

6

SUICIDAL DEPRESSION

A Case Study of Complex Depression's Most Severe Consequence

Hope is a necessity for normal life and the major weapon against the suicide impulse.

—Karl A. Menninger

In a fascinating article, Ali and El-Mallakh (2022) offered an analysis of what appears to be the oldest record of a depressed individual contemplating killing himself: a 4,000-year-old Egyptian papyrus of a man “journaling” his plight. The authors were particularly intrigued by the man’s sense of worthlessness: “Look, my name is reeking; Look, more than carrion’s smell/ on Harvest days/when the sky is hot” (p. 4). When such worthlessness accompanies the loneliness and hopelessness voiced by this man, suicidal depression develops. The authors concluded, “The presentation of depression, the reasons for considering suicide, and the process by which an individual works through those thoughts do not appear to have varied significantly over the past 4,000 years” (p. 7).

Indeed, they have not. As noted in the Introduction and throughout this book, depression is a very serious risk factor for suicide—likely the most

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Complex Depression: The Role of Personality Dynamics and Social Ecology, by G. Shahar
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serious of all (Alqueza et al., 2023; Hawton et al., 2013; Miret et al., 2013). Suicidal depression occupies a central place in my research and clinical endeavors (e.g., Shahar, Rogers, et al., 2020). In fact, as gleaned from the Introduction, I did not really choose to deal with suicidal depression: It has chosen me.

In Chapter 5, I identified suicidality as the last of several complications caused by three ecodynamic patterns: action, immersion, and extraction (Table 5.1). Because suicide is by far the most dangerous potential outcome of complex depression, I devote an entire chapter to it. This chapter explains how the reformulated depressive position translates into suicidal ideation, suicide attempts, and eventually death by suicide. This explanation builds on and extends my earlier theoretical publications on this topic (Shahar, 2018, 2021b). Central to the theoretical effort here, I attempt to align reformulated object relations theory with the most prominent theory of suicide: namely, the interpersonal–psychological theory of suicide (IPTS) established by Joiner and colleagues (Chu et al., 2017; Joiner, 2005; M. L. Rogers et al., 2021; Van Orden et al., 2010). I begin by describing the IPTS. Then I relate the IPTS to the reformulated depressive position, arguing that the integration between the two perspectives illuminates the way in which individuals trap themselves into a social context from which they may only escape by killing themselves. This entrapment, I contend, stands behind what Joiner and colleagues identified as an acute suicide crisis. I illustrate this with the case of my stepfather, Zvika.

INTERPERSONAL-PSYCHOLOGICAL THEORY OF SUICIDE

The IPTS represents lifelong, monumental scholarship and research on the determinants of suicidality. Although the theory is primarily interpersonal, it also draws on cognitive behavioral and biological evolutionary perspectives. Thus far, the IPTS has not been linked with psychodynamic thought. This is understandable, given Joiner's (2000a, 2000b) dismay with the nonscientific mentality of the psychoanalytic establishment (a dismay that I share but seek to circumvent; see Chapter 3, this volume). Hence, the following pages represent what is, to my knowledge, the first attempt to link the IPTS with a reformulated psychoanalytic stance, and I hope to convince you (and Joiner) that such a linkage is fruitful.

According to the IPTS, in order for individuals to be able to die by suicide, they must possess both *the desire* and *the ability* to do so. The desire to die by suicide emanates from two psychological states: perceived burdensomeness and thwarted belongingness. The ability to die by suicide is predicated on a

person's ability to transcend evolutionary self-preservation and to gradually acquire fearlessness of death.

Perceived burdensomeness pertains to individuals' view that their existence burdens their social context, including their family, friends, and acquaintances. Consequently, the individual believes that these people would all be better off without them (de Catanzaro, 1995; Noyman-Veksler et al., 2017; Van Orden et al., 2006). *Thwarted belongingness* refers to the experience of an individual being alienated from others and not an integral part of a family, circle of friends, or another valued group. This idea is an iteration of Durkheim's (1897) famous study linking social alienation and suicide and is based on a massive body of research implicating social support in suicide prevention (e.g., Kleiman et al., 2014).

An acquired ability to enact lethal self-injury pertains to the repeated attempt to physically hurt oneself, representing a tenacious fight with self-preservation motives. Empirical evidence is consistent with the IPTS: past suicidal behavior habituates individuals to the pain and fear of self-injury, making future suicidality more likely (G. K. Brown et al., 2000; Nock et al., 2006; Orbach et al., 1997; Van Orden et al., 2008).

