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A REVIEW OF RESEARCH ON SUICIDE IN 1998¹

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Abstract: A review of research on suicidal behavior published in 1998 revealed very few interesting or novel findings. The most interesting papers were Goldney on tipping points in suicide rates and Tullis on the possibility of suicide addiction.

From 1897 (the date of publication of Durkheim's book on suicide) until 1997, I read every article in English on suicidal behavior. I had many boxes of 3.5 index cards, one for each article, chapter and book. I used *every* abstracting service available to locate these scholarly works. I reviewed the research in four books called *Why People Kill Themselves*, published by Charles Thomas.

At that point, the volume of scholarly work on suicidal behavior was too great. Locating and reviewing the articles was taking up too much of my time (I did have a full-time job as a professor), and so I stopped. One hundred years seemed like a great achievement.

No-one took up this task. Of course, reviews of selected topics appeared, but no comprehensive review. I am now retired, and hence this is an attempt to do a reasonably thorough review, although it will not be comprehensive. I do not have access to all the abstracting services that existed in the 20th Century. Furthermore, articles in the predatory journals (those that developed to help scholars publish their work for a fee) are not typically included in the abstracting services. Therefore, many, possibly important, ideas are difficult to locate.

This review is for scholarly research published in 1998.² To indicate where I searched, here is a list of the abstracting services used.

¹ If readers know of other research on suicidal behavior published in 1998, please email me the reference (and article, chapter, etc, if possible) to david.lester@stockton.edu

² Reviews of the literature are not cited here, only original research.

Sociological Abstracts	93 items
Criminology Abstracts	78 items
Psychological Abstracts	401 items

Studies of Suicide Rates and Suicidality

Methodological Issues

Abed and Baker (1998) compared data from the Office of Population Censuses and Surveys (OPCS) and coroners in one English district. Discrepancies occurred because of delays in the OPCS data recording, decisions by the OPCS on open verdicts, and the impact of later changes in the cause of death. In a ten-year period, coroners recorded 237 suicides and undetermined deaths while the OPCS recorded 263 such deaths. Abed and Baker examined several cases and concluded that the OPCS incorrectly included 20 deaths but also incorrectly excluded 21 deaths, and they concluded that suicide statistics in England are not accurate.

Tousignant (1998) discussed the possibly irrelevance of sociological theories of suicide to small scale societies. Although accurate data on suicide in these societies is rarely obtained, suicide occurred in them prior to acculturation. Social alienation and psychopathology appear to play less of a role. Rather, contagion is common, and suicide often occurs as a means to regain personal and family dignity.

Does the type of suicide rate used in the study have an impact on the results? For France, Lester (1998g) found that the predictors of suicide rates over time (divorce, marriage and birth rates) were similar in sign (positive and negative) for both crude suicide rates and age-adjusted suicide rates.

Regional Studies

Countries

Zhang (1998) studied 60 countries and found that the suicide rate was negatively associated with population growth (based on a number of indicators) and positively with the quality of life (also based on a number of indicators). In multiple regressions, population growth was the stronger predictor, and this was found for both developed and developing countries.

Lester (1998k) found that the ratio of men to women in 70 countries of the world was negatively associated with the suicide rate, but not when controlling for the level of development.

Stack (1998e) found that female labor force participation (which Stack viewed as an index of role conflict) in a sample of 53 countries was positively associated with both the male and female suicide rates. However, for the 29 countries highest in female labor force participation, the association was found only for the male suicide rate. For the total sample, the male and female suicide rates were also positively associated with an index of industrialization but not to the rate of economic growth.

Kelleher, et al. (1998) rated the degree of sanctions against suicide in 49 countries and found that the stronger the sanctions the lower the suicide rate, especially for the female suicide rate. The authors cautioned that sanctions may impact the accurate reporting on deaths from suicide.

Lester (1998q) examined eight studies by Stack and replicated them on a new sample of nations.³ He found that Stack's results reduced to one strong predictor of national suicide rates: female participation in the labor force.

Smaller Samples of Countries

Pampel (1998) studied the impact of gender inequality on male and female suicide rates in 18 nations, looking at suicide rates by age and by sex for 1953-1992. Would improvement in gender equity increase or decrease the female suicide rate? Pampel suggested that over time, a movement toward gender equality would first increase the female suicide rate but, after the society adjusts to the improvements in gender equality, subsequently reduce the female suicide rate relative to the male suicide rate. His results supported his hypothesis.

Lester (1998d) found that the unionization rate in 18 industrialized countries was not associated with the suicide rate, nor with changes in these variables.

³ The paper does not report how many nations and of which type (industrialized or not).

Lester (1998n) found that the life satisfaction of college students in 18 industrialized countries was not associated with the suicide rate of 15-24-year-olds.

Fernquist and Cutright (1998) tested Durkheim's theory of suicide using age-standardized suicide by age group and by sex averaged over 5-year periods for 21 developed countries. Using variables such as the divorce rate, religious book production and modernization to assess social integration, they concluded that domestic integration, followed by religious integration, but not economic integration, predicted the suicide rate.

Regions within a Country

Marušič (1998) studied correlates of the suicide rate in 60 regions of Slovenia. The suicide rate was associated with the prevalence of alcohol psychosis, percentage of Catholics and the duration of sunshine. The murder rate predicted the suicide rate in younger persons (aged 10-29) and income per capita in older persons (>60). The surprising correlate was that regions with more Catholics had higher suicide rates.

In a study of American counties experiencing natural disasters in the 1980s, Krug, et al. (1998, 1999) found no impact of natural disasters on the suicide rates.

Lester (1998m) found that the monthly distribution of suicides in the states of the United States was more uneven in states in the north and in states with a greater proportion of rural residents.

Kondrichin and Lester (1998) found that suicide rates were higher in rural regions of Belarus than in urban regions, and suicide rates were higher in the north, where there tended to be higher rates of social disorganization (homicide, crime, divorce and psychiatric problems).

Lester (1998j) found that suicide rate was not associated with the percentage of German speaking people or the percentage of Roman Catholics over the 26 cantons of Switzerland.

Zacharakis, et al. (1998) found that suicide rates in Greece were high in rural regions and, for men, among young widowers.

Leenaars and Lester (1998) found that the suicide rates of the elderly in 10 Canadian provinces was predicted by the average income of the elderly and the proportion with low incomes, a seemingly contradictory result.

Lester (1998-1999) conducted a meta-analysis of his regional studies of suicide rates within 14 countries and found two reliable associations: a negative association between suicide rates and population and a positive association with the death rate.

Kaplan and Geling (1998) looked at gun ownership and suicide rates by firearms and by all other methods for the 8 regions of the United States in 1990. Estimates of gun ownership were positively correlated with the firearm suicide rate for white males, white females, black males and black females. However, the correlations were negative for suicide rates by all other methods, suggesting that people switched methods when firearms were less available.

Lester (1998t) found that the suicide rate of the American states was negatively associated with the death rate from ischemic heart disease, failing to replicate an earlier study which had reported a positive association over nations.

Lester (1998b) studied correlates of the rate of *suicidal ideation* in the states of the United States. Factor analyzing a large set of socio-economic variables produced two factors that correlated with the rate of suicidal ideation: social disintegration (positively, measured with variables such as divorce, crime and interstate migration rates) and Roman Catholicism (negatively). Social disintegration also was associated with the suicide rates of the states (positively).

Using 17 social indicators for the 26 Swiss cantons and a factor analysis of the indicators which identified five factors, Lester (1998p) found no correlates of the suicide rates. Looking at the individual social indicators, only the percentage of Italians was associated with the suicide rate of the cantons (negatively).

Lester (1998u) found that the suicide rate in prisons by state in the USA was positively associated with the suicide rate of the states for the general population.

Lester (1998w) used a classification of American states as introverted and neurotic based on social indicators. Suicide rates were higher in the more introverted states and the more neurotic states.

For the American states, Lester (1998x) found that the suicide rate was positively associated with alcohol consumption but not with the death rate from cirrhosis of the liver or membership in AA. Changes in alcohol consumption from 1974 to 1983 were positively associated with changes in the suicide rate.

Regions within a State or Province

Campbell, et al. (1998-1999) found that parishes in Louisiana with higher rates of unemployment and more per capita spending on the lottery had a greater increase in the suicide rate from 1990-1995.

Agbayewa, et al. (1998) studied elderly suicide rates in 21 regions of British Columbia (Canada) in the 1980s. The elderly male suicide rate was predicted by male unemployment and female labor force participation (both positively). The elderly female suicide rate was predicted by the migration rate and less education (both positively).

In a poorly presented study, Chandler and Lalonde (1998) studied correlates of suicide rates in perhaps 200 Native Canadian bands in British Columbia (Canada). They found that the more that females participated in the governing of the band, the more effort made to reclaim tribal property and the more self-governance, the lower the suicide rate.

Season Variations and the Impact of Climate

Yip, et al. (1998b) examined the seasonal variation of suicide in Australia and New Zealand. In both countries, females did not have a bi-seasonal peak in the suicide rate, a result different from reports in the 1970s. The suicide rate in both sexes in both countries peaked in September-October, although tests of statistical significance for this were not presented.

Hakko, et al. (1998) found that the seasonality of suicide in Finland declined from 1980 to 1995, and the seasonality was greater for suicides using violent methods than for suicides using non-violent methods.

Preti and Miotto (1998) found that suicides in Italy using violent methods peaked in the Spring and were low in late Autumn. This seasonality was stronger for male suicides than for female suicides. They attributed this pattern to climate.

Rihmer, et al. (1998) found that the Spring and early summer peak in suicide in Gotland (Sweden) declined over the years. They attributed this to the increasing prescription rate of antidepressants and the possible reduction in suicides accompanied by depression.

Yip, et al. (1998a) found that suicides in Hong Kong declined during Chinese New Years and were low during the Winter months.

Preti (1998) studied suicide rates in 17 Italian towns that had climate recording stations and found that they were higher in northern regions. Suicide rates were associated over these towns with mean yearly temperature values, maximum and minimum, and with sun exposure indicators negatively, and less significantly with rainfall values positively. In a multiple regression, both male and female suicide rates were negatively predicted by humidity, rainfall and sunlight.

Jessen, et al. (1998) studied a sample of Danish suicides and found a Spring peak (April) and decreasing numbers during the week with a low on weekends and a peak on Mondays. The only climate variable that was significant was the difference in visibility as well as the number of suicides four days and seven days before. These results are poorly explained. *Difference in visibility* omits to tell different from what. The implications of the number of suicides 4 and 7 days earlier is difficult to interpret.

Time-Series Studies

Sharma (1998) found that economic growth from 1980 to 1993 was negatively associated with both suicide and homicide rates in 1994 in 16 industrialized countries.

In a time-series study of Italy for the period 1950-1985, Lester (1998y) found that a high birth rate was negatively associated with the suicide rate for both men and women. A high marriage rate was negatively associated with a low suicide rate for men but a high suicide rate for women, supporting Gove's hypothesis that marriage is better for the mental health of men than it is for women.

In a time-series study of suicide rates in Switzerland for 1950-1990, Gmel, et al. (1998) found no impact from alcohol consumption, divorce or unemployment rates. They attributed the variation in the suicide rate over time to the hypothesis of a natural suicide rate, later developed further by Yang and Lester (2004, 2009) who argued that nations will always have a non-zero suicide rate that can never be reduced to zero.

In Singapore, Lester (1998h) found that measures of domestic integration (birth, marriage and divorce rates) predicted the time-series suicide rate for Indians and “others”, but not for Chinese and Malays.

Lester and Abe (1998) studied the impact of Durkheimian variables on the suicide rate from 1970 to 1989 in Japan. The divorce rate, but not birth or marriage rates, predicted the suicide rate. The results, however, differed by the method for suicide. For example, divorce predicted only the suicide rate by hanging, while marriage protected against suicide by using gas.

Metha, et al. (1998b) for the changes in the youth suicide rate by state in the United States from 1980 to 1993 were not associated with implementation of suicide prevention initiatives.

Freeman (1998) tested the Easterlin-Holinger hypothesis that the relative youth cohort size is associated with the youth suicide rate of the cohort. A larger youth cohort size leads to more competition for resources and higher stress levels. For the period 1959-1993, the relative size of the cohort of 15-19-year-olds was positively associated with the cohort suicide rate, even when other socio-economic variables were entered into the multiple regression.

Caces, et al. (1998) studied the association of alcohol consumption and suicide in the United States for the period 1934-1987. Increases in per-capita alcohol consumption were associated with increases in the suicide rate for both men and women and for those 59 or younger but not for those 60 and older, but only when other variables were introduced into the regressions (such as unemployment).

Ohberg, et al. (1998) found that from 1990 to 1995 in Finland, prescriptions for antidepressants, especially SSRIs, increased while the

suicide rate decreased. The use of antidepressants for suicide increased, but this was offset by the decreased use of hanging and carbon monoxide poisoning.

Lester (1998v) found that marriage, divorce and birth rates successfully predicted the time-series suicide rate for 19 Hungarian provinces and also for village, towns and cities.

Lester (1998z) found that the suicide rates in countries that were formerly part of the Soviet Union (such as Estonia and Lithuania) rose after the break-up of the Soviet Union in 1991. However, suicide rates did not change in countries (such as Hungary and Romania) which were allied with the Soviet Union.

Research on Distal Variables

Slaves

Lester (1998c) documented suicides in slaves in the United States. He was also able to calculate suicide rates in 1850, although data from that era may be unreliable. However, men had higher suicide rates than women for both Caucasians and African Americans (both enslaved and freed)⁴, and Caucasians had the higher suicide rate, differences which are found in modern times.

Immigrant Groups

Burvill (1998) compared the suicide rates of immigrants to Australia from 11 countries with the suicide rates in the 11 countries. In general, the immigrants had higher suicide rates than the rates in their home countries, but the rates for the immigrants by country were positively associated with the rates in their home countries.

Lester (1998f) found that the suicide rates of immigrant groups in the United States was not associated with the size of the immigrant group, unlike results from Australia.

⁴ African Americans also had higher suicide rates than mixed race persons.

Taylor, et al. (1998) looked at suicide rates in urban New South Wales (Australia) by country of origin. The suicide rates of males from southern Europe, the Middle East and Asia were low, whereas they were higher in males from Northern and Eastern Europe. Social class also played a role, with suicides rates for males (but not for females) higher in those with low socio-economic status, especially in those who were Australian born or immigrants from English-speaking countries and Asia.

The Effects of Perestroika

Värnik, et al. (1998a) found that, during perestroika (1984-1990) suicide rates declined in the Slavic and Baltic countries. In European countries, suicide rates increased with age, while suicide rates peaked in Slavic and Baltic countries peaked for those aged 45-54 and >70 for men while female suicide rates increased with age. Suicide rates in the Slavic and Baltic regions decreased during perestroika, especially for the 25–54 age group, averaging a drop of 45% for men and 33% for women between 1984 and 1986–1988.

Värnik, et al. (1998a) found that suicide rates in the former USSR decreased by approximately 32% for men and 19% for women during perestroika, much more so than in European countries. Värnik (1998) found this decrease in all 15 republics of the USSR especially in men and in those aged 25-54. Suicide rates rose from 1988 to 1990, but still stayed lower than before.

Wasserman, et al. (1998) found that alcohol consumption was positively associated with suicide rates over time in for three Slavic (Russia, Belarus and the Ukraine), three Baltic (Lithuania, Latvia and Estonia) and two Central Asian republics (Kazakhstan and Kirgizia) countries, more so for male suicide rates than for female suicide rates. The reduction in the suicide rate during perestroika might, therefore, have resulted, at least in part, from the restrictions placed on alcohol (e.g., raising the price) instituted by Gorbachev in 1985.

Other Distal Variables

Lester and Shephard (1998) found that the higher suicide rates in the western states of the USA were part of a graduate increase from the eastern states to the western states rather than an abrupt increase.

Shiang (1998) found that, in San Francisco, suicide rates were highest in whites, followed by African Americans, and then rates for Hispanics and Asians. Suicide rates varied by ethnicity, age and sex, but not in the use of firearms did not vary by ethnicity.

Shiang, et al. (1998) compared suicide rates in Chinese population in China, Taiwan and Hong Kong. The highest suicide rate was found in China (and higher in rural areas than in urban areas) and the lowest suicide rate was found in Taiwan.

Trovato (1998) studied suicide during the hockey playoffs in Quebec. Suicided rates increased among young men (especially if the Montreal team was defeated), but suicide rates dropped in married men. Trovato interpreted these results in terms of changes in social interactions during the hockey play-offs.

Looking at American national statistics for 1989, Stack (1998c) found that higher education was associated with higher suicide rates for African American males, but with lower suicide rates for white males. (Higher age and being married reduced the suicide rate for both ethnic groups.)

Towl and Crighton (1998) studied suicide in prisons in England and Wales and found that the suicide rate increased with increasing length of sentence and was highest in those serving life sentences. The effect of the age of the prisoners was uneven, with those aged 15-17 and 25-29 having the highest suicide rates. Those aged 60+ had the lowest suicide rate.

Kettle (1998) reported that suicide rates in Alaska Native peaked at the age of 20-29 and were low in those over the age of 60. The suicide rates of white Alaskans were high at all ages, with a peak for those over the age of 70.

Yip (1998) looked at the impact of marital status on suicide in Hong Kong and Australia. In general, being married was associated with lower suicide rates, except for teenagers of both sexes in both countries and elderly women in Hong Kong.

Etzersdorfer and Sonneck (1998) studied the impact of a campaign to limit media coverage of suicides in the subway system of Vienna (Austria).

The effect of this tactic was to reduce the number of subway suicides, indicating the influence of media coverage on suicidal behavior.

Looking at suicide versus other causes of death in United States troops in Vietnam during 1957-1973, Adams, et al. (1998) found that regular troops had a relatively more suicides while reserves and selective serviced troops had fewer suicides. Suicides were relatively more common in Army troops and less common in Air Force troops and the Marines. Race and marital status also were associated with suicide deaths.

Lester (1998s) looked at the sex ratio for suicides aged 5-14 in 90 nations of the world. Sixteen reported no suicides in this age range. Of the remaining 74 nations, only 13 reported higher suicide rates for girls than for boys (mostly Latin American and Asian nations).

Theoretical Considerations: The Tipping Point and the Natural Suicide Rate

Goldney (1998) suggested that the concept of the *tipping point* postulated by Tittle and Rowe (1973) might be relevant to suicide. Applied to suicide, this concept would imply that there is a background base rate of suicide resulting from many factors, and that, once breached, this threshold would result in a dramatic increase in the suicide rate. The question arises, therefore, what factors might precipitate this tipping point? For example, perhaps economic factors, changes in parenting practices, patterns of drug use, or attitudes toward assisted suicide might provoke this tipping point. This idea is similar to Mishara's (1996) suggestion that "tendencies toward suicide or toward life may increase or decrease dramatically due to minor fluctuations in life circumstances" and to the proposal by Yang and Lester (2004, 2009) that societies have a natural suicide rate which persists until societal conditions induce changes.

Studies of Suicides

Methodological Issues

Velting, et al. (1998) made the obvious comment that studies of suicides using interviews with the survivors may produce very different data, and therefore results, from interviews with the suicides prior to their death, which is obviously impossible. But how different? They interviewed the

parents of youths who had made serious attempts at suicide and compared the data with data obtained from interviews of the youths. Agreement was best for substance abuse and disruptive disorders. Symptoms of non-aggressive conduct disorder, anxiety disorder and major depression were reported less frequently by parents and, at the symptom level, parents also less frequently reported *gets drunk* and the *frequency of drinking*.

Physiological Research and Medical Issues

Lawrence, et al. (1998) found that [³H]imipramine binding in three regions of the brains of depressed suicides varied with the method of suicide (non-violent suicides had fewer binding sites in the putamen) but not with whether the suicides had been treated with antidepressants.

Rosel, et al. (1998) compared the brains of depressed suicides with those of those dying from natural causes or accidents. The suicides had lower B_{max} (maximum binding) of [³H]imipramine and 5-HT_{2A} binding sites in the hippocampus, but no differences in [³H]paroxetine binding sites. Rosel, et al. saw their results as evidence on serotonergic dysfunction in the brains of depressed suicides.

Stockmeier, et al. (1998) found that the binding of [³H]8-OH-DPAT to serotonin-1A receptors was increased significantly in the midbrain dorsal raphe nucleus of suicides with major depression as compared with psychiatrically normal control subjects. However, they sought this difference because of their interest in major depression, and so their finding may have no relevance for suicide, and this may be a valid comment for the other brain studies reviewed above.⁵

Saarinen, et al. (1998) studied a sample of Finnish suicides and found that 44% had complained of a physical disorder, primarily somatic rather than mental symptoms, at their last doctor's visit, and 74% had visited health or social services in the month prior to the suicide. Prior to the suicide, 79% had experienced a loss of some kind (relationship, living situation, etc.), the majority in the prior month.

Youth Suicides

⁵ Probably the study was conducted on suicides because of the need for brains to analyze.

Grøholt, et al. (1998) compared Norwegian suicides aged <15 with those 15-19. The younger suicides more often used hanging (versus firearms and other methods), but less often gave evidence of suicidal commination and a previous attempt, precipitating events⁶ or psychiatric disorder. Compared to nonsuicides, the suicides more often were diagnosed with affective disorder, disruptive behavior and not living with two biological parents. This study illustrates the problem of choosing a control group. Comparing suicides with normal living individuals will give different results from comparing suicides with living psychiatric controls. One could also use those dying from accidents (perhaps car accidents) as a control group. Furthermore, no one has ever compared suicides with murderers – murder in versus murder out!

