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Chapter 1

WHAT ARE WE TRYING TO EXPLAIN?

The various theories and hypotheses in suicidology are not all trying to explain the same thing. For example, theories that try to explain the suicide rates of regions are very different from those that try to explain why individuals die by suicide. It is by no means evident that the same theory would be able to explain both phenomena. In this book, I am focusing on explanations of why individuals die by suicide.

Suicides differ in personal and social characteristics. They differ first of all in age and sex. They differ in psychiatric diagnosis and personality traits. They differ in how they are embedded in social relationships, both the quantity and the quality of these relationships.

They also differ in the reason or motive for their decision to die by suicide and also in the choices they make about the suicidal act (Lester & Stack, 2015):

1. the location (at home, in a hotel room, in the open air),
2. whether to isolate and the degree of isolation (which affects the chance of intervention),
3. whether to leave a suicide note,
4. the method chosen for the act,
5. whether to ingest alcohol or drugs,
6. how to dress, etc

Must our theory explain all of these choices?

There are also choices to make about the data we will accept as relevant to our theory.

Choice of Samples

It is hard to conduct research on those who are deceased. Psychological autopsy studies are very time-consuming and draining for the researcher. The deceased cannot be given the psychological inventories that researchers favor. Furthermore, to be honest, we are not as interested in those with suicidal ideation or those who make mild or moderate attempts at suicide as we are in those who died by suicide. Obviously, it is easier to conduct research on a sample of college students or samples of psychiatric patients and obtain data that are publishable but,

if we are seriously interested in those who died by suicide, then the only meaningful individuals for research (other than suicides) are those who made lethal suicide attempts and nearly died but survived.

Lester, et al. (1975, 1979) demonstrated how research can use attempted suicides. In a large sample of attempted suicides, they divided the sample into three groups based on an objective measure of suicidal intent. (One could also use the lethality of the attempt or the medical damage inflicted.) They then examined whether variables, such as sex or hopelessness, increased linearly from the low intent group to the high intent group. Since, for example, the proportion of males increased from the low intent group to the high intent group, they argued that one could predict that completed suicides (who have the highest suicidal intent) should have an even greater proportion of males. This was found to be true. By analogy, the same could be argued for a variable such as hopelessness for whom there are no comparable data from completed suicides at the time of their death.

Typologies

If we ever hope to better understand suicidal behavior, then we need a sound typology for suicides. To engage in research assuming that all suicides are alike or similar, and to look for commonalities is perhaps misguided. To assume that the suicides of individuals such as Marilyn Monroe, Herman Goring, Sigmund Freud, Yukio Mishima, George Sanders (an Oscar-winning actor), and Jan Palach (who set fire to himself in 1969 to protest the invasion of Czechoslovakia by the Soviet Union) will all fit the same model is foolish. Even Sigmund Freud's suicide did not fit Freud's own theory of suicide!¹

The importance of typologies is illustrated by sociologists, most of whom still follow Durkheim's (1897) theory of suicide based on his typology of altruistic, egoistic, fatalistic and anomic suicide. However, we have *never* found any sociologist who used rates of each of those four types of suicide in his or her research. They simply use official suicide rates to test Durkheim's theory, or their Durkheim-based theory, which is, therefore, methodologically unsound.

¹ Freud's suicide in London, England, in 1939 was motivated by the end of his long-term battle with cancer and was not a result of anger felt toward others turned inward onto the self. Noteworthy is that his suicide was a physician-assisted suicide. Also noteworthy is that all most all textbooks on theories of personality hide this and state that Freud died of cancer (Lester, 2000).

Psychologists also need a typology of suicides. One possibility to use the various theories of suicide as the basis for a typology. For example, rather than exploring whether Thomas Joiner's Interpersonal Theory of Suicide (ITS) fit the data from a sample better or does the defeat-entrapment theory (DET) fit the data from the sample better, it may be instead that some suicides in the sample are ITS types while others are DET types and, in addition, there are some who do not fit into either of these pigeon-holes.

We will address the role of typologies later in Chapters 7 and 8, but we raise the question here of what characteristics should the typologies include: the reason or motivation for the suicide, demographic characteristics, personal characteristics, the social milieu of the individual, and the choices that the potential suicide must make which I listed above?

Chapter 2

THE INADEQUACY OF MULTIPLE REGRESSION²

The topics for research in suicidology seem to be in a rut, that is, similar to those studied decades previously. Typically, a large sample of subjects is administered scales for depression, hopelessness, self-esteem, life stress and other variables in order to predict suicidal behavior using a multiple regression model.

A great deal of psychological research on suicidal behavior focuses on suicidal ideation (and occasionally suicide attempts) in university students. This is because many researchers are academics and, therefore, have easy access to students. In addition, they are under pressure to publish (or perish). This result in multiple regression analyses of clusters of variables predicting suicidal ideation, but the research may have little implication for completed suicide. The use of multiple regression techniques implies that suicidal behavior is simply a result of a weighted sum of various psychological traits and states - a little bit of hopelessness plus a little bit of stress, plus . . . , etc. No tests of theories of the form:

$$(A + B^2)/(\sqrt{C} - \log D).$$

Let us examine a typical data set of cognitive variables obtained from psychological inventories administered to university students. It has been a popular idea that disturbed behavior in individuals is caused by irrational thinking. Irrational thinking usually refers to the accuracy of the premises guiding the decision-making of the individual, in contrast to illogical thinking which, given the premises, evaluates whether the reasoning follows the rules of logic. For example, an individual who experiences the break-up of a romantic relationship may say, "I will *never* find someone whom I love and who also loves me." A therapist may try to convince the individual that this premise is false and ask, "Where is the evidence for this premise?" The thinking of the individual will be judged to be irrational by the therapist based on the false premise. In contrast, if the individual believes this premise and, if they are convinced that they will never be happy and that they would prefer to be dead than to be unhappy for the rest of their life, then the decision to die by suicide may be considered to be logical, given these premises. The present data set was developed by Lester (2013b) in order to explore the irrational thinking of suicidal individuals rather than the logic of their reasoning.

² This chapter uses material from Lester (2013, 2019).

The cognitive theory of psychologically disturbed behavior, which became very popular in the 1980s, is based on the notion that our negative emotions and disturbing behaviors are not a result of the unpleasant events which we experience, but rather result from our thoughts about the events. The first noteworthy system, called Rational-Emotive Therapy, was devised by Albert Ellis (1962). Antecedent events (A) lead to beliefs (B) which result in consequences (C). If the beliefs are irrational, then the consequences are severe. If the beliefs are rational, then the consequences are mild. Ellis listed ten common irrational beliefs initially, later extending the list to thirteen. The irrational beliefs included such ideas as: the idea that it is a necessity for us to be loved or approved by almost every significant other in our lives, and the idea that we should be thoroughly competent in every possible respect.

The next major system was proposed by Aaron Beck (1976) and is known by various labels, most commonly Cognitive-Behavioral Therapy. The basic idea is identical, but Beck and his students classified the types of irrational beliefs more abstractly. A typical list was provided by Burns (1980, pp. 40-41): all or nothing thinking, overgeneralization, mental filter, disqualifying the positive, jumping to conclusions, magnification (catastrophizing) or minimization, emotional reasoning, should statements, labeling and mislabeling, and personalization.

The next development was to realize that those with different psychiatric disorders had very different sets of irrational thoughts. For example, Beck, et al. (1987) found that depressed individuals had irrational thoughts centered around the themes of self-depreciation and negative attitudes toward the past and the future such as: I'm worthless, I'm a social failure, and No one cares whether I live or die. In contrast, people with anxiety disorders are characterized by themes of danger, physical or psychosocial, and anticipated harm in the future such as: I am going to be injured, What if I get sick and become an invalid, and I'm not a healthy person.

What irrational thoughts might be specific to suicidal individuals? There have been several suggestions for the irrational thoughts that characterize suicide individuals. The cognitive process most central to Beck's theory of suicide is hopelessness (Wenzel & Beck, 2008). Hopelessness was defined by Beck, et al. (1974) as negative expectations for the future. Beck suggested that trait hopelessness was not relevant to all suicides but only for those who engage in premeditated suicidal actions. Lester (2001) noted that the hopelessness scale items devised by Beck, et al. (1974) confused two concepts – hopelessness and helplessness. Hopelessness is concerned with negative expectations about the future (and the concept of hopelessness was originally labeled *pessimism*), while

helplessness is concerned with whether individuals think that there is anything that they can do to remedy the situation. One can be a pessimist, but still make efforts (successful or unsuccessful) to change outcomes. Lester argued that hopelessness combined with helplessness could be a more potent causal factor for suicidal behavior. Typical items were: I look forward to the future with hope and enthusiasm (hopelessness – reversed scoring), and I don't seem to be able to cope with crises without the help of others (helplessness).³ Gencoz, et al. (2008) found that helplessness and hopelessness scores were associated with suicidal ideation in college students.

Gilbert and Allan (1988), arguing from an ethological perspective, proposed that depression results when individuals experience defeat and perceive themselves to be trapped with no escape possible. They tested this hypothesis by constructing a paper-and-pencil self-report inventory to measure both defeat and entrapment. Typical items are, respectively, "I am in a situation I feel trapped in" and "I feel defeated by life." Scores on these scales were positively associated with scores on measures of depression and hopelessness in a sample of undergraduates.⁴

Joiner (2005) has proposed a theory of suicide, known as the Interpersonal-Psychological Theory of Suicide (IPTS). The theory focuses on two dispositional traits. First, individuals need to belong – to a family, peers, a group and a culture – and thwarted belongingness is a risk factor for suicide. Second, people also have a need to help others and to not be a burden to others, and perceived burdensomeness is the second risk factor for suicide. Van Orden, et al. (2008) devised measures of these variables, and a typical item on the perceived burdensomeness scale is, "These days I feel like a burden on the people in my life." Scores on the burdensomeness scale were positively associated with scores on measures of depression and suicidal ideation in a sample of undergraduates (Van Orden, et al., 2008).

The impostor phenomenon refers to a situation in which people who are competent believe that they are actually incompetent, and they often live in fear of being identified as frauds. A typical item in an imposter scale is, "People tend to believe that I am more competent than I really am" (Harvey & Katz, 1985). Lester and Moderski (1995) found that high school students who obtained higher scores

³ Lester also created a haplessness scale with items such as: Many of the unhappy things in my life are partly due to bad luck.

⁴ A similar model has been proposed by Williams (1997)

on a scale to measure this belief were more likely to report prior suicidal ideation and suicide attempts, even after controls for depression scores.

There are some psychological constructs that can be viewed as cognitions or emotions or a combination of both. For example, self-esteem can have both cognitive and emotional aspects. In studying the role of this in suicidal behavior, it is important that the self-report inventories used to measure the construct choose words carefully so as to assess cognitive aspects rather than emotional aspects. For example, the word *feel* should be avoided since it is often used to mean *think*, yet it has primarily an emotional (feeling) connotation. The Rosenbaum self-esteem scale (Janis, 1954) has the item, “I feel capable of handling myself in most social situations.” The word *feel* there was replaced by the words *think that I am* for Lester’s study.

Each of these aspects of thinking may be judged to be irrational from the perspective that there is no evidence that the premises are true. For example, an individual who believes that the current unpleasant situation will never improve has no evidence for this premise. An individual who believes that they are a burden to others has no evidence that this is true (unless they check the validity of this premise with their significant others and find it confirmed). Individuals who believe that, despite their accomplishments, they are incompetent typically are quite competent in their endeavors.

The question then arises as to whether suicidal individuals think irrationally in only one of these ways (that is, they have a *specific deficit*) or whether their thinking is generally irrational and, therefore, they would obtain high scores on all of these measures of irrational thinking (that is, they have a *general deficit*). Research studies typically administer only the test of irrational thinking specific to the researcher’s hypothesis. For example, in their study of burdensomeness, Van Orden, et al. (2008) administered only the burdensomeness scale and did not examine whether their subjects would have scored high on the defeat and entrapment scales or scales to measure other irrational thoughts. Lester’s study was designed to give a number of tests of irrational thinking that have been proposed as characteristic of suicidal individuals and to explore whether individuals who score high on one type of irrational thinking also score high on the other types of irrational thinking (that is, is their irrational thinking a generalized trait).⁵

⁵ This problem also characterizes the debate over cognitive deficits in schizophrenic patients. For example, Gold and Harvey (1993) argued that schizophrenics have a general cognitive deficit, while others have proposed specific deficits, such as sensory gating or attention deficits (Carter, et al. 2010).

Lester's Study

A battery of questionnaires was administered to 152 undergraduate students (39 men and 113 women) enrolled in psychology courses, mean age 21.3 years (SD = 3.6; range 18 to 53). The questionnaire was administered in class, and the response rate was 100%. Neither age nor sex was significantly correlated with the scores on the tests of irrational thinking.

The battery of questionnaires included the following.

The *Perseverative Thinking Questionnaire* (PTQ; Ehring, et al., 2011), a 15-item scale with anchors 1 (never) to 5 (almost always), with items such as “The same thoughts keep going through my mind.” Ehring, et al. presented data indicating good reliability and validity for the scale.

A 10-item rumination scale devised by Treynor, et al. (2003) with anchors 1 (never) to 4 (always), with items such as “Think ‘Why do I always react this way?’” Treynor, et al. presented data indicating good reliability and validity for the scale.

A scale to measure hopelessness and helplessness (Lester, 2001), in which each subscale has 10 items, answered on a 6-point Likert-type format with anchors SA (strong agreement) and SD (strong disagreement). Typical items are “I certainly feel useless at times” (helplessness) and “I don’t expect to get what I really want” (hopelessness). The subscales have good reliability and correlate with suicidal ideation.

The burdensomeness scale is a 9-item scale devised by Van Orden, et al. (2008) with anchors 1 (not at all true for me) and 7 (very true for me). It has proven to have good reliability and to correlate with suicidal ideation and attempted suicide. A typical item is “These days I think I am a burden on society.”

The defeat and entrapment scales (Gilbert & Allan, 1998) have three subscales: internal entrapment (e.g., “I want to get away from myself”), external entrapment (“I feel trapped by other people”) and defeat (“I feel defeated by life”), with 6, 10 and 16 items, respectively, answered with anchors 1 (never) and 4 (almost all the time). The subscales have good reliability and validity.

The 12-item impostor scale was devised by Harvey and Katz (1985) and is answered using a Likert-type format with anchors were SA (strongly agree) and

SD (strongly disagree). A typical item is, “People tend to believe I am more competent than I really am.” Scores on this scale are associated with measures of general irrational thinking (Okoth, et al., 1994) and suicidal ideation (Lester & Moderski, 1995).

The self-esteem scale used was the scale developed by Janis (1954). It has ten items, and the scale was modified, replacing the word “feel” with the word “think” in order to assess thoughts rather than emotions. The anchors were SA (strongly disagree) and SD (strongly disagree). The scale has been used extensively with original wording and has good reliability and validity. A typical item is, “I think that I have a number of good qualities.”

Depression was measured using the manic-depressive experiences scale developed by Thalbourne, et al. (1994). The scale has nine items (e.g., I have experienced being so sad that I just sat [or lay in bed] doing nothing but feeling bad) answered using a true/false format. One item concerns suicidal ideation (On at least one occasion I have felt so discouraged about life that I wanted to commit suicide). The scale has good reliability and validity (Rogers & Lester, 2010).

The scales were administered to 152 undergraduate students 113 women and 39 men, mean age 21.3 (standard deviation = 3.6). The means scores (and standard deviations) are shown in Table 2.1, along with the Cronbach alpha reliability coefficients for each scale. Forty-five of the 152 respondents reported that they had suicidal ideation in the previous year.

The scores were subjected to a principal component analysis (Table 2.3). Only one factor with an eigenvalue greater than one was identified, indicating that scores on all of the measures of specific irrational thoughts were positively associated and measuring the same trait. The matrix of correlations is shown in Table 2.2. All the cognitive variable scores correlated positively with depression scores and past suicidal ideation (see Table 2.3), even after controls for the sex and age of the respondents using partial correlation coefficients.