The IPTS postulates that the three risk factors just described (perceived burdensomeness, failed belongingness, and acquired capacity) work in tandem. In particular, this theory suggests that the joint occurrence of perceived burdensomeness and failed belongingness is sufficient to produce the desire to die, and this desire translates into lethal or near-lethal behavior only in the presence of the acquired capacity for lethality. The interactive nature of at least two of the three risks is demonstrated in numerous studies (Chu et al., 2017).

The Reformulated Depressive Position and the Interpersonal-Psychological Theory of Suicide

Recall that the reformulated depressive position comprises three elements embedded within a fourth, higher order one. The three elements are criticism-based affect, affect-regulatory maneuvers aimed at diffusing criticism (counteracting deficiency, downregulating authenticity, and compulsive purposefulness), and mental representations of the self as appeasing a judgmental other. These are embedded within a time axis whereby the reformulated depressive position is remembered as occurring in the past, is enacted in the present, and is projected into the future. In the case of depression progressing to suicidality, the time axis is the most important element. More specifically, the future is the most important sub-element within the time axis. Here is why.

When depressed individuals project their self-with-other representations into the future, what they most project is hope. This projection is not merely in the cognitive-reflective sense (namely, an abstract scenario where they feel good and their lives are good) but rather in the relational sense: the hope that others will accept and validate them for who they authentically are. Underlying this hope is the construal of the projected other as providing redemption, of absolving them from the constant need to diffuse criticism-based affect via the aforementioned regulatory maneuvers. At the same time, however, these individuals are haunted by their past and present over the dread that others will hurt them as they always have and always do. Tragically, while depressed individuals project both hope and dread for the future (Mitchell, 1995b), their interpersonal behavior is governed by the latter rather than by the former. Thus, in an attempt to counteract deficiency, they project criticism onto others, thereby provoking rejection and loss. The rejection and loss activate demeaning, criticism-based affect and mental representations of judgmental and punitive others; this occurs alongside the aforementioned downregulation of authenticity, which, in Winnicott's (1965) terms, diminishes the true self and bolsters the false self. Hope is still maintained via compulsive purposefulness, but the latter depletes ego resources. Ultimately, the failure to "generate" an accepting other erodes hope and introduces frustration and resultant agitation; these affects further alienate others, thereby trapping the person in interpersonal turmoil. Others thus are either abandoning, leading to thwarted belongingness, or fiercely accusing and thus begetting perceived burdensomeness: "My mere existence is an offense." The person is left alone at the mercy of their inner world, which at this point is completely merciless. Because depression "locks" the person in their inner world (depressive rumination), their encounters with the outside world become increasingly harsh. Suicidal patients with depression in my practice often describe their suicidal ruminations as stormy screams. Outer reality is no longer available as a respite from these screams: The person has already burned all bridges and/or realizes that they are likely to invoke hurt in any interpersonal turn. The only way to stop the screams is to cease being aware, and the only way to secure this is to die (Baumeister, 1990). This state of affairs pertains to what Joiner and colleagues called *acute suicidal risk* (M. L. Rogers et al., 2019). Now the sufferer has a new goal, a new sense of meaning, or a new way to salvage their self-image: They can succeed in dying. This is incumbent on two conditions. The first is stealth: If people close to the sufferer know that they are going to kill themselves, they will intervene. This is why acute suicide risk tends to be under clinicians' radar. The second is the fear of death, which requires practice to overcome

and leads to what Joiner and colleagues called *acquired capacity*. When the sufferer has practiced enough, they are ready to stare death down (Joiner et al., 2016).¹