Krupinski et al. (1998b) compared youth suicides, attempters who were hospitalized and attempters who were not hospitalized in Australia. The three groups did not differ in country of birth. The suicides and attempted suicides were more often homeless or living alone. Family relationships were closer for the suicides than for the attempters, but a higher proportion of the suicides had had contact with the police. The suicides more often had psychiatric problems, were more often dissatisfied with life and felt worthless, more often had drug/alcohol problems and debts/financial problems, but less often family conflict. Note the interesting (and rarely used) comparison groups in this study.

Gould, et al. (1998a) compared child and adolescent suicides with community controls and found no differences in whether they came from intact families or not. For the non-intact families, the suicides more often were living with neither parent, the separation/divorce of the parents more often occurred at ages 13-19, 2-4 years earlier (rather than <1 and >5), with poor communication with the mother, mood disorder in the mother and trouble with the police for the father. For the intact families, the suicides more often had poor communication with the father and a father with psychiatric problems. The presentation of the results of this study would have benefited from the use of multiple regressions.

Dudley, et al. (1998) studied suicides in New South Wales in Australia between the ages of 10 and 19 and compared those in rural versus

⁶ The younger suicides more often had experienced parent conflicts but less often romantic disappointments.

non-rural areas. The male/female ratio was higher in rural areas, firearms as a method for suicide were more often used in rural areas, and adjustment disorders with depressed mood (as compared to Axis I disorders) was more common in rural areas. The rural and non-rural suicides did not differ in employment status, social class, migrant status, the presence of precipitating events or blood alcohol level. The non-rural suicides had more often made previous suicide attempts.

Tiller, et al. (1998) compared Australian youth suicides (aged 15-24) and attempted suicides. The suicides were more often male, using violent methods (hanging and firearms versus overdoses), and were less likely to have sought help prior to the act. The suicides were more likely to have psychiatric problems and more often felt worthless. The suicides less often had family conflict but more often alcohol and drug use and debt and financial problems. However, the sources of the data were not comparable (interviews with relatives for the suicides and the youths themselves for the attempters).

Marttunen, et al. (1998) compared 8 adolescents who died by suicide but with no psychiatric disorder with 84 adolescent suicides who had a psychiatric disorder. The suicides with no psychiatric disorder came from less disturbed families, showed less antisocial behavior, and less frequently utilized health care and social services, but they had more difficulties with the law. They were more likely to communicate their suicidal thoughts for the first time just before the suicide and, therefore, their suicides seemed to be more impulsive.

Adult Suicides

Kung, et al. (1998) compared Caucasian and African American suicides in the United States. Predictors of suicide for Caucasians were more education (>12 years), heavy drinking, living alone, blue collar workers (versus white collar workers), and having used mental health services. In contrast, the only predictor of African American suicide was having used mental health services.

In a sample of Finnish suicides, Isometsä and Lönnqvist (1998) found that 62% of the males died at their first attempt versus 38% of the females. For the men, 19% had made a non-fatal attempt during the preceding year

versus 39% of the women. For the total sample making at least one previous attempt, 82% switched methods.

In a follow-up study of Swiss army conscripts, Angst and Calyton (1998) from age 19 to age 36 found that the suicides, as compared to accidental deaths and controls, more often smoked as well as having low school achievement and psychiatric disorders. The groups did not differ in alcohol and cannabis use. Both the suicides and the accidental deaths showed more aggression and depression.

Rich, et al. (1998) compared samples of suicide in California and Alabama for intoxicating substances in the blood (mainly alcohol). There were no difference by sex, age (over versus under 30) or method for suicide (immediately fatal versus not immediately fatal).

Lester and Saito (1998-1999) found that the reasons for suicide (as noted by medical examiners) changed over time in Japan. For both men and women, relationship problems became less common over time. Job stress became more common for men while for women psychiatric issues became more common. In years of high unemployment, economic hardship was more common as a motivation for suicide. It is interesting that few, if any, other countries have data on the reasons for suicide at a national level.

In an earlier study, Lester (1989) found that experience of early loss was common in suicides. Lester (1998i) found that 42% of a sample of famous suicides had experienced the loss of a parent or parent substitute before the age of 18 (mean age at the time of loss was 9.3 years of age).

Lester (1998o) applied Henry Murray's classification of human needs to 50 famous suicides. The most common needs identified were avoiding pain (harmavoidance) and avoiding humiliation (infavoidance). The other needs were rarely found.

Hawton, et al. 1998) found that suicides by farmers in England and Wales used firearms more often (39%) than did non-farmer suicides and, to a lesser extent, hanging (31%) more often. In 1989, the UK passed a law regulating the ownership, registration and storage of firearms and, after this, the use of firearms for suicide declined (33%) while the use of hanging increased (36%), becoming the most common method for farmers.

Elderly Suicides

Conwell, et al. (1998) examined differences in the suicides by age. The elderly suicides were more often living alone. The elderly suicides made more planned and determined acts, used less violent methods, had less often made a prior suicide attempt, and less often gave a warning of their suicidal intent.

Duberstein, et al. (1998) compared widowers/widows who died by suicide more than 4 years after their spouse's death with dying by suicide sooner. The early suicides were younger (77 versus 82), more often female, more often had received psychiatric treatment, had experienced more early loss and had a tendency toward more substance abuse and a prior attempt, but did not differ in depression severity or diagnosis.

People with Psychopathology

Dahlsgaard, et al. (1998) compared patients in psychotherapy who died by suicide with those who did not do so. The suicides attended fewer sessions of counseling and more often dropped out of counseling. At the end of counseling, the suicides were rated as more hopeless and more in need of further counseling.

Kullgren, et al. (1998) followed up 1,943 Swedish criminal offenders for 4-7 years. Suicide during the follow-up period was not associated with psychiatric diagnosis or violent crime, but suicide was predicted by concomitant depression and drug abuse. Violent criminals did not differ in the methods used for suicide.

Bocchetta, et al. (1998) studied 100 patients who had attempted suicide and been prescribed lithium. In the follow-up period, ten died by suicide, of whom nine had stopped taking the lithium.

Appleby, et al. (1998) followed up Danish women for 20 years who had been admitted to a psychiatric unit within a year after giving birth. Deaths from suicide, other unnatural causes and natural causes were all higher than expected. However, suicides and unnatural deaths more often occurred in the first year of follow-up.

Coren and Hewitt (1998) examined suicides by females in the United States and found a lower incidence of suicide in those labeled as anorexic (1.4%) than in those matched for age, sex and race not so labeled (4.1%).

Inskip, et al. (1998) reviewed studies of suicide in three types of patients. The proportion who died by suicide was highest at shorter intervals of follow-up, but estimates (by extrapolation) of what the percentage of the deaths would be from suicide when all of the patients had died were: alcohol dependence 7%, affective disorder 6% and schizophrenia 4%.

Heilä, et al. (1998) compared Finnish suicides with schizophrenia and those who were non-psychotic. The schizophrenic suicides more often had communicated their suicidal intent and/or had previously attempted suicide. This difference was especially strong for those with active schizophrenia for the three months prior to the suicide. Examination of the data presented in the paper suggests that the main difference was in suicide attempts. The time between the first and the last suicide attempts and the completed suicide was the same in both groups.

Sharma, et al. (1998) compared psychiatric inpatients who died by suicide in the hospital with those who did not. The suicides more often had a mood disorder, a history of family psychiatric disorders, and a prior suicide attempt. The suicides frequently had a rapidly fluctuating clinical course in the hospital.

McKee (1998) studied 754 jail inmates in South Carolina who made 959 suicide attempts. Of these, 17% occurred within one hour of incarceration and 40% within 24 hours. Hanging was more likely to result in death than was cutting (8.6% vs 0.5%), and the use of hanging was associated with being African-American, charged with intoxication, within 2 hours after booking, and in smaller jails (<21 beds). Almost 90% of those who died by suicide were not assessed for suicide risk.

Krupinski, et al (1998a) compared German inpatients with monopolar and bipolar depression who died by suicide with those who did not do so. The strongest predictors were suicidality on admission and past suicide attempts. The rate of suicide in depressive patients was 2,7 times higher than the rate in patients with other disorders. Fourteen other symptoms predicted suicide in a regression analysis, including constipation, early waking and retarded thinking (less often in the suicides).

In a study of the same sample, Krupinski, et al (1998c) compared the suicides and the non-suicides for their pharmacological treatment. The percentage of patients prescribed neuroleptics was the same, but the suicides had more prescriptions. The suicides were less often prescribed lithium and also at a lower dosage.

Studies of Suicide Notes

In a study of German suicide notes, Lester and Linn (1998) found that the notes from those using hanging had more anger and blaming others than the notes from those using poisoning.

Jospeh Richman (personal communication), using his clinical experience, proposed 11 criteria for distinguishing genuine from simulated suicide notes. Using the 33 pairs of genuine and simulated suicide notes published by Shneidman and Farberow (1957), Lester and Linn (1998b) found that the 11 criteria were successful. Two of the criteria were significant for both judges (and, therefore, the more reliable criteria): (1) interpersonal and revenge oriented and (2) relatively direct statements and specific instructions.

In a sample of 40 suicides noters from Germany, Lester (1998r) found that those from older people more often physical pain and poor health. The content of the suicide notes did not differ by the method used for suicide (poisons versus hanging). Men more often mentioned depression and poor health and physical pain, and to say “Thank you.”

Murder-Suicide

Morton, et al. (1998) studied murder-suicides in North Carolina in which a woman was killed. Typically, the murderer was the woman’s partner (86%), and 24% of the murderers died by suicide after the murder (and 3% attempted suicide). Separation was the most frequent precursor (41%), followed by a history of domestic violence (29%).

Cohen, et al. (1998) compared murder-suicide in those younger than 55 and those older than 55 in two regions of Florida (west-central [primarily white] and southeast [primarily Hispanic]). The elderly couples were more often suffering from illness and declining health, and less often from

relationship violence and discord. There were also ethnic differences with relationship violence and discord more common even in the elderly Hispanic murder-suicides.

Gillespie, et al. (1998) studied murder-suicides in Canada. They found that the offender was more likely to die by suicide the closer the tie, when the murderer was older and more educated, when the offender uses a gun, when the murderer is unemployed, and when the victim is a female or a child.

Cantor and McTaggart (1998) found no difference in blood alcohol levels between murder-suicides and suicides in an Australian sample.

Studies of Attempted Suicides

Methodological Considerations

Klimes-Dougan (1998) found discrepancies between the adolescent's report of suicidality and the mother's report, with the mothers reporting less prevalence than the adolescents, especially for the high-risk adolescents. The sources of data, therefore, in suicide research is critical in studies of attempted suicide, suicidal ideation and, we might add, completed suicide.

Physiological Research

Statham, et al. (1998) studied an Australian sample of MZ and DZ twins. Predictors of suicidal ideation and attempted suicide included major depression, panic disorder, alcohol dependence, childhood conduct disorder, traumatic events (such as sexual assault) in childhood and later life, and loss of status (e.g., job loss or divorce). More importantly, the concordance for suicide attempts and persistent suicidal ideation was much greater in MZ twins than in DZ twins. Statham, et al. noted that MZ twins were in closer contact with each other than were DZ twins, and so social contagion for suicidality could be a mediating factor. However, an examination of twins making suicide attempts showed that social contagion could not account for all of the concordance. For example, in some cases, one twin was unaware of the suicidal behavior of the co-twin.

In a sample of patients with major depression, Löfberg, et al. (1998) found that those with a history of attempted suicide tended to have higher

levels of cholecystokinin (CCK) peptides in their cerebrospinal fluid, but not significantly.

Verkes, et al. (1998b) studied suicide attempters and found that platelet monoamine oxidase (MAO) activity was lower in patients with less planned suicide attempts (i.e., more impulsive), but did not differ in [3H]platelet serotonin (5-HT) or paroxetine binding levels.

Westrin, et al. (1998a) compared attempted suicides with healthy controls for the correlations between plasma levels of plasma-neuropeptide Y (NPY), plasma-corticotropin releasing hormone (CRH), and plasma delta-sleep inducing peptide (DSIP) with personality dimensions. The attempted suicides had higher scores for neuroticism, anxiety, suspicion, guilt and detachment, and lower scores for socialization. After examining all of the correlations, Westrin, et al. concluded that NPY may be related to stress tolerance. DSIP seems to be associated with impulsivity/antisocial traits, while CRH had few meaningful correlates.

Westrin, et al. (1998b) compared attempted suicides with normal controls. Both before and after the dexamethasone suppression test, the attempters had higher levels of cortisol. The attempters with major depression had higher levels of DSIP-like immunoreactivity than the other attempters and the controls.

Rao, et al. (1998) compared the blood of acutely suicidal inpatients (ideators and attempters) and healthy controls. The blood serotonin concentrations were significantly lower in the suicidal patients along with a significantly higher maximal binding capacity of the platelet serotonin_{2A} receptor, and this was found for all psychiatric diagnostic categories.

Pfeffer, et al. (1998a) compared prepubertal psychiatric inpatients with suicidal ideation or a prior suicide attempt with normal controls. Mean whole blood tryptophan content was significantly lower among inpatient children with a recent suicide attempt than among normal controls or inpatients with suicidal ideation, but the groups did not differ in platelet serotonin content.

Nielsen, et al. (1998) compared impulsive alcoholic offenders, their relatives (mostly, it appears, siblings) and controls. The presence of the TPH 17 779C (L) allele was associated with suicidality, severe suicide attempts

and alcoholism. The authors felt that this finding was evidence for the role of serotonin.

Doron, et al. (1998) showed inpatients two films about suicides. Those who had attempted suicide showed less physiological reaction to the films than nonsuicidal patients and less psychomotor agitation after the discovery of the suicide.

Youths

Yoder, et al. (1998) found that 54% of homeless and runaway youths reported suicidal ideation, and 26% had attempted suicide in the past year. Sexual abuse by a family member, drug abuse, knowing someone who had attempted suicide and internalization (self-esteem plus depression) predicted suicidal ideation, while sexual abuse and internalization predicted attempting suicide. In a similar study, but of different regions of the United States, Molnar, et al. (1998) found that physical and sexual abuse before leaving home predicted attempted suicide for both the boys and girls. Drug use, family members with drinking problems and unstable living conditions did not predict attempted suicide.

Molnar, et al. (1998) studied homeless and runaway street youth in three American cities. Attempting suicide was associated with a family history of physical and sexual abuse before the youths left home. The results were similar for boys and girls.

In a sample of adolescents in a residential treatment facility who attempted suicide while there, Handwerk, et al. (1998) found that those making fewer prior suicidal communications (0 or 1) used more lethal methods for their attempt.

Ivarsson, et al. (1998) followed up (for 2-4 years) adolescent psychiatric inpatients. Attempting suicide during the follow-up was predicted by a past history of attempted suicide, depression at intake and, possibly, suicide attempts made by a family member or close friends (the paper is unclear about family variables).

Boergers, et al. (1998) asked adolescent attempted suicide presenting at a general hospital their reasons for the attempt. Those who reported a wish

to die (56%)⁷ were more lonely, hopeless and depressed, and scored higher for socially prescribed perfectionism. They did not differ in family functioning. The wish to die was more common in a sample from the Netherlands (73%) but less common in a sample from England (34%).

Gothelf, et al. (1998) studied samples of inpatient adolescent suicide attempters, nonsuicidal inpatients, emergency department attempters and normal controls. Both groups of suicidal patients viewed death more positively (more pleasant) than did the nonsuicidal patients. The emergency department attempters were the least preoccupied with death compared to the other three groups. Preoccupation with the death was associated with suicidality even after controls for depression, anxiety and aggression. Intelligence was not associated with suicidality.

Krajnc, et al. (1998) compared elementary and high school students in Slovenia who had attempted suicide. The elementary school children more often made suicide communications beforehand, but less often had poor school performance, school failure and premonitory symptoms. The elementary school children more often had disturbed parent/child relationships but did not differ in school performance as the motivating factor for the attempt.

Stein, et al. (1998) compared adolescents making multiple suicide attempts, a single attempt, nonsuicidal psychiatric inpatients and normal controls. Both groups of attempters had the highest level of negative emotions. Compared to the nonsuicidal inpatients, the attempters had higher levels of state and trait anxiety, depression, general aggression, antisocial behavior, and anger. The multiple attempters had significantly higher levels of destructiveness and antisocial behavior than the single attempters and tended to have a higher level of aggression.

Garnefski and Jan de Wilde (1998) studied Dutch youths aged 16-19 for addiction risk behaviors (use of cigarettes, alcohol, soft drugs, sedatives, hard drugs and gambling). For both boys and girls, the more of these risk factors, the greater the incidence of prior attempted suicide.

Beautrais, et al. (1998a) compared attempted suicides making serious attempts under the age of 25 in New Zealand with community controls. The

⁷ Versus reasons such as escape from a difficult situation or manipulating others.

attempters were less educated, more often from the lower social classes, less often mainstream religious (Catholic or Protestant), and more often Maori. Beautrais, et al. (1998b) reported that these attempters had more often had a psychiatric hospital admission in the prior year and an outpatient psychiatric visit in the prior month. The attempters more often had an affective disorder, substance use disorder, anxiety disorder and eating disorder. They had also more often had used self-help/support groups and telephone counseling.

Goldston, et al. (1998) compared first-time and repeat suicide attempters who had made their attempt in the past two weeks, and prior attempters but not in the last two weeks with non-attempters in an inpatient sample of adolescents. Affective disorders were more common in the prior attempters and repeat attempters. The first-time attempters had more often had adjustment disorders. The prior attempters and nonsuicidal youths more often had externalizing disorders (attention deficit disorder, oppositional defiant disorder, conduct disorder). The groups did not differ in anxiety disorders or substance use disorders.

In a study of Inuit youth aged 15-24, Kirmayer, et al. (1998) found that attempting suicide was associated with substance use, recent alcohol abuse, psychiatric issues and recent life events. Religiosity was negatively associated with attempting suicide. The predictors differed for males and females. For females the predictors were psychiatric problems, recent use of cocaine or crack and recent alcohol abuse. For males the predictors were solvent use and recent life events.

Laurent, et al. (1998) compared French adolescents who had attempted suicide with youths seeking medical treatment. There was a nonsignificant trend for the attempters to have a higher mortality rate from all causes in the following 5 years. Five of the attempters (1%) were known to have died by suicide versus none of the control group. The attempters had a greater proportion needing specialized education, more contacts with the law, more psychiatric hospitalizations, and greater consumption of alcohol and drugs. The groups did not differ from the controls in marital status, children, living arrangements, profession, and socialization (good versus poor).

In a sample of American high school students, Remafedi, et al. (1998) found that being homosexual or bisexual was associated with a higher

incidence of attempted suicide and reporting suicidal ideation. The differences, however, were statistically significant only for males.

In a sample of high school students, Rubenstein, et al. (1998) found that a history of attempted suicide was associated with depression and stressful life events. In a multiple regression of the stressful events, the predictors of attempted suicide were family suicide, feelings of violation and sexuality. The attempters less often had an intact family and more often had parents who were divorced, remarried and deceased.

In a study of adolescent psychiatric inpatients, Larsson and Ivarsson (1998) found that a previous suicide attempt was predicted by depressive symptom levels (using the Beck Depression Inventory) and a diagnosis of depression. The number of suicide attempts lifetime was predicted by the level of suicidal ideation and having a family member or friend who had attempted suicide or died by suicide.

In 6-8 year follow-up study, Pfeffer, et al. (1998b) studied suicidal prepubertal children and community controls, some of whom had already exhibited suicidal ideation or made a suicide attempt. Lifetime attempted suicide was associated with family discord, attempted suicide by mother, and substance abuse by both mothers and fathers. Substance abuse by the parents also predicted lifetime suicidal ideation.

McKeown, et al. (1998) followed up middle and high school students for one year. Suicidal ideation after one year was predicted by having major depressive disorder and being female. Having suicidal plans was predicted by having a major depressive disorder, undesirability life events, impulsivity, prior suicidal behavior and being female. Attempted suicide by follow-up was predicted by impulsivity. Family cohesiveness did not play a role in these predictions.

Gould, et al. (1998b) studied a random sample of adolescents and found that any mood disorder, any anxiety disorder and any substance abuse/dependence disorder all predicted past attempted suicide and suicidal ideation. In addition, any disruptive behavior disorder predicted suicidal ideation. Panic attacks and aggressiveness also were associated with suicidality, but perfectionism was not after taking into account psychiatric disorder.

Adults

Wiederman, et al. (1998) studied a sample of women seeking non-emergency medical care. The incidence of past attempted suicide was associated with five types of abuse (sexual, physical, emotional, neglect and witnessing violence). However, many of the women had experienced several of these five types, and only physical and sexual violence uniquely predicted part attempted suicide.

In a sample of female college students, Stepakoff (1998) found that adult sexual victimization, but not childhood sexual victimization, predicted current suicidal ideation, while both experiences (plus hopelessness) predicted the number of past suicide attempts. The use of force combined with penetration was the strongest predictor of past suicide attempts.

Ungemack and Guarnaccia (1998) used national survey data to compare suicidal ideation and attempts in Mexican Americans, Cuban Americans and Puerto Ricans. The Puerto Ricans had higher rates of suicidal ideation and attempts than the other two ethnic groups. For Puerto Ricans, suicidal ideation was predicted by age, income and marital status. For Mexican Americans, suicidal ideation was predicted by age and marital status and also by the language the interview was conducted in and by country of birth (Mexico versus the United States). The prediction of suicide attempts was similar for these two groups (age, income and marital status).

