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Contents

A FESTSCHRIFT FOR EDWIN SHNEIDMAN¹

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Introduction	2
Chapter 1 The study of genuine and simulated suicide notes	4
Chapter 2 The logic and rationality of suicide	18
Chapter 3 Psychache	29
Chapter 4 Typologies of suicide	39
Chapter 5 Theories of suicide	45
Chapter 6 Suicide prevention centers	48
Chapter 7 Comments	50
References	51

¹ I know that, typically, festschrifts are edited collections of chapters from others. Too often, the contributors write about their own research, often ignoring the person who is being honored. To avoid this, this single-author festschrift discusses the impact of Shneidman's research and ideas on the field of suicidology.

A FESTSCHRIFT FOR EDWIN SHNEIDMAN

David Lester
Stockton University

Introduction

Edwin Shneidman² was responsible for my choosing suicide as the topic for my PhD dissertation at Brandeis University in Massachusetts in 1964.³ In the library of the Department of **Experimental** Psychology at Cambridge University in England, I came across a book that was out of place there: *Clues to Suicide* by Shneidman and Farberow (1957). I read the pairs of genuine and simulated suicide notes at the end of the book, and I knew which one of each pair was genuine. I never tested the accuracy of my choices, but I was moved to tears. When I was asked what I wanted to study for my PhD dissertation (one of the last allowed to do so under the wonderful program established by Abraham Maslow, for whom I was a teaching assistant), I chose *suicide*.

I began my studies of suicide in the 1960s, and I had contact with Ed from my early days. Our association was not always friendly. When I worked at the *Suicide Prevention & Crisis Intervention Service* in Buffalo (New York) from 1969-1971, Gene Brockopp and I were rivals of the Los Angeles suicide prevention center. We started our own free journal (*Crisis Intervention*)⁴ which we sent to all suicide prevention centers and to suicidologist, and we developed the first manual for suicide prevention centers (*Crisis Intervention by Telephone* [Lester & Brockopp, 1973]) which went to three editions.

In the early days of the American Association of Suicidology (AAS) which Ed helped found, I wrote editorials criticizing AAS for, among other things, the election process. In one early election for the President, with only one candidate, the candidate got all but one vote and, surprisingly, they also announced my write-in vote for a different candidate.

² Many citations of Ed's papers and book misspelled his name, adding a "c" to it: Schneidman.

³ Of course his first name was Edwin, but we always referred to him as Ed.

⁴ The editions of *Crisis Intervention* that I edited are on my website: www.drdavidlester.net

At the end of his life, Ed called me from his death bed and apologized for some actions of his toward me that he now regretted. We chatted amiably.

Ed stimulated the field of suicidology in many ways, and there has never been an appraisal of his contributions. This book endeavors to do this. Ed's contributions fall into six main categories:

1. Genuine versus simulated suicide notes
2. The logic and rationality of suicide
3. Psychache
4. Typologies of suicides
5. Theories of suicide
6. Suicide prevention centers

One feature stands out immediately as readers will see as they peruse this festschrift. There is a continuing body of research into psychache up to the present day, and it shows no sign of waning. This is a surprise to those of us who did not think that the concept of psychache increased our understanding of why people die by suicide. However, researchers are often guided in their endeavors by the development of psychological scales and inventories to measure constructs. The original psychache scale developed by Shneidman was quickly supplanted by those developed by Holden, Orbach and others, and these scales have stimulated a great deal of research. To anticipate, the study of psychache is growing year by year and shows no sign of waning.

Let me now address the first of Ed's contributions.

Chapter 1

The Study of Genuine and Simulated Suicide Notes⁵

Shneidman and Farberow (1957b) published a sample of suicide notes written by men that they found in the files of the Los Angeles medical examiner's office. They matched the 33 genuine suicide notes with 33 "simulated" suicide notes, that is, suicide notes solicited from people who were not contemplating suicide who were asked to pretend that they were going to commit suicide and to write a suicide note. Since then, many papers have appeared comparing this set of genuine and simulated suicide notes.⁶

Lester (1988a) argued that this comparison does not shed light on the mind of suicidal individuals but rather examines whether nonsuicidal individuals have any insight into the suicidal mind. Since many studies have found differences between the genuine and the simulated suicide notes, the evidence is that nonsuicidal individuals do not have good insights into the suicidal mind. For example, a small proportion (15%) of the genuine suicide notes in Shneidman and Farberow's sample have anger in them directed toward a significant other, while none of the simulated suicide notes do so (Lester, 1989). All this tells us is that nonsuicidal individuals do not realize that some suicidal individuals are angry.

Instead, Lester suggested that simulated suicide notes are a good way to study the *opinions* and *myths* that people in the general population have about suicides and suicidal behavior. For example, in a sample of simulated notes, Lester found that women more often addressed their simulated suicide note to someone than did the men, apologized and asked forgiveness, stated that they were unhappy, and said that others would be better off if they were dead. Thus, men and woman appear to have different conceptions about the motives for suicide.

What might make a better comparison group for genuine suicide notes? Ideally, we need letters and notes written by these suicides at an earlier time when they were not suicidal. Then we could see how their psychological state had changed from the nonsuicidal period to the suicidal period. Unfortunately, most

⁵ This is based on a chapter in Lester (2014).

⁶ For each suicide note, an individual matched for age and occupational level was asked to write a suicide note. The sample was restricted to Caucasian, Protestant, native-born males aged 25 to 60.

individuals do not have collections of letters and notes written over the course of their lifetime. Furthermore, regrettable though it is, researchers are sometimes lazy. It is easy to collect a sample of simulated suicide notes. For example, Shneidman and Farberow went to labor unions and fraternal groups and asked groups of men to write simulated suicide notes. I have asked students in my courses on suicide to write such notes. A captive group of people can write simulated suicide notes in ten minutes. To collect earlier letters from deceased suicides requires tracing the significant others of each suicide, visiting them, explaining the purpose of the research, seeing if they will cooperate by searching out earlier letters, if any exist, and providing counseling if they need it.

Despite, Lester's objection to the relevance of this research for understanding why people die by suicide, this chapter will review the research published on genuine versus simulated suicide. However, it should be noted that Diamond, et al. (1995) noted that Shneidman and Farberow pretested those writing simulated suicide notes to eliminate those with depression which they thought biased the sample.

Guessing which Notes are Genuine

Can the genuine suicide notes be distinguished from the simulated notes? Osgood and Walker (1959) looked at the matched pairs of genuine and simulated notes published by Shneidman and Farberow. Osgood and Walker had graduate students with no prior experience of suicide notes predict which of each pair was the genuine note. The students performed at exactly the chance level, identifying a mean of 16.5 notes of the 33 pairs correctly. Osgood and Walker themselves carried out the task after reading and comparing a different sample of genuine suicide notes with a sample of ordinary letters. They were correct on 28.5 of the pairs. Therefore, experience with suicide notes increased the accuracy of assignment.

Lester (1993a) obtained two sets of genuine and simulated suicide notes (one set from Shneidman and Farberow [1957b] and another set from Seiden and Tauber [1970]) and found that naive judges showed no parallel-forms reliability. He found that expert suicidologists could guess the genuine notes better than chance, while naive judges could not. In contrast to this finding, using subjects ranging from undergraduate to practicing clinical psychologists, Arbeit and Blatt (1973) found no impact of the level of training on the accuracy of judging genuine versus simulated suicide notes.

Lester (1991a) had naive judges guess the genuine note in Shneidman and Farberow's sample of genuine and simulated note pairs, and the odd-even correlation was moderate, suggesting that the judges were reasonably consistent. Lester (1991b) found that the accuracy of naive judges of Shneidman and Farberow's sample of notes was associated with their extraversion scores, but not with their neuroticism or psychoticism scores or with their Keirsey-Bates temperament scores. Lester (1995) found that Machiavellian scores did not predict the success of naive judges, while Lester (1994a) found that judges more sympathetic to suicide were more accurate in picking out the genuine notes.

Leenaars and Lester (1991) found that the genuine note in 19 of the 33 pairs of genuine and simulated suicide notes was obvious to the student judges, while in 14 of the pairs it was not. Asking the judges for their reasons for judging a note to be genuine, it appeared that the students looked for traumatic events and idiosyncratic views to judge a suicide note to be genuine.

