6) uygulanmıştır. Aracılık analizlerinin sonuçları değişkenler arasında hem doğrudan hem de dolaylı anlamlı etkiler olduğunu ortaya koymaktadır. Hiyerarşik regresyon analizleri ve aracılık analizlerinin sonuçları teori ve literatür ışığında tartışılmıştır.

Anahtar Kelimeler: İntihar, nesne ilişkileri, narsisizm, savunma mekanizmaları

"Without love, we fall ill."
Sigmund Freud

To love and life…

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CHAPTER 1

INTRODUCTION

"When I'm alone, I realize I'm with the person who tried to kill me."

John Mulaney

In her poem called *Tulips*, Sylvia Plath said that "and I have no face, I have wanted to efface myself." After writing these lines, Sylvia Plath tragically ended her life at the age of 30 in 1963 by placing her head in an oven at her London home. According to her psychiatrist, Sylvia Plath suffered from clinical depression. On the other hand, her friends blamed her poet husband, Ted Hughes, for her suicide (Staff, 2015). In fact, understanding why people kill themselves can be a complex matter. Research on suicide has been influenced by psychoanalytic theories and studies in the last century. Freud's first observations of suicide concerned self-objectification in melancholic depression. In addition, object relations theorists have emphasized the role of narcissistic rage and structural vulnerability in relation to suicide (Ronningstam et al., 2020). Moreover, from a From Lacanian perspective, the mirror stage, the relationship of the death drive and the definition of the passage to act (*passage à l'acte*) in relation to suicide were examined (Evans, 1996). Consequently, in this study, it is aimed to investigate suicide probability from a psychoanalytic perspective. Firstly, in this section, the prevalence of suicide, its predictors, and its relationship with demographic and psychosocial factors will be investigated. Moreover, suicide will be examined within the framework of psychoanalytic theories. Lastly, the hypotheses of the study will be discussed.

1.1. Prevalence of Suicide

Suicide, defined as death resulting from self-inflicted injurious behaviors carried out with the intention of ending one's own life, is a crucial public health problem

affecting many people around the world (Sher & Oquendo, 2023). According to the data from World Health Organization (WHO) (2014), suicide rates have increased by 45% worldwide in the last 45 years. The organization also indicated that more than 700.000 people die because of suicide. Worldwide, suicide is the 18th cause of death among all age groups and is the second leading cause of death in the 15-29 age group. It is stated that one person dies every 40 seconds due to suicide. Also, suicide rates vary considerably in different countries of the world. WHO indicated that the highest suicide rates are seen in Estonia, Latvia, and Lithuania. In these countries, 40 people per 100,000 die by suicide each year. On the other hand, the lowest suicide rates worldwide are found in the Caribbean, West Indies, and several Asian countries. According to the WHO data for 2019, the countries with the highest total suicide rate are the USA, India and China. In Turkey, suicide rates vary between 2009 and 2021. It is stated that the lowest suicide rate was in 2011, at 3.6 per 100,000 people. On the other hand, the highest suicide rate is in 2021 with 4.94 per 100,000 people (Statista, 2023). In addition, globally, it is stated that women attempt suicide more than men (De Lange et al., 2022). On the other hand, the death rate due to suicide is higher among men than women. Studies indicated that the various causes of suicide also generates differences in its prevalence (Husky et al., 2024). In addition to gender and country, the prevalence of suicide may vary according to race, sexual orientation, religion, and physical health.

When it comes to suicide, there are also misclassifications. In other words, many suicides are recorded as "undetermined" or "unnatural" deaths. Accordingly, suicide rates are underestimated. That is, suicide rates can be 10% to 50% percent higher than the stated rates (Sher & Oquendo, 2023). In addition, incomplete suicides and suicide attempts rates are very difficult to estimate. Consequently, it can be stated that suicidal ideation is more common than suicide attempts (Sher & Oquendo, 2023).

1.2. Predictors of Suicide

In the current literature, it is stated that "the best predictor of suicidal behavior is a history of a suicide attempt and current suicidal thoughts" (Berman et al., 2000; Mars

et al., 2019). Also, it should be indicated that there are several studies focusing on suicide elaborating risk factors. Therefore, it would be meaningful to examine these predictors before focusing on suicide in terms of how Sigmund Freud and other leading psychoanalysts addressed the question of why people kill themselves.

1.2.1. Psychological Disorders and Suicide

Although the perspective of psychoanalysis on suicide is different from today's psychology world, it would be helpful to review current studies and their elaborations on suicide to address the issue from all angles. Therefore, the current literature will be present as a summary in order to get insight.

According to the current literature, it was indicated that there is a relationship between suicide and a mental health condition (Mann, 2002; Turecki et al., 2019). It was stated that the most common psychological disorder associated with suicide is mood disorders (Isometsa, 1995; Sher et al., 2001; Rich et al., 1988). In addition, personality disorders, alcohol and substance use, anxiety disorders, and schizophrenia are also often linked to suicidal behavior (Leahy et al., 2020). On the other hand, there are studies showing that estimates of the relationship between psychological disorders and suicide differ. While the suicide risk rate is 20% in individuals with bipolar disorder, this rate is 15% in individuals with unipolar depression (Dome et al., 2019). However, these suicide rates may be more valid for patients with psychological disorders who tend to be more seriously ill than patients in the community and who are cared for in hospitals. Also, it was indicated that not only mood disorders but also alcohol or substance abuse and personality disorders increase the risk of suicide (Leahy et al., 2020). Furthermore, it was noted that a key indicator of suicide risk is whether the individual has previously attempted suicide (Berman et al., 2000; Mars et al., 2019; Sher & Oquendo, 2023).

Some studies suggested that considering suicide as a diagnosis would be more effective in clinical practice (Berman et al., 2000; Mann et al., 2016). It will facilitate intervention to suicide because it could be elaborated within the framework of certain diagnostic criteria. On the other hand, this suggestion could create confusion about

the status of suicide. In particular, when considered from a psychoanalytic point of view, suicide can have various explanations specific to the subject. Even if the way in which today's world deals with suicide is understandable in terms of the intention to prevent the problem, it should not be forgotten that the essence of the issue could be missed. That is, as with every symptom in the psychoanalytic literature, it would be more appropriate to consider suicide together with individual dynamics.

1.2.2. Demographic Factors and Suicide

In many countries, deaths because of suicide are higher in men than in women (Lange et al., 2022; Rutz & Rihmer, 2007). On the other hand, according to WHO, it is also observed that suicide attempt is higher in women than in men. This difference between men and women is particularly striking in eastern European countries. Moreover, in United States, men suicide rates are 3.67 times higher than women (Lange et al., 2022; Rutz & Rihmer, 2007). In addition, in Turkey, of those who have committed suicide since 2002, nearly 35.000 are men and nearly 15.000 are women (Ekinci et al., 2023; Erenler et al., 2023). While the share of men in total suicides was 65% in 2001, it increased to 76% in 2018. Of the 3,406 people who committed suicide in 2019, 2,626 were men and 780 were women. Men choose more lethal methods to commit suicide than women. Also, men plan their suicide attempts more carefully and often tend to avoid detection. On the other hand, the fact that women tend to use less lethal methods makes them more likely to survive (Lange et al., 2022).

When examining the relationship between suicide and age, the highest rates are observed among individuals aged 70 and older, regardless of gender (Zeybek et al., 2023). However, research also shows a significant rise in suicide rates among young people, with suicide being the second leading cause of death for those aged 15 to 29.

Race is also one of the indicators of suicide risk. In United States, suicide deaths most likely occur among White individuals (Bombersbach et al., 2023). In addition, sexual orientation is one of the determinants. That is, lesbian, gay, bisexual, and transgender (LGBT) youth are considered to be at higher risk of suicidal behavior than heterosexual youth (Berman et al., 2000; Carretta et al., 2023).

Lastly, it is suggested that there is a strong link between relationship status and suicide. Individuals who are unmarried, divorced, or widowed are considered to be more prone to suicide death. That is, the highest to lowest suicide rates are observed in the following groups: widowed, divorced, single or never married, married, and married individuals with children, respectively. While it is observed that marriage has a protective effect, this effect is mostly valid for men (Berman et al.,2000; Sher & Oquendo, 2023).

1.2.3. Psychosocial Factors and Suicide

In the literature, most of the studies elaborate the link between psychological disorders and the effects of these disorders on life of individuals who suffer from them. That is, many individuals who experience psychological problem also experience job loss, relationship breakdowns, and challenges in forming close relationships (Fallahi-Khoshknab, et al., 2023; Lester & Yang, 1997; Sims et al., 2023; Tanrıverdi & Bahar, 2023). Therefore, it is stated that the combination of these problems potentially increases suicide risks. Moreover, being disadvantaged in life is presented as a risk factor for suicide. In other words, individuals with low socioeconomic status, limited income, and minimal educational attainment are potentially more prone to suicide. Additionally, it is indicated that dropping out of school and not enrolling in a college also escalate the risk of suicide (Ayer & Colpe, 2023).

French sociologist Emile Durkheim asserted that there is a crucial relationship between spiritual commitment, religious connection and emotional well-being in 1897. Although he highlighted religion as a source of meaning, he still attached importance to social order since he examined the societies (Durkheim, 1951). On the other hand, it is stated that individuals who have high levels of religiosity related to reduced risk of suicide (Awaad et al., 2023; Osafo et al., 2023). Moreover, religious attendance is proposed as a protective factor for suicide. That is, individuals who engage with the religious rituals are less likely to commit suicide. On the other hand, it is indicated that there are many controversial sides of the studies which propose religion as a protective factor as suicide (Lawrence et al., 2016). In other words,

religion has several dimensions such as affiliation, participation, and doctrine. It is also stated that suicide has several dimensions such as ideation, attempt, and completion. Therefore, it may be concluded that even if religion is protective in terms of suicide attempts, it may not provide protection in terms of suicidal ideation (Lawrence et al., 2016).

Economic crises can also affect suicide rates. For instance, it is indicated that during Great Depression in United States, suicide attempts increased (Lester & Yang, 1997). The highest mortality rates were observed in 1921, 1932, and 1938, which were the years marked by high unemployment rates (Lester & Yang, 1997).

While traditional risk factors have shown low predictive values when analyzed through meta-analyses, considering multiple risk factors together can yield more meaningful insights (Nock et al., 2019). Although categorizing individuals based on their risk levels is beneficial in many aspects of suicide prevention, solely focusing on these factors is insufficient when it comes to individual, subjective assessments. Thus, subjectivity holds significant importance in psychoanalytic work. Therefore, in this article, which takes a psychoanalytic perspective on the subject of suicide, suicide will be examined as a unique and individual phenomenon.

1.3. Psychoanalytic Study and Suicide

As it was mentioned, traditional risk factor studies may provide insufficient information on suicide. On the other hand, psychoanalytic studies have a unique position to explore the dynamics of suicide because of focusing on the subject and his/her personal experiences and unconscious. It is thought that during the psychoanalytic process, a space is opened for the patient's darkest, frightening, and even deadly fantasies. Psychoanalysis offers quite different perspectives on understanding suicide. That is, in the context of the relationship between psychoanalysis and suicide, an exploration can be made of why individuals are more vulnerable to certain stressors.

Psychoanalytic concepts regarding suicide have been significantly validated by empirical studies (Schechter et al., 2022). Clinical researchers have attempted to

describe specific emotional and cognitive experiences in a measurable way, allowing them to be examined and linked to suicidal behavior. This validation reinforces their importance in the suicide process and contributes to the foundations of evidence-based approaches to suicide prevention. On the other hand, it is important to recognize that certain aspects of the psychoanalytic process cannot be easily translated into testable and measurable constructs. That is, the process of operationalizing psychoanalytic principles requires a level of simplification and loss of sophisticated details. Therefore, the field of psychoanalysis has been reluctant to accept this type of research. Thus, it leaves little room to contribute significantly to research. However, there is also tremendous value in operationalizing psychoanalytic concepts, as it can provide clearer understanding using accessible language and facilitate the testing of ideas derived from psychoanalytic literature and broad patient experiences.

Research on suicide risk suggests that interpersonal stress is an important factor contributing to suicidal behavior. As it was mentioned, the observation that not everyone who struggles with similar stressors considers or attempts suicide suggests that an individual's coping mechanisms play a vital role in determining their vulnerability to such thoughts and actions (Horesh et al., 1996).

Moreover, individuals at risk of suicide often have difficulty distinguishing between important and unimportant sources of stress, making it difficult for them to find practical solutions to daily stressors (Shneidman, 1985). In other words, in psychodynamic theory, the various ways individuals react to stressors are called defense mechanisms (Hall, 1954; McWilliams, 2011). That is, which defense mechanisms individuals use and to what extent they use these mechanisms are important in coping with suicidal thoughts. Not only defense mechanisms but also other psychoanalytic concepts have been used to explain the mechanism of suicide. Throughout the history of psychoanalysis, the phenomenon of suicide has been a subject of study, either consciously or unconsciously. In Freud's famous case histories, suicide is treated as a symptom, associated with issues such as ego, mourning, melancholy, death instinct, and acting out. However, Freud did not thoroughly address and integrate his perspectives on suicide, which he briefly mentioned in his case studies.

1.3.1. The Freudian Approach

While psychoanalytic studies have not recently concentrated on suicide-related issues, understanding suicide has consistently been a central aim of psychoanalysis. In 1910, psychoanalysts from the Vienna Psychoanalytic Society met to discuss suicide. The meeting ended inconclusively. Freud stated that more clinical observations are needed to understand suicide (Friedman, 1967). Accordingly, it could be observed that suicide is treated as a symptom in Freud's patients in almost all of his famous cases except Little Hans (Hekimoğlu, 2021). Although Freud did not fully address and synthesize his views on suicide, he had a tremendous clinical experience on handling suicidal behavior.

Anna O. is one the most famous patients (Necef & Aydoğ, 2021) of Freud and his colleague Joseph Breuer from the joint study of two of them, *Studies of Hysteria* (1985). She suffered from a range of symptoms which are partial paralysis, blurred vision, headaches, and hallucinations. Following her father's death, Anna O. was unwillingly relocated to a country house to mitigate the risk of suicide. Still, she tried commit suicide several times during this time of recovery. Although Freud did not emphasize the suicidal elements in the case of Anna O., he was aware of the relationships among guilt, symptoms after the death of the parents, and the feelings of hostility and anger towards the parents. In a letter to Wilhem Fliess, he mentioned these relationships as follows: "The hostile impulses towards parents (wanting them dead) are also an integral part of neuroses. In periods when pity for parents is active - in their illness or death - these hostile impulses are suppressed by the subject. One of the manifestations of sadness is to blame oneself for their deaths" (Maltsberger & Goldblatt, 1996). Also, with the death of his father in 1986, Freud experienced the feelings of hopelessness and depression for years (Roudinesco, 2016). Therefore, he started to analyze himself to get out of this situation. Fortunately, he created *the Interpretation of Dreams* (1900), the most fundamental study in the history of psychoanalysis because of this depressive period.

As it is indicated that Freud's patients offer numerous explanations for suicidal ideation and behavior. For example, Wolf Man's sister, one of the significant patients

of Freud (1918), committed suicide by poisoning herself (Minçe, 2021). On the other hand, it is noteworthy that Wolf Man did not experience the grieving process. This gave Freud a clue about the complicated displacement processes of grief. Moreover, the case of the German Judge Schreber, who suffered from paranoia, concerns longings for death (Freud, 1911). In his case study, Freud mentioned that Schreber repeatedly tried to choke himself in his bathroom and asked for cyanide to poison himself. Another famous patient of Freud is Dora in 1905, who was a hysterical young woman caused the discovery of transference (Saklı Demirbaş, 2021). After a series of complicated family relationships, Dora wrote a letter to her parents which mentioned her suicidal ideation. In addition, not only Dora but also her father decided to kill himself. Mrs. K, a family friend who has a crucial place in the case, persuaded the father to survive. On the other hand, Dora did not believe this story and mentioned that it was a cover up in order to hide the inappropriate relationship between her father and Mrs. K. When the case of Dora is considered in the scope of suicide, it could be analyzed as "a communication, an attention, a cry for help, a revenge method, and a partial identification with the father" (Can et al., 2022).

Also, the case of Rat Man (Freud, 1909), who had a fearful phantasy about rats, provides additional information about suicide (Korkmaz & Baltacı, 2021). Many of Rat Man's obsessions and compulsions included suicidal impulses. During his analysis, these suicidal impulses were described as anger and jealousy towards his rivals by Freud. Eventually, Freud indicated that "we see that suicidal urges in a neurotic person emerge as a result of the death wishes for another person with relation to self-punishment."

In 1920, Freud published his last case study, *"Psychogenesis of A Case of Homosexuality In A Woman"*. This case, which centers on female homosexuality, involves an 18-year-old girl brought to Freud by her father approximately six months after her suicide attempt (Uçar Özsoy, 2021). On the other hand, rather than the suicide attempt, what disturbed her parents was that the young girl fell in love with a woman ten years older than herself. Despite all the objections of the parents, the young girl did not give up her love. Therefore, while the young girl and the woman were walking together, they run into the young girl's father. As a result of the father's

angry look, the woman said that she wanted to break up with the young girl. After this incident, the young girl attempted to commit suicide by throwing herself on the rails of the suburban train. With this attempt, the relationship between the young girl and the woman intensified. Therefore, the young girl became a patient of Freud. According to him, the suicide attempt was a serious incident. In addition, Freud interpreted the attempt as an expression of hopelessness. That is, the young girl experienced a desperate conflict over her desire for the woman and her father's wish. The suicide attempt could also be considered both as self-punishment and as the realization of a desire, which means a desire for the father. In other words, Freud indicated, "It is the desire itself that frustrates the young girl, pushing her towards homosexuality; in other words, it is the desire to have a child from her father."

Freud also discussed the underlying mechanisms of suicide he previously described for depressed individuals regarding the attempt of the homosexual young girl. Freud (1920) stated that "Analysis has provided us with the following explanation for the suicidal enigma: probably no one would have found the psychic energy to kill themselves unless they also killed an object with which they identified themselves and thus invoked a death wish for another person" (Maltsberger & Goldblatt, 1996).

1.3.2. Freud's Mourning and Melancholia and Suicide

As it was mentioned, despite his considerable clinical observation of suicide, Freud did not synthesize his views systematically within the framework of his theory. At the Vienna Psychoanalytic Society on April 27, 1910, the subject of suicide was discussed. At the meeting, Freud emphasized that very little is known about suicide, and added, "First of all, we look forward to knowing how it is possible to overcome the extraordinarily powerful life instinct. Does overcoming this life instinct come about with a disappointed libido; Or does it happen when the ego gives up protecting itself…" Also, at the same meeting, he compared mourning and melancholy (Friedman, 1967).

It is also known that Freud had extensive knowledge about the suicide and its mechanisms as of 1910 (Maltsberger & Goldblatt, 1996). In other words, due to his

cases, he elaborated many important clinical characteristics of why individuals want to kill themselves. That is, Freud discussed about the feelings of guilt about death wishes for others, especially for parents. In addition, he stated an identification with a suicidal parent as one of the reasons for suicide. Also, he indicated that the loss of a libidinal gratification and the refusal of it could be one of reasons of suicide. On the other hand, individuals might want to kill themselves in order to escape from humiliation. Moreover, Freud elaborated the link between death and sexuality. That is, it was stated that sadism and masochism are deeply connected to the suicide. Nevertheless, Freud could not decide on the context of sadism and masochism in the theoretical framework of suicide.

Seven years after the meeting at the Vienna Psychoanalytical Society, Freud (1917) published his study "Mourning and Melancholia," an article in which he developed the framework for understanding the dynamics of melancholic depression and suicide. In this study, Freud examined the reactions after a loss. This loss might be related to the loss of a person, disappointment with a loved one, or loss of an ideal. In addition, in the study, the normal grief and the depressive grief process are compared. According to Freud, while the normal grieving process is experienced at the conscious level, pathological grief is experienced at the unconscious level. That is, it is mentioned that a melancholic individual couldn't consciously comprehend what the loss is about. On the other hand, both in normal and pathological grief, inhibition and the loss of interest, experienced whether consciously or unconsciously, consumes the ego. In addition, Freud indicated that there is a significant decrease in the sense of self-esteem in melancholia. In other words, "In mourning the world becomes impoverished and empty, in melancholia the ego itself" (Freud, 1917).

The following sentences from the article could be considered as a significant observation for mourning and melancholia: "If a melancholic's many and varied accusations against himself are to be listened to patiently, the most severe of them will not be directed to the patient himself, but to someone else whom the patient loves or should love, with minor changes. is understood to be appropriate. This assumption can be confirmed when the facts are examined. Thus, we obtain the key to the clinical picture." Moreover, it could be said that the most valuable implication

of the article is, "an individual's reproaches towards an object of love shift towards his own ego." These arguments reflect the central insight of the phenomenon of suicide in the psychoanalytic literature. That is, suicide is about self-objectification.