Table 2.1: Mean scores on the scales used and their reliability

	Mean	SD	Cronbach alpha
Burdensomeness	17.2	9.5	.92
Defeat	16.4	12.3	.95
Internal entrapment	7.1	6.0	.93
External entrapment	10.7	8.8	.93
Impostor	38.8	9.1	.79
Perseveration	43.4	12.0	.95
Rumination	23.3	6.7	.89
Self-esteem	23.7	9.9	.92
Helplessness	25.9	8.1	.84
Hopelessness	22.1	7.4	.86
Depression	3.9	1.6	.48

Table 2.2: Pearson correlations between the scale scores (all significant two-tailed $p < .001$)

	1	2	3	4	5	6	7	8	9	10
1 Burden	-									
2 Defeat	.76	-								
3 Int entrap	.72	.86	-							
4 Ext entrap	.70	.77	.78	-						
5 Impostor	.53	.60	.60	.61	-					
6 Persev.	.54	.67	.75	.70	.57	-				
7 Rumination	.46	.55	.69	.53	.42	.69	-			
8 Self-esteem	.71	.76	.75	.65	.68	.61	.48	-		
9 Helpless	.65	.70	.66	.63	.57	.60	.44	.70	-	
10 Hopeless	.65	.73	.68	.60	.50	.54	.42	.73	.77	-

Table 3.3: Principal components analysis and correlations with suicidal ideation and depression

	unrotated factor loadings	correlations with past suicidal ideation	past suicidal attempt
Burdensomeness	.82	.36**	.32***
Defeat	.91	.42**	.25**
Internal entrapment	.92	.44**	.17*
External entrapment	.85	.39**	.17*
Impostor	.74	.20*	.18*
Perseveration	.81	.38**	.16*
Rumination	.68	.37**	.19*
Self-esteem	.86	.36**	.11
Helplessness	.82	.27**	.11
Hopelessness	.81	.22*	.10
% of variance	67.9%		
eigenvalue	6.79		

* two-tailed $p < .05$

** two-tailed $p < .01$

*** two-tailed $p < .001$

These results identified strong correlations between the scores on the measures of irrational thinking, and the factor analysis identified only one factor. The results indicated that suicidal individuals may have a general trait of irrational thinking, and this tendency is apparent on any test of irrational thinking that is administered to them. For example, individuals with high scores on the measure of hopelessness also had high scores on the measure of burdensomeness. If the different irrational thoughts were independent, then two or more factors would have been identified.

This result has important implications. As Braginsky, et al. (1969) pointed out many years ago in their discussion of cognitive deficits in schizophrenia, researchers wishing to test a specific theory of cognitive impairment for schizophrenia not only must show that their predicted cognitive impairment is found in schizophrenic patients, but also that other cognitive impairments are *not*

found. In research on irrational thinking in suicidal individuals, researchers have, in the past, shown that their proposed irrational thinking is present, but they have never shown that other types of irrational thinking are not present.

The conclusion that we can draw from this study is that:

- Had only the defeat and entrapment scales been administered, the defeat-entrapment theory of suicide would have been confirmed.
- Had only the burdensomeness scale been administered, the Interpersonal Theory of Suicide (Joiner, 2005) would have been confirmed.
- Had only the hopelessness and helplessness scales been administered, then Beck's cognitive theory of suicide would have been confirmed.

The administration of this battery of tests shows that none of those theories are confirmed!

A Multiple Regression

What is the result if we apply a multiple regression to the data from this battery of tests? The results are shown in Table 2.4.

Table 2.4: A multiple regression to predict prior lifetime suicidal ideation and attempts (beta coefficients shown)

	Ideation	Attempt
Burdensomeness	+0.034	+0.503*#
Defeat	+0.233#	+0.411*
Internal entrapment	+0.129	-0.290
External entrapment	+0.130	-0.187
Impostor	-0.201	+0.161
Perseveration	+0.013	+0.084
Rumination	+0.142#	+0.140
Self-esteem	+0.233	-0.301*#
Helplessness	+0.033	-0.111
Hopelessness	-0.281*	-0.087
R ²	0.258	0.143

* $p < .05$

significant in a backward multiple regression

It can be seen in Table 2.4 that there was support for the defeat theory of suicidal behavior for both lifetime suicidal ideation and attempts. Lifetime suicide attempts were also predicted by perceived burdensomeness, supporting the Interpersonal Theory of Suicide. However, looking at the Pearson correlations in Table 2.3 above, it can be seen that internal entrapment was more strongly associated with lifetime suicidal ideation than was defeat, yet internal entrapment did not contribute significantly to the prediction of lifetime suicidal ideation.

The multiple regression also produced other odd results. Whereas hopelessness was positively associated with lifetime suicidal ideation, the beta coefficient in the multiple regression was negative, indicating that less hopelessness predicted lifetime suicidal ideation. For predicting lifetime suicidal ideation, the multiple regression tells us to add a little bit of defeat and a little bit of rumination and subtract a little bit of hopelessness.

The present argument is that this is nonsense. All of these measures of irrational thinking are associated, and those with lifetime suicidal ideation and attempts obtain higher scores on all measures of irrational thinking. The data and results do not support one theory over the others.

What Next?

There is one possibility here. It may be possible to look at the participants of the study individually and ascertain on which scales each scored high on. Profiles could be developed which might enable the participants to be classified into cognitive types, in a similar way in which individuals are classified into profiles using the MMPI. We will look at this in more detail in Chapter 7.

Are there Benefits to these Conceptual and Theoretical Frameworks?

Many “theories” of suicide are presented in conceptual or theoretical frameworks and often tested using path analyses. The question that arises is whether or not these are of any benefit to the field. One of the immediate benefits that comes to mind in viewing these theoretical frameworks is the easily visualized and explicit assumptions that the theoretical model takes and the steps necessary for testing it. However, although these frameworks imply cause and effect, they are merely correlational studies. Jeon (2015) discussed the use of three techniques for the examination of complex social phenomenon: multiple regression, path analysis, and structural equation modeling (SEM). In the critique of multiple regression techniques, Jeon noted that regression analyses reveal “relationships among variables, but do not imply that the relationship [is] causal” (Jeon, 2015, p. 1637). While path and SEM models also cannot speak to causality, they allow for “the tenability of the causal model formulated by a researcher” to be evaluated (Jeon, 2015, p. 1637). But perhaps these supposed benefits are illusions. They basically take the variables that are entered into multiple regression and remove the linearity.

It should be noted that in analyses such as pathway analyses (and in multiple correlational analyses), the researchers often highlight the strongest correlations without testing whether the correlations differ significantly from one another. If two scores (A and B) correlated with the target variable, say with Pearson r 's of 0.60 and 0.64, respectively, then variable A is discarded, and variable B is highlighted despite that fact that these two correlations did not differ significantly.

An Example of Path Analysis

Using the data on irrationality used in the previous chapter, let us examine a path analysis model. Perhaps feelings of defeat (D) and burdensomeness (B) act directly on suicidal ideation (S), along with feelings of internal entrapment (I), or perhaps feelings of defeat and burdensomeness act upon feelings of internal

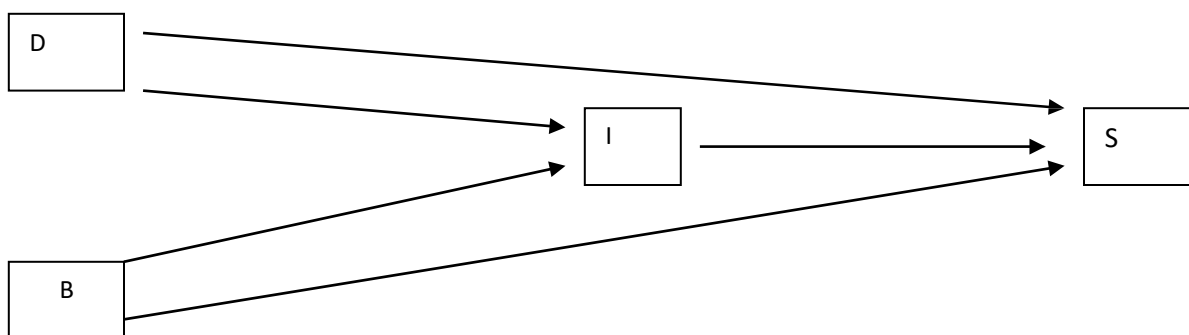
entrapment which affects suicidal ideation. Using the beta coefficients from multiple linear regressions, the path coefficients are

D→I	.734**
B→I	.162*
I→S	.278#
D→S	.145
B→S	.046

** p < .001

* p < .05

P < .10



Both defeat and burdensomeness had statistically significant path coefficients leading to internal entrapment (.734 and .162, respectively), but neither had a significant direct effect on suicidal ideation (.145 and .046, respectively). However, internal entrapment did have a significant effect on suicidal ideation (.278, $p < .10$). It appears that we have “proved” a model for suicidal ideation. Internal entrapment is the mediating variable that makes defeat and burdensomeness risk factors for suicidal ideation.

But we saw in the previous chapter that the three predictor variables used in this model are strongly correlated with one another and also with other measures of types of irrational thinking. This model selected just three of the ten measures and used multiple regressions in order to derive this model. When researchers publish path analyses to support their proposed model, they have chosen psychological measures of only a few relevant constructs, used dubious statistical techniques, and not considered alternative models.

Conclusions

Our conclusion is, therefore, that, although conceptual and theoretical frameworks do eliminate the simple linearity of multiple regression analyses, they do not test one theory against any other, but rather seek to include several possible variables in the framework. They provide only illusory cause-and-affect relationships, and they can lead to misinterpretations of the data.

Chapter 3

A HARSH CRITIQUE OF RESEARCH ON SUICIDE: WHAT DO WE KNOW?

The purpose of this chapter is to review the field of what is known as *suicidology* in order to explore what we have learned about why people die by suicide. This review is going to be harsh, not in terms of criticizing what researchers and theorists have written, but rather by omitting citations to those who have become well-known in the field, past and present.

I reviewed the research and theory on suicidal behavior from 1897 to 1997 in four books which I titled *Why People Kill Themselves*. Those books did not, however, critique the papers cited. The aim was to provide for those in the field a convenient reference to what had been published in those years. I did choose the outstanding contributors in the 3rd and 4th editions of the book, but many of those chosen there are not cited here. They did publish a large number of articles on one issue in the field, thereby stimulating others, but their contributions do not necessarily assist our understanding of suicidal behavior.

This review will also focus on why people die by suicide and not people who attempt suicide but survive.

The Societal Suicide Rate

The major questions about the societal suicide rate is what determines the variation over time within a region (time-series theories) and what determines the suicide rate from region to region (ecological theories). In fact, the same explanations are typically given for both of these variations.

There have been many correlational studies on both of these variations, but the results are typically uninteresting theoretically. For example, suicide rates (over time and region) are positively associated with divorce rates and unemployment rates. This is hardly surprising. Have there been any correlates of societal suicide rates that surprise us? No. What is useful for understanding suicide?

Insight #1: Henry and Short

One of the theories that has been neglected is that provided by Henry and Short (1954). Henry and Short proposed that, when people in a society are

miserable or unhappy, if they have an external cause to blame for their misery, then they will be angry, and homicide rates will increase. If, however, there is no external cause to blame for their misery, then they will blame themselves, become depressed and more likely to kill themselves.

This theory explains, for example, why the oppressed in a society have higher homicide rates while the oppressors have higher suicide rates. In line with this, African Americans in the United States have higher homicide rates while whites have higher suicide rates.

Interestingly, Henry and Short also extended their theory and applied it at the individual level. For example, if a person has an external factor to blame his or her unhappiness on, then suicidal thoughts will be rare. If there is no external cause for the unhappiness, then the fault lies within the person, and suicidal thoughts will be more common.

In addition, they proposed child-rearing techniques of punishment that would lead to individual differences in suicidal-homicidal tendencies. They proposed that love-oriented punishment techniques would lead children to suppress their anger and become depressed and suicidal in the long term, while physical punishment would allow anger to be experienced.

Insight #2: Uematsue and the Cohort Effect

Uematsue (1961), in an obscure journal, proposed that the number of potential suicides in a cohort is fixed. If that cohort has a high suicide rate at an early age, it will have a low suicide rate later in life, and vice versa. Lester (1984) tested this hypothesis and partially confirmed it. With data available for cohorts only for a maximum of 35 years (rather than lifetime), Lester confirmed Uematsue's hypotheses for female suicide rates in the United States but not male suicide rates.

This raises the possibility that suicide is, at least in part, genetically determined. Such a hypothesis could, of course, be tested using methodologically sound twin studies, that is, comparing identical with non-identical twin pairs. However, the childhood and subsequent experiences of identical and non-identical twins are not similar.

Insight #3: The Natural Suicide Rate

Maris (1981) speculated that the suicide rate could never be zero no matter how ideal the social-economic conditions were. Coming from an economic perspective, Yang and Lester (2004) speculated that, just as the unemployment rate can never be zero, perhaps the suicide rate of a society can never be zero. They tested this by devising regression equations for several countries using divorce and unemployment rates to predict the suicide rate over regions of each country. Setting the divorce and unemployment rates to zero still predicted positive and non-zero suicide rates for each country. For a review of recent research on this issue see Yang and Lester (2021).

Insight #4: Taylor and Moksony and a Broad Social Variable

Both Taylor (1990) and Moksony (1990) argued that social indicators such as divorce rates do not directly affect the suicide rate. Rather, such social indicators are measures of broader social qualities which affect the suicide rate. Evidence for this comes from a study by Lester (1995) who found that the divorce rate of the states of the USA was associated with the suicide rate of divorced people and also the suicide rates of single, married, and widowed people, indicating that the divorce rate was an indicator of general social malaise.

Lester (1994) correlated many variables over the states and found that one set of variables were highly inter-correlated and the factor score (using a factor analysis) was associated with the suicide rate of the states. The set included the crime rate, the divorce rate, inter-state migration, the percent divorced, and alcohol consumptions all positively loaded on the factor, and the percent born in state and church attendance loaded negatively on the factor. Again, this suggests the presence of a broader social variable such as social malaise or social disintegration.

Insight #5: The Suicide Rate as a Random Walk

The random walk was a concept proposed by Pearson (1905) and refers to a *mathematical* description of a path that consists of a succession of *random* steps. It describes such diverse phenomena as the path traced by a *molecule* as it travels in a liquid or a gas and the price of a fluctuating *stock* or stock index (Malkiel, 1973). If a stochastic process follows a random walk, then any disturbance to the process will persist over time. If the time series suicide rate was a random walk, then the changes from day to day would be random and yet subject to shocks, that is, societal crises. The randomness might explain, in part, why suicide prevention efforts have failed in the past to lower the suicide rate.

Yang (1994) explored whether the suicide rate in the USA from 1933 to 1987 followed a random walk. (The USA started producing mortality statistics for the whole USA only in 1933.) Using econometric techniques of analysis, she found that the time-series suicide rate fits a random walk process overall, for six age groups and for four sex-by-race groups.

Insight #6: Suggestion

One societal happening that might affect deviations from a random walk is the media coverage of a celebrity suicide. Phillips (1974) and Stack (1987) have documented that celebrity suicides result in an increase in suicides in the society after media coverage of the suicide.

Insight #7: Access to Methods for Suicide

There is more to the suicidal act than the outcome. There is also the staging of the act (Lester & Stack, 2015) which involves choosing the method for suicide, the location, whether to write a suicide note, etc. Access to methods for suicide plays a large role. For example, in the UK, when home gas for heating and cooking was coal gas, coal gas was a popular method for suicide. When the UK switched to natural gas, which is less toxic and so more difficult to use for death, the suicide rate declined. In less industrialized and more rural countries, pesticides are used extensively, as is their use for suicide.

Discussion

There have been other interesting theories of the suicide rate in societies or in subgroups of the society which have received only partial support (that is, support in some studies and a failure to support the theory in other studies).

For example, the *social deviancy theory* of suicide argues that suicide rates will be higher in groups in a society which are deviant in age, sexual orientation, ethnicity, etc. For example, Lester (1987) found that the fewer non-whites in a state in the USA, the higher their suicide rate.

Subcultural theories focus on characteristics of the society or part of the society. For example, states with a southern subculture have higher rates of gun ownership and higher rates of suicide using firearms (Lester, 1986-1987).

The Individual Suicide

Insight #8: Psychiatric Disturbance

It is obvious that an understanding of suicide necessitates taking into account psychiatric disturbance. There are, however, grave problems with psychiatry as a science and, therefore, with psychiatric diagnosis.

To introduce you to my major objection, let us assume you have a headache and a fever. You go to your family physician, and he tells you that you have a disease called headache-fever, or HF for short. What would you do? You would run as fast as you could out of his or her office and look for a good doctor. Medical illnesses are based on causes. What is causing your fever? What is causing your headache? Is it caused by a virus or bacteria? If so, which ones? Lyme's disease or swine flu? Is it because of a brain tumor and, if so, is it malignant or benign?

Psychiatric disorders or mental illnesses are not defined by causes. They are defined by clusters of symptoms. Let us say you are depressed. Maybe it is because you do not have enough serotonin in certain regions of the brain. Maybe you have suppressed and repressed anger felt toward significant others in your life so that you are no longer conscious of the anger (a Freudian, psychoanalytic view). Maybe it is because you have learned from your life's experiences that you cannot get out of the traps in which you find yourself (learned helplessness). Maybe it is because that are not enough rewards (positive reinforcers) in your life, either because you are in unrewarding relationships and employment or because you lack the skills to obtain rewards from others (a learning theory perspective). Maybe it is simply the melancholia that is part of all of our lives (Wilson, 2008)?

