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# Can a Person Mourn the Loss of Their Own Self?

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## Abstract

Drawing upon thinkers such as Oscar Wilde, Albert Camus, John Locke, Nietzsche, and Plato, in this research paper, the research question "Can a person mourn the loss of their own self?" will be answered from philosophical, psychological, and neuroscientific perspectives. This article will link this question to the self, losing the self, grieving, depression, suicide, and self-worth. In this paper, the self will be defined. The consequences of losing the self will be linked to depression and suicide. Debates of whether suicide is a primitive thought or morally acceptable thing, whether suicidal thought is a free thought (Is it a choice, or an illness?); "if depression is a choice, why does a person feel they deserve it" will be answered. Moreover, neuroscientific findings of losing identity, and alternative medication for depression -NLRP3 Inflammasome- will be discussed. Conclusively, this study argues that a person can indeed mourn the loss of their own self: a process that symbolizes the existential and biological fragmentation of human identity. The self will be

linked to biological, psychological, and environmental sources, and therefore, mourning the loss of their self will be analyzed.

*Keywords:* the self, losing the self, grieving, depression, suicide.

## Introduction

According to Oscar Wilde, *simple pleasures are the last refuge of the complex* (The Picture of Dorian Gray, 1891). Moreover, according to Albert Camus, *there is but one truly serious philosophical problem-and that is suicide* (Camus, 2000).

Suicide may be understood as an attempt to annihilate one's own sense of self, and destroying all of the possibilities one could have ever had or have not. Destroying the self is the physical act of suicide, and mourning the loss of their own self is the philosophical side of suicide. As suicide becomes a philosophical issue, such as 1 death happens in every 11 minutes in the US (CDC, 2025), that society cannot give the responsibility to the people who have the intention to die, it is desired to take a closer sight about what leads to suicide, and what are the debates of that. Therefore, the research question will be "Can a person's disconnection from 'The Self' be linked to depression and, eventually, to the concept of grieving and suicide?"

## Literature Review

### How Can the Self Be Defined?

The self is a social being that cannot exist without its society, which was a human-being was made up from. Markus identified "the schema of the self" as the self was made up from the interaction of the individual, and his past experiences and social life (Markus, 1977).

If memory is important for identity, we should understand through collective narrative. But the main question is “Is there a self?”

If we look at nihilism, it suggests that there are no self as other things, such as the meaning of life, do not have neither (Metz, Thaddeus, 2023). The idea of nihilism, defended by one of its founders, such as Nietzsche, posits that there is no self because it lacks purpose or meaning (Walter, 2019). Suicide is not a solution for meaninglessness, it is just a way of running away; however, this has nothing to do with whether suicide is sensible or not, even though absurdism says to accept the irony. People just satisfy the feeling of emptiness with art, science, passion & antidepressants. In another area, Gilles Deleuze has the thought of being unable to define the self, because it is not a stable and constant thing; it changes over time and time (Akkın, 2018).

The difference between humans and animals is that people have souls and minds, in contrast to them. According to Plato, souls are divine, not undone, in contrast to bodies (Kim, 2013). Before bodies existed, souls were already living, and they already knew some things. According to dualism, it is a theory that is folkloric (Kim, 2013).

From these perspectives, it must intertwine and analyze the self with all of these theories. It has come to the conclusion that there is a self because a living organism cannot continue its life without the things it owns, such as its memories, characteristics, and behaviors. In this philosophy, the self is made up of beliefs, thoughts, experiences, characteristics, memories, the surroundings, the materials, as humans are born with a slate, as well as the importance of the essence. Because of these schools, and to be able to think about this type of debate, people have to have a mind. Furthermore, to be able to have a mind, it has

to have the self that is combined from experiences, even including biological essences. A human-being cannot live without the understanding of the self, if does, it is not a living thing.

Identity could be explained with two main subjects: internal and external sources. In internal aspect, a person is made of cognitive limitations as he/she may not refer with the right perspective. In external aspect, a person is made of people surrounding them, environments, and other thoughts. Cognition is not only composed of a person's mind, which also includes thoughts and beliefs. Personal identity is extended to the environment of other minds. It says that "Mental state is composed of relations of casuality" (Wheeler, 2010). Human cognition extends to computers, notebooks, pens used, because it is intertwined with the soul and the body.