Freud (1917) discovered that a depressed person's self-blame is related to blaming someone who has been lost. Therefore, he elaborated how "I" replaces "you". It is explained as a difference between normal and pathological mourning, depending on the change in libidinal investment in case of the loss of an object. In other words, the individual experiencing the normal grieving process withdraws the libidinal investment from the lost object and transfers new objects. On the other hand, in pathological mourning, the melancholic person cannot withdraw his libidinal investment from the lost object. The ego of the melancholic person wishes not to separate from the lost object and to identify with it. That is, a narcissistic identification takes place. The libidinal investment has shifted towards an ego united with the object. Therefore, the melancholic individual is indifferent to the world and experiences narcissistic withdrawal.

Freud (1917) also elaborated a conflict in the mechanism of suicide: "The ego's self-love, which we know as the primitive state in which the impulsive life is born and develops, is so great and the amount of narcissistic libido that emerges in ordinary fear in the face of a threat to life is so great that the ego leads to its own destruction. It is impossible to understand how he could have consented." He explained this conflict between suicide and melancholia as a narcissistic identification with the lost object, both loved and hated. In other words, a person with suicidal tendencies is inclined toward narcissistic object choice and has complex feelings such as love and hate towards this object. Therefore, the object loss has a crucial place in the dynamics of melancholy and suicide. That is, it causes the ambivalence. In other words, it is as if a hostile part of the ego interrupts the subject's ability to withdraw object investment, accept and mourn the loss, and invest in new objects. Moreover, the melancholic patient regresses from object relation to object identification in relation to the lost object. Since the lost object has become a part of the ego, sadism towards the internalized object turns against the ego. That is, Freud indicated, "Libido is used for the purpose of identification with the abandoned object. The

shadow of the object has fallen on the ego and the ego begins to be treated as if it were an abandoned object. In this way, object loss is transformed into ego loss, and the conflict between ego and loved one, altered by identification, separates the real activities of the ego from the ego."

In his study, Freud mentioned melancholic individual's self-blame as the criticism that one part of the ego exerts on the other part. That is, he elaborated the concept of "conscience". "This piece that we are beginning to recognize is "conscience". Consciousness, along with the task of assessing reality and censoring consciousness, is among the basic structures of the ego, and we have evidence to show that this structure alone can get sick. The most distinctive feature of melancholia is the inadequacy of the ego on the moral ground. When the patient evaluates himself, he is not very concerned with his physical health, ugliness, weakness or social inadequacy. His fears are more about losing his possessions, possessions, and former position and being penniless" (Freud, 1917). In 1923, Freud defined this "conscience" as the superego and associated it with the id and ego. It is indicated that the superego plays a regulatory role for the ego when it encounters the impulsive demands of the id. However, in melancholia, the superego exhibits an extreme sadism to the ego and humiliates the self. Therefore, it could be said that these sadistic attacks of the superego drive the ego to destroy itself. Also, the ego is abandoned since the superego withdraw the libidinal investment from it. Consequently, these formulations proved that suicide is not about loving the self, it is about attacking the self.

With the study of mourning and melancholia, Freud reconsidered his theory on the pleasure principle. If the purpose of the drive is to achieve gratification, why do people kill themselves? As a result, Freud developed a new theory of drives centered on the fundamental conflict between life and death instincts. He used this theory to explore various psychopathological conditions, including melancholia.

1.3.3. The Life and Death Instincts

In 1920, Freud published *Beyond the Pleasure Principle*, in which he formulated the conflict between the death and life instincts. In this study, he proposed a new hypothesis that the human psyche is governed by a more fundamental conflict than

the principle of pleasure and displeasure: the conflict of the life instinct, Eros and the death instinct, Thanatos. Freud mentioned that the death instinct is about the return of every organism to its inorganic state as a biological need. This destructive instinct "...aims to dissolve connections and destroy things... It is assumed that its ultimate purpose is to put the living in an inorganic state". That is, it is opposed to the life instinct, which is part of the libido. Therefore, in order for the principle of pleasure and displeasure to continue, the life instinct must have dominated the death instinct.

In 1920, when Freud proposed the death instinct theory, it sparked a great controversy. Post-Freudians have tended to think of this work as a fictional text dealing with Freud's own personal anxieties about death. The consensus is that Freud's ideas on the life and death instincts were designed as a philosophical discussion rather than as theoretical concepts intended to be applied directly to clinical phenomena. On the other hand, it was also argued that these statements could be an unconscious resistance to the concept of death.

Menninger (1938) sought to explain the dynamics of suicide using Freud's concept of the death instinct. He proposed that physical and mental health rely on the integration of the life and death instincts, which maintain a balance between the two. When this balance is disrupted, it leads to various forms of physical and mental illness. Suicide, he argued, represents the most extreme expression of this disintegration between the life and death instincts.

Menninger (1938) stated that suicide results from the combination of three desires: "the desire to kill, the desire to be killed, and the desire to die". Firstly, the desire to kill involves the desire to attack or destroy another. Even if an individual has positive feelings towards someone else, these desires cannot be overcome. Secondly, the desire to be killed is to succumb to another's destroying attack. That is, it is linked to masochistic tendencies driven by a desire to endure pain and suffering. This desire is also related to the desire to atone for the feelings of guilt experienced through suffering and self-punishment. Lastly, Menninger stated that the desire to die includes the longing for death.

Although it is a controversial concept, Melanie Klein and Jacques Lacan also included Freud's death instinct concept in their theories. Klein explored the relationship between the infant's first experiences, including the destructive impulses about the death instinct, with its mother. Also, Lacan, who spoke highly of Klein, attributed a central importance to the concept of the death instinct. How Klein and Lacan elaborate this concept will be discussed in detail later.

1.3.4. Ego Psychology and Defense Mechanisms

Freud published a crucial study, the Ego and the Id, in 1923. With this new theory, he started to elaborate the structural model in his clinic as well as the topographic model. It was stated that it is a new dynamic model of mind. That is, the model explains the whole mind system including its main motives and drives. It also revealed that there are three main parts of the mind: "the id, the ego, and the superego".

The name of the ego comes from the Latin word "I". "The ego is the part of the mind reacts to external reality and which a person thinks of as the 'self'" (Freud, 1923). Initially, the ego was considered to be only a conscious part of the mind. On the other hand, the ego develops resistance to the emergence of repressed materials. Therefore, it could be stated that the ego has an unconscious part. The ego integrates the ideas, gives meaning to the things, and represents what is real. It is responsible for decision making. Therefore, it has to be logical and practical. Also, anxiety is related to the ego. It is a signal for a weakness somewhere in the defense mechanisms. The task of unconscious defense mechanisms is to protect the ego.

As it was mentioned, the publication of "*the Ego and the Id*" initiated a new theoretical era. That is, psychoanalysts have become more concerned with how these materials are held in the unconscious than with unconscious material. Working with the defensive functions of the ego provided more accessible materials about the patient. Moreover, it was suggested that ego defenses function adaptively within the context of childhood. However, they may become dysfunctional in the particular adult world. It is indicated that the main task of the ego is to perceive reality and

adapt to it. The ability to fulfill this task depends on how the person acknowledges reality, called "ego strength". It is stated that there are two types of defenses: "immature defenses such as denial, somatization, and splitting and mature defenses such as sublimation, repression, and humor". It should be noted that psychological health depends not only using mature defenses but also being able to have a a variety of defenses (McWilliams, 2011) (See Table 1). That is, it was indicated "the idea that a primary function of the ego is to defend the self against anxiety arising from either powerful instinctual strivings (the id), upsetting reality experiences (the ego), or guilt feelings and associated fantasies (the superego) was most elegantly explicated in Anna Freud's *The Ego and the Mechanisms of Defense* (1936)."

Table 1. Immature and Mature Defenses

Immature Defenses	Mature Defenses
Extreme Withdrawal	Repression
Denial	Isolation of Affect
Omnipotent Control	Intellectualization
Extreme Idealization, and Devaluation	Moralization
Projection, Introjection, and Identification	Undoing
Splitting of the Ego	Displacement
Somatization	Reaction Formation
Acting Out	Identification
Sexualization	Sublimation
Extreme Disassociation	Humor

Note. McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process.* Guilford Press.

1.3.5. Defense Mechanisms and Suicide

Since Freud, with the contributions of Anna Freud and Melanie Klein, defense mechanisms and their relationship with the concept of suicide have been frequently discussed in the literature. As it was mentioned in *Mourning and Melancholia*, Freud argued that the loss could trigger depression. To cope with the anger towards the person who has been lost, the image of the person is introjected. In addition, the hostility to the introjected object, after being repressed, turns to the ego. That is, the

defense mechanisms, introjection, identification, repression, displacement, splitting, and regression, are related to the concept of suicide. (The suicidal child). Moreover, the suicidal individuals minimize sublimation (Apter et al., 1997) while they overly rely on these defense mechanisms. It was indicated that there is a strong association among repression, internalization of aggression and bad objects (Klein, 1935), compensation of ego vulnerability, and suicidal states (Smith, 1985).

Moreover, it was observed that the use of regression (Apter et al., 1989; Apter, et al., 1997; Pfeffer, et al., 1995), displacement (Apter et al., 1989; Apter, et al., 1997), repression (Apter et al., 1989; Apter et al., 1997), projection (Apter et al., 1997; Corruble et al., 2004; Pfeffer, et al., 1995), compensation (Apter et al., 1997; Pfeffer et al., 1995), reaction formation (Pfeffer et al., 1995), denial, introjection (Apter et al., 1997), autistic fantasy, passive aggression, and acting out (Corruble, et al., 2004) increases among suicide attempters. The studies conducted with children also stated that introjection, compensation, and regression were severely common in suicidal children (Apter et al., 1989).

There are studies identifying interpersonal stress as a crucial suicide risk factor for suicidal behavior (Robbins & Alessi, 1985; Roy et al., 1985). However, it is significant to note that different people respond differently to the same stressors. In addition, it was observed that suicidal individuals do not differentiate the sources of stress and have difficulty in developing proper coping mechanisms (Horesh et al., 1996). Considering these studies, from the psychoanalytic perspective, it can be argued that suicidal behavior varies according to which defense mechanisms individuals use and how intensely they are.

Although the relationship between suicide and defense mechanism is important, there are very few studies, especially recently, that include other risk factors. The studies indicated a positive relationship between the use of mature defense mechanisms and mental and physical health. However, there is a negative correlation between the use of mature defense mechanisms and major depressive disorder (Corruble et al., 2004). It was stated that the use of immature defense mechanisms is observed in patients who attempted suicide (Corruble et al., 2003).

On the other hand, most of the studies in the literature focus on the suicidal behavior within the scope of a particular disorder. However, it is important to note that there are other unconscious processes that accompany defense mechanisms. In particular, there is no study on object relations, which is related to the development of defense mechanisms, and narcissism.

1.3.6. The Object Relations

After Freud's contributions to the understanding of suicide, Melaine Klein (1935), one of the object relations school theorists, was also interested in the psychoanalytic study of suicide. Her view of suicide was shaped by the distinction between the 'paranoid–schizoid' and 'depressive' positions in her theory (Ronningstam et al., 2020). The paranoid-schizoid position, which triggers annhilatory anxiety associated with the loss of sense of self, is characterized by the tendency to project hatred onto the object (Klein, 1946). That is, "in order to protect oneself from annihilation or to preserve the good object, one tends to attack the bad object" (Klein, 1946). As can be seen in hypochondria and body dysmorphic disorder, "the bad object" can be projected onto one's own body. Thus, in these cases, attacking the body is equivalent to destroying "the bad object". On the other hand, in the depressive position, the ego's ability to integrate the object and itself increases. That is, the ego encounters both good and bad objects as being centered within the same object. As a result of this situation, which leads to depressive anxiety, the fear of the loss of the object begins. In addition, a sense of guilt arises with regard to object-oriented sadistic fantasies and wishes. Therefore, guilt feelings prompt reparations and efforts to mitigate the real or imagined consequences of aggressive fantasies. Guilt, conversely, can result in feelings of badness and the belief that one is harmful to others in general, and to the good object specifically, especially in more severe situations. Therefore, suicide could be used as a means of cleansing the world and preventing its devastation.

Klein focused on the early relationship between a child and the mother's breast, viewing it as a primordial object that could be loved or hated based on the child's satisfaction. She considered both external and internal obstacles to this satisfaction,

emphasizing the importance of relationships with objects instead of Freud's focus on autoeroticism and narcissism (Borrosa, 2018). Lacan, on the other hand, emphasized the role of the subject in the psychoanalytical situation (Fink, 1995). He concentrated on intersubjectivity but did not interpret it as an object relationship between one ego and another. It is a relationship between two subjects instead of two egos. The subject speaks without fully knowing what they say or think, while the ego thinks it knows but is actually deceived (Fink, 2004). Lacan emphasized the relationship with the other, aligning with the concept of intersubjectivity. He shifted his focus from the object of desire to exploring the connection with the Other, presenting the object a as the driving force behind desire. Lacan explained that *the object a* is not an external object but something within the subject. It can cause a "mismatching" between one's behavior and the world. This reveals that the subject is not in control of the world but is determined by the unconscious (Borrosa, 2018).

1.3.7. The Lacanian Approach

One of the most influential post-Freudian psychoanalysts, Jacques Lacan, like Freud, did not produce a systematic study of suicide. On the other hand, it is known that Lacan, unlike his colleagues, was eager to work with suicidal patients (Roudinesco, 1997). In other words, when Lacan's works are examined, it could be observed that he elaborated the dynamics of suicide. That is, the theory of the mirror stage and the emergence of aggression in this phase, and the concepts of death instinct and passage to the act (*passage a'lacte*) have a special place to understand suicide.

Lacan first presented his article on the mirror stage at the conference of the International Psychoanalytic Association held in Marienbad in 1936. However, this article was never published. He developed and re-presented his work on the theory in 1949. This work, called *"The Mirror Stage as Formative of the I Function",* can be accessed in Lacan's work called *Ecrits*, where his writings are collected.

Lacan distinguished between the subject and the ego (Canbolat, 2018). The formation of the ego that he explained in the mirror stage can be considered as the basis for the study of suicide. Lacan (1968) suggests that the mirror stage is where an

individual's sense of self begins to develop (Evans, 2006; Özcan, 2023). The mirror stage starts when an infant identifies its reflection in the mirror. The baby, who previously perceived his own body as fragmented, sees himself as a whole in the mirror. This moment is a jubilation for the baby. That is, Homer indicated that "The mirror image, therefore, anticipates the mastery of the infant's own body, and stands in contrast to the feelings of fragmentation the infant experiences. What is important at this point is that the infant identifies with this mirror image. The image is him/herself. This identification is crucial, as without it—and without the anticipation of mastery that it establishes—the infant would never get to the stage of perceiving him/herself as a complete or whole being." On the other hand, it should also be noted that the sense of identity developed through the mirror stage is formed in a narcissistic way that causes alienation. In *Ecrits*, Lacan (2006) stated that "The mirror stage is a drama whose internal pressures pushes precipitously from insufficiency to anticipation—and for the subject caught up in the lure of spatial identification, turns out fantasies that proceed from a fragmented image of the body to what I will call an "orthopedic" form of its totality—and to the finally donned armor of an alienating identity." In other words, although the baby perceives itself as a whole through identification in front of the mirror, it feels hostility towards the specular image. That is, "from the moment the image of unity is posited in opposition to the experience of fragmentation, the subject is established as a rival to itself" (Homer, 2005). The identification with the mirror image, on the other hand, conceals both aggression and eroticism, and this "erotic aggression," which is a crucial aspect of narcissism, becomes a vital component of all subsequent identifications. The hallmark of narcissism is the move from excessive self-love to extreme "narcissistic suicidal aggression." (Evans, 1996). In 1946, Lacan used the expression "narcissistic suicidal aggression" to explain that the erotic-aggressive feature of narcissistic admiration for the specular image could lead the subject to self-harm, as in the myth of Narcissus (Can & Uçurum, 2022). This narcissistic relationship also constitutes the imaginary dimension of human relationships (Evans 1996). Also, Lacan associates Freud's concept of the death drive with narcissism. The death drive relates to a loss that the person unconsciously knows already exists long before. This loss is nothing but the sign of the loss that Lacan mentioned in his Mirror Stage theory (Lacan, 1977). According to Lacan, narcissism stands between

the subject and the death drive. When identification is compromised, the possibility of suicide may arise. Lacan (1977) sees this as one's final act of self-affirmation and an act inspired by desire: "In fact, self-affirmation for others is a death wish." That is, death promises something that life can never provide: a real and indissoluble unity with the image.

Also, according to Lacan, "suicide is the only completely successful act". That is, the act is related to "radical freedom" and it involves liberation from despotism of the current social and political establishments captivating the body. Consequently, it involves the rejection of ethical and moral values accepted by society (Canbolat, 2018). In addition, Lacan also discussed the issue in the context of "acting out" and "passage to the act" (Can et al., 2022), and through Freud's case of the young homosexual girl (Evans, 2006). Lacan distinguished "act" from "behavior" (Hekimoğlu & Cantekin, 2021). That is, "the act" is symbolic and attributed to the human subject. In psychoanalysis, the subject should take responsibility for his unconscious act which is an "ethical duty". On the other hand, according to Lacan, neither acting out nor passage to the act can be considered real act since the subject does not take responsibility for his desire in these actions. The difference between acting out and passage to the act is elaborated through their relationship with the Big Other. Acting out conveys a symbolic message to the Big Other, enabling a relationship with it. On the other hand, passage to the act is associated with escaping from the Big Other, separating from it and taking part in the real order. The only successful act that enables the subject to separate from the Big Other is suicide (Canbolat et al., 2019). Therefore, Lacan discussed the distinction between acting out and passage to the act through Freud's case of the homosexual young girl. Lacan interpreted the homosexual young girl suicide attempt as passage to the act. Since symbolization became impossible for the young girl, the suicide attempt ceased to be directed at someone. She was confronted with her father's desire and, overcome with uncontrollable anxiety, reacted impulsively.

1.4. The Present Study

Based on the literature review, all the factors in the scope of the examination of the current study are somehow influenced by each other. When considered

psychoanalytically, suicide appears to have a much deeper meaning than its relationship with the diagnosis of clinical depression. According to Lacan and his mirror stage theory, there is a tight bond between narcissism and aggressivity. This aggressivity is directed toward the imaginary ego of the specular image for representing an alienating form of identification in the form of a counterpart. Moreover, aggressivity often leads to masochistic phantasies of bodily dismemberment, mutilation, and self-harm. As it was mentioned, according to Freud, suicide depends, from whichever perspective one examines it, on the capacity to stand aside from oneself, to objectify oneself, and to feel and act upon oneself as though one were someone else. It can be indicated that objectifying oneself is mainly related to ego, which is the specular image that is something outside. Also, it is also necessary to consider defense mechanisms when discussing the ego. According to psychoanalytic theory, suicidal people overly rely on certain defense mechanisms and patterns (such as denial, projection), and minimize sublimation. These occur parallel to self-break-up (Maltsberger, 2004). Repression and internalization, i.e., accompaniments to internalization of aggression and of bad objects (Klein, 1935); and compensation, i.e., reflecting attempted repair of ego vulnerability (Smith, 1985), have been empirically shown to correlate with suicidal states. Moreover, suicide sometimes represents a final and desperate operation by the failing ego to save itself. Object attachments are abandoned in these states, omnipotent narcissistic fantasies take their places, and the primitive operations of malignant envy and destructiveness come into play as the mad self-attempts to assert its control over the whole world (Maltsberger, 2004).

Consequently, the findings of this study will contribute to the literature in terms of achieving a deeper understanding of suicide by investigating those factors with their interactions and mediating roles. Also, the literature reveals that the relationship between the object relations and suicide probability with the mediating roles of narcissism and defense mechanisms has never been studied. Therefore, this study will obviously contribute to the literature by suggesting the underlying mechanisms of suicide. In the current study, it is hypothesized that there will be an association between sex and suicide probability. Particularly, it is expected that female participants will be more likely to have suicidal thoughts than male participants.

Additionally, in terms of age, there is a need for exploratory investigation due to the inconclusive results in the literature. In addition, it is expected that participants who have limited income and minimal educational attainment will be more prone to suicide. Moreover, it is hypothesized that there is a link between suicide probability and relationship status. Specifically, participants who have a close relationship will be expected to be less likely to have suicidal ideation, while single participants will be expected to be more prone to suicide than married participants. In addition, the link between whether participants have been getting psychological support or have been using psychiatric medication in the last 6 months and suicide probability will be investigated exploratively due to the inconclusive literature results.