In a sample of university students training to be teachers, Trammel, et al. (1998) found that the use of marijuana (but not alcohol or hard drugs) in the past month predicted past attempted suicide. They reported no differences in drug use between those with suicidal ideation and those with none, but their results showed that ideators had used hard drugs more in the past month.

Holley, et al. (1998) followed up 876 Canadians admitted for a suicide attempt. In the following 13 years, these patients, compared to the general population, were 4 times more likely to die of any cause, 25 times more likely to die by suicide, and 15 times more likely to die of accidental or adverse causes. The predictors for subsequent suicide were being male, living in a low income area and using a violent method for the earlier attempt. For women, being over 60 was a protective factor. The risk of suicide was greatest in the 4th year after admission.

Kelly, et al. (1998) studied HIV-positive and HIV-negative homosexual and bisexual men. The HIV-positive men had higher levels of suicidal ideation than the asymptomatic HIV-positive men and the HIV-negative men. For the total sample, suicidal ideation was associated with being HIV-positive, psychiatric disorder, a higher neuroticism score, external locus of control and unemployment. Past suicide attempts were associated with lifetime psychiatric disorder (especially depression), a family history of attempted suicide and, for the HIV-positive men, injection drug use. For the HIV-positive men, suicidal ideation was associated with poor adjustment to the diagnosis (greater hopelessness and lower fighting spirit), disease factors and neuroticism.

Beautrais, et al. (1998c) compared a sample of serious suicide attempters in New Zealand with community controls. The attempters came from worse families (parents divorced, parents controlling, poorer) and had experienced more childhood sexual and physical abuse, had less education, and more often had a psychiatric disorder. They were also more often unemployed even after controlling for the above factors.

Verkes, et al. (1998a) studied the role of serotonin in suicide in a one-year double-blind study of patients who had attempted suicide more than once in the past who were given an SSRI (paroxetine) or placebo. None of the patients had a major depressive episode or any other Axis I disorder. Fewer of the SSRI group attempted suicide subsequently than the placebo group (17% versus 36%). Paroxetine was more effective in patients who had less than 15 criteria for cluster B personality disorders than in those who had more than 15 criteria. Interestingly, paroxetine was not significantly different from placebo in its effect on depressive mood, hopelessness, and anger.

Hjelmeland, et al. (1998) studied a large sample of parasuicides (suicide attempters) from Nordic countries, with a one-year follow-up. A low level of suicidal intent (low intent and precautions against discovery) predicted a repeat suicide attempt along with depression, whereas unclear intent for the index attempt predicted completed suicide (for women high scores and for men low scores), along with age (not specified, but possibly older age).

In a sample of French attempted suicides, Chastang, et al. (1998) found that the characteristics of the attempters varied depending on whether they had job security or not. For example, those with job security were less depressed, less often abused alcohol and less often had parents who divorced than those with job insecurity. A comparison of first-time attempters and repeat attempters found that the first-timers with job security were less depressed, less often abused alcohol, and had a lesser psychiatric history than the repeaters. For those with job insecurity, only their psychiatric history distinguished the two groups.

Ferrada-Noli, et al. (1998a) studied refugees with PTSD who had suicidal ideation, plans for suicide or who had attempted. The types of stressors and torture that they had experienced impacted their choice of method for suicide. For example, blunt force to the head and body was associated with jumping from a height or in front of trains. Water torture was associated with drowning. These findings are consistent with Joiner's (2005) proposal that an acquired capacity for self-harm impacts the decision to die by suicide.

Firestone and Firestone (1998) focus their psychotherapy for suicidal clients on the "voices" that patients hear (or, rather, say to themselves). They developed a scale to assess these voices (the FAST Scale) and found that the self-annihilating and suicidal voices (hopelessness, giving up, self-harm, suicide plans and suicide injunctions) predicted a history of attempted suicide and current suicidal ideation.

Holmes, et al. (1998) compared United States Marines who had died by suicide or attempted suicide with other Marines. The completed and attempted suicides were characterized by a history of abuse, neglect or rejection, a lower performance evaluation, depression, no history of gambling behavior, younger age, a history of alcohol abuse, and hopelessness. Holmes, et al. did not compare the completed and attempted suicides, probably because there were too few completed suicides.

Magni, et al. (1998) studied a sample of Hispanics in the United States. Suicidal ideation and attempts were predicted by marital status, depression and chronic abdominal pain, both for Puerto Ricans and Mexican-Cubans. Sex, poverty, age and education also contributed to the regression equations predicting suicidal ideation and suicide attempts.

Holden, et al. (1998) asked suicide attempters and ideators their reason for considering suicide and identified two factors: extrapunitive/manipulative and internal perturbation. The patient's wish to die and the clinician's rating of suicide risk were predicted by the internal perturbation and hopeless scores.

In a sample of college students, Lester (1998aa), controlling for sex, age and depression scores, found that scores for shame were associated with current suicidal ideation (significant for only the males) and past suicidal ideation but not a history of attempted suicide. Scores for guilt were not associated with suicidality.

Lester and Abdel-Khalek (1998) found that depression, hopelessness and obsessive-compulsive tendencies predicted suicidal ideation (current and lifetime) and attempted suicide (lifetime) in both American and Kuwaiti college students. An external locus of control was also associated with suicidality for the Kuwaiti students.

Adults with Psychopathology

O'Boyle and Brandon (1998) studied individuals in a substance abuse program. Those with a history of attempted suicide were more often female and with an additional psychiatric diagnosis such as major depression. The attempters had higher addiction severity scores and had abused more types of drugs (especially alcohol and sedative hypnotics). On psychological tests, the attempters had higher neuroticism and borderline scores.

Flint, et al. (1998) studied a sample of depressed men with a family history of suicide or attempted suicide. Measures of social support (such as frequency of social interactions and network size) were not associated with a history of suicidal ideation or behavior. Negative life events had no association with a history of suicidal ideation and only marginally with a history of attempted suicide. The older men less often reported past suicidal ideation but did not differ in a history of attempted suicide.

Ferrada-Noli, et al. (1998b) studied refugees in Sweden who had experienced trauma and found that 79% had PTSD. Those with PTSD had higher rates of suicidal behavior. PTSD plus depression was associated with higher rates of suicidal ideation but lower rates of attempted suicide.

Hewitt, et al. (1998) compared inpatient alcoholics with and without a history of a serious suicide attempt. The attempters scored higher on hopelessness (generalized, social and achievement hopelessness), perfectionism (socially prescribed) and depression, suggesting that only some aspects of these variables may be important in predicting suicide.

Driessen, et al. (1998) studied a sample of alcoholics after detoxification and one year later. Past attempted suicide was predicted by anxiety and depressive disorders as well as Axis I and Axis II disorders. Suicidal ideation at the follow-up was also predicted by anxiety and depressive disorders and by Axis I and Axis II disorders along with a history of attempted suicide.

In a sample of psychiatric inpatients, Barber, et al. (1998) found that half (53%) had made an abortive suicide attempt, that is, backing off from planned suicidal behavior and sustaining no injury. Abortive attempts were common in those with borderline personality disorder and in younger patients, but did not differ by sex, race or marital status. Patients who had made an abortive attempt were more likely to have actually attempted suicide. Patients had similar suicidal intent in both aborted and actual suicide attempts. Roughly half of the abortive attempts came before (versus after) an actual attempt. Those patients who made an actual attempt did not differ from non-attempters on sex, race, age, marital status or psychiatric diagnosis (Axis I or Axis II).

Young, et al. (1998) followed-up psychiatric patients with recent-onset schizophrenia. Low levels of suicidal ideation predicted both worsening suicidal ideation and a suicide attempt in the next 3 months. Current depression was associated with current suicidal ideation but did not predict future suicidality.

Roy (1998) found that depressed patients with a history of attempted suicide had lower scores on a measure of extraversion and higher hostility scores than those who had not attempted suicide and nonsuicidal controls. Both depressed groups had higher neuroticism scores than controls and lower hysteroid/obsessive scores (but Roy did not indicate whether this meant lower hysteroid or lower obsessive scores), and there were no differences between the three groups for psychoticism.

In a sample of depressed Afghan refugees in Pakistan, Jahangir, et al. (1998) found that religiosity predicted attempted suicide, suicide plans and the wish to be dead.

Szanto, et al. (1998) studied outpatients treated for major depression. After treatment, the groups did not differ in their level of depression, anxiety or global functioning, but those who had attempted suicide in the past had higher levels of hopelessness than those with a history of only suicidal ideation or who had been nonsuicidal.

In a study of the role of smoking in suicidality in Finnish psychiatric patients, Taskanen, et al. (1998) found that past attempted suicide was predicted by current smoking, depression, being male, and anxiety disorder. Suicidal ideation was predicted by current smoking, depression, being female, schizophrenia and major affective disorder.

In a sample of psychiatric out-patients (nonsuicidal, with death wishes, and suicidal), Castrogiovanni, et al. (1998) found that those with suicidal ideation or prior suicide attempts were younger. The groups did not differ in scores on the Buss and Durkee Hostility Inventory, but the suicidal group had higher guilt scores, lower verbal aggression scores, and higher resentment scores.⁸ Death wishes were more common in the unipolar depression group, suicidality in the bipolar group and a desire to live in the single episode depression group.

Cornelius, et al. (1998) found that alcoholics with major depressive disorder who used cocaine were more likely to have attempted suicide (almost all in the week prior to admission), and suicidal ideation was more common in the depressed alcoholics who used cocaine.

Kaslow, et al. (1998a) compared African American women who had attempted suicide with women presenting at the hospital for medical problems. The attempters were less educated and less often employed than the controls. The attempters had more often experienced physical and more non-physical abuse from their partners. They also reported more psychological distress and hopelessness. They were less educated and less often employed. They more often had alcohol problems, drug problems, and

⁸ This confirms a study by Lester (1969) finding higher scores for resentment in suicidal college students.

childhood maltreatment and less often family strengths, social support and coping skills.

In a sample of psychiatric inpatients, Kaslow, et al. (1998b) compared attempted suicides with non-suicidal patients. The groups did not differ in self-directed aggression, but the attempters had more often had homicidal thoughts. The attempters more often had experienced early loss combined with recent loss.⁹ The two groups did not differ in depression, shame/guilt, or four categories of defenses (maladaptive, image distorting, self-sacrificing and adaptive). On projective tests (such as the TAT), the attempters had more impairment in object relations, that is, they appeared to view relationships in a more negative manner and to have less emotional investment in them.

Polyakova, et al. (1998) compared first-time attempted suicides with major depression versus adjustment disorders. Those with major depression were more often female, older, more educated, more often white-collar workers, more often widowed and less often unmarried, came from families with less psychiatric disturbance, less orphanhood and less emotional deprivation, and less often used alcohol before the attempt. The attempts by those with major depression were more often planned over months and less often over the prior week and, therefore, less often impulsive. The two groups used similar methods for their attempt.

Gupta, et al. (1998) found that schizophrenic patients who had attempted suicide, as compared with those who had not, had a greater number of lifetime depressive episodes, an earlier age of onset, and an earlier age at first hospitalization. They did not differ in education, social class, drug and alcohol abuse, presence of an Axis II diagnosis, or type of symptoms (positive, negative and disorganized).

Overbeek, et al. (1998) compared patients with panic disorder (with or without agoraphobia) and no other Axis-I or Axis II disorder with normal controls. They found no differences in suicidal ideation or a history of suicide attempt, although the patients did have higher scores for depression and hopelessness.

⁹ This is consistent with results reported by Lester and Beck (1976).

Litinsky and Haslam (1998) compared VA psychiatric patients who had attempted suicide in the past with those who had not for dichotomous thinking using the TAT. The suicide attempters showed dichotomous by using diametric or polarized possibilities, but not by using non-exclusive or non-binary alternatives. The attempters provided shorter stories suggesting that they were cognitively more *shut down*.

In a study of Finnish psychiatric outpatients, Pelkonen (1998) found that mood disorders, previous psychiatric treatment and psychosocial impairment at admission were associated with suicidal ideation and attempted suicide for both sexes. These variables also predicted completed suicide (which occurred only in the male subsample) during the follow-up period.

Malingering

Rissmiller, et al. (1998) studied 40 suicidal hospitalized psychiatric patients. By means of interviews, Four admitted malingering. The only difference between these four malingerers and the other patients was that more (3 of the 4) of them had attempted suicide, a significant difference. On the MMPI, the L, F and K scales failed to differentiate the malingerers.

Studies of Suicidal Ideation

Theoretical Consideration

Tullis (1998) presented 50 cases of suicidal individuals that suggest the existence of suicidal addiction. The cases were white, mostly females (two thirds) and aged 20-55. Most were addicted to drugs and/or alcohol, and most had a major depression or bipolar II disorder. They had life-long struggles with suicidal preoccupation and suicide attempts, and one patient died by suicide.

Suicidal thoughts first occurred at ages 6-14 as a result of traumatic events. The mood accompanying the suicidal thoughts was described as a *high* by the majority and *calming* by some. They kept their thoughts secret and enjoyed fantasizing about suicide. Over time, the preoccupation with suicide increased in frequency and intensity. All had made suicide attempts ranging in number from 1 to 16. They described trance-like states leading up to the suicide attempt and a crash afterwards. Tullis concluded that the

suicidal preoccupation of these patients met the criteria for addiction (Kaplan, et al., 1994).

Children

Allan, et al. (1998) studied children (aged 8-11) with suicidal ideation who were inpatients and divided them into those who showed anxiety and those who did not. The anxious children were less happy, had experienced more negative life events, and were more distractable. Their parents reported more anxiety and obsessive-compulsive symptoms and greater hostility. Therefore, Allan, et al. proposed the existence of two subgroups of suicidal children.

In a sample of middle school students, Roberts, et al. (1998) found that suicidal ideation was predicted by a history of suicide attempts, depression and recent life stress. Weaker correlates included loneliness, fatalism, pessimism and low self-esteem.

In a study of adolescent inpatients, Kashani, et al. (1998) found that the suicidal adolescents had less pride in their families and perceived their families as less adaptable. In problem-solving, the suicidal adolescents showed more self-inflicted behaviors, more withdrawal from others, little interest in activities, poor concentration, and difficulties with sleeping. The suicidal adolescents were more often diagnosed with a mood disorder, including major depressive disorder and dysthymia, and substance abuse and phobias.

Garber, et al. (1998) studied the suicidality of 12-year-old school children initially and one year later. The mothers were assessed for past depression and family functioning (cohesion, expressiveness and conflict). Suicidality at time 2 was predicted by suicidality at time 1 and family functioning. Mother's depression was associated with suicidality at time 2, but not when entered with other variables into a multiple regression.

Youths

In a study of Finnish high school students, Thorlindsson and Bjarnason (1998) found that students who were strongly integrated into their families had lower suicidality scores, but parental regulation does not appear

to have such an effect. However, both family integration and parental regulation impacted the youths belonging to a suicidal subculture.

Langhinrichsen-Rohling, et al. (1998a) studied high school and college students and found that males engaged in more risk-taking and injury-producing behaviors, while females reported more symptoms of depression. In the university sample, females reported more hopelessness. Although Langhinrichsen-Rohling, et al. claimed to be assessing suicidality, their questionnaires did not ask about suicidality directly.

In a study of college students, Langhinrichsen-Rohling, et al. (1998c) studied the association of family violence with scores on the Life Attitudes Schedule (LAS), which Langhinrichsen-Rohling, et al. thought measures suicidality. Scores on this scale were associated with abuse by a parent (physical and psychological) and violence toward a parent by the student. Victimization from and toward the mother was more important than for the father. Furthermore, witnessing parents aggressing against each other was not related to scores on the LAS.

Wislar, et al. (1998) studied youths receiving mental health evaluations at an emergency department in a rural region in the United States. Suicidality was present in 40% of the youths. The suicidal youths were older and more often white and female. They did not differ in recent substance use, nonsuicidal aggression or previous mental health service contacts.

Metha, et al. (1998a) studied junior high school students and found that depression, hopelessness, self-esteem and substance use all contributed to the prediction of suicidality. For the boys, depression appeared to lead to substance use and then to suicidality, whereas for the girls depression led directly to suicidality.

In a study of suicidal behavior, depression, use of minor drugs (e.g., cigarettes and alcohol) and use of hard drugs (e.g., cocaine and stimulants) in high school students, Galaif, et al. (1998) found that males and females reported similar levels of suicidality, but the predictors of suicidality were stronger for males and for Caucasians than for females and Latinos.

Orbach, et al. (1998) compared suicidal and nonsuicidal psychiatric inpatient adolescents with controls. Compared to the nonsuicidal adolescents

and control adolescents, the suicidal adolescents demonstrated less complex self-descriptions (fewer personality trait clusters), more negative traits and greater discrepancies between their real self, ideal self and ought self.

Wannan and Fombonne (1998) studied a large sample of British adolescents (aged 8-17) who were psychiatric outpatients and who were judged to be suicidal (mostly ideation with a few attempters). Age, substance abuse, depression and disturbed relationships with adults predicted suicidality in both sexes and, for females, antisocial behavior also predicted suicidality.

Mazza and Reynolds (1998) followed up high school students for one year. For females, suicidal ideation after one year was predicted by social support and depression, and for males by daily hassles and negative life events. Changes in depression and hopelessness predicted changes in suicidal ideation. Hopelessness did not contribute to the regressions, but changes in hopelessness (as well as changes in depression) did contribute to predicting changes in suicidal ideation.

Lessard and Moretti (1998) studied adolescents referred to a Canadian mental health facility and found that attachment to caregivers was associated with the presence of and severity of suicidal ideation. Fearful and preoccupied attachment was positively associated with suicidal ideation and its severity, while secure and dismissing attachment was negatively associated with suicidal ideation and its severity. Only 57% of the sample lived with their biological parents, but this variable was not studied.

Fombonne (1998) studied adolescent psychiatric patients in England from 1970 to 1990 and noticed an increase in the presence of suicidal behaviors (unspecified), notable for males. In a multiple regression, the predictors of suicidality were depression, sleep disturbances and taking drugs. The time trend in suicidality was predicted by the same three variables, but the presence of substance misuse eliminated the time trend in suicidality, suggesting that substance misuse (in particular, alcohol) was the major factor causing the time trend in suicidality. Fombonne's results appear to apply only to males in the sample.

Adults

In a sample of college students, Carris, et al. (1998) found that suicidal ideation was associated with less adaptable families (that is, a rigid family response style) and deficits in problem-solving (confidence in personal control and an approach-avoidance style) by the student. Carris et al. argued that the rigid family system results in a deficit in problem-solving skills which results in suicidal ideation.

In a sample of Caucasian and Asian college students, Chang (1998) found that the Asian students obtained higher scores for elements of perfectionism, negative problem orientation, hopelessness and suicidality. Suicidal ideation was predicted by ethnic status, perfectionism and problem-solving skills. Chang did not include hopelessness in the multiple regression for predicting suicidality, but it was positively associated with suicidality.

In a sample of Icelandic residents, Vilhjalmsson, et al. (1998) found a large number of correlates of suicidal ideation, including financial hardship, legal stress, family difficulties, perceived stress, low material support, multiple chronic conditions, frequent alcohol use, various forms of distress (e.g., depression, anxiety, hopelessness, pain), low self-esteem and an external locus of control. No significant relationships were found between sociodemographic variables and suicide ideation.

In a sample of college students, Nelson and Singg (1998) found that those with an external locus of control were more to report past suicidal ideation than those with an internal locus of control.

In a sample of college students, D'Zurilla, et al. (1998) found that suicidality was predicted positively by a negative problem orientation, an impulsivity/carelessness style and an avoidance style and negatively by a positive problem orientation. Similar results were obtained for samples of psychiatric inpatients and suicidal inpatients. Suicidality was predicted by a negative overall problem-solving style and hopelessness.

Langhinrichsen-Rohling, et al. (1998b) found that sex and a history of suicidal behavior predicted current suicidal ideation in a sample of college students.

In a small sample of adults, Mehrothra (1998) found that correlates of past and current suicidal ideation differed. Current suicidal ideation was not correlated with social desirability whereas past suicidal ideation was

negatively associated with social desirability. Current suicidal ideation in males was associated with fewer reasons for living and with depression, whereas current suicidal ideation in females was associated with trait hope and social desirability.

Abramson, et al. (1998) used a cognitive style questionnaire and a dysfunctional attitude scale to assess the cognitive vulnerability factors featured in cognitive theories of suicide. Scores on this scale predicted suicidal ideation in a 2½ year follow-up. High scorers on cognitive vulnerability also more often had major and minor depression, a prior history of suicidality, a parental history of depression, and borderline personality dysfunction, but not antisocial personality dysfunction. Increases in hopelessness during the follow-up period also predicted suicidality.

In a sample of college students, Lester (1998a) found that shame, but not guilt was associated with current and past suicidal ideation, but neither predicted a history of attempted suicide. This association was stronger for men than for women.

Hovey (1998) studied a sample of Mexican immigrants to the United States, aged 17-77. Suicidal ideation was predicted by ineffective social support, high levels of acculturative stress and high levels of depression. Suicidal ideation was also associated with religiosity and disagreement with the decision to immigrate.

In a study of Australian university students, Marcenko, et al. (1998) found that, while no variables predicted the presence of suicidal ideation, the intensity of suicidal ideation was predicted by hopelessness, approval of suicide and suicidal behavior among friends or family members.