Differences between Genuine and Simulated Suicide Notes⁷

Shneidman and Farberow (1957c) compared their genuine and simulated notes for the quality of the thought units in them using a coding system devised by Dollard and Mowrer (1947). The genuine notes had significantly more statements overall than the simulated notes, but did not differ in the proportion of discomfort statements (discomfort statements divided by the sum of relief plus discomfort statements). They noted informally that the type of discomfort statements differed in the genuine and simulated notes. The genuine notes had deeper feelings of hatred, vengeance and self-blame. However, this difference was not tested in a quantitative way by the authors. Shneidman and Farberow commented that the excess of neutral statements in the genuine notes possibly reflected a tendency on the part of the suicidal person to confuse the self as experienced by the self with the self as experienced by others, but I do not follow their reasoning here.

Spiegel and Neuringer (1963) argued that an individual does not necessarily die by suicide when the urge to die becomes stronger than the urge to live. What is necessary is that the dread that rises as the individual approaches a suicidal action needs to be reduced in some way. Spiegel and Neuringer argued that the defenses

⁷ Some researchers have used Shneidman and Farberow's notes for other purposes, for example, Hood (1970) who was interested in judgments about suicidal intent in suicide notes.

that are used to reduce dread might include self-deception over the imminent suicidal action, a tendency to avoid mention of suicide, and a tendency to concentrate on topics other than suicide. Psychotic processes, which would serve to protect the individual from realizing the implications of the suicidal action, might also be reflected in the disorganization of the note. These defenses were operationally measured by the following five attributes: relative explicitness of expressed suicidal intention, dramatic quality of the note, disorganization of thought processes, presence of the word “suicide” or suicide synonyms, and presence of instructions to the reader with respect to the disposal of property or the assumption of responsibilities. The results confirmed four of the five hypotheses: the genuine notes had less explicitness, fewer mentions of suicide, a greater number of instructions, and greater disorganization. There was no difference in dramatic quality.

Osgood and Walker (1959) argued that the suicidal individual has a heightened drive level, and they hypothesized that this would lead to greater stereotypy and greater disorganization in suicide notes than in ordinary letters. Since drive states are characterized by distinctive cues which have a directive function, they hypothesized that suicide notes should be characterized by increased frequency of those grammatical and lexical choices associated with motives leading to self-destruction. Finally, if several motives are operating, suicide notes should show greater evidence of conflict. To test these hypotheses, they compared a sample of suicide notes and a sample of ordinary letters written by nonsuicidal people matched for sex and age.

The suicide notes were more stereotyped than the letters: they had a smaller proportion of different words used, they had more repetition of phrases, there were fewer adjectival and adverbial qualifiers (as compared to the number of nouns and verbs), and they had more definitive terms (like always and never). The suicide notes of men were more redundant than the letters, but the difference for women was not significant. There were no significant differences in the average number of syllables per word.⁸

There were no differences between the suicide notes and the letters in disorganization - there were no differences in syntactical, grammar, spelling or punctuation errors. For women, there were no differences in the sentence length but,

⁸ Osgood and Walker had argued that shorter words tend to be more frequent than longer words (Zipf, 1949) and so should indicated stereotypy.

for men, the suicides notes had longer sentences, contrary to the prediction of Osgood and Walker who thought that, under stress, sentence length would decrease.

There was evidence of a directive state - the suicide notes had a higher proportion of discomfort statements, more evaluative common-meaning terms (like unfair and sweetheart), fewer positive evaluative assertions (a measure that is correlated with the proportion of discomfort statements), and more mands (utterances such as imperatives, which express a need of the speaker and require some reaction from the reader for their satisfaction). There was no difference in the distribution of past, present, and future references, whereas Osgood and Walker had predicted more emphasis on the past in suicide notes. There was evidence for a state of conflict - the suicide notes had verbs with more qualifications (for example, "used to be good" rather than "was good"), more ambivalent constructions (such as but, should, maybe, and except), and more ambivalent evaluative assertions.

Osgood and Walker then applied their findings to Shneidman and Farberow's 33 pairs of genuine and simulated suicide notes. Only 13 pairs of notes had sufficient length for a meaningful analysis. For stereotypy, only the measure of adjective-adverb/noun-verb ratio significantly differentiated the genuine from the simulated notes. (The redundancy measure was not used since the notes were too brief.) The main measure of the directive state differentiated the two groups and, although the ambivalent construction measure of conflict differentiated the groups, the direction was opposite to that in the first part of the study. Disorganization measures were not investigated since they had not been found to be of use in the first part of the study. Eliminating those measures which failed to differentiate suicide notes from letters (structural disturbances, average length of sentences, and time orientation), those measures susceptible to faking (the proportion of discomfort statements, evaluative terms, and positive evaluative assertions), and the redundancy measure (since the notes were too brief for a meaningful application), Osgood and Walker applied the remaining nine measures to predict which of the notes in the 13 pairs were the genuine ones. The predictions were correct for 10 pairs, a significant difference.

To investigate further the stereotypy of the genuine notes, Osgood and Walker catalogued the words used by more than five of the writers of each group of notes. The genuine writers used more words in common than did the nonsuicidal writers. A content analysis showed that the genuine suicide notes had more terms of endearment and references to mother, whereas the simulated notes contained more abstractions and references to insurance. Genuine notes had more verbs of simple

action (go, tell) whereas simulated notes had more verbs referring to mental states (know, think). The genuine notes had more references to positive states (such as love and hope).

Osgood and Walker noted that possibly other models could have predicted their results. However, they felt that an explanation based on differences in educational and intelligence levels of the two groups of writers was unlikely to be valid since there were no differences in disorganization between the suicide notes and letters.

Tuckman and Ziegler (1966) examined the 33 pairs of genuine and simulated notes for differences in social maturity. They measured social maturity using the ontogenetic sequence observed by Piaget (1926) in the speech of children, in which the child moves away from the use of *self* terms (I, me) toward *self-other* terms (we, us) and finally to *other* terms (you, them). They predicted that the genuine notes should have a greater emphasis on self-reference than on other-reference. To test this, they counted the number of different categories of pronouns in the notes. The notes did not differ in the total number of different categories of pronouns or in the proportions. Tuckman and Ziegler concluded that the simulated notes may have been written in a state of anxiety and that this may have led to as low a level of social maturity as shown by the suicidal individuals.

Another study of content was carried out by Gottschalk and Gleser (1960) who had no hypotheses. They coded the words used in the 33 pairs of genuine and simulated notes into grammatical categories and psychological categories. The genuine notes had fewer prepositions, fewer conjunctions and more substantives than the simulated notes. There were no differences in the proportions of adjectives, adverbs, interjections, verbs, or total number of words. With regard to psychological categories, there were fewer words denoting reflective or cognitive process in the genuine notes. There were no differences in the proportion of words denoting feeling or motivation, perceptual processes, activity or movement, relationships in time or space, measures of quantity, or negation. Finally, there were no differences with regard to references to the self, animals or flowers, or to the person addressed. The genuine notes did have more references to others and to objects.

One complexity introduced by the authors in this study was that they analyzed the results in two ways: treating the notes as matched pairs and as independent groups. The results reported above were for matched-pairs analyses. The results of

the analysis for independent groups differed. The only common significant differences were for substantives, references to others, and references to objects.

Gottschalk and Gleser then obtained a new sample of genuine suicide notes. For the signs that they had identified in the first part of the study, no differences were found in the new sample for men as compared to women or for married people as compared to single people. When the new sample was compared to the simulated notes of the first part of the study, the results of the first part were replicated. Gottschalk and Gleser felt that the differences that they reported reflected the nature of the genuine suicide note as a communication to another, but they did not explain their reasoning here.

Ogilvie, et al. (1965) compared the 33 pairs of genuine and simulated notes using a computer program to carry out a content analysis. The genuine notes had more references to “things” such as roles and objects. The simulated notes had more references to emotional states and actions. For the sentences containing a reference to the female role, it was found that the genuine note writers gave fewer instructions to females, gave more information about females, and made more references to being acted upon by a female than did the simulated note writers.⁹ Looking at the instructions given to females, the genuine note writers gave more specific instructions and fewer vague instructions.