Furthermore, it is also hypothesized that there will be a relationship between object relations and suicide probability. That is, participants who have high scores from object relations scale will be expected to be more likely to have suicidal ideation. Moreover, whether the subscales of object relation scale, alienation, insecure attachment, egocentrism, and social incompetence predict suicide probability will be investigated. Also, the effects of narcissism and defense mechanisms on suicide probability will be examined. Particularly, it is hypothesized that high narcissism scores will be indicate low suicide probability scores. Also, it should be noted that the covert narcissism was focused on this study. The explanation for using this type of narcissism was elaborated in the discussion part. Whereas intense usage of immature defense mechanisms will be related to high suicide probability, intense usage of mature defense mechanisms will be related to low suicide probability. Lastly, the relationship between object relations and suicide probability with the mediation effects of narcissism and defense mechanisms will be investigated exploratorily since, as it was mentioned, to the best of our knowledge, there is no study examining these associations.

CHAPTER 2

METHOD

2.1. Participants

In total, 362 participants between the ages of 18 and 63 (M_{age} = 30.63, SD_{age} = 9.95) participated in this study. 270 (81.3%) of the participants were women, and 88 (17%) of them were men. Also, four participants (1.1%) indicated their sex as "other". Individuals participated the study from 47 different cities from Turkey and around the world since the study was conducted through Qualtrics, online platform.

In terms of educational level, 14 (3.9%) of the participants had doctoral degree, 63 (17.4%) of the participants had master's degree, 162 (44.8%) of the participants had college education, 121 (33.4%) of them had high school education, and two (0.6%) of them stated their educational level as literate. Income level of the participants were 35 (9.7%) from high income, 271 (74.9%) from middle income, and 56 (15.5%) from low income. 244 (67.4%) of the participants stated their marital status as single, 118 (32.6%) of the participants as married. Also, 213 (58.8%) of the participants had a romantic relationship, 149 (41.2%) of the participants did not have a romantic relationship.

47 of the participants stated that their mothers have a psychological disorder, 33 of them stated that their fathers have a psychological disorder, and 39 of them stated that their siblings have a psychological disorder. Participants indicated various disorders for their family members such as depression, bipolar disorder, anxiety disorder, schizophrenia. Also, 232 of the participants stated that they had a psychological/psychiatric support. Lastly, 69 of the participants stated that they had used a psychiatric medication in the last 6 months.

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2.2. Measures

2.2.1. Demographic Information Form

Demographic information form includes questions such as age, sex, education level, income level, and mental health statuses (see Appendix A).

2.2.2. Suicide Probability Scale

In order to measure suicide probability, the questionnaire was used revised version by Batıgün and Hisli Şahin (2018). It was adapted by Eskin (1993) from Cull and Gill (1988). The 36-item scale is scored between 1 and 4 Likert types (Appendix B). Responses to the items in the original form of the scale were "never or rarely" (1), "sometimes" (2), "often" (3), and "often or always" (4). The score range is 36-144, and high scores on the scale indicate a high probability of suicide. The original form of the SPS consists of four factors: hopelessness (12 items), suicidal ideation (8 items), negative self-evaluation (9 items), and aggression (7 items). It is stated that the Cronbach alpha internal consistency coefficient of the scale is .93 and the test-retest reliability coefficient is .92 (Cull & Gill, 1988). Cronbach's alpha value for the revised questionnaire is .87, for adapted questionnaire is .89, and the test-retest reliability coefficient is .95. In this study, Cronbach's alpha value for the questionnaire is .89 (Appendix B).

2.2.3. Bell Object Relations and Reality Testing Inventory (BORRTI)

Bell Object Relations and Reality Evaluation Scale (Bell, 1995) is a self-report instrument that aims to objectively measure the quality of object relations and the ability to evaluate reality, which are two essential elements of healthy ego development.

The BORRTI is a self-report measurement consisting of 90 items that participants responded as true or false (Appendix C). It has two primary subscales, Object Relations, and Reality Testing.

The internal consistency analysis for the adapted questionnaire demonstrates that Cronbach alpha coefficients for the Object Relations subscale range between .70 and .80; and .54 and .77 for the Reality Testing subscale (Uluç et al., 2016).

The object relations subscale has four subscales: alienation, insecure attachment, egocentricity, and social incompetence. The reality testing subscale has three subscales which are reality distortion, the uncertainty of perception, and hallucinations and delusions.

For the current study, the object relations subscale was used. Therefore, Cronbach's alpha value for alienation subscale was .79. Cronbach's alpha value for insecure attachment subscale was .72. Cronbach's alpha value for egocentricity subscale was .65. Cronbach's alpha value for social incompetence subscale was .74. Also, for Object Relations subscale, Cronbach's alpha value was .84. In this study, participants did not fill the subscale of reality testing. Therefore, the reliability values were not provided.

2.2.4. The Hypersensitive Narcissism Scale (HSNS)

The HSNS developed by Hendin and Cheek (1997) to assess covert narcissism. It was indicated that covert narcissism is related to social anxiety, loneliness, interpersonal sensitivity, anger, and depression (Şengül et al., 2015). The measure consists of 10 items that determined one factor, covert narcissism, with responses made on scales ranging from 1 (very uncharacteristic) to 5 (very characteristic). For the original scale, reliability is acceptable ($\alpha= 0.629$). Also, for the adapted version (Şengül et al., 2015), Cronbach's alpha value is .66. Also, in the adapted version, two items were removed since they did not contribute to the simple factor structure and failed to meet a minimum criterion of having a primary factor loading of 0.30 or above. These items are the first ("I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others") and the fourth one ("I dislike sharing the credit of an achievement with others"). Nevertheless, for the current study, the ten items version was used in order to check the questionnaire. Cronbach's alpha value for this questionnaire was .69 (Appendix D).

2.2.5. The Defense Style Questionnaire

DSQ is a self-assessment scale consisting of 40 items and 20 defenses that empirically evaluates the reflections of unconsciously used defense mechanisms on the conscious level. In the test developed by Andrews, Singh, and Bond (1993), each item is evaluated between 1 (not at all suitable for me) and 9 (very suitable for me).

Andrews and his colleagues (1993) performed the reliability and validity study of the DSQ on a healthy group, an anxiety disorder patient group, and a sample of parents who abused their children. This study showed that the 20 defenses in the scale were collected in 3 dimensions: immature, neurotic, and mature defenses. Immature defenses are projection, passive aggression, expression, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, division, rationalization, and somatization. Neurotic defenses are deconstruction, pseudo altruism, idealization, and reaction-formation development. Lastly, mature defenses are sublimation, humor, expectation, and suppression. The reliability and validity of the DSQ in a Turkish sample were tested by Yılmaz and her colleagues (2007). Their study revealed acceptable reliability and validity coefficients for the scale. Cronbach's alpha for the immature defense mechanisms subscale was .81, mature defense mechanisms subscale was .61, and neurotic defense mechanisms subscale was .55 for this study (Appendix E).

2.3. Procedure

First of all, ethical approval was taken from the Ethical Committee at Middle East Technical University. Volunteer participants were sent an online survey through Qualtrics web site to complete the scales. Before the administration, participants read and signed a consent form. They were informed about the purpose of the study, anonymity of their responses and, confidentiality of the data. Then, the participants completed demographic information form, Suicide Probability Scale, Bell Object Relations and Reality Testing Inventory (BORRTI), The Hypersensitive Narcissism Scale (HSNS), The Defense Style Questionnaire (DSQ). Completing the whole instruments took approximately 15 minutes per participant.

CHAPTER 3

RESULTS

Firstly, the data screening process and power analysis will be provided in the result section. Secondly, descriptive statistics and bivariate correlations will be presented. And then, hierarchical regression analyses which were performed to predict the relationship between demographic variables (including age, sex, education level, income level, and mental health status) and suicide probability will be provided. Also, a regression analysis will be presented which was applied to investigate the relationship between mature defense mechanisms and suicide probability. Lastly, serial mediation analysis which was conducted in order to investigate the association between the object relations and suicide probability was mediated by narcissism and immature defense mechanisms will be presented.

3.1. Preliminary Analyses

First of all, the data was controlled and cleaned for its accuracy. More than 34% of the data of the participants were deleted because of the missing data. That is, in total, 556 participants started filling the questionnaire; but 34% of them did not fill more than half of the study. Also, the assumption of normality was examined in which univariate outliers were controlled through z scores, and multivariate outliers were controlled thorough Mahalanobis distances (Ghorbani, 2019). Furthermore, the distribution was checked for normality through skewness, kurtosis, and Shapiro-Wilk test (see Table 2). Skewness and kurtosis were within the acceptable range, suggesting that the data is approximately normally distributed (Tabachnick & Fidell, 2019). On the other hand, the Shapiro-Wilk test indicated deviations from normality. Given the large sample size and the robustness of parametric tests to slight deviations, it was proceeded with parametric analyses. That is, in large datasets, the

Shapiro-Wilk test can detect very minor deviations from normality, leading to a significant result even when the data is approximately normal. Therefore, other measures, such as skewness, kurtosis, are more informative (Ghasemi & Zahediasl, 2012).

Monte Carlo power analysis for indirect effects was used to investigate the power of the study through the sample size. For this investigation, MarLab app (Schoemann et al., 2017) was used. The results showed that the power for the association between the object relations and suicide probability mediated by narcissism and immature defense mechanisms was .99 for 362 participants. That is, there is a 99% chance that the study will detect an effect if there truly is one (Schoemann et. al., 2017).

3.2. Descriptive Statistics

Descriptive statistics (i.e. minimum and maximum scores, mean and standard deviations) of all study variables are presented in Table 2.

Table 2. Descriptive statistics for all study variables ($N = 362$)

	Min	Max	*M*	*SD*	Skewness	Kurtosis	Saphiro-Wilk	
							S	Sig.
Suicide Probability	1.17	3.67	2.08	.43	.49	.21	.98	.000
H. Narcissism	1.00	4.30	2.74	.59	-.11	-.22	.99	.21
Mature Defense Mechanisms	1.13	5.00	3.26	.61	-.33	.61	.98	.04
Immature Defense Mechanisms	1.08	4.00	2.39	.52	.27	.06	.99	.03
Object Relations	0.00	59.00	20.34	12	.78	.31	.95	.000

Note: M: Mean, *SD*: Standard deviation, S: Statistic, Sig: Significance

3.3. Correlation Analyses

Bivariate correlation analysis was performed in order to examine the relationship between all the variables including participants' age, sex, education level, income level, marital status, relationship status, getting psychological support, psychiatric medication usage, suicide probability, narcissism, mature defense mechanisms, immature defense mechanisms, and the object relations.

3.3.1. Correlations between demographic variables and suicide probability.

Bivariate correlation analysis showed that suicide probability is negatively correlated with age ($r = -.19$, $p < .001$), education level ($r = -.18$, $p < .001$), income level ($r = -.19$, $p < .001$). That is, as ages of the participants increased, suicide probability scores decreased. Also, higher education and income levels indicated low scores in Suicide Probability Scale. Also, a negative correlation is revealed between marital status and suicide probability ($r = -.12$, $p < .05$). That is, individuals who are married had lower scores from Suicide Probability Scale than individuals who are single. In addition, individuals who are getting psychological support were more likely to get low scores from the scale. In other words, getting psychological support is negatively correlated with suicide probability ($r = -.20$, $p < .001$). Lastly, there is a negative correlation between psychiatric medication usage and suicide probability ($r = -.14$, $p < .001$). Those who have been taking a psychiatric medication in the last six months were more likely to get low suicide probability scores.

3.3.2. Correlations between suicide probability and the other study variables.

Suicide probability is positively correlated with covert narcissism ($r = .32$, $p < .001$), immature defense mechanisms ($r = -.49$, $p < .001$), and the object relations ($r = .62$, $p < .001$); and negatively correlated with mature defense mechanisms ($r = -.21$, $p < .001$).

3.3.3. Correlations between narcissism, defense mechanisms, object relations and the other study variables.

There is a negative correlation between narcissism and age ($r = -.16$, $p < .01$), and also marital status ($r = -.13$, $p < .05$). However, narcissism is positively correlated

with immature defense mechanisms ($r = .58$, $p < .001$) and object relations ($r = .55$, $p < .001$).

There is a positive correlation between mature defense mechanisms and age ($r = .11$, $p < .05$), education level ($r = .13$, $p < .05$), and marital status ($r = .12$, $p < .05$). Also, the subscale of mature defense mechanisms is positively correlated with getting psychological support ($r = .17$, $p < .01$), and the subscale of immature defense mechanisms ($r = .15$, $p < .01$). Also, there is negative correlation between mature defense mechanisms and object relations ($r = -.16$, $p < .01$). However, there is a positive correlation between immature defense mechanism and object relations ($r = .61$, $p < .001$). Object relations is negatively correlated with age ($r = -.18$, $p < .001$), education level ($r = -.15$, $p < .01$), income level ($r = -.16$, $p < .01$), marital status ($r = -.22$, $p < .001$), and getting psychological support ($r = -.17$, $p < .001$). On the other hand, object relations is positively correlated with relationship status ($r = .20$, $p < .001$).

3.4. Predicting Suicide Probability from the Subscales of Object Relations

Suicide probability is positively correlated with alienation ($r = .61$, $p < .001$), egocentricity ($r = .54$, $p < .001$), social incompetence ($r = .42$, $p < .001$), and insecure attachment ($r = .54$, $p < .001$).

Table 3. Bivariate correlations between the subscales of object relations and suicide probability *(N=362)*

		Correlations				
		1	**2**	**3**	**4**	**5**
1.	**ALN**	-	.69***	.71***	.67***	.61***
2.	**EGC**		-	.38***	.64***	.54***
3.	**SI**			-	.51***	.42***
4.	**IA**				-	.54***
5.	**Suicide**					-

*$p < .05$, ** $p < .01$, *** $p < .001$.

Note: ALN: Alienation, EGC: Egocentricity, SI: Social Incompetence, IA: Insecure attachment, SUICIDE: Suicide Probability

A multiple regression analysis was conducted to examine whether alienation, insecure attachment, egocentricity, and social incompetence significantly predicted suicide probability. The overall model was statistically significant, $F(4, 357) = 63.86$, $p < .001$, explaining approximately 41.7% of the variance in suicide probability ($R^2 = .417$, Adjusted $R^2 = .411$).

The coefficients indicated that alienation ($B = 0.468$, $SE = 0.095$, $\beta = 0.388$, $t = 4.90$, $p < .001$), insecure attachment ($B = 0.227$, $SE = 0.075$, $\beta = 0.177$, $t = 3.01$, $p = .003$), and egocentricity ($B = 0.183$, $SE = 0.069$, $\beta = 0.164$, $t = 2.64$, $p = .009$) were significant positive predictors of suicide probability. However, social incompetence was not a significant predictor ($B = -0.008$, $SE = 0.039$, $\beta = -0.013$, $t = -0.21$, $p = .834$).

These findings suggest that higher levels of alienation, insecure attachment, and egocentricity are associated with increased suicide probability, whereas social incompetence does not appear to have a significant relationship.

Table 4. Results of Multiple Regression Analysis Predicting Suicide Probability

Predictors	B	SE B	β	t	p	Lower CI	Upper CI	Tolerance	VIF
(Intercept)	1.638	0.036	-	45.044	< .001	1.567	1.71	-	-
ALN	0.468	0.095	0.388	4.898	< .001	0.28	0.655	0.26	3.846
IA	0.227	0.075	0.177	3.01	0.003	0.079	0.375	0.472	2.118
EGC	0.183	0.069	0.164	2.639	0.009	0.047	0.319	0.424	2.36
SI	-0.008	0.039	-0.013	-0.21	0.834	-0.085	0.069	0.446	2.241

*$p < .05$, ** $p < .01$, *** $p < .001$.

Note: ALN: Alienation, EGC: Egocentricity, SI: Social Incompetence, IA: Insecure attachment

3.5. Predicting Suicide Probability from Object Relations, Narcissism, and Defense Mechanisms

In the current study, a hierarchical regression analysis was performed in order to test whether object relations, narcissism, and defense mechanisms (i.e. mature and immature) significantly predict suicide probability. Firstly, the assumptions were

checked. Linearity was checked through the scatterplots indicating no major deviations from linearity. Also, the independence of errors was tested using the Durbin-Watson statistics. It indicates a value of 1.93 meaning no significant autocorrelation. The normality of residuals was checked with a Q-Q plot indicating a normal distribution. Multicollinearity was tested using Variance Inflation Factors (VIFs). All VIFs were below 2, indicating no serious multicollinearity. Outliers and influential data points were checked with Cook's distance (Hair et al., 2019). No points exceeded the threshold of 1, indicating no highly influential observations. All assumptions of the regression analysis were met, ensuring the validity of the model. No significant violations were detected, and therefore no adjustments were necessary.

Firstly, to control for their potential effect on suicide probability, the participants' sex, education level, marital status, and relationship status were initially included in the model. However, these variables did not contribute a significant amount of variation. As a result, variables such as sex, education level, marital status, and relationship status were excluded from the model to maintain statistical power.

Four-step hierarchical regression analyses were performed to determine whether object relations, narcissism, and defense mechanisms significantly predict suicide probability. In detail, the first step involved entering age, income level, psychological support status, and psychiatric medication usage into the model. In the second step, object relations were added, followed by narcissism in the third step, and finally, both immature and mature defense mechanisms were included in the fourth step (see Table 4). The results of the hierarchical regression analysis revealed that receiving psychological support and using psychiatric medication significantly contributed to predicting suicide probability ($R^2 = .12$, $F(4, 319) = 11.09$, $p < .001$). Specifically, suicide probability was negatively predicted by getting psychological support ($\beta = -.10$, $t = -2.37$, $p = .01$, 95% CI [-.177, -.017]) and psychiatric medication usage ($\beta = -.09$, $t = -2.07$, $p = .03$, 95% CI [-.199, -.005]). On the other hand, age ($\beta = -.08$, $t = -1.91$, $p = .06$, 95% CI [-.007, .000]) and income level ($\beta = -.06$, $t = -1.37$, $p = .17$, 95% CI [-.123, .022]) were not significantly associated with suicide probability. In the second step, object relations significantly contributed to predicting suicide probability ($R^2 = .42$, $F(5, 318) = 47.58$, $p < .001$).

Table 5. Bivariate correlations between all study variables ($N = 362$)

	1	2	3	4	5	6	7	8	9	10	11	12	13
						Correlations							
1. Age	-	-.02	.51***	.21***	.57***	-.02	-.02	-.12*	-.19***	-.16**	-.08	.11*	-.18***
2. Sex		-	-.06	-.01	-.04	.09	.06	.01	.07	.02	.09	.04	.07
3. Education			-	.27***	.41***	-.05	-.12*	.03	-.18***	-.05	-.09	.08	-.15**
4. Income				-	.17***	-.06	-.01	-.07	-.19***	-.03	-.08	.13*	-.16**
5. Marital S.					-	-.25**	.08	-.02	-.12*	-.13*	-.05	.12*	-.22***
6. Relationship						-	-.01	-.02	.03	.02	.08	.01	.20***
7. Psy. S.							-	.36***	-.20***	-.08	.02	.17**	-.17**
8. Med.								-	-.14**	-.04	-.02	.06	-.07
9. Suicide									-	.32***	.49***	-.21***	.62***
10. H. Nar.										-	.58***	.50	.55***
11. Immature											-	.15**	.61***
12. Mature												-	-.16**
13. OR													-

*$p < .05$, ** $p < .01$, *** $p < .001$.

Note: MARITAL S.: Marital Status, PSY. S.: Psychological Support, MED.: Psychiatric Medication Usage, SUICIDE: Suicide Probability, H. NAR.: Narcissism, IMMATURE: Immature Defense Mechanisms, MATURE: Mature Defense Mechanisms, OR: Object Relations.

That is, object relations positively predicted suicide probability ($\beta = .43$, $t = 7.38$, $p <$ .001, 95% CI [.011, .019]). In the third step, narcissism was found to have a significant association with suicide probability ($R^2 = .42$, $F(6, 317) = 39.75$, $p <$ .001). Particularly, narcissism was negatively predicted suicide probability ($\beta = -.13$, $t = -2.47$, $p = .014$, 95% CI [-.172, -.020]). Lastly, defense mechanisms both mature and immature significantly predicted suicide probability ($R^2 = .48$, $F(8, 315) = 37.42$, $p < .001$). A positive association was observed between immature defense mechanisms and suicide probability ($\beta = .32$, $t = 5.75$, $p < .001$, 95% CI [.175, .366]) and suicide probability. However, a negative association was observed between mature defense mechanisms and suicide probability ($\beta = -.15$, $t = -3.46$, $p < .001$, 95% CI [-.170, -.047]) and suicide probability.