Nicolas and Howard (1998) compared Australian gay and straight men aged 18-24. The two groups did not differ in depression scores, but the gay youths reported higher levels of suicidal ideation and more frequent depressive thoughts, frequent thoughts of suicide, intrusive thoughts of suicide and frequent thoughts of how they would kill themselves. They were also more likely to have access to their chosen means of suicide. Not enough youths attempted suicide to be studied, but the attempts by the gay youths appeared to be more serious (e.g., more often requiring medical attention).

Zhang and Jin (1998) surveyed Chinese adults and found that suicidal ideation was associated with depression, low self-esteem and interpersonal conflict and, less strongly, with social isolation.

Lester and Rife (1998) found that suicidality (ideation and attempts) in college students was associated with self-reported depression, but not with manic or obsessive-compulsive scores, religiosity or irrational thinking.

Jin and Zhang (1998) studied a sample of adults in China and found that physical symptoms (frequent colds and fevers) and self-esteem predicted suicidal ideation, mediated by the impact of these two variables on depression. Self-esteem was a stronger predictor of suicidal ideation than physical symptoms (perhaps because of the limited range of physical symptoms included).

The Elderly

Shah, et al. (1998) found suicidal ideation was present in 13% of geriatric patients in acute care, 26% of patients in continuing care, and 29% in continuing care dementia patients.

Uncapher, et al. (1998) studied elderly male psychiatric inpatients and nursing home patients. Depression was the strongest predictor of suicidal ideation, while hopelessness played a role only if the depression score was high.

Haight and Hendrix (1998) compared two small groups of elderly women in a nursing home, one group suicidal and the other group satisfied with life. The suicidal women were more depressed and hopeless, of course, but the suicidal women were characterized by coming from dysfunctional families of origin, poor role models, a feeling isolation and a pessimistic outlook.

Those Medically Ill

Chochinov, et al. (1998) found that hopelessness rather than depression predicted the presence of suicidal ideation in patients with terminal cancer.

Cochand and Bovet (1998) compared HIV+ and HIV- Swiss males who were homosexual or bisexual. They did not differ in attempting suicide, but the HIV+ men obtained higher scores on a suicidality scale. The HIV+ men more often reported a lack of friends, long-term inability to work because of illness, and loss of a friend, partner or relative from AIDS,

Demi, et al. (1998) studied women with HIV. Women who had suicidal ideation reported more HIV-related symptoms, more perceived stigma, greater depressive mood, more emotional distress, and less family cohesion than did women who reported no suicidal ideation. Women who reported both ideation and attempts did not differ from women who reported only ideation. Family cohesion moderated the association between the number of HIV symptoms and ideation.

Patients with Psychopathology

In a sample of veteran outpatients, Reich (1998) found no differences between those with major depression who attempted suicide and those who had not in other psychiatric variables (such as alcohol abuse and anxiety), in personality, or in family history of psychiatric problems. Reich also had a control group of patients who had a major depression and borderline traits, but no suicide attempt. The relevance of this control group is unclear.

Ağargün, et al. (1998) found that patients diagnosed with major depression who had frequent nightmares were rated as more suicidal using standardized scales than those who had dreams but no nightmares. The difference was significant for women but not for men (who had few patients in the study).

Ağargün and Kara (1998) found that patients with panic disorder who reported sleep panic were rated as more suicidal than patients not reporting sleep panic.

Bellini, et al. (1998) compared elderly people aged 91-104 with and without dementia and found no difference in depression or suicidal ideation.

In a study of psychiatric out-patients with suicidal thoughts, Mendonca and Holden (1998) found that scores on a scale to measure suicidal ideation were predicted by hopelessness, anxious depression, and unusual thinking (loss of cognitive control, such as trouble concentrating,

difficulty in making decisions, feeling that everything is an effort, one's mind going blank, and other people being aware of one's thoughts).

Verma, et al. (1998) found that Indian men in programs for drug and alcohol dependence had the highest self-rated risk for suicide, followed by men in programs for sexual dysfunction and psychiatric patients, and higher than the self-rated risk by nursing student controls and by normal controls.

Attitudes toward Suicide

Stack (1998a) studied the acceptability of suicide in 15 nations and found that marriage lowered the acceptability of suicide. This effect was stronger for men than for women.

Stack (1998b) sought to explain the relatively low suicide among African Americans by studying their approval of suicide using national survey data. African Americans were less accepting of suicide than were whites. Lower acceptability for suicide was predicted by church attendance for black men and for black women (but not by engaging in prayer or by religious beliefs), but the strongest correlates were residence in the Western states for black men and educational level for black women. Compared to whites, religious variables played less of a role for African Americans than for whites, undermining the hypothesis that the African American church plays a major role for the low African American suicide rate.

Neeleman, et al. (1998) found that African Americans were less accepting of suicide than were white Americans. However, this difference was accounted for by the stronger orthodox religious beliefs (but not practices) of the African Americans. Social class and educational level also contributed to the regression equation predicting the acceptability of suicide.

Stack (1998d), using national survey data found that liking heavy metal music was positively associated with approval of suicide. However, controlling for religiosity eliminated this association.

Agnew (1998) used national surveys to study approval of suicide. Among the many correlates were: education, income, never married, liberal and in the western states (positively) and being black, religious commitment, and fundamentalism (negatively). Stressful life events and social integration were not associated with approval of suicide. Of course, the number of

positive associations decreased when all of the variables were entered into a multiple regression.

Stack and Cao (1998) found that for both Chinese men and women, financial satisfaction was associated with less approval of suicide.

Peltzer, et al. (1998) found that the attitude toward suicide in South African secondary school students was associated with having a friend or relative who had died by suicide, a history of suicide attempts, depression, stress events, and ethnicity.

Lester (1998e) found that attitudes toward assisted suicide were not associated with personality scores for neuroticism, extraversion or psychoticism in a sample of college students.

Etzersdorfer, et al. (1998) compared the attitudes toward suicide of Austrian and Malaysian medical student. The Malaysian medical students were more negative toward suicide: more opposed to the right to die by suicide, more often viewed suicide as a cowardly act, and rejected the right to assisted suicide. The Malaysian medical students seemed to adhere to a medical or disease model of suicide whereas the Austrian medical students had a cognitive or rational model. More of the Austrian sample had a history of suicidal ideation (51% vs 17%), but both groups had a similar, but low, history of attempted suicide (5% vs 6%)

Lester and Akande (1998) found that Zambian Loki-speaking students viewed suicide as more normal and acceptable than did Nigerian Yoruba students, and also as more serious and having clearer motives.

The Language of Suicide

Wooddell and Kaplan (1998) proposed seven types of suicide, assisted suicide and euthanasia based on three dimensions: the active-passive nature of the act, the degree of doctor involvement, and the reaction of the doctor to the patient's wishes. The seven categories are: (1) solitary suicide, (2) disapproved suicide, (3) observed suicide, (4) assisted suicide, (5) voluntary euthanasia, (6) non-voluntary euthanasia, and (7) involuntary euthanasia. Clearly, this typology is mainly concerned with assisted suicide and euthanasia.

Discussion

In the first edition of *Why People Kill Themselves*, I evaluated the research and theory and occasionally criticized the research and the theories. In the following three editions of *Why People Kill Themselves*, especially as the volume of research grew, I merely reported the results or theoretical discussion. In this review, I will make a few critical comments.

The first is obvious as I write in the year 2023. Much of this research adds little or nothing to our understanding of suicide and, let me be frank, much of my research is open to the same criticism. We find data sets open to researchers, or we collect our own data set, and we focus on suicidal behavior in these data sets regardless of theories of suicide or advancing our understanding of suicide. In fact, having suicidal behavior in the data set makes publication of the paper in scholarly journals easier. Therefore, this is what we do.

Writing scholarly papers is part of our profession, indeed part of our duty in academia. It helps us get tenure and promotion and grants and, to be less cynical or materialistic, it makes our teaching and lectures more interesting, both because suicide is an interesting topic and because to be able to talk about our own research brings excitement to the class.¹⁰

But how often do we seek out or collect data that is relevant for a particular theory of suicide? The researchers that do this most are sociologists, and they are typically testing Durkheim's theory of suicide. I have pointed out in the past that all of their research on this theory is *methodologically flawed* because *no sociologist* has ever attempted to use the rate of *anomic suicide* or the rate of *egoistic suicide*, etc. They use national suicide rates!

My thought about the research reviewed here is that almost none of it adds to our understanding of suicide. The most interesting contributions are theoretical, such as Goldney's discussion of the tipping point and Tullis's proposal of suicide addiction.

¹⁰ On *Rate My Professor*, one of my students said: A boring professor. All he talks about is sex and suicide.

For the future, meaning 1999 and, if I ever get there, 2023, we do not need any more studies of the impact of physical and sexual abuse in childhood, depression, hopelessness, the use and abuse of drugs and alcohol, psychiatric disorder and many other of the variables studied in the research reviewed in the present paper, regardless of whether the variables are entered into correlational, regression or path analyses. We knew in 1998, and even much earlier, that they impact suicidal behavior.

Let me check. In my reviews of the research on suicide in *Why People Kill Themselves* (4 editions), the first references to childhood sexual abuse were in the 1980s. For example:

Briere, L., & Runtz, M. (1986). Suicidal thoughts and behaviours in former sexual abuse victims. *Canadian Journal of Behavioural Sciences*, *18*, 413-423.

In 2023, there were still many articles on this topic. For example:

Kennedy, R. S., Panlilio, C. C., et al. (2023). Does multidimensional self-concept mediate the relationship of childhood sexual abuse and bullying victimization on deliberate self-harm and suicidal ideation among adolescent girls? *Child & Adolescent Social Work Journal*, published online so far, 14 pages

Kennedy and Panlilio reported a direct link between childhood experiences of sexual abuse and both suicidal ideation and deliberate self-harm, with no mediators. I suspect that we will see more replications of this result in the next few decades!!!

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THE DEATH OF SUICIDOLOGY IN CANADA

Antoon A. Leenaars

Abstract. Fifteen years ago, I wrote in the Canadian Association for Suicide Prevention (CASP) newsletter, CASP NEWS, an article, entitled, “The Death of Suicidology in Canada”. Today, I looked back at that opinion and decided to reprint that article and look at the questions posed then anew. Our question (Q): Have things changed for suicide research in Canada? Unfortunately, our archival dig revealed that it is worse. Even CASP is now dead. Despite world-wide institutions, like the WHO, accepting that suicide is complex and multidetermined, it appears that a minimal biomedical understanding prevails, in the Canadian government and mental health institutions. There is no will and, as Einstein said, “If there is no will, there is no way”. Sadly, based on the past, I predict that research in suicidology will remain unborn.

Fifteen years ago, I wrote in the Canadian Association for Suicide Prevention (CASP) newsletter, CASP NEWS, an article, entitled, “The Death of Suicidology in Canada” (CASP NEWS, vol 17, p.2, October, 2008). Today, I looked back at that opinion and decided, with David Lester, the Editor of *Suicide Studies*, to reprint that article and look at the questions posed then anew. Our question (Q): Have things changed for suicide research in Canada? Has suicide research finally been born in Canada? Is research alive? Before I answer these important questions to save lives, I want to look at what I wrote 15 years ago. I wrote:

I am in Banff National Park, a historical site among our other ones for suicide prevention in Canada. The Canadian Association for Suicide Prevention (CASP) began here in the 1980’s at Lake of Little Fishes (also called Lake Louise), the spiritual home of CASP. The book, *Suicide in Canada* (Leenaars, Wenckstern, Sakinofsky, Dyck, Kral, & Bland, 1989), was developed here, and in 1995, a CASP conference was held in Banff. On that occasion, one of the Elders of CASP, Bryan Tanney, pronounced the death of suicidology in Canada. Many of the early parents, including me, after a walk around the town, announced that this was not so. Suicidology was alive and well in Canada.

Like others, I had long mounted the horse, Rocinante, and fought for suicidology in Canada, the knowledge, science and empirical treatment of suicide. (I do not mean here to address the enormous community work at suicide prevention, but rather, the science.) Many of us spent much of our time advocating for suicidology; we were on a quest. “There have been enchantments, knightly encounters, battles, challenges, wounds...loss and its torments, and all sorts of impossible things.” There were some victories. There were the two federal reports, ‘Suicide in Canada’, both calling for research. And, there was the most hoped for federal meeting in 2003, when the Canadian people not only called for research, but also set priorities. Surely victory was ours; yet, all this was a mere tilting at windmills. I have since become more realistic and like a quixotic parry, I realize that it is all an illusion. Bryan Tanney was correct (I do not include, however, Quebec; in Quebec there have been real victories, not simply fighting windmills. The rest of us have much to learn from that province. [Insert. However, after the publication of the 2008 article in English and French, a number of known researchers in Quebec said to me, “You are wrong. It is the same here. It’s the same reasons.”] However, I also believe that Bryan was somewhat wrong; death means that there was a birth. I now believe that suicidology was never born in Canada. Don Quixote died “having gained his reason,” and maybe so have I. Yet, we should not be surprised. Canadian support, not only for research in suicide, but research in general, is the lowest – actually, the second lowest – among developed nations in the world. The 1990’s to 2000’s were the worst, the Chrétien years, but then he did little about health issues or anything else, according to the latest biography. Will it ever change? I do not see even hope in the new mental health commission. Despite some good priorities, suicide prevention is not on its list. Indeed, despite the fact that a number of us in suicidology recommended items for the commission, none were accepted. Suicidology will remain dead.

Despite the inquisition against researchers in Canada, there have been brave Knights. With the help of Myra Morant, I did a literature search of the SIEC database. (Again, I do not address here the French language literature.) The noble researchers who have published 50 or more studies are as follows: Mishara, Ramsay,

Tanney, Sakinofsky, Leenaars. Those who have published 20 or more are as follows: Links, Bland, Dyck, White, Wenckstern, Kral, Thompson, Syer/Syer-Solursch, Boldt, Trovato. And, 5 or more are as follows: Cutliffe, Newman, Heisel, Rhodes, Seguin, Turecki, Lesage, Kidd, Kirmayer, Chagnon, Daigle, Paulson, Everall, Orn, Ward, Jarvis, Fusé, Solomon, Arboleda-Florez, Boyer, Streiner, Masecar, Tousignant, Adam, Grossi, de Man, Holley, Joffe, Offord, Turgay, (Lindsey) Leenaars.

Of course, there are also Bagley and Lester, both non-Canadians; yet, they have published on research in Canada. In addition, of course, the accuracy of numbers depends on the accuracy of the data input. The numbers only reflect the data collected: articles, book chapters, manuscripts, etc. I know for certain that I have omitted some newer Knights; yet, it is the best that I can do. I am honoured to have fought with all of them in Canada.

Research is the basis for sound suicidology. Unfortunately, suicidology is dead in Canada. Clearly, the need is urgent, but not fulfilled. We cannot, as the federal government does, simply transpose American, anymore than Chinese, research to Canada. We need our Knights.

The inquisition is hard. Many of our researchers have left to work elsewhere. Tanney, the wise one, years ago left for Australia. Syer-Solursch, our earliest of researchers, went to the United States (USA), and so did Kral. Sakinofsky, an earliest of Knights, never received the honour (chair) that he deserved. Dyck moved on to tobacco research. Many have moved to other studies as well. Many egressed, fearing their own demise. As for myself, most of my work has been in other countries. I have published on five continents, but none have ever been supported by our federal government. Many foreign governments and institutions have supported me. I have worked in over 35 countries, but not in Canada. There are many other brave researchers who simply stopped studying, all a loss. When will the inquisition cease?

Suicidology in Canada is dead. Will it ever be born? Will the Canadian government ever stop the inquisition? Will it ever arm our brave Knights? Currently, government funding is meagre, and

support has declined. It was less in the 1990's, the Chrétien years, than it was in the 1980's. It is almost non-existent today. Would it be the same for cholera, or SARS? Will suicidology ever be born in Canada?

Suicidology in Canada is dead, if it was ever born. Yet, I continue to mount Rocinante. After all, being a Dutch-Canadian, I love windmills better than our reality. Indeed, I hereby apologize to Bryan Tanney; he was right about the death years ago. Will he be in the future? Regardless, we need to own this problem; we need to own the fight. We cannot sit around and wait for the government, a commission and the 'witch-hunts' to do something. We need CANADIAN suicidology. We need it if we are ever going to prevent the reality – the death by suicide of our fellow Canadians.

Now: That is what we knew *then*. What have I learned since? Allow me first to answer the questions posed, and then, offer some reflections and thoughts:

Q: Have things changed? Yes! However, it is for the worse. Suicide research is not even remembered in Canada now. The inquest is over in Canada. The verdict is in: Guilty. Like a great martyr for research, Socrates, suicidology research is dead. Buried! It has long ago been buried.

Q: Is research in suicidology finally been born? No! I predict, unless we change our direction, it will never be in existence in Canada. Research in suicidology is dead. "Why?" you may ask. It has taken me decades to have an understanding. Perhaps like Don, I have finally gained my "reason".

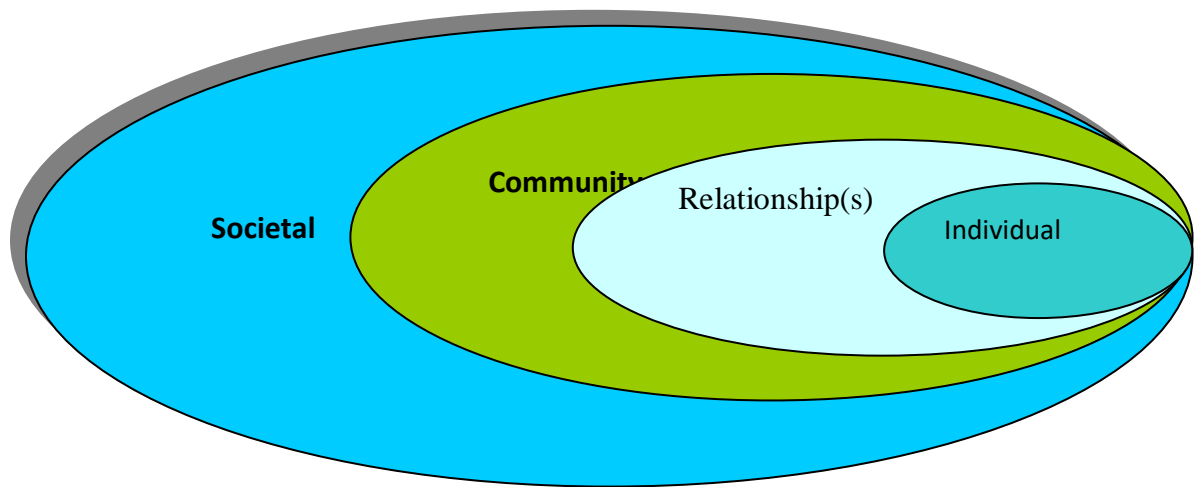
Although there is always an interplay of causes, the main reason, I have learned, is the Canadian government's myopic singular adherence to a minimal biomedical model. It's ALL mental illness! We need only simple studies of mental illness, and suicide will be cured. All will be well. ALL suicide is caused by mental sickness. We only need to undertake some more RCT studies on psychopathology. Suicide is (or soon will be) solved. We only need a pill! (To somewhat quote another great fictional character, the Dodo Bird, 'Perhaps we should give everyone prizes.'). Therefore, we don't need an evidence-based suicidology. We don't need suicide researchers. We only need mental illness researchers. I now believe, looking through the masks and games that politicians play, that the belief in a minimal mental

illness model is primary. We do not need suicidology. Indeed, there is no need for suicide prevention. All we need is a pill! It makes sense; we were fighting windmills because the government is wearing horse blinders. They, in their thinking, have a hardening of the categories (Leenaars, 2023). Of course, in the games, they play with their 'pot of gold'. They create conflict and fighting, with smoke and mirrors ("illusion", "windmills", etc.). Is it any wonder that the group adhering to a minimal biomedical view want more complex suicidology research dead? It's the gold! One simply has to look at what the current government is supporting; Chretien was/is not unique. Perhaps, I owe Jean an apology too. It was not just him; it appears to be all of them. (Of course, words like "all", "everyone", "never", and so on are a sign of mental constriction, blinders.) It is the game. Will it ever decrease suicide? No! Suicide is complex, deeper than they are aware.

A new outstanding researcher in Canada, Mark Sinyor, asked me to join a group, *Partnership for Life*, organized under the banner of the International Association for Suicide Prevention (IASP). The understanding in IASP is "the importance of moving away from a narrow biomedical concept." Not only IASP, but also the World Health Organization (WHO), hold to a complex model. Allow me a brief digression:

According to the WHO in the *World Report on Violence and Health* (2002), no single factor or event explains why so many people die by suicide; regrettably, too many have singly focused on mental illness. They have a hardened belief: Suicide is caused by mental illness ("It's all mental illness"). Suicide is, however, more complex. It is not simply due to a mental disorder, as many with a narrow biomedical perspective assert. Suicide is multidetermined. Suicide is not like copper or water, where *all* copper conducts electricity and *all* water freezes at 32 degrees Fahrenheit. It is not so. All suicide is not caused only by mental illness. Suicide is multidetermined and needs a multi-axal approach to understand it (Meehl, 1986). Suicide, and the like, are the result of an interplay of individual, relationship, social, cultural, and environmental factors. This is sometimes called the *ecological model* (Bronfrenbrenner, 1979; Dahlberg & Krug, 2002). The model takes a systems approach (von Bertalanffy, 1967, 1968). First applied to child abuse (Garbarino & Crouter, 1978), the model has been applied to a vast array of behaviors, most recently deadly violence, including suicide and homicide (WHO, 2002; see Figure 1).

