

# From A Preliminary Question to Any Possible Treatment of Suicidal Ideations

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## Abstract

The present work aims to provide therapeutic tools for the treatment of suicidal ideas. However, it is necessary prior to dispensing treatment to be aware of some questions about the mode of enjoyment of the current hyper-moderate era. All possible treatment from the psychoanalysis of Lacanian orientation of subjects with suicidal ideas will be based on this warning. First, a historical reading of suicide is presented, from ancient Greek Roman times to the present day, taking as its axis the conception of suicide along with the associated causes. Second, a development on the differences between suicide and euthanasia. Finally, a reading of the time from the concept of depression. The question that guides the work is how the possible treatment of patients with suicidal ideas is based on the coordinates of the social context and the historical moment? It is obtained as a result that suicide is a consequence not only of the signifiers of an era, but of the primacy of masturbatory enjoyment. In conclusion, the therapeutic tools to moderate enjoyment in patients with suicidal ideas are based on the coordinates of a time, so they fail over time, as the techniques that were once used to treat suicides fail.

**Keywords:** *suicide, euthanasia, depression, masturbatory enjoyment, hypermodernity*

## Historical perspective of suicide

Georges Minois, historian of suicide in France, has written a fabulous work: *History of suicide*. There he points out that suicide in Greek-Roman antiquity was a well-regarded act, an act of an honorable person. The only suicides who were not considered honorable were the slaves and the condemned who committed suicide to escape justice and the confiscation of property. But the rest of the suicides were admitted as acts of honor (Minois, 2018).

The suicides who did not consider themselves honorable were condemned. How, if they were already dead? It is the trial of the corpse that was preserved until the 18th century. The corpse was kept, sometimes for months, to proceed to his judgment, in his presence, and then the execution of the corpse. It was about making the body suffer, which would be a certain form of reversal. Reversal because he puts his body upside down, with his face facing the ground, then hung by his feet before being burned and his ashes scattered; or even burying him at crossroads with a stake piercing his chest, so that everyone tramples on him (Minois, 2018).

The punishment inflicted on the corpse points to the annihilation of that body, in which someone who made an unhonorable decision lived. Foucault (2002) points out that a body is brought back to add a criminal significance to it and be subject to punishment. He did not reach with suicide, nor with prison, it is necessary to manufacture a criminal to be able to enjoy punishing him.

For religion, the sacred thing was the body. But the body is the perishable part, while the soul is the noble, imperishable part, with which a contempt of religion for the body is revealed, even though they maintain that it is the sacred. The transcendence of the soul, of spirituality, of faith, shows a contempt of the body as that which does not mean. For example, in the case of slaves, their life did not belong to their body and they found in suicide individual freedom, the tearing of the soul, of the noble. In this sense, Socrates believed in the eternal life of the soul.

Things change when Christianity appears, starting with St. Augustine, introducing the religious prohibition, that is, suicide is forbidden by God. The justifications given by the Church, gathered in the

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idea that God has created life, that he has universally banned suicide and that suicide would be an attack on God, were formalized by Thomas Aquinas. Suicide for the Church will not only now be an attack on God, but also on society, because it deprives society of one of its members. Suicide is conceived as an attack on the love that one owes oneself for the others. The Church then formalized the prohibition of suicide. That is to say that life does not belong to the being that inhabits a body, but belongs to God, because it was he who created it. Therefore, the commandment "You will not kill your neighbor" applies to itself "You will not kill yourself," which turns life into a commandment: "You have to live." The imperative "You have to live" was extended to state policies. Pierre-Gilles Guéguen, a psychoanalyst member of the AMP, places suicide as a public health problem from the 1920s. Especially since the juvenile suicide rate has exceeded that of the older generations. Suicide passes the forbidden to the massive. Psychological autopsies began to investigate the family group in order to develop a suicidal personality, a clinical type that would be called "the suicidal" (Guéguen, 2018).

All this is done with a supposed purpose of prevention, supposed because the singular determinants that led to suicide are ignored there. It is an approach that tries to correlate statistics and causality, reduce psychic causality to biological, statistical, socio-demographic data. In this way, the treatment of suicide becomes a mass treatment, and not of the details, not of the reasons that drive someone to attempt suicide. Mass treatment is driven by the imperative "You have to live" because your life does not belong to you. ¿Can it be a treatment if it emphasizes that your life is not yours? Guéguen (2018) glimpses that this idea - life does not belong to the person who carries it - goes from being enunciated by the Church to being enunciated by the State. In the 5th century, at the end of the Roman Empire, there were enormous socioeconomic problems. The State is extremely powerful and totalitarian, extending the tendency of domination of individual freedoms and the control of the families of the Lower Empire to the nascent State. Suicide was, in those days, the desertion of the soldier, the renunciation of the defense of the State, the refusal to be a citizen of the State, although hidden from the Empire.