3.6. The Association Between Object Relations and Suicide Probability Mediated by Narcissism and Immature Defense Mechanisms

In order to investigate the serial mediation effects of narcissism and immature defense mechanisms on the association between object relations and suicide probability, Hayes' PROCESS macro (Model 6) was implemented. It was included 5000 bootstrap samples in order to predict confidence intervals.

The direct effect of object relations on narcissism was significant ($\beta = .026$, $SE = .002$, $p < .001$). Also, the direct effect of object relations on immature defense mechanisms was significant ($\beta = .016$, $SE = .002$, $p < .001$). In addition, there were a direct effect of both narcissism ($\beta = -.093$, $SE = .040$, $p < .05$) and immature defense mechanisms ($\beta = .194$, $SE = .048$, $p < .001$) on suicide probability.

The indirect effect of object relations on suicide probability through the mediation of narcissism was significant ($\beta = -.002$, $SE = .011$, 95% CI [-.004, -.000]). The indirect effect of object relations on suicide probability through the mediation of immature defense mechanisms was significant ($\beta = .003$, $SE = .000$, 95% CI [.001, .005]). Furthermore, the mediation effect of both narcissism and defense mechanisms was significant from the object relations to suicide probability ($\beta = .001$, $SE = .000$, 95% CI [.000, .002]). Lastly, the overall effect of object relations on suicide probability was found to be significant ($\beta = .019$, $SE = .002$, $p < .001$).

Table 6. Hierarchical Regression Analysis in Predicting Suicide Probability

	Predictors	R	R^2	ΔR^2	F	ΔF	B	SE	β
Step 1		.34	.12	.12	11.09***	11.09***			
	Age						-.004	.002	-.08
	Income						-.05	.03	-.06
	Psy. S.						-.09	.04	-.10*
	Med.						-.10	.04	-.09*
Step 2		.65	.42	.30	47.58***	170.05***			
	OR						.01	.002	.43***
Step 3		.65	.42	.001	39.75***	.78			
	H. Nar.						-.09	.04	-.13*
Step 4		.69	.48	.06	37.42***	17.80***			
	Immature						.27	.05	.32***
	Mature						-.10	.03	-.15***

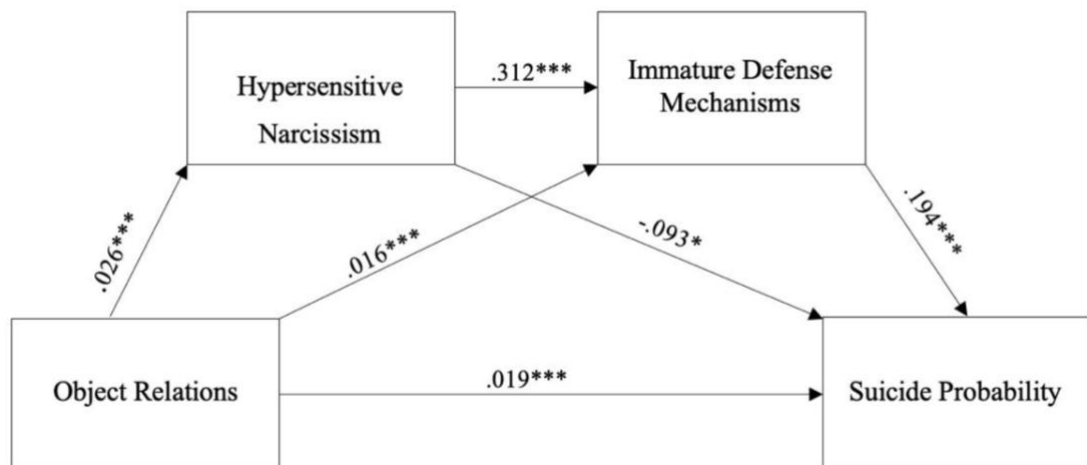*$p < .05$, ** $p < .01$, *** $p < .001$.

Note: PSY. S.: Psychological Support, MED.: Psychiatric Medication Usage, OR: Object Relations, IMMATURE: Immature Defense Mechanisms, MATURE: Mature Defense Mechanisms, H. NAR.: Hypersensitive Narcissism

Table 7. Path Coefficients and Indirect Effects on Suicide Probability

	β	SE	95% CI
Direct Effects			
OR → H. Narcissism	.026***	.002	[.022, .031]
OR → Immature	.016***	.002	[.012, .021]
H. Narcissism → Suicide	-.093*	.040	[.012, .021]
Immature → Suicide	.194***	.048	[.099, .289]
Indirect Effects			
OR → H. Narcissism → Suicide	-.002***	.011	[-.004, -.000]
OR → Immature → Suicide	.003***	.000	[.001, .005]
OR → H.Nar. → Immature → Suicide	.001***	.000	[.000, .002]
Total Effects			
OR → Suicide	.019***	.002	[.015, .023]

*p < .05, ** p < .01, *** p < .001.

Note: OR: Object Relations, IMMATURE: Immature Defense Mechanisms, H: NAR.: Hypersensitive Narcissism, SUICIDE: Suicide Probability
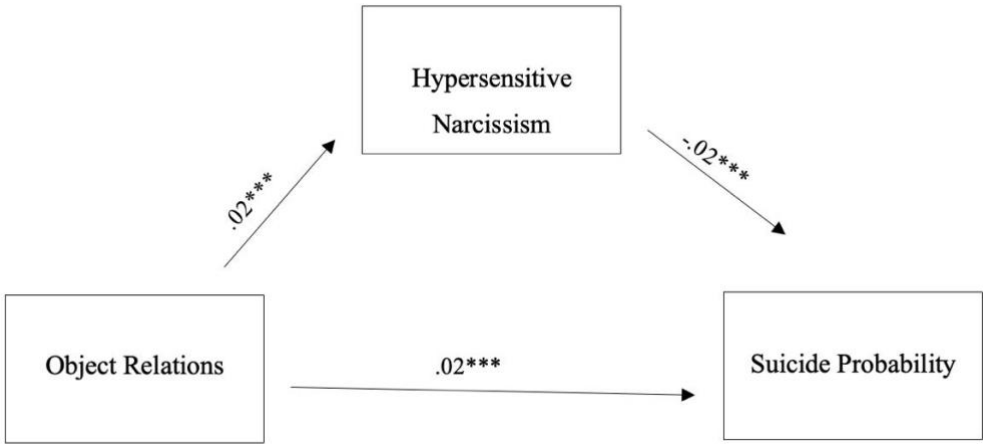

*p < .05, ** p < .01, *** p < .001.

Figure 1. The serial mediation of narcissism and immature defense mechanisms on the association between object relations and suicide probability

Moreover, according to correlation analyses, it could be observed that there is a positive relationship between narcissism and suicide probability scores. On the other

hand, in the serial mediation model, the path from the variable narcissism to the variable suicide probability indicates a negative relationship. To investigate this discrepancy, both a regression analysis and a simple mediation analysis are conducted.

Firstly, the regression analysis showed a significant positive relationship between narcissism and suicide probability, (β = .32, t = 6.35, p <.001, 95% CI [.164, .310]). Secondly, in the mediation analysis, object relations was found to significantly affect narcissism, (β = .02, SE = .002, p < .001). Also, when controlling for object relations, the effect of narcissism on suicide probability was significant and negative, (β = -.02, SE = .03, p < .001). The direct effect of object relations on suicide probability was significant and positive, (β = .02, SE = .001, p < .001). Therefore, it could be indicated that the initial positive relationship between narcissism and suicide probability (β = .32) became negative (β = -.02) when controlling for narcissism. This reveals a suppression effect where the variable object relations indicates the true negative direct relationship between narcissism and suicide probability.

*p < .05, ** p < .01, *** p < .001.

Figure 2. The simple mediation of narcissism on the association between object relations and suicide probability

CHAPTER 4

DISCUSSION

In the literature, for a while, suicide probability has been examined in context of DSM diagnoses such as major depression disorder, bipolar disorder, or psychosis; or various variables such as alcohol and substance use, age, sex, and relationships. On the other hand, based on the existing literature, the psychoanalytic dynamics of suicide receive little examination. Specifically, there was no study investigating the associations between object relations and suicide probability with the mediation effects of narcissism and defense mechanisms.

Also, this study approaches the issue of suicide from a quantitative perspective. Yet, as it was mentioned, it is difficult to study psychoanalytic concepts empirically. In order to overcome this difficulty to some extent, measurement tools have been meticulously selected. That is, as well as choosing the scales whose validity and reliability were trusted, the items and/or the factors of the scales were elaborated theoretically.

Also, it is considered that this study is a first in terms of quantitatively examining the relationships between object relations, defense mechanisms, narcissism, and suicide probability. In other words, this study contributes to suicide literature in terms of both these psychoanalytical concepts and a quantitative approach. In the field of psychoanalysis, there are a little study approaching quantitively. Therefore, the present study may offer a different perspective in terms of suicide prevention. In addition, in the context of suicide, there is no study in Turkish sample investigating these psychoanalytic concepts. That is, this study will fill a gap in the literature. Consequently, it was aimed to examine suicide probability within the context of object relations, narcissism, and defense mechanisms.

This chapter will begin by reviewing the hypotheses of the current study. Following this, the findings from the hierarchical regression analyses and serial mediation analysis will be interpreted in relation to the existing literature and psychoanalytic concepts. The strengths and clinical implications of the study will then be explored, highlighting their contributions to both the academic field and practical applications. Finally, the limitations of the study will be discussed, along with recommendations for future research.

4.1. Review of the hypotheses

In the present study, it was hypothesized that there is an association between sex and suicide probability. Particularly, it was expected that female participants would be more likely to have suicidal thoughts than male participants. Additionally, in terms of age, exploratory investigation is necessary due to the inconclusive findings in the existing literature. In addition, it was expected that participants who have limited income and minimal educational attainment would be more prone to suicide. Moreover, it was hypothesized that there is a link between suicide probability and relationship status. Specifically, participants who have a close relationship were expected to be less likely to have suicidal ideation, while single participants were expected to be more prone to suicide than married participants. In addition, the link between whether participants have been getting psychological support or have been using psychiatric medication in the last 6 months and suicide probability was investigated exploratively due to the inconclusive literature results.

Furthermore, it was also hypothesized that there is a relationship between object relations and suicide probability. That is, participants who have high scores from object relations scale were expected to be more likely to have suicidal ideation. Also, the effects of narcissism and defense mechanisms on suicide probability were examined. Particularly, it was hypothesized that high narcissism score would indicate low suicide probability scores. Whereas intense usage of immature defense mechanisms would be related to high suicide probability, intense usage of mature defense mechanisms would be related to low suicide probability. Lastly, the relationship between object relations and suicide probability with the mediation

effects of narcissism and defense mechanisms was investigated exploratorily since, as it was mentioned, based on the existing literature, no studies have explored these associations.

4.2. Evaluation of regression analyses and serial mediation analysis

As it was mentioned in the result section, in order to maintain statistical power, sex, education level, marital status, and relationship status were excluded from the regression analyses due to the lack of significant amount of the variation. Therefore, age and its relationship with suicide probability became the primary focus of the evaluation. In this study, an exploratory investigation was conducted on the variable of age due to the inconclusive findings in the literature. For example, one study indicated that the highest suicide rates, in terms of age, are among individuals who are 70 or older (Zeybek et al., 2023). On the other hand, another study indicated that between the ages of 15 and 29, suicide is almost the leading cause of death (Kölves & Leo, 2016). Also, in the present study, the result of hierarchical regression analyses showed that there is no significant predictive association between participants' age and suicide probability. Therefore, it was considered that this lack of association might be related to the inconsistent results, as power and multicollinearity had already been checked.

In this study, it was expected that low-income participants would be prone to suicide risk. The results showed that there is no significant relationship between income level and suicide probability. On the other hand, numerous studies in the literature indicate a significant relationship between low income and suicide risk. That is, suicide was found to be more prevalent in middle and low-income countries than in high income countries (Kabir et al., 2023). Similarly, it was stated that low-income is one of the contributing factors to risks of suicidal ideation (Xiao et al., 2022). Economic status is evidently a crucial factor explaining suicide probability. Even in the high-income countries, there is a positive association between economic uncertainty and suicide risk (Er et al., 2023). In the present study, the majority of participants had middle incomes; therefore, it is important to consider that the limited variation in income levels within the sample may have hindered the detection of a potential effect on suicide probability.

Both receiving psychological support and using psychiatric medication were significant predictors of suicide probability in this study. There was a negative association between getting psychological support and suicide probability, indicating that participants who received psychological support were less likely to be at risk for suicide. The literature supports this finding, stating that regardless of the psychotherapy approach, seeing a therapist has a protective effect against suicide (Calati, 2023). There is also evidence of effectiveness of psychological interventions for patients with suicidal ideation (Winter et al., 2009). Therefore, it could be said that the result was consistent with the literature. Moreover, numerous studies demonstrate the effectiveness of antidepressant drug use in suicide prevention (Isaacsson & Rich, 2008; Zalsman et al., 2016). Accordingly, in the present study, there was a negative significant relationship between psychiatric medication use and suicide probability. In summary, the results concerning psychological support and psychiatric medication usage are consistent with the literature.

The present study found, as expected, that the object relations variable positively predicted suicide probability. This variable was examined through four aspects: "alienation, insecure attachment, egocentricity, and social incompetence" (Uluç et al., 2016). Individuals with high scores may have significant difficulties in getting emotionally close to others and establishing lasting and satisfying relationships. Additionally, these individuals may be quite limited in their ability to empathize, their social relationships may often be artificial, and they may have difficulty experiencing a real sense of belonging (Uluç et al., 2016). Regarding insecure attachment, these individuals may have low tolerance for themes of separation, loss, and loneliness in relationships, may tend to seek assurance of the loyalty of others, and may be constantly alert to signs of possible abandonment. They may also exhibit a sadomasochistic pattern (Uluç et. al., 2016). Lastly, both egocentricity and social incompetence were related to having difficulty establishing a relationship. These factors also suggested mistrust about others' intentions in relationships, interpreting others primarily through their association with oneself. With these theoretical bases, the findings of this study also highlight the significant roles of alienation, insecure attachment, and egocentricity in predicting suicide probability. Interestingly, social

incompetence did not significantly predict suicide probability, which may indicate that it is insufficient to directly influence suicide risk.

Regarding object relations, this result can be considered on a theoretical basis as follows. According to Freud, the definition of the object is the thing through which the drive achieves its goal (Evans, 2006). Object-relations theory concentrates on the intersubjective constitution of the psyche. Freud's work Mourning and Melancholia, where he systematically examines the dynamics of suicide, introduces a framework that would later be recognized as Object Relations Theory (Fairbairn, 1952). According to study, in melancholia, what one loses is indefinable. Although the melancholic suffers from the loss of someone or something, "he knows whom he has lost but not what he has lost in him" (Freud, 1917). Melancholia involves both the loss of the tie to the object and a change of the self in response to the loss of the object. In other words, Freud (1917) indicated that "This (lack of awareness on the part of the melancholic of what he has lost) would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss that is unconscious".

There is an obvious indication of Freud's model of the mind was reworked in this study (Ogden, 2002). In other words, as it was mentioned in the introduction part, the melancholic patient as object denigrates, blames, and criticizes himself as object, which is the basis of suicide. It could be observed that there is an elaboration about the pairing of subject-object and I-me.

Furthermore, Jacques Lacan also discusses the notion of the object relations within the framework of the mirror stage and the death drive. The death drive relates to a loss that the person unconsciously knows already exists long before. This loss is nothing but the sign of the loss that Lacan mentioned in his Mirror Stage theory (Lacan, 1977). During the mirror stage, the baby experiences a moment of joy when they see their body, which they previously perceived as fragmented, as a whole. In this enchanting moment, they fall in love with the image they see and assume that this image is their own. In this phase, which Lacan calls the first identification, the

subject identifies with the specular image in the mirror and becomes alienated from themselves. Yet the gap between the incomplete and fragmented self and the perfect reflection is never bridged; however, "they can resist the death drive as long as they manage to deceive themselves." When identification is compromised, the possibility of suicide may arise. Therefore, it is crucial to emphasize the mirror stage while studying the suicide.

Associatively, as it was mentioned in the introduction part, Klein also elaborated the notion of the object relations. She described annihilatory anxiety, linked to the loss of a sense of self, as being marked by a tendency to project hatred onto the object (Klein, 1946). In other words, in order to protect oneself from annihilation or to preserve the good item, one tends to attack the bad object, which could be the one's own body relation to suicide.

Particularly, annihilatory anxiety, as defined by Melanie Klein (1946), is related with paranoid-schizoid position which "is a constitution of anxieties, defenses, and internal and external object relations" (Klein, 1946). Paranoid-schizoid position is characterized by the splitting defense mechanism indicating a lack of integration between the self and the object into good and bad. According to Klein, infants experience significant anxiety related to the death instinct. The infant, with an unintegrated primitive ego, attempts to manage this experience through splitting, projection, and introjection defense mechanisms. Through splitting both the ego and his object, loving and hating feelings, also known as life and death instincts, are projected onto the distinct aspects of the mother. Therefore, this leads to a division of maternal object into a "bad" breast and a "good" breast. In addition, there is an introjection of these "two" objects and then a pattern of re-projection and re-introjection emerges. This process of "binary splitting" is necessary for the infant to acquire and maintain sufficiently good experiences in order to unify contrasting aspects of the self, a process essential for entering the "depressive position". That is, as it was mentioned Freud's model of the mind in *Mourning and Melancholia* and Lacan's the mirror stage theory, "fragmentation" causing unintegrated ego can lead to suicide. When the self is fragmented into many smaller pieces in the paranoid-schizoid position, this fragmentation can reveal suicidal tendencies. When it comes

to "depressive position", it should be noted that the central structural element is the balance of the life and death instincts in the infant. When the coexistence of both loved and hated figures can be tolerated, anxiety shifts towards on the welfare and survival of the other as a whole object. Longing for what has been lost or damaged through hate comes an urge to restoration. The capacities of the ego expand, and the perception of the world becomes richer and more realistic. Therefore, the maturation is related to experiences of loss and the subsequent mourning. Acknowledging of the other, separate from oneself, includes an understanding of the other's relationships. Consequently, an awareness of the Oedipal situation inevitably coexists with the depressive position. The rising depressive guilt and pain is related to object oriented sadistic fantasies and wishes (Klein, 1946). As Freud (1917) mentioned in *Mourning and Melancholia*, sadism represents a form of object-tie where feelings of hatred become inseparably intertwined with erotic love. The sadism that arises in reaction to the loss or disappointment involving a loved object create a distinctive form of torment experienced by both the individual and the object. In this context, the sadistic dimension within the connection of the critical agency to the split-off ego-identified-with-the-object could be conceptualized as a relentless, crazed stalking and attacking of one split-off aspect of the ego. Also, it is indicated that post-Freudian psychoanalysts elaborated suicide as the destruction of inner object (Canbolat, 2018).

The second primary hypothesis of this study was that narcissism would be related to suicide probability. Specifically, individuals who score high in narcissism were expected to show low suicide probability scores. This hypothesis is supported by the study's findings. To evaluate participants' narcissism, hypersensitive narcissism scale was used. In the literature, narcissism is defined as "one's capacity to maintain a relatively positive self- image through a variety of self-, affect-, and field- regulatory processes, and it underlies individuals' need for validation and affirmation as well as the motivation to overtly and covertly seek out self-enhancement experiences from the social environment" (Pincus et al., 2009).

Furthermore, the literature identifies two distinct types of narcissism: "Grandiose/overt narcissism and hypersensitive/covert narcissism". While grandiose narcissism is characterized the words as "lack of empathy, lack of vicarious personal

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distress, keeping social affirmation; being control-oriented, detached, sufficient, intrusive, dominant, assertive, aggressive, self-centered" (Şengül et al., 2015); hypersensitive narcissism is characterized with the these expressions: "harboring anxiety, social anxiety, and loneliness is related to high cognitive capacity for fantasy, being socially detached, distrustful, socially inhibited, and reliant on others." (Şengül et al., 2015). Also, there is a sensitivity related to interpersonal relationships and proneness to depression in the covert type (Şengül et al., 2015).