Figure 1. Ecological Model for Understanding Suicide



The model suggests simply that there are different levels, that is, individual, relationship, community, and societal, that influence deaths, suicide and homicide, and thus, by implication, one can investigate behavior at various levels. Comprehensive (ecological) approaches in our investigations, thus, would target not only the individual, factors such as a mental disorder, but also the factors beyond the individual. These approaches are also focused on relationships (e.g., family members), community, societal, and environmental levels (e.g., gun control). Thus, to prevent suicide, we must understand that suicide and suicidal behavior are multifaceted or multidimensional events (Leenaars, 2017; WHO, 2002).

The WHO (2002) believes that an ecological model helps us to best understand the multifaceted nature of violent death(s), including suicide. It highlights the “importance of moving away from a narrow biomedical model”. It explores the relationship between individual and contextual factors and would call for preventing a suicide at multiple levels. Will the government ever understand? Or will we always be put in the fight over windmills?

I agree with IASP that, in Canada, “shifts in the political climate may be a threat to prevention strategies”. Looking back 15 years, the climate has gotten worse for suicidology, and dark clouds hang over preventing deaths.

How did it get this way in a short time? If we look elsewhere, we can begin to see an answer. In the American Association of Suicidology (AAS [I am a past President of AAS, not only CASP]), the researchers have left, actually told to leave. They have formed an independent group, made up of many past Presidents and Board members of AAS. It occurred here too, but the expulsion is more inclusive. Clinicians left too. CASP has expelled researchers. I am no longer a member, even as a founding President. I am not wanted. Who killed CASP? Brian Mishara, a founding member of CASP and a well-known researcher, warned me. CASP had changed the by-laws; there would be no elections for president. She/he would be appointed (by whom?). Dr. Mishara said, “I don’t know if I want to be a member of CASP, if the President and Board are not elected.” I didn’t listen; I naively supported the then President. I was wrong! (I am perhaps not political enough: I believed that we were ALL working together to prevent suicide.) I owe Brian an apology. CASP is now dead. Like Don Quixote, CASP died from the inside. It killed itself! However, we should not be surprised with what we learned 15 years ago. Perhaps Bryan Tanney was the wisest of them all. Perhaps, I should have moved to Europe, and not simply worked at The University of Leiden, Karolinska Institute, and the Norwegian Institute of Public Health. I was not fighting windmills there.

Yes, there are many new brave Knights (researchers) in Canada, too many to list now. They are mounting Rocinante. I wish them well in battle; I wish that I could join them. However, I have seen too many battles, and perhaps I suffer from ‘PTSD. I have seen too many casualties among researchers. Shall I go fight windmills? Perhaps with IASP, we can see movement; after all it is a worldwide effort. Can it win in Canada?

What have I learned in the last 15 years? Our Canadian history in suicidology has given us different understandings...notions, ideas, values, perceptions, ideals, beliefs, practices, conventions, outlooks, and so on, to help us answer our questions. We need all of the understandings. It is not that one is better, but that they are different. Of course, I am not here discussing the ‘irrational’, prejudicial, extreme, narrow views (See Leenaars, 2023). My view is that we need different understanding and research, not just the narrow biomedical understanding. I am reminded of the Red Jacket story! What I have learned is that Red Jacket stood strong when the colonialists ordered him and his people to surrender and accept the narrow view of the white men. Red Jacket said, “KitchiManitou (the Creator) has given us a different understanding” (Ross, 1992).

My understanding: We need all of us to prevent suicide. We need a deeper, different understanding. Further, we need Canadian suicide researchers. We need all of us.

Q: When will the inquisition cease? Never, I predict. It would require many, including some in the government, to take off the blinders. It would require many, including the government, to take an ecological view (Are they able?). It would require something that will not happen; that the people, researchers and institutions share the pot of gold.

Q: Has suicide research progressed in the last 15 years? No!

Q: Will research into an ecological understanding of suicide ever be born in Canada? I predict, probably not. Einstein once said, “If there is a will, there is a way.” What I have learned, there is no will in Canada. Until the Canadian government changes its understanding, nothing will change.

I now think that Tanney, Syer-Solursch, Kral, and many others were wise to be refugees from Canada and go to a new land. Perhaps I should have emigrated too. However, I have always liked windmills, and I think, despite the mass casualties, I would mount my horse and lead a charge to the windmills. Be that as it may, suicidology is dead in Canada, and now the prevention effort here, CASP, is dead too. Will it ever change?

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ANOMIE AND SUICIDE: SOME NEW THOUGHTS

Bijou Yang & David Lester

Abstract: Different definitions of anomie are reviewed, and a proposal made that future research should explore classifying a sample of suicides (or suicidal individuals) into these many types.

Anomie has become a major concept in sociology, and it has assumed great importance in explaining the occurrence of suicide in societies. According to the New World Encyclopedia¹¹, in general anomie refers to a condition of malaise in individuals characterized by an absence (or diminution) of norms or values. It is seen as a state of normlessness and, at the individual level, feelings of alienation and lack of purpose. This is the definition commonly attributed to Durkheim (1897), where he defined two types of suicide based on too great a level of social regulation (*fatalistic suicide*) and too low a level of social regulation (*anomic suicide*)

Merton (1949) offered a rather different definition, defining anomie as the discrepancy between common social goals and the legitimate means for obtaining these goals. The *innovator* adopts the goals of the society but uses unacceptable means to attain these goals. The *ritualist* follows the means but loses sight of the goals (as in the inflexible bureaucrat). The *retreatist* abandons both the goals and the means (for example, the alcoholic or drug addict). The *rebel* rejects both the goals and the means but devises new goals and means (as does the terrorist). The *conformist* accepts both the goals and the means. Merton's typology, therefore, would provide for four types of anomic suicide.

A third definition of anomie is provided by Weber (1922-1923). Orru (1989) noted that Weber classified philosophies according to whether they aimed for mastery of the world (asceticism) or rejection of the world (mysticism) and whether they were external (addressed to the outside world) or internal (addressed to the inner self). Protestant sects illustrate inner-worldly asceticism, medieval monastic orders other-worldly asceticism, the

¹¹ www.newworldencyclopedia.org/entry/Anomie

Confucian literati inner-worldly mysticism and Buddhist monasteries other-worldly mysticism. Weber's concept of anomie is tied to religious rejections of the world which he viewed as leading to anomie. Anomie is the absence of ultimate guiding values and ethical standards (and the absence of all law). It can be found in mystic Hinduism.

Orru saw previous definitions of anomie as resulting in four types: (1) the absence of institutional norms (Hobbes), (2) the absence of ultimate ethical values (Weber), (3) goals and aspiration are unrestrained and deregulated (Durkheim), and (4) a disjunction between goals and institutionalized means (Merton). Despite his focus in his paper on Weber's views, Orru argued that only types (3) and (4) are found in societies.

Atteslander (2007) offered his own definition of anomie:

Anomie indicates an anarchic state of crisis-prone uncertainty affecting a broad segment of the population. Cultural interpretative models lose their function. Social integration within a community ceases. Previously valid behavioral norms as well as personal competence disintegrate. Goal-oriented action becomes more and more impossible for both the individual and the collective. Results include a general lack of direction and uncertainty in behavior. The intensity of social or cultural conflict increases. (p. 489)

This definition, however, confounds social regulation with social integration as conceived by Durkheim.

Atteslander proposed five different types of anomie.

Transitional Anomie

This is found as society evolves from primitive to traditional to modern society. If the transition occurs quickly, the crisis can be severe, and it may be useful to distinguish between *acute anomie* and *chronic anomie*. This perhaps characterizes the situation of aboriginal societies in the modern world, as in the United States and Taiwan.

Transformational Anomie

This occurs as societies change political state, from communist to liberal, autocratic to democratic, and rally-planned to market-oriented (or vice versa). This occurred after 1989 when Eastern Europe, and especially the Baltic nations, changed from Soviet domination to democratic. Many in the society faced poverty, feared the loss of jobs, and experienced rising crime rates.

Depressive Anomie

This is found during times of profound economic recessions and depressions, with accompanying high rates of unemployment. It can also occur when an important political leader (“the father of the nation”) is lost.

Modernization Anomie

This occurs when modernization occurs rapidly, unlike the slow process that took place over centuries in Europe. There is often a lack of preparation for confronting the new ideas and products, and poverty and unemployment often result.

Conflict Anomie

This occurs during civil wars and inter-nation wars, as when Yugoslavia broke apart in the 1990s or during the civil war in Sri Lanka.

Atkeson mentioned suicide as an outcome during times of depressive anomie, but anomic suicide may also occur during the other four types, thereby giving us five types of anomic suicide.

Anomie and the Individual

Anomie is also used to describe individuals who are in a state of isolation and anxiety, with a lack of purpose in life and no sense of social obligation or trust in others. Srole (1956) devised a simple five-item test to measure this, and Lester (1970) found that scores on Srole’s scale were positively associated with scores on a measure of suicide potential in a sample of university students.

Discussion

It can be seen that suicidologists have been lax in their discussions of the role of anomie in suicide. There are clearly many definitions of anomie and, therefore, many types of anomic suicide. It would be of great interest in the future for a sample of suicides (or suicidal individuals) to be classified into these many types.

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MEMORANDUM

To: The Employment Committee
Committee Office
House of Commons
London SW1A 0AA
England

From: David Lester, Ph.D.
Bijou Yang, Ph.D.

Date: July 28, 1994

Subject: **The Relationship Between Unemployment and Suicide**

Summary: Studies of individuals indicate an association between unemployment and long-term unemployment) and both fatal and nonfatal suicidal behavior, but it is not yet possible to draw cause-and-effect conclusions from the research. Time-series studies of nations indicate an association between unemployment and fatal suicidal behavior for some nations, for some time periods and for some social groups within nations. In Great Britain, an association between long-term employment and nonfatal suicidal behavior has been documented in women. However, at the societal (aggregate) level, the association between fatal suicide and unemployment may not be statistically significant.

Introduction

In evaluating the effects of a social stressor on human behavior, many of the possible psychological and social consequences are difficult to measure accurately. For example, alcoholism and drug abuse are possible indicators of individual and social pathology. However, the definitions of these behaviors differ from researcher to researcher, and estimating their community-wide prevalence is costly and time-consuming. Similar problems exist for the use of psychiatric illness as an index of individual and social pathology. Furthermore, these types of behaviors require the individual to admit having the problem.

In contrast, suicide is an ideal measure of the impact of stressors on a society since death is not subjective and, at least in developed countries, the certification of death is reasonably accurate.⁴

The present memorandum will discuss the evidence for an association between unemployment (including long-term unemployment) and suicidal behavior at the individual level and at the societal level. For the societal level of analysis, both regional and time-series studies will be reviewed. Conclusions are drawn in the final section of the Memorandum.

Unemployment and Suicide

The Individual Level

Suicidal behavior can be fatal (commonly called completed suicide) or nonfatal (commonly called attempted suicide, parasuicide or self-injury/poisoning).

¹²

At the individual level, the association between unemployment and suicidal behavior is quite strong (Lester, 1992; Lester & Yang, 1994; Platt, 1984, 1986). On the one hand, the rates of both fatal and nonfatal suicide are higher in the unemployed than in the employed; on the other hand, the rate of unemployment is higher in fatal and nonfatal suicides than in nonsuicidal people.

Long-term unemployment is found to have a greater impact on suicidal behavior than short-term unemployment. For example, one study (of British women) found that long-term unemployment was associated with a higher rate of nonfatal suicidal behavior (Hawton, et al., 1988), while another study (in Italy) found that it was associated with a higher rate of fatal suicide (Costa, et al., 1989).

However, cause-and-effect conclusions about unemployment and suicidal behavior are not possible on the basis of these studies, for at least two explanations are possible for the association. It may be that

¹² Of course, coroners and medical examiners may sometimes certify the causes of some deaths erroneously, especially suicide. For example, there is evidence that coroners in Ireland occasionally certify suicidal deaths as nonsuicidal in nature, thereby rendering the "official" suicide rate as less than the "true" suicidal rate.

unemployment increases the risk of suicidal behavior in those who are unemployed; alternatively, particular personality traits may increase the risk of both suicidal behavior and unemployment. For example, those who have a psychiatric disorder (such as a depressive disorder or a substance abuse disorder) may be more likely to engage in fatal and nonfatal suicidal behavior (Lester, 1992) and to be fired from their job or rejected by prospective employers.

In line with the latter alternative, it has been documented that, among those engaging in nonfatal suicidal behavior, those who were unemployed were more often drug and alcohol abusers and to have records of previous criminal behavior and psychiatric treatment (Platt and Duffy, 1986; Hawton, et al., 1988). This conclusion, if valid, may be especially relevant to those who have been unemployed for long periods of time.

To date, no research study has attempted to test the validity of these two alternative explanations for the association between unemployment and suicidal behavior.

The Societal Level

At the societal level, two types of studies are possible: regional (which examine the association between unemployment and suicidal behavior over a number of regions, such as counties or nations) and time-series (which examine the association between unemployment and suicidal behavior over time within a nation). These studies typically focus on fatal suicidal behavior since accurate measures of nonfatal suicidal behavior are not usually available for regions or nations.

Time-Series Studies

Time-series studies have generally shown that unemployment and fatal suicidal behavior are associated. Years which have higher rates of unemployment have, in general, higher rates of fatal suicide (Lester & Yang, 1994; Platt, 1984).

With regard to long-term unemployment, Stack and Haas (1984) found that the duration of unemployment was associated with the fatal suicide rate in America for the period 1948 to 1978 along with the divorce rate. Years when unemployment was of longer duration had a higher fatal

suicide rate, even when other possible social causes of suicide (such as divorce) were taken into account.

However, this general conclusion needs to be qualified by several caveats. First, not all nations show this association. For example, in a study of twelve nations (including England and Wales) with data available for the period of 1950 to 1985, only Japan, the Netherlands, Taiwan and the USA showed an association (Yang & Lester, 1994). The association was not found for Austria, Belgium, Canada, Denmark, England and Wales, Norway, Sweden or West Germany.

Second, not all social groups in any nation may show the association. For example, in the USA from 1940 to 1984, Yang (1992) found that unemployment was associated with the rate of fatal suicidal behavior only for white males and not for white females, nonwhite males or nonwhite females. For the same time period, Yang (1990) found that unemployment was associated with the rate of fatal suicidal behavior only for those aged 15 to 54, and not for those over the age of 55. This latter result makes sense since the association was found for those age groups most concerned with the labor market.

The empirical association between unemployment and the rate of fatal suicidal behavior may also depend upon such factors as the time period chosen (time periods including the Great Depression of the 1930s typically show a stronger association than post-Second World War periods) and on which other social factors are entered into the multiple regression analysis. For example, social indicators such as the divorce rate are very strongly associated with rates of fatal suicide and, if divorce is entered into the regression analysis, the association between unemployment and rates of fatal suicide may no longer be statistically significant (Yang and Lester, 1994).

Regional Studies

Regional studies also indicate in general that regions with a higher unemployment rate also have a higher rate of fatal suicide (Lester & Yang, 1994; Platt, 1984) but, again, there are exceptions. This does not appear to be true, for example, over the states of America (Lester, 1994) or over nations of the world (Lester, in press).

Discussion

However, for the purposes of drawing conclusions about the impact of economic changes for a society, time-series studies are more relevant than regional studies if decision makers are concerned with predicting the effect of social policies in their particular nation. The difference in the conclusions from regional and time-series studies has puzzled social scientists, and no satisfactory explanation has yet been proposed.

One issue that the present memorandum does not address is the explanation for the association between unemployment and suicidal behavior. At the individual level, the answer must be psychological while, at the social level, the theories proposed by Durkheim (1897) and Henry and Short (1954) are useful.

We recognize that the problem addressed in this Memorandum may be more complex. At the individual level, the psychological state of the person is important. For example, the threat of being laid off from work may be a potent factor in causing psychological distress and, therefore, suicidal behavior. The level of unemployment may also be critical, as may the extent of unemployment compensation and the tightness of the labor market. For example, if the unemployment rate is low, then finding a new job may be easier than otherwise. However, there is no good research to date on how these factors affect the association between unemployment and suicidal behavior.

Conclusions

Research appears to indicate that suicidal behavior (both fatal and nonfatal) is more common in the unemployed than in the employed, and this may be especially true for long-term unemployment. For example, a study of British women documented higher rates of nonfatal suicidal behavior in the long-term unemployed. However, the research does not permit us to draw cause-and-effect conclusions at the present time. It may be that unemployment increases the risk of suicidal behavior or that personal characteristics (such as psychiatric disturbance) increase the likelihood of both suicidal behavior and unemployment.

Time-series research at the societal level indicates that unemployment and fatal suicidal behavior are associated, but this association is not always found for every nation, for every social group within a nation, or for every

time period. For example, in a time-series study of England and Wales, the association was not found over the period of 1950 to 1985.

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BRIEF BIOGRAPHIES

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On my website (drdavidlester.net), there are biographies of suicides famous enough to have biographies written about them, as well as some briefer essays and lists. Of these, 75 have been used as a sample of suicides for research, and those articles are also on my website.

In the course of that project, I also wrote brief essays on other suicides, and these are presented here. There are, of course, many celebrities who die by suicide. Indeed, one or two are mentioned in *People* every month in their section entitled *Passages*. The following are just a few of them.

Completed Suicides

Jack Henry Abbott

Born: January 21, 1944, Oscoda, MI, USA
Died: February 10, 2002, Alden, NY, USA

Abbott was imprisoned in New York State for bank robbery and fatally stabbing an inmate. He wrote letters from prison to Norman Mailer who helped publish Abbott's writings as *In the Belly of the Beast*. Soon after his release, he was convicted of another murder, stabbing a waiter outside a New York City restaurant, and was sentenced to 15 years/life for manslaughter. He lost a \$7.6 million civil lawsuit to the victim's family. Turned down for parole in 2001, he hung himself in his cell several months later.

Pier Angeli

Born: June 19 1932, Cagliari, Sardinia, Italy
Died: September 10 1971, Beverly Hills, California

Born Anna Maria Pierangeli, she was discovered by the Italian film director Leonide Moguy and appeared in her first film in Italy at the age of

16. She was soon appearing in movies in both the United States (she was signed by MGM) and Italy. Her twin sister Marissa Pavan was also a film star. She was married to Vic Damone, the singer, for four years (they had one son over whom they waged a bitter custody battle) and then an Italian band leader (Armando Travajoli) for seven years. She starred in *Therese* and *The Battle of the Bulge*, and her last film was in 1971. She died from an overdose of barbiturates, perhaps afraid of turning 40 and suffering from a stomach disorder.

Hobey Baker

Born: January 15 1892, Philadelphia, Pennsylvania, USA

Died: December 21 1918, Toul, France

In his day, Baker was a romantic figure in sport, the only athlete in both the college football hall of fame and the hockey hall of fame. He was sent to St. Paul's School in Concord (NH) in 1903, and his parents divorced in 1907, leaving him and his brother to the care of relatives. At Princeton University (the family could afford to send only one of the brothers), he majored in history and played football and hockey. After graduation in 1914, he joined the firm of J. P. Morgan on Wall Street but found the work boring. He took up flying and joined the US Army in May 1917 and went to Europe as a gunner in the Lafayette Escadrille where he distinguished himself and was awarded the French *Croix de Guerre*. When the war ended in November 1918, Hobey felt a sense of loss and disappointment. He received his orders to return to America in December, and on the 21st, the day before he was due to leave for Paris, he took one last flight. He took a plane whose engine had failed in flight a few days earlier "to check it out" and took off in heavy rain. The engine failed in flight and, though the plane was easy to crash-land, Hobey tried to get back to base. The plane crashed, and he died in the ambulance. Accident or suicide?

David Begelman

Born: August 26, 1921, Bronx, New York City, USA

Died: August 7, 1995, Los Angeles, USA

David Begelman grew up in the Bronx. His father was a tailor in Manhattan, served in the Air Force in World War Two, attended New York University briefly, and drifted into the insurance business. He married Esther

Feldman in 1950, but Esther died of cancer a few years later. He then married Lee Reynolds and finally Gladysce Rudin who died in 1986. He left insurance to become a talent agent for MCA and soon was an independent, representing stars such as Judy Garland, Paul Neman, Robert Redford and Barbra Streisand. He was flamboyant and misrepresented his past, telling people that he had graduated from Yale University Law School. He eventually headed Columbia Pictures until he was found guilty of forging checks in 1977. He later headed United Artists for a while, until he was fired in 1982. He then set up a Ponzi fraudulent investment scheme with Bruce McNall. After his wife died in 1986, he talked about suicide, but he remarried Annabelle Weston in 1990 and had an affair with Sandi Bennett. In deep depression, as the investigations into his financial transactions grew and with bankruptcy imminent, he shot himself in the head in a Century Plaza Hotel room in Los Angeles on August 7, 1995.

Pierre Bérégovoy

Born: December 23, 1925, Déville-les-Rouen, France

Died: May 1 1993, Nevers, France

Pierre Bérégovoy, former Prime Minister of France, died by suicide after being accused of accepting an interest-free loan from a shady business friend while finance minister in the 1980s. Bérégovoy, a Socialist, was appointed Prime Minister in March 1992, but scandals were revealed involving the Socialist Party, with Bérégovoy eventually among the accused. He was re-elected by the town of Nevers (where he was both Mayor and a Deputy) in March 1993, but his party suffered a big defeat in the election. The austerity program he continued was blamed for the French recession and the high rate of unemployment. Bérégovoy shot himself on May 1 (the international workers' holiday) at the age of 67 by a lonely canal, by putting a .357 magnum under his chin and pulling the trigger, with a gun taken from his bodyguard. The French claimed that the press drove him to his death by harassing him over the possible corruption.

