

Psychopathological and Cultural Approach of Repeated Suicide Attempts. Concerning a Clinical Case in Dakar, Senegal

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Abstract

Used to be considered an extremely rare phenomenon in Africa, suicidal behavior has become a common problem for clinicians nowadays. Suicide attempts constitute a psychiatric challenge for the psychiatrist, especially when they are repetitive. They can be subject to social tolerance, consequently constituting a major risk for a successful commitment to action. In fact, depending on the context, the patient may not be taken seriously by the family. It can also be mistaken for someone acting under the influence of external forces; therefore, he might not be held accountable for his actions. The aim for this study is to provide an analysis of the psychopathological factors associated with repeated suicide attempts in a 23-year-old Senegalese young adult, followed by the Fann National University Hospital psychiatric department.

The suicidal behaviors observed in our patient are related to a borderline structure personality. The relationship between borderline personality disorder and suicidal behavior is a standard data. This case analysis highlights several factors that may explain the occurrence of these recurrent suicidal behaviors. We can note the adolescence period in which they started, a disturbed family environment, a precarious job situation, difficulties in going through the critical periods of life, a difficult marriage... our patient hospitalization duration was short with a spectacular remission and a criticism of his gesture. A social representation of his troubles, the "Xabtal" (the incentive to disjunct), seems to fit in the collective family imaginary and seems to be a means of self-blame free.

These factors facilitate the understanding of this patient's distress, perhaps related to a psychological vulnerability and thus explaining the suicide attempts. The major risk to dread is a successful suicide, hence the importance of prevention, which requires an understanding of these disorders, thus allowing an appropriate individual and systemic patient management.

Keywords: *Suicide Attempt; Repetition; Borderline Personality; Psychopathological Factors*

Introduction

Suicidal behavior is a major health problem and a significant concern, especially for psychiatrists. They affect all ages, all social strata and cultures. In Africa, until recently, some authors [1-3] considered suicide to be a rare event in traditional African cultures. The absence of self-accusation and guilt among black Africans would, according to Sow [3], justify this rarity of suicide in this environment. Moreover, the social upheavals that have occurred in Africa, for instance the increasing number of nuclear families, the fast-growing urbanization, seem to question this rarity. Failing to identify in the current state of knowledge an exact cause of suicide attempts (SA) and the relapses which are linked to them, several authors acknowledged that it is a multifactorial phenomenon [4,5]. According to Durkheim [6], a person

who attempts to commit suicide or who commits suicide cannot be summed up as a psychiatric case, a social phenomenon or among other things a figure in the statistical data. All explanations for SA requires a much more holistic approach. Among the risk factors associated with suicidal crisis, the existence of a mental pathology is a daily observational fact.

In the suicide act psychopathological approach, several authors emphasize on the case's personal history and his way of apprehending his connection with himself, his relatives and the outside world [7,8].

However, if meeting with a suicidal patient is a daily observation fact for the psychiatrist, the characteristics of the suicidal crisis give each case a particularity. For Baechler [9], there is no typical suicide profile and not all suicidal acts have the same meaning. Our purpose is to report, through a clinical case, of a suicidal person community whose suicide act is a privileged means of expressing human suffering which can take root in an environmental context deemed to be failing.

The main objective of this study is to analyze the psychopathological factors associated with repeated suicide attempts, based on a clinical observation collected at the Fann National University Hospital psychiatry department in Dakar. The data, obtained from repeated semi-structured interviews with the patient, focused on the history of the disorders, family dynamics, interpersonal relationships, and personality elements. For ethical reasons, we have excluded all information likely to help recognize the patient without altering the meaning of the stories. We have decided to assign fictitious names to the patient and any other people in this file so that the case can be easily read. Patient and family consent was explicitly required during all inpatient interviews. They were all previously warned about the interviews' anonymity and confidentiality.

Clinical Observation

Abdou¹ is a 23-year-old Senegalese young Muslim man, married and the father of a 5-month-old boy when we received him for the first time in August 2013 in the Fann University hospital emergency department.