Looking at actions, Ogilvie, et al. found that the genuine writers used the concept of “think” in the context of knowing or decision making (“I think that if I went to the doctor, I would. . .”), whereas the simulated note writers used the concept more in attempting to solve a problem (“I am thinking of all the problems we have shared”). Ogilvie, et al. noted the similarity of their results to those of Gottschalk and Gleser discussed above. Since the two sets of workers were using the same data and similar analyses, this is not surprising. Using three items (reference to concrete things, places and persons, use of the word love in the text, and total number of references to processes of thought and decision), the authors were able to classify 30 of the 33 pairs of notes correctly.

Henken (1976) used a computer program to compare the genuine suicide notes, simulated suicide notes and notes written by people about to die. The genuine notes were more concrete, constricted and concerned with interpersonal relationships (especially those with the opposite sex). Edelman and Renshaw

⁹ Remember, all of the note writers were male.

(1982) also compared the genuine and simulated notes by computer analysis and found the genuine notes to be longer with fewer positive modifiers. The genuine notes had more negatives (e.g., “not”), authority (e.g., proper nouns), audience (e.g., “you”) and generalized others (e.g., third-person pronouns), modified nouns, modified verbs, cognizance of objects (concrete objects), modification of objects and actions, negative modification, negative modification of known people and positive modification of unknown people, and static action, and fewer references to future time.

Lester (1971) found no difference between Shneidman and Farberow’s genuine and simulated suicide notes in the need for affiliation expressed in them. Lester (1973) found no differences in the tense of the verbs in the notes, although the genuine notes did have more verbs in the conditional tense and more imperatives. Lester (1989) found that the genuine notes more often had content reflecting the desire to kill (anger) but did not differ in the desires to be killed (depression and guilt) and to die (escape).

Lester and Leenaars (1988) found that the genuine notes contained more direct accusations and wills/testaments and fewer conventional “first-form” notes (i.e., notes that focus on conventional explanations and pleas for forgiveness). McLister and Leenaars (1988; Leenaars, et al., 1989) found more signs of unconscious forces at play in the genuine notes than in the simulated notes (as well as more mention of spouses and fathers). Black (1993) found that the genuine notes were longer and, after controls for length, had more instructions, information, religious ideas and dates. The simulated notes had more depression, justification, life seen as overwhelming as a reason for suicide, and less mention of the after-life. This study was criticized by Arbeit and Blatt (1995) for not being theory-based, with a reply by Black (1995).

Using statistically more complex techniques, Jones and Bennell (2007) found that a shorter sentence length, greater expression of positive affect and more instruction characterized the genuine suicide notes.

Testing Alfred Adler’s Theory of Suicide

Darbonne (1967) compared a different sample of suicide notes written by a group of white American men who had completed suicide with simulated notes written by men matched for race, age, and occupation and simulated notes by white

American men who were currently threatening suicide. The hypotheses tested by Darbonne derived from Adler's views on suicide (Ansbacher, 1961).

Adler maintained that the suicidal individual was characterized by a pampered life style and dependency. The notes of completed suicides as compared to the simulated notes more often mentioned a need to have things done for them, a heightened concern with whether or not they had received emotional support from others, and the importance of parental figures to them. There were no significant differences in the difficulties experienced in adapting to loss.

There was less support for the notion that the completed suicides would be characterized by inferiority feelings and self-centered goals. There were no differences between the two sets of notes in direct expressions of low self-esteem or self-praise, feelings of being at the mercy of external forces, or in the number of self-referents. However, there were more references by the completed suicides to other people than there were by the nonsuicidal persons, and there were also more mentions of the absence or breaking of social ties. Darbonne felt that these last two comparisons were relevant to feelings of inferiority and self-centered goals, but they seem to me to be more relevant to the dependency of the person.

Adler hypothesized that suicides would be very active, and Darbonne found that the completed suicides used more verbs referring to physical motor behavior than did the nonsuicidal persons, and their notes contained more verbs and adjectives. However, the notes did not differ in length (a measure of verbal activity), and there was no difference by the method of suicide used or chosen by the subject. (The methods of suicide had been previously rated by psychologists for the degree of activity involved.)

There was some support for the notion that the notes from completed suicides would show more veiled aggression than the simulated notes. The notes of the completed suicides had more veiled hostility, more frequent mentions of concern regarding the blame of others for their suicide, and more concern with informing others and addressing the note to others as compared to the simulated notes. However, the two sets of notes did not differ in expressions of direct anger, mentions of suffering, and feelings that others had been hurt by the past behavior of the note writer.

Overall, the results supported Darbonne's predictions based upon Adlerian ideas about suicide, with the exception of the hypothesized differences in inferiority

feelings. Each idea tested by Darbonne received some support, and none of the tests produced significant results in a direction opposite to that predicted. The eleven variables that had proved successful in differentiating the notes of the completed suicides from those of the nonsuicidal persons were used to compare the notes of those threatening suicide with those of the two other groups. With regard to veiled aggression and a pampered life style and dependency, those threatening suicide resembled the completed suicides in inferiority feelings and self-centered goals but resembled the nonsuicidal persons in activity. Those threatening suicide were divided into a high risk and a low risk group. The two groups did not differ on any of the eleven variables significantly. The resemblance of those threatening suicide with the completed suicides perhaps reflects the degree to which those threatening suicide possess high suicidal potential. However, the comparison of the high and low risk group among those threatening suicide failed to reveal differences, and so interpretation of the results from those threatening suicide is not easy.

Testing Other Theories of Suicide

Leenaars formulated several theories of suicide into specific statements and examined the presence of these statements in Shneidman and Farberow's 33 pairs of genuine and simulated suicide notes. Leenaars (1988) found that genuine notes contained more of the themes based on the theories of Sigmund Freud, Edwin Shneidman, and Gregory Zilboorg, and to a lesser extent Henry Murray and Harry Sullivan, but not from the theories of Alfred Adler, Ludwig Binswanger, Carl Jung, or George Kelly.

Balance and Leenaars (1986) found that the genuine and simulated notes had different frequencies for statements derived from Aaron Beck's theory of suicide. The genuine notes had more magnification, minimization and overgeneralization, while the simulated notes had more hopelessness, suffering and desire for escape.

Lester and Leenaars (1987) compared the genuine notes of each pair which naïve subjects could easily identify correctly with those which were hard to identify. The protocol sentences used by Leenaars in his research failed to differentiate these two sets of genuine notes. Leenaars and Lester (1990) found that the "obvious" genuine notes were characterized by having a greater stimulus-bound focus on the writer's history and present interpersonal situation and a greater limitation of thought (cognitive constriction, poverty of thought, . permutations and combinations a grief-provoking content).

Lester (1993d) asked expert suicidologists to distinguish genuine from simulated suicide notes. One of the experts, Joseph Richman, suggested a set of clinical hunches for distinguishing genuine from simulated suicide notes. The indications for a genuine suicide note were (1) a theme of being a burden or hurting others, and the words rang true, (2) the note was self-blaming, and it rang true, (3) the note was family-oriented, with the theme of exhaustion of resources, e.g., "May God take care of you; I can't," (4) the note was interpersonal or family-centered and loving, (5) the note was interpersonal and revenge-oriented. (6) the note made relatively direct statements and gave specific instructions, and (7) the note contained a forgiveness theme. The indications for a simulated suicide note were (1) the note contained philosophical and rational reasons for the suicide, e.g., "This is my free choice," (2) the writers depicted themselves as socially isolated or narcissistic, without any interest in loved ones or family members, (3) the note was impersonal, e.g., addressed "To whom it may concern," and (4) failure at work or in a career was cited, combined with good family and interpersonal relationships.

These eleven criteria were examined by Lester and Linn (1998) for how well they performed in distinguishing the 33 pairs of genuine from simulated suicide notes. Two judges were used to presence of these eleven suggestions and, using the items on which they agreed, the scores differentiated the genuine from the simulated notes, confirming Richman's clinical hunches. The two strongest factors were: (1) if the note was interpersonal and revenge oriented and (2) if the note made relatively direct statements and gave specific instructions.

Handwriting

Frederick (1968) investigated whether suicide notes could be distinguished using handwriting. He had a sample of genuine notes typed and had handwritten copies made from the typed copies by individuals matched with the suicidal writers for sex and age. The paper used for the note was matched with the original note for size, color, type of paper, and amount of wear. Frederick used three sets of judges. Graphologists identified the genuine notes at a level better than chance, while detectives and secretaries both performed at chance level. There was no apparent effect on the accuracy of the judgments from the type of paper used for the note or from the sex and age of the writers.