A high school dropout, he was nicknamed *petit chose*, (nothing). He began work in a factory at the age of 17, was involved in the Resistance, worked as a trade unionist and then for the Socialist Party, and eventually became the protégé of Pierre Mendes France, after which Bérégovoy gave his support to François Mitterand. The loan which caused his fall and his embarrassment was to purchase a fancy apartment for himself and his wife of 45 years in Paris.

Sir Henry Delves Broughton

Born: 1883, England

Died: December 5 1942, Liverpool, England

Broughton, son of a Baronet, joined the Irish Guards and avoided the First World War by falling ill before sailing for the continent. He entertained and gambled on a large scale, but eventually left his wife and son, running off to South Africa and later Kenya with a 22-year-old divorcee, Diana Caldwell. In Kenya, Diana fell in love with Josslyn Hay, Earl of Erroll and, although Broughton seemed to tolerate the affair, Erroll was found murdered in his car on January 24, 1941. Broughton was tried for the murder but acquitted. Broughton's marriage to Diana broke up, and he returned to England depressed. He was found in a hotel room in Liverpool on December 4, 1941, in a coma from injections of Medinal. He died the following day.

Jeff Buckley

Born: November, 1966

Died: May 29, 1997, Memphis, TN, USA (found June 4)

A folk-rock singer, Buckley waded into the river at the Memphis marina, fully clothed, and drowned. His father, Tim Buckley, a folk singer, had died of a heroin overdose in 1975 at the age of 28. His album in 1994, "Grace," established him as a promising singer-songwriter.

Don Carpenter

Born: March 16, 1931, Berkeley, California, USA

Died: July 27, 1995, Mill Valley, California, USA

Donald Richard Carpenter was a novelist and screenwriter who won critical acclaim but not popular favor. His novels included "Hard Rain Falling" (1966) and "A couple of comedians" (1979). The early novels were about criminals and social outcasts and the later novels about Hollywood film-making. He wrote the screenplay for "Payday" (1973) starring Rip Torn. He was ailing with diabetes, tuberculosis and allergies, had been separated from his wife for twenty years, and had been a close friend of

Richard Brautigan, the novelist who died by suicide in 1984. Carpenter shot himself at the age of 64.

Kevin Carter

Born: September 13, 1960, Johannesburg, South Africa

Died: July 27, 1994, Johannesburg suburb, South Africa

Carter began his career as a journalistic photographer in 1983 and then freelanced. He was arrested on several occasions for photographic domestic conflict in South Africa. The climactic photograph of his career was of a small child dying of hunger in the Sudan while a vulture waited nearby. Carter was awarded the Pulitzer Prize for that photograph and received it at Columbia University on May 23, 1994, 23 months after taking the photograph. Two months later, Carter killed himself using the exhaust from his pick-up truck. The final words of his suicide note read, "I have always had it all at my feet but being me just fucked it up anyway."

His parents were of English descent and Roman Catholic. He recalled his childhood as unhappy, and he dropped out of college with bad grades. He was conscripted into the military, beat up by fellow soldiers for being a nigger lover, and went AWOL. He worked as disc jockey under an assumed name, and when he was fired, overdosed with sleeping pills and rat poison. He finished his service and began his photography career. While photographing the civil violence, he took to smoking marijuana and also white pipe (marijuana and a tranquilizer mix). He fathered a daughter out of wedlock, crashed his car into a house, and was arrested for driving under the influence. Early in 1994, his girl-friend asked him to leave until he cleaned up his act. In April his best friend (and rival photographer) Ken Oosterbroek was killed in a township. After receiving his Pulitzer Prize, Carter was criticized for posting the photograph and not helping the little girl. Back in South Africa, he was depressed over money and haunted by the killings and death he had witnessed. His recent photographs for Sygma were of poor quality, and he lost the photographs from an assignment in Mozambique on the plane back. He died by suicide the next day. His note said, "I have gone to join Ken if I am that lucky."

Kurt Cobain

Born: February 29 1967, Aberdeen, Washington, USA

Died: April 5 1994, near Seattle, Washington, USA

Kurt's father was a mechanic at a gas station. Kurt was hyperactive and was given Ritalin as a child. After his parents' divorce in 1975, Kurt changed from being cheerful to being sullen. He moved from mother to father to aunts and uncles. An uncle bought Kurt a guitar when he was 14, about the same time he started smoking marijuana. By high school, Kurt was writing his own songs. He dropped out before graduation, and eventually formed a band with some friends which they called Nirvana. They recorded a demo in 1988 and began touring in 1989. By 1990, Kurt was using heroin. He met and got together with Courtney Love that year and married the next year. Nirvana had the number one selling album in January 1992, but friction grew between Kurt and Courtney and between Kurt and the rest of the band. Kurt tried drug rehabilitation in March 1994 but quit after two days. He went to his home near Seattle by himself and was found dead from a gunshot wound on April 8, 1994.

Marcel DeSano

Born: May 18, 1897, Romania
Died: circa early 1930s, France

In the early 1930s, De Sano was hired by MGM to direct a movie *Red-Headed Woman* for MGM but was replaced by Jack Conway. He moved back to Paris, where he was given the task of shooting the atmospheric shots of Paris. With his career languishing, De Sano fell into a depression and killed himself.

Michael Dorris

Born:
Died: April 11, 1997, Concord, NH, USA

Dorris, age 52, was a successful writer, married to Louise Erdrich, also a writer. His books included *A Yellow Raft in Blue Water* and *The Broken Cord*, and they collaborated on *Crown of Columbus*. Dorris was found dead of an overdose (together with a plastic bag over his head) in a motel room in Concord, New Hampshire, on April 11, 1997. Chronically depressed for years, he and his wife were separated, and he was under investigation for sexual abuse of his daughters.

R. Budd Dwyer

Born:

Died: January, 22, 1987, Harrisburg, PA, USA

Budd Dwyer worked as a high school teacher, small-town lawyer and state legislator. He won nomination as the Republican candidate for state treasurer and was elected. He was convicted for accepting a \$300,000 bribe in exchange for a no-bid contract. On the day before sentencing, Dwyer, aged 47, called a news conference and, on live television, in front of the press, declared his innocence, claimed that he had been unfairly singled out for prosecution, and then shot himself in the head with a .357 Magnum revolver.

Peg Entwistle

Born: July 1 1908, London, England

Died: September 18 1932, Hollywood, California

Born as Lillian Millicent Entwistle, she was a stage actress in England and came to the United States to seek film stardom. She had difficulty getting parts, and her first film, *Thirteen Women* (1932), was her last. Depressed and turning to alcohol for relief, she killed herself by jumping from the H of the famous HOLLYWOOD sign at the age of 24.

Richard Farnsworth

Born: September 1 1920, Los Angeles, California, USA

Died: October 6 2000, Lincoln, New Mexico, USA

Farnsworth was a poor student and quit school at the age of 15 to work as a stable boy with polo ponies. He signed up as an extra in *The Adventures of Marco Polo* when they used the ponies he worked with for the movie. He worked as a stuntman for thirty years before turning to acting at the age of 57. He was nominated as best actor in 2000 for his role in *The Straight Story*, his second nomination. His wife of 38 years died in 1985. Farnsworth was in great pain with terminal bone cancer. He shot himself in his home while his 46-year-old fiancée was in another room of the house.

Ed Flanders

Born: 1934, Minneapolis, USA
Died: February 22, 1995, California, USA

Flanders, a star of the television show *St Elsewhere*, killed himself with a gun at the age of 60. He seemed to be in some financial trouble and had medical problems from a car crash in 1988 and from cataracts. He was an alcoholic.

Frederick Fleet

Died: January 10, 1965, England

Fleet was the lookout on the *Titanic* and reported the iceberg to First Officer Murdoch. At the inquiries, he revealed the absence of binoculars in the crow's nest and was ostracized by the surviving senior officers. He served at sea for another 24 years and then, depressed, quit to work at a shipyard. After retirement, he sold newspapers in his hometown of Southampton. He hanged himself from the clothes post in his garden at the age of 76, two weeks after his wife died.

Raul Gardini

Born:
Died: July 23, 1993, Milan, Italy

Gardini was an industrialist who married the daughter of the owner of Ferruzzi and later became its head. He built the company into a global giant but was bought out by the rest of the family. He was then investigated for corruption and was facing a trial and imprisonment. He shot himself in the head to avoid the stress, one of 12 suicides in the 18-month investigation. He was also avid sailor, and his boat, *Il Moro do Venezia*, made the finals of the America's Cup in 1992.

George Getty

Born: 1924
Died: June 1973, Bel Air, CA, USA

Getty was the oldest son of the oilman, Jean Paul Getty. He became the CEO of Getty Oil at the age of 43, but he felt second in achievement to his father. Divorced and remarried, he abused alcohol and prescription drugs. He died in June 1973 with an overdose of pills.

Joseph Goebbels

Born: October 29, 1897, Rheydt, Germany

Died: May 1, 1945, Berlin, Germany

Born into a Catholic family, Goebbels tried writing poems and novels and eventually obtained a Ph.D. at the University of Heidelberg in 1921. He went first to work at a bank but was fired. Although he initially laughed at the Nazi party, he attended meetings, joined and became the business manager for a regional unit of the party. Although Goebbels was a socialist at heart, he suppressed his views, became editor of the official newsletter of the party. Hitler recognized that Goebbels was outstanding at propaganda, appointed him Gauleiter of Berlin in 1926, and Minister for Popular Enlightenment and Propaganda in 1933. Goebbels expanded his ministry, taking over the newspapers, radio station and film industry. He worked hard to eliminate the Communists, political opponents and Jews. As the defeat became imminent, he and his wife, Magda, planned their death together with their six children. During the battle for Berlin, SS doctor Helmut Kunz injected all the children with morphine injections, and Magda put cyanide in their mouths. Goebbels and Magda probably also used cyanide for their suicides, and their bodies were found on May 2 by the Russians.

Adam Gordon

Born: October 19 1833, Faial, Azores, Portugal

Died: June 24 1870, Brighton, Victoria, Australia

His father, a retired military officer in Britain, found Gordon so difficult to handle that he sent him to Australia at the age of 13. He worked as a horse-breaker and steeple chase rider, wrote sporting verses for newspapers and served in the South Australia House of Assembly. He wrote two books of poetry to little acclaim. In 1868, he suffered a serious riding accident, his child died, and his wife left him. Although his wife came back, in 1870 he had another riding accident and lost his claim to a Scottish family

estate. He fell into a depression just as his third volume of poetry was being published, and he shot himself on the beach at Brighton.

Joachim Gottschalk

Born: 1904

Died: 1941

Gottschalk was married to a Jewish actress, Meta Wolff. He received his first film offer in 1937, and he made six more movies. When the German authorities found out he had a Jewish wife, he was given the choice of divorcing her or sent to the front with the Wehrmacht. He refused to divorce her, and his wife and son were scheduled for deportation to Theresienstadt. He was refused permission to accompany his family. On the night before the deportation, November 6th, 1941, Gottschalk and his wife killed their eight-year-old son and then died by suicide.

Dorothy Hale

Born: 1905, Pittsburgh, USA

Died: October 21, 1938, New York City, USA

Dorothy Hale was a minor film star (appearing in *Cynara* and *Catherine the Great*), but she tried to develop a career on the stage in New York City. She had married and divorced, and her second marriage to Gardner Hale (an artist) ended when he died in a car accident in 1931. Depressed over the progress of her career, she jumped to her death at 5:15 am, still in her party gown from the previous evening, from her apartment on the 16th floor overlooking Central Park.

Mary Bowen Hall

Born: June 13 1932, Oakland, California, USA

Died: 1994.

Hall worked for the Division of Agricultural Sciences at the University of California in educational communications as a writer and journalist. She later published detective stories (such as *The Queen Anne Killer*) whose heroine was Emma Chizzit. In 1989, she learned that she had breast cancer and that it had spread. She lived with the cancer for five years,

trying various treatments, including bone marrow transplants, finally ending her life in early 1994 with an overdose of seconal. Her dying and death was noted in the May 22 1995 issue of *People*.

Phil Hankinson

Born: Great Neck, NY, USA

Died: November 19 1996

Hankinson went to the University of Pennsylvania as a basketball player and helped lead the university to three Ivy League championships in 1970-1973. He was drafted by the Boston Celtics and played on their 1974 championship team. A knee injury the following year ended his NBA career. He became a recluse, avoiding friends and family, and worked odd jobs. After a minor car accident in September 1996, he was admitted to a psychiatric hospital and eventually diagnosed with schizophrenia. After discharge from another hospital in 1996, at the age of 45, he was found five weeks later dead from a gunshot wound in his car on an isolated highway in Kentucky.

Oshio Heihachiro

Born: 1793, Osaka, Japan

Died: 1837, Osaka, Japan

Formerly an eminent Confucian scholar and police official and now retired, Heihachiro led an uprising against the Tokugawa shogunate in 1837, a year of famine. Heihachiro felt that the rulers were doing little to help the starving people, and so he sold his possessions, including his library, to feed the poor and to purchase arms for them. The rebellion on March 25th was a fiasco. After first setting fire to his own house as a signal, Heihachiro led the rank-and-file supporters to the warehouses to distribute the food, but the people began looting for themselves. His peasant army failed to materialize, and the revolt was over by the time the news reached Edo. The commander of Osaka Castle began to hunt down the rebels, many of whom died by suicide. Heihachiro fled to the Kii Peninsular and tried to escape with his son and two colleagues. One colleague died by seppuku, with Heihachiro beheading him, and the other hung himself. Heihachiro and his son returned to Osaka five days after the rebellion and hid in the house of a towel-merchant. After two weeks, a maid noticed that a large amount of rice was

being consumed. When this news reached the local magistrate, he persuaded the merchant to confess and set out to capture Heihachiro. As the police attacked the house, Heihachiro stabbed his son, set fire to the house and severed his own carotid artery.

Carol Heilbrun

Born: January 13, 1926, East Orange, NJ

Died: October 10, 2003, New York City, NY

Helbrun was a professor of literature at Columbia University for most of her career and was known as a prominent feminist. She also wrote detective stories - under the name of *Amanda Cross* in order to protect her scholarly reputation. Early in her life, she decided to end her life at the age of 70 before the quality of her life had eroded. However, she managed to live until the age of 77 before ending her life by putting a plastic bag over her head.

Margaux Hemingway

Born: February 19 1955, Portland, Oregon

Died: July 2 1996, Santa Monica, California

Margaux (actually Margot) grew up on a farm in Ketchum, Idaho, the son of Jack Hemingway and the grand-daughter of Ernest. Her movie began in her early twenties, but it soon fizzled out. She had two failed marriages and began drinking heavily. Toward the end of her life, she was working on a psychic hotline and appearing in x-rated trading cards for *Playboy*. At the age of 41, she was living alone in a studio apartment, with no children, no lover and few friends. She overdosed on the anniversary of her grandfather's suicide.

George Hill

Born: April 25 1895, Douglas, Kansas, USA

Died: August 10 1934, Venice, California, USA

Hill started at the age of 13 working as a stagehand for D. W. Griffith and worked his way up (cinematographer and screenwriter) to become a director in the 1920s. His most famous movie was *Big House* (1930). He

was married in 1930 and divorced in 1933, and he killed himself the following year.

Phyllis Hyman

Born: July 6, 1950, Philadelphia

Died: June 30, 1995, New York City

Phyllis was born in Philadelphia, the oldest of seven children, and raised in Pittsburgh. After working as a legal secretary, she built a singing career, known for jazz and rhythm and blues. She was nominated for a Tony for her performance in *Sophisticated Lady* on Broadway. She killed herself with an overdose of pills just before a performance as the second-ranked act at the Apollo Theatre in Harlem. Her suicide note read in part, "I'm tired. I'm tired. Those of you that I love, know who you are. May God bless you." Phyllis had been addicted to drugs and alcohol, was briefly married to her producer Larry Alexander, and had previously attempted suicide. Possible precipitants for her suicide include financial troubles (including hassles with the IRS), career disappointments, a possible break-up with a boyfriend (though her sister denied this), and grief over the death of mother two years earlier (in May 1993).

Eugene Izzie

Born: circa 1953, Chicago

Died: December 7, 1996, Chicago

Izzie's father was a small-time gangster who served time in prison for armed robbery. Izzie served in the Army and then as a steel worker. His first attempts at writing, in which he was encouraged by his wife, were unsuccessful (he had seven unpublished novels), until he began a series of crime novels. They were quite good, but Izzie did not become as famous as John Grisham and Robert Parker. On December 7th, 1996, Izzie was found hanging outside the window of his 14th-floor office in Chicago, wearing a bullet-proof vest. The rope went through the window and was tied to the leg of his desk. A loaded revolver was on the floor of the office and a bullet hole in the office wall. The office door was locked from the inside. His coat pocket contained discs with a story in which the same thing happens to the hero who is strung up in this way in a murder attempt. Izzie, who had been an

alcoholic and drug addict in the past, had been in ongoing treatment for depression. His death was ruled a suicide by the medical examiner.

Brian Keith

Born: November 14 1921, Bayonne, New Jersey
Died: June 24 1997, Malibu, California.

Keith's father and mother were both stage actors, and Keith spent much of his childhood on the road with them. He first appeared on the stage at the age of three. In World War Two he was machine-gunner in the Marines. After the war, he worked on the stage, on television and in films. He had three wives (and three divorces), four children and three adopted children. At the end of his life, he was suffering from emphysema and lung cancer. He shot himself after a stay in the hospital.

Kay Kent

Born: 1964, England
Died: June 13 1989, Chatham, Kent, England

Kay was a television model who earned her living by looking like Marilyn Monroe, appearing in television and newspaper advertisements. She had surgery to increase her resemblance to Marilyn and was the highest paid model for her agency. Her lover had broken off their relationship two months earlier, and her mother had recently died. She left a note to her ex-lover and died by suicide with a mixture of alcohol and medication.

Sarah Kofman

Born: September 14 1934, Paris, France
Died: October 15 1994, Paris, France

Kofman was born in Paris and, after the Second World War, became a leading philosopher at the University of Paris. Her field of study was Freud, Nietzsche and Nerval. In 1942, her father, a Polish rabbi, was arrested in Paris and sent to Auschwitz. Sarah and her 5 siblings were sent to families in the countryside, but Sarah wanted to be with her mother. Eventually, a former neighbor hid Sarah and her mother in her apartment, where they survived the war. Sarah became very attached to this woman, who

transformed Sarah into a Suzanne, French girl, so that Sarah ate non-kosher food and forgot her Yiddish. After the war, the two women fought over Sarah. The mother won, but Sarah ran away back to her alter-mother on several occasions. A few months after completing a memoir of that time (Rue Ordener Rue Labat), Kofman died by suicide in October 1994.

Florence Lawrence

Born: 1888, USA

Died: December 27th/28th 1938, Beverly Hills, California, USA

Florence was a star of silent films, known as the “Biograph Girl” and the “Imp Girl.” In 1919, the set caught fire, and she tried to save her co-star. She received back injuries and scars. She was married and divorced twice but continued her career in minor roles. On the day of her death, she called the MGM set to say she was ill and died by suicide by swallowing ant paste at the age of 52.

Valeri Legasov

Born: c 1936, USSR

Died: April 27 1988, Moscow, USSR

Legasov, the First Deputy Director of the Kurchatov Institute in Moscow and a member of the Academy of Sciences since 1980, was the scientist placed in charge of the scientific team the day of the Chernobyl nuclear reactor disaster on April 26, 1986. Flying there the day of the disaster he ordered burying the reactor in sand (mixed with boron, lead and dolomite). Later he was appointed to the team preparing a report on the disaster, and he presented the report on August 25th to an international conference in Vienna, a report which placed all of the blame on the staff at Chernobyl and which covered up the faults in the design of the reactor. He delivered a report of the true circumstances to the Academy of Sciences, which ignored it. His enemies worked for his defeat in an election at the Kurchatov Institute, and he was not among those decorated for their work at Chernobyl. He attempted to kill himself with an overdose of sleeping pills but was revived. After being hospitalized in October for his chronic kidney disease, he again attempted suicide. He formulated plans for an Institute of Industrial Safety, but the Academy of Sciences rejected in on April 25th,

1988. He killed himself at home, by hanging from the balustrade in the stairwell, two days later.

Louis II of Bavaria (also known as Ludwig II)

Born: August 25, 1845, Nymphenburg

Died: June 13, 1886, Starnberger See

Louis succeeded to the throne of Bavaria after the death of his father Maximilian II at the age of 18 on March 10, 1864. After taking the side of Austria and suffering several military defeats, became pro-Prussian, anti-Catholic and anti-socialist. He expelled the Jews from Bavaria in 1871 and adopted the North German Criminal Code in 1879. Louis fell under the influence of Richard Wagner and spent huge sums of money supporting the opera. Although betrothed, he never married and, as his behavior grew more bizarre, a committee of psychiatrists declared him insane, and his uncle assumed the regency. While walking with his psychiatrist, he tried to drown himself in the lake at Castle Berg and succeeded in drowning himself and his psychiatrist.

Ron Luciano

Born

Died: January 18, 1995, Endicott, NY, USA

Luciano who was a major league umpire for 11 years (including the 1974 World Series) killed himself at his home in Endicott, New York, using car exhaust at the age of 57. He was divorced, and a sporting goods store he owned had gone bankrupt. His mother was in a home with Alzheimer's disease, and he was depressed.