The Renaissance comes to put the light on the paradox of this perspective of suicide. On the one hand, he notes that the ancients had had a positive position in the face of suicide by rediscovering, with

his works, the famous and glorious suicides, that is, the honorary perspective of suicide. But, on the other hand, the idea contained in the ideals of religion, suicide as forbidden, as an act of cowardice. This paradox between prohibition and imperative radically separates the being from its body. How do you approximate the being to the way it can have a body?

The 18th century, the beginning of capitalism, introduces a crisis in social ties, resulting in the beginnings of the feeling of isolation. This makes the issue of suicide go from a glorious conception to a worrying one. But before, between the years 1580 and 1620, suicide appears as a concern for society, expressing itself in literature, novels, theater, from which arises a cascade of suicides that make up the central core of tragedies, whose prototypical example is Shakespeare (Guéguen, 2018). Suicide goes from being the subject of an intellectual debate to a concern for society. Stop being a courageous act to be a worrying act.

With the Industrial Revolution, the beginning of scientificism and logical positivism, it becomes evident that the person is at the service of something else, of production or the reason that experience can say, and is not free about his own body, his own life. The person is at the service of something else that advances incessantly, that asks for more, that is not enough. The nineteenth century therefore carries the strongest condemnation of the act of suicide, because the individual - not divided - is the one who sacrifices himself for progress, and progress needs the individual, then it is forbidden to commit suicide because first is production. The more capitalism, the less repression in the Freudian style, the less return of the repressed, the less symptom and more dehumanization. The push for the suicidal act is becoming more and more feasible. While capitalism reinforces its prohibition, it achieves nothing more than its stimulation. That is, the more it reinforces prevention, the more it facilitates suicide.

Capitalism introduces a break in social ties as they were conceived since the Middle Ages. It is forbidden to commit suicide because humanity needs you, but social ties do not need you. The imperative of living for the progress of the collective meets its opposite, the unbearable of being with others that hinder the satisfaction of hyperconsumption. Durkheim (cit. Minois, 2018) said that the loosening of social ties is a reason for suicide.

What is needed of the human being is his body, so that the progress of humanity passes through it. The body is what matters least, but it is what matters most. The progress of humanity is thanks to the body,

provided that the body is worth nothing. That's the paradox. What makes a human being different doesn't matter. That's why many patients do not refer to the desire to die, but to not exist. Because the opposite of living is not to die, but not to live. This paradox silently introduces the most hostile dimension of the human being, the radical and absolute rejection of the soul. It is the strictest century in the religious, that is, in the matter that the ideals of progress of society matter more than the essentials of human existence.

Minois (2018) recalls that the increase in suicides is due, in part, to the passage of the human being from the countryside to the city, it is due to the human disposition towards the evolution of what is called modernity. Freud reads this and places a discomfort in the culture, which refers to the unbearable of living with others. Because if someone aspires to be a human, he will be asked, as a minimum requirement, to renounce immediate satisfaction. That resignation leaves a pending balance, something that burdens the human being, that does not manage to discharge, and that translates as unbearable to live. That's why sublimation is important. There are subjects who do not reach it and are repressed or at the expense of the terrible enjoyment of the death drive. Rather than dying, Voltaire said, I prefer to suffer. Perhaps, a suicide has not had the luxury of trying to know his way of suffering.

### Is there a dignified death?

Lacan (2007a) points out that suicide is not only biological death. In Seminar 7 it separates two deaths: that of the organ and the symbolic one. Reading Antigone showed how symbolic death is before biological death. What symbolic death is today before the biological one? Euthanasia, for example. With the foundation of science and the consent of the legal framework, without mentioning religious opinion, euthanasia stands as a solution to the unbearable of living. Bioethical issues are at stake that are overrun by the claims of control that governments, in alliance with capitalism and with the positivist tendency of science, direct.