Troubles and examinations history (Journey/Circuit of Abdou): Abdou had been brought by firefighters to the emergency department. This first consultation was motivated by a suicide attempt that happened on the same day. Abdou wanted to throw himself from rock ledges where suddenly he had an epileptiform-like seizure. The people who were there called the fire brigade who took him to Fann Hospital. We received him in the emergency room, where we found a very agitated patient on the stretcher. He looked sad and desperate and barely answered our questions. He told us he wanted to end "this miserable life". He reported symptoms of insomnia and lack of appetite. After somatic examination, other than superficial lesions on his left forearm, it showed no evidence of pathology. Thirty minutes after being admitted to the emergency room, his parents, notified by the firefighters, joined us. His father tells us that his son had an argument with him the day before about his studies. Abdou had taken it the wrong way and locked himself in his room refusing to speak to anyone in the family. He tells us, desperately, that he no longer understands his son and doesn't know what to do with him. Abdou remained in the emergency room for two days where he received parenteral treatment (5% glucose serum + Vitaminothérapie + Valium), a biological assessment and an electroencephalography which came back without any particularity. He was subsequently referred to psychiatry.

After eight months of outpatient follow-up in the Fann University hospital psychiatric department, Abdou was again brought in for consultation for another suicide attempt by stabbing. That day he had an argument with his wife, whom he blamed for having an affair with another man. He says he saw suspicious messages on her phone. Abdou took it very badly, violently attacked his wife, before deciding to end his life "my life has no meaning... I have lost everything...", he said. Therefore, he started screaming in front of his house, before grabbing a knife and starting to slash his body. Those who were helplessly watching the scene called the fire brigade.

¹His first name has been changed for confidentiality.

Accompanied by a policeman and his father, Abdou arrives at the ward where he was admitted to hospital after an interview with a doctor from the psychiatric outpatient clinic. Abdou was shirtless, both hands cuffed from behind. His mimicry is strangely welcoming. It took some time to establish contact. He was calm, serene, well-posed, attentive, and even confident, with measured gestures. He took his time when answering questions with consistency and clarity in his speech. However, he suddenly gets angry when his father started explaining the facts to us. He asked us to remove the handcuffs. What we did after ensuring that he has calmed down. We noted the presence of instinctual conduct disorder such as early awakening insomnia and social conduct disorders with physical self-aggression. Thinking disturbances have been found with suicidal thoughts and sometimes a pessimistic thought such as "I am impossible to live with, I am bad and guilty"; "I will never be able to control myself"; "I prefer to leave my wife before she abandons me". We also found maraboutage theories: "Doctor, I think somebody cast a spell on me! ... I don't know how to control myself! Someone casted a spell on me!

Facing this clinical picture, he was diagnosed with attempted suicide on borderline personality and admitted to the hospital. According to the thematic projective tests (Rorschach and TAT "Thematic Aperception Test"), carried out by the clinical psychologist of the inpatient department, the patient presented borderline personality defenses with the presence of fragmentation anxiety and a negative and rejected father figure.

The somatic examination finds several superficial lesions, clean and non-hemorrhagic. In addition, his father tells us that Abdou had an argument with his little brother two days earlier and ask his parents punish the latter. Since they refused, he got angry, locked himself in his room all day, refusing any solicitation.

Antecedents: In his personal history we found two notions of suicide attempt, one by phlebotomy at the age of 19 and the other by multi-drug abuse at the age of 21. In his family history, we found a chronic smoking father and a hypertensive mother. His paternal uncle was undergoing psychiatric treatment for an unspecified mental pathology and has also a history of attempted suicide.

Hospitalization: During hospitalization, Abdou received psychological support. Repeated interviews with the psychologist and the team of doctors were organized to help reconstruct at the rate of three interviews per week throughout his stay. No medication had been prescribed. He received dressings for his superficial wounds. Two days after admission, the patient appeared to be free from any psychiatric disorder. Even his family members wondered about his case. Questions then begin to appear about his social status. Furthermore, when asked about the reasons for his suicide attempts, he refused to give any comment. He reveals to us that he had dreams every night; always the same dreams, the fire keep coming back. He deduced it represents "hell" in reprisal for his willingness to kill himself. According to him, these dreams stand for a warning. Abdou revealed to us he is a victim of an evil spell "my mother in law casted a spell on me"... this is "Xabtal²" (the incentive to disjunct) doctor! "I do things without realizing it ". During his hospitalization, Abdou reveals to us that he made offerings of curdled milk, believing that these acts could free him from these problems.

Evolution during hospitalization: Abdou and his parents' interview on his hospitalization in our department seems to have been very beneficial to both parties. Abdou seemed to have taken advantage of it. According to him, hospitalization allowed him to "review of a lot of things about his life". He said that he will not do anymore damage", "no more suicide attempts", he will not get mad or angry anymore. In addition, Abdou wants to be able to start a new life and turn the page on the past. He plans to return to work with his father in the printing press and if possible, emigrate abroad. As far as his father is concerned, this hospital stay has not only been very beneficial to his son, but also to him. Because it created a bond between them, and he better understands his son now according to the interviews he had with the doctor. He learned a lot of things about his son's personality, things he did not know before. He thinks he will review his way of being with his family (Abdou and the whole family).