CASE EXAMPLE OF THE ECODYNAMICS OF SUICIDAL DEPRESSION: MY STEPFATHER, ZVIKA

Herein, I use the death by suicide of my stepfather, Zvika, to illustrate the theoretical postulates described earlier concerning the ecodynamics of suicidal depression. As is likely expected, this is not easy for me. But I find it helpful for a few reasons. First, discussing it helps me work through the experience of being a suicide survivor (and doubly so, as my biological father also killed himself, but the dynamics of his suicide was, I believe, very different than that described in this treatise). It is also helpful because I am “close to the data”: I knew Zvika for more than 30 years and have access to reports about him from my brother and sister, his distant family members, and my mother’s (unfinished) memoir and the letters he wrote her that became available to me shortly after her recent death. This proximity to the data renders the following analysis a mixture of (a) psychological autopsy (i.e., a clinical-psychological procedure aimed at understanding the determinants of a victim of suicide using the information they have left behind) and (b) ethnography (i.e., an anthropological methodology whereby the investigator immerses themselves within a certain social context and reports on their impression reflectively) (Marcus, 1995; for application to the understanding of suicide, see also Pearson & Liu, 2002). In fact, because some of the materials I use to analyze Zvika’s suicide are mine (e.g., letters he wrote to me, my own memories of him), my analysis includes strong elements of autoethnography (T. E. Adams et al., 2015). To the extent that ethnography requires a large measure of reflexivity and skepticism (Lichterman, 2017), autoethnography requires even more. Accordingly, the analysis is offered here as an illustration rather than a demonstration, and its validity is invariably “bracketed” (Roth, 2013).

¹I find it an incredible testament to Joiner’s perceptiveness that based on analyses of video clips of sufferers just before their death by suicide, he and his colleagues observed that completers tend to have an abnormally slow blink rate. As these authors noted, a particularly slow blink rate is characteristic of action that is frightening and daunting, which is exactly what a suicidal act is (Duffy et al., 2022; Joiner et al., 2016).

Zvika's History

Zvika married my mother when I was 1 year old. Because he was the male figure who actually raised me, my recollections of him are complex and multifaceted. There was the Zvika who was sparkling with charm, wit, and wisdom, and there was the Zvika who became so rigid that he could not be reasoned with. There was the dedicated and trustworthy Zvika who had others' needs in mind and who would go to great lengths to be there for them, and there was the Zvika who attempted to shrug all responsibilities in order to be completely free. There was the meditative, philosophical Zvika who would patiently engage in deep discussions with anyone interested, and there was the Zvika who was overtaken by rage and fear and sought to humiliate and hurt.

Zvika was born in occupied Poland during World War II. His parents were already in one of the ghettos and managed to escape to the then-Soviet Union in unknown ways. It was, as could be expected, a long and arduous escape, during which Zvika's father died. His mother, an outstandingly resilient and brilliant matriarch, managed to raise Zvika in the Soviet Union under the harshest conditions. They both "made Aliya," or immigrated to Eretz Israel (State of Israel), when Zvika was 7 or 8 years old. They resided in Jerusalem, where Zvika attended a boarding school. It was a harsh educational facility. Zvika attracted negative attention because he was an immigrant. I recall him joking about being humiliated for the way he dressed and spoke. He also alluded to various family members with whom he had adopted a bully-victim pattern.

My sister, Lilach, noted that Zvika was taken to boarding school because his mother was depressed. At that time, the numerous traumas that she had endured "caught on," and she had difficulty functioning. Yet Zvika was an only child and was his mother's entire world. Zvika and other family members were keenly aware of the tension between his mother's strengths and vulnerabilities; this contributed to the tension Zvika experienced while being both the center of his mother's attention and at the same time experiencing her depression as abandonment.

Zvika took his mandatory army service in infantry. He served as a paramedic and apparently was a very good one. During his mandatory service, war erupted in 1967 (also known as the Six-Day War). After his discharge from the military, Zvika decided to become an educator and worked as a high school teacher for years without an academic education (a not-uncommon scenario in then-emerging Israel). He oscillated between various fields of study and thus never completed a degree, which haunted him for the rest of his life.

Zvika's first marriage, which bore my stepsister, Iris, was stormy. He met my mother shortly after his divorce. They began dating slowly and later married. Owing to his extraordinary intellectual talents, Zvika got a job in the Israeli aircraft industry as an engineer despite not having the proper diploma. My sister, Lilach, was born in 1972. Life for the five of us was quite difficult. The Yom Kippur War erupted in 1973. Zvika served as a combat paramedic on reserve duty, and he experienced numerous battles and resultant horrors. After the war, we experienced long periods of economic hardship, and Zvika developed a serious cardiac illness that led to three cardiac arrests, one of which nearly killed him. There were other serious stressors with which we (as a family) had to deal that will not be described here. Rather, I conclude this brief history with a description of Zvika's immersion in a spiritual cult, which ultimately propelled his death by suicide.