It's the problem of pain. Doctors encounter difficulties in their know-how when their patients are dying. Despite the technological advances to extend life, death remains the inevitable end of life. That technological advance has been prioritized over the quality of life. At a certain point in life one has the perspective of infinite life. But at another time it appears as a threat, an awareness of death appears, it is a pathological fact, which clashes with the conceptions that you have to take care of and extend

life. The Hippocratic oath restricts the word. The law threatens the doctor that he will convict him if he does not take care of his patients. But the reality is always misleading. When death is on the side of the loss of the meaning of life, that consciousness is pathological. Now, if death is put as a consciousness of finitude, as an engine of developing life in everything one can, there is a deception, but support of life. If you don't have a clear commitment to life, a desire that sustains it, you are thinking that you are going to die. It is the idea of what this for?, for what that?, ¿why do we do meetings if we are going to die?, those existential questions account for a loss of commitment to life. The function of death is present in various ways. As an engine for solving problems before dying, as an obstacle to living, as a preparatory anticipation for the realization of things. They say that the best death is the anesthetized death, which is the death of kings.

What Freud teaches about the father's death is that many times that allows desire to arise. When someone who holds everything dies, the rest is reborn. For example, in the presence of the father the children are useless, the father dies then the children develop. Hence, a father is the dead, parents are recommended to die symbolically. It is not about attending suicide, because we would enter the tragic stories of the primitive horde, Moses and Oedipus, but about locating the function of euthanasia as something other than biological death, it works as when the doctor intervenes at the limit of life and defines that a certain way of enjoying is over. That's when medical intervention slows down life. Palliative care, sedation, keep you asleep, that's not euthanasia. Euthanasia is that you die a way of enjoying. And this is not done by the subject alone, he needs the Other. The Other decides when life ends. The matter is the law. If you do it alone, you don't need euthanasia and we are in suicide. But euthanasia calls the Other, it is the function of the Other intervening on a mode of enjoyment, it is to ask the Other to end that life. It is not assisted suicide. An assisted suicide is suicide accompanied by another. It's not asking the Other for euthanasia. Euthanasia is the intervention of the Other at the limit of life.

Suicide is an act of power over one's own being. Deciding when to die is to take sovereignty over our own life. That from psychoanalysis is something impossible. No one can say that he owns his life. Freud said in *The self and the it* that the self is not a master even in his own house, but that it depends on some petty news that comes to him, disguised, from the unconscious. Since Freud discovered that the

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subject is spoken by the Other, humanity has been affected by a deep division. The Freud event is the introduction of a new status of subject, the subject of the unconscious. And there it is understood that suicide is a solitary act, it is the omission of the unconscious, the omission of a third party. Because between the subject and his self that says "I want to die" there is a third who decides that. For example, palliative care as a way to accompany the patient's death.

The law states that there is a limit to the individual will. If life is seen as a common good for society, it is different from being seen as an individual good. The person who kills himself to escape a painful state, according to Kant and what we mentioned earlier, is immoral. It is not necessary to be happy throughout a lifetime. There are more precious things than life, such as dignity. For example, if someone kills himself to take away from his opponent the benefit of having to kill him. The hostages who have not endured the sufferings inflicted are killed. That's not euthanasia, it's not the function of the Other. Those who are willing to die rather than fall into the hands of the enemy are not afraid to die. Is being afraid of dying enough to sustain man in life?

According to the history of suicide, as we mentioned, our life is from God or from the State. In the war they gave the soldiers a pill so that if they fell into the hands of the enemy they could kill themselves. That's owning your own life. Suicide, says Foucault (2002), is an act of resistance that turns against the biopolitical system it intends to control. Not only because being dead implies zero profitability, but because before death it is impossible for power to be power. From the act there is no return. The suicide is a being driven by passions, by inclinations, it is life beyond well-being. There is no social bond, there is no place where you can understand yourself in that community, the end of your life would be outside that community. For some suicides who felt discredited, attacked in their image, it is better to take their own lives than to represent in their own person the dishonor of all humanity. And there comes the function of the Other, indicated by euthanasia, as a response to his life being taken by the will of enjoyment of the other, is to rebel so that life is a mandate to live. This is disturbing. Death threatens power. Death confronts power with its own impotence. The biopolitical device has the intention of making you live. The idea of allowing the subject to die with his will does not enter the heads of the rulers. But so that his act of dying is not illicit, we have invented euthanasia. Instead of killing, it's helping to

die. Although that doesn't relieve the responsibility of killing.