In the current study, as it was mentioned, narcissism was assessed using the Hypersensitive Narcissism Scale. First of all, unlike grandiose narcissism, in the literature, there are several studies emphasizing a positive relationship between hypersensitive narcissism and depressive symptoms (Erkoreka et al., 2017; Huprich et al., 2012; Sandage et al., 2017). It was considered that the expressions in the scale items were related to the nature of the study. Particularly, in the scale, most of the items start with "I" which is about ego and Lacan's the imaginary order. Some of the examples are "I feel that I am temperamentally different from most people"; "I often interpret the remarks of others in a personal way"; "I easily become wrapped up in my own interests and forget the existence of others"; "I dislike being with a group unless I know that I am appreciated by at least one of those present". Therefore, it can be deduced that these statements are mostly connected to the imaginary axis in schema L (Figure 3). Specifically, schema L demonstrates that the symbolic relationship, especially between the Other and the subject, is consistently obstructed to some degree by the imaginary axis, notably between the ego and the specular image. That is, as Lacan indicated that "it represents the interruption of full speech between the subject and the Other and its detour through the two egos, a and a', and their imaginary relations" (1993, p. 14). Considering Freud's article on mourning and melancholia and his explanation of suicide mechanisms as an attack on the ego, it was deemed appropriate to use the Hypersensitive Narcissism Scale in this study.

It was stated that "melancholia is a disease of narcissism" (Ogden, 2002). In other words, a disruption in early narcissistic development is a precondition for melancholia (Freud, 1917). According to Freud, the solution to the contradiction between the strong fixation to the object and the lack of persistence in that fixation in

the psychoanalytic theory of melancholia is observed in the concept of narcissism. That is, "this contradiction seems to imply that the object- choice has been effected on a narcissistic basis, so that the object-cathexis, when obstacles come in its way, can regress to narcissism" (Freud, 1917).
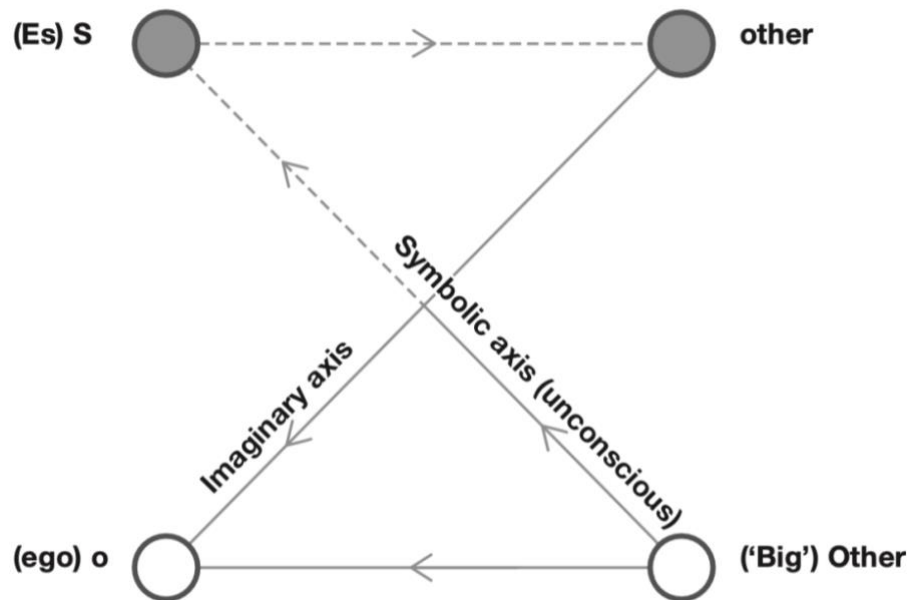
Figure 3. Lacan's Schema L. From "Six moments in Lacan: Communication and identification in psychology and psychoanalysis", D. Hook, 2017. Copyright by Routledge.

Freud systematized his narcissism theory, for the first time, with his paper "On narcissism: An Introduction" published in 1914. His text explored a crucial part of the context for the object-relations theory of melancholia. Freud indicated that the typical infant starts in a condition of "original" or "primary narcissism,". In this stiuation, all energy is related to ego-libido. Also, this investment represents a focus on the ego as the only object. The infant's first bond with the world itself is as narcissistic identification. That is, it perceives the external object as an extension of itself. In other words, in primary narcissism, the one chooses oneself as the love object. Accordingly, Freud indicated that primary narcissism represents primitive and temporary phase in the development of psyche. Therefore, he emphasized that this phase must be completed for the attainment of object-oriented development because, in this phase, the one is focused on the self, not the object relationships. As a result, object relationships can be established by directing the libidinal energy focused on the self to an external object.

This relationship between object relations, narcissism and melancholia also provides an explanation for the suppression effect that emerged in this study. As it was mentioned in the result section, the suppression effect suggests that while narcissism appears to positively influence suicide probability in a simple regression, this relationship is actually driven by the positive influence of object relations on both narcissism and suicide probability. When accounting for object relations, the true negative influence of narcissism on suicide probability is revealed. These findings highlight the importance of considering underlying variables that may conceal true relationships. In this context, object relations is a critical factor that influences both narcissism and suicide probability, changing the apparent effect of narcissism on suicide probability.

Jacques Lacan (1968) explains the concept of narcissism with his mirror stage theory. As mentioned in the introduction, the ego and the subject are two separate concepts (Canbolat, 2018); the ego is formed in the mirror stage. However, it is important to acknowledge that the identity constructed during the mirror stage develops in a narcissistic way, leading to alienation. That is, while exploring the relationship between narcissism and suicide, it is crucial to emphasize that narcissism is related to the ego, and the imaginary order. According to Lacan, narcissism stands between the subject and the death drive.

Consequently, as it was mentioned, Freud's concept of the death drive, to which Lacan attaches special importance, is related to the unconscious, that is, the symbolic order. Therefore, by examining these studies and theories, it could be hypothesized that Freud's concept of melancholia suggests individuals regress to narcissism, leading to alienation from the subject.

The third primary hypothesis of this study was defense mechanisms would be related to suicide probability. Particularly, whereas intense usage of immature defense mechanisms would be related to high suicide probability, intense usage of mature defense mechanisms would be related to low suicide probability. These hypotheses were supported.

In Freud's earliest works on neurosis, the concept of defense occupies a central position. Defense refers to the ego's response to specific internal stimuli that it perceives threatening (Evans, 1997). Lacan (1977), on the other hand, associates the concept of defense with the concept of resistance because, according to him, defenses are related to the ego, which should not be focused on in psychoanalytic work. As it was mentioned, Freud constituted his ego theory in 1923 in his study, *the Ego and the Id*. Anna Freud elaborated on his work and put the ego and defense mechanisms at the center of psychoanalysis.

In the present study, suicide is considered as an attack on the self, drawing on Freud's work of *Mourning and Melancholia* (1917). Therefore, it is inevitable to include the defense mechanisms of the ego and their relations to suicide. As it was mentioned, after a loss triggers depression, the image is introjected to cope with the anger at the loss. Therefore, the hostility to the introjected object, after being repressed, turns to the ego. The defenses mentioned in this process are referred to as immature defense mechanisms. In the literature, there are three categories for defense mechanisms, from least to the most adaptive, respectively, which are immature, neurotic, and mature defenses (Di Giuseppe & Perry, 2021). In this study, projection, acting-out, splitting, devaluation, dissociation, denial, autistic fantasy, passive aggression displacement, rationalization, somatization defense mechanisms are considered as immature defense mechanisms. In addition, in the literature, it should be noted that eight of these 12 defenses are also referred to as depressive defenses (Di Giuseppe & Perry, 2021). On the other hand, the mature defensive category, isolation of affect, repression, intellectualization, moralization, undoing, displacement, reaction formation, identification, and sublimation, is defined as high-adaptive defense levels. They are even considered as positive coping strategies in other theoretical frameworks (Di Giuseppe & Perry, 2021). Especially, sublimation, one of the mature defense mechanisms, has a crucial place to explain suicide dynamics. Freud (1914), in his work of *on Narcissism*, indicated that "sublimation is a process that concerns object-libido and consists in the instinct directing itself towards an aim other than, and remote from, that of sexual satisfaction; in this process the accent falls upon deflection from sexuality". As it was mentioned before, in primary narcissism, all emotional energy is ego-libido. That is, there is a focus on the ego as the sole object.

In other words, in this period, the ego can be defined as the object of both love and hate. On the other hand, sublimation represents the emotional investment on object-libido. In other words, love and hate are linked to the outside world rather than the ego itself.

Finally, considering these studies, the results of this study seem to be linked to the theory. Individuals who score high on statements regarding immature defense mechanisms are more likely to have suicidal ideation, while those who score high on statements regarding mature defense mechanisms are less likely to have suicidal ideation. It is crucial to emphasize that most of the statements related to immature defense mechanisms are associated with the alienation of the subject from oneself. Examples of this alienation include statements like "People tend to mistreat me", "I'm often told that I don't show my feelings", "No matter how much I complain, I never get a satisfactory response". Therefore, it might be deduced that immature defense mechanisms can be protective in a narcissistic way. On the other hand, intensive use of these may increase the probability of suicide. It is also related to "acting out" in Lacan's theory. That is, as it was mentioned, according to Lacan, "neither acting out nor passage to the act can be considered real act since the subject does not take responsibility for his desire in these actions" (as cited in Canbolat, 2017). Therefore, as opposed to taking responsibility, it might be observed that there is an impulsive killing the self.

Lastly, this study aimed to analyze the mediating effects of narcissism and defense mechanisms in the association between object relations and suicide. This model is the first model, to the best our knowledge, to investigate the relationship among these four variables.

While elaborating on the object relations in the psychoanalytic experience, Melanie Klein focused on the primitive experience of the child with its mother's breast (as cited in Ileyassoff, 2018). Particularly, she emphasized the child's satisfaction with this primordial object, and the obstacles to gain this satisfaction, both external and internal. On the other hand, Jacques Lacan preferred to concentrate on the relationship with the other, specifically focusing on intersubjectivity. Shifting

attention from the object of desire, he introduced a new type of object: the object a, the cause of desire. According to Lacan, the object a is not an external object in the world, like a reflection in a mirror, but rather an internal object within the subject. The object a, which is within the subject, divides and determines the subject and serves as a gap for the subject to understand its symptoms in analysis. The ego, on the other hand, is more related to the object of desire. That is, the ego wants to see itself who can be loved and admired. When considered in the context of ego ideal and ideal ego, it is the overlap between the subject studied in the analysis and the object of desire. On the other hand, the object a, which is hard to swallow, could be rejected through resistance. Depression can also be explained by widening this gap. So, depression can be thought of as a sign of the difference between the person we believe really are and the person we want to be. Also, as it was mentioned before, according to Lacan, "suicide is the only completely successful act". That is, the act is related to "radical freedom", and it involves "liberation from despotism of the current social and political establishments captivating the body". That is, it could be indicated that suicide, in the context of acting out and passage to the act, could be discussed in the framework of the object relations. Therefore, as in this study, the variable, the object relations, has a significant direct effect on suicide.

Also, as it was discussed, the mediation effect of both narcissism and defense mechanisms was significant. Lacan indicated that the origin of ego is based on the imaginary. That is, it is about how the subject see itself in the mirror and identified with the specular image. In addition, it should be noted that the gaze of the Other has a crucial place to elaborate the identification process. Through the mirror stage, the subject identifies with the image to form an ego. With this identification, the aggression is suppressed with narcissism between the subject and the image. Therefore, the subject alienates itself. On the other hand, according to Freud, melancholic regresses to "the primary narcissism" and attacks his own ego, which is an explanation for suicide. Therefore, considering the theoretical basis, the results of the significant mediation effects of narcissism and defense mechanisms in the context of the object relations are meaningful.

CHAPTER 5

CONCLUSIONS

Suicide had a crucial place in the psychoanalytic theory. Both Freud and Lacan had significant experiences about suicide due to several suicidal patients. Currently, suicide is mostly studied within the scope of its relationship with major depressive disorder. It is stated that major depressive disorder (APA, 2013) is a widespread psychiatric condition marked by persistent depressed mood, cognitive impairment, anhedonia, and a profound sense of worthlessness. Those affected by it endure repeated episodes and face an increased risk of suicide (Bulloch et al., 2014). In the literature, there are several studies, empirical data and clinical applications. On the other hand, a comprehensive framework that explains the underlying mechanisms of suicide has yet to be established. Therefore, this study was aimed to understand the dynamics of suicide from a psychoanalytical perspective with a quantitative method.

The present study was essentially based on Freud's famous study, *Mourning and Melancholia,* which formulates the mechanisms of mourning. *Mourning and Melancholia* is grounded in Freud's economic model of the psyche, specifically focusing on the concepts of object relations and libidinal investment. The mourning process is completed when the investment in the lost love object is withdrawn and redirected to other objects. That is, the subject "has succeeded in freeing its libido from the lost object" (Freud, 1917). Conversely, in melancholia, which Freud defines as "pathological mourning," the subject's unconscious loss takes precedence over a conscious loss. Thus, libidinal energy cannot be reallocated because the lost object is indefinable. Instead, this energy is directed inward and pathologically invested in the ego. Therefore, this is related to narcissistic identification between the ego and the lost object. Freud stated that "this contradiction seems to imply that the object-choice has been effected on a narcissistic basis, so that the object-cathexis, when

obstacles come in its way, can regress to narcissism". In other words, the paradox of a fixation to an object and the simultaneous lack of persistence in that attachment lies in the concept of narcissism. Through this narcissistic regression, the subject perceives themselves as worthless and despicable, harshly criticizing the ego. Ultimately, they may even desire to destroy the ego.

Lacan also provides an explanation of the characteristics of objects involved in mourning and melancholia. He asserted that the radical difference could be uncovered between these two processes by making a clear distinction. As Brenner (2022) indicated "By insisting that the loss that precedes the work of mourning is not necessarily a loss of a person loved by the subject, Lacan attempts to emphasize that the object of mourning is not determined by the subject's affective attitude, but rather by another "special function" that this object holds in the subject's libidinal economy." In other words, the individual who is lost and the one being mourned do not necessarily have to be the same person. Rather, it is someone perceived as the subject, functioning as the source of their desire.

Freud also argued that suicide, regardless of the perspective from which it is analyzed, relies on the ability to detach from oneself, to view oneself as an object, and to treat and act upon oneself as if one were another person (Ronningston, 2021). From Lacanian perspective, this objectification is related to specular image in the mirror, which means the ego. That is, according to the mirror stage theory, narcissism and aggression of the subject depends on how the subject identified with the image in the mirror (Lacan et al., 2020). Also, while exploring the relationship between narcissism and suicide, it is crucial to emphasize that narcissism is related to the ego and the imaginary order, since narcissism stands between the subject and the death drive. Lastly, defense mechanisms and their dynamics on suicide also have a place in the present study. Especially, understanding how introjection, regression, and identification is crucial to understand the dynamics of suicide. Moreover, sublimation and its relation to object relations, investing the libido in the object instead of the ego, are important aspects to elaborate on in the context of suicide.

In the results of the study, the effect of object relations on the probability of suicide is clearly seen, especially when considering the mediating relationship with narcissism.

Therefore, the relationship between the subject and the specular image, and how identification processes occur, are crucial aspects to explore in this context. In the mirror stage, a child identifies with their mirror image, creating an ideal ego (Lacan, 2014). This ideal is never fully attainable, leading to a permanent sense of lack. *The object a* emerges as what is left out of this identification process, symbolizing what is missing. Lacan explained that *the object a* is not an external object but something within the subject (Miller & Lacan, 2018). It can cause a discrepancy between one's behavior and the world. This reveals that the subject is not in control of the world but is influenced by the unconscious. Lacan focused on intersubjectivity, but he didn't see it as a relationship between two egos. Instead, he saw it as a relationship between two subjects, mediated by language. The subject speaks without fully knowing what they say or think, while the ego thinks it knows but is actually deceived. The ego is just an imaginary construct of the subject. Consequently, the ego ideal and the ideal ego pressure the subject during analysis to align with the desired object. However, the object that causes desire could reveal a resistance, often because it's hard to swallow. This resistance can be linked to depression, which reflects the gap between what we actually are and what we want to be (Borrossa, 2018). So, it could be deduced that the greater this gap, the greater the risk of suicide.

The first step in preventing suicide is to understand its predictors. As this study and other studies in the literature demonstrate, the dynamics of suicide are complicated. Nevertheless, when working on suicide, it is important to emphasize to certain clues. First, as mentioned, the most significant indicator of suicide is a history of previous suicide attempts and suicide ideation. In addition, having tremendous information about demographic groups with a high correlation with suicide risk is crucial. From a psychoanalytic perspective, the initial step is to assess and get an idea about the subject's structure. Fink (1997) states, "certain aims and techniques used with neurotics are inapplicable with psychosis." In fact, certain techniques might have risks as they have the potential to induce psychotic attack and result in suicidal depression. (Canbolat, 2019). In psychotic subjects, a fundamental lack of symbolic order is evident, leading suicide to often occur as a result of a complete disconnection from reality or the unbearable influence of a hallucination or delusion (Leader, 2011). A psychotic subject struggles to position themselves according to the

desire of the Other. Suicide can emerge at a point where this positioning becomes impossible (Leader, 2011). Since psychotic subjects have difficulty coping with reality, suicide may be perceived as an "escape" or a break from reality. In this context, delusions and hallucinations can play a significant role in the decision to commit suicide. On the other hand, a neurotic subject accepts desire and the law within the symbolic order, but this process is often associated with feelings of guilt (Fink, 1997). Suicide, in this case, may serve as a "protest" against the symbolic order or as an act carrying a message to the Other (such as parents, society, or law). In neurotic subjects, suicide often arises as a result of repressed desires or unresolved inner conflicts. It may represent an effort to punish the Other or to re-establish oneself in the eyes of the Other in a certain way (Lacan, 1977). Neurotic suicide is frequently tied to fantasy. The subject may hold a fantasy about the effects their suicide will have on the Other. Therefore, suicide in neurotic subjects often carries a symbolic message. In psychotic subjects at risk of suicide, interventions should primarily focus on re-establishing their connection with reality.

Lastly, there were several strengths and limitations of the current study. First of all, suicide is a sensitive topic to study. That is, even if participants remain anonymous, the impact of a resistance cannot be unignorable. The data collection process for the study also encountered numerous incomplete surveys. The reason for this may be the sensitivity of the subject, but also the length of the study. Moreover, this study's psychoanalytical and quantitative approach to suicide can be accepted as both a strength and a limitation. Although psychoanalytic studies are mostly qualitative, conducting a quantitative psychoanalytic study brings a different kind of contribution to the literature. In addition, another strength of this study is creating a model that does not exist in the literature, by integrating scales that measure important psychoanalytic concepts. Another limitation of this study is its generalizability. The sample predominantly consisted of female and middle-class participants, posing a challenge to the broader applicability of the findings. Future research is strongly recommended to explore this topic with a more diverse and representative group. Collecting data through an online survey program might be another limitation of this study. The conditions and context in which a scale is completed can affect its results. Therefore, in an online study, it might be challenging to control these factors. Finally,

it should be noted that the biggest challenge of this study is trying to investigate the unconscious and documenting it. The unconscious is a concept which is hard to grasp. According to Lacan (1977), "The unconscious is the discourse of the Other". Although this enigmatic statement could be elaborated in many ways, the most common conclusion would be: "'one should see in the unconscious the effects of speech on the subject". More specifically, the unconscious represents the impact of the signifier on the subject, as the signifier is what gets repressed and subsequently return in the forms of unconscious manifestations, such as symptoms, jokes, slips of the tongue, dreams, and so on. Since studying these signifiers would require a long and detailed clinical process, addressing the unconscious in an academic study, whether quantitative or qualitative, would be a challenging endeavor.

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APPENDICES

A. DEMOGRAPHIC INFORMATION FORM

Cinsiyetiniz

Kadın _____

Erkek _____

Diğer _____

Yaşınız:

Eğitim Düzeyiniz:

Okur yazar ( )

İlkokul mezunu ( )

Ortaokul mezunu ( )

Lise mezunu ( )

Üniversite mezunu ( )

Yüksek lisans mezunu ( )

Doktora mezunu ( )

Gelir düzeyiniz:

Düşük ()

Orta ()

Yüksek ()

Medeniz haliniz:

Bekar ()

Evli ()

İlişkisi var ()

Diğer _____

Ailenizde psikolojik rahatsızlığı olan biri var mı?

Anne Evet ( ) Hayır ( ) Rahatsızlığı nedir? ....

Baba Evet ( ) Hayır ( ) Rahatsızlığı nedir? ....

Kardeş(ler) Evet ( ) Hayır ( ) Rahatsızlığı nedir? ....

Psikolojik/psikiyatrik destek aldığınız bir sürecin içinde bulundunuz mu?

Evet ( ) Hayır ( ) Evetse; belirtiniz..............................