Rising Tensions Between the Self and the Social Context: When Zvika's Depression Became Really Complex

One tension Zvika harbored was that between rationality and spirituality. He was a very gifted engineer with a strong background in mathematics and computer science and he was highly versed in physics, biology, and chemistry. His knowledge of the humanities was incredible. Zvika spoke approximately six languages and was highly knowledgeable in philosophy, history, and the arts. He was particularly attracted to mystical experiences and sought to understand the transcendental: deities, supernatural phenomena, and altered consciousness. This was common knowledge in our family, and my mother often complained about how Zvika would repeatedly pursue communities and gurus who promised access to transcendental experiences and the afterlife. Zvika would enter such a community, make a huge impression, become highly enthusiastic, and then quickly find himself in a clash with the community leader and/or key community members. He would then become disenchanted and leave, only to resume pursuit of another community.

Around 2000, Zvika learned about the Fourth Way, a comprehensive mystical-religious (non-Jewish) philosophy developed by George Gurdjieff and his student Paul Ouspensky. Here is how my mother described the encounter in her memoir:

Zvika and I both loved reading books. Our private library was comprised of hundreds of books filling every [shelf] in the house. We were fond of going to bookshops together and we always found books to purchase. One day, when we were in Tel-Aviv together, we entered [the] Stimatzky book branch. I sought books on alternative medicine and Zvika looked for books on the occult.

Suddenly, Zvika came over and showed me a book with a marker inside. The book was *The Fourth Way*, and the marker had a phone number written on it. The phone number, it was written, was of a member of the Israeli society propagating the messages appearing in the book. Zvika's face lit [up] as if he found a gold treasure. "You see?" he said, "we did not come here [to the store] in [vain]. Someone above directed me into this [shelf] where this book was placed. Tomorrow I will call this phone number."

"What is this book?" I [my mother] asked.

"It is something I spent all my life searching for," Zvika replied earnestly.

Zvika looked very content. The next day, he told me that he indeed called the number, and found out that there is indeed a group of people managing a school that teaches the Fourth Way. His mood brightened, and he started to attend this school, first once weekly, and then twice weekly. At that time, I too took various courses in alternative medicine at various places in our hometown. Our children were now adults, were out of the house, and it [was] certainly the time for both of us to embark on new learning experiences for self-growth. Little did I know that this interface between my husband's character and his pursuit of the occult and the nature of the Fourth Way school will lead to an incalculable tragedy. (Lavie, 2022)

And indeed, it did. The 2 years after Zvika's encounter with the Fourth Way group and school were marred by one crisis after another. In brief, within months, Zvika was completely engrossed in cult activities. My mother learned that he had transferred almost all of their hard-earned savings to the cult. He isolated himself from virtually all of his former friends and acquaintances. He found a girlfriend and became increasingly violent at home. After he threatened to kill both my mother and himself, Zvika was forced by court order to move out of their house. After all his financial resources had been drained, Zvika quickly learned that he was no longer adored by the cult. He began having verbal altercations with some politically strong cult members and, sure enough, was kicked out. Eight months after Zvika left home, he was found dead in a motel room. He had turned on a gas stove and taken sedatives to fall asleep while inside.

As noted in the Introduction, I was at Yale School of Medicine at this time and was starting a new and exciting chapter in my life. I was completing my postdoctoral training and becoming a Yale faculty member, and my then-wife was pregnant with our daughter. I followed the slew of crises from afar, incredulous and helpless. I called Zvika several times in an attempt to reason with him, but he pushed me away with contempt ("How typical of you. You are trying heroically to sever a Gordian knot [referring to the escalation in his relationships with my mother], but you do not have a sword and you are no Alexander"). After numerous attempts, I ceased trying. I still feel guilty about ceasing, even though Zvika was right: I did not have a sword. When

I learned that Zvika threatened to kill my mother and himself, I told everyone around me that he would indeed kill himself. At the time, they thought I was being “hysterical.” The rest is history.

AN ECODYNAMIC ANALYSIS OF ZVIKA'S COMPLEX DEPRESSION

My ecodynamic analysis of Zvika's suicide is based on three steps. First, I characterize his psychopathological symptoms. Second, I relate Zvika's personality to the reformulated depressive position (described in Chapter 3). Finally, I focus on the ecodynamic patterns leading from the reformulated depressive position to Zvika's suicide.