Psychiatric diagnoses do not take into account these different causes.

Don't be fooled by new revisions of the *Diagnostic and Statistical Manual* (DSM). The criteria for this disease, disorder, or illness (call it what you will) still do not involve *causes*! Part of the motivation for revising the DSM is that psychiatrists cannot agree on which "illness" patients have. Using an older version of the DSM, Beck, et al. (1962) found that four psychiatrists, individually interviewing the same psychiatric patients, agreed only 54% of the time for the specific diagnosis and only 70% for the major category (schizophrenia, affective disorder, anxiety disorder, personality disorder, etc.). In another study of the older version of the DSM, Sandifer, et al. (1968) had psychiatrists in three cities view tape-recorded interviews of psychiatric patients. In North Carolina, the patients were more often labeled as having neurotic disorders, In Glasgow, Scotland, the

same patients were more often labeled as having personality disorders, and in London (England) the patients were more often labeled as having bipolar affective disorder (manic-depressive disorder)!

There have been three modern critiques of the current psychiatric system. Robert Whitaker's *Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America*, Irving Kirsch's *The Emperor's new drugs: Exploding the antidepressant myth*, and Daniel Carlat's *Unhinged: The trouble with psychiatry*. These books were favorably reviewed by Marcia Angell, a former editor of *The New England Journal of Medicine*, a prestigious scholarly medical journal, in *The New York Review of Books* (June 23 and July 14, 2012). Loren Mosher, a prominent psychiatrist, resigned from the American Psychiatric Association back in 1998, accusing the association of selling out to the pharmaceutical industry that markets psychiatric medications.⁶

Even allowing for these problems with the psychiatric diagnostic system, I have never come across a methodologically sound study of psychiatric diagnosis of suicides. A sound study must have a control or comparison group, AND the diagnosis *must* be carried blind as to the presence of suicide or not. In all published studies, the diagnoses have been made by psychiatrists knowing that the person was a suicide. This knowledge accounts for some psychiatrists deciding that ALL suicides are psychiatrically disturbed.

Insight #9: Typologies of Suicides

There have been many typologies of suicides proposed, but no one typology seems to be ideal. Van Hoesel (1983) chose typologies proposed by ten scholars and had judges classify 404 suicides from the files of the medical examiners in Baltimore and Maryland into the categories listed in the ten typologies. There were 69 subtypes in these ten typologies. Correlations between the 69 subtypes revealed five clusters of subtypes.

Escape (90 suicides)
 Confusion (52 suicides)
 Aggression (77 suicides)
 Alienation (23 suicides)
 Depression/Low Self-Esteem (112 suicides)

⁶ www.oikos.org/mosher.htm

It is almost certain that no single theory of suicide can explain *all* suicides, and so a meaningful typology of suicides must be devised. Van Hoesel's appears to be the best currently available. Next, it may be possible to find the causes for suicide that are specific for each type.

Insight #10: The Moods of Suicides

In his book *Turning Points*, De Leo (2010) presented moving accounts from nine people who attempted to kill themselves, but who survived. Eight of the nine were happy to have survived. These accounts illustrate several features well-known to suicidologists, such as escape from mental and physical pain (Sergio and Maria), anger (Sandro), hopelessness and a feeling of being a burden (Anna), and suicide soon after discharge from a psychiatric hospital (Fabrizio). It is noteworthy that anxiety is noted by some. Alessa, Lucia and Maria all talk of suffocating and not being able to breathe anymore, and two of them (Lucia and Maria) indicate that the anxiety was long-standing and not simply a result of the decision to kill themselves. In fact, Maria tried to die to get away from the anxiety.

Most commonly, depression and, in particular, the cognitive component of depression now labelled as hopelessness are proposed as present in suicides (Beck, et al. 1974). To this we might now add anxiety. Menninger (1938) classified the motives for suicide as to kill, to be killed and to die. The emotions accompanying these motives are anger, guilt and depression. Lester (1997) suggested that shame (as distinct from guilt) also plays a role in some suicides.

This suggests that a typology based on the emotions experienced by suicides could be of value.

Insight #11: A Two-Self Theory of Suicide⁷

Lester (2022) proposed a two-self theory of suicide which he formally presented as a series of postulates and corollaries. Lester defined a subself as a coherent system of thoughts, desires and emotions, organized by a system principle. For this theory of suicide, it is assumed that there are two subselves, a suicidal subself and a non-suicidal subself.

Postulate 1: Not every individual has both a suicidal subself and a nonsuicidal subself.

⁷ See Chapter 3 for a more complete presentation of this theory.

Postulate 2: At any point in time, one subself is in control of the mind. It may be said to have executive power.

Corollary 2a: When one subself has executive power, the other subself is said to be suspended.

Corollary 2b: A subself may appear in many situations, or only on rare special occasions. One subself may be domineering while the others is submissive.

Corollary 2c: A subself may have executive power for anywhere from seconds to hours or even longer periods of time.

Corollary 2d: Selfhood is whichever subself has executive power at the time.

Corollary 2e: The existence of two subselves accounts for the inconsistency in the behavior of individuals.

Postulate 3: Individuals can seek to create new subselves for the future.

Postulate 4: The individual can try to integrate the subselves.

Postulate 5: The suicidal subself may be a regressive subself developed early in life, formed by the introjection of the desires and thoughts of powerful others (in particular, parental figures) and imitation of their personality and behavioral styles.

Postulate 6: The suicidal subself may be formed as a result of early experiences.

Postulate 7: The possibility of attributing negatively valued aspects (thoughts, desires, emotions, or behaviors) of oneself to the suicidal subself may enable the individual to maintain high self-esteem since the negative aspects of the suicidal subself do not color the nonsuicidal subself.

Postulate 8: The two subselves may become enmeshed, and the psychotherapist must help the client create sufficiently impermeable boundaries so that the nonsuicidal subself can withstand pressure from the suicidal subself to take over executive power and resist intrusions from the suicidal subself into the nonsuicidal subself when the nonsuicidal subself has executive power.

Postulate 9: It is possible to create new subselves such as mediators and recording secretaries.

Discussion

Many theories of individual suicide are not theories that are applicable to all suicides, but merely provide one type of suicide and, therefore, should be included in typologies of suicide. For example, Joiner (2005) proposed that suicides have perceived burdensomeness, thwarted belonging, and the acquired capacity to inflict self-harm. However, Lester and Gunn (2022) found that this theory applied to only 3% of a sample of suicides that they studied. Perceived burdensomeness alone was found in only 15% of the sample.

Another example comes from Transactional Analysis which proposes that suicidal individuals were exposed to desires of their parents that they not exist (Stewart & Joines, 1987). Perhaps the infant is handled with disgust or perhaps the mother wishes that the baby had never been born, a wish that may be expressed directly or consciously transmitted to the baby.

A learning (or social learning) theory of suicide proposes that the individual learned suicide from others. A famous example is that both Ernest Hemingway and his brother Leicester Hemingway died by suicide, following in the footsteps of their father's choice to die by suicide.

These "theories" are, I would argue, merely suggestions for a type of suicide and may merit being included in a typology of suicides.

Methodology

Insight #12: The Method of Substitute Subjects and Suicidal Intent

The *method of substitute subjects* is the study of attempted suicides in order to learn about suicides. Suicides are deceased and cannot be interviewed (of course), while attempted suicides can be interviewed and given psychological inventories. Also, of course, attempted suicides are of interest in their own right.

But, as Lester, et al. (1975) noted, to learn about suicides from a study of attempted suicides, the attempters *must* be classified in terms of suicidal intent (or the lethality of their attempt). For example, a sample of attempted suicides can be divided into three groups, minimal suicidal intent, moderate suicidal intent and high suicidal intent. Then, if some variable increases (or decreases) in a linear fashion over these three groups, then extrapolation can be made to those who died by suicide. (Correlational studies using a suicidal intent score can also be used.) Lester, et al. demonstrated this methodology, using it to predict levels of depression and hopelessness in completed suicides from a study of attempted suicides.

Insight #13: Comparison Subjects

This Insight is different because no research study has ever appeared on this idea. Palmer (1960) conducted a study of murderers by comparing them with their same sex siblings. Palmer also interviewed the parents of the men – murderer and

brother. The use of same sex siblings, controlling for birth order of course, is that the subjects are matched on many variables, such as family dynamics (especially between the parents) and social and economic factors. Palmer was interested primarily in the physical and psychological frustrations that the men had experienced in the childhoods and adolescence, and he found that the murderers had experienced significantly more frustrations and had developed much less effective coping mechanisms. A study comparing suicides and their same-sex siblings would be extremely valuable!

Discussion

As mentioned in the beginning of this review of what we know about suicide, the harshness is not in the comments about those cited, but in the omission of scholars whom others may think have contributed greatly to suicidology. What is apparent, however, is how little we know about why people die by suicide.

For example, given an adequate typology of suicides, have we a theory of causation of any type? One might argue that we can list some risk factors. But risk factors are not necessarily causes. For example, a risk factor for coming down with influenza is mingling socially with others during a flu epidemic without taking precautions such as wearing a mask or having a flu shot. But those are not the causes of influenza – a virus is the cause.

STEPS TOWARD A NEW THEORY OF SUICIDE

Chapter 4

A TWO-SELF THEORY OF SUICIDE

In this chapter, we will focus on the individual, and we will argue that the individual is not a simple, single, consistent self. Mishara (1996) noted that suicidologists (and psychologists in general) tended to seek relatively simple laws and theories to explain human behavior. Developmental psychologists, in particular, “attempt to control sufficient numbers of variables in order to isolate a few important factors that influence developmental processes” (p. 182). In contrast, physicists, among others, have developed techniques to study complex structures in open systems (e.g., Prigogine, 1980).

These models challenge the simple and orderly world of Newtonian physics by examining structures whose determinants involve such complex and multivariate dimensions that the nature of their developmental changes over time can only be depicted after extensive and elaborate computer calculations. (Mishara, 1996, p. 182).

Mishara considered what seems paradoxical in that suicidal tendencies often have discontinuities over time. The desire to die by suicide can vary tremendously over time, over hours and minutes, and perhaps days and weeks. Mishara noted that research aimed at identifying the events and variables that predict suicidal behavior has failed. Mishra cited Pokorny’s (1993) study of 4,800 consecutively admitted psychiatric patients which failed to find predictive factors for suicide using multivariate analyses.

Suicidal behavior develops over time but, although suicide is always an option, there are no events that are necessary or sufficient to precipitate suicidal behavior. Mishara proposed applying the ideas of Prigogine and others who study open systems interacting with complex environments, resulting sometimes in steady states, but at other times instabilities that result in complete reorganizations of the structure of the system.

To illustrate this idea, Mishara proposed the existence of two basic tendencies that vary over time: (i) a suicidal tendency D and (ii) a life tendency L. It could be, of course, that these two tendencies are merely opposite ends of a

single dimension, but Mishara opted to view them as two separate tendencies.⁸ These two tendencies can influence each other through a process of mutual inhibition, and this inhibition can be weak, moderate or strong. There are many experiences that can influence D, the suicidal tendency, such as loss of a partner or a diagnosis of a terminal disease. There are also many experiences that can affect L, the life tendency, such as falling in love or achieving a goal. The sum totals of all of these two sets of events can be labelled S_D and S_L . The mutual inhibition of D and L is indicated by a parameter α . This results in a model that describes changes over time of D and L using two equations.

$$dD/dt = -D + S_D - \alpha f(L) \quad (1)$$

$$dL/dt = -L + S_L - \alpha f(D) \quad (2)$$

where dD/dt and dL/dt represent changes in the D and L tendencies over time. The functions $f(L)$ and $f(D)$ are unspecified, and it is not clear to me why D and L have minus signs.

Mishara proposed that, when alpha (α) is weak, the two tendencies do not inhibit each other much, and there is one stable steady state in which suicidal and life tendencies co-exist. If alpha is a little larger (say $\alpha > 1$), then the steady state is unstable. Mishara suggested that this may occur in individuals with extreme psychopathologies and in those who are chronically suicidal and make multiple suicide attempts, for whom both suicidal and life tendencies are strong. As alpha gets larger, again there is one steady state and no unstable states. Mishara suggested that bipolar individuals fit this condition. When the individual is in a manic or a depressive state, these states tend to be stable and not influenced much by events.

It is only when alpha is very large (say $\alpha > 2$), that it is possible to have two unstable states. Slight changes in either D or L around this steady state result in increases in D and L, and there can be dramatic increases in the suicidal tendency. A family argument can increase the suicidal tendency (D) to crisis proportions, while a compassionate telephone call from a friend can increase the life tendency (L) and reverse the process. Mishara concluded, however, that predicting the suicidal behavior of an individual in this situation is very difficult.

⁸There is a parallel here, of course, with Freud's life and death instincts – Eros and Thanatos.

Rationality versus Irrationality

Bijou Yang Lester (Lester, B.Y., 2011), a behavioral economist, was interested in explaining the choices made by individuals. She proposed that choices are determined by a two-process model, in which the individual's behavior is affected by a rational component and an irrational component. She noted that one can behave rationally or irrationally. However, when one behaves rationally, there may be irrational components, and, when one behaves irrationally, there may be rational components.

Yang Lester gave the example of credit card use. Carrying a zero balance and getting the cash bonus is rational behavior with a rational component. Carrying a non-zero balance but getting the cash bonus is irrational behavior with a rational component. Having a zero balance but no cash bonus is rational behavior with an irrational component. Carrying a non-zero balance and getting no cash bonus is irrational behavior with an irrational component. Consider an adolescent wrist-cutter. Karl Menninger (1938) would view wrist-cutting as motivated by an unconscious suicidal impulse. In Yang Lester's model applied to this behavior, the adolescent is behaving rationally by choosing to live, but with an irrational element (self-mutilation).

When individuals plan and stage their suicidal action, they have to make many choices, choices which will affect the likelihood of dying from the method chosen and the likelihood of others intervening and saving the individual (Lester & Stack, 2015). For example, an individual planning suicide using an overdose can choose to take the overdose at home or in a motel away from home, and they can also vary the time of the evening and night when they consume the overdose, decisions that affect the chances of someone intervening to prevent the suicide. Some of these choices may be more rational than others or, in the present context, have rational and irrational components. For example, taking a lethal overdose (rational for dying by suicide) at home when other residents are likely to arrive home soon (irrational for dying by suicide) has both components.

Yang Lester noted that two process models (and, we might add, two tendency models) have some similarity to two-self models of the mind. In these models, there seem to be two (or more) subselves arguing with each other, struggling to make sense of the situation, and arriving at a decision.

Lester (2015b) has proposed a subself theory of the mind in which he proposed that the mind is made up of two or more subselves (or subpersonalities).

He proposed a theory phrased in terms of a set of 16 formal postulates accompanied by 38 corollaries. He chose this formal form of presentation in order to make the model explicit and empirically testable. Lester did not apply his subself model of the mind to suicide, and the present chapter takes some of his postulates and corollaries that seem relevant to a two-self model of suicide and examines their implications for understanding suicide.

A Two-Self Theory of Suicide

There are many theorists who have proposed versions of a subself theory of the mind. For example, Carl Jung (1971) proposed the existence of complexes in the psyche, Eric Berne (1962) proposed ego states, while Abraham Maslow (1970) proposed syndromes.

In the following sections, a series of postulates about a two-self theory of suicide will be proposed. In addition, some of the postulates will have accompanying corollaries.⁹ First, the question of what is a subself must be answered. For present purposes a subself is defined as a coherent system of thoughts, desires and emotions, organized by a system principle. For this theory of suicide, it is assumed that there are two subselves, a suicidal subself and a non-suicidal subself.

Is a Two-Self Mind Universal?

Postulate 1:

Not every individual has both a suicidal subself and a nonsuicidal subself.

Although the present theory is a two self-theory, we must acknowledge that some individuals may never have a suicidal self while others may never have had a nonsuicidal self. It should be noted in passing that some theorists assert that we do not have any subselves. As Baumeister (1998, p. 682) stated, “The multiplicity of selfhood is a metaphor. The unity of selfhood is a defining fact.” I believe Baumeister to be wrong in this.

Executive Control

Postulate 2:

⁹ The personality theorists who stimulated these ideas are given full credit and cited in Lester (2010, 2015).

At any point in time, one subself is in control of the mind. It may be said to have executive power.

Corollary 2a:

When one subself has executive power, the other subself is said to be suspended.

Corollary 2b:

A subself may appear in many situations, or only on rare special occasions. One subself may be domineering while the others is submissive.