²Wolof word that means: incentive to disjunct.

Biographical elements and family dynamics: This hospitalization clarified the patient's personal history. Abdou is the fourth child of a family of five and healthy children. He comes from a polygamous family (his mother being the first wife). He had a "normal" childhood, a little privileged compared to others, and had almost everything he wanted. His father reports that he would always misbehave but would get away with it because he is the namesake of his marabout, therefore "untouchable".

Abdou still consider himself as being the "youngest" of a family. The real youngest was born ten years after him. This birth would have affected him a lot according to the father. After a much disrupted school course, punctuated by several dismissals, Abdou dropped out of school to get into business. He worked as a street vendor for almost six months and then refused to go to work, stating that he does not like the job anymore. He wants travel and emigrate abroad.

In 2012, he met a Mariam³, 16-year-old young girl whom he started a romantic relationship with. She was a 9th grade student. The couple really liked each other, despite her mother's opposition. A year later, the young girl became pregnant (Abdou was 21). This event deeply upset Abdou who was not ready to be a father. In addition, Mariam's mother who, according to him, did not like him, had uttered death and maraboutage threats against him. Despite these differences and the two families' social norms differences, the marriage has been concluded. Thus, the young girl moved to the marital home, living with the young man's parents. A few months later, Abdou's father sent his daughter-in-law back to her parents because Abdou was unable to support her financially. Abdou's health problems began around this period. He had seen a general practitioner who had prescribed him tranquilizers. Abdou lives in the family home with his brothers and parents, however he doesn't get along with anyone in the house except his mother.

She seems to play a mediator role between the young man and his father. He also share tense relationships with his brothers and his father. The family trivialization of his successive suicidal acts seems to constitute a reason for relapsing according to a now usual model. His brother tells us that "Abdou is simulating... every time, he says that he wants to kill himself but he never does... if he wants to kill himself let him do it... we are tired of his whims". Following yet another anger triggered by a conflict with his relatives or a sentimental disappointment, he locked himself in his room and refused to talk to anyone. Abdou is unemployed and seems to have no ambition according to his father. He is described by his family as calm, lonely, frustration intolerant, temperamental, demanding and very impulsive. The successive interviews with the patient enable to raise several issues. Abdou always suffered from the lack of communication with his father. He says: "My dad is complicated... he thinks he knows everything... I do not like his behavior which is why we can't get along... I feel like he hates me".

Parent's interviews revealed that Abdou does not hesitate to raise his voice and verbally attack his father. Toward his mothers, his tone was rather tender. She stood between Abdou and his father. The parental couple resented Abdou's behavior, blaming him for his excessive demands, his excessive irritability, and his incomprehensible impulsiveness. Despite repeated verbal threats for his independence, he remained a real family burden for his parents. On the sentimental level, Abdou has experienced many failures. He never knew how to keep a stable romantic relationship. His disappointments often came from an identical model with partner devaluation and rejection. On the professional level, he had many experiences which always ended in resignation for personal reasons. Abdou never accomplished things he started.

Discussion

Several authors have been interested in suicide attempts. Literature data show many associated factors on this matter. This clinical case seems to illustrate the diversity and the intricacies of the associated psychopathological factors. The history of Abdou's troubles is marked with repeated suicide attempts. These SA bear a manipulative character that questions Abdou's personality. He seems to manipu-

³His first name has been changed for confidentiality.

late his family for more care and attention about his internal and external difficulties. All this SA occurred in a context of frustration, or abandonment threat and seem to be calling for help. The repetitive actions are a way for Abdou to express his suffering. This suffering can be related to his father's disinvestment for the benefit of his youngest brother among other elements. The SA characters, his frustration intolerance, the fusional relationships he shares with his mother, the affectionate place stolen by his youngest brother, the suspicion of his wife's infidelity, constitute all the elements to question for a better reading of Abdou's symptomatology.

