

## Symposium

📅 Sat. Sep 27, 2025 9:00 AM - 10:30 AM JST | Sat. Sep 27, 2025 12:00 AM - 1:30 AM UTC 🏛️ Session  
Room 7 (Conference Room C)

**[Symposium 60] Suicide and Psychotherapy**

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60]

**Suicide and Psychotherapy**

Nobuaki Eto<sup>5,6</sup>, Rachel Gibbons<sup>1,3</sup>, Jo O'Reilly<sup>1,2,3</sup>, In-Soo LEE<sup>4</sup> (1.The Royal College of Psychiatrists (UK), 2.Medical Psychotherapy at the North London NHS Foundation Trust(UK), 3.British Psychoanalytic Society(UK), 4.Korean Psychoanalytic Center(Korea), 5.Fukuoka University(Japan), 6.Japan Psychoanalytic Society(Japan))

[SY-60-01]

**Psychoanalytic assessment as postvention**

\*Nobuaki Eto (Fukuoka University(Japan))

[SY-60-02]

**The 'Truth' About Suicide: Insights and Challenges for Clinicians and the Bereaved**

\*Rachel Gibbons (Royal College of Psychiatrists(UK))

[SY-60-03]

The containment of persecution and recovery of thought; the role of a psychodynamically informed risk panel when working with suicidal states of mind.

\*Josephine Kate O'Reilly, Rachel Gibbons, Nobuaki Eto (Royal College of Psychiatrists London (UK))

[SY-60-04]

**Shame and the Unbearable Self:****Psychoanalytic Reflections on Suicidality in the Korean Context**

\*In-Soo Lee (Korean Psychoanalytic Center(Korea))

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## [Symposium 60] Suicide and Psychotherapy

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### [SY-60] Suicide and Psychotherapy

Nobuaki Eto<sup>5,6</sup>, Rachel Gibbons<sup>1,3</sup>, Jo O'Reilly<sup>1,2,3</sup>, In-Soo LEE<sup>4</sup> (1.The Royal College of Psychiatrists (UK), 2.Medical Psychotherapy at the North London NHS Foundation Trust(UK), 3.British Psychoanalytic Society(UK), 4.Korean Psychoanalytic Center(Korea), 5.Fukuoka University(Japan), 6.Japan Psychoanalytic Society(Japan))

Keywords : Suicide prevention、 Suicide survivor、 Psychotherapy、 Psychoanalysis

Suicide requires an interdisciplinary understanding that includes not only psychiatric, but also cultural, social, legal and ethical issues.

We live in a society that is threatened by rapid social change, war and disaster. Despite advances in biological psychiatry and various social initiatives to address suicide, suicide will never disappear.

In addition to public health approaches, there are also approaches to high-risk individuals that focus on medical care. Furthermore, it is also recognised as important to consider how to support the bereaved families of those who have committed suicide, as well as the medical staff who have lost patients due to suicide.

In this symposium, experts in psychoanalysis and psychodynamic psychiatry will discuss how to approach the issue of suicide. From the perspective of a psychoanalytic approach, understanding high-risk suicide patients will involve dealing with the issues such as unconscious destructive urges, envy, hatred, resistance to treatment, and the death drive. Those left bereaved by suicide suffer intense emotions such as the pain of loss, unconscious guilt, shame, a sense of persecution, and self-punishment.

In the presence of these practical difficulties and difficult emotions, it is also important to consider how to support the patient and how to manage the relationship between the therapist and patient so that they can both survive. It is also inevitable that we will consider the therapist's countertransference.

The theme is how the therapist can handle the complex and difficult issue of suicide, as described above, and how they can continue to perform their functions while overcoming their pain. We would like to confirm what psychotherapy can do for suicide and deepen our thinking about the challenges that still exist.

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## [Symposium 60] Suicide and Psychotherapy

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### [SY-60-01] Psychoanalytic assessment as postvention

\*Nobuaki Eto (Fukuoka University(Japan))

Keywords : Suicide survivor、 postvention、 psychoanalytic approach

When a member of an organisation committed suicide, it has a significant impact on both the organisation and individuals. A psychoanalytic approach is useful in such situations. Events and their effects are often absorbed into personal stories. The goal of intervention is to be able to distinguish between the two.