Son 6 aydır kullandığınız psikiyatrik bir ilaç var mı? Evet ( ) Hayır ( )

B. SUICIDE PROBABILITY SCALE

Aşağıda kişilerin çeşitli duygu ve davranışlarını anlatmak için kullanabilecekleri bazı cümleler verilmiştir. Lütfen sırayla her bir cümleyi okuyun ve okuduğunuz cümlenin sizin için hangi sıklıkta doğru olduğunu belirtiniz. Sizden istenen, her cümlenin sağ tarafındaki seçeneklerden size uygun olan seçeneği işaretlemenizdir.

1. Öfkelendiğim zaman elime geçen her şeyi

fırlatırım.. …...(1)………..(2)…………(3)…………(4)

2. Birçok insanın benimle içtenlikle

ilgilendiğini hissederim....................................(1)………..(2)…………(3)…………(4)

3. Ani ve kontrolsüz (dürtüsel) davrandığımı hissederim…..(1)…..(2)……(3)…..(4)

4. Başkaları ile paylaşamayacağım kadar kötü

şeyler düşünürüm.. .(1)………..(2)…………(3)…………(4)

5. Çok fazla sorumluluk yüklendiğimi

düşünürüm.. (1)………..(2)…………(3)…………(4)

6. Yapabileceğim daha bir çok yararlı şey

olduğunu hissederim........................(1)………..(2)…………(3)…………(4)

7. Başkalarını cezalandırmak için intihar

etmeyi düşünürüm................................(1)………..(2)…………(3)…………(4)

8. Başkalarına karşı düşmanca duygular

beslediğimi hissederim...........................(1)………..(2)…………(3)…………(4)

9. İnsanlardan koptuğumu hissederim............(1)………..(2)…………(3)…………(4)

10. İnsanların bana ben olduğum için değer

verdiklerini hissederim...................................(1)………..(2)…………(3)…………(4)

C. BELL OBJECT RELATIONS AND REALITY TESTING SCALE

BELL NESNE İLİŞKİLERİ VE GERÇEĞİ DEĞERLENDİRME ÖLÇEĞİ
(BORRTI)

Her bir maddeyi dikkatlice okuyun. Daha sonra sizin yanıtınız olan harfi daire içine alın. Eğer madde içinde söz edilen durum sizin için doğruysa **Doğru** sütununda yer alan **D** harfini daire içine alın. Eğer madde içinde söz edilen durum sizin için doğru değilse **Yanlış** sütununda yer alan **Y** harfini içine alın. Her bir madde için sadece bir tane harfi daire içine alın. Hiç atlamadan tüm maddeleri yanıtlayın.

Madde	Doğru	Yanlış
1. En az bir tane tutarlı ve doyurucu ilişkim var.	D	Y
2. Bazen içime şeytan girmiş olduğunu düşünürüm.	D	Y
3. Eğer biri benden hoşlanmazsa o kişiye iyi davranmak için her zaman daha fazla uğraşırım.	D	Y
4. Sonsuza kadar inzivaya çekilmek isterdim.	D	Y
5. Genellikle bazı şeylerin gerçekten mi olduğuna yoksa rüyada mı gerçekleştiğine karar vermekte zorlanırım.	D	Y
6. Birdenbire içime kapanabilir ve haftalarca kimseyle konuşmayabilirim.	D	Y
7. Algılarım doğru olmasa da, bunun hemen farkına varırım ve kendimi kolayca düzeltebilirim.	D	Y
8. Genellikle bana en yakın olanları eninde sonunda incitirim.	D	Y
9. Alkol ya da esrar kullanmak zihnimi öylesine şiddetli etkileyebilir ki, neyin gerçek olduğundan emin olamayabilirim.	D	Y
10. İnsanların üzüntülerini kontrol etme becerilerinin ya çok az olduğuna ya da hiç olmadığına inanırım.	D	Y
11. Çevremdekiler bana bir yetişkinden çok, çocukmuşum gibi davranır.	D	Y
12. Halüsinasyonlar (aslında var olmayan şeyler görme ya da duyma) yaşarım.	D	Y
13. İyi tanıdığım biri uzaklara giderse, onu özleyebilirim.	D	Y
14. Aile ilişkilerimi bozmadan evdeki anlaşmazlıklarla uğraşabilirim.	D	Y
15. Günlerce gerçeklikle bağlantımın koptuğunu hissederim.	D	Y
16. Eleştirilmeye karşı son derece hassasım.	D	Y
17. İnsanlar üzerinde güç kullanmaktan gizli bir zevk duyarım.	D	Y
18. Bazen istediğimi elde etmek için hemen hemen her şeyi yaparım.	D	Y
19. Gizemli güçlere sahibim.	D	Y
20. Bana yakın olan biri tüm dikkatini bana vermediğinde, çoğu kez kendimi incinmiş ve reddedilmiş hissederim.	D	Y
21. Genellikle, yeni bir durumu hızlıca değerlendirebilirim.	D	Y
22. Eğer biriyle yakınlaşmaya başlarsam ve bu kişi güvenilmez biri çıkarsa, olaylar bu hale geldiği için kendimden nefret edebilirim.	D	Y
23. Hemen hemen hiçbir zaman gerçeklik algımın doğruluğundan şüphe etmek için bir nedenim yoktur.	D	Y
24. Kendi duygularımı bilirim.	D	Y
25. Birine yakınlaşmak benim için zordur.	D	Y

D. HYPERSENSIVITE NARCISSISM SCALE

Lütfen aşağıdaki soruları, her bir maddenin sizin duygu ve davranışlarınızı ne dereceye kadar tanımladığına karar vererek cevaplandırınız. Altta yazılı derecelendirme ölçeğinden bir rakam seçerek her bir maddenin yanındaki boşluğu doldurunuz.

1 = Hiç tanımlamıyor / Doğru değil / Kesinlikle katılmıyorum

2 = Yansıtmıyor

3 = Ne tanımlıyor ne tanımlamıyor / Kararsızım

4 = Yansıtıyor

5 = Oldukça tanımlıyor /Doğru/ Kesinlikle katılıyorum

_____ 1. Duygularım, başkalarının alayları veya aşağılayıcı sözleriyle kolayca incinir.

_____ 2. Bir mekâna girdiğimde sıklıkla kendimin farkında olur ve başkalarının gözlerinin benim üzerimde olduğunu hissederim.

_____ 3. Diğer insanların sorunları hakkında endişelenmeksizin kendimde yeterince sorun olduğunu hissederim.

_____ 4. Mizaç olarak çoğu insandan farklı olduğumu hissederim.

_____ 5. Sıklıkla başkalarının görüşlerini kişisel olarak yorumlarım.

E. DEFENSE STYLE QUESTIONNAIRE (DSQ)

Lütfen her ifadeyi dikkatle okuyup, bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş skala üzerinde seçtiğiniz dereceyi çarpı şeklinde (X) işaretlemek suretiyle gösteriniz.

Örnek:
Bana hiç uygun değil   1   2   3   4   X   6   7   8   9 Bana çok uygun

1. Başkalarına yardım etmek hoşuma gider, yardım etmem engellenirse üzülürüm.
Bana hiç uygun değil 1   2   3   4   5   6   7   8   9 Bana çok uygun

2. Bir sorunum olduğunda, onunla uğraşacak vaktim olana kadar o sorunu düşünmemeyi becerebilirim.
Bana hiç uygun değil 1   2   3   4   5   6   7   8   9 Bana çok uygun

3. Endişemin üstesinden gelmek için yapıcı ve yaratıcı şeylerle uğraşırım(resim, el işi, ağaç oyma)
Bana hiç uygun değil 1   2   3   4   5   6   7   8   9 Bana çok uygun

4. Arada bir bu gün yapmam gereken işleri yarına bırakırım.
Bana hiç uygun değil 1   2   3   4   5   6   7   8   9 Bana çok uygun

5. Kendime çok kolay gülerim.
Bana hiç uygun değil 1   2   3   4   5   6   7   8   9 Bana çok uygun

F. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

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13 EYLÜL 2022

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Tülin GENÇÖZ

Danışmanlığını yürüttüğünüz Kemal ÖZKUL'un "Benliği Öldürmek": Nesne İlişkileri ile İntihar Olasılığı İlişkisi Arasında Narsisizm ve Savunma Mekanizmalarının Aracı Rolleri" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay 0482-ODTUİAEK-2022 protokol numarası ile onaylanmıştır.

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H. TURKISH SUMMARY/ TÜRKÇE ÖZET

BÖLÜM 1

GİRİŞ

İntiharın dinamiklerini anlamak her zaman psikanalizin ilgi alanı olmuştur, ancak intihar ile ilgili sistematik bir bakış açısı sunulmamıştır. Freud'un intihara ilişkin açıklamaları, öz-nesneleştirme ve melankolik depresyonda egoya yönelik bir saldırı ile ilişkiliydi. Bu çalışmanın amacı, narsisizm ve savunma mekanizmalarının, nesne ilişkileri ve intihar olasılığı ilişkisi arasındaki aracılık rollerini araştırmaktır. Bu çalışmaya toplamda 362 kişi katılmıştır.

Katılımcıların intihar olasılığını değerlendirmek için İntihar Olasılığı Ölçeği (Cull ve Gill, 1988) kullanılmıştır. Ayrıca, nesne ilişkilerini değerlendirmek için Bell Nesne İlişkileri ve Gerçeklik Testi Envanteri (Bell, 1995) kullanılmıştır; katılımcıların narsisizmini değerlendirmek için Kırılgan Narsisizm Ölçeği (Hendin ve Cheek, 1997) kullanılmıştır. Ayrıca, katılımcıların savunma mekanizmalarını nasıl kullandıklarının değerlendirilmesi Savunma Biçimleri Ölçeği (Andrews ve ark., 1993) kullanılarak yapılmıştır. Narsisizm ve immatür savunma mekanizmalarının nesne ilişkileri ve intihar olasılığı arasındaki ilişki üzerindeki aracılık etkilerini araştırmak amacıyla Hayes' PROCESS makrosu (Model 6) uygulandı. Aracılık analizlerinin sonuçları değişkenler arasında hem doğrudan hem de dolaylı anlamlı etkiler olduğunu ortaya koymaktadır. Hiyerarşik regresyon analizleri ve aracılık analizlerinin sonuçları teori ve literatür ışığında tartışılmıştır.

Bu bölümde öncelikle intiharın yaygınlığı, yordayıcıları ve demografik ve psikososyal faktörlerle ilişkisi araştırılacaktır. Ayrıca intihar, psikanalitik teoriler çerçevesinde incelenecektir. Son olarak, mevcut çalışmanın doğası ve hipotezleri sunulacaktır.

İntiharın Yaygınlığı

İntihar, kişinin kendine yönelik zararlı bir davranışta bulunarak bu davranış sonucunda ölme niyetiyle gerçekleşen ölüm olarak tanımlanır ve dünya genelinde birçok insanı etkileyen önemli bir halk sağlığı sorunudur (Sher & Oquendo, 2023). Dünya Sağlık Örgütü'nün (WHO) 2014 verilerine göre, intihar oranları son 45 yılda dünya genelinde %45 artmıştır. Örgüt ayrıca her yıl 700.000'den fazla kişinin intihar nedeniyle hayatını kaybettiğini belirtmektedir.

İntihar söz konusu olduğunda, yanlış sınıflandırmalar da mevcuttur. Başka bir deyişle, birçok intihar vakası "belirsiz" veya "doğal olmayan" ölümler olarak kaydedilmektedir. Bu nedenle, intihar oranları olduğundan daha düşük tahmin edilmektedir. Yani, intihar oranları belirtilen oranlardan %10 ila %50 daha yüksek olabilir (Sher & Oquendo, 2023). Ayrıca, tamamlanmamış intiharlar ve intihar girişimlerinin oranlarını tahmin etmek oldukça zordur. Sonuç olarak, intihar düşüncesinin, intihar girişimlerinden daha yaygın olduğu ifade edilebilir (Sher & Oquendo, 2023).

İntiharın Yordayıcıları

Mevcut literatürde, "intihar davranışının en iyi göstergesinin, geçmişte bir intihar girişimi öyküsü ve mevcut intihar düşünceleri olduğu" belirtilmektedir (Berman ve ark., 2000; Mars ve ark., 2019).

Mevcut literatüre göre, intihar ile bir ruh sağlığı durumu arasında ilişki bulunmaktadır (Turecki ve ark., 2019; Mann, 2002). İntiharla ilişkili en yaygın psikolojik bozukluğun duygu durum bozuklukları olduğu ifade edilmektedir (Sher ve ark., 2001; Isometsa, 1995; Rich ve ark., 1988). Ayrıca, kişilik bozuklukları, alkol ve madde kullanımı, anksiyete bozuklukları ve şizofreni de sıklıkla intihar davranışıyla ilişkilendirilmektedir (Leahy ve ark., 2020).

Öte yandan, psikolojik bozukluklar ile intihar arasındaki ilişkinin tahminlerinin farklılık gösterdiği ortaya konulmaktadır. Örneğin, bipolar bozukluğu olan bireylerde

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intihar riski oranı %20 iken, unipolar depresyonu olan bireylerde bu oran %15 olmaktadır (Dome ve ark., 2019). Ancak bu intihar oranlarının, toplumdaki hastalara kıyasla daha ciddi şekilde hasta olan ve hastanede bakım gören psikolojik bozukluğu olan hastalar için daha geçerli olduğu belirtilmektedir. Ayrıca, sadece duygu durum bozukluklarının değil, aynı zamanda alkol veya madde kötüye kullanımının ve kişilik bozukluklarının da intihar riskini artırdığı ifade edilmektedir (Leahy ve ark., 2020).

Birçok ülkede, intihar nedeniyle ölüm oranlarının erkeklerde kadınlara göre daha yüksek olduğu görülmektedir (Lange ve ark., 2022; Rutz & Rihmer, 2007). Öte yandan, Dünya Sağlık Örgütü'ne (WHO) göre, intihar girişimlerinin kadınlarda erkeklere oranla daha fazla olduğu da gözlemlenmektedir. Bu fark, özellikle Doğu Avrupa ülkelerinde dikkat çekicidir. Ayrıca, Amerika Birleşik Devletleri'nde erkeklerdeki intihar oranları kadınlara kıyasla 3,67 kat daha yüksektir (Lange ve ark., 2022; Rutz & Rihmer, 2007). Türkiye'de ise 2002'den bu yana intihar eden kişilerin yaklaşık 35.000'inin erkek, 15.000'inin kadın olduğu belirtilmektedir (Ekinci ve ark., 2023; Erenler ve ark., 2023). Toplam intiharlar içindeki erkek oranı 2001'de %65 iken, 2018'de %76'ya yükselmiştir. 2019 yılında intihar eden 3.406 kişinin 2.626'sı erkek, 780'i kadındır. Erkekler, kadınlara kıyasla daha ölümcül yöntemler seçmekte ve intihar girişimlerini daha dikkatlice planlayarak genellikle tespit edilmekten kaçınmaktadır. Öte yandan, kadınların daha az ölümcül yöntemler kullanma eğiliminde olmaları hayatta kalma şanslarını artırmaktadır (Lange ve ark., 2022).

İntihar ile yaş arasındaki ilişki göz önüne alındığında, oranların cinsiyetten bağımsız olarak 70 yaş ve üzerindeki kişilerde en yüksek olduğu görülmektedir (Zeybek ve ark., 2023). Ancak, çalışmalar gençler arasında da intihar oranlarının arttığını göstermektedir. 15-29 yaş arası dönemde intihar, ölüm nedenleri arasında ikinci sırada yer almaktadır.

Irk, intihar riskinin göstergelerinden biri olarak kabul edilmektedir. Amerika Birleşik Devletleri'nde intihar ölümlerinin en çok Beyaz bireyler arasında gerçekleştiği gözlemlenmektedir (Bombersbach ve ark., 2023). Ayrıca, cinsel yönelim de belirleyici faktörlerden biridir. Yani, lezbiyen, gey, biseksüel ve transgender (LGBT) gençlerin, heteroseksüel gençlere oranla daha yüksek intihar davranışı riski taşıdığı düşünülmektedir (Carretta ve ark., 2023; Berman ve ark., 2000).

Son olarak, ilişki durumu ile intihar arasında güçlü bir bağlantı olduğu öne sürülmektedir. Evli olmayan, boşanmış veya dul bireylerin intihar ölümüne daha yatkın olduğu kabul edilmektedir. En yüksekten en düşüğe intihar oranları sırasıyla şu gruplarda gözlemlenmektedir: dul, boşanmış, bekâr veya hiç evlenmemiş, evli ve çocuklu evli bireyler. Evliliğin koruyucu bir etkisi olduğu gözlemlenmekte, ancak bu etkinin çoğunlukla erkekler için geçerli olduğu belirtilmektedir (Berman ve ark., 2000; Sher & Oquendo, 2023).

Literatürde, birçok çalışma psikolojik bozukluklar ile bu bozuklukların bu durumlardan etkilenen bireylerin yaşamları üzerindeki etkileri arasındaki bağlantıyı ayrıntılı olarak ele almaktadır. Yani, psikolojik sorun yaşayan birçok birey iş kaybı, ilişki bozulmaları ve yakın ilişkiler kurmada zorluklar yaşamaktadır (Fallahi-Khoshknab ve ark., 2023; Lester & Yang, 1997; Sims ve ark., 2023; Tanrıverdi & Bahar, 2023). Bu nedenle, bu sorunların birleşiminin intihar risklerini potansiyel olarak artırdığı belirtilmektedir. Ayrıca, hayatın dezavantajlı koşullarında olmak intihar için bir risk faktörü olarak sunulmaktadır. Başka bir deyişle, düşük sosyoekonomik statüye, sınırlı gelire ve minimal eğitim düzeyine sahip bireyler intihara daha yatkın olabilmektedir. Ek olarak, okuldan ayrılmanın ve üniversiteye kaydolmamanın da intihar riskini artırdığı ifade edilmektedir (Ayer & Colpe, 2023).

Psikanalitik Çalışma ve İntihar

Daha önce belirtildiği gibi, geleneksel risk faktörü çalışmaları intihar konusunda yetersiz bilgi sağlayabilmektedir. Öte yandan, psikanalitik çalışmalar, özneye, onun kişisel deneyimlerine ve bilinçdışına odaklandıkları için intiharın dinamiklerini keşfetmede benzersiz bir konuma sahiptir. Psikanalitik süreç sırasında, hastanın en karanlık, korkutucu ve hatta ölümcül fantezileri için bir alan açıldığı düşünülmektedir. Psikanaliz, intiharı anlamak konusunda oldukça farklı bakış açıları sunmaktadır. Yani, psikanaliz ve intihar arasındaki ilişki bağlamında, bireylerin neden belirli stresörlere karşı daha savunmasız oldukları araştırılabilmektedir.

İntihara ilişkin psikanalitik kavramlar, ampirik çalışmalarla önemli ölçüde doğrulanmıştır (Schechter ve ark., 2022). Klinik araştırmacılar, belirli duygusal ve

bilişsel deneyimleri ölçülebilir bir şekilde tanımlamaya çalışarak, bunların incelenmesine ve intihar davranışıyla ilişkilendirilmesine olanak tanımaktadır. Bu doğrulama, intihar sürecindeki önemlerini pekiştirirken, kanıta dayalı intihar önleme yaklaşımlarının temellerine katkıda bulunmaktadır.

Öte yandan, psikanalitik sürecin bazı yönlerinin test edilebilir ve ölçülebilir yapılar haline kolayca dönüştürülemeyeceğini kabul etmek önemlidir. Yani, psikanalitik ilkeleri işlevsel hale getirme süreci, belirli bir düzeyde basitleştirme ve detayların kaybını gerektirmektedir. Başka bir deyişle, psikanaliz alanı bu tür araştırmaları kabul etme konusunda isteksiz olmuştur. Bu durum, araştırmalara önemli ölçüde katkıda bulunacak alanın sınırlı olmasına neden olmaktadır. Ancak, psikanalitik kavramların işlevselleştirilmesinin de büyük bir değeri vardır; çünkü bu, erişilebilir bir dil kullanılarak daha net bir anlayış sağlayabilir ve psikanalitik literatürden ve geniş hasta deneyimlerinden türetilen fikirlerin test edilmesini kolaylaştırabilir.

Freudyen Yaklaşım

Her ne kadar psikanalitik çalışmalar son yıllarda intiharla ilgili konulara odaklanmamış olsa da, intiharı anlamak her zaman psikanalizin bir amacı olmuştur. 1910 yılında, Viyana Psikanalitik Derneği'nden psikanalistler intiharı tartışmak üzere bir araya gelmiştir. Ancak toplantı sonuçsuz kalmıştır. Freud, intiharı anlamak için daha fazla klinik gözleme ihtiyaç olduğunu belirtmiştir (Friedman, 1967). Buna bağlı olarak, Freud'un neredeyse tüm ünlü vakalarında, Küçük Hans dışında, intiharın bir semptom olarak ele alındığı gözlemlenebilir (Hekimoğlu, 2021). Freud, intihar hakkındaki görüşlerini tam anlamıyla ele alıp sentezlememiş olsa da, intihar davranışıyla başa çıkma konusunda büyük bir klinik deneyime sahipti.