The psychotherapist should endeavor to determine how much of the time the suicidal subself has executive control and whether the suicidal subself is domineering.

Corollary 2c:

A subself may have executive power for anywhere from seconds to hours or even longer periods of time.

In the majority of situations, each subself has executive power for a reasonable period, perhaps extending for hours or days. On the other hand, when people have internal dialogues within themselves, debating whether to take some action, each subself has executive power for the time it takes to argue one side of the argument.

Corollary 2d:

Selfhood is whichever subself has executive power at the time.

The issue of who “I” am has long been debated by psychologists interested in the notion of selfhood. In the present theory, selfhood is perceived by the individual to be whichever subself has executive power at the time.

Corollary 2e:

The existence of two subselves accounts for the inconsistency in the behavior of individuals.

Postulate 3:

Individuals can seek to create new subselves for the future.

Several scholars have introduced the concept of *possible selves* (Hooker & Kaus, 1992). Although their concept appears to be similar to the present focus on

subselves, it is not. Hooker and Kaus's concept of possible selves refers to goals and fears for the future. Hooker and Kaus instructed their subjects to think about "the kinds of experiences that are in store for us and the kinds of people we might possibly become...what we hope we will be like" (p. 395), and they give an example of "one of my own [possible selves] is to win the lottery and become a millionaire" (p. 305).

Despite this difference between their concept and the present theory, their discussion raises the possibility that people might indeed seek to create new subselves as defined in the present theory. When depressed people enter psychotherapy to change their lives, their behavior can be construed as seeking to create a new non-depressed (or nonsuicidal) subself for the future. In this example, the reality is that the depressed or suicidal subself will not disappear or be destroyed, but rather that it will take over the mind (have executive power) for less and less time in the future.

Integration

Postulate 4:

The individual can try to integrate the subselves.

It may be impossible ever to eliminate one subself. In that case, the issue arises as to how the mind might be integrated. It might be that the process of integration involves breaking down the boundaries between the two subselves and integrating them into a single unified self. This may not be desirable with a suicidal subself and a nonsuicidal subself. Alternatively, it might be that the two subselves coexist with one another, with the individual acquiring tactics to suspend the suicidal subself whenever it assumes (or tries to assume) executive power.

The Sources of Subselves

Postulate 5:

The suicidal subself may be a regressive subself developed early in life, formed by the introjection of the desires and thoughts of powerful others (in particular, parental figures) and imitation of their personality and behavioral styles.

In Transactional Analysis (TA), it has been proposed that the suicidal impulse (and in the present theory, the suicidal subself) stems from the parent's early injunctions that the child should never be born and that the child should cease to exist (Woollams, et al., 1977). The infant or child can receive a "do not

exist” message at any age and in various ways. The infant may be handled stiffly or with distaste. Perhaps a parent actually says, “I wish you’d never been born.” The child may perceive such an injunction even when there is no specific injunction. For example, if the birth was a difficult one, and the child hears about this, the child may decide that he or she deserves punishment for hurting the mother.

This injunction can become part of the person’s script and, in the present theory, part of the suicidal subself. According to TA, the injunction is received by the child and so becomes part of the Child ego state. In contrast, the nonsuicidal subself is grounded in the Adult ego state. In guidelines for crisis intervention and counseling with suicidal individuals, a TA approach recommends asking questions that will put the patient’s Adult ego state in executive control in order to calm the patient and minimize the influence of the Child ego state for the present time.

Postulate 6:

The suicidal subself may be formed as a result of early experiences.

The suicidal self may be formed by relevant formative processes including traumatic experiences (such as verbal, physical and sexual abuse) or the conditions of worth as described by Carl Rogers.

A Positive Aspect of Two Subselves

Postulate 7:

The possibility of attributing negatively valued aspects (thoughts, desires, emotions, or behaviors) of oneself to the suicidal subself may enable the individual to maintain high self-esteem since the negative aspects of the suicidal subself do not color the nonsuicidal subself.

Enmeshed Subselves

Postulate 8:

The two subselves may become enmeshed, and the psychotherapist must help the client create sufficiently impermeable boundaries so that the nonsuicidal subself can withstand pressure from the suicidal subself to take over executive power and resist intrusions from the suicidal subself into the nonsuicidal subself when the nonsuicidal subself has executive power.

Postulate 9: creating new subselves. Mediators, recording secretaries.

The therapist can help the client create new subselves that help the client to cope with having two dueling subselves. A *recording secretary* can keep notes on what each subself says and thinks. A *mediating subself* can intervene and suggest alternatives for the dueling subselves to consider.

Implications for Counseling

In a subself model of the human mind, it is critical that the counselor help the client to identify the different subselves. The names given to these subselves need not fit a predetermined set of categories developed by a theorist, and the counselors can let the client label their own subselves as they are identified. Some useful labels for subselves come from the business world, such as chairman of the board and recording secretary. Indeed, as noted in Postulate 9 above, the counselor may seek to create new subselves, such as a recording secretary if the client does not have such a subself already, and a mediator, a subself that negotiates between conflicting subselves.

There several systems of counseling that are based on concepts similar to the subself model proposed by Lester. Transactional Analysis (TA) uses the concepts of *ego states*, but these are limited to three major ego states, Child, Adult and Parent. However, the TA principles can easily be modified for the proposed two subselves proposed in Lester's model, and Orton (1974) has described the use of TA for crisis intervention. Goulding and Goulding (1979) have proposed Redecision Therapy, based on TA, which focuses of helping clients reject injunctions from parents and making decisions to change.

Jeffrey Young (Young & Klosko, 1993) introduced schema therapy in which *schemas* are organized patterns of thoughts and behaviors, akin to subselves. People's behavior (*coping styles*) is a result of their schemas, and schemas and coping styles can combine into *modes*. Psychotherapy involves identifying and examining these schemas, initiating dialogues between competing schemas, and testing their validity. These techniques can be found also in some forms of psychoanalytic therapy. For example, Pizer (1998) discussed the multiply constituted, *distributed self*, and presented a model for the tolerance of paradox and conflict in this distributed self as a developmental achievement.

For suicidal clients, Firestone (2004, 2005) has illustrated the use of Voice Therapy, a system in which subselves are presented as inner voices that express in words the thoughts and desires of the suicidal self, and she has described how

therapy sessions might have proceeded with a young woman (described in *Katie's Diary* [Lester, 2004]) who died by suicide. Other systems of counseling that utilize a subself model are Polster (1995), Rowan (1990), Schwartz (1995) and Shapiro and Elliott (1976).

In recent years, those counseling suicidal clients have been urged to listen to the pain (psychache [Shneidman, 1996]) experienced by the clients (Pompili, 2018). In attempting this, it may be useful for counselors to recognize that the client may have two (or more) subselves, and to help the client identify and eventually evaluate these subselves, and the psychotherapist should give equal attention to exploring both the suicidal and the nonsuicidal subselves.

Examples of Two Subselves in Counseling

Jay Valusek's Daughter

Valusek (2022) wrote a memoir about his daughter, Beth, who died by suicide at the age of 28.

When Beth was four years old, she drew two pictures of a little girl on the front and back of a sheet of paper. One girl was colored in bright colors, and the other in somber colors. She told her father that she did it thus in order to save paper, but he said that he could not see both at once. Valusek commented in his memoir that one of the girls would later kill the other, a theme that he was not aware of at the time.

After her suicide, Valusek and his son went through Beth's possessions, and they found a book in which she had written her thoughts in the margins.

I will NEVER commit suicide. Not an option.
 Things will get better. I will feel better again.
 I will get past this.
 DEPRESSION is temporary.
 There is no 'fatal flaw.' I am not defective, just shy and sad. But that's okay.
 Eventually I can and will make friends, find meaningful work, and have relationships again.

In order to reinforce the arguments of her non-suicidal self, Beth wrote down the arguments so that she could reread them if necessary.

Lisa Firestone and the Inner Voice

Lester (2004) edited a book in which suicidologists were asked to read a diary that a young woman (pseudonym Katie) who died by suicide had left and to comment on her psychological state. In that book, L. Firestone (2004) was asked to speculate on how Katie might have been helped through psychotherapy.

R. W. Firestone (1986) presented clinical evidence that suicidal people are often tortured by thoughts or "voices" which degrade and criticize the self. These thoughts can grow in intensity until they take precedence over the normal rational thoughts. Suicide is the result of acting upon these negative thoughts.

The voice is not natural, but rather learned or imposed from without. Firestone traced the origin of the voice to the rejecting thoughts of the parents, both overt and covert, toward the individual in childhood. These parental thoughts may even extend to unconscious death wishes toward the child, which are then incorporated by the child and remain as part of the individual's mind into adulthood.

The voice becomes the core of a negative self-concept, especially since it typically goes unchallenged by the person. Over time, people may even modify their behavior to fit the accusations of the voice. In a mild form, the voice manifests itself in the things we say to ourselves after mistakes "You clumsy idiot!" "You're going to make a fool of yourself!" But the voice can move to vicious abuse and self-recriminations with injunctions to harm oneself. Firestone gave the example of one young man who had attempted suicide who, during one session, verbalized his voice:

Go ahead, smash your hand, just smash your hand! Get yourself off the earth. You don't deserve to live. You're not a man! You're a simple poor excuse for a man! Get rid of yourself ... Smash yourself. (Firestone, 1986, p. 442)

Firestone gave a more detailed case history of a woman who at the age of thirty checked into a hotel and overdosed on Miltown®, Seconal®, and Valium®. Early in life she tried to cut herself off from her feelings. Her voice would order, "Don't let anybody see what's going on. Look okay. Smile—look normal." Her voice also criticized her looks and told her she

was ugly. Her voice told her that she did not matter to anyone and that no one would miss her. Eventually, the voice began to tell her to end her life, and on the fateful day ordered her to the hotel, called her a coward when she hesitated, and told her that she had to take the pills.

L. Firestone (2004) gave an example of how a session with Katie might have proceeded.

Therapist: How are you doing today?

Katie: Okay. I've really struggled with the eating this week. I binged a couple of times and I feel out of control again. On Thursday I overheard these girls at school talking about me and it made me feel really, really bad. They looked at me and, as they walked by one of them said: "She sure could use a walk." They think I'm a cow. The way they looked at me I can tell they think I'm disgusting. It made me feel so low. I am determined to lose at least 30 pounds before my birthday in two months. I was starting a new diet that day but, when I heard that, I felt so bad that I went and ate. That's what always happens--I feel bad, then I eat, then I diet and eat. It makes me crazy.

Therapist: What were you were thinking about when you overheard those girls make the comment about you?

Katie: That they were right. I am a fat cow, and I should be walking and working out all the time. I shouldn't be this fat. I am disgusting and shouldn't even be out in public till I can get rid of this huge stomach. Also, that I'm a loser who can't even stick to a stupid diet. It's supposed to be so easy--stop eating, lose weight. So why can't I stop eating? Because I'm a pig and a weak person and I don't deserve anything good.

Therapist: It sounds like you have a lot of negative thoughts about yourself. Try saying that again. "I'm a pig and a weak person and I don't deserve anything good"--only this time, say it as if another person was saying it to you about you.

Katie: Okay. "They were right. You are a cow. A fat disgusting cow. You shouldn't even be out and about the way you look. Go work it off before you show your face and your fat stomach in public again. All your rolls and rolls of fat. You should be ashamed of yourself. How can you even get out of bed?"

Therapist: Really let go. You might as well say it all, get all the feelings out.

Katie: (Louder voice) "What is wrong with you? You can't even stick to a diet for one week. You should starve yourself! Eat nothing, you don't deserve anything. You're a loser! Not worth ANYTHING! (screaming) No one is ever going to care about you." (Cries deeply, for a long time.)

Therapist: (after waiting for the full experience of her emotions) Where do you think that way of thinking about yourself came from?

Katie: It was strange to hear myself say some of those things. (Sad) I can remember my Mom saying things like that to me sometimes--that I wasn't worth anything, that no one would ever love me. Sometimes, like when I'm writing about her, I can almost feel her hating me. I feel like she used me, like she needed me there to yell at, so she could make sense of her own horrible life by blaming me for it. Like Dad hit her and us, and everything, and she needed some way to explain it, so she blamed me. If I was horrible and deserved to be hit and hated, then it wasn't so bad. Sometimes it feels like the way she was toward me was like a rape of me--of my mind and heart and soul. And now it's like she used me up. So did he. That was what I was there for. Either they hated me or they ignored me. I don't know which was worse.

Therapist: How are these thoughts affecting your life now?

Katie: I think they make me hate myself all the time. They make me feel like I'm never good enough. I think it makes it very hard for me to trust anyone. It makes it hard for me to be close to Mark.

Therapist: How so?

Katie: It's like I have to be perfect, like I have to be thin and perfect and sweet and wonderful. And I plan to be just that, that I will make it all perfect if I get thin. If I'm sweet and have sex with him. But then it doesn't work. I fuck it up and say the wrong thing, or get mad and yell at him, or ask him to just leave me alone, to stop touching me. And I ruin everything. It's like I become this savage beast, and I end up hating him. Sometimes even hitting or biting him. Its like I treated myself and have treated myself for so long. Then I torment myself for what I have just done. With all these outbursts and

the confusion, I am just pushing him away all the time. And all I want is for us to be close. The other day we had a terrible fight, and I started screaming and ranting and raving. I was torn up with feelings, and I ended up hating him.

Therapist: If you were to put into words the anger behind your outburst, what would you say? Try to say it as if someone else is talking to you, like you did before about your weight and the eating.

Katie It would say, "Look at what he's doing to you. He is making a fool of you. He's never really loved you. No one will ever love you. Never. Never. You don't deserve to be loved. You're only good for one thing. You are here for me. Don't think you're worth anything! Don't think you have anything good. He will never love you. All he wants from you is sex. That's all you can give him. And you'd better give it to him or he'll leave you and then you'll have nothing. And you deserve it. You hurt him so badly. You hurt everybody you get close to. You're poison! You deserve torture and punishment. You don't-- deserve to live. Just kill yourself. Smash yourself! Get yourself off of the earth!" (Sad and crying)

Therapist: (after a pause for the emotions to be spent) Saying this made you feel really sad.

Katie: It's like there's this other person living inside my head. Sometimes it feels like Mom, Sometimes though it's like my Dad. Maybe it's both of them, ganged up, trying to kill me. It's like Dad hit me, and I swallowed his rage. I ate it up, and now I hit myself, but even worse, then I hit someone else. I feel like I can't control the anger sometimes, and I attack him. It scares me so much. I scare myself. (Crying)

Therapist: It seems like you are treating yourself as you were treated.

Katie: Yes, I am. You know, this makes me realize that it's not really me who wants to kill me, it's them. I don't have to act on these thoughts and feelings. I'm beginning to get the sense that I don't have to torture myself like this.

As Katie says, it is as if there is another voice living inside her head, what we have called the suicidal subself, and Katie knows that this subself (or, in

Firestone's perspective *inner voice*) that wants to kill her comes from her parents, her mother in particular.

Goulding and Goulding and Redecision Therapy

Goulding and Goulding (1979) presented the case of a psychiatrist who had made several suicide attempts. In one session they asked him to fantasize his mother sitting in the chair across from him and say to her "I will not kill myself." He tried this with various other significant others and created dialogues between them and himself. The therapist then had him split his self into two parts. In one chair he played the one that has not allowed himself to kill himself in the past, the part of him that did not take quite enough pills, that allowed him to be found, and that survived after his heart stopped beating. In the other chair he put the rest of himself. He created a dialogue between the two parts of himself.

I will not let you kill me. I want to be alive and stay alive. I will not let you kill me.

I hear you; you really want to live, don't you. I won't kill you. I won't kill myself.

I am the most powerful part of me, and I will not let anything happen to me that ends in my death.

((pp. 181–182.))

Chapter 5

AN ASIDE: THE FAÇADE SELF¹⁰

The present chapter builds on Lester's theory of the mind as made up of subselves. Recent cases of suicide by famous people (Kate Spade, fashion designer, and Anthony Bourdain, CNN reporter) have led many commentators to contrast the public persona (façade selves) of these individuals with their unexpected suicide. In public, they seem happy and successful, and this makes their suicides appear to be inexplicable. Lester (2010,2015) proposed a subself theory of personality (or a multiple self theory of personality) which is relevant to these suicides and makes them less puzzling.

Some people, at some points in their lives, say that they need to take some time "to find themselves." This means that, along the way, they lost the sense of who they really *are*, which implies that they do not like or accept who they *are*. In a recent essay, Lester (2013a) wrote on the motivations for suicide and discussed suicide resulting from *loss of self*. Lester quoted from the diary of a young man who killed himself who wrote: "Not enough of me exists or works right for me right now." His existence felt fragile to him: "I'm slipping. I'm falling."

