Clinical Observations of Suicidal Behavior in a Neurotic, a Borderline, and a Psychotic Child: Common Processes of Symptom Formation

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ABSTRACT: This paper illustrates the characteristics of suicidal behavior in three psychiatrically hospitalized children, ages six to 12 years, with neurotic, borderline, and psychotic disorders. The author proposes that the nature of suicidal fantasies and the mode of ego functioning associated with suicidal behavior in these disorders are similar. However, it is emphasized that other differences in the fantasies and ego functioning exist for these distinct disorders. The paper presents a hypothetical model of how suicidal behavior of children develops. The clinical implications of this model for neurotic, borderline and psychotic disorders are discussed.

Although there is widespread recognition of the occurrence of suicidal threats and attempts in latency age children, it is not clear if suicidal behavior differs among children with varying degrees of psychiatric disturbance. Ackerly\(^1\) proposed that suicidal behavior is not similar in psychotic and nonpsychotic children. He noted that the child who threatens suicide is "giving expression to a complex interplay of psychic forces resulting from the vicissitudes of his aggressive drives and his narcissistic orientation to life" (page 242). However, Ackerly believes that the child who attempts suicide is in a psychotic state. He stated that in such a child, "there appears to be a major break with reality, a massive disruption of adaptive mechanisms and a withdrawal of libido from the world" (page 242). In contrast, Pfeffer and associates\(^2,3\) by studying a spectrum of severity of suicidal behavior ranging from nonsuicidal behavior, suicidal ideation, suicidal

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threats, suicidal attempts, and suicide, documented that children with an array of diagnoses were susceptible to suicidal behavior and that children could exhibit any form of behavior in the spectrum of suicidal behavior. Furthermore, they noted that there was no diagnosis that precluded the potential occurrence of suicidal phenomena.

A spectrum of severity of suicidal behavior is one descriptive parameter that can be measured in studies to determine whether there are differences in suicidal behavior with respect to children's degree of psychopathology. In the present paper, I will describe and compare other variables such as the structure and function of suicidal fantasy and ego mechanisms in a neurotic, a borderline, and a psychotic child. Furthermore, I will explore and develop hypotheses about the expression of suicidal behavior in children who have qualitatively and quantitatively different mental states.

Definitions of Variables for Study

The concepts discussed in this paper are based on developmental and psychoanalytic theories. I noted previously that suicidal behavior is a complex symptom influenced by external stress and the child's intrapsychic mechanisms that operate to maintain equilibrium. Psychoanalytic theory proposes that a symptom results from attempts to resolve conflict via a compromise formation. Psychic conflict is generated when strong forces to achieve fulfillment of wishes are countered by forces of ego and superego mechanisms to restrain attainment of wishes and gratification. Theory about the origins of psychiatric symptoms helps to highlight issues requiring study with regard to suicidal behavior in children. One issue is whether fantasies or wishes that promote suicidal symptom formation are different in children with varying degrees of psychopathology. A second issue is whether ego functioning that is associated with the expression of suicidal behavior differs in children with varying degrees of psychopathology.

In order to study these issues, it is necessary to define a spectrum of childhood psychopathology that is based on such parameters as fantasy and intrapsychic organization. A useful spectrum of psychopathology that can be considered ranges from neurotic disorders to borderline personality disorders to psychotic disorders. The validity and value of such a spectrum of psychopathology was offered by O. Kernberg with regard to adult patients. Kernberg