The borderline personality problem: The existence of borderline personality in our patient is attested by clinical symptomatology. We found in our patient unstable interpersonal relationships with permanent conflicts with his father, his younger brother and his wife, a negative image of himself with the notion of feeling misunderstood, outbursts of anger towards people that he loves such as his wife then turns out to hate them for fear of being abandoned, unstable mood swings, impulsive and self-destructive behaviors and a high sensitivity to negative criticism coming from his father. People with borderline personality are exposed to repeated suicide attempts. This is what Racamier [10] refers to as "suicidosis" among these patients due to multiple suicidal recidivism. Indeed, borderline personalities use the act of suicide as a defense against depressive affects or to reduce anxiety [11]. According to Kernberg [12], these gestures aim to possess control over those around them by triggering feelings of guilt in them. Since borderline personalities are probably more likely, than other patients, to adopt self-destructive, so-called manipulative behaviors, they elicit care and attention from others [11]. These behaviors can appear in borderline individuals during outbursts of anger and sudden depressive mood, during romantic break-ups or therapeutic success [12]. This type of behavior was found in our patient. Abdou's emotional instability, impulsiveness, and fear of abandonment put him at high risk for self-aggressive behavior. Self-destructive behaviors are seen as coping mechanisms that individuals use to control negative emotions, such as pain, loneliness, and extreme anger [13].

People with borderline personality disorder do not usually engage in these self-aggressive behaviors with the ultimate goal of killing themselves. However, in Abdou's case, other factors are involved in the onset of his suicidal attacks, including disturbed family dynamics and the hostile environment in which he evolves.

Childhood and adolescence: The period of separation and individuation is, for many authors, typical during adolescence. Abdou's personal story, with the birth of his younger brother ten years later, brutally depriving him of his parents' love, putting him in a situation of failing mothering, demonstrated his poor school results, meeting Mariam and her unexpected pregnancy, reveals that the psychic decompensation coincided with adolescence, a period known for its vulnerability. In fact, child development is closely interwoven with the family conditions which influence its future. Abdou seemed affected by a lack of emotional support from his father. He experienced it in a very bad way and was certain that his father hated him. This "emotional void" seems to be a determining factor in the occurrence of these suicidal acts. Kouame's study in 2013 on the ethnological analysis of suicide attempts among Abidjan adolescents shows a fairly large proportion of suicide attempts among adolescents who feel an emotional void in their relationships with their parents [14]. Adolescence is a period of evolution. It is a period of life associated with physical and hormonal changes, as well as the development of identity, personality, judgment, competence and in the broadest sense of the term, of sexuality. During adolescence, humans experience a transition between a relational structure, synchronous with the environment and a structural state. Here as elsewhere, suicide attempts in adolescence are a real public health concern. The 2001 report of the World Health Organization (WHO) on mental health, indicates that 10 to 20% of adolescents in the world, present one or more mental or behavioral disorders [15]. More specifically, the African adolescent is exposed to many risk factors: poverty, drugs, alcohol, armed conflicts, urbanization consequences, family structure deterioration. All these factors are a source of serious physical and mental trauma. They can cause several mental and behavioral disorders, including suicide attempts.

Analyzing the recidivism of suicide attempts, some authors [16] estimated that these patients would use suicide attempt either as a relational modality to put pressure on their relatives to obtain what they want by threatening to recur, or as a means of conflict resolution.

The patient ambiguous place among his siblings and the fraternity complex: First, it consists of the patient position among his siblings. Abdou has been a cuddled and pampered "model" child for a long time before his brother was born ten years later. It seems that

he was not psychologically prepared to accept this new situation. Even more it created a permanent anguish. Abdou feels that his little brother stole his place in the family atmosphere. This could be explained by these identity disorders. It seems that Abdou was unable to get over the fact that he is not the “youngest” anymore. This brings us back to the archaic fraternal complex [17] which designates a fundamental organization of amorous, narcissistic desires, hatred, jealousy and aggression towards this “other” that a patient identifies himself as brother or sister. This is why Abdou does not get along well with his little brother and shows hatred towards his parents. According to Schaffer [18], repeated suicide attempts among these people seem to be a way to restore the warm atmosphere they had when they were children.

Family atmosphere disturbance: The interviews carried out with the subject in the parents’ company seem to show an ambient family unhappiness, as the consequence of a disappointing paternal image and which creates in our patient a painful and unbearable tension. Abdou’s father appears to be belittled in his son’s eyes in terms of playing his role as a father. This explain the devaluation of the paternal object which has led to the demonstrated paternal powerlessness. In this context, the suicide attempt is referred as an appeal for help. For Abdou, putting his life in danger is the only solution for this deadlock. In other words, it is a way of escaping internal discomfort, a response to difficult situations. This is the reality that Dan Velea [19] underlines by arguing that suicide and attempted suicide are part of a set of behaviors that represent the regulation process of the subject the psychic balance.