Palmer (1972) proposed a theory of suicide based on the tension between the roles that we have. Palmer's concept of tension is relevant to our subselves, for we have different subselves operating in our different roles. There is often tension between the many internalized roles that we have, and the ideal is to have just the right amount of tension. If the tension is too little, and people perceive little interference between the roles, they begin to feel an inexplicable and severe frustration. The lack of tension seems as if the personality is disintegrated, and the personality collapses. This is made worse if people have fewer roles, for then there will be less interference. This state increases the risk of suicide.

Lester (2013a) also discussed suicide as an *escape from the self*, an idea proposed by Baumeister(1990). Lester quoted from the diary of a man in his 30s who died by suicide and who earlier had written: "This experience has left me with less of the feeling that I am a useless cog in society, that I don't count, that no one cares what I do, that my actions are fruitless, that I'm stupid and incapable....that I'm not a blot on the societal world, a misfit, a cancer, a sponger, a misnomer..." Although that experience seems to have helped a little, he did not live much longer. Other experiences confirmed to him that he was a misfit and a cancer, and his death by suicide allowed him to escape from his mental pain.

¹⁰This chapter is based on Lester (2020).

Apart from those who have lost their self and those who want to escape from their self, most people believe subjectively that there is a “real me,” a core self that is partially hidden by the façade selves that we erect in different social situations. In viewing the suicides of Kate Spade and Anthony Bourdain, it seems that commentators have taken the façade self to be the real self.

Individuals present various images on a daily basis as a result of the different roles and corresponding functions that they perform. We are used to switching from one subself to another and choosing a subself to fit the occasion. In modern times, the popularity of online activities such as *Twitter* and *Facebook* have allowed people to craft the narrative of their lives and to present themselves to friends and family, and to the world, in a particular light. This fits a popular television message – “Image is everything.”

This may be true even of suicide notes. Yang and Lester (2011) noted that, typically, suicide notes are viewed as providing insights into the psychodynamics of the suicidal individual. Yang and Lester proposed, in contrast, that some suicidal individuals use their suicide note to present a picture of themselves that they want others to remember. Suicide notes may sometimes present a façade self rather than a real self.

Lester and George (2000) suggested that there may be individuals who are driven to take their own lives while wishing that they were free of this desire. Their first-order preference is to die by suicide, but their second-order preference is to choose life over death. The converse could also be true - individuals who choose to live but who wish that they were the kind of person who could die by suicide. A subself theory of the mind provides a way of resolving this conflict, for example, by permitting each subself to have executive power (be in control of the mind) for some periods of time and in some settings. It is possible, therefore, that the person may choose to die by suicide when the subself with the first-order preference (to die by suicide) is in control of the mind.

The notion of two selves that arises in discussions of the issues of “why can’t I do what I truly want to do?” and in self-deception (which appears to involve two selves, the subject and the object of deception) is also relevant to suicide. As Petrov (2013) has noted, suicide implies a similar duality, a dissociation between the one who performs the act and the one who is affected by it. Petrov noted that St. Augustine viewed the suicide of Lucretia (who had been raped by the son of an Etruscan king) as the guilty Lucretia killing the innocent Lucretia. In

psychoanalytic theory, the suicide is killing an introjected object rather than the self, a murder of the “hated other.” Suicide is sometimes referred to as self-murder, *felo de se* (a felony of oneself) and, in German, *selbstmord* (or *selbstmörder* [self-murder]), and the word *suicide* contains this duality (sui-cide).

Discussion

We are often surprised when a seemingly happy and successful celebrity chooses to die by suicide. From the perspective of a subself theory of the mind, we have taken one subself of the person (a façade self) to be the whole person.

A subself theory of the mind reminds us to be aware that the individual may have many subselves and that the façade self we see in the media may be adopted for a role that the person plays in public. In his obituary for Anthony Bourdain, Redzepi (2018) noted that “Everyone felt like they knew him.” Of course not. The Bourdain that Redzepi and others felt that they knew was simply one façade self that Bourdain presented to them.

The person may have many different roles in different situations and, therefore, many other subselves that accompany these roles. Anon (2018), in an obituary in *The Economist*, noted that Bourdain rose from dish washer in restaurants to head chef. As head chef, he was frenetic, chewing aspirins continually. As a teenager, he “dropped acid.” Later, for seven years he used heroin and, after he stopped using heroin, he took to cocaine. The façade selves that Bourdain presented were different on acid, on heroin and on cocaine. He had several marriages and a child, and the façade selves he presented to these individuals were, in all likelihood, different from one another. We must remember that people are complex.

However, it is the subself that has executive power over the mind (or subselves) when the person is *alone* that may be the subself that is at high risk for suicide, and this is the subself that we, and even counselors, never get to witness.

Chapter 6

ANOTHER ASIDE: CAN WE TRUST SUICIDE NOTES AS SOURCES OF INFORMATION?¹¹

In taking any psychological test, there is always the possibility that, instead of responding truthfully, individuals wish to present a particular view of themselves. To detect this, the Minnesota Multiphasic Personality Inventory (MMPI), for example, has subscales to detect presenting a healthy self (faking good) and presenting a pathological self (faking bad). Research has supported the ability of people to fake the image that they present to others. For example, Braginsky, Braginsky and Ring (1969) demonstrated that schizophrenic psychiatric inpatients could choose whether or not to report major symptoms (such as hallucinations) depending on the expected outcome (being placed on a locked ward versus being released). In a second study, Braginsky and Braginsky (1971) found that adolescents in an institution for retarded could vary their mental age on intelligence tests by three years, again depending on the outcome (being placed in a pleasant versus unpleasant program at the institution).

Individuals present various images on a daily basis as a result of the different roles and corresponding functions that they perform. We are used to switching from one image to another and choosing the image to fit the occasion, and there is no reason to doubt that this is true when we die. In modern times, the popularity of online activities such as *Twitter* and *Facebook* have allowed people to craft the narrative of their lives and to present themselves to friends and family, and to the world, in a particular light. This fits a popular television message - Image is everything.

In contrast, some psychological tests ignore this behavior and assume that the individual's self-presentation is not faked. For example, the Thematic Apperception Test (TAT), a projective test, asks respondents to tell stories to pictures shown to them. The interpretation of their stories assumes that the stories will reveal accurate information about the respondents' psychodynamics. The scoring does *not* take into account the possibility that the respondents' stories are affected by the desire of the respondents to present a particular image of themselves. A recent volume, in which suicidologists were asked to write 1,500 words about themselves (Pompili, 2010), resulted in a very diverse set of protocols. Some were very personal, revealing details of the writer's life; some listed

¹¹ This chapter is based on Yang and Lester (2011).

professional accomplishments; some avoided personal information but were brief scholarly articles on a particular topic; while occasional essays revealed strong emotions such as anger. These essays illustrate the different ways for writers to present the self, and these essays may be treated as similar to TAT stories so as to speculate about the conscious and unconscious psychodynamics of the writers.

Suicide notes have been examined in the past in a similar way to TAT stories in that researchers assume that suicide notes reveal accurate information about the psychological states of those dying by suicide and the reasons for their suicide. As a result, researchers have not viewed suicide notes as a possible means by which the suicides consciously present a particular self-image. A broader way of stating this hypothesis is to propose that those writing suicide notes have a hidden agenda.

The present chapter argues that suicide notes may often be a result of a decision (conscious or unconscious) to present the self in a particular way and may not, therefore, provide clues to the psychodynamics of the suicidal act. In the following sections, five topics are covered: (1) examples of the hypothesis of the essay using suicide bombers and kamikaze pilots; (2) an exploration of whether the suicidal act and the suicide note can also be constructed so as to be presentations of the self to others; (3) pseudocides (i.e., those who fake their own suicide); (4) an analysis of one suicide note in detail; and (5) the classification of suicide notes by Jacobs (1967) is examined for its relevance for the present hypothesis. The final section draws some conclusions.

Crafted Self-Images by Suicide Bombers and Kamikaze Pilots

A good example of the presentation of the self in suicide communications comes from the videos recorded by suicide bombers prior to their departure and death and released to the media after the suicide attack. Best (2010) analyzed the content of some of these videos and noted that they focus on the political nature of the act and that they cast the act as altruistically motivated. However, Best also noted that the videos show evidence of editing, and this editing is done by persons unknown (for example, by those who sent the suicide bomber on his or her mission or by the media outlets that broadcast the video). Although the videos seem to be produced for the public, unedited versions may have contained messages for the suicide bomber's family and indications of the individual's state of mind.

Most commentators on suicide bombers focus on the "official" motivation for the suicide bombing provided by the suicide bomber or the organization that

planned the attack. There is a reluctance by scholars to analyze the psychodynamic processes that led the individual to become a suicide bomber, as Lester, Yang and Lindsay (2004) have noted, and a reliance on what the individual says in the video as the “truth” rather than as an attempt to present the self in a particular manner.

A similar problem arises with analyses of the letters sent home by Japanese kamikaze pilots from the Second World War. Orbell and Morikawa (2011) analyzed the themes in these letters, a meaningful project, and classified the themes into mentions of an honorable or beautiful death, expressions of familial love, and so on. But to consider these letters as insights into the psychodynamics of pilots is perhaps misguided. These letters were written in the presence of other members of the unit and superiors, with the awareness that they might be read by superiors. As a result, the letters are most likely to be presentations of the self rather than windows into the minds of the pilots.

For example, in one of the most conforming populations in the world where what others think of you is of paramount importance, no Japanese pilot wrote that he was doing this because he was too scared not to volunteer, according to Orbell and Morikawa (2011). No pilot wrote home that he was experiencing panic or somatic symptoms of terror. No pilot said that he had had a lifetime of depression and that going on a kamikaze mission was a way of choosing suicide in a covert manner.

Suicide Notes as Public Statements

As Etkind (1997) argued, suicide notes are meant to be public. They are written for others to read and sometimes to be published. Etkind noted that writing suicide notes became more common after newspapers in Europe started publishing them in the 18th Century. MacDonald and Murphy (1990) observed that suicides, expecting their suicide notes to appear in the newspapers, saw that they had access to a mass audience, and the suicides could craft their suicide note so as to achieve sympathy or revenge, or perhaps to project an image that others would remember.

Etkind (1997) presented suicide notes from those accused of misdeeds and noted that they often do not admit guilt, but rather present themselves as victims of persecution. For example, Major Henry Hubert manufactured evidence to convict a Jewish officer, Captain Alfred Dreyfus, of treason. Hubert’s suicide note in 1898 made no admission of guilt.

Some suicide notes are written to advance a cause – perhaps assisted-suicide or for political reasons. Percy Bridgman, a Nobel Prize winner in physics, died by suicide in 1961 suffering from cancer and wrote: *It isn't decent for society to make a man do this thing himself. Probably this is the last day I will be able to do it myself.* Bridgman's note is often used by those advocating physician assisted-suicide. Jo Roman (1980) wrote a book, as well her suicide note, arguing for the establishment of places where people could go in order to die by suicide peacefully in pleasant surroundings. Craig Badialis and Joan Fox died by suicide after a Vietnam Peace Moratorium rally at Glassboro State College (in New Jersey) on October 16, 1969 (Asinof, 1971), and left notes that advocated peace (but which were suppressed by the local authorities). Etkind argued that, “instead of being intensely personal documents, many suicide notes should be read as social acts” (Etkind, 1997, p. i).

Suicides can indeed be choreographed. Etkind (1997) described the suicide in 1944 of Lupe Velez, a Hollywood actress known as the Mexican Spitfire. She was divorced from *Tarzan's* Johnny Weismuller and pregnant by a man who was unwilling to marry her. She ordered a Mexican feast, decorated her bedroom with satin sheet, flowers, candles and a crucifix, and ingested 75 Seconals. Her note was addressed to the lover and blaming him for her death and that of their unborn child.

Some suicides occur in public, along with a public statement intended to shape the image presented to others. Yukio Mishima died by seppuku in 1970 in front of a regiment of soldiers after urging them to rise up and restore the Emperor to his rightful, powerful place in Japan. Bud Dwyer, the state treasurer in Pennsylvania, was convicted in 1986 of taking a \$300,000 kickback after awarding a state contract and faced a 55-year prison sentence and fine. On January 22nd 1987, one day before sentencing, he shot himself in his office in front of newspaper and television reporters, proclaiming his innocence.

Pseudocides

Some people fake their suicide, leaving a suicide note and then disappearing, moving elsewhere to start a new life. These instances include notes left on the Golden Gate Bridge in San Francisco for which no one saw anyone jump off the bridge. Seiden and Tauber (1970) studied these notes and found that they differed from those left by suicides. They tended to be longer, gave more realistic reasons for suicide (such as financial and legal problems), had less positive emotion, and made less mention of death and suicide than the genuine notes. One short suicide

note was from a man who was a member of the board of San Francisco supervisors who turned up a year later selling bibles in Houston.

Loved ones: My nerves are shot. Please forgive me. Chris. (Etkind, 1997, p. 61).

An Illustration of the Thesis

To illustrate the thesis of this essay, here is a genuine suicide note from a man in his 90s who died by suicide.

A terrible fright! I wake up this morning at 9 o'clock and look over to my spouse's bed, and she doesn't move - on closer inspection she is dead. She had been ailing in the afternoon and stayed in bed, but had in the evening freshened herself up and enjoyed her supper, was, on the contrary, for the most part buoyant following her stay in the hospital. I gave her the medication. She did cough a lot, but she finally calmed down. I lay down and then fell asleep. After I awoke, see above.

What the cause of her decease is I cannot determine. I shall leave everything in the room the way it is. I myself am, at my age of 93, utterly unhappy and have no desire to continue living, above all as I have often been ill for years now. Why should I go on now?

I wish to add that my spouse was just in the clinic and had just been released by Dr. Y. following a thorough examination.

Our marriage has lasted since 1926 and might doubtless be termed good. My married son lives in <address>. He is a teacher, but very often ill, is not allowed to visit us, his grief! Instead, his wife helped out in our household while my spouse was undergoing surgical treatment (eye operation) and returned home when my spouse was released. As I said, I have no desire to continue living and am going to take my life with some medical drugs I collected years ago. I have not informed anyone of my spouse's death, as my own will follow immediately.

In deepest mourning

<signed>

At first reading, this note suggests an elderly, possibly frail man with not many years left to live, acting impulsively on discovering that his wife has died. His son is not well, and he may feel that he would be a burden to his son and daughter-in-law if they had to take care of him. He shows evidence of feeling that he would be a burden to others, and the death of his wife means that he has lost a very important social tie. This elderly man, therefore, seems to fit neatly into Joiner's (2005) theory of suicide which proposes that perceived burdensomeness and thwarted belongingness are the two most important causal factors for suicide.

But let us look at this note from a *presentation of the self* perspective. First, the note carefully lays out the facts and the man's decision-making processes. He is presenting himself as calm and rational. He is not a crazy, elderly man with dementia. Second, he knows (or strongly suspects) that his son and daughter-in-law will read this note. How will they feel? His son may feel guilty, and perhaps his father wants him to do so! Although the son is ill, he has not visited his parents, nor had them visit him. He has left taking care of his parents in an emergency to his wife. Has he telephoned or written regularly to them? How long ago is it since they were invited to visit and stay with him? Did he make his parents feel welcome if they did visit, or did he make them feel that they were an inconvenience? The man's suicide seems to be a sudden decision, but he and his wife may have talked about what they would do if one of them died. In their 90s, illnesses are common, and the day-to-day tasks of living quite difficult. Suicide may have been a well-thought-out plan.

Alternatively, could this be a murder-suicide or double suicide, with the suicide note intended to mislead the police? After all, the wife is in her 90s, and a natural death is very likely. Is the medical examiner going to conduct as thorough an investigation as he or she would if the couple were in their 30s or 40s? Moreover, a double suicide is not a crime and, even if it is murder-suicide, the murderer is also dead, and why upset the children any more than the natural death plus the suicide will? Studies have found that the authorities sometimes show concern for the survivors. For example, Carpenter, et al. (2011) found that coroners in Queensland (Australia) were less likely to carry out a complete autopsy on a suicide if the family had concerns about the procedure or if the religion of the deceased had proscription against autopsies.

Jacobs's Classification of Suicide Notes

Since the circumstances leading to suicide are subject to a wide variation, it is plausible to assume that suicide notes may be determined by the desire to present

the self in a particular way. According to Jacobs (1967), suicide notes can be classified into four types: (1) the person has a terminal illness, (2) the person accuses another of causing his or her death, (3) last will and testaments, and (4) *first form notes*. It is this last category that is relevant to the present hypothesis. By and large, in this type of note, the suicide tries to reconcile the image of himself/herself as a to-be-trusted person (who has been given the sacred trust of life) with the fact that he/she is about to break this trust through the act of suicide.