J Anthony Lukas

Born: April 25, 1933, New York City

Died: June 5, 1997, New York City

Born to a lawyer father and actress mother and with a younger brother, Lukas went to Harvard University, and worked as a reporter for the *Baltimore Sun* and *New York Times*. He was awarded two Pulitzer Prizes, for reporting (in 1968) and for a book *Common Ground* on school busing (in

1986). He was married, but in great anxiety over the publication of his new book *Big Trouble*. Friends reported that he had long battled depression, but rarely took his antidepressants. His mother suffered from manic-depression and killed herself when he was eight. (She slit her throat in her psychiatrist's garage in 1941. Two other relatives also died by suicide.) He strangled himself with the belt of a robe just prior to the appearance of the prepublication copies sent to reviewers.

Donnie Moore

Born: 1954, Lubbock, Texas, USA

Died: July 18, 1989, USA

The son of an African American truck driver, Moore excelled in baseball at high school, married his high school sweetheart, and signed with the major leagues in 1973, and was drafted by the California Angels in 1984. He pitched well and was in the all-star game in 1985. In the 1986 playoffs against the Boston Red Sox, Moore gave up a home run to Dave Henderson, and the Angels lost the game and the series. Moore's performance declined in the following years, and he drank heavily and grew despondent. At the end of the 1988 season, the Angels released him, and the Kansas City Royals signed him but sent him to the minors before releasing him. His wife then left him (she later said that he had abused her repeatedly during their marriage), and he was in financial difficulty. On July 18, 1989, a prospective buyer came to see the Moore's house, and his wife stopped by. Moore and his wife got into an argument, and Moore left to fetch his gun. He returned and shot his wife. She took her daughter and drove herself to the hospital. Meanwhile, Moore fired the last shot into his head.

Phil Ochs

Born: December 19 1940, USA

Died: April 9 1976, Far Rockaway, New York, USA

Phil's father was Jewish, studied in England to become a doctor because of the restrictions on Jewish applicants to American medical schools, and returned home to America to practice medicine. Phil showed musical ability early, went off to Ohio State University but quit with one semester to go after being rejected as editor of the campus newspaper. He went to New York City and wrote folk songs for some friends. He got his

girl friend, Alice, pregnant and married her to legitimize the child. His fame grew, and he appeared in many concerts and had several records. Over time, his songs moved from political protest to become more commercial. Alice left him to go to California with their daughter, and Phil found a girl friend, moved to Los Angeles, but began to deteriorate. He was anxious and depressed and drank as well as taking Valium and amphetamines. He got involved with political radicals and visited Chile and Africa where he was attacked and robbed resulting in damage to his vocal cords. He grew increasingly irrational, spent all of his savings to open a bar in Greenwich Village which closed after a couple of weeks. He went back and forth between Los Angeles and New York City, was arrested for drunk driving several times. Finally, he went out to Far Rockaway to stay with his sister. He seemed to improve but hung himself on April 9, 1976.

Billy Papke

Born: September 17 1886, Spring Valley, Illinois, USA

Died: Thanksgiving Day, 1936, California, USA

The son of a miner, he too became a miner but boxed on his evenings off. He turned professional in 1905, won several bouts and earned the nickname *the Illinois Thunderbolt*. He was defeated by the reigning middleweight champion, Stanley Ketchel, in June 1908, but claimed he had been hit while trying to shake hands. At the rematch in September 1908, he hit Ketchel during the handshake. He lost the next two rematches with Ketchel. Papke retired in 1913, reasonably well-off. He settled in California with his wife and three sons. His wife left him and divorced him in August 1936. On Thanksgiving Day, he drove to her house, shot her three times and then shot himself twice. They both died.

H Beam Piper

Born: March 23, 1904, Altoona, PA

Died: November 11, 1964, Williamsport, PA

A science fiction writer (*Junkyard Planet*, *Lord Kalvan of Otherwhen*). He worked on the engineering staff of the Pennsylvania Railroad and lived near Williamsport, PA. For most of his life, he lived with his mother until her death in 1955. After her death, he married, but the marriage lasted only a few years. He moved to an apartment in

Williamsport, PA. He died by suicide as a result of financial and family problems. His mother's funeral, his honeymoon, marriage and divorce and the death of his rather incompetent agent left him in financial difficulties. He shot himself, leaving a suicide note which read: "I don't like to leave messes when I go away, but if I could have cleaned up any of this mess, I wouldn't be going away. H. Beam Piper."

Dana Plato

Born:

Died: May 8, 1999, Oklahoma, USA

Plato was a star on the television show *Different Strokes*. She was a substance abuser and had a history of drug overdoses and suicide attempts, as early as an overdose of Valium at age 14. She died of an overdose of drugs at the age of 34.

Clifford Roberts

Born: 1894, Morning Sun, Iowa, USA

Died: September 29, 1977, Augusta, Georgia, USA

Clifford Roberts was the 2nd born son whose father sold real estate. He finished high school and went out on the road as a salesman. His mother died by suicide in 1913, and Roberts joined the army. He sold oil leases in Texas, bought a partnership in Reynolds & Co (later Dean Witter Reynolds) and became a success on Wall Street, also dabbling in Manhattan real estate.

After he won the US Amateur gold championship in 1930, Bobby Jones decided to build his own golf club. He recruited friends, including Roberts, now a Wall Street success. The club officially opened in Augusta, Georgia, in January 1933. Bobby Jones was the President, but Roberts ran the club autocratically as its Chairman until his death. He and members of the club convinced Eisenhower to run for president and supported Ike throughout his life.

A cold, obsessive man, he spent months away from his wives, living at the club. (He had three wives and a mistress in France whom he supported.) After he was diagnosed with cancer, he shot himself near the Eisenhower Pond by the par 3 course at Augusta.

Jo Roman

Born: February 3 1917, Cambridge, Massachusetts, USA
 Died: June 10 1979, New York City, USA

Jo Roman went to college where she met a high school graduate, Bill, and married him secretly. They had two children before Bill died of a heart attack. Jo went off to Alaska to work as an interior designer, but her depression led her to send her children to a friend to raise. She qualified as a social worker in New York City, married and divorced a second husband, and then met and married Mel Roman, a psychologist. Jo became interested in assisted suicide and planned a book on the topic. When she was diagnosed with advanced breast cancer, she decided to forego treatment and commit suicide. She did so on June 10, 1979, with an overdose of Seconal, leaving a book on assisted for publication, *Exit House*.

Lazarus Salii

Born: 1936, Angaur, Palau
 Died: August 20 1988, Tiull, Koror, Palau

Lazarus Salii was the second elected President of Palau, a flotilla of Pacific Islands, south of Guam and east of the Philippines, a republic, though still a trust territory of the United States. Salii was elected after the first president was assassinated. Educated in Hawaii, after the war, Salii worked actively for the independence of Palau from American control, becoming a senator in the Congress of Micronesia. Palau's constitution banned nuclear materials from the islands, and Salii could not get the population to overturn this requirement. (It required a 75% majority, and Salii could get no more than 73% support.) At the time of Salii's death, Washington had sent auditors and prosecutors to probe his administration for wrong-doing, and his political opponents were objecting to his policies. The country of fourteen thousand people was fragmented, and it was far from certain that Salii would win re-election.

John Salvi

Born:
 Died: November 29, 1996, Walpole, MA, USA

John Salvi was convicted in 1994 for the murder of two workers at a Boston-area women's health clinic where abortions were performed. He wanted to be executed but received two life terms. On November 29, 1996, Salvia, aged 24, died by suicide in his cell using a plastic trash bag over his head.

Leonard Shoen

Born:

Died: October 4 1999, Las Vegas, NV, USA

He was the co-founder of U-Haul in 1945. At the age of 83, he died by driving his car into a utility pole, and the death was ruled a suicide.

Everett Sloan

Born: October 1 1909, New York City, New York

Died: August 6 1965, Brentwood, California.

He first appeared on the stage at the age of seven and later left the University of Pennsylvania to join the Hedgerow Theater in Moylan, Pennsylvania. He worked as a Wall Street runner until he began to get stage and film roles, including *Citizen Kane*, *The Lady from Shanghai* and *Journey into Fear*. He worked a great deal on Orson Well's projects, including the famous Halloween Martian Invasion. He married an actress, Luba Herman, in 1933 and had two children. Worried over his failing eyesight, he overdosed with sleeping pills and was found by his wife.

Elliott Smith

Born: August 6 1969, Omaha, NE, USA

Died: October 21, 2003, Los Angeles, USA

Born as Stephen Paul Smith, his mother was a singer and his father a psychiatrist. He lived with his mother as a child in Dallas but moved as a teenager to his father in Portland, Oregon. He started composing songs when he was 13, later recorded with a band called *Heatmiser*, and then recorded alone. His solo debut was *Roman Candle* in 1996, but his five albums were not a commercial success. His song for the movie "Good Will Hunting" was nominated for an Oscar in 1998 but lost to Celine Dion's theme song for

Titanic. He was addicted to alcohol and drugs and became a recluse. He killed himself by with a stab wound in the chest.

Inger Stevens

Born: October 18, 1934, Stockholm, Sweden

Died: April 30, 1970, Hollywood, California, USA

Inger came to the USA when she was 13 with her father after he divorced her mother. She ran away to Kansas City at the age of 16 where she worked as a burlesque dancer. Her first marriage, which lasted only four months, was to an agent, Anthony Soglio, who changed her name to Stevens. She went to New York in 1951 to study at the Actors Studio with Lee Strasberg and worked in theater, in a successful television series (*The Farmer's Daughter*) and then, in the 1960s, in Hollywood movies (such as *Firecreek* with James Stewart and Henry Fonda). She suffered from chronic depression and attempted suicide on January 1, 1959, with sleeping pills and ammonia. She survived a fiery plane crash in Lisbon in 1961 and killed herself at the age of 35 with an overdose of barbiturates. After her death, a second marriage was revealed -- to Isaac Jones, a black musician, in 1961.

David Sutch

Born:

Died: June, 1988, London, England.

A rock-and-roll singer, he became the leader of a fringe political party in Great Britain - the *Monster Raving Loony Party*. He ran in 40 elections but was never elected. He hung himself at the age of 58.

Pal Teleki

Born: 1879, Budapest, Hungary

Died: April 3 1941, Hungary

Teleki was born in Budapest to an old Hungarian aristocratic family. He became an eminent geographer, teaching at the University of Budapest. He also entered parliament. He was Prime Minister and Foreign Minister of Hungary 1920-1921, and then he retired from politics and returned to the university. But the situation called him back into service, and he became

Prime Minister again in February 15, 1939. Under German pressure, Teleki supported Hitler's policies in Czechoslovakia and Romania, getting Transylvania back in return. In December 1940, Hungary signed a pact with Yugoslavia, against Hitler's wishes. In April, Hitler demanded safe passage for his troops on their way to Yugoslavia and Greece. Yet, Britain warned him that, if he did so, Britain would declare war on Hungary. When German troops entered Hungary in early April with the agreement of the Hungarian chief of staff, General Werth, Teleki died by suicide in Budapest.

John Kennedy Toole

Born: December 7, 1937, New Orleans, LA.

Died: March 26, 1969, Biloxi, MS

Toole earned his Master's degree from Columbia University and went on to become a college teacher. In the early 1960s, while stationed as a soldier in Puerto Rico, he wrote a novel, but it was rejected for publication. After his suicide, his mother continued to work for its publication and eventually persuaded Walker Percy to read it. Percy liked it and helped get it published in 1980: *A Confederacy of Dunces*. It was nominated for a Pulitzer Prize in 1981.

Randy Turpin

Born: June 7 1928, Leamington, England

Died: May 18 1966, Leamington, England

Turpin was the son of an immigrant from British Guiana (Guyana) who died when Turpin was three months old. His mother was the daughter of a boxer, and Turpin became a fine amateur boxer, winning five national titles. After the bar to black boxers fighting for professional titles was abolished, Turpin's brother won the light heavyweight championship. After his brother was beaten, Turpin won the European title and then beat Sugar Ray Robinson in 1951. In the rematch in September, Sugar Ray knocked Turpin out. Turpin continued to fight. He was arrested for raping his lover in New York City in 1953, and his wife in England divorced him. He retired in 1959, ran a small cafe and tried wrestling. He remarried and had three daughters. He was pursued by the Inland Revenue Service for back taxes and had to declare bankruptcy. On May 16, 1966, a final demand for taxes

arrived and three days later he took his two-year-old daughter up to the attic, shot her (she survived) and then himself.

Lupe Velez

Born: July 18 1908, San Luis Potosi, Mexico

Died: December 13 1944, Beverly Hills, California.

Giadelupe Velez de Villalobos was the daughter of a prostitute. She was sent to a convent in Texas when she was thirteen but returned to her family after a few years. She worked as a salesgirl but learned to dance. She appeared on the Mexican stage in 1924 and went to Hollywood in 1927. She appeared in many movies from 1927 to 1944, including the Mexican Spitfire series. She was the second wife of Johnny Weismuller, one of the portrayals of Tarzan on the screen. They divorced after a stormy five-year marriage. She had an affair with Gary Cooper, but he refused to marry her. Her self-esteem, career and bank account went into downward spirals. She became pregnant by her lover, Harald Ramond, but he would not marry her, and she would not have an abortion. She tried to kill herself with Seconal but appeared to have drowned in the toilet. Her suicide note expressed her anger at Ramond.

James Whale

Born: July 22 1889 (or 1896), Dudley, Staffordshire, England

Died: May 29 1957, Hollywood, California

Whale started as a newspaper cartoonist. After being captured during World War One, he wrote, directed and acted in plays in his prisoner of war camp. After the war, he joined the theater as an actor and producer, running the Savoy Theatre in London for a while. He came to America and directed horror movies, such as *The Bride of Frankenstein* and *The Invisible Man*, mostly for Universal. Toward the end of his career, he also directed musicals, such as *Showboat*. He retired in 1941 to paint. He drowned himself in his swimming pool while suffering from ill health, including the after-effects of a stroke. A homosexual, he left no survivors. Lions Gate released a fictional movie of his last days in 1998 called *Gods and Monsters*.

Dan White

Born: 1946, USA

Died: October 21 1985, San Francisco, USA

Dan White was a paratrooper in Vietnam and worked as a police officer and fireman in San Francisco upon his return. He ran for the Board of Supervisors and won but resigned in 1978 after a year. He tried to rescind his resignation, but the mayor refused to let him do so. He went to City Hall and killed Mayor George Mosconi and gay City Supervisor Harvey Milk. He was sentenced to only five years for voluntary manslaughter! Two years after being paroled, he killed himself with car exhaust in his garage in San Francisco.

Eduard Wirths

Born: 1909, Wurzburg, Germany

Died: 1945

Wirths was born into a Roman Catholic family and became a country doctor. He was sent to work at the concentration camps after having a heart attack and being judged unsuitable for front-line service in the Second World War. He arrived at Auschwitz in September 1942 as the highest-ranking SS-doctor there. He was in charge of the other doctors who selected prisoners for extermination. He was captured by the British in 1945 and died by suicide.

Joseph Wolfson

Born: July 11, 1949, New York, NY, USA

Died: February 21, 2000, Los Angeles, California, USA

Joseph Wolfson became a master of surfing and was responsible for the popularity of bodyboarding. In 1998, he developed inoperable cancer, and he decided to commit suicide. In November 1998, he gave a party, gave away his money to friends, swallowed sleeping pills and swam out to sea at Manhattan Beach, California. He tied his board to a buoy 150 yards offshore and waited to die. A lifeguard saved him six hours later. He died 15 months later when his car unaccountably left the road and crashed into a tree.

Wolfe Tone

Born: June 20, 1763, Dublin, Ireland
 Died: November 11, 1798, Dublin, Ireland

Wolfe Tone tried to establish an independent Irish nation by armed rebellion. After trying to seek an alliance with the French, the plot was discovered and William Jackson, an English clergyman, was arrested for treason, tried and died by suicide in May 1793. Tone was allowed to emigrate to America. There he tried to arrange an invasion of Ireland with the French, but Napoleon was not interested. Tone led small invasions of Irishmen and was captured. He was tried and sentenced to hang on November 12th, 1798. He cut his throat with a penknife on the 11th.

Faron Young

Born: February 25, 1932, Shreveport, Louisiana
 Died: December 10, 1996, Nashville, Tennessee

Young dropped out of Centenary College (LA) to become a country music star, with a honky-tonk style. He soon became a leading singer and composer and joined the Grand Ole Opry. He topped the charts in the 1960s and 1970s with hits such as *Hello Walls* and *It's Four in the Morning* and appeared in several movies. He founded the *Music City News*, a monthly magazine and owned his own music publishing firm and a racing track in Nashville (Sulphur Dell). His marriage ended in divorce in the early 1980s and, prior to his suicide, he had prostate surgery and was suffering from emphysema. He shot himself in the head at home in Old Hickory (TN) on December 9th and died, at the age of 64, in a Nashville hospital the following day.

Attempted Suicides

Clare Boothe Luce

Born: March 10 1903, New York City, USA
 Died: October 9 1987, New York City, USA

Clare's father was a musician who moved the family a lot as his work demanded, until he abandoned them in 1911. Clare's mother later married a surgeon who provided the family with entry into the higher social classes, and Clare, now aged 20, met and married a 43-year-old multimillionaire,

George Brokaw. They had one child, but George was a alcoholic and wife-beater. Clare divorced him after six years of marriage. Clare met and married Henry Luce, the founder of *Time*, in 1935. While Luce worked steadily for his magazine empire, Clare wrote plays, ran and won a seat on the House of Representatives, and was appointed by President Eisenhower as Ambassador to Italy. Luce died in 1967 at the age of sixty-eight, and Clare died in 1987 at the age of eighty-four.

The Luces' marriage was strained by affairs on both of their parts, but Luce's were more intense, and twice he seriously explored divorcing Clare. On both occasions, Clare attempted suicide -- cutting her wrists in 1946 and overdosing and threatening to jump out of a window in 1960.

Kathy Ormsby

Born: November 1 1964, Rockingham, North Carolina, USA
 Attempt: June 4 1986, Indianapolis, Indiana, USA

While running in the finals of the 10,000-meter race at the NCAA championships at Indiana University in Indianapolis on June 4, 1986, Karen Ormsby, who had broken the collegiate record six weeks earlier at the Penn Relays, dropped out of the race and ran out of the stadium. She ran toward a bridge that crosses the White River and jumped from it to the ground below. She survived.

She had been valedictorian of her high school class and a star runner. She continued her stellar career at North Carolina State University. Very religious, she set high standards for herself and felt that losing a race was a personal failure as well as letting others down. In several recent races, had suffered blackouts and fallen down during the race. She remains paralyzed from the waist down.

Children who Died by Suicide

Richard Meeker

Born:
 Died: October 14 1880, Los Angeles, USA

Meeker was the 24-year-old son of movie and television actress Mary Tyler Moore and her first husband. Richard was talking to his girl friend in Fresno while playing with a sawed-off shotgun, loading and unloading it.

After the call ended, with one of his two female roommates in the room, he shot himself in the head. His death may have been suicide or an accident. Ironically, his mother had played the mother of a suicidal son in the movie *Ordinary People*.

Eugene O'Neill, Jr.

Born:

Died: September 15 1950, Woodstock, New York, USA

O'Neill was the son of the famous playwright Eugene O'Neill by his first wife, Kathleen Jenkins. He said that he never met his father until he was twelve. He went to Yale University where he eventually earned a Ph.D. He became a noted Greek scholar and taught at several colleges, including Yale University. He married twice but, at the age of 40, was living alone in Woodstock (New York), in low spirits. He had recently appeared in a play for charity in Woodstock, and he was scheduled to begin teaching at the New School for Social Research on the evening of the day he was discovered. He was found by a neighbor with his left wrist and ankle slashed.

Spouses who Died by Suicide

Diane Painter

Born:

Died: January 15, 1995, USA

Diane's husband, Dwayne, was the quarterback coach for the San Diego Chargers who played (and lost) in the Super Bowl in January 1995. As Dwayne took coaching jobs around the country, Diane moved the family with him, often working as a schoolteacher to supplement the family income. In order to strive for Dwayne's goal of coaching in the Super Bowl, Diane was re-certified as a teacher seven times. In 1991, Diane had had enough, and she stayed in Pittsburgh when Dwayne moved to Indianapolis. On the night that San Diego beat the Pittsburgh Steelers for the AFC Championship, Diane went to her garage and died from car exhaust poisoning. Her suicide note read: *I love you all. Please forgive me.* Her children decided to throw their mother's ashes into the ocean at Mendocino,

California. As they stood there, a huge wave hit them and swept them into the ocean. Doug (23) climbed to safety; Debbie (32) drowned.

Harriet Westbrook

Born: 1796, London, England

Died: November 9, 1816, London, England

Percy Bysshe Shelley proposed to and married Harriet when she was 16 and he was 19 -- they eloped to Scotland for the marriage -- having told a friend that he was marrying Harriet to prevent her from killing herself. Harriet was born into a middle-class family, the youngest of four daughters, only two of whom survived into adulthood. Harriet met Shelley through his younger sister (Harriet acted as a go-between for letters between them). After the marriage, Shelley's best friend, Thomas Hogg, tried to seduce Harriet, but she held him off. Harriet had a daughter, Ianthe, in June 1813. In March 1814, Shelley became of age, and he remarried Harriet to ensure that their union was legal. However, Shelley was drifting away from Harriet, spending more and more time with Mary Goodwin, the daughter of one of his friends, and he ran off with her in July 1814. Shelley continued to write to Harriet, trying to convince her that they could all be friends. Harriet was living at home where she gave birth to a son, Charles, in November. Harriet hoped for two years that Shelley would return to her, and her children were boarded with a minister in 1816 to prevent Shelley claiming them. Harriet became pregnant by another man and left her stern father to live alone in London. She was depressed and disappeared on November 9th. Her body was found a month later in the Serpentine River.