To define identity, from a philosophical perspective, it must also look at two subjects: nature of identity, and criteria to name identity. John Locke claims that the self is an united continuation of consciousness in his essay *An Essay Concerning Human Understanding* (Wilson, et al. 2015). He contributes to investigate memory to identify identity, whose subunits are a person's narrative memory or autobiographical memory- as known as *neo-Lockean*. He accounts a person as what he/she has done in the past and present. A famous example of his is that if a prince and a cobbler wake up in a morning with their switched bodies, the prince's memory and personality would be transferred into cobbler's body (Wilson, et al. 2015).

Eric Olson (1997, 2003) suggests that human animals are not presented with the mentality of memory. There are biological explanations of the self, rather than only philosophical aspects. Furthermore, Locke's theory comes with hustles; the committee would

be punished for his crimes as the body stays the same, not as the psychological mind when he committed. He claims that a person would be defined by his past actions and present consciousness. Therefore, when it is talked about the self, it must look at both psychological conditions and biological factors (Wilson et al. 2015).

**What Means Losing the Self? Can a Person Mourn the Loss of Their Own Self?**

If the concept of self is also explained through biological, external tools & environmental factors; beliefs, thoughts, behaviors; memories, passions, and personality characteristics, does the "self" of a person also disappear when those factors change or vanish? In that case, can a person mourn the loss of their own self?

The answer will accept the research question. As years go by, the definition of the self extends or loses some parts of it. A person can mourn the loss of their own self as they feel a gap in their soul and become alienated from the world surrounding them. This situation is similar to one of the fundamental psychological syndromes, which is *phantom limb.* In this case, a person with a limb amputation feels pain in the body part that he/she had lost. Even though it sounds odd, it has a neurological explanation. This condition has been explained by the reorganization of the human brain's somatosensory cortex (Wikipedia, 2025). Therefore, human beings who lost their traits (it can be taking away a personality character, a friend, or an abstract thought, and more…) may feel empty, and cannot answer or solve the depressive mode they have taken due to philosophical "phantom limb" syndrome.

Furthermore, a person who has the idea of suicide can bear the thought of death during the time of life. This question leads us to the psychological disorder of depression. As

the subject “Can a person mourn the loss of their own self?” becomes too metaphoric, it can be analyzed this question with a living human being who has lost the idea of self. Therefore, even though there was a self in a specific timeline, the ideology may fade away over time, and this, again, leads us to the pathway of nihilism. If we lose “the self”, we have nothing. Moreover, this empty feeling can give birth to the debates of “Is there a meaning of life, what is the purpose of waking every morning…”, feeling unsuccessful, losing appetite, not enjoying anything…Therefore, losing the self is the way of becoming depressed.

Let’s say that a person still has the self, then can that person try to destroy all the things she/he has? Therefore, in this sense, it must analyze suicide too. Because if it is tried to answer the question “what is the self?”, it can be answered with a biological concept. A human wants to destroy himself/herself biologically, wants to end his/her life, identity, and the self. From this perspective, someone who has the idea of suicide mourns the loss of the self before dying physically during the lifetime as he/she has the knowledge of becoming a dead person in a mean time.

Grief is an outcome and process, which contains an internal experience linked to a loss from a surrounding; bereavement is the consequence after the loss; mourning is the external expression of internal grieving. In grieving, there can be emotional, cognitive, behavioral, social, and mental defects (Abi-Hashem, et al. 1999). In fMRI, grief cues activate the default-mode network (PCC/mPFC) and the salience network (dACC/insula) (O'Connor, 2019). In complicated grief, nucleus accumbens (reward circuit) activity is positively related to yearning severity; heightened activity there may reflect persistent “wanting/yearning.” Deficits can appear in emotion-regulation networks (rostral ACC/OFC, DLPFC); inter-

network interactions are linked to avoidance strategies. Complicated grief is associated with smaller brain volume, poorer cognitive performance, and faster cognitive decline over time (O'Connor, 2019). It was said that grief has five stages, but it is not currently correct. Grief research may be linked to attachment styles and cognitive stress. Grief and depression can be differentiated; therefore, antidepressants do not decrease grief symptoms.

Engel argued that bereavement can inflict a psychological injury comparable to physical trauma or illness, a deviation from normal health, that can impair overall functioning (Abi-Hashem, et al. 1999). Accounts about Chief Joseph among American Indians describe him as having essentially died of grief, often characterized as a "broken heart" (Abi-Hashem, et al. 1999). Therefore, a person can die via mourning, and mourning can happen with missing the self.

Major Depressive Disorder (MDD) affects 15–17% of the global population (Orsolini, et al. 2020). The risk of suicide in MDD is approximately 15%. Worldwide, suicide results in one death every 40 seconds and is the second leading cause of death among individuals aged 10-34. Biological factors, neurocognitive factors, and psychological factors all play a role. The symptoms for depression include persistent low mood; loss of interest or pleasure in almost all activities; feelings of worthlessness, excessive guilt, or self-blame; difficulty concentrating, thinking, or making decisions; significant weight loss or gain, or changes in appetite; sleep disturbances; atigue or loss of energy nearly every day; psychomotor agitation or retardation; recurrent thoughts of death or suicide.

In high functioning depression, a person who has the idea of suicide, however, do not attempt it, lives with mourning, even though the death has not happened yet. Living with

depression is the philosophical act, and dying by suicide is the physical act. Before the physical act, there is a story; in this sense, it is depression. A person can live with being depressed and desire to die, but just does not have the guts to commit. In this perspective, it is referred to as self-destroying and self-destructive. In this stage of mourning, grieving is the act of depression over the future death. However, the treatment for depression is not the same solution as grieving, as it has mentioned in the previous part.

## Is Suicide a Primitive Thought or Morally Acceptable Thing?

In the Ancient Age, Plato was against suicide. Aristoteles defended that it was a crime committed for the sake of society (Cholbi, et al. 2024). In some religions, such as Christianity and Islam, also it was a sin committed to God. However, Nietzsche concluded that suicide is an act to prove an individual's freedom (Cholbi, et al. 2024). In many cases, suicide is linked to depression and cognitive distortions; therefore it comes with the problem of rationalism. In rationalism, suicide is referred to the quality of life (Cholbi, et al. 2024). In Absurdity and *The Myth of Sisyphus,* Albert Camus questioned: "*Is life worth living, or should we commit suicide?"* (Camus, 2000). He thought that Sisyphus's endless pushing of the rock symbolizes the fate of humankind. The solution for that is accepting the absurd life and living through the passion with it.

Suicide is a condition that has been socially excluded. In this case, it can be placed in the invisible part of the iceberg and defined through Freud's term *id*, as a primitive and instinctive thought. However, the truly primitive thought is the instinct to live, which has existed since the birth of humanity. From the Stone Age onward, people hunted in the morning and sought warmth in caves at night to ensure survival. The survival instinct is an

ancient impulse. This is because the primary goals of human beings are survival and the continuation of their lineage, biologically speaking. Thus, suicide, which is not accepted by society, moves away from being a primitive thought and shifts to the visible part of the iceberg: the *superego*. Superego is a term used by Freud, who has concluded the idea of the iceberg (Zakin, et al. 2023). Superego includes moralistic superiority and values. In this sense, suicide fits the gap of superego. For example, in Japan, ritual suicide (*seppuku/harakiri*) was historically viewed as an honorable act to preserve dignity, restore family honor, or atone for failure. It was not seen as shameful, but rather a courageous choice (Fujiwara, et al. 2021). At this point, on the top level of Maslow's hierarchy, the individual is led to question life, and in problems such as the meaninglessness of existence, may be drawn toward depression and ultimately suicide. (The reason why people turn to religion, believe in an afterlife, and try to ascribe meaning to the life we live is also an attempt to find solutions to the meaninglessness of life and to depression.)

In this context, how has a phenomenon that could be considered morally acceptable been transformed into a socially excluded thought? In Ancient Greece and Rome, suicide was often regarded as an honorable way out, especially among Stoic philosophers. For example, Socrates was "executed" (sentenced to drink hemlock), but many historians interpret his conscious acceptance of death as a form of "philosophical suicide." It is precisely this uncertainty that has turned depression and suicide into states that are difficult to resolve. (Also, human beings hate uncertainty. In response to this discomfort, people resort to generalizations- a method to rid themselves of ambiguity. Defining depression according to the DSM is one such generalization. But that may be a misguided simplification. As it is questioned whether suicide is a primitive thought or a morally acceptable thing, it leads to a

road of uncertainty. Depression and suicide are some phenomena that are uncertain to solve, and this is why it is hard to solve them. Also, this is why they make generalizations, why they confine people within horoscopes, and so on)

## Is Suicidal Thought a Free Thought? Is It a Choice, or An Illness?

Recent studies show that seasonal depression typically bears biological traces, while major depression embodies both biological and philosophical imprints. At this point, it can be faced with a complex question: Is suicide a choice, or an illness?

A person who is struggling with disrupted sleep, appetite problems, the absence of a safe shelter, and imbalances in neurotransmitters -like serotonin and dopamine- can easily fall into hopelessness and clinical depression (McLeod, Saul, 2025). According to the DSM, such biological and environmental factors can contribute to suicidal thoughts (American Psychiatric Association, 2013). In many cases, suicide becomes an attempt to escape unbearable pain rather than an act of rational deliberation. This is why suicide, within this framework, is often compared to an illness, akin to an infection- something that happens to a person rather than something freely chosen. Therefore, depression is often perceived as the inability to meet one's basic needs, such as disruptions in sleep patterns and appetite changes. From this biological lens, suicide may resemble the outcome of an infectious disease.

Certainly, suicide can be seen as illness, especially when the person has experienced trauma, has altered sleep and appetite, and has felt persistently low for more than two weeks. Yet this is only a DSM-based classification. DSM explanation is surely correct and should remain as a guide. However, biological reasoning alone is insufficient to grasp depression or

suicide. In a different view, depression is not a mood; it is a lifestyle wrapped into a psychological disorder. Feeling sad from time to time does not equate to being clinically depressed. It must also consider their philosophical dimensions as one cannot exist in isolation from the other.

The top stage of alienation is becoming alienated to the own self. This process starts with the environment. The language, the pen holding, and the person she/he is cuddling do not feel a part of themselves. This person can question the meaning of life, and lastly, this alienation turns the point to themselves. The eyes, the clothes she/he is wearing, and the food are now the significant cases that should be investigated. With this alienation, this human loses some traits. With this loss, this person comes close to the evidence of depression. However, depression is not only composed of sleeping problems, changes in appetite, or the length of the symptoms. Just as in the example of the emergence of philosophy in Ancient Greece, individuals progress from the lowest level of Maslow's hierarchy, which is basic needs, to the highest level -self-actualization (Maslow, 1943). In this context, early philosophers attempted to answer fundamental philosophical questions such as "the meaning of life." Accordingly, depression may not merely be a condition resulting from unmet needs, but rather one of the stages that must be encountered on the path toward self-actualization. For this reason, a form of dual alienation can be observed:

1. Deficiencies in physiological needs (breathing, basic survival needs, sexuality, sleep), safety needs (employment, morality, health), love and belonging needs (friendship, family, sexual intimacy), and esteem needs (self-esteem, self-confidence, achievement, respect, and being respected) (Maslow, 1943).

2. Self-actualization, defined as the desire to become one's fullest or "best" possible self (Maslow, 1943).

This suggests that, under philosophical scrutiny, suicide could be interpreted as a choice. However, in this context, why does a person who has reached the top of the pyramid, self-actualization, may have the intention to destroy all the potential they could ever have or not as they could not go up higher in the pyramid, and cannot take advantage of their potential?

Suicide runs counter to the human instinct for survival, which is one of the most primal and biological drives. From an evolutionary standpoint, a human's core aim is to stay alive and ensure the continuation of their species. In this sense, the will to live is a first-order desire, deeply embedded in our nature. However, depression defies this primitive impulse. It creates a condition in which the basic desire to survive is suppressed or distorted. This detachment from the biological will moves suicidal ideation away from the realm of first-order desire. When a person begins to consciously reflect on this inner conflict and proceeds to act on the desire to end their life, they engage in a process that resembles a second-order volition- that is, they don't just act on a feeling but on a reflection of that feeling.

When these two versions are compared, the psychological and the philosophical, it is found that it cannot reach a definitive conclusion about depression. This case is similar to the situation of "blue" as it means sadness in the West cultures even though it means happiness in Eastern cultures. This ambiguity reveals the nature of depression itself; it is inherently elusive, therefore often unsolvable, and *blue*. If depression were a fully defined phenomenon, if there were a singular, precise understanding, it might be easily curable. But its unresolved

nature points to its complexity. In another aspect, people cannot be freed/escape from depression easily, because it becomes a part of themselves. If they get away from suicidal thoughts, they will also lose part of their "selves" respectively.

Thus, when seen through the lens of illness**,** suicidal thought is not a free thought**;** but when viewed through the lens of ethics or existential philosophy**,** it can be considered a free and deliberate thought.

Of course, this philosophical approach raises another troubling question: If depression is a choice, why does a person feel they deserve it? This question deserves serious reflection. Eleanor Roosevelt declared, *"No one can make you feel inferior without your consent."* (Roosevelt, 2018). The quote reflects the philosophical and the modern psychological concept of locus of control. Internal locus of control means that people believe they can shape their own reactions (Finlay, Stephen, and Mark Schroeder, 2017). From this perspective, Roosevelt is right: feeling inferior requires that you internalize someone else's judgment. If you reject their standard or refuse to give it power over you, you retain your dignity. On the other hand, Roosevelt's claim may overlook deeper psychological forces. People don't always choose how they feel, especially in the face of chronic bullying, childhood conditioning, attachment wounds, implicit bias, trauma, or gaslighting. In these cases, feelings of inferiority can be instilled without conscious consent.

This quote from Stephen Chbosky's novel "*We accept the love we think we deserve"* (The Perks of Being a Wallflower, 2012) uncovers how self-esteem shapes our relationship choices. From early childhood, individuals form a schema of "what I deserve" based on the conditional or unconditional love they receive. A person with low self-worth may perceive

toxic affection as normal, while someone with high self-worth tends to establish healthy boundaries. In psychology, this mechanism is supported by attachment styles and the theory of self-verification: people unconsciously choose partners whose behavior aligns with their core beliefs. Therefore, a person who has low self-worth can feel that they deserve the bad fitting-end, such as depression and suicide. In this sense, depression and suicide become a choice rather than an illness in the first sense. However, it comes to the solution of accepting that it would eventually become an illness as the progress of "what a person deserves" goes on in the same way.

"Judas and the Judas Trees" are trees associated with the legend of Judas Iscariot, who betrayed Jesus. According to the tale, Judas, overwhelmed with remorse, hangs himself from a tree and becomes a Judas tree. The tree gets ashamed to bear the weight of such betrayal and turns its once-white blossoms into a deep reddish-purple (Roberts, 2021). The purple-red color represents guilt and inner transformation. The tree does not change due to external forces but becomes a visible reflection of an internal emotion, remorse. Likewise, Judas, consumed by guilt, believes he deserves punishment and sees suicide as a fitting end. This, too, reflects a person's sense of self-worth- how one internalizes guilt and what they believe they deserve as a result.

Thus, from these examples, it is understood that when a person believes they deserve something bad, they are more likely to endure it from others, and over time, this experience becomes normalized. Self-esteem plays a key role here: it is through one's own permission that mistreatment can take root. In this sense, feeling inferior indeed depends on your consent, as Eleanor Roosevelt suggested.

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# Neuroscience of Losing the Identity

According to the WHO, approximately three hundred thirty-two million people worldwide suffer from depression (WHO, 2025). Normally, after neurotransmitters are released into the synaptic cleft, they bind to receptors on the postsynaptic neuron. Any remaining neurotransmitters are taken back up into the presynaptic neuron through reuptake transporters, which decreases their levels in the synapse. During the process of "reuptake" between two neurons, the axon terminals reabsorb neurotransmitters through reuptake transporters, reducing their availability in the synaptic cleft. Therefore, the neurotransmitters, especially serotonin, cannot be passed into the next neurons. The neurons cannot communicate with each other. Imaging studies show differences in the prefrontal cortex, amygdala, and hippocampus in people with depression. A family history of depression increases risk. Heritability is estimated at 40-50%.

As a result of research, it is concluded that the limited efficacy of conventional antidepressants has intensified the search for alternative treatments. In psychiatry, the neurological technology ECT's (Electro Convulsive Therapy) use is also on the rise. In the future, depression therapy may shift its focus not only toward increasing serotonin levels but also toward reducing inflammation. Anti-inflammatory treatments targeting the NLRP3 inflammasome, which can become excessively activated and has been associated with depression and other mental health disorders, may be utilized (Bahi, et al. 2020). Furthermore, substances such as ketamine and psychedelics have demonstrated rapid and sustained antidepressant effects (Lyu D, et al. 2022). Treatments targeting the glutamatergic system, such as ketamine, are promising. These substances are thought to enhance brain

plasticity through the brain-derived neurotrophic factor (BDNF) pathway, mediated by 5-HT2A receptors. This neuroinflammatory hypothesis suggests that depression may not solely be a neurotransmitter disorder but could also be a disease linked to the immune system (Kouba, et al. 2023).

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