Bouchard [20] believes that suicidal behavior reflects the expression of a desire for change, to put an end to the environment in which he finds himself. It is therefore presented as a constraint and a revenge against the feeling of powerlessness to change the situation. But, due to his relative trivialization, his appeal is unlikely to be heard, which explains the repetitive suicidal act in our patient. Chastang, *et al.* emphasized the importance of family dynamics in suicidal recurrence [21]. Several studies previously carried out also retain that family conflicts are the most common reasons for suicide attempts among young people. It is this reality that Bouchard asserts in his analysis of “teenage suicide”.

According to her, “family problems are among the first reasons mentioned by young suicidal people” [20]. However, a precipitating factor such as a simple argument with a parent, a caning or a broken-down romantic relationship cannot be the underlying reason for a suicide attempt. These incidents cannot solely explain the suicide act. They are just trigger events. As a result, it seems that the explanation for the repeated suicide attempts in our patient cannot be found in a precipitating factor but in several parameters, such as his recurrent problematic experience, his previous conflicts often leaving psychological after-effects and bad memories. Our patient disturbed family dynamic in the genesis of these suicidal acts does not sum up everything!

Stressful life events: Our patient experienced several stressful incidents, the sum of which only increased his feeling of humiliation and worthlessness. Several events in the patient’s life seem to have caused a great deal of anxiety and stress. These include having a child out of wedlock, dropping out of school, emotional breakdowns, and unemployment. The total of these events was in our patient factors that precipitated his suicide attempts because they share the same common denominator such as a self -image depreciation. As far as Abdou’s reproaches to his parents, he constantly remind them that he is still “a child” and under their tutelage, at 23, though married and father. The fact of having a child out of wedlock and its avatars in Africa deserves special consideration. Regarding the social context, this event could generate a situation of frustration, constantly recalled in the speech of his parents. Indeed, in African and especially Islamic societies, a child out of wedlock is frowned upon and can be a source of stigmatization. The birth of a child out of wedlock highlights the failure of its parents in their role as educators.

Moreover, the tense relationship between Abdou, his wife and his mother-in-law seems uncomfortable. For Abdou, his mother-in-law is the root of his behavioral problems. The aggressive content of his act is rejected towards the latter which materializes all the concordant emotions.

The disease socio-cultural representation: In our patient, in addition to all the factors described above, the part played by socio-cultural factors deserves a special attention. Abdou says he is the victim of a “Xabtal” whose main instigator is his mother-in-law. Under

the influence of the Xabtal, the individual would no longer enjoy his reason and nothing seems to be able to dissuade him from committing the fatal act of death which he undertakes like a robot, as called by a mysterious force which would annihilate within him all will and all lucidity reference. This sentiment is shared with his own mother, who feels that her son had no reason to kill himself. To say that his mother-in-law cast a spell on him seems to justify his suicidal acts and provides an alibi for Abdou. "Whoever wants to commit suicide by the sea will go dressed and lose them self at the bottom of the water, with great determination" [22]; such would be the case with Abdou, whom his mother-in-law allegedly casted a spell on him out of sheer malice, with the intention of destroying him.

Here we are witnessing the evocation of explanatory systems specific to the patient and his mother. Such systems bear witness to the resources mobilized by the patient and his family to explain his misconduct. They refer to cognitive models which make it possible to explain harmful events, to interpret them, and therefore to exonerate the patient and his family [23]. They also testify to a projective identification. It therefore appears on analysis that many factors interfere to determine in this patient the suffering that results from the psychological vulnerability and the seek for suicide attempt. These variables are characterized by Jeammet and his collaborators [8] as being the expression of a psyche difficulty in fulfilling the subject role adaptation with his immediate environment.

Conclusion

Once considered extremely rare in Africa, suicidal behavior has nowadays become a frequent concern in clinicians' daily practice. Suicide attempts are a therapeutic challenge for the psychiatrist, especially if the act is repeated. It appears, through this study, that many factors interfere to determine in the patient, the suffering resulting from the psychological vulnerability and the seek for suicide attempt. These suicidal acts seem to be a means of deriving from his anxiety. His suicide attempts should be read not as a desire to end his life, but as an appeal for help for a change. The real goal is to make change in his life rather than ending it. This is a time when suicide becomes a solution to end his current suffering. He does not want to die; he just wants to stop suffering. Through this clinical case, the patient prognosis is questioned, because a suicide attempt should never be trivialized. The major risk to be feared of is a successful suicide, hence the importance of prevention, especially emphasizing on individual and systemic psychotherapeutic treatment to promote drive control and strengthen our patient's sense of identity.

Conflicts of Interest

None.

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