Parents who Died by Suicide

Mikhail Baryshnikov

Born: January 27 1948, Riga, Latvia

Baryshnikov was born in Latvia to Russian parents. His father worked for the Russian military. Baryshnikov adored his mother who took him to ballet and aroused his interest in dancing. At the age of eleven, he enrolled in a dancing school, despite his father's opposition. Soon after this, his father took Baryshnikov on a holiday, leaving his wife behind. While they were away, she hung herself, for reasons which Baryshnikov still does not

understand. Baryshnikov continued his dance training at the Leningrad Ballet School and performed with the Kirov Ballet. He defected to the west in June, 19974, while touring with a Soviet ballet troupe on Canada. He later joined the American Ballet Theatre.

DOES ARTIFICIAL INTELLIGENCE BECOME MORE INTELLIGENT OVER TIME?

David Lester
Stockton University

In 2023, I asked ChatGPT a number of questions about suicide in order to test how knowledgeable it was about suicide. One question I asked concerned the motives for Jocasta's suicide (Lester, 2023).

David Lester

In the play Oedipus Rex, written by Sophocles, why did Jocasta die by suicide?

ChatGPT

In the play "Oedipus Rex" written by Sophocles, Jocasta, the wife of Oedipus and mother of his children, kills herself out of shock and despair upon realizing that Oedipus is her son and that she had unknowingly married and had children with her own son. The revelation is so devastating to her that she chooses to end her life rather than continue living with the knowledge and shame of her actions.

I noted that it is clear from the play that Jocasta knew that she had married her son. Jocasta was prepared to live a life married to her son as long as this information was kept secret. Once the fact was likely to be known, she died by suicide, primarily out of shame (Lester, 2003).

Has ChatGPT improved over the next six months? I asked it once more why Jocasta died by suicide.

David Lester

Why did Jocasta die by suicide?

ChatGPT

In Greek mythology, Jocasta is a character best known for her role in the tragic story of Oedipus. The details of Jocasta's death vary in different versions of the myth, and it's important to note that the story itself is a work of fiction.

The most well-known version of the story is found in Sophocles' play "Oedipus Rex." In this version, Oedipus discovers that he has unwittingly fulfilled a prophecy that foretold he would kill his father and marry his mother. When Oedipus realizes the truth, he blinds himself, and Jocasta, horrified by the revelation and the tragic fate of her family, hangs herself.

The reasons for Jocasta's suicide are complex and involve a combination of shame, guilt, and horror at the fulfillment of the prophecy. The Oedipus myth explores themes of fate, free will, and the consequences of trying to avoid destiny, making it a powerful and enduring tragedy in Greek literature.

This is impressive. Perhaps it read my article in *Suicide Studies*? ChatGPT now brings shame and guilt into the motivating forces for Jocasta's suicide.

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DAVID LESTER: AN AUTOETHNOGRAPHIC ESSAY

Ethnography is the systematic study of individual cultures and cultural phenomena that involves immersing yourself in a particular community or organization to observe their behavior and interactions up close. An example might be an anthropologist living in a society and researching its people and culture through sustained observation and participation. Autoethnography, a form of qualitative research, has the author use self-reflection and writing to explore anecdotal and personal experiences, but connecting these to wider cultural, political, and social variables.

I was born and educated in England until I emigrated to the United States at the age of 22 in 1964. I was born into the lower social classes and moved higher in social class over the years. My father's parents (whom I never met) were immigrants to England from the Ukraine and were Jewish. My mother's parents were Irish and English and traditional Church of England. I wanted to be the next Albert Einstein and majored in physics, but I switched to psychology without any understanding of what that discipline was about. As a result of this, I have experienced a variety of dichotomous phenomena, and yet I have remained independent of all of them.¹³

My education began in a government primary school in Merton Park, on the outskirts of London but, at the age of 10, I moved to the all-male King's College School, a private school in Wimbledon. The education there was not only wonderful, but it also shaped my attitude toward my life.

The only career I remember planning as a child was farming. My aunt had a small farm with one cow, half a dozen breeding sows and 300 chickens. I loved visiting the farm in Norfolk and helping out with the chores – collecting eggs, putting the broody hens in a pen, and mucking out the piglets. I subscribed to *Pig Farmer*, and I bought a book on how to turn 500 acres of scrub land into a farm. I still remember that the Landrace pig (a Danish pig) has an extra rib, and so you get more meat.

¹³ To give a simple example, with my mother's family I went to Billy Butlin's holiday camps for vacations (a resort for the lower classes) while with my father I sailed first class on a luxury cruise.

At King's College School, I was not very good at physics and chemistry at the age of 15, but then the two old codgers who taught those classes retired, and two younger teachers took over. I excelled. Mike Smith, the physics master at King's College School, came into our class after our O-level exams and gave us each a pile of books. "You have an exam on this in two years," he said. "I'm not interested in this material. I will cover more interesting material." That exam, the A-levels, would determine our academic careers. My family was poor at that point, and I would need scholarships. But Mike covered what he wanted to (almost the whole first year of physics at Cambridge University), and we learned to be independent in our academic studies.

At the age of 16, in England, you specialize. All my classes thereafter were in physics, chemistry and mathematics. King's College School was interested only in sending their students to *Oxbridge*,¹⁴ and I got a major scholarship to St. John's College at Cambridge University. Rather than idling for six months waiting to go, as was the custom, I persuaded my peers to study more mathematics before we arrived at Cambridge University and to take more A-levels. We all left school with nine O-levels and five A-levels. At Cambridge, I dropped chemistry and studied physics and mathematics, nothing else. Part 1 of my BA was in physics and mathematics, the equivalent of a BA here in the United States.

The importance of that training in being independent has been crucial in my academic life, and I think that I have seen this in other British scholars in the field of psychology. For example, in lists of the most productive social scientists (in terms of articles published) in the 1970s, British scholars were among the leaders. They included myself, Hans Eysenck, and Leslie Francis. The education I have observed in American high schools attended by my children seems to very different from the private school education that I experienced. The lack of focus (or narrowness) of the curriculum and the stress on conformity in American schools are so different from my experience.

Is the system of private schools unfair because, in those days and perhaps today, they give an advantage to those who attend them? Probably. My friend, Richard, said that he would support abolishing private schools

¹⁴ Oxford University and Cambridge University.

after his own children had graduated from them! But they were also sympathetic, even back in 1960. My parents could not pay the tuition for my final year at King's College School. Perhaps because I was expected to get to Cambridge University, they permitted me to attend the school free for the academic year 1960-1961.

Serendipity

How did we get where we are? There are nature (our genes) and nurture (our experiences), of course, but there is also serendipity, completely unpredictable events that have a major impact on one's life. What serendipitous events helped me to be where I am? In 1962, serendipity played a role.

I was delivering parcels for the post office at Christmas in 1962, and I came down with influenza. I was quite sick and depressed. The material in physics and mathematics that we were studying was difficult (as it always is at first encounter), and I wondered whether I had reached the limit of my understanding. I panicked. The only subjects that one could switch to were those not taught at high school (otherwise one would be four or more years behind). I choose psychology over sociology and anthropology without any knowledge of it. As a result of my First in Part 1 of Physics, I was accepted into the Department of Experimental Psychology.¹⁵ The flu greatly impacted my life.

¹⁵ It used to be, and probably still is, that a mention of Hans Eysenck, at least in the United States, would cause other psychologists to roll their eyes. He wasn't liked, and often not respected as a psychologist. Yes, he was testy and always replied to articles that were critical of his research. He took unpopular positions, such as the genetic basis for personality traits, including intelligence. And, of course people like to gloat over cases where his collaborators might have invented their data (Pelosi, 2019). But I owe Hans Eysenck a debt, maybe two debts.

After switching to psychology, I went to the library and got a book on psychology, about which I knew nothing. The book was dated about 1920. My Director of Studies (Alan Welford) wrote back immediately telling me not to read it! He suggested books by Eysenck. *Uses and Abuses of Psychology*, *Sense and Nonsense in Psychology*, and *Fact and Fiction in Psychology*. I read them all, and they convinced me that I had not made a drastic mistake in changing majors, and they helped me withstand the first few lectures on physiological psychology (by Lawrence Weiskrantz).

My second debt was to Eysenck is in his role as editor of *Personality & Individual Differences*, his journal. Over the years, he accepted many of my papers and encouraged my research. Yes, of course, he was eager for citations, and it was important

Before moving on, perhaps a little more about serendipity is in order. Meeting a 17-year-old girl at summer school in France in 1963 and falling in love with her was a huge event by itself, but also a serendipitous event. I emigrated to the United States to be with her. We never married, but her parents sponsored me as an immigrant to the United States so that I came on a green card, and I never had visa problems. I became a citizen (with dual nationality) in 1970. I would have remained in England had it not been for meeting Mary.

The psychology department at Cambridge University focused on experimental psychology. One day, while sitting in the department library, I saw a book *Clues to Suicide* by Edwin Shneidman and Norman Farberow. It shouldn't have been there. The department was not interested in those kinds of topics. I took it and looked at the 33 pairs of suicide notes at the back, each consisting of one genuine note and one simulated note. It seemed to me that I could correctly choose the genuine one easily, although I never formally checked that. Years later, at Brandeis University, when I was asked to choose a topic for my dissertation, I said *suicide* because of that book. (Sidebar: Shneidman and I never got along!)

In England, one applies to one university and only one. I choose Cambridge University. (That gave me the choice of five colleges there to rank order in preference, and I made St. John's College my first choice of the five.) When I emigrated to the United States, I applied to one university – the University of California at Berkeley in human engineering. That was it. One day, the bulletin board in the psychology department at Cambridge had an advertisement from Brandeis University offering scholarships for foreign students. Why not apply there too? I did. My supervisor of studies (Alan Welford) and I had never heard of Brandeis University. I didn't know that it was primarily a Jewish university. I looked up the faculty. We had never heard of Abraham Maslow or the other professors there. Brandeis offered me a generous fellowship (a Charles Revson Fellowship – of Revlon cosmetics fame), and Berkeley told me that, maybe, there would be financial support. I chose to go to Brandeis. I met Maslow, became his teaching assistant, and had him on my dissertation committee.

to cite his papers in one's articles. In this, however, he was way ahead of his time, for now citations are critical for academic success in the better universities.

In the final few years, still under Maslow's influence, the psychology department at Brandeis let me choose my dissertation topic (suicide) and, in addition, allowed me to run research on rats for fun (and paid for the rats and supplies) and to publish scholarly works as a graduate student. My rat research led to my only NIMH grant. My multiple self theory of personality (a theory of the mind) was stimulated by Maslow's advocacy of Andras Angyal as a great theorist.

All of my graduate years and subsequent academic life, therefore, seems to be a product of serendipity.

Reflections on English and American Universities

Looking back, my three years (1961-1964) at St. John's College at Cambridge University were three of the most unpleasant years of my life. The college provided living quarters, meals and academic supervision. In our third year at the college, in New Court, we were on the 4th floor, with only a cold-water faucet on the landing outside the apartment, a small fire in the living room, but none in the bedroom. To go to the toilet, we went down three flights of stairs, across the

Physics versus Psychology

I have described above why I switched to psychology. The result has been, in some way, a disappointment. I have succeeded as an academic psychologist. I have published over 3,000 scholarly articles (including over 100 books). I became a leading expert on suicide and President of the International Association for the Prevention of Suicide. I have developed my own theory of the mind (theory of personality).

But the social sciences are not the natural sciences, and psychology is not physics. I have never taken psychology seriously. I think, if I had remained in physics, obtained my PhD and become a researcher, I would have published perhaps 30 or 40 papers, as my college roommate, Leslie Little, did. (He was an astrophysicist.) I wanted to be the next Albert Einstein. Being the next Sigmund Freud is not as prestigious for me (and probably not possible).

What is the difference between physics/mathematics and psychology? When we completed a proof in mathematics, we wrote Q.E.D. at the end.

Quod erat demonstrandum - which was to be demonstrated. In physics, facts were facts. If I hold an object in my hand and open my fingers, it will fall to the ground. I found that, in psychology, every “fact” or result of research was accompanied by a probability level that what I had just said could be false. “ $p < .05$ ” meant that there was a one in twenty chance that my result was false.

Take B. F. Skinner’s law of learning. If, in the presence of a stimulus, you make a response which is followed by a reward (a positive or negative reinforcer), then you are more likely to make that response in the presence of that stimulus. My rat research was stimulated by a brilliant lecturer at Cambridge University (Alan Watson) and a brilliant teacher at Brandeis University (Jerome Wodinsky). I found that my rats did not obey Skinner’s law. They made responses that were never rewarded. Let me illustrate.

Two of my rats were unique. I was teaching them to turn left in a T-shaped maze for a food reward with four trials each day. They all learned this task. But one rat, on the first trial each day, would turn right but keep his back paws outside of the turn (so that I could not drop a guillotine door behind him because he did not meet my criterion of all four paws in the corridor). He would sniff the air, decide that there was no food there, back up carefully and then enter the left corridor. On the next three trials that day, he turned left, left and left. He did that every day. He was checking whether I had switched the food on him.

The other rat used speed. On the first trial of the day, he would zip into the right corridor and zip out, evading the descending door. He was always able to get his nose under the door before it closed completely. Then he would go left for the rest of the day. I never was quick enough to catch him in the right-hand corridor. They never were rewarded for this behavior, but they persisted in checking on me. If rats do not always follow Skinner’s laws, then humans will not.

There are other interesting aspects to the research. The maze I used was about three feet up from the floor and, occasionally, rats would back up in fear and fall off the equipment. I discarded their data because this might have changed their anxiety level which I was manipulating. I always reported in my published reports how many rats fell off the equipment, and their data were discarded. I never found any other researcher on exploratory

behavior in rats reporting that their rats fell off the equipment. I am sure that their rats fell too, but the researchers never bothered to report this.

Related to this failure to report, I did a study on suicide in the Terman sample of gifted children (Lester, 1991). I found that an earlier report on the sample (Tomlinson, et al., 1986) must have data errors, but the editor of the *Journal of Abnormal Psychology*, a journal published by the American Psychological Association) made me delete my comment on this data error, an unethical demand.

In addition, my conversations with Abraham Maslow led me to research on whether there were self-actualized rats, that is, rats who were good at everything – better explorers, better learners, etc. Indeed, I did find that dominant female rats (when tested fighting in pairs) were the better explorers in 14 of the 16 pairs of rats (Lester, 1967), but this was at the .002 level of statistical significance - not certainty. I never went on to examine other facets of their behavior to see if there were generally superior (self-actualized) rats.¹⁶

Because I never took psychology seriously, and because I was tenured and a full professor at the age of 33 at Stockton University, I could have fun as a scholar. I could write a note or a paper on whatever topic I liked, publish in any journal I wished, regardless of its prestige, and say whatever I like. I've written on both *preventing* suicide and *assisting* suicide. I used one case study (by Ludwig Binswanger, an existential psychiatrist) to argue for suicide as a good death in one article and to accuse Binswanger of *psychic murder* (getting rid of a difficult patient by letting her die by suicide) in another article. Even as a graduate student, I published articles in the top psychology journals, and so I felt no pressure to submit only to prestigious scholarly journals. Been there, done that.

People have sometimes criticized me (even to my face) for publishing one-page notes in *Psychological Reports* and *Perceptual & Motor Skills*. In fact, those two journals published innovative ideas before the research was sufficiently substantial to be published in the prestigious journals. However,

¹⁶ Related to ethics, I once submitted an article to a prestigious journal in which I predicted one result and found the opposite. The editor, on rejecting my article, said that I should, in future, predict what I found. I re-wrote the article following his advice and had it accepted elsewhere. Is this ethical?

I knew of them because my first article, based on what we would call a senior thesis here in the United States, was published as a one-page note by my advisor at Cambridge University, Alice Heim, who was annoyed that she had to pay £5 for its publication.

I've written some good papers and books, cited by hundreds (and in one case thousands). Since I read everything on suicide from 1897 on, I have published on suicide from anthropological, psychological, sociological, psychiatric, criminal justice, feminist, and religious perspectives. I see myself in some ways as a creative, scholarly opportunist. But I wonder. What if I had applied those same scholarly and creative skills to theoretical physics? What could I have achieved in that field? I'll never know. My psychotherapist back in 1985 said that I would have benefited by counseling back in 1962, encouraging me to stay in physics.

I choose 1897 for the start of my literature search on suicide because that was the date of publication of Durkheim's book on suicide (Durkheim, 1897). I read everything, partly because I am an obsessive scholar (but not in other aspects of life), but also because Richard Gregory, a stimulating psychologist at Cambridge University, told us that he got ideas for his research by reading German articles on the topics from the 1800s and re-discovering their ideas. Indeed, my reading of obscure papers on suicide often revealed clever hypotheses. For example, 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. I rediscovered this hypothesis (Lester, 1984).

Psychology and Economics

Psychology meshes well with other disciplines. Because of my wide range reading about suicide noted above, I was able to see connections between ideas in different disciplines. For example, anthropologists often study behavior in samples of primitive societies, that is, cross-cultural studies. Indeed, I have done some of these studies myself (Lester, 1980). However, in my early work on comparative psychology (studies of the

behavior of animals), I generalized this idea to publish cross-species studies, correlating two variables across a sample of species (Lester, 1974).

I met my wife and research collaborator serendipitously. Being tenured and a full professor, I stopped attending most division and university meetings (unless a meal or drink was available). But in 1985, I was bored and attended a social science division meeting. Among the new faculty who stood up to introduce themselves was Bijou Yang who described herself as an econometrician, just the person I was looking for to write a chapter in my book on the death penalty. The deterrence research was mostly conducted by economists, and I was unfamiliar with their statistical techniques. We met, fell in love and married (and she did write that chapter).

I learned from Bijou about some economic concepts, such as *the natural unemployment rate*, the idea that the unemployment can never be zero. We soon had joint papers on the concept of a natural suicide rate, proposing that the suicide rate of a country could never be zero (Yang & Lester, 2009). There is research on whether stock market indices follow a *random walk*. Bijou soon had a paper on the suicide rate as a random walk (Yang, et al., 2015).

I never did find a way to use the concepts proposed by Isaac Newton or Albert Einstein in my suicide research!

In the early days of my marriage to an economist, I did read an introductory text on macro and micro-economics, and I was struck by a difference with introductory texts on psychology. The psychology texts have citations to research on every page, while economics texts did not cite any research. Everything in economics texts was stated as the truth without any empirical evidence.

A Note on England

Perhaps you have noticed my use of *England*, and not Great Britain or the United Kingdom. I am $\frac{1}{4}$ English, $\frac{1}{4}$ Irish and $\frac{1}{2}$ Ukrainian Jew by descent. But I was born in London (in 1942 and slept in an air-raid shelter there during the war). I read a history of Britain and Ireland written by a

Welshman, and I saw that his view of our history was not congruent with my view. In some ways, I view the Welsh, Scots and Irish as culturally different from me, and I am a Londoner. Hence, I always say that I am English.

What about Religion?

As noted above, my mother's family was Church of England and my father's family Jewish. During the 12 years my father lived with us, Jewish customs were not present, and I was not christened or baptized in the English church. It is as if I was raised to be an atheist, and I am an atheist.¹⁷ My father was born as Isaac Cohen but changed his name to Harry Lester. I have never hidden my partly Jewish ancestry but, as a *Lester*, no one has ever viewed me as Jewish, even with a Ph.D. degree from Brandeis University. As a result, I have never experienced any prejudice that others might feel toward Jews. I cannot comment, therefore, on that dichotomy in my life.

Discussion

I have illustrated how the academic disciples of physics and psychology are, to me, very different cultures. I have shown how my high school education at an English private school was different from that of my children and step-children in American high schools, and how the universities I attended and taught at in England the United States differ.¹⁸ My preferences for my English high school and American universities are clear. But what about England and the United States in general?

Growing up in England, we ridiculed Americans – their clothing (Bermuda shorts!) and accents. This continued at Cambridge University. When I told my friends that I was planning to emigrate to the United States, they told me that I was crazy. The assassination of President Kennedy during my application and interview process at the American embassy in London added to their shock at my decision.

I sailed to America on the Queen Mary, and my first two weeks in America were spent in Manhattan with the aunt of one of the students I had

¹⁷ I like Zen Buddhism, and I label myself as a lapsed Zen Buddhist.

¹⁸ In addition to my 44 years teaching at Stockton University, I also taught for two years at Wellesley College, an all-girls college in Massachusetts.

met in France the previous year. I felt at home immediately. I have visited the regions of the United Kingdom frequently over the years, and I have enjoyed those visits. But I would not want to live there. I have retired in America.

The best way I can sum up the differences between the United States and English cultures can be encapsulated in two ways. First, Americans are optimists and the English pessimists. In the United States, everything is possible. Let's have a war on drugs and a war on poverty. All we need to do is spend one or two billion dollars. The programs fail, of course. Drugs and poverty continue, but there is that optimism. In England, nothing can be done about the problems, and it always "them," the government's, fault.

Secondly, the English often criticize Americans for their false friendliness. They respond to you warmly and invite you to come and stay if you visit their town, but they do not mean it. Woe betide you if you do try to visit them. A Jamaican friend of mine put it succinctly. "Give me insincere friendliness and warmth over since coldness any day."

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