Yas, Melankoli ve İntihar

Viyana Psikanalitik Derneği'ndeki toplantıdan yedi yıl sonra, Freud (1917), melankolik depresyonun ve intiharın dinamiklerini formüle ettiği "Yas ve Melankoli" adlı çalışmasını yayımlamıştır. Bu çalışmada Freud, bir kayıp sonrasında ortaya çıkan tepkileri incelemiştir. Bu kayıp, bir kişinin kaybıyla, sevilen birine duyulan

hayal kırıklığıyla ya da bir idealin kaybıyla ilgili olabilir. Ayrıca çalışmada, normal yas süreci ile depresif yas süreci karşılaştırılmıştır. Freud'a göre, normal yas süreci bilinç düzeyinde yaşanırken, patolojik yas bilinçdışı düzeyde deneyimlenir. Yani, melankolik bir bireyin kaybın neyle ilgili olduğunu bilinçli bir şekilde kavrayamadığı belirtilmiştir.

Öte yandan, hem normal hem de patolojik yas sürecinde, ister bilinçli ister bilinçdışı bir şekilde yaşansın, inhibisyon ve ilgi kaybı egoyu tüketir. Ayrıca Freud, melankolide benlik saygısında önemli bir düşüş olduğunu ifade etmiştir. Başka bir deyişle, "Yas sürecinde dünya fakirleşir ve boşalır; melankolide ise ego" (Freud, 1917).

Makaledeki şu cümleler, yas ve melankoli için önemli bir gözlem olarak değerlendirilebilir: "Eğer bir melankoliğin kendisine yönelik çeşitli ve çok sayıdaki suçlamaları sabırla dinlenirse, bunların en ağırlarının aslında hastanın kendisine değil, sevmesi ya da sevmesi gereken başka bir kişiye yönelik olduğu, ufak değişikliklerle uygun hale geldiği anlaşılmaktadır. Bu varsayım, olgular incelendiğinde doğrulanabilir. Böylece, klinik tablonun anahtarı elde edilmiş olur."

Ayrıca, makalenin en değerli çıkarımının şu olduğu söylenebilir: "Bir bireyin sevgi nesnesine yönelik suçlamaları, kendi egosuna doğru kaymaktadır." Bu argümanlar, psikanalitik literatürde intihar olgusunun merkezî içgörüsünü yansıtmaktadır. Yani, intihar, öznenin kendisini nesneleştirmesiyle ilgilidir.

Ego Psikolojisi, Savunma Mekanizmaları ve İntihar

Freud'dan bu yana, Anna Freud ve Melanie Klein'in katkılarıyla savunma mekanizmaları ve bunların intihar kavramıyla ilişkisi literatürde sıkça tartışılmıştır. Yas ve Melankoli çalışmasında da belirtildiği gibi, Freud kaybın depresyonu tetikleyebileceğini öne sürmüştür. Kaybedilen kişiye duyulan öfkeyle başa çıkmak için o kişinin imajı içe atılır (introjection). Ayrıca, içe atılan nesneye yönelik düşmanlık bastırıldıktan sonra egoya yönelir. Yani, savunma mekanizmaları olan introjection (içe atım), identification (özdeşleşme), repression (bastırma),

displacement (yer değiştirme), splitting (bölme) ve regression (gerileme), intihar kavramıyla ilişkilidir.

Bunun yanı sıra, intihara eğilimli bireyler, bu savunma mekanizmalarına aşırı derecede bağımlı olurken süblimasyonu (sublimation) minimum düzeye indirirler (Apter ve ark., 1997). Bastırma, saldırganlığın ve kötü nesnelerin içselleştirilmesi (Klein, 1935), egonun kırılganlığını telafi etme ve intihara eğilimli durumlar arasında güçlü bir ilişki olduğu belirtilmiştir (Smith, 1985).

Ayrıca, intihar girişiminde bulunan bireyler arasında gerileme (Apter ve ark., 1989; Apter ve ark., 1997; Pfeffer ve ark., 1995), yer değiştirme (Apter ve ark., 1989; Apter ve ark., 1997), bastırma (Apter ve ark., 1989; Apter ve ark., 1997), yansıtma (projection) (Apter ve ark., 1997; Corruble ve ark., 2004; Pfeffer ve ark., 1995), telafi (compensation) (Apter ve ark., 1997; Pfeffer ve ark., 1995), tepki oluşturma (reaction formation) (Pfeffer ve ark., 1995), inkâr (denial), içe atım (introjection) (Apter ve ark., 1997), otistik fantezi, pasif saldırganlık ve acting out (Corruble ve ark., 2004) kullanımının arttığı gözlemlenmiştir. Çocuklarla yapılan çalışmalar, içe atım, telafi ve gerileme mekanizmalarının intihara eğilimli çocuklarda oldukça yaygın olduğunu belirtmiştir (Apter ve ark., 1989).

Nesne İlişkileri Kuramı ve İntihar

Freud'un intiharı anlama konusundaki katkılarından sonra, nesne ilişkileri okulu teorisyenlerinden biri olan Melanie Klein (1935) de intiharın psikanalitik çalışmalarıyla ilgilenmiştir. Onun intihar hakkındaki görüşü, teorisindeki "paranoid-şizoid" ve "depresif" pozisyonlar arasındaki ayrım tarafından şekillendirilmiştir (Ronningstam ve ark., 2020). Paranoid-şizoid pozisyon, benlik duygusunun kaybıyla ilişkili yok oluş kaygısını tetikleyen, nesneye nefretin yansıtılma eğilimiyle karakterize edilir (Klein, 1946). Yani, birey, kendini yok oluştan korumak ya da iyi nesneyi muhafaza etmek için kötü nesneye saldırma eğilimindedir.

Hipokondriya ve beden dismorfik bozukluğunda görüldüğü gibi, kötü nesne kişinin kendi bedenine yansıtılabilir. Bu durumda, bedene saldırmak, kötü nesneyi yok

etmekle eşdeğer hale gelir. Öte yandan, depresif pozisyonda, egonun nesne ve kendisini bütünleştirme yeteneği artar. Yani, ego, iyi ve kötü nesneleri aynı nesnede merkezileşmiş olarak deneyimler. Depresif kaygıya yol açan bu durum sonucunda, nesnenin kaybına dair bir korku başlar. Ayrıca, nesneye yönelik sadistik fanteziler ve arzular hakkında bir suçluluk duygusu ortaya çıkar. Bu nedenle, suçluluk duyguları, saldırgan fantezilerin gerçek veya hayali sonuçlarını ortadan kaldırmaya yönelik telafi çabalarını ve girişimlerini gerektirir.

Bununla birlikte, suçluluk duygusu, daha ağır durumlarda, genelde diğerlerine, özellikle iyi nesneye zarar verme konusunda kötü hisler ve bu tür zarar verici olduğuna dair inançlara yol açabilir. Bu nedenle, intihar, dünyayı temizleme ve onun yıkımını önleme aracı olarak kullanılabilir.

Lacanyen Yaklaşım

Freud sonrası dönemin en etkili psikanalistlerinden biri olan Jacques Lacan, Freud gibi intihar üzerine sistematik bir çalışma yapmamıştır. Öte yandan, Lacan'ın, meslektaşlarının aksine, intihar eğilimli hastalarla çalışmaya istekli olduğu bilinmektedir (Roudinesco, 1997). Başka bir deyişle, Lacan'ın eserleri incelendiğinde, intiharın dinamiklerini ayrıntılı bir şekilde ele aldığı görülmektedir. Yani, ayna evresi teorisi ve bu aşamada ortaya çıkan saldırganlık, ölüm dürtüsü kavramı ve eyleme geçiş (passage à l'acte) gibi kavramlar, intiharı anlamada özel bir yere sahiptir.

Lacan, özne ile ben arasında bir ayrım yapmıştır (Canbolat, 2018). Onun ayna evresinde açıkladığı ben oluşumu, intihar çalışmalarının temeli olarak değerlendirilebilir. Ayna evresi yoluyla gelişen kimlik duygusunun, yabancılaşmaya neden olan narsisistik bir şekilde oluştuğu da belirtilmelidir. Bebek aynadaki görüntüyle özdeşleşme yoluyla kendini bütün olarak algılasa da, bu görüntüye karşı bir düşmanlık hisseder. "Birlik görüntüsü, parçalanma deneyiminin karşısına konulduğu anda, özne kendine rakip olarak konumlanır" (Homer, 2005). Aynadaki görüntüyle özdeşleşme, hem saldırganlığı hem de erotizmi gizler ve narsisizmin önemli bir yönü olan bu "erotik saldırganlık," sonraki tüm özdeşleşmelerin hayati bir

bileşeni haline gelir. Narsisizmin temel özelliği, aşırı özsevgiden aşırı "narsisistik intihara yönelik saldırganlığa" geçiştir (Evans, 1996).

1946'da Lacan, "narsisistik intihara yönelik saldırganlık" terimini kullanarak, narsisistik hayranlığın erotik-saldırgan özelliğinin, Narcissus mitinde olduğu gibi, özneyi kendine zarar vermeye yönlendirebileceğini açıklamıştır (Can & Uçurum, 2022). Bu narsisistik ilişki, insan ilişkilerinin imajiner boyutunu da oluşturur (Evans, 1996). Ayrıca, Lacan, Freud'un ölüm dürtüsü kavramını narsisizmle ilişkilendirir. Ölüm dürtüsü, kişinin bilinçdışında uzun zaman önce var olduğunu bildiği bir kayıpla ilgilidir. Bu kayıp, Lacan'ın Ayna Evresi teorisinde bahsettiği kaybın bir işaretidir (Lacan, 1977). Lacan'a göre narsisizm, özne ile ölüm dürtüsü arasında durur. Özdeşleşmenin bozulduğu durumlarda intihar olasılığı ortaya çıkabilir. Lacan (1977), bunu öznenin son kendini onaylama eylemi ve arzuyla ilham bulan bir hareket olarak görür: "Gerçekte, başkaları için kendini onaylama, ölüm isteğidir." Yani ölüm, hayatın asla sunamayacağı bir şeyi, görüntüyle gerçek ve çözülmez bir bütünlük vaat eder.

Güncel Çalışma

Literatür incelemesine dayanarak, bu çalışmanın kapsamında incelenen tüm faktörlerin bir şekilde birbirlerini etkilediği görülmektedir. Psikanalitik açıdan bakıldığında, intiharın klinik depresyon tanısı ile ilişkisinden çok daha derin bir anlam taşıdığı ortaya çıkmaktadır. Lacan ve onun ayna evresi teorisine göre, narsisizm ve saldırganlık arasında sıkı bir bağ bulunmaktadır.

Freud'a göre ise intihar, hangi perspektiften bakılırsa bakılsın, kişinin kendisinden uzaklaşma kapasitesine, kendisini nesneleştirme ve kendisine başka biriymiş gibi hissetme ve buna göre hareket etme yetisine bağlıdır. Kendisini nesneleştirme, temel olarak egoyla ilişkilidir; ego, dışarıda bir şey olan aynadaki görüntüdür. Bununla birlikte, ego tartışılırken savunma mekanizmalarının da göz önüne alınması gerekmektedir. Psikanalitik teoriye göre, intihara eğilimli bireyler belirli savunma mekanizmalarına (örneğin, inkâr ve yansıtma) aşırı derecede bağımlıdır ve süblimasyonu minimum düzeye indirirler. Bu durumlar, kendilik çözülmesiyle

paralel olarak gerçekleşir (Maltsberger, 2004). Bastırma ve saldırganlığın ve kötü nesnelerin içselleştirilmesine eşlik eden mekanizmalar (Klein, 1935); egonun kırılganlığını onarmaya yönelik telafi girişimleri (Smith, 1985) intihar durumlarıyla ampirik olarak ilişkilendirilmiştir. Ayrıca, intihar bazen başarısız olan egonun kendisini kurtarmak için son ve çaresiz bir girişimi olarak temsil edilir. Bu durumlarda, nesneye bağlılıklar terk edilir, her şeye kadir narsisistik fanteziler yerini alır ve yıkıcılık ile kötü niyetli hasedin ilkel işlemleri, çılgın kendiliğin dünyaya hâkimiyet kurma çabası olarak devreye girer (Maltsberger, 2004).

Bu çalışmanın bulguları, bu faktörlerin etkileşimlerini ve aracılık rollerini inceleyerek intiharı daha derinlemesine anlamaya katkıda bulunacaktır. Ayrıca literatür, narsisizm ve savunma mekanizmalarının aracılık rolleriyle nesne ilişkileri ile intihar olasılığı arasındaki ilişkinin hiç çalışılmadığını ortaya koymaktadır. Bu nedenle, bu çalışma intiharın altında yatan mekanizmaları önererek literatüre açıkça katkıda bulunacaktır.

Bu çalışmada, cinsiyet ile intihar olasılığı arasında bir ilişki olduğu hipotez edilmektedir. Özellikle, kadın katılımcıların erkek katılımcılara göre daha fazla intihar düşüncesine sahip olacağı beklenmektedir. Ayrıca, yaş açısından, literatürdeki sonuçların net olmaması nedeniyle keşifsel bir araştırmaya ihtiyaç vardır. Bunun yanı sıra, düşük gelire ve sınırlı eğitim seviyesine sahip katılımcıların intihara daha yatkın olmaları beklenmektedir. İlişki durumu ile intihar olasılığı arasında bir bağlantı olduğu da hipotez edilmektedir. Özellikle, yakın bir ilişkisi olan katılımcıların intihar düşüncesine daha az sahip olmaları beklenirken, bekâr katılımcıların evli katılımcılara göre daha intihara eğilimli olmaları beklenmektedir. Ayrıca, son 6 ayda psikolojik destek alıp almadıkları veya psikiyatrik ilaç kullanıp kullanmadıkları ile intihar olasılığı arasındaki bağlantı da literatürdeki sonuçların net olmaması nedeniyle keşifsel olarak incelenecektir.

Bunun yanı sıra, nesne ilişkileri ile intihar olasılığı arasında bir ilişki olduğu hipotez edilmektedir. Nesne ilişkileri ölçeğinden yüksek puan alan katılımcıların intihar düşüncesine daha yatkın olmaları beklenmektedir. Ayrıca, narsisizm ve savunma mekanizmalarının intihar olasılığı üzerindeki etkileri incelenecektir. Özellikle,

yüksek narsisizm puanlarının düşük intihar olasılığı puanlarını göstereceği hipotez edilmektedir. Bu çalışmada örtük narsisizme odaklanılmıştır. Bu narsisizm türünün kullanılma gerekçesi tartışma bölümünde ayrıntılı olarak ele alınmıştır. Olgunlaşmamış savunma mekanizmalarının yoğun kullanımı yüksek intihar olasılığı ile ilişkilendirilirken, olgun savunma mekanizmalarının yoğun kullanımı düşük intihar olasılığı ile ilişkilendirilecektir. Son olarak, narsisizm ve savunma mekanizmalarının aracılık etkileriyle nesne ilişkileri ve intihar olasılığı arasındaki ilişki, daha önce belirtilen literatürde bu ilişkileri inceleyen bir çalışma bulunmadığından keşifsel olarak araştırılacaktır.

BÖLÜM 2

YÖNTEM

Katılımcılar

Toplamda, yaşları 18 ile 63 arasında değişen 362 katılımcı (Myaş = 30,63, SDyaş = 9,95) bu çalışmaya katılmıştır. Katılımcıların 270'i (%81,3) kadın, 88'i (%17) erkek ve dört kişi (%1,1) cinsiyetini "diğer" olarak belirtmiştir. Çalışma, çevrimiçi bir platform olan Qualtrics üzerinden yürütüldüğü için katılımcılar Türkiye ve dünyanın farklı yerlerindeki 47 farklı şehirden katılmıştır.

Eğitim düzeyi açısından, katılımcıların 14'ü (%3,9) doktora derecesine, 63'ü (%17,4) yüksek lisans derecesine, 162'si (%44,8) üniversite eğitimine, 121'i (%33,4) lise eğitimine sahiptir ve iki kişi (%0,6) eğitim düzeyini okur-yazar olarak belirtmiştir. Katılımcıların gelir düzeyleri incelendiğinde, 35'i (%9,7) yüksek gelir, 271'i (%74,9) orta gelir ve 56'sı (%15,5) düşük gelir grubunda yer aldığını ifade etmiştir. Katılımcıların 244'ü (%67,4) medeni durumunu bekâr, 118'i (%32,6) evli olarak belirtmiştir. Ayrıca, katılımcıların 213'ü (%58,8) romantik bir ilişkiye sahip olduğunu, 149'u (%41,2) ise romantik bir ilişkisi olmadığını ifade etmiştir.

Katılımcıların 47'si annelerinin, 33'ü babalarının ve 39'u kardeşlerinin psikolojik bir rahatsızlığı olduğunu belirtmiştir. Aile bireylerinde belirtilen rahatsızlıklar arasında

depresyon, bipolar bozukluk, anksiyete bozukluğu ve şizofreni bulunmaktadır. Ayrıca, 232 katılımcı daha önce psikolojik/psikiyatrik destek aldığını ifade etmiştir. Son olarak, 69 katılımcı son 6 ay içinde psikiyatrik ilaç kullandığını belirtmiştir.

Ölçüm Araçları

Demografik Bilgi Formu

Demografik bilgi formu, yaş, cinsiyet, eğitim seviyesi, gelir seviyesi ve ruh sağlığı durumu gibi soruları içermektedir (bkz. Ek A).

İntihar Olasılığı Ölçeği

İntihar olasılığını ölçmek için Batıgün ve Hisli Şahin (2018) tarafından revize edilmiş ölçek kullanılmıştır. Ölçek, Cull ve Gill (1988) tarafından geliştirilmiş ve Eskin (1993) tarafından uyarlanmıştır. Bu çalışmada ölçeğin Cronbach alfa değeri .89 olarak bulunmuştur (bkz. Ek B).

Bell Nesne İlişkileri ve Gerçeklik Değerlendirme Ölçeği (BORRTI)

Bell Nesne İlişkileri ve Gerçeklik Değerlendirme Ölçeği (Bell, 1995), sağlıklı ego gelişiminin iki temel unsuru olan nesne ilişkilerinin kalitesini ve gerçekliği değerlendirme yeteneğini nesnel olarak ölçmeyi amaçlayan bir öz-bildirim aracıdır. Bu çalışmada, ölçeğin nesne ilişkileri alt ölçeği kullanılmıştır. Yabancılaşma alt ölçeği için Cronbach alfa değeri .79, güvensiz bağlanma alt ölçeği için .72, egosantriklik alt ölçeği için .65 ve sosyal yetersizlik alt ölçeği için .74 olarak hesaplanmıştır. Nesne İlişkileri alt ölçeği genelinde ise Cronbach alfa değeri .84 olarak bulunmuştur.

Kırılgan Narsisizm Ölçeği (HSNS)

Kırılgan Narsisizm Ölçeği (HSNS), Hendin ve Cheek (1997) tarafından örtük narsisizmi değerlendirmek amacıyla geliştirilmiştir. Örtük narsisizmin, sosyal anksiyete, yalnızlık, kişilerarası duyarlılık, öfke ve depresyon ile ilişkili olduğu

belirtilmiştir (Şengül ve ark., 2015). Bu ölçek için Cronbach alfa değeri .69 olarak hesaplanmıştır (bkz. Ek D).

Savunma Biçimleri Testi (DSQ)

Savunma Biçimleri Testi (DSQ), bilinçdışı savunma mekanizmalarının bilinç düzeyindeki yansımalarını ampirik olarak değerlendiren, 40 maddeden ve 20 savunma mekanizmasından oluşan bir öz değerlendirme ölçeğidir. Andrews, Singh ve Bond (1993) tarafından geliştirilen testte, her madde 1 (bana hiç uygun değil) ile 9 (bana çok uygun) arasında değerlendirilir. DSQ'nun Türk örneklemi için güvenilirlik ve geçerlilik çalışmaları Yılmaz ve arkadaşları (2007) tarafından gerçekleştirilmiştir. Bu çalışmada ölçek için kabul edilebilir güvenilirlik ve geçerlilik katsayıları elde edilmiştir. Bu çalışmada, olgunlaşmamış savunma mekanizmaları alt ölçeği için Cronbach alfa değeri .81, olgun savunma mekanizmaları alt ölçeği için .61 ve nevrotik savunma mekanizmaları alt ölçeği için .55 olarak bulunmuştur (bkz. Ek E).