The suicidal idea appears when the subject is the object of death and disappears as a subject of the Other, his being becomes the object of enjoyment, of the will of the drive to kill of another. That suicidal idea comes to tell us that there is a lack of a deepening towards interiority. Hippocrates II century A.D. son of doctors, grandson of doctors, bequeathed us a collection of scientific texts on Greek medicine. It begins with an oath to the gods that has to do with health, which dictates the care of life, forbidden to kill, life regulated by reason, is the guiding axis of a therapy that prescribes adequate feeding, control of excess, correct rest. No surprises.

### The Triumph Of Depression

In some countries it is allowed for someone to leave life because he feels that nothing could surprise him anymore. That there is nothing that surprises is a social problem. Society has been in charge of killing desire, which is what finally moves a subject in life. The consumer society is characterized by wanting to know nothing about desire. To want to know something, you need another. And in hypermodernity you have to have the latest of the manufactures on the market, the latest Iphone, the last Harley Davidson, to be happy. There is no need to talk. The subject addicted to the object, because the object has risen, as Lacan (2012) says, to the social zenith.

The impossible is done to reach the object, the subject is torn apart to reach the object and, when he has it, he no longer wants it, he depresses, he falls asleep, a new object is needed, and so on. We no longer wake up, desire does not wake us up, but we live asleep. It's what Lacan (2007b) calls the lack of fault. This is the name of contemporary anguish. The anguish is felt in the body. It's deadly when you realize that the more I consume, the worse I feel, because the bigger the hole is. It is, as Laurent (2016) says, the false ideal of hedonism to the happy end that does not produce joy of living.

Laurent (2008) points out that today's society is a society of mass conformist hedonism. He has a passion for the objects proposed by the market. The market offers all the time these objects, plus to enjoy, that erase the singularity under the slogan of a "for all". We are accompanied by these objects under a kind of universalization of the object, but we are alone. That's why, says Laurent (2013), the symptom of the time is loneliness. An era of dependence on objects that marks a clinic of acts. Behaviors linked to self-eroticism, gender violence. On the other hand,

there is an increase in consultations for cosmetic surgeries, perhaps to fill the place of the existential void? Drugs, anxiolytics and antidepressants are the best-selling objects of the time, precisely depression is in 25% of the world's population. The current subject is led to dispense with the Other and enters into a direct relationship with the object that is not extracted from his body. This is what psychoanalysis places on the side of addiction. It is the triumph of masturbation, the triumph of a enjoyment separated from the Other.

In fact, the enjoyment of the object covers the mouth. That's why the new ways of suffering are mute. And solitary enjoyments are the ones that proliferate. Lacan (2008) spoke of the enjoyment of the idiot, it is the enjoyment of oneself, he also placed it in the ethics of the single (Lacan, 2012). In addictions there is this attempt to obtain satisfaction in substance, in technological objects, as an attempt to make up for the impossibility of full satisfaction.

The subject demands the market to fulfill the promise of happiness, but what he obtains as a result is generalized depression, because it is expected to grant that happiness, let's remember the proposal of capitalism: there are objects for satisfaction, that is the ghost of capitalism, there are objects in the regime of having, but we find that they are disposable objects, which generate more dissatisfaction. The answer of capitalism is the novelty, that is, another one, and one new, and then I want another, and another, to keep the hole alive and satisfy it unsuccessfully, again and again. Psychotropic drugs are at the service of combating that discomfort, while the hedonism of which Laurent speaks (2016, 2008) reveals the other side of the death drive. The limit of hedonism is death. As in alcohol abuse, which can lead to an alcoholic coma, before hospitals were full of COVID patients, it was full of alcoholic comas. They are the modern ways of committing suicide. Thus, what the time teaches us is that drugs, addictions and, on its most extreme side, suicide, are the failure of the principle of pleasure, because the principle of pleasure, Freud says (2012a), includes the limit. The principle of pleasure, as described by Freud, seeks homeostasis. Hedonism, on the other hand, seeks a beyond the principle of pleasure, which Lacan named enjoyment.

The current era indicates this passage of the obsessions caused by the repression of addictions and compulsions. The classic symptoms, the product of repression and the return of the repressed, gave rise to these acts that are without conflict, mute, that do not make a lawsuit, do not complain, that is why in

general the subjects who have tried to commit suicide are taken by others to the consultation. They are inhabited by a enjoyment that does not make a symptom for the subject, that's why transgression is not necessary, what comes to that place is the search for the limit, which is often put by the body when the subject is pulled by the pills that he ingested or hurt by the hanging that was practiced.