The LIWC Analysis by Lester (2008, 2014)

The 33 pairs of genuine and simulated suicide notes from Shneidman and Farberow were run through the Linguistic Inquiry and Word Count program (LIWC). Paired t-tests identified 10 significant differences out of 76. The genuine notes were longer and had fewer words per sentence, fewer unique words, more pronouns, more second person pronouns such as “you,” fewer prepositions, more numbers, fewer words related to causation such as “because” and “hence,” more words concerned with social processes such as “talk” and “friend,” and more references to people. It appears, therefore, that the genuine notes were more concerned with other people and less focused on explaining why the individual is dying by suicide. Interestingly, there were no differences in content categories, including school or work, leisure activities, religion, death and dying, body states and symptoms, or sex and sexuality.¹⁰

These results did not confirm the differences reported by Osgood and Walker (1959) reviewed above in positive emotions or optimism, but the results did confirm that the genuine notes had fewer references to cognitive processes and causation. Unlike the results reported by Tuckman and Ziegler (1966) who found no differences in pronouns, the present analysis found more references to “you” in the genuine notes. However, Gottschalk and Gleser’s (1960) results concerning pronouns did match the present results.

A Second Sample of Simulated Suicide Notes

Seiden and Tauber (1970) also collected a sample of genuine and simulated suicide notes, and these notes were also analyzed by the LIWC program. There were 17 significant differences. The genuine suicide notes had shorter sentences, fewer dictionary words, less use of “we,” fewer articles and prepositions, more use of numbers, more affect (emotion) and especially positive emotions, less use of cognitive mechanisms, including causation and discrepancies, more tentative words, more references to seeing, more references to family, and more words concerned with “down” and “exclusion.”

Which differences were similar in this set of genuine and simulated suicide notes and those from Shneidman and Farberow? In both sets, the genuine notes had shorter sentences, fewer prepositions and more numbers, and less concern with causation. It appears, then, that simulated note writers try to explain the reasons for

¹⁰ Treating the data as two independent samples and using point-biserial correlation coefficients, the same 10 significant differences were identified as those found in the paired-sample analysis.

their suicide more than the genuine notes writers and writer longer sentences in order to do this. The greater use of numbers in the genuine suicide notes may reflect the greater amount of instructions and directions (such as whom to contact and to whom various objects and money is to be given). The numbers were most likely telephone numbers and street addresses.

Pseudocides

Seiden and Tauber (1970) also collected a sample of notes left by people who had possibly pretended to die by suicide from the Golden Gate Bridge. These cases had no eye-witness to the jump and no body was found. From 134 possible cases, 34 appeared to be “suspicious,” and 24 of these were established as “definite.” Ten of these were later arrested for crimes other than being a missing person. These pseudocides showed little depression prior to their action or social withdrawal. They tended to be impulsive individuals who acted-out non-violently.

Seiden and Tauber reported that the pseudocide notes from 21 of the individuals were longer than the genuine and simulated notes, although with a much greater variability in length. The pseudocide notes gave more realistic reasons for their suicide (such as mentioning financial and legal problems more), contained more emotion, and were more explicit about their suicide as compared to the genuine notes. Lester, et al. (1990) found that anger (Menninger’s “to kill” motive) was present more often in the pseudocide notes than in the genuine or simulated notes, while self-blame (Menninger’s “to be killed” motive) was present more often in the genuine suicide notes and the desire to escape less often present.

The 21 pseudocide notes were compared, using the LIWC program with the 21 genuine and the 21 simulated notes from the same study. The pseudocide and simulated notes differed significantly on ten variables, while the pseudocide and genuine notes differed significantly on nine variables. Thus, the pseudocide notes did not resemble the genuine suicide notes either more or less than they resembled the simulated suicide notes. They appear to constitute a third type of note, different in many respects from both genuine and simulated suicide notes.

This makes sense since the writers of pseudocide notes are, presumably, not suicidal, and so their notes should differ from genuine suicide notes. On the other hand, they are probably in the midst of a major crisis and feeling desperate since they are faking their own suicide and starting a new life with a different identity.

Thus, their notes should differ from simulated suicide notes which are typically written by people who are neither suicidal nor in a major crisis.

Comment

It is impressive how much research was generated by the 33 pairs of suicide notes (genuine and simulated) published in 1957. Researchers were desperate for material for research studies, and those 33 pairs of suicide notes were very welcome. However, it also appears that interest in the pairs of notes died quickly. Only a couple of researchers developed alternative sets of genuine and simulated suicide notes, and more recent research on suicide notes has focused on genuine suicide notes, looking, for example, at differences by the sex of the writer and the method used for suicide, and to test theories of suicide.

Chapter 2

The Logic and Rationality of Suicide¹¹

Shneidman is one of the few scholars who have considered the problem of whether suicide is logical or not. In an early paper co-authored with Norman Farberow (Shneidman & Farberow, 1970), he considered a particular form of logical fallacy which he believed was common in suicidal individuals, and in later papers he explored reasoning more generally in suicidal individuals. Before we consider his ideas and try to extend them, we must first define our terms.

Evaluations in Logic

Logic may be defined as the study of the laws of thought or the study of reasoning, but such a definition fails to distinguish logic from psychology. Psychology describes the ways in which people actually reason. In contrast, logic sets standards for the ways in which people ought to reason if they wished to reason well. Logic evaluates the quality of the reasoning.

Sentences are said to be cognitive when they are used to express or assert something which may be true or false (Baum, 1974). The thought conveyed by a cognitive sentence is called a statement or proposition. The truth or falsity of some statements depends upon the truth or falsity of related statements - supported statements. Other statements can stand on their own - self-supporting statements. The burden of proof for a statement being self-supporting falls on those who consider it false. Statements may be consistent (it is possible for both to be true at the same time) or inconsistent (it is impossible for both of them to be true at the same time). An argument is a set of statements which is such that one of them (the conclusion) is implied or supported by the others (the premises).

There are two critical evaluations in logic. Validity refers to arguments of which, if the premises are true, then the conclusion must also be true. Truth refers to whether the premises or the conclusions are true or false. A valid deductive argument is one where, if the premises are true, then the conclusion must be true. An argument whose premises provide some support, but not absolute support, for the conclusion is called an inductive argument.

¹¹ This is based on Lester (1993b).

Thus, analysis of the logic of suicide entails first describing the reasoning engaged in by the suicidal person, evaluating the validity of the reasoning, and finally evaluating the truth of the premises and conclusion. Arguments that are both true and valid may be called sound.

Irrationality or are the Premises True?

Wilber (1987) argued that suicides interpret their experiences differently from nonsuicidal people. They fail to realize that there are several options open to them and, as a result, see suicide as the only way to deal with their intolerable circumstances. Their hopelessness makes their evaluation of their circumstances astigmatic. But, given their astigmatic perception of reality, their decision to commit suicide appears to be a logically valid deduction. Wilber is, therefore, suggesting that the premises of the suicide are false, but the argument is valid.

This issue is dealt with in detail by cognitive therapists who view the thinking patterns of all distressed people as irrational. Irrational thinking about events leads to pathological emotions and behavior, whereas rational thinking about events leads to appropriate emotions and behavior.

These ideas were originally formulated by Ellis (1973) in his rational-emotive therapy. Ellis described several common irrational thoughts that often underlie irrational thinking, such as the idea that we should be thoroughly competent, adequate and achieving in all possible respects in order to consider ourselves worthwhile and the idea that certain people are bad, wicked and villainous and that they should be severely punished and blamed for their villainy.

Burns (1980) has described more general irrational thinking patterns such as overgeneralizing (in which one negative event is seen as a never-ending pattern of negative events) and catastrophizing (seeing a negative event as the worst thing that could ever happen to you).

Although in America, a defendant in a criminal trial is innocent until proved guilty, in France a defendant must be proved innocent. Therapists who view irrational thinking as the basis for pathological emotions and behavior take the French position. They place the burden of proof on the client whom they believe is thinking irrationally. If after your marriage breaks up, you say, "I will never find happiness with a lover," the therapist asks, "Where is the proof that you will never find happiness with a lover?" You are required to prove your belief. The therapist,

who obviously is implying the opposite, is not required to prove his or her belief. I have known people who have never found someone to love them and who have never been in a long-term happy relationship. Some are in their sixties and, probably, never will find anyone. Had they made those statements, labeled irrational by Ellis, they would in fact have been correct.

Furthermore, though logicians define inductive arguments as those in which the premises provide some support, but not absolute support, for a conclusion, they do not define the word „some". Suppose I have been rejected by one lover, two, or perhaps three. How many must reject me to meet the criterion for „some support" for the inductive generalization. Conclusions are often judged to be irrational by cognitive therapists because the person has overgeneralized, but cognitive therapists, like logicians, do not propose how many occurrences permit generalization.

The fact that inductive reasoning may sometimes lead to false conclusions is no argument against it. The possibility of false conclusions is inherent in the definition of inductive reasoning. But sometimes, it is the only form of reasoning available to us.

Is Suicide the Result of A Decision?

Before examining whether a decision to commit suicide can be logical or rational, it is worth while considering whether suicide is the result of a decision. For example, if a schizophrenic hears a voice commanding him to jump off a building and fly and if he obeys, his resulting death is not the result of a reasoned decision. In this context, Goldstein's (1940) strict criteria for judging a death to be suicidal are relevant. Goldstein said that the person must have a mature concept of death and must consciously choose death. Only suicidal deaths which meet these criteria may be viewed as decisions.

The more determinants researchers identify for a behavior, the less easy it is to postulate that the behavior was a result of a decision. If schizophrenia is really the result of a genetically-programmed defect in the dopamine and norepinephrine neurotransmitters in the brain, then it makes less sense to talk about a decision to be schizophrenic. Similarly, if suicide can be shown to have biochemical and early event precursors, then the behavior appears to be more determined and less of a decision. However, it has been impossible so far to identify necessary and sufficient determinants for suicidal behavior.

Some theories of suicide also minimize the decision-making process. For example, McCain (1990) has proposed an impulse filtering theory of choice and applied the theory to suicide. McCain proposed that the mind generates all manner of impulses which then encounter a set of filters which can prevent them from affecting behavior_ These filters suppress, transform or pass on impulses. Behavior resulting from such a cognitive model seem to involve less decision-making than other models.

Despite these caveats, suicidal individuals usually feel subjectively that they are making a decision, and so asking whether the decision can be logical and rational remains reasonable.

Can Psychiatrically Disturbed People Have Rational Premises?

Some writers on this topic have used the psychiatric disturbance of most suicides as evidence that they could not have been thinking rationally. Pretzel (1968), for example, noted that we often endorse four types of suicide as rational: suicides carried out for some cause (such as martyrdom), suicide as a reaction to a lingering, painful, and incurable illness, suicide where the individual is not receiving any pleasure from life, and love-pact suicides. Pretzel selected an example of each of these types of suicide and demonstrated some degree of psychiatric disturbance in the people involved. He concluded that in each case there were psychopathological factors at work in the motivation of the suicide and, therefore, that the suicide was irrational. This approach is biased, of course, because he could have selected a nondisturbed case for each type of suicide, since not all suicides are demonstrably disturbed. Although some psychiatrists have found almost all suicides to be psychiatrically disturbed in retrospect (Robins, 1981), not all psychiatrists agree, and estimates of the percentage of the psychiatrically disturbed in samples of suicides range from five to 94 percent (Temoche, et al., 1964). Lester (2014) has argued forcefully that psychiatric disorder does **not** preclude rational thinking.

Rationality and the Statistical Rarity of Suicide

The statistical rarity of suicide means that only a very small proportion of people experiencing any trauma kill themselves. For example, even among those diagnosed with an affective disorder or who have attempted suicide, only about fifteen percent of the deaths are from suicide. The statistical rarity of suicide means

that the precipitating conditions can never be considered necessary nor sufficient. This factor makes suicide appear irrational to many observers.

Others, however, may view suicide as a result of particular precipitants as rational. This typically means that the observer thinks that he or she might also have died by suicide under such circumstances. If we think that we might kill ourselves if we were dying from cancer, then suicide under those circumstances is judged to be rational. If we would never immolate ourselves on the steps of the Capitol Building in Washington, DC, in order to bring peace to the world, then we probably view such suicides as irrational. The judgment of suicide as rational on this basis is an example of the subjective definition of normality.

Nevertheless, when we feel that a suicide was precipitated by sufficient stressors, we may view the suicide as understandable, and Margolis (1975), for example, equates understandable with justified. In recent years, suicide by people dying from painful incurable cancers or AIDS-related infections has been widely viewed as rational.

Do Unconscious Forces Make Suicide Irrational?

As Leenaars (1988) has noted, some theories of suicide, Freud's for example, stress the role of unconscious forces in the motivation of suicide, and Leenaars (1986) has documented the existence of unconscious determinants in suicide notes. Since the Freudian unconscious is typically viewed as using irrational thinking patterns, suicide motivated by unconscious forces may appear to be irrational.

Kelly (1955), however, argued that unconscious determinants of behavior are proposed only when psychologists fail to understand the person's behavior, and so Kelly denied the usefulness of the unconscious as an explanatory variable.

Further Definitions of Rationality?

The word rational is used in many ways, and it is important to distinguish the various meanings and explore the implications of each for viewing suicide as rational or irrational. We have already discussed rationality viewed from the viewpoint of truth, necessary and sufficient causes, and unconscious motivation. Other viewpoints are possible.

Empirical Judgments of Rational

We might look at the outcome of the suicidal action as a basis for deciding whether the suicidal action was rational or not. For example, if the suicidal action changes the person's life for the better, perhaps it was a rational action? Certainly, as Nietzsche is commonly quoted as saying, the thought of suicide helps many people through a crisis. The person can say that, if things get worse, he can always kill himself, a thought that gives him enough energy and motivation to live another day during which, perhaps, the strength of the suicidal impulse decreases. To take another example, one patient who, when assured that no one would interfere if she tried to kill herself, decided not to since now she felt back in charge of her life.

Attempted suicides are often pleased with the changes in interpersonal relationships brought about by their suicide attempt. But can we say that the completed suicide ever changes their life for the better? This of course depends on how one evaluates the life which the suicide is leading relative to death. Was death worse than life in a concentration camp under the Nazis? Surprisingly few inmates of those camps died by suicide. Perhaps they viewed the life as better. Yet many did die by suicide, directly or indirectly, and so perhaps they viewed death as better. The judgment here is subjective.

Rational versus Autonomous

Beauchamp and Childress (1979) have noted that suicide can be an autonomous act by a person, and suicide by an autonomous individual which also meets utilitarian criteria (maximizing good and minimizing harm) is permissible. Hauerwas (1981) felt that autonomous individuals could bet rational suicides, although he found such suicides not to be morally justified.

Can suicide be the action of an autonomous individual? The right of people to refuse extraordinary medical treatment has been viewed as acceptable by the federal courts in America. and suicide differs from this only in the activity (versus the passivity) of the behavior. Suicide is not illegal in any state and so, at least by implication, individuals have the right to die by suicide.

Rational versus Emotional

Hauerwas (1981) contrasted rational suicide (which he defined as cool and unemotional) with (by implication) emotional and impulsive suicide. He gave the

Stoics as examples of rational suicide using these criteria. Can suicide be the action of a cool and unemotional person? Such suicides probably exist, although we would prefer neutral observers to be present to witness the death in order to be sure. Some of the suicides by terminally-ill individuals probably meet this criterion. As far as we can tell, Freud's physician assisted suicide, for which he had made arrangements many years earlier, may well have met this criterion.

An Economic View of Suicide

Economists define rational behavior as maximizing some variable such as utility or profit. Becker (1962) defined two types of irrational behavior: (1) random, impulsive, erratic and whimsical choices and (2) perseverative choices in which the person chooses what he or she has always chosen in the past. This dichotomy parallels the two types of suicidal individuals described by Lester (1988b): suicide as an acute disturbance and impulsive versus suicide as the choice made by someone with a long history of psychiatric disturbance, stress and suicidality.

Can suicide ever be rational on the criteria of economists? Yeh and Lester (1987) presented a cost-benefit analysis of suicide in which the individual is assumed to weigh the costs and benefits of suicide as a strategy as compared to the costs and benefits of other alternatives. Clarke and Lester (1989) have also presented such an analysis. Thus, if these analyses have merit, it may be that suicide maximizes utility.

In psychoanalytic theory, desires, both conscious and unconscious, motivate all behavior, and all behavior is a compromise of conflicting desires. Thus, choices in this perspective can always be seen as maximizing psychological utility. The fact that some of the desires may be unconscious has no relevance to this criterion.

Shneidmans Views on the Logic of Suicide

Shneidman (1970) noted that the formal logic of suicidal reasoning is not as interesting as the actual style of reasoning used by the individual, what he termed *concludifying*, that is, how the individual reaches conclusions, thinks, reasons, and infers. Shneidman called the individual's style of concludifying his or her *idio-logic*. Idio-logic includes both the aspects of reasoning which might be subsumed under the traditional fallacies of reasoning and the cognitive maneuvers which describe the cognitive style of the individual. In addition, Shneidman analyzed the

contra-logic of the individual, that is, the private epistemological and metaphysical view of the universe inferred from the idio-logic. Finally, there are overt and covert aspects of personality which are related to and reflective of the individuals style of thinking, his or her psycho-logic. Here I am concerned only with the idio-logic of the suicidal individual.

Logic versus Psychologic

In several papers, Shneidman makes a distinction between pure logic and the logic that ordinary people use, *psychologic*. As an example of this, Shneidman (1982b) considered the use of the word "therefore". He argued that people use the word in ways that do not imply "always" or "under all circumstances". Shneidman suggested that the mind does not syllogize in a logical sense, but rather "concludifies" (comes to conclusions) in a psycho-logical sense. "Therefore, I must die by suicide" may mean a variety of things to the individual, such as I may die by suicide, I ought to die by suicide, I should die by suicide, I might die by suicide, I shall die by suicide, and I must die by suicide. The thought may refer to the present time or the future. It may refer to all circumstances or only to some circumstances. Shneidman warned psychotherapists to be aware of this flexible usage of the word "therefore" and take care to understand precisely what the client means rather than simply assuming that the client is using the word in a formal logic sense.

Indeed, Shneidman noted that the use of the word "therefore,, by people is closer to the Persian logic of centuries ago which included the temporal dimension of ubiquity versus occasionality as well as a dimension of necessity or certainty versus probability.

Fallacies

Shneidman and Farberow (1970) suggested one fallacy that suicidal individuals may make in their reasoning. Although they called this type of reasoning *catalagic*, since it destroys the reasoner, they described it more accurately as a psychosemantic fallacy. They suggested that some suicidal individuals confuse the self as experienced by themselves with the self as experienced by others. If the suicidal individual reasons thus - If a person kills himself, he gets attention; I will kill myself, therefore I will get attention - the **I** that kills is the self as experienced by the self while the **I** that gets attention is the self as experienced by others. This fallacy is present in the statement often found in

suicide notes, "Don't think too badly of me". This fallacy is called by logicians the fallacy of equivocation (Engel, 1986). Shneidman and Farberow noted that this fallacy is avoided if the suicidal individual believes in a life after death in which he or she will be able to watch the reaction of others.

Shneidman (1970) gives other examples of fallacies in suicidal thinking. One very brief suicide note read as follows: I love everybody but my darling wife has killed me. Shneidman noted the suppressed premise - therefore, I kill myself. The man's logic is: If X loves Y and Y kills X, then X must kill X. Once this suppressed premise is added to the argument, then the fallacy of equivocation in the use of the word kill is apparent. Kill is used figuratively in the overt premise to mean betray or violated, while in the suppressed premise it is used literally.

The Idio-Logic of Cesare Pavese

Shneidman (1982b) examined the diary of Cesare Pavese, the Italian writer who killed himself in 1950, and identified two styles of thinking in Pavese.

- (1) A style of combining opposites, juxtaposing assertions with denials and contradictory ideas. For example, "The richness of life lies in memories we have forgotten (February 13, 1944)" or "The unique event which you find so exciting can only have its full value if it has never taken place (February 13, 1945)".
- (2) A constricting style of thinking so that he limited his options to a narrow few. For example, "To choose a hardship for ourselves is our only defense against that hardship This is how we can disarm the power of suffering, make it our own creation, our own choice; submit to it (November 10, 1938)". Pavese perceives only one option here, whereas in fact there are many strategies open to him.

In addition, Shneidman observed a particular form of illogical reasoning - his catalogic. An example from Pavese's diaries is the following:

If I were dead, she would go on living, laughing, trying her luck. But she has thrown me over and still does all those things. Therefore, I am as dead. (February 25, 1938).

"If A, then B" does not imply "If B, then A". This error in propositional logic is commonly called affirming the consequent (or consequence). "If I drop objects, they fall to the ground,, does not imply. "This object fell to the ground (imagine a meteor), therefore I dropped it". The word "as" in the phrase "I am as dead" possibly makes Pavese's argument literary rather than (il)logical, but using such phrasing may well have shaped Pavese's reasoning.

Shneidman noted that suicide is not due to faulty logic. Rather Pavese's style of thinking and reasoning directly predisposed him to make a suicidal decision when the stress he felt was great.

Discussion

Shneidman encouraged to consider the logic of suicide. In this chapter , I have laid out a set of definitions to clarify the question of whether suicide can be logical or rational: Irrationality can refer to (1) the degree of psychiatric disturbance of the individual, (2) the statistical rarity of a behavior, (3) whether there are unconscious processes motivating the behavior, at least in part, (4) whether the behavior improved the state of the person, (5) whether the behavior was that of an autonomous individual, (6) whether the decision was affected by emotional states, (7) whether the behavior maximized utility, and (8) whether we find the reasons for the behavior acceptable. Of course, some of these criteria might be judged more salient to the decision to die by suicide than others.

Questions concerning whether the decision to commit suicide is illogical center around (1) the truth of the premises and (2) the validity of the logic involved in the reasoning.

Obviously suicide can be irrational and illogical. The critical question, therefore, is whether suicide can ever be rational and logical. Since we are rarely around the individual who is about to die by suicide and since there are few standardized psychological tests to measure the variables involved in the criteria listed above, the question may be unanswerable. However, some investigators do find some suicides to be free of psychiatric illness, and some suicides meet the criteria for being autonomous individuals. Occasional suicides do seem to improve the state of the person and maximize utility (both for the suicide and the society). And, unless one thinks that suicide is never acceptable, most of us could find acceptable reasons for suicide. However, suicide is always statistically rare and, if

one accepts the existence of the unconscious, is probably always motivated in part by unconscious forces.

Finally, there may be some suicides for whom their premises are true or, at least, not demonstrably false, and whose reasoning is valid and free from the many kinds of fallacies which logicians have described (Engel, 1986), and this might be most easily demonstrated by those suicides who meet the economist's criteria for maximizing utility.

Lester (1991c) studied the lives of thirty suicides sufficiently interesting and famous for biographies and autobiographies to have been published. Do any of those lives fit the criteria above? The presence of psychological disturbance in many of the suicides makes it difficult to be sure without an interview with the person prior to their death that some of the criteria listed above could be met. However, the physician assisted suicide of Sigmund Freud, who was in the end stages of a painful cancer, comes closest to meeting many of the criteria, based on the recent biography of Freud by Gay (1988), and one example is sufficient to establish the possibility.

Chapter 3

Psychache

In June 2025, PsycInfo had 63 articles with *psychache* in the title. Ed's invention of this term has stimulated a great deal of research. Unlike research into genuine and simulated suicide notes (Chapter 1) which peaked earlier in the 21st century, research on psychache continues to the present day. Indeed, six dissertations were listed in PsycInfo. It should be noted that not all research reports with *psychache* in their title actually measured psychache!

Cheng, et al. (2021) searched for research on psychache and suicidality for the period 1994-2020 and found a total of 230 articles from the Web of Science database, and the number of papers over the years showed an overall upward trend.

Suicidal individuals are experiencing psychological pain or suffering, and suicide may be, at least in part, an attempt to escape from this suffering (Baumeister, 1990). Shneidman (1993, 1996) coined the term *psychache* to describe this pain: "Psychache is the hurt, anguish, or ache that takes hold in the mind....the pain of excessively felt shame, guilt, fear, anxiety, loneliness, angst, dread of growing old or of dying badly" (p. 13). Although many other motives may be present in suicidal behavior, Shneidman argued that unendurable psychache is the common stimulus of practically all suicidal behaviors. Suicide abolishes the pain for the individual. Suicide occurs when the psychache is deemed by that individual to be unbearable. It is an escape from intolerable suffering.

Shneidman (1999) proposed a test, called the Psychological Pain Assessment Scale (PPAS), to measure psychache. Having first defined psychache, the PPAS contains several direct questions about the level of current and worst-ever psychache using a linear rating scale and a checklist for the emotions experienced, along with pictorial stimuli. The pictures included: a mother helping a child with the first steps; a strike, depicting a man with his family, looking downcast and miserable; a soldier departing for war, leaving his wife and infant; Adam and Eve with dead Abel; and a woman looking thoughtful. Other scales to measure psychache have been developed.

Lester (2000) administered the PPAS to undergraduate students and found a modest association between current psychache scores and scores on a scale to measure depression. The students' assessment of their worst-ever psychache was association with depression and mania scores and a history of suicidal ideation.

Current and worst-ever psychache were not associated with the personality traits of extraversion-introversion, sensing-intuiting, thinking-feeling or judging-perceiving.

Pompili, et al. (2008) administered the PPAS to psychiatric inpatients. On a scale from 1 to 9, they rated their worst-ever psychache at 8.6 and their current psychache at 6.7. Clinicians rated the patients for their risk of suicide, and those rated as high had higher PPAS scores for worst ever and current psychache, as well as higher hopelessness. Patients with a history of attempted suicide did not differ in PPAS scores from those with no history of attempt suicide. Current hopelessness scores were associated with worst-ever psychache but not with current psychache.

Psychological pain has, of course, been conceptualized and measured differently. Let us examine some of these.

Holden's Scale of Psychache¹²

Holden, et al. (2001) developed a 13-item psychache scale with a 5-point answer format. The psychache score of a sample of undergraduates was associated with suicidal ideation at some point in their life, a history of attempted suicide and a measure of future likelihood of suicide. In multiple regressions, the psychache score predicted suicidal ideation, along with hopelessness and internal perturbation (but did not predict a history of attempted suicide or future risk). Holden, et al. validated the scale using a second sample of undergraduates, all females. In this sample, the psychache score predicted all three measures of suicidality. They proposed that depression leads to hopelessness which leads to psychache and thence to suicidal behavior.

Recently, Blandizzi, et al. (2025) conducted a psychometric examination of Holden's scale using a sample of Italian adults and found that a more homogeneous scale was formed from ten of the thirteen items. The scores were strongly associated with past month suicidal ideation, suicidal risk and depression.

In a sample of undergraduates who drank alcohol, Boye, et al. (in press) found that the items formed two factors that they labeled *frequency* and *severity*.

¹² It should be noted that many of the studies in this section used complex statistical techniques (such as mediation analysis) that Lester (2025) has criticized but which are common these days. Many of the studies also used the Suicidal Behaviors Questionnaire which confounds suicidal ideation and attempted suicide! I have referred to what is measured by this scale as *suicidality*.

Similar results were found for both white and Hispanic students. Psychache was positively associated with depression, suicidality and alcohol use and negatively with life satisfaction overall and as well as in whites and Hispanics separately.

Campos, et al. (2019) found a two-factor solution in Portuguese community adults. Psychache scores were higher for those who had attempted suicide and for those scoring higher on a measure of suicidality. Psychache scores correlated positively with scores for depression and hopelessness.

Studies of Adolescents

In a study of rural Chinese adolescents, Yang (2024) found that psychache was associated with sleep problems, psychotic-like symptoms and difficulties in emotional regulation. Yang concluded that, “the study revealed that [difficulties in emotional regulation] and psychache acted as independent mediators in the link between sleep problems at Time 1 and [psychotic-like experiences] at Time 3” (p. 31719).

In a study of high school students in Hong Kong, Li, et al. (2019) found that psychache was positively associated with suicidal ideation and emotional abuse. The path analysis supported the mediating effect of psychache on the relation of emotional abuse to suicidal ideation.

Studies of Students

Troister and Holden (2013) in a sample of students found that psychache scores were associated with hopelessness and depression scores. A factor analysis of the psychache items produced four factors which they left unlabelled, indicating heterogeneity in the items. In a 5-month follow-up study of undergraduates, Troister, et al. (2013) found that psychache scores were associated with measures of suicidality, as before and, in addition, changes in psychache scores were associated with changes in suicidality scores, even after controls for depression and hopelessness. In another replication sample, Troister, et al. (2015) found that psychache scores were better than depression and hopelessness scores in predicting suicidality in undergraduates.

In a sample of undergraduates, Troister and Holden (2010) found that psychache was the strongest predictor of suicidal ideation and past suicide attempts, although depression and hopelessness contributed to the prediction of

suicidal behavior. DeLisle and Holden (2009) confirmed the greater power of psychache over depression and hopelessness in predicting suicidal ideation and a history of attempting suicide.

Troister and Holden (2012) studied a sample of students considered to be at high risk for suicide who were followed up after two years. At baseline and at follow-up, psychache was the only contributor to the prediction of suicide ideation. Change in psychache was the only predictor of change in suicide ideation. Depression and hopelessness did not play a role in the associations and predictions.

In a sample of college students, Flamenbaum and Holden (2007) found that psychache fully mediated the relationship between socially prescribed perfectionism and prior attempted suicide, and this association was itself mediated by unfulfilled psychological needs. (All of these variables were inter-correlated.)

Chodkiewicz, et al. (2017) translated Holden's psychache scale and, in a sample of Polish students and adults, found one factor and a high Cronbach reliability. Psychache scores were positively associated with depression, hopelessness, anxiety, anhedonia and negatively with optimism, life satisfaction, and positive orientation. Psychache scores were higher in suicidal alcohol addicted men compared to alcoholics without suicidal thoughts, and the same difference was found in depressed patients with and without a history of attempted suicide.

In a sample of undergraduates, Dangel and Webb (2018) found that psychache was associated positively with hopelessness, depression, problems with alcohol, and problems with drugs and negatively with forgiveness of self, forgiveness of others and forgiveness of uncontrollable situations.

Also in a study of college students, Dangel, et al. (2018) found that psychache was positively associated with cynicism and negatively with forgiveness of self, others and uncontrollable situations. Psychache had the strongest association with suicidality. Dispositional forgiveness of self and forgiveness of uncontrollable situations were each indirectly associated with less suicidal behavior via less psychache.

In a sample of college students who were problematic drinkers, Boye, et al. (2025) found that psychache, but not depression or hopelessness, was associated with lower levels of forgiveness of self and of uncontrollable situations and higher

scores for suicidality. Forgiveness of others was linked to higher levels of psychache and suicidality.

In a study of Portuguese undergraduates, Spínola, et al. (2022) found that psychache was associated with suicidal ideation, depression, thwarted belonging and perceived burdensomeness (constructs in Joiner's [2005] typology of suicide). As is typical with this group of Holden and his associates, multiple regression was not carried out, but a path analysis instead.

Wang, et al. (2023) studied Chinese college students and found that psychache was positively associated with measures of childhood maltreatment, lack of meaning in life and suicidality.

Montemarano, et al. (2018) found that psychache was associated with suicidal ideation in a sample of undergraduates, as were depression and hopelessness. Four years later, only changes in psychache were associated with changes in suicidal ideation (not changes in depression or hopelessness).

In a sample of Chinese undergraduates, Li, et al. (2017) compared Holden's psychache scale with a three dimensional Psychological Pain Scale developed by Li which measures pain arousal, painful feelings, and active pain avoidance. The two scales were strongly associated ($r=.73$). In multiple regressions, the pain avoidance subscale of the Psychological Pain Scale (and not the PAS) was the predictor of current and also worst ever suicidal ideation.

Studies of Adults

D'Agata and Holden (2018) found adults higher on self-concealment and perfectionistic self-promotion were more likely to report psychache as well as concealment of psychache. Suicidal ideation was associated with self-concealment, as were perfectionistic self-promotion, the non-display of imperfection and the non-disclosure-of-imperfection. Individuals higher on self-con concealment and perfectionistic self-presentation were more likely to report psychache as well as concealment of psychache.

Hall, et al. (2020), in a sample of adults, found that psychache was associated with positively with suicidality and negatively with self-forgiveness and existential spirituality (but not with theistic spirituality). They proposed that self-

forgiveness and psychache were mediators of the relationship between existential spirituality and suicidal behavior.

In a sample of adults, Campos and Holden (2015) found that psychache scores were associated with rejection by the mother and by the father, depression, and two constructs from Joiner's (2005) theory of suicide – perceived burdensomeness and thwarted belonging - and all of these scores predicated suicidality. Also in a sample of adults, Campos, et al. (2017) found that psychache fully mediated the relationship between suicide ideation and the frequency of psychological symptoms, and partially mediated the relationship between suicidal ideation and the intensity of psychological symptoms. This means that psychache was associated with all of the other constructs.

In a sample of community adults, Campos, et al. (2018) found that those who had lost a family member to suicide obtained higher psychache scores than those who had not, but the two groups did not differ in suicidality. Loss of a family member to suicide and psychache both contributed to the prediction of suicidality.

Pereira and Campos (2022) used path analysis on a sample of Portuguese adults during the Covid-19 pandemic and found that “unbearable psychache fully mediated the relationship between exposure to suicide [in a family member] and suicidal ideation, even when controlling for the mediation effects of depressive symptoms, the presence of a psychiatric diagnosis, and years of education” (p. 598).

In a sample of homeless men, Patterson and Holden (2012) found that psychache was a stronger predictor of suicidal ideation than were depression, hopelessness or having a meaning in life. Psychache scores were associated with all of the measures used in the study.

In a study of primary care patients, Brooks, et al. (2024) found that psychache was associated with measures of thwarted belonging and perceived burdensomeness and suicidality.

In a study of Chinese adults, Li, et al. (2023) found that suicidal ideation was apparently associated psychache and meaning in life, although these correlations were not reported).

Bourn, et al. (2018) studied internalized heterosexism (IH) in young adults. IH is when LGB individuals direct the heterosexist messages that they have heard about sexual minorities toward themselves. IH was positively associated with psychache and with both positive and negative religious coping. Psychache was also positively associated with negative religious coping but not associated with positive religious coping.

Studies of Prisoners

Mills, et al. (2005) gave Holden's scale to male prisoners and found two factors for the 13 items (which they did not label). Psychache scores were associated with depression, hopelessness, a measure of psychological dysfunction and suicidality.

Studies of Psychiatric Patients

In a sample of Turkish psychiatric outpatients with generalized anxiety disorders, Demirkol, et al. (2022) found that psychache was associated with several measures of anxiety and with suicidal ideation. In a multivariate regression, only psychache predicted suicidal ideation.

Demirkol, et al. (2020) found that attempted suicide in patients with major depressive disorders was associated with depression, childhood trauma, dissociative experiences and psychache, but only dissociative experiences predicted attempted suicide in a multiple regression.

In a sample of Turkish psychiatric patients diagnosed with depression, Tanriverdi, et al. (2024) found that psychache scores were associated with scores on a suicide probability scale. A higher level of spiritual well-being was associated with a decreased risk of suicide and a lower level of psychache.

Demirkol, et al. (2019a) found that obsessive-compulsive patients had higher psychache scores than healthy controls. Among the obsessive-compulsive patients, those who had attempted suicide had high psychache scores, and psychache scores were the only predictor of attempted suicides. Psychache scores were associated with obsessive compulsive scale scores and suicidal ideation.

Demirkol, et al. (2019b) found that schizophrenics, who had attempted suicide had high psychache scores, and psychache scores were the only predictor

of attempted suicides. Psychache scores were associated with depression and alexithymia scores.

Kapoor, et al. (2023) studied patients with bipolar disorder and found that suicidal ideation was associated with and predicted by psychache, emotional, physical and sexual abuse in childhood, thwarted belonging and perceived burdensomeness.

Lambert, et al. (2020) studied entering undergraduates who reported suicidal ideation or a past suicide attempt and followed them up ten weeks later. Psychache and depression, but not hopelessness, predicted change in suicide attempter status.

Unbearable Psychache

Three items from Holden's psychache scale were chosen to assess unbearable psychache (Pachkowski, et al., 2019). In a study of Canadian adults and of psychiatric inpatients, Pachkowski, et al. found that scores on the scale predicted suicidal ideation over and above general psychache, hopelessness, perceived burdensomeness, and thwarted belongingness

Namli, et al. (2022), in a sample of patients with depression, found correlations between the Unbearable Psychache Scale and depression, hopelessness suicidal ideation and a Psychological Pain Assessment Scale (Mee, et al., 2011). The psychiatric patients had higher unbearable psychache scores than healthy controls and, among the psychiatric patients, those who had attempted suicide had higher scores than those who had not attempted suicide.

In samples of Portuguese adults, Campos and Holden (2020) found that a history of attempted suicide was better predicted by the full 13-item psychache scale than by the 3-item psychache scale. Having had a psychiatric diagnosis in the past also contributed to the prediction of a past suicide attempt.

The Mee-Bunney Psychological Assessment Pain Scale (MBPPAS)

Mee, et al. (2011) developed the Mee-Bunney Psychological Assessment Pain Scale (MBPPAS) consisting of ten items and administered the scale to psychiatric outpatients with major depression and healthy controls. For the psychiatric patients, MBPPAS scores were associated with scores for suicidality, hopelessness, depression and a scale to measure physical pain. Psychiatric patients

scoring above the mean on the MBPPAS reported a higher number of previous suicide attempts than those with lower scores.

Orbach and Mikulincer's Scale of Mental Pain

Orbach, et al. (2003a) developed a scale to measure *mental pain*. They cite Shneidman's writings on psychache but, by naming their scale as one for measuring mental pain, research using their scale is not easy to locate, even though their articles have been cited many times. Furthermore, their scale has 44 items and they identified nine factors: irreversibility, loss of control, narcissistic wounds, emotional flooding, freezing, estrangement, confusion, social distancing and emptiness. A factor analysis also identified nine factors. This complexity is probably psychologically meaningful, but it will discourage other researchers from using the scale. In a sample of adults, some of the subscales of mental pain were associated with depression and anxiety. One possible way to use the scale is to combine all subscale scores into a total scale, but the scale's length remains a deterrent to its use.

Becker, et al. (2019) found that scores for mental pain were associated with depression, suicidality, emotion regulation and psychological resources in adolescents and with suicidality in psychiatric patients.

Kremer, et al. (2017) found that female victims of sexual abuse and of physical abuse had higher scores for mental pain than victims of physical abuse.

Ohana, et al. (2014) gave Orbach's scale to Holocaust survivors with a mean age of 80 and a comparison group of elderly. The two groups did not differ in a measure of resilience, but the Holocaust survivors had higher scores for psychache (especially for affective numbing and narcissistic damage). Psychache scores in the Holocaust survivors were higher in those living alone and for the older survivors.

In a sample of adult psychiatric outpatients, Bougar, et al. (2025) found that psychache scores were associated with suicidal ideation along with adverse childhood experiences and a measure of personality organization.

In a study of psychiatric inpatients, Orbach, et al. (2003b) found that those who had attempted suicide had higher scores on seven of the nine mental pain subscales. The mental pain subscale scores were positively associated with measures of depression, anxiety and hopelessness. In college undergraduates, the

subscale scores for mental pain were negatively associated with scores for optimism and life regard.

It is noteworthy that Orbach has also studied the tolerance for physical pain in suicidal individuals (e.g., Orbach, et al., 1996)

Pain

Olié, et al. (2021) used a simple single item rating of the degree of psychological pain to measure psychache. They found a negative correlation in suicide attempters (but not in affective patient controls) between daily ratings of psychological pain and orbitofrontal activation during a video game in which the participant experienced social exclusion.

Comment

The volume of research on psychache and related constructs is impressive, and it is currently increasing each year. This body of work has been facilitated by Holden's team of researchers and the development of his 13-item scale to measure psychache, a brevity that makes it attractive to use in research.

Chapter 4

Typologies of Suicides

It is evident that not all suicides are alike. To assume that the suicides of individuals such as Marilyn