Yöntem

Orta Doğu Teknik Üniversitesi Etik Kurulu'ndan etik onay alınmıştır. Gönüllü katılımcılara, ölçekleri tamamlamaları için Qualtrics web sitesi üzerinden çevrimiçi bir anket gönderilmiştir. Uygulamadan önce katılımcılar, bir onam formunu okuyup imzalamışlardır. Çalışmanın amacı, yanıtların anonimliği ve verilerin gizliliği hakkında bilgilendirilmişlerdir. Daha sonra katılımcılar sırasıyla demografik bilgi formunu, İntihar Olasılığı Ölçeğini, Bell Nesne İlişkileri ve Gerçeklik Testi Envanterini (BORRTI), Kırılgan Narsisizm Ölçeğini (HSNS) ve Savunma Biçimleri Testini (DSQ) tamamlamışlardır. Tüm ölçeklerin tamamlanması katılımcı başına yaklaşık 15 dakika sürmüştür.

BÖLÜM 3

SONUÇLAR

Öncelikle, sonuç bölümünde veri tarama süreci ve güç analizi sunulmuştur. İkinci olarak, betimleyici istatistikler ve iki değişkenli korelasyonlar ele alınmıştır. Daha

sonra, demografik değişkenler (yaş, cinsiyet, eğitim seviyesi, gelir düzeyi ve ruh sağlığı durumu) ile intihar olasılığı arasındaki ilişkiyi tahmin etmek için yapılan hiyerarşik regresyon analizleri sunulmuştur. Ayrıca, olgun savunma mekanizmaları ile intihar olasılığı arasındaki ilişkiyi incelemek için uygulanan bir regresyon analizi de sunulmuştur. Son olarak, nesne ilişkileri ile intihar olasılığı arasındaki ilişkinin narsisizm ve olgunlaşmamış savunma mekanizmaları aracılığıyla nasıl etkilediğini araştırmak amacıyla gerçekleştirilen ardışık aracılık analizi sunulmuştur. Bulgular, bir sonraki bölümde tartışma ile birlikte özetlenecektir.

BÖLÜM 4

TARTIŞMA

Literatürde bir süredir intihar olasılığı, majör depresyon bozukluğu, bipolar bozukluk veya şizofreni gibi DSM tanıları ya da alkol ve madde kullanımı, yaş, cinsiyet ve ilişkiler gibi çeşitli değişkenler bağlamında incelenmektedir. Öte yandan, mevcut literatüre göre, intiharın psikanalitik dinamikleri üzerine yapılan çalışmalar oldukça sınırlıdır. Özellikle, nesne ilişkileri ile intihar olasılığı arasındaki ilişkilerin narsisizm ve savunma mekanizmalarının aracılık etkileriyle birlikte incelendiği bir çalışma bulunmamaktadır. Ayrıca, bu çalışma intihar konusuna nicel bir perspektiften yaklaşmaktadır. Ancak, daha önce de belirtildiği gibi, psikanalitik kavramları ampirik olarak çalışmak zordur. Bu zorluğun bir nebze üstesinden gelmek için ölçüm araçları titizlikle seçilmiştir. Yani, geçerlilik ve güvenilirliği kanıtlanmış ölçekler tercih edilmesinin yanı sıra, bu ölçeklerin maddeleri ve/veya faktörleri teorik olarak ayrıntılı bir şekilde ele alınmıştır.

Bu çalışmanın, nesne ilişkileri, savunma mekanizmaları, narsisizm ve intihar olasılığı arasındaki ilişkileri nicel olarak incelemesi bakımından bir ilk olduğu düşünülmektedir. Başka bir deyişle, bu çalışma, hem bu psikanalitik kavramlar hem de nicel bir yaklaşım açısından intihar literatürüne katkıda bulunmaktadır. Psikanaliz alanında nicel bir yaklaşımla yapılan çalışmalar oldukça sınırlıdır. Bu nedenle, mevcut çalışma, intihar önleme açısından farklı bir bakış açısı sunabilir. Ayrıca, intihar bağlamında, bu psikanalitik kavramları Türk örnekleminde inceleyen bir

çalışma bulunmamaktadır. Bu nedenle, bu çalışma literatürdeki bir boşluğu dolduracaktır. Sonuç olarak, intihar olasılığını nesne ilişkileri, narsisizm ve savunma mekanizmaları bağlamında incelemek amaçlanmıştır.

Bu bölümde, öncelikle çalışmanın hipotezleri gözden geçirilecektir. Ayrıca, hiyerarşik regresyon analizleri ve ardışık aracılık analizi bulguları literatür ve psikanalitik kavramlar ışığında değerlendirilecektir. Daha sonra, çalışmanın güçlü yönleri ve klinik uygulamalara olan katkıları tartışılacak ve bu katkıların hem literatüre hem de uygulamaya nasıl destek sağladığı ele alınacaktır. Son olarak, mevcut çalışmanın sınırlılıkları açıklanacak ve gelecek çalışmalar için bazı önerilerde bulunulacaktır.

Regresyon Analizleri ve Ardışık Aracılık Analizinin Değerlendirilmesi

İstatistiksel gücü korumak amacıyla, cinsiyet, eğitim seviyesi, medeni durum ve ilişki durumu, anlamlı bir varyasyon eksikliği nedeniyle regresyon analizlerinden çıkarılmıştır. Bu nedenle, yaş ve yaşın intihar olasılığı ile ilişkisi değerlendirmede birincil odak haline gelmiştir. Mevcut çalışmada, literatürdeki sonuçların belirsiz olması nedeniyle yaş değişkeni üzerinde keşifsel bir araştırma yapılmıştır.

Bu çalışmada yapılan hiyerarşik regresyon analizlerinin sonuçları, katılımcıların yaşı ile intihar olasılığı arasında anlamlı bir yordayıcı ilişki olmadığını göstermiştir. Bu ilişki eksikliğinin, istatistiksel güç ve çoklu doğrusal bağlantı (multicollinearity) zaten kontrol edilmiş olduğundan, tutarsız literatür sonuçlarıyla ilişkili olabileceği düşünülmüştür.

Mevcut çalışmada, düşük gelirli katılımcıların intihar riski açısından daha eğilimli olacağı beklenmiştir. Ancak sonuçlar, gelir düzeyi ile intihar olasılığı arasında anlamlı bir ilişki olmadığını göstermiştir. Öte yandan, literatürdeki birçok çalışma, düşük gelir ile intihar riski arasında anlamlı bir ilişki olduğunu belirtmektedir. Yani, intiharın, yüksek gelirli ülkelere kıyasla orta ve düşük gelirli ülkelerde daha yaygın olduğu bulunmuştur (Kabir ve ark., 2023). Bu çalışmada, katılımcıların çoğunun orta gelir seviyesine sahip olması nedeniyle, mevcut örneklemdeki gelir düzeyindeki

küçük bir varyansın, intihar olasılığı üzerindeki potansiyel bir etkiyi tespit etmeyi engellemiş olabileceği göz önünde bulundurulmalıdır.

Bu çalışmada, hem psikolojik destek alma hem de psikiyatrik ilaç kullanımı, intihar olasılığının anlamlı yordayıcıları olarak bulunmuştur. Psikolojik destek alma ile intihar olasılığı arasında negatif bir ilişki olduğu gözlemlenmiştir; bu da psikolojik destek alan katılımcıların intihar riski taşıma olasılığının daha düşük olduğunu göstermektedir. Literatür bu bulguyu desteklemekte ve terapi yaklaşımından bağımsız olarak bir terapist görmenin intihara karşı koruyucu bir etkisi olduğunu belirtmektedir (Calati, 2023). Ayrıca, intihar düşüncesi olan hastalar için psikolojik müdahalelerin etkinliğine dair kanıtlar bulunmaktadır (Winter ve ark., 2009). Dolayısıyla, bu sonucun literatürle tutarlı olduğu söylenebilir.

Buna ek olarak, birçok çalışma, intiharın önlenmesinde antidepresan ilaç kullanımının etkinliğini göstermektedir (Isaacsson & Rich, 2008; Zalsman ve ark., 2016). Bu doğrultuda, mevcut çalışmada psikiyatrik ilaç kullanımı ile intihar olasılığı arasında anlamlı bir negatif ilişki bulunmuştur. Özetle, psikolojik destek ve psikiyatrik ilaç kullanımı ile ilgili sonuçlar literatürle uyumludur.

Mevcut çalışma, beklendiği gibi, nesne ilişkileri değişkeninin intihar olasılığını pozitif yönde yordadığını bulmuştur. Bu değişken, dört boyut üzerinden incelenmiştir: yabancılaşma, güvensiz bağlanma, egosantriklik ve sosyal yetersizlik. Yüksek puan alan bireylerin, başkalarına duygusal olarak yakınlaşmada ve kalıcı, tatmin edici ilişkiler kurmada önemli zorluklar yaşayabileceği görülmüştür. Ayrıca, bu bireylerin empati kurma becerileri oldukça sınırlı olabilir, sosyal ilişkileri sıklıkla yapay olabilir ve gerçek bir aidiyet duygusu yaşamada zorluk çekebilirler (Uluç ve ark., 2016). Güvensiz bağlanma bağlamında, bu bireylerin ayrılık, kayıp ve yalnızlık temalarına düşük tolerans gösterebileceği, ilişkilerde başkalarının sadakatine dair güvence arayışında olabileceği ve olası terk edilme işaretlerine karşı sürekli tetikte olabileceği belirtilmiştir. Ayrıca sadomazoşistik bir davranış modeli sergileyebilirler (Uluç ve ark., 2016). Son olarak, hem egosantriklik hem de sosyal yetersizlik, ilişki kurmada zorluk yaşama ile ilişkilendirilmiştir. Bu faktörler ayrıca ilişkilerde

başkalarının niyetlerine güvensizlik duyma ve başkalarını öncelikli olarak kendi ilişki bağlamında algılama eğilimini göstermiştir.

Nesne ilişkileri bağlamında, bu sonuç teorik bir temelde şu şekilde değerlendirilebilir. Freud'a göre, nesne, dürtünün hedefini gerçekleştirdiği şey olarak tanımlanır (Evans, 2006). Nesne ilişkileri teorisi, psişenin öznelerarası oluşumuna odaklanır. Freud'un intihar dinamiklerini sistematik olarak ele aldığı Yas ve Melankoli adlı çalışması, daha sonra Nesne İlişkileri Teorisi olarak adlandırılacak bir yapıyı ortaya koyar (Fairbairn, 1952).

Bu çalışmaya göre, melankolide kaybedilen şey tanımlanamaz. Melankolik bir birey, birini veya bir şeyi kaybetmekten dolayı acı çekerken, "kimin kaybına uğradığını bilir, ancak onda neyi kaybettiğini bilmez" (Freud, 1917). Melankoli, hem nesneye olan bağın kaybını hem de bu kayba tepki olarak kendilikte bir değişimi içerir. Başka bir deyişle, Freud (1917), "Melankoliğin neyi kaybettiğinin farkında olmaması, melankolinin, bilinçten geri çekilmiş bir nesne kaybıyla bir şekilde ilişkili olduğunu düşündürür. Bu durum, kaybın bilinçdışı olmadığı yas sürecinden farklıdır," ifadelerini kullanmıştır.

Mevcut çalışmanın ikinci ana hipotezi, narsisizmin intihar olasılığı ile ilişkili olacağı yönündeydi. Özellikle, narsisizm puanı yüksek olan bireylerin düşük intihar olasılığı puanları göstermesi beklenmekteydi. Bu hipotez, çalışmanın bulguları tarafından desteklenmiştir. Katılımcıların narsisizm düzeylerini değerlendirmek için Hipersensitif Narsisizm Ölçeği kullanılmıştır. Literatürde narsisizm, "bir bireyin, çeşitli kendilik-, duygu- ve çevre-düzenleyici süreçler aracılığıyla nispeten olumlu bir benlik imajını koruma kapasitesi" olarak tanımlanmakta ve bireylerin doğrulanma ve onay alma ihtiyaçlarının yanı sıra sosyal çevreden açık ve örtük olarak kendini geliştirme deneyimleri arama motivasyonlarının temelinde yer aldığı belirtilmektedir (Pincus ve ark., 2009).

Mevcut çalışmada, daha önce belirtildiği gibi, narsisizmi ölçmek için Kırılgan Narsisizm Ölçeği kullanılmıştır. İlk olarak, literatürde, görkemli narsisizmden farklı olarak, kırılgan narsisizm ile depresif semptomlar arasında pozitif bir ilişkiyi

vurgulayan çeşitli çalışmalar bulunmaktadır (Erkoreka ve ark., 2017; Huprich ve ark., 2012; Sandage ve ark., 2017). Ölçek maddelerindeki ifadelerin çalışmanın doğasıyla ilişkili olduğu düşünülmüştür. Özellikle, ölçek maddelerinin çoğu, Lacan'ın imajiner düzeni ve ego ile ilgili olan "Ben" ifadesiyle başlamaktadır.

Bu ifadelerin çoğunlukla şema L'nin imajiner ekseni ile bağlantılı olduğu çıkarılabilir. Özellikle, şema L, özne ile Başka arasındaki sembolik ilişkinin, belirli bir ölçüde, ego ile imajiner görüntü arasındaki imajiner eksen tarafından sürekli olarak engellendiğini göstermektedir. Lacan'ın belirttiği gibi, bu durum "özne ile Başka arasındaki tam konuşmanın kesintiye uğramasını ve bunun iki ego, a ve a', ile onların imajiner ilişkileri üzerinden dolaylı bir yoldan gerçekleşmesini temsil eder" (1993, s. 14).

Freud'un Yas ve Melankoli makalesi ve intihar mekanizmalarını egoya yönelik bir saldırı olarak açıklaması göz önüne alındığında, bu çalışmada Kırılgan Narsisizm Ölçeği'nin kullanılması uygun görülmüştür.

Mevcut çalışmanın üçüncü ana hipotezi, savunma mekanizmalarının intihar olasılığı ile ilişkili olacağı yönündeydi. Özellikle, olgunlaşmamış savunma mekanizmalarının yoğun kullanımı yüksek intihar olasılığı ile ilişkilendirilirken, olgun savunma mekanizmalarının yoğun kullanımı düşük intihar olasılığı ile ilişkilendirileceği öngörülmüştür. Bu hipotezler çalışmanın bulguları tarafından desteklenmiştir.

Son olarak, bu çalışma, nesne ilişkileri ile intihar arasındaki ilişkide narsisizm ve savunma mekanizmalarının aracılık etkilerini analiz etmeyi amaçlamıştır. Bildiğimiz kadarıyla, bu model, bu dört değişken arasındaki ilişkiyi araştıran ilk modeldir.

Psikanalitik deneyimde nesne ilişkilerini ayrıntılı olarak ele alırken, Melanie Klein, çocuğun annesinin memesiyle yaşadığı ilkel deneyime odaklanmıştır (Ileyassoff, 2018). Özellikle, çocuğun bu ilkel nesneden aldığı tatmini ve bu tatmine ulaşmadaki dışsal ve içsel engelleri vurgulamıştır. Öte yandan, Jacques Lacan, dikkati arzunun nesnesinden uzaklaştırarak, ötekiyle olan ilişkiye ve özellikle öznelerarasılığa odaklanmayı tercih etmiştir. Lacan, arzunun nesnesi yerine yeni bir tür nesne

sunmuştur: a nesnesi, arzunun nedeni. Lacan'a göre, a nesnesi, aynadaki bir yansıma gibi dünyada dışsal bir nesne değil, öznenin içinde bulunan bir nesnedir. Özne içindeki a nesnesi, özneyi bölüp belirler ve öznenin analiz sırasında semptomlarını anlaması için bir boşluk işlevi görür.

Ben ise arzunun nesnesiyle daha yakından ilişkilidir. Ben, kendini sevilebilecek ve hayran olunabilecek biri olarak görmek ister. Ego ideali ve ideal ego bağlamında düşünüldüğünde, analizde incelenen özne ile arzunun nesnesi arasındaki örtüşme ortaya çıkar. Öte yandan, yutulması zor olan a nesnesi, direnç yoluyla reddedilebilir. Depresyon da bu boşluğun genişlemesiyle açıklanabilir. Yani depresyon, kişinin gerçekten olduğuna inandığı kişi ile olmak istediği kişi arasındaki farkın bir işareti olarak düşünülebilir. Ayrıca, daha önce belirtildiği gibi, Lacan'a göre, "intihar tamamen başarılı olan tek eylemdir." Bu, eylemin "radikal özgürlük" ile ilişkili olduğunu ve bedeni esir alan mevcut sosyal ve politik düzenlerin despotizminden kurtuluşu içerdiğini ifade eder. Bu nedenle, bu çalışmada olduğu gibi, nesne ilişkileri değişkeninin intihar üzerinde anlamlı bir doğrudan etkisi bulunmaktadır. Ayrıca, narsisizm ve savunma mekanizmalarının aracılık etkilerinin anlamlı olduğu tartışılmıştır. Lacan, benin kökeninin imajiner düzene dayandığını belirtmiştir. Yani bu, öznenin kendini aynada nasıl gördüğü ve imajiner görüntüyle özdeşleşmesiyle ilgilidir. Ayrıca, Başka'nın bakışının, özdeşleşme sürecini açıklamada önemli bir yere sahip olduğu belirtilmelidir. Ayna evresi aracılığıyla özne, ego oluşturmak için görüntüyle özdeşleşir. Bu özdeşleşme ile özne ve görüntü arasında narsisizm yoluyla saldırganlık bastırılır. Bu nedenle özne, kendini yabancılaştırır. Öte yandan, Freud'a göre melankolik, "birincil narsisizme" geri döner ve intiharın bir açıklaması olarak kendi egosuna saldırır.

Bu teorik temel göz önüne alındığında, narsisizm ve savunma mekanizmalarının nesne ilişkileri bağlamında anlamlı aracılık etkilerine dair bulgular anlamlıdır.

BÖLÜM 5

SONUÇ

Mevcut çalışmanın birkaç güçlü yönü ve sınırlılığı bulunmaktadır. Öncelikle, intihar çalışılması hassas bir konudur. Katılımcılar anonim kalsalar bile, direnç etkisi göz

ardı edilemez. Ayrıca, çalışmanın veri toplama sürecinde birçok eksik doldurulmuş anket bulunmaktadır. Bunun nedeni konunun hassasiyeti olabileceği gibi çalışmanın uzunluğu da olabilir.

Bunun yanı sıra, bu çalışmanın intihara yönelik psikanalitik ve nicel yaklaşımı hem bir güçlü yön hem de bir sınırlılık olarak kabul edilebilir. Psikanalitik çalışmalar genellikle nitel olsa da, nicel bir psikanalitik çalışma yapmak literatüre farklı bir katkı sunmaktadır. Ayrıca, bu çalışmanın bir diğer güçlü yönü, önemli psikanalitik kavramları ölçen ölçekleri bir araya getirerek literatürde bulunmayan bir model oluşturmuş olmasıdır.

Genelleştirilebilirlik, çalışmanın bir diğer sınırlılığıdır. Katılımcıların çoğunluğunun kadın ve orta sınıftan olması, genelleştirilebilirlik açısından bir tehdit oluşturmuştur. Daha homojen gruplarla bu konuyu ele alan ileri çalışmaların yapılması güçlü bir şekilde önerilmektedir. Çevrimiçi bir anket programı aracılığıyla veri toplamak da bu çalışmanın bir diğer sınırlılığı olabilir. Bir ölçeğin tamamlandığı koşullar ve bağlam, sonuçlarını etkileyebilir. Bu nedenle, çevrimiçi bir çalışmada bu faktörleri kontrol etmek zor olabilir.

Son olarak, bu çalışmanın en büyük zorluğunun bilinçdışını araştırmak ve bunu belgelemek olduğu belirtilmelidir. Bilinçdışı kavramı anlaşılması zor bir kavramdır. Lacan'a (1977) göre, "Bilinçdışı, Başka'nın söylemidir." Bu gizemli ifade birçok şekilde yorumlanabilse de, en yaygın sonuç şudur: "Bilinçdışında, söylemin özne üzerindeki etkilerini görmek gerekir." Daha spesifik olarak, bilinçdışı, gösterenin özne üzerindeki etkisini temsil eder; çünkü gösteren, bastırılan ve daha sonra semptomlar, şakalar, dil sürçmeleri, rüyalar gibi bilinçdışı tezahürler biçiminde geri dönen şeydir. Bu gösterenleri incelemek uzun ve detaylı bir klinik süreç gerektireceğinden, bilinçdışını akademik bir çalışmada ele almak, ister nicel ister nitel olsun, oldukça zorlu bir girişimdir.

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