#### Case Ms.A

At a hospital, a staff member committed suicide. The next day, when he did not show up for work, his colleague A visited his home and found the man hanging in the bathroom. Immediately after the suicide, the hospital administrator contacted me and asked for advice on how to respond. I proposed holding regular after-work meetings with staff from relevant departments, and this was implemented. In addition to these meetings, individual support was continued for A. She was deeply traumatised, unable to sleep due to vivid images of the deceased man and parts of his body. Four days later, she was referred to a psychiatrist and decided to take a leave of absence from work. A became aware that the workplace itself was causing significant mental stress. I proposed four sessions (60 minutes each) of psychoanalytic psychotherapy assessment the following week, and she agreed. During these interviews, she reflected on the difficulties she had faced in her life since childhood. Her parents did not get along. Feeling suffocated within the family, A wanted to leave home as soon as possible. She got married, but divorced due to her husband's large debts and violence. At work, she had been promoted and often struggled with mentoring junior colleagues. Due to an ongoing organisational restructuring, she felt that the workplace had lost its former 'homey atmosphere.' After undergoing an assessment session, she decided to return to work.

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## [Symposium 60] Suicide and Psychotherapy

Moderator: Naoe Okamura (Hatsuishi Hospital)

### [SY-60-02] The 'Truth' About Suicide: Insights and Challenges for Clinicians and the Bereaved

\*Rachel Gibbons (Royal College of Psychiatrists(UK))

Keywords : suicide、 suicide bereavement、 Clinician trauma

This presentation confronts the complex and often misunderstood nature of suicide, drawing on 16 years of research, clinical experience, and work with those bereaved by suicide. Based on the presenter's widely acclaimed talk and accompanied by the influential paper "*Eight Truths About Suicide*" (published in the *Psychiatric Bulletin*, September 2023), this session seeks to deepen the discussion on suicide, challenge conventional understandings, and bring solace to clinicians and the bereaved alike.

The presenter will begin by sharing her personal experience of losing three patients to suicide within her first three months as a consultant psychiatrist. These events, and her subsequent formation of a confidential peer support group, shaped her career and ignited a lifelong study into the profound impact of suicide on both clinicians and the bereaved. Having heard over 2000 accounts of suicide loss, the presenter will share recurring patterns or 'truths' that challenge traditional approaches to suicide prevention and understanding.

Through this lens, the session will address critical questions: What leads someone to take their own life? Can suicide be prevented?

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[SY-60-03] The containment of persecution and recovery of thought; the role of a psychodynamically informed risk panel when working with suicidal states of mind.

\*Josephine Kate O'Reilly, Rachel Gibbons, Nobuaki Ito (Royal College of Psychiatrists London (UK))

Keywords : Suicide、 Containment of anxiety、 Projection、 Reflective Practice

This presentation will describe the impact of working with suicidal states of mind upon staff and mental health organisations, how fear and persecution can paralyse thought and iatrogenic harm and vicarious trauma can occur if staff are not adequately supported in this work. The capacity of staff to contain anxiety is dependent upon the containment offered by the organisation within which they work. The development of an innovative psychodynamically informed risk panel within an NHS mental health trust will be described as a powerful intervention in strengthening clinical understanding and the capacity of the organisation to contain anxiety in order for staff to offer compassionate and patient centred care, and to thrive in their work. How the panel is run and its central aims will be illustrated with clinical examples from a range of mental health teams within the NHS. The contributions of key psychoanalytic concepts in this work will be described.

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### [SY-60-04] Shame and the Unbearable Self: Psychoanalytic Reflections on Suicidality in the Korean Context

\*In-Soo Lee (Korean Psychoanalytic Center(Korea))

Keywords : Suicide、Shame、Confucianism、Korean Culture

South Korea, despite its rapid modernization and global cultural influence, continues to experience the highest suicide rates among OECD nations. This paradox reveals a cultural psyche shaped by Confucian hierarchies, repression of aggression, and a pervasive culture of shame. This paper explores how internalized shame and narcissistic dynamics contribute to suicidality in the Korean context. Using a detailed clinical case of a 23-year-old woman with chronic suicidal ideation, I examine how unbearable self-states are formed when perfectionistic ideals collide with deep fears of being a burden, failing to meet ego ideals, or violating cultural taboos. The patient's apparent "shamelessness" masked a profound narcissistic defense against shame, which, when accessed, opened new therapeutic possibilities. Her suicidal fantasies functioned as omnipotent escape mechanisms, preserving a fragile grandiose self against perceived psychic annihilation. Through psychoanalytic work, she gradually began to accept the reality of human limitations, moving beyond a dichotomous, perfectionistic worldview and softening narcissistic defenses. This presentation argues that shame in Korean culture is intensified by collective identity, intergenerational trauma, and the cultural imperative to maintain emotional restraint and social conformity. These dynamics can hinder emotional development and lead to a split between the actual and idealized self. The psychoanalytic process must account for this heightened shame sensitivity by providing empathic attunement and a secure therapeutic space. Doing so allows the dissociated grandiose self to evolve into a more integrated, realistic ideal self—thereby reducing the patient's vulnerability to narcissistic collapse and suicidality. This paper offers a culturally grounded psychoanalytic framework for understanding and treating suicidality in Korea, where shame, rather than guilt, often dominates the emotional landscape.