Jacobs summarized several components, some of which might be found in first-form suicide notes. (i) the person is faced with extremely distressing problems, (ii) he views this state of affairs as part of a long history of such distressing crises, (iii) he believes that death is the only solution to his problems, (iv) he has become increasingly socially isolated so that he cannot share his distress with others, (v) he has overcome his internalized moral constraint that categorizes suicide as irrational or immoral, (vi) he has succeeded in this since his social isolation makes him feel less constrained by societal rules, (vii) he has constructed some verbal rationalization that enables him to view himself as a to-be-trusted person in spite of his trust violation by defining the problems as not of his own making or as open to no other solution, and (viii) he has made some provision that his problems will not occur after death. It is typically found that these notes beg forgiveness or request indulgence, show that the problem is not of his own making, notes the history of the problem, communicates that the problems have grown beyond endurance, notes the necessity of death, and finally communicates that he is fully aware of what he is doing but knows that the reader will not understand his reasons. While Jacobs felt that this expressed the genuine thoughts, desires and emotions of the suicide, the present hypothesis would view the suicide note as deliberately presenting the image of a rational and reasonable person making a sensible decision.

Conclusions

The hypothesis presented in this chapter is that suicide notes may not simply reflect the motivations and psychological state of the person dying by suicide, but rather may be constructed so as to present an image to the person's significant others. In this case, the suicide is committing a *psychosemantic fallacy*, a term coined by Shneidman and Farberow (1957) to describe the situation where a person confuses the self as experienced by the self with the self as experienced by others. The suicide in this case is concerned with the reactions of others even though he or she will not be around to witness these reactions.

It is not possible to *prove* that a particular suicide note is a result of a desire to present the self in a particular manner, but likewise it is hard to prove that the note is *not* the result of such a desire. We should use caution, therefore, when using suicide notes as a means of understanding the psychodynamics of the suicidal mind.

TYPOLOGIES: THE THEORY OF THE FUTURE

Chapter 7

TYPOLOGIES OF SUICIDES

If typologies are going to shape a new theory of suicide, at some point a decision has to be made as to the basis for the typology and how many types there will be. If all suicides are unique, then there will one million types each year in the world. That is far too many.

Psychologists and sociologists have had difficulty with too many categories in their theories. For example:

Durkheim	4 types of suicide
Menninger	4 types of suicide
William Sheldon	3 dimensions of physique and personality (ectomorphy, mesomorphy, endomorphy)
Freud	3 subsets of desires (id, ego, superego)

Three and four types or dimensions appear to be the most common. For suicides, that is probably too few.

We noted in Chapter 3, that evidently, not all suicides are alike. To assume that the suicides of individuals such as Marilyn Monroe, Herman Goring, Sigmund Freud, Yukio Mishima, George Sanders (Oscar-winning actor), and Jan Palach (who set fire to himself in 1969 to protest the invasion of Czechoslovakia by the Soviet Union) will all fit the same model is wrong. We need a meaningful typology (or typologies) for suicides.

Van Hoesel (1983) studied typologies proposed by ten scholars.

1. Durkheim (1897): altruistic, fatalistic, anomic, egoistic
2. Menninger (1938): wish to kill, wish to be killed, wish to die¹²
3. Leonard (1967): dependent-dissatisfied, satisfied-symbiotic, unaccepting
4. Mintz (1968): hostility directed against the introject, aggression turned back upon the self, retaliation and the wish to punish/induce guilt, narcissistic or masochistic gratification, atonement or guilt reduction, destruction of

¹² Lester (1993) has objected to Menninger's label for to be killed." It suggests a need to be punished, whereas it is typically applied to depressed suicides. Menninger was a Freudian and so adopted Freud's view of depression as anger turn inward onto the self. Lester would replace the label with *depressed*.

- intolerable feelings, rebirth, reunion, escape from pain, counterphobic, response to fear of death, and defensive regression
5. Shneidman (1968): egotic, dyadic, ageneratic
 6. Henderson and Williams (1974): depression, extra-punitive, alienation, operant, modeling, avoidance
 7. Shneidman (1980): based on 21 different needs ranging from abasement to understanding
 8. Wold (1971): discarded women, violent men, middle-age depression, Harlequin syndrome, I can't live without you, I can't live with you, adolescent family crisis, down and out, old and alone, chaotic
 9. Shneidman (1966): psyde-seeker, psyde-initiator, psyde-ignorner, psyde-darer
 10. Baechler (1979): escapist, aggressive, oblativ, ludic

Van Hoeselthen took 404 suicides from the files of the Medical Examiners in Baltimore and elsewhere in Maryland, and had judges classify these suicides into the categories listed above. The percentage of the 404 cases that were able to be classified into each of the ten typologies ranged from 60.9% to 86.1%. This latter percentage was for Baechler's typology which proved, therefore, to be the most comprehensive typology. The inter-judge agreement (for two raters) ranged from 76.3% to 97.5% (and again this latter percentage was for Baechler's typology).

There were 69 subtypes in these ten typologies. Of these, Baechler's escapist subtype was judged to apply to 64% of the suicides, Durkheim's anomic subtype 57%, and Shneidman's psyde-seeker 47%. Correlations between the 69 subtypes revealed five clusters of subtypes.

Escape

This subtype included Menninger's wish to die, Henderson and Williams avoidance, Baechler's escapist, Shneidman's harm avoidance, and Mintz's desire to escape from real or anticipated pain. There were 90 suicides in this cluster, mostly white, older men, often suffering from deteriorating health. Most of the suicides in jail were of this subtype.

Confusion

This subtype included Shneidman's egotic and Wold's chaotic. These suicides had intrapsychic conflict, chaotic organization and showed bizarre

behavior, and 74% had a psychiatric disorder. Thirteen percent of the suicides were of this subtype.

Aggression

This subtype included Menninger's wish to kill, Shneidman's aggression, Leonard satisfied-symbiotic, Shneidman's dyadic, Henderson and Williams extra-punitive, Wold's I can't live without you, Baechler's aggressive and Mintz's hostility directed toward an introjected lost love object. There were 76 suicides in this cluster. White men in the 20s were common in this subtype, as well as African Americans. These suicides were precipitated by interpersonal conflict, were under the influence of drugs and alcohol, had made fewer prior suicide attempted, but more often left a suicide note. Nineteen percent of the suicides were of this subtype.

Alienation

This subtype, with 23 suicides, included Durkheim's anomic, Wold's down-and-out, and Wold's old and alone. This group had more men, more drug abusers, and more mid-life individuals. Six percent of the suicides were of this subtype.

Depression/Low Self-Esteem

This subtype, with 112 suicides, included Menninger's wish to be killed, and Henderson and Williams depression. These suicides resembled the total sample on the whole, and 28% of the suicides were of this subtype.

The study by Van Hoesel provides us with a summary of the ten most common typologies proposed by suicidologists, and empirically suggests that five major subtypes can be identified from the 69 subtypes proposed by the ten suicidologists. In terms of being able to classify more of the sample, Baechler's proposed typology performed the best (with only 13.9% of the suicides unclassified) but, although Baechler proposed four subtypes, the oblativ and ludic subtypes applied to only 3.7% of the suicides, which means that only two of the subtypes are common. For Menninger's three types, on the other hand, each applied roughly to one-quarter of the suicides: wish to kill 20.3%, wish to be killed 28.2%, wish to die 28.0%, and unclassified 23.5%. Van Hoesel's study was limited, of course, by the fact that the record of each suicide in the Medical Examiners' files was not a comprehensive psychological autopsy, and so details of the lives of the suicides were limited.

Theories of Suicide as the Basis for a Typology

A second possibility for the basis for a typology would be theories of suicide. One objection to this proposal is that some of the theories were proposed as general theories of suicide, meant to explain all suicides. For example, Shneidman's (1996) ten commonalities of suicides are sufficiently general to apply to all suicides.

1. The common purpose of suicide is to seek a solution.
2. The common goal of suicide is cessation of consciousness.
3. The common stimulus of suicide is unbearable psychological pain.
4. The common stressor in suicide is frustrated psychological needs.
5. The common emotion in suicide is hopelessness-helplessness.
6. The common cognitive state in suicide is ambivalence.
7. The common perceptual state in suicide is constriction.
8. The common action in suicide is escape.
9. The common interpersonal act in suicide is communication of intent.
10. The common pattern in suicide is consistency of lifelong styles.

Similarly, Shneidman's (1996) concept of psychache clearly can apply to all suicides.

The general theories that have been proposed include Baumeister's (1990) escape theory, a stress-diathesis theory (Mann, et al., 1999), Roseman and Kaiser's (2001) distress theory, O'Connor's Integrated-Motivation Volition Model (O'Connor & Kirtley, 2018), and Van Orden's elaborated version of the Interpersonal theory of Suicide (Van Orden, et al., 2010).

Baechler' Theory

Some escape theories, however, may provide the basis for a typology if the situation or psychological state from which the suicide is escaping is classified. Baechler (1975) proposed a classification of escape suicides.

Flight: "To commit a suicide of flight is to escape by taking one's own life from a situation sensed by the subject to be intolerable". (Baechler, 1975, p. 66). These suicides consider their decision to be logical.

René G., 59, blinded in the left eye by a war wound, and partially deaf; five years earlier an attack of hemiplegia left his right side paralyzed. Slowly his condition worsened: he could no longer do any work and spent all his time lying down or seated in a chair. He needed assistance to attend to the smallest daily necessities. His character grew bitter; he became sad and irritable. He sensed himself to be - as in fact he was - a heavy and painful burden for his family. Under these conditions, and considering everything quite carefully, he decided to kill himself. He took advantage of the absence of his wife to take a razor in his left hand and try to slit his throat and right wrist. His wife found him on the floor, nearly unconscious. In hospital he declared his wish to die as an explanation for his actions. (Baechler, 1975, p. 66)

Grief: “Suicide whose meaning is grief occurs when a subject takes his own life following the loss of a central element of his personality or way of life” (Baechler, 1975, p. 84). In this type, the loss is specific: a love object, physical or intellectual integrity, social standing, faith in a cause, honor, independence, or death of a leader.

Madame St. A., 43. Her husband and only daughter were killed in a terrible automobile accident. During the night after their burial, she took too much medicine. Four days of coma; medicinal and electric shock treatment; no psychiatric disorder previously perceptible. She then went to live with her in-laws. Five days later another attempt (swallowed eau de Cologne and slashed veins); hospitalized. It was recorded that she has decided to keep on attempting to kill herself until she succeeds. It seems that these attempted suicides are impulsive and are produced in a state of exaltation without any concern about the means and, in the patient's own words, with a complete absence of pain. Remained in hospital first in a closed and then an open psychiatric ward; she was returned to her family life upon discharge. A few weeks later the subject succeeded in committing suicide. (Baechler, 1975, p. 84)

Punishment: “To commit punishment suicide is to make an attempt on one's own life in order to atone for a real or imagined fault” (Baechler, 1975, p. 96)

Mme. Ch., 51, hospitalized in the Emergency Psychiatric Center, St. Antoine Hospital, Paris. Epileptic. In 1949 she accused herself of an imaginary theft and called the police; intense feeling of shame and indignity. Following an attempted suicide by gassing she was admitted to St. Anne's Hospital for two

weeks. In January 1957, a new accusation of theft; feeling of disgrace; asked to be killed; she mistook the hospital for a police station. In August 1957, readmitted to hospital; she again begged to die. In February 1959, she asked to be burned: 'that will at least make garbage out of me; if I putrefy, what do you think will be done with me; if it must come to that to purify society, so it goes.' (Baechler, 1975, p. 98)

This type may be a result of guilt or shame (see later in this chapter for a distinction between these two emotions).

The self: Baumeister's proposal of an escape from the self may lend itself to a further type of escapist suicides, although it may be difficult to distinguish this from escaping from guilt or shame.

The Interpersonal Theory of Suicide

It is ironic that the one theory of suicide that the author claims to be a general theory of suicide may instead provide one type. Joiner's (2005) Interpersonal Theory of Suicide (IPTS) proposed three constructs that apply to suicides: thwarted belongingness, perceived burdensomeness, and the acquired capacity for self-harm. Although Joiner did indeed assert that this theory of suicide applies to all suicides, Lester and Gunn (2021) found all three constructs present in only 5.6% of a sample of suicides. However, the IPTS may provide the basis for *one type* in our typology.

Cognitive Irrationality

Lester (2014a) explored the different irrational thoughts that might facilitate suicide. He listed: hopelessness, helplessness, feeling defeated and entrapped (which may be divided into internal entrapment by one's own limitations and external entrapment by the external situation in which one finds oneself), perfectionism, perceived burdensomeness, and the feeling that one is an imposter,

Revere (1985) identified five fantasies that suicidal individuals often have and which may be disputed by rational thinking: (1) that suicide will be a very disruptive event for the surviving family, (2) that acceptance and glory will be theirs after their death, (3) that suicide will give them control over others, (4) that suicide will enable them to regain contact with a deceased loved one (reunion fantasies), and (5) that suicide is a painless way of opting out.

These different elements of thinking and fantasy may provide a typology of suicide.

Zhang's Strain Theory

Zhang (2005) formulated a *strain theory of suicide* in which a *strain* is different from a simple *stressor*. Strain in Zhang's theory consists of at least two stressors which pull the individual in different directions. This can occur in four major ways.

First a strain can result from individuals having two different cultural values – *value strain*. For example, they may have a particular religious belief that is at odds with the mainstream culture. Zhang, et al. (2013) noted several sources of value strain: (1) traditionalism versus modernity in the status of women, (2) traditionalism versus modernity in love and marriage, (3) Eastern versus Western values, and (4) collectivism versus individualism.

In *reality versus aspiration strain*, individuals may have high aspirations and goals for themselves, but reality may force them to settle for less. People may aspire to becoming rich and powerful or to rise to the top in their profession, but they may lack the talent or the opportunities to achieve these goals. Aspiration strain can occur in (1) choice of marriage partner, (2) educational attainment, (3) career, and (4) social and political achievements.

Relative deprivation strain occurs when those in a society who are economically poor hear of others from similar backgrounds who are living better lives. The strain is between one's own miserable life and the perceived wealth of others. The Internet, television and other media immediately bring home to people how the successful members of the society are living. Those working as servants to others or in manufacturing sweatshops are aware of the discrepancy between their lives and those of those for whom they labor. Relative deprivation can occur if the individual has (1) low income compared to others, (2) a lack of educational opportunities, and (3) poor employment options.

Deficient coping strain refers to the inability of people to cope with the crises and the problems that they face. Crises in themselves do not involve strain, but only when the individual cannot cope with the negative life events. This strain may occur in any crisis, including job loss, loss of face, loss of loved ones, failure at school, and loss of money (investments) or property.

The Primary Emotions

What is the primary emotion experienced by the suicide? Davitz (1969) asked people what were the emotions that they experienced, and he listed the 50 most common emotions mentioned by his sample (see Table 7.1). Which of these emotions might lie behind suicide?

Depression

Depression is, of course, the most common emotion found in suicides.

Anger

Anger is most clear in cases of murder-suicide. An example of murder-suicide is the following suicide note from a 49-year-old married man, living with his wife in a relationship full of conflict.

To that bastard John. He must not have peace for the rest of his life. All have been against me. You have fooled me; you must not have peace for all the rest of your life. You will die of remorse and nothing else. I am illiterate. This has been the motive. Sarah was a whore long before [emigrating here]. The blame is on Uncle Joe and Alan. Also the lawyer Smith and Mike who I thought of as a friend. He must end up as I did.

Anger is also present in suicides who do not kill the object(s) of their anger.

Dear Jane and John

I love you more than life itself, but I am so weak. Your "DAD" with all his money isn't anything to me but my husband and the father of my children. He doesn't care. His money rates him blondes and friends just that dirty low-down disposition he has. I hate him. Never did I want him to take another woman. He comes in last night, takes his pajamas, green and white. I hope his blondes and Jane and Mrs. Johnson like them. I slept with him for almost 23 yrs & that's a long long time. I loved him and wanted to keep him a nice home and raise him a couple of nice children. He could not take it, his money rated him blonds. I hope he will always have them. They will pay for all they get out of him. I hate him and always said I'll take a lot but never another woman. Now he feels it's O.K. Said it's

too bad as narrow minded as myself was living today, and if he went out and played around it was none of my business, if he was having someone else in his life, it wasn't going to hurt me any. When I met him, he had no money, just a wife a baby and debts. He went bankrupt in 2001. I have the papers to prove it. It wasn't his money I wanted, just him.