Psychopathology

It is without question that Zvika had repeated and severe bouts of depression throughout his life. This was part of the family folklore, and Zvika even joked about it. At various points, Zvika was even prescribed antidepressants (selective serotonin reuptake inhibitors), which he found quite helpful. His depressive manifestation faithfully took hold in accordance with the description of male depression (e.g., Addis & Mahalik, 2003), with agitation frequently replacing overt sadness as well as physical symptoms, escapist behavior (not so much at work but directed toward mystical interests), and periodic isolation from people close to him. Another feature of Zvika's depression was his dependence on two substances: nicotine and food (such dependence is more common in male depression). He smoked rebelliously even after his cardiologists warned of its dangers, and he consumed massive amounts of food, particularly when depressed (which also brings Zvika's depressive manifestation closer to atypical depression).

It would be tempting to surmise that Zvika's depression was actually bipolar, because he was radiant and charming at times. Agitation in general, and agitated depression in particular, is considered a marker of bipolar spectrum disorder or the “soft-bipolar” spectrum (Akiskal et al., 2003). However, I do not believe that Zvika suffered from a bipolar disorder. First, there was no genetic history of bipolar disorder in his family. Second and speaking from personal experience, Zvika had many apparently contradictory sides, but I never saw these sides appear or disappear as a function of mood. Rather, I saw them come and go as a function of self: These were self-states (Bromberg, 2009), largely dissociated, that would alternate based on stressful

events and relational vicissitudes, and the alteration encompassed much more than mood. While the comorbidity between dissociation and bipolar disorder cannot be ruled out (Kefeli et al., 2018), a previous meta-analysis showed that of myriad psychiatric disorders investigated, dissociative experiences are lowest in bipolar disorder (Lyssenko et al., 2018).

The hypothesized centrality of dissociation is further corroborated in the overwhelming trauma Zvika experienced throughout his life: from escaping the horrors of the Holocaust as an infant-turned-child to experiencing a very difficult immigration to Israel at a young age, school bullying in adolescence, and the horrors of war in young and older adulthood. He once told my sister, Lilach: “The wars I have witnessed finished me.” The following description is from my mother’s memoir:

He also provided detailed accounts of his regiment’s participation in the fighting [of the Six-Days War in 1967], and at that evening he focused on a tough event he experienced in one of the battles.

While his regiment was storming forward, he and his fellow paramedics run into several Egyptian wounded soldiers. He saw a wounded Egyptian soldier with a broken leg screaming in pain and rushed to him to provide medical aid. He sat with his face turned toward the wounded soldier and began treating the broken leg, when suddenly he heard an awful yell by a fellow paramedic: “Zvika, watch out!” Instinctively, he turned around and laid on his right side.

Turned out that while he was treating the wounded’s leg with his back exposed, the wounded lifted a big dagger and tried to stab him in the back. The fellow paramedic’s yell saved his life, because it made him stepped aside and the wounded actually stabbed himself at the stomach and eventually died. (Lavie, 2022)

Reformulated Depressive Position

As noted in Chapter 3, the reformulated depressive position consists of strong ties between four components: (a) criticism-based affect, but also a fragile modicum of hope; (b) three affect-regulatory maneuvers aimed at alleviating criticism (namely, counteracting deficiency, downregulating authenticity, and compulsive purposefulness); (c) mental representations of a deficient but appeasing self in relation to a punitive but seductive (hope-invoking) other; and (d) the time axis, whereby the triangle consisting of affect, its regulation, and mental representations is remembered in the past, enacted in the present, and projected into the future.

In Zvika’s case, all were strongly manifested. Even in his suicide letter, the centrality of guilt—both as a felt emotion and as an emotion sought to be invoked in the other (i.e., me)—is clear (see the Introduction, this volume). In addition, anger and insult appear in the letter through their denial. The

letter also includes other emotions not directly related to the reformulated depressive position (e.g., confusion and love). This makes sense. People are much more than their single position. Indeed, Zvika was a person capable of loving, as demonstrated in my mother's memoir and the letters he wrote to her. This makes his death all the more tragic.

Additional criticism-based affects were apparent in Zvika's behavior throughout his life, the two most dominant of which are shame and contempt. Shame and shaming are paradigmatic in the development of personality and psychopathology in general and depression in particular (Farr et al., 2021; P. Gilbert, 2000; Scheff, 2001). Contempt is a more complex emotion that is usually directed at depressed individuals (Joiner et al., 1992) but is likely to propel interpersonal stress, arguably leading to depression (Roseman, 2018). At the same time, Zvika expressed hope (a noncriticism-based emotion that nevertheless belongs to the reformulated depressive position) throughout his life, usually with respect to a perceived impending redemption by others, communities, or pursuits. When Zvika's hope died, he went along with it.