The Victorian era was the time of repression. The subjects suffered, but they didn't destroy themselves so much. That time gave rise to the symptoms. One symptom is the one that is triggered as a result of the conflict between an unconscious desire and repression, the classic structure of the symptom in Freud that we find in *Studies on hysteria*, from the Ema case to Elizabeth von R. We know him perfectly, how Elizabeth von R was in love with her brother-in-law, that is, she had a forbidden, repressed desire, she could not sleep with her brother-in-law and the best thing she can do is a symptom, not being able to walk. At work with Freud he realizes that it was worse than that, that the love for the brother-in-law covered another love, for his father, when she took care of him, while he was sick. While she was caring for the sick father, her sister enjoyed this beautiful brother-in-law. The meaning of the symptom is understood, he wanted the sister to die to stay with the brother-in-law, but in exchange for that there is a repression, in the place of love for the brother-in-law appears the pain in the leg, and the fear of taking the bad step as Freud says. This significant work today is rejected and instead the pathologies of the act are affirmed. It is a refusal to know the relationship that everyone has with their own unconscious. That can save many lives.

Freud (2011) says that civilization is built on the renunciation of the pulsional. But the fundamental problem of the 21st century is that repression is not central at the level of symptoms. The pathologies we receive in the office are no longer the neuroses produced by the repression of libido, but we receive pathologies by impulsivity, produced by the push when we simply do it. Nike's "Just do it" or Adidas's "nothing is impossible" are the slots that are installed as ways to live the drive in today's civilization.

Today we hear the term kill many times. Not specifically stuck to suicide, but there is something of the common discourse that floods the graphic media, the newspapers, where the term "kills me such a thing", "killed such another", "it is a bomb" to designate not only something amazing, but also something bad that went wrong and this is increasing in the last 30 years. Before it is not that there were no

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suicides, because suicide is a matter, as we have located it, of antiquity, but the discourse about some sufferings is now formulated with the term kill. Many patients present themselves "I die for Instagram," "I die for series," "I die for sex," "I die for shopping," "I die for work," "I die for living traveling." There is something that entered the culture with that signifier as a cover letter and the worrying thing is that the subject does not question it.

Death is a contemporary way of naming things that previously had another name. Today they are called "baby, buy", imperatives. Death is the short step. The circuit not delayed by the introduction of desire. The identification with the enjoyment. Let's think about the immolation. There you respond to an identification with the ideal, where the body does not belong to me, it belongs to something else, not to another, but to an idea. The identification of the ideal of the self becomes lethal.

Addiction is the replacement of the great Other by the object. You don't need anyone if you have the Harley Davidson. It's about the enjoyment of the single, Lacan said (2012). You don't need the Other if I have the last iPhone, I don't need the Other if I have my Marlboro. The Other replaced by the object. The advertisements make use of that, of how the object covers the Other, that's why the objects are mute, the joys are solitary and proliferate. It is, Miller and Laurent (2005) indicate, about the drug-addicted era. This results in depression, the usual reason for consultation today. Depression is a disease, it could be said with Freud (2012b), while grief is a normal state. According to Freud, who is sad, he feels a deep and painful unease, he may feel a loss of interest in the outside world, a loss of the ability to choose a new object of love - in place of the weeping -, an estrangement from any productive work, and sometimes even the loss of appetite. But such a picture is not a pathological state therefore it should not be moved, it should not be questioned, it is not convenient to try to get that sad person back to his normal life. Grieving is a normal affection that must necessarily be transited. Although the person who goes through a grief leaves nothing for other purposes and interests and grief absorbs the self, such a state is not sick (Freud, 2012).

On the other hand, in melancholy, Freud's term that today can be understood as a state of depression, there is the same picture of sadness mentioned above, but something more is added, a reduction in the feeling of self. The depressive self reproaches, denigrates himself, treats himself with indignity, with contempt, feels inferior, it is the enjoyment of the

sadism of the superego that subdues the self and can become extreme to a delirious expectation of punishment. The self of the depressive is remarkably lowered, impoverished, says that it is despicable, becomes guilty, humiliation justifies itself, submits itself to an extreme need for punishment, yields to the pressure of a hypersevere moral instance, becomes a victim of the cruelty of its own moral conscience and is not ashamed to strip in public that loss of respect for himself.

In such a picture, says Freud, there is a link with the oral stage of libido, a stage in which the human being is dependent on another person who provides him with the satisfaction of his needs. In that act of being nourished there is a feeling of devouring, of eating in an uncivilized way from the source of food that that person provides and in this way to ensure identification. He appropriates the body of the other supplier to treat it with hostility, devours it, eats the other and incorporates it into himself. In this way, libido, instead of being placed in an external person and differentiated from his own body, is replaced by an identification of morality, an instance that will end up devouring himself. The critical instance has taken the self as an object, the shadow left by the loss of the object has fallen, with all its strength, on the self. What is revealed for the melancholic is that the hostility that directed the object that nourished is now turned on the self that is taken by the subject as an object of hostility. As the suffering of living punished is unbearable, then think about suicide.

The person who thinks about suicide, says Freud, does not do it because his life does not make sense, or because he cannot overcome some loss he has had, as is commonly thought, but often does so because he is taken by an intense feeling of guilt. They are people taken by the greatest severity with which the most cruel and critical instance of our being operates. Depression is then a disease. The sick in depression is given by the aggressive component that is located in the superego and that sinks its roots in it, indicating a satisfaction of punishment that is causing the disturbance of the feeling of life.

The superego in Lacan (2007a) is enjoyment, it is not the limit that Freud placed in the superego as heir to the Oedipus complex. For Freud the superego says no to the possible pleasures and for Lacan it is an imperative of enjoyment. If the Freudian superego demanded the resignation, the Lacanian superego is an imperative to enjoy. It's what happens in the current era. Satisfaction is what became a duty. That's why the symptomatic forms of discomfort in culture today have to do with the practices of

enjoyment. Bulimia, obesity, alcoholism, even suicide, pathologies linked to autoeroticism, how many likes, how many applause, hearts, how many emoticons, in short, are not pathologies of the least of enjoyment, at least phi that introduces the phallus. They are new pathologies, of depression.

Lacan (2007a) says that the key to depression is to give in, it is to abandon the unconscious desire, today there is an addiction to depression, it is almost a crutch, "I'm depressed", "I'm depressed", "I'm not depressed?". And medicine is complicit. Doctors prescribe medicines for anything. You cut with the boy you saw yourself three months ago, any small loss, it is already the passport to be received by the doctor, an antidepressant, as if there was no place for sadness. Sadness is normal, the mourning that has to be done, as Freud said (2012b). But that is rejected today. It is forbidden to feel. The pills anesthetize your feeling. So much that you don't even feel like having sex. The Prozac, for example, pushes you not to feel. And depression is the name of the impossibility of sustaining the imperative of happiness. When I'm not up there, then depressed. You have to be happy, all the time. It is a rejection of sadness (Balzarini, 2023).

Young people are pushed to happiness. They are increasingly freed in their obligations. The Other distances himself more and more and leaves the young man the task of being happy. The more the idea of "you are free" strengthens, the more the idea of "being happy" grows. It's about the obligation to be happy, what before, for religion, was "you must live." But it is a must live with the direction towards the failed Other. Young people are alone and lost in a perspective in which they see themselves "without a future" because there is no possibility of failing. It's as if the young man was told "you have no reason to commit suicide, if you have everything." To have everything is to have nothing.

The obligation to be happy is a very heavy obligation. Precisely, if you can't reach it, the guilt is very great. Since you are free, you can't accuse anyone but yourself. And since I didn't manage to be happy, or, being realistic, as a frustration was presented to me at some point, then it's my fault. Young people are impatient, in a hurry. The time rushes them, dictates how they should enjoy. They have to make a list of things before they die. While desire has been lost as a limit. The example of the young man who commits suicide in the movie "The Society of Dead Poets" for giving in to desire at the expense of an ideal that ends up making him disappear. Suicide is then a phenomenon that can be read as a response to society with what it itself condemns young people.

### Conclusion

A difference has been revealed between the way you lived in ancient times and the way you enjoy yourself today. It was located that in ancient times suicide was in relation to repression, with prohibition, suffocation, belief in ideals that produced confusion and distances from one's own being; while today suicide is in relation to debauchery, with the obligation of enjoyment, with the push to satisfaction that leads things to overdose. In both ways, the body is the support of a delocalized enjoyment, without orientation.

The leading participation of masturbatory enjoyment today in alliance with capitalism in the causes of suicide is demonstrated. The hypothesis that suicide is a consequence of the signifiers of the time is demonstrated, it is enough to look at the addictions that affect human life and the name that encompasses today contemporary symptoms, loneliness. The contribution of this work is then to take into account that for the therapy the participation of the Other is necessary, but not in an excessive way where the freedom to enjoy prevails, but a participation that can put a stop to enjoyment. Because suicide is linked to excess enjoyment, to the deregulation of the body.

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