Anxiety

The book *Turning Points* by De Leo (2010) presents us with moving written accounts from nine people who attempted to kill themselves, but who survived. Lester (2014b) noted the anxiety noted by four of the individuals, Alessa, Fabrizio, Lucia and Maria. All four talked of suffocating and not being able to breathe any more, and two of them (Lucia and Maria) indicate that the anxiety was long-standing and not simply a result of the decision to kill themselves. In fact, Maria tried to die to get away from the anxiety.

Maria was an elderly lady, in a nursing home, who talked to Diego de Leo rather than writing. Maria suffered from a bipolar disorder and had attempted suicide in the past. Her life had been traumatic, with emigrations, the death of her husband, and the suicides of her two sons. She jumped from the window of her apartment and suffered a spinal injury that left her paraplegic. "I don't know why I did it....and if someone would try to explain it to me, I would probably not believe it. The only thing that I remember is the tension that was devouring me, the incredible disquiet that I felt. I was confused. I could not clearly think about anything....I didn't want to suffer any more....I did want to stop that tension, to put an end to that unbearable suffering. I am not sure if you really know what anxiety is, that particular anxiety. It is like a devil that bites you inside, that squeezes your lungs. You cannot breathe, you really cannot breathe" (pp. 147-148.).

Boredom

Boredom has been cited as a motivation for suicide both by suicidologists and by the suicides themselves. As George Sanders (1906-1972), the British actor, wrote in one of his suicide notes: *Dear World, I am leaving because I am bored. I feel I have lived long enough. I am leaving you with your worries in this sweet cesspool. Good luck.* He was ill, and friends thought he was depressed. In addition, there is some anger expressed in that suicide note.

Ros Velasco¹³ has documented the role of boredom in suicidal behavior. For example, she noted that Baudelaire attempted suicide at the age of 26 leaving a suicide note which, in part, said: *I'm killing myself because I find the boredom of going to sleep and the boredom of getting up unbearable*. She also noted examples of boredom in both suicides and attempted suicides of young adults and in those in nursing homes for the elderly. Ros Velasco hypothesized that boredom can lead to depression and also depression can lead to boredom.

Shame

Lester (1997) discussed the role of shame in suicide. Lester distinguished clearly between guilt and shame. Guilt is illustrated by the phrase: I can't believe that I did **that!** I am a fine individual who merely behaved badly on one occasion. Shame is illustrated by the phrase: I can't believe that **I** did that! Here the focus is on me. There is something defective in me, and the desire is to hide or disappear. For guilt, one can apologize and say that you will not do that **that** again. For shame, no apology will suffice.

Lester gave the example of Admiral Mike Boorda, Chief of Naval Operations, who was told that two correspondents from *Newsweek* were coming to question him about why he had worn combat V's among his decorations when he was not entitled to (Zoglin, 1996). That day, he went home and shot himself in the chest, at the exact place where the decoration had been. In a suicide note addressed to sailors in general, he expressed his concern that the controversy would damage the reputation of the Navy. Commentators thought that the investigation into the affair would be humiliating to Boorda, a senior officer who had served in Vietnam, but not in actual combat. At the time of the proposed interview, Boorda had already stopped wearing the decoration, indicating that he clearly knew that he should not have been claiming to have been in combat.

Sometimes, it is not clear whether the emotion is shame or guilt.

This is goodbye. I hate myself for the terrible things I have done to my loved ones. Can't go on; forgive me. My children I love deeply. Teach them love and understanding & truth.

Perceived Burdensomeness

¹³ Ros Velasco, J. Puede uno morir de aburrimiento?
<https://dependencia.info/noticia/4141/opinion/puede-uno-morir-de-aburrimiento.html>

In Joiner's (2005) Interpersonal Theory of Suicide, the critical construct is *perceived burdensomeness*, which seems to be a thought rather than an emotion. The question arises, therefore, what emotion is present when an individual perceives that he or she is a burden to others? Lester and Gunn (2021) noted that Jerzy Kosinski was one of the rare suicides who clearly expressed the feeling of being a burden.

Kosinski spent the evening of May 2 (1991) with his lover and went home to his wife who was already asleep. He wrote a suicide note, in which he talked of becoming a burden because of his decrepitude, took some sleeping pills, got into the bathtub and put a plastic bag over his head. However, many years earlier, Kosinski had told a reporter that he would choose suicide if he had a terminal illness, and he had a serious heart condition at the time of his death. His inability to write and his somatic symptoms led him to fear dementia. A friend recalled that Kosinski was very depressed.¹⁴ It appears, therefore, that the emotions that accompanied Kosinski's choice of suicide were depression and a fear of terminal illness and dementia.

¹⁴ www.newsweek.com/death-mythmaker-203654

Table 7.1: The fifty most common emotions identified by the people studied by Davitz (1969)

admiration	guilt
affection	happiness
amusement	hate
anger	hope
anxiety	
apathy	impatience
awe	inspiration
	irritation
boredom	
	jealousy
cheerfulness	
confidence	love
contempt	
contentment	nervousness
delight	panic
depression	passion
determination	pity
disgust	pride
dislike	
	relief
elation	remorse
embarrassment	reverence
enjoyment	
excitement	sadness
	serenity
fear	shame
friendliness	solemnity
frustration	surprise
gaiety	
gratitude	
grief	

Comment

My personal opinion is that the typology proposed by Van Hoesel is most likely typology that will increase our understanding of suicide by encouraging researchers to look for the causal factors for suicide in each of the five types, but the other dimensions noted above might also provide the basis for a typology or enable us to elaborate the description of each type in a typology. Alternatively, the typologies proposed by Menninger and by Baechler (along with his elaboration of escape motivation) appear to be the most comprehensive.

Chapter 8

A PROPOSAL FOR A TYPOLOGY OF SUICIDES

The complexity of the typologies reviewed and proposed in Chapter 7 suggests that one single typology of suicides will not suffice. We will need several simultaneously applied typologies.

Motive

- Escape
 - Flight
 - Grief
 - Punishment
 - The self
- Aggression
- Alienation
- Depression/Low Self-Esteem
- Reunion fantasies

Confusion was eliminated from Van Hoesel's classification because it describes a mental state rather than a motive, but it may fit better into the following cognitive category.

Irrational Thinking

1. Hopelessness
2. Helplessness
3. Feeling defeated and entrapped
4. Perfectionism,
5. Perceived burdensomeness
6. Imposter
7. Seeking glory
8. Reunion fantasies
9. Confusion
10. None – rational suicide

Primary Emotion

1. Depression
2. Anger
3. Anxiety
4. Boredom
5. Shame
6. Guilt

Our proposal is that each suicide should be classified into all three typologies. To illustrate this, we will examine two very different suicides.

Bruce Clark

On June 7, 1971, at 9 am in the morning, Bruce Clark was found shot in the head next to the pitcher's mound on the athletic field of the University of Southern California. Next to him were two plaques, one naming him as the All-American Baseball Player of the Year for 1960 and the other with his BS degree from the university. His suicide note was taped to a board and resembled a plaque also. The Smith & Wesson revolver that killed him was in his left hand.

This psychological analysis of Bruce Clark's suicide is based upon information provided by Berkow and Olderman (1985).

Childhood and Teenage Years

Bruce's parents married in 1937, and Bruce was born on October 30th., 1938. Bruce's father died on March 3rd., 1941, when Bruce was only two and a half. Nothing noteworthy seemed to happen in his childhood after that loss. Bruce led a typically active life for a kid, and by the age of ten was playing baseball and dreaming of someday playing in the major leagues. He played the piano well and was academically outstanding. He was elected President of his class at junior high school.

Two features stand out in the extracts that Berkow and Olderman quote from Bruce's journals and scrapbooks. The first is a poem written when he was nine about his father, which idealizes the father he must barely remember. (In his twenties, Bruce posed for a picture of himself that duplicated a photograph of his father.) Second, Bruce was aware of the sacrifices his mother made for him, working as a secretary and depriving herself of much so that Bruce could have baseball gloves, piano lessons, and braces for his teeth, among other things.

These writings hint of the role that his mother played. A child might note these things only if a mother continually harps on them, both how wonderful his father was and what sacrifices she is making for him. But there is little mention made of his mother by Berkow and Olderman in their biography of Bruce.

When Bruce was ten, his mother's father came to live with them. This grandfather was an orthodox Jew, born in Russia, devoutly religious. Soon tension appeared in the home. The grandfather would accuse Bruce of stealing and other misdeeds. A friend of Bruce's hints of the poverty and frugality of the home by noting that the telephone had a lock on it to prevent unnecessary calls.

Bruce appeared to seek father figures outside of the home, most of whom were baseball coaches. His pitching became noteworthy in high school, and he led his team to the Los Angeles city finals. Major-league scouts came to his games. Meanwhile, he was academically strong, finishing 76th in his class of 403 students, and he continued to play the piano and to sing. He was described by acquaintances at this time as a loner.

Both the Dodgers and the Pirates tried to sign him, but his mother and coach persuaded him to go to the University of Southern California. The coach at USC was Rod Dedeaux, who in turn became Bruce's model and father figure. After his freshman year, in 1957, Bruce flew to Chicago for a tryout with the White Sox. They offered him a bonus of \$66,500. He wanted to sign, but his mother, following the advice of Dedeaux, the USC baseball coach, refused to let him sign. Bruce was very upset.

Although several of his USC teammates signed contracts and left, Bruce stayed and seemed happy. In 1960, he led USC to the college World Series, which they lost. In his notebooks, Bruce wrote of his unhappiness that he was not playing in the major leagues and of his discontent with his performance. During his senior year, his grandfather died, leaving everything to Bruce's mother. The rest of the family resented this and ostracized Bruce and his mother.

Life in Baseball

In 1960 he signed with the Dodgers for a \$12,000 bonus and was assigned to their triple-A team in Montreal. In his notebooks, Bruce noted the waste of his final three years of college and how his arm was giving him problems. In the minor leagues, Bruce was an oddity. There were few college-educated players, and there were a lot of older guys. Bruce was interested in health foods, practiced yoga and

went to chiropractors. One acquaintance noted that Bruce was rumored to be homosexual, but this friend noted that Bruce had affairs and loved women. (Ten years later, some high school kids that Bruce was coaching also thought he was homosexual.)

There followed a spell with a class-C team in Reno and then military service where he injured his arm. Next, in 1962, when Bruce was 23, Bruce was assigned to another triple-A team, this time in Spokane. His mother was unhappy living with an aunt and begged to go to Spokane with him. Bruce took her. They found a dilapidated hotel where they rented a room. It was August 1962, and Bruce wrote:

.....(it was) around this time Marilyn Monroe committed suicide. And this idea for the first time entered and cemented itself in my mind.

In Spokane, his record was 1-5, and he argued a lot with his mother, dragging up old hurts, including her refusal to let him sign after his freshman year in college.

By the time he was 26, his baseball career was finished. He was released in September 1964. He remembered Marilyn Monroe and went out to buy a Smith & Wesson revolver. But he got distracted from killing himself, so he told a friend.

He still had fights with his mother, but he built up a career selling real estate and mutual funds, received awards for success and had several romances, none of which developed into long-term permanent relationships. In 1970, a market slump caused his mutual funds career to slump, and several friends and relatives lost money, which made him feel guilty. He trained as a bank manager but was let go after four months. He got a job as a physical education teacher in a predominantly black high school. He became very depressed.

In the last two weeks of 1970, I became very despondent and thought of ending my life, which hasn't been a rare thought for me for over a decade now. (p. 56)

Before he killed himself, on June 7th, 1971, Bruce spent a weekend cleaning and tidying his apartment. On Sunday, he did his laundry. Around midnight, Bruce typed his suicide note and will (he left everything to a friend except for \$1 which he left to his mother), drank some Scotch, washed the glass, shaved, dressed neatly in slacks and a jacket, made his bed, and drove to the USC athletic field, where he laid down and shot himself.

His suicide note expresses anger at the USC baseball coach. It was Rod Dedeaux who was to blame for Bruce's failure as a baseball player because he persuaded Bruce's mother to keep him in college. Bruce noted that he saw no value in his college education. When he died,

...(I had) no pride of accomplishment, no money, no home, no sense of fulfillment, no leverage, no attraction. A bitter past, blocking any accomplishment of a future except age. I brought it to a halt tonight at thirty-two. (p. 66)

Comments

Bruce Clark's suicide is of special interest because he mentions being stimulated to thoughts of suicide by the suicide of Marilyn Monroe. Interestingly, he did not kill himself until nine years after her death. Phillips in his research has noted an increase in the suicide rate in the week following a famous suicide. Later suicides are not statistically detectable. However, suggestion can clearly play a role in suicides that take place years later.

Bruce's suicide note is of interest because of the focus on his baseball coach at USC. There is consistency here, in that his suicide note expresses anger outwardly directed, as does the method and venue of his suicidal action since he seems to have always believed in an external locus of control. He prefers to blame others,

The lack of anger toward his mother in the suicide note is noteworthy. Yet Bruce's anger toward is clear in the token bequest he left to her. Although they fought a lot in Bruce's final years, it is likely that Bruce's anger toward her was blocked as a child. To express anger toward her may have been threatening to Bruce, for it might have meant that he would lose his mother, in addition to the father he had already lost. Furthermore, her sacrifices for him, which she seems to have emphasized, would have made him feel guilty for being angry at her. It is possible that, if Bruce could have expressed his anger more openly toward her when he was a child, he would have been less suicidal as an adult.

At the time of his suicide, Bruce thought that he was a failure. He has failed as a baseball player, as a businessman, and as a man/lover. He was alone. Suicide as a response to perceived or actual failure is typical in men in our success-oriented society.

Finally, the venue for his suicide shows the importance of baseball. Baseball was his dream and his life, and in death it was still the focus of his attention.

Analysis

The motive seems to be depression and low self-esteem. His attempt at a career in baseball had failed. He was, indeed, a failure. The cognitive component seems to be feeling defeated and entrapped. The emotion appears to be anger, at both his former coach and his mother.

Yukio Mishima

Yukio Mishima, a Japanese novelist, died by suicide in 1970 by disemboweling himself and then having an assistant behead him, the ancient rite of seppuku. It may be hard to understand this act of suicide since our culture is so different from the Japanese. Stokes (1974), an Englishman, wrote a biography of Mishima, and I will rely on this to provide information about Mishima's life.

Early Life with Grandmother

Mishima was born as Kimitake Hiraoka, on January 14, 1925, at the home of his grandparents in Tokyo.¹ His grandparents were upper middle class. The grandfather, Jotaro, had been a senior civil servant, and his son, Azusa, Mishima's father, was also a government official. The grandfather had resigned, after taking responsibility for a scandal, and the family fortunes had been declining in recent years.

The dominant person in the household was the grandmother, Natsuko, who despised her husband. She had periodic depressions which might have been a result of having caught syphilis from her husband which had gone untreated. (Untreated syphilis leads to a mental condition known as general paresis.) Natsuko also had gout.

Natsuko was disappointed by her son's achievements and determined that her grandson would excel. So she virtually kidnapped him from his parents. They lived on the second floor, and Natsuko took Mishima to live with her on the ground floor when he was 49 days old. Mishima's bed was placed in the same room as his sick grandmother, and he was reared almost entirely in that room.

¹ In February 1928, Shizue had a girl, Mitsuko, and in 1930 a boy, Chiyuki.

Mishima was fed on a rigid schedule every four hours, for a fixed period of time, with his mother, Shizue, being called downstairs for the feeding. Natsuko raised Mishima as a girl. He was attended by a nursemaid, forbidden to run about the house or go out. Toys were also restricted because his grandmother could not tolerate the noise. Mishima was, therefore, kept inside, staying in the dark room with his sick grandmother.

When he was four, Mishima was very sick with an illness not known in the West (*jikachudoku*). Thereafter, he had attacks of this illness regularly (almost monthly) and he developed into a frail and delicate child. He was put on a strict diet by his grandmother, and his later fear of poisoning may have developed from her concern about his food.

Because Mishima was allowed out so rarely, outings took on special meaning for him. The experiences had a great impact on him and became vivid memories for him. In addition, because he was raised by his proud old-fashioned grandmother, Mishima heard only about upper-crust families from the old times. When he was five, his grandmother allowed girls to come and play with him (paper-folding and block-building) and allowed his mother to take him out briefly if the weather was fine. Once when playing with cousins (a rare event), he felt required to play like a boy, and he described this as the beginning of his masquerade.

He read by the time he was five and liked fairy stories (especially those with princes). In play-acting with his brother and sister he often played the female role, such as Cleopatra. He says that he was in love with any youth in the stories who was killed.

In April 1931, at the age of six, he began attending the Gakushuin, a school for children of the rich and the aristocracy. In 1935, according to tradition, the grandparents and parents moved to separate houses. Mishima lived with his grandparents, but his grandmother's ill-health forced her to let his parents have him for good in March 1937. He visited his grandmother once a week, and she took him to the Kabuki and No theaters. As his grandmother's health declined, Mishima's visits became rare, and Natsuko died in 1939 at the age of sixty-four.