All three affect-regulatory maneuvers described in the reformulated depressive position are characteristic of the way Zvika regulated his distress. Specifically, contempt toward others ("turning against the other") is the epitome of counteracting deficiency (Roseman, 2018). Zvika also counteracted deficiency every time he developed an uplifting spiritual project that he thought would redeem him, this time for good. Such spiritual projects were also tied to compulsive purposefulness: Upon developing the project, Zvika was completely immersed, investing all of his time, energy, and (particularly toward the end of his life) money. Downregulating authenticity was revealed in the peculiar way in which Zvika treated his job: He did not like it and it did not entice him, but he felt that a job was something people did so they would have the means to engage in pursuits they really liked. This meant that Zvika, a formidable intellectual and operational force, was largely estranged from the social context in which he spent most of his day.

As for mental representations of the self and others, I believe that parental representations played a major role in Zvika's dynamics. I am referring specifically (a) to Zvika's representation of maternal figures as nurturing and admiring on the one hand and judgmental and punitive on the other, primarily tacitly; and (b) to a blurry, almost absent, representation of paternal figures. Earlier, I alluded to Zvika's mother being a strong matriarch. I knew her very well and she, too, made a huge impression on me. As a grandmother, she was perfect: caring, inspiring, nurturing, and accepting. As a mother to Zvika, however, she was not only nurturing but also highly critical. Throughout their lives, Zvika attempted to obtain her approval, which she

gave only partially—with an elusive promise to provide full approval sometime in the future, contingent on his performance, which always fell short of her standards. As for the paternal representation, Zvika never really knew his father. Growing up without a father is a difficult predicament, one that incurs grave implications for personality development among children, including a likelihood of developing malignant self-criticism (Reuven-Krispin et al., 2021; see also Culpin et al., 2013). Father absence frequently leads to “father hunger” (Herzog, 1982). Juxtaposed against blurry representations of parental figures, the type of fathers “adopted” throughout the person’s life are likely to be seen as omnipotent and omniscient. In Zvika’s case, these were the gurus he sought throughout his life.

This brings us to the fourth component of the reformulated depressive position: the time axis. I have highlighted the centrality of the future, fueled by the power of *hope*: to be accepted by the other for what one authentically is. In Zvika’s life, such hope was constantly directed toward gurus and their followers. One by one, Zvika selected these gurus (i.e., *exciting objects*, in Fairbairn’s, 1944, terms), only to be renounced once he became disenchanted. Lamentably, the last guru and followers renounced him after draining his resources.

Ecodynamics

The scene described in my mother’s memoir, in which Zvika finds a note in an obscure book on a bookstore shelf, appears to be taken right out of a movie. But this is exactly what cults do: They spread seductive marks aimed at extracting individuals from their natural social context. Here is my mother’s recount of the financial disaster that ensued from Zvika’s relationship with the cult:

And then I began fathoming the financial aspect of this problem: The financial tragedy. I started to look at our bank accounts and the financial reports and this made me shudder. All our money from 30-years of savings was gone. . . . I asked my husband (about this . . .) . . . “I do not allow you to ask me where the money is!” he yelled . . .

“But you promised,” I told him in one of our conversations, “Right there, in your mother’s house in Haifa, on the Carmel Heights, you promised that we will be together forever, that you worship me, that I am your redemption angel . . . and now you are going to ruin both of lives because of this cult? Now? That we are both old and sick? What is going on with you? Let us start our life anew. Can’t you see what this cult is doing to you? To us? To our family?” . . . He stood aloft, condescending, and impervious, and said, “The cult is the most important thing in the world to me. The cult is now my family.” He then walked out of the house, slamming the door behind him. (Lavie, 2022).

Zvika was extracted from his social context and immersed into the cult. As long as he had the resources to buy his redemption, he felt fine. Unfortunately, when he was drained of his resources, he was seen by his “new family” as a burden and hence was abandoned. His hope for future redemption was tarnished. When my sister, brother, and I offered a helping hand, he actively pushed us away (action). Such was the power of the humiliation and self-loathing he felt. He was left with nothing. Perceived burdensomeness and thwarted belongingness then came full circle: Dying by suicide was the only successful thing he thought he could accomplish.