Natsuko had created a bizarre childhood for Mishima. She raised him as a girl, facilitating his later homosexuality. She instilled in him a love of the samurai spirit of her ancestors and an affinity for the upper classes. She also suppressed a

great deal of his feelings and behavior and subjected him to her conflict with his parents. Yet Mishima liked the time he spent with his loving (though tyrannical) grandmother.

Homosexuality

As soon as he began to have erections at the age of twelve, Mishima was attracted to men. Furthermore, he loved to draw pictures of young men, injured and covered in blood. When he first saw a picture of Saint Sebastian, bound to a tree and with arrows piercing his body, Mishima masturbated and had his first ejaculation. Twenty-five years later, Mishima had himself photographed in the same pose. (Mishima later referred to his masturbation practices as a "bad habit".) For the rest of his life, Mishima remained attracted to men, and his partner in his seppuku, Morita, was assumed to be his lover.

The source of this attraction to men can perhaps be seen in his grandmother's bizarre notion to dress and treat Mishima as a girl. But the association of sexuality with injury and death seems to appear quite suddenly without warning in his early teens.

Mishima and His Mother

Mishima went to live with his parents at the beginning of his teenage years. His relationship with his mother, Shizue, appears to have particularly close. Mishima seems to have loved her deeply, while she called him her 'lover'. She supported his writing and tried to get established writers to look at her son's work. (Mishima's father, Azusa, wanted Mishima to go into the Civil Service). Throughout his life, Mishima remained devoted to his mother, taking her to plays, exhibitions and restaurants and buying her gifts.

This attachment is of interest given his homosexuality. It is easy to see his homosexuality as, not simply an attraction to men, but also a flight from his unconscious incestuous desires toward Shizue which must have been stimulated by going to live with her when he was twelve.

School

Mishima entered middle school in 1937. His grades improved and, as his health improved, his attendance record became better. His teachers there also liked his writing better than had his elementary school teachers. Shizue encouraged her

son's writing. Azusa had to work in Osaka for two years and, when he returned in 1939, was horrified by his son's interest in writing. He tore up a work Mishima was writing, and thereafter Mishima hid his writing from his father.

At the middle school, his literary ability led to his acceptance by the older boys and the inclusion of his work in every issue of the school magazine. His early writings already foretold his later mature works: irony and elegance, alienation from the lower classes and a delight in cruelty. By fifteen, Mishima was still pale and puny and suffered from anemia, but his health had improved greatly since his childhood. He excelled at his schoolwork, and his writing ability facilitated his association with the older boys and with the teachers. (His parents used his ill health to get him excused from the mandatory two years of boarding at the school.)

From an early age, Mishima read European literature, and this influenced him greatly. Eventually, he would furnish his house in a European style, and visitors from the West found him to be the most accessible of the Japanese writers. (His teachers at his school did not forbid their students to read European literature even though the official militarist creed at the time was that the Japanese were superior to all other races.)

His mother also signed Mishima up for instruction in writing outside of school, in particular with the renowned poet Ryuko Kawaji. At age sixteen, Mishima published his first work in a literary magazine (edited by one of his teachers). It was at this time, in 1941, that Mishima chose the pen name he would use for his writing.

The War

The war brought little change in Mishima's life at first. Azusa was too old to be drafted. In 1942, he resigned from the civil service and started a law practice. Mishima's grandfather also died that year. Mishima moved up to the senior school, ranked second out of the sixty boys in his class.

Mishima associated with a group of writers who believed that the war was holy and that death in the service of the Emperor was the highest goal in life, especially since self-destruction would lead to reincarnation. This group of Japanese romanticists (the Roman-ha) had the official support of the military leaders.

Mishima passed his army medical in May 1944, and he was drafted into the local regiment for which he had to periodically work. In September 1944, he graduated at the top of his class and was awarded a gold watch by the Emperor personally.

University

For the first time, Mishima's father exerted his will and Mishima enrolled in the law department at the Tokyo Imperial University where he was to study German law. However, the war interrupted his university education. He was drafted almost immediately to work in a factory making the kamikaze planes, the goal of which was death - a "monstrous nothingness" in Mishima's own words. The danger of death during the bombing of Japan scared Mishima, yet he also looked forward to death "with a sweet expectation." Despite the shortages of materials, Mishima had his first book published in October 1944, a phenomenal achievement.

In February 1945, Mishima was finally drafted for the national forces, but on the way to report for duty he got a fever. This fever, together with his lies about his health, got him rejected for service. (The army doctors believed Mishima to have tuberculosis.) This experience is perhaps critical to understanding Mishima's death. His failure to actually serve in the army enabled him to romanticize the experience in his imagination. Furthermore, though he never admitted it, his cowardice here perhaps led to his overcompensation later.

It is difficult for us in the West to comprehend the effect of the defeat of Japan on the people. Five hundred military officers, including the Minister of War, died by suicide at the surrender, thereby accepting responsibility for the defeat and apologizing to the emperor. Officers overseas also took their lives, among them a writer and friend of Mishima.

Mishima began post-war life as a student again, living at home and depressed. In October, his sister Mitsuko (only seventeen years old) died of typhoid. Mishima looked after her in the hospital and felt her loss deeply. But he pursued his writing and soon was publishing again, seeking and getting the sponsorship of Yasunari Kawabata, later the first Japanese writer to win the Nobel Prize (in 1968).

Mishima's writings, however, did not win him immediate fame, and he decided to pursue his studies and sit for the civil-service examination. At this time in his life, he was discouraged. His lack of direction after the war, together with his

literary struggles, depressed him. He saw himself as a pathetic creature, non-human, incapable of normal social intercourse. He was still only a homosexual in fantasy, and he had no relations with women until his thirties (although he made two marriage proposals during this period in his life).

Mishima passed his examination and entered the ministry of Finance in 1947. But his writing went so well in the next year that he resigned after a year to pursue his literary career. His father was furious, his mother supportive. Finally, the father gave in saying that Mishima had "better make (him)self the best writer in the land." By 1950 he was still depressed. He was lonely, jealous of others, and not physically well. He thought travel would help his mood, and so at the end of 1951 he set sail for the USA, from where he went to Brazil, Paris and Greece, returning to Japan after six months in much better spirits.

Writing

His writing went well - novels, plays and criticism. By 1956 he was the leading writer of his generation in Japan, and now he sought the recognition of the world. In 1957 he was invited to the USA by his publisher and by the University of Michigan, and for this visit he worked hard at his command of the English language. He had worked hard to build up his body, and he looked healthy and sun tanned. He stayed away six months, but the trip ended with Mishima feeling lonely in New York and without the public performance of his plays for which he had hoped.

By 1960, Mishima began to fall from grace. His most recent novel (*Kyoko's House*) was judged to be a failure. His books now sold twenty thousand copies rather than two hundred thousand. He even felt called upon to visit his publishers and make a formal apology. He took a part in a bad gangster movie, and this alienated people of good taste. In a serialized story that year, he satirized a well-known public man who sued him. He also fell out with the literary club he belonged to. In 1961, he received death-threats from right-wing extremist groups, and for two months Mishima had a bodyguard.

During the 1960s, the trend continued. Mishima had stopped being the golden-boy. Mishima first thought about winning the Nobel Prize for literature in 1965 and expected to receive it in 1967 and 1968. In 1968, the Prize was awarded to Kawabata (the first Japanese author to receive it), and Mishima was bitterly disappointed by this.

Suicide had always figured prominently in Mishima's writings and thoughts, and by the mid-1960s he was beginning to seriously consider suicide for himself.

Family

In 1958, concerned that his mother had cancer, Mishima arranged a marriage for himself so that his mother would die happy. In June 1958, he married Yoko Sugiyama, a twenty-one year-old daughter of a painter. They built two houses in Tokyo, one for himself and one next door for his parents. (Shizue turned out not to have cancer after all.) Mishima modelled his house on Western colonial designs, even though the plot of land was too small to build a large enough house for the design. In the yard he placed a Greek statue of Apollo. To the western eye, the house was a little unusual. To the Japanese it was grotesque, but Mishima liked to shock.

Mishima kept his family from the public eye. No one was allowed to photograph his wife, parents or children. Mishima also departed from tradition by taking his wife with him on trips abroad, such as in 1960 when they went to the USA, Europe, Greece, Egypt, and Hong Kong. Mishima had two children, a daughter first and then a son.

Mishima's Suicide

Mishima decided on the romantic image of death as a samurai. He would achieve hero status, and his death would bring together all of the threads in his life. The ideal of the samurai was the pursuit of Literature and the Sword, and Mishima set out to develop both paths.

There are several themes which were portents of Mishima's suicide. For example, in his literary endeavors, he began a long novel in four parts in 1965 that he would finish just prior to his suicide in 1970.

Mishima also became concerned about his physical body. He was a small man, about five foot four, and he had loathed his body when he was young. Starting in 1955 he planned a rigorous program of exercise, body building and sun tanning. He specialized in *kendo* (fencing with a blunt lance), eventually receiving the rank of fifth dan. He developed the idea that it was best to die when your body was still in good shape rather than as a decayed old man. He came to view his body as beautiful and even had photographs of his body put in a volume about Japanese body builders. However, in 1970, at the age of forty-five, although still in good

shape, his body was declining. He was often too stiff for some of the exercises, and he was not able to keep up with younger men.

Mishima was an exhibitionist. He played roles in movies and on the stage. He wrote for all kinds of magazines and newspapers in addition to his serious writings. He delighted in shocking people with his writings and his possessions. He posed for a book of nude photographs in 1963 and, in 1966, in the pose of Saint Sebastian.

In this final decade of his life, Mishima also developed a hero worship of the Emperor, together with a nostalgia for Japan's imperial and colonial past. Thus, he became a favorite of the right-wing political groups. In 1968, Mishima created his Tatenokai, a group of young men who functioned much like a private army. Using his connections, Mishima obtained permission for his group to train with the Japanese army and to be inspected on ceremonial occasions by military officers. He recruited right-wing students for the group, and the first initiation ceremony is odd. Mishima and the others cut their fingers and dripped blood into a cup. Each signed their name in blood on a sheet of paper, and then each sipped the blood.

As his ideas shifted to the right, Mishima fell further out of favor with the literary establishment which leaned left. He broke with the theatrical group who produced his plays. Soon critics began to greet his new works with silence. His biographer Stokes feels that Mishima was essentially alone, without intimate friends, even though he was quite sociable. Mishima liked to hurt the object of his love. He found it hard to accept the love of others and could be repelled by their love and flee. Thus, there was no one to challenge his lifestyle and his goals. His wife would not dare, and his mother was too uncritical of him.

In 1970 he began to plan his *seppuku*. He recruited four students to help, including the leader of his Tatenokai, Morita, probably his lover, and one who shared his right-wing views. Mishima changed the plan a number of times, but in the end, on November 25th, 1970, the group visited a local military unit, captured General Mashita (the commander of the Eastern Army) and ordered Mashita's officers to gather the troops to hear a speech from Mishima. Mishima tried to get them to rise up and take over the government in the name of the Emperor, but they laughed at him. He went back into the general's room, disemboweled himself, whereupon Morita tried twice to behead him. One of the three assistants, Furu-Koga, took the sword and completed the beheading. Then Morita tried to disembowel himself, but failed, whereupon Furu-Koga cleanly beheaded him.

(The assistants were ordered by Mishima not to die by *seppuku*, and they were sentenced to four years for their participation in the *seppuku*.)

Why?

Many have commented on the reasons for Mishima's suicide. His suicide was the completion of his literary work; it was in defense of the Emperor and Japan; it was a sexual act or a manifestation of his exhibitionist style; Mishima was insane; his death sought esthetic beauty; his talent was exhausted; he and his homosexual lover died by a shinju (double suicide for love); he tried to trigger a coup d'etat.

His biographer, Stokes, was convinced that the homosexual relationship with Morita was central to the *seppuku*, and that Morita in fact suggested it. This is unlikely inasmuch as Mishima had been describing *seppuku* in graphic detail in his writings for many years. It is more likely that Morita was the one who moved him from fantasy to action.

Mishima's childhood was grossly unhealthy. He was kidnapped by a grandmother and forbidden to be with his parents. He was raised as a girl and developed into a sickly child. Much of his later life can be seen as a result of this. He accepted the feminine identification and became homosexual by preference. But he rejected his frail body and sought to become tough. He thus became a tough masculine homosexual. Stokes suggests that Mishima was impotent, but that seems unlikely. He masturbated as a teenager and fathered two children. What role he took in his homosexual sexual acts is unclear. But he clearly would be able to function in some of the possible acts. His homosexuality can also be seen as motivated by a flight from his incestuous desires toward his mother (and hers toward him).

It is the association of sexuality with blood, death and *seppuku* that is puzzling. The association appeared at a young age in Mishima, and no source can be identified. Was it simply by chance? (He masturbated while looking at the picture of Saint Sebastian.) Or were there childhood experiences that shaped the theme in his life? We do not know.

Mishima would write anything for publication (for women's magazines, for *Sports Illustrated*, etc.) To be sure, he wrote serious works of literature, but Mishima liked writing, and he liked popularity. His biographer, Stokes, describes a lot of Mishima's writing as trash. Yet, Mishima wanted fame and was crushed by

his failure to win the Nobel Prize. He wanted fame now and not in the future. He was aware, not that his talent was exhausted, but that his reputation was on the decline. He had alienated too many critics, and he feared for his future in the literary world.

Thus, he killed himself, not at the end of his career, as did Hemingway or Marilyn Monroe, but rather at the peak (or just past the peak). He was almost a Nobel Prize winner (and might still have been if he lived to an old age); he was still in good physical shape. His death right now might establish an image in death that would secure his name in literature.

He was often depressed in his life, and sometimes manic. Yet there is no evidence of breakdowns or severe incapacitating depressions. It is easy to suggest that presence of mental illness in people who are dead and unavailable for interview. But Mishima does not seem to have been mentally ill.

To us in the West, his preoccupation with the Emperor and his right-wing views seem odd to us, but not all people with extremist views are mentally ill. It is possible to be right-wing or left-wing without being mad. The particular views that Mishima came to adopt were shared by many in Japan. These views clearly shaped his choice of *seppuku*, whereas Kawabata, Mishima's early sponsor and the first Japanese writer to win the Nobel Prize, simply gassed himself in his apartment a year and a half after Mishima's suicide. Mishima's views may have shaped the method for his suicide rather than the decision to kill himself.

Japanese culture is tolerant toward suicide (although far from having the highest suicide rate in the world). I have already noted the mass *seppuku* of the military leaders after the defeat in the Second World War. Mishima also spent part of the war in a factory making the planes for the kamikaze pilots who were to sacrifice themselves for their country.

The list of Japanese writers who have killed themselves is long: Bizan Kawakami 1908, Takeo Arishima 1923, Akutagawa 1927, Shinichi Makino 1936, Osamu Dazai 1948, Tamiki Hara 1951, Michio Kato 1953, Sakae Kubo 1958, and Ashihei Hino 1960. Thus, suicide, and even *seppuku*, is not an unusual event in Japanese society. Mishima had met Dazai and probably was at least aware of the other contemporary writers who killed themselves. For someone who had developed a fascination with bloody death at a young age, these suicides must have been especially potent events.

Mishima may also have been scared of death. When faced with induction into the army, Mishima faked sickness. The fantasy was exciting, but the reality scary. Perhaps his suicide was a reaction against this fear, just as his body building was a reaction against his childhood sickliness.

Thus, the many themes of Mishima's life came together at that point in time in his life to make his suicide appropriate.

Analysis

The motive seems to be escape from the self, the cognitive component seeking glory, and the emotion of depression (over his failure to win the Nobel Prize) and anxiety over his declining status in the literary world.

Final Comment

In these two suicides, we can obtain some idea of the themes and life experiences shaping the decisions to die by suicide. We can make suggestions as to which type in a typology each of the suicide fits. For example, Bruce Clark had anger directed toward others while Mishima did not. However, it is not always easy (or possible) to fit a suicide into just one type. Bruce Clark was clearly angry, which suggests Menninger's *to kill* type but he had experienced several failures in his life and so was also escaping – *to die*.

There is one further consideration. When we look for causes, we look for *necessary* and *sufficient* causal factors. The factors identified for Bruce Clark and Mishima were necessary and sufficient for them, but do they provide evidence for necessary and sufficient causes for suicide in general or even for one type of suicide?

Can we ever have a general theory of suicide? Will we ever have a general theory of suicide? Or must we be content with, hopefully in some cases, understanding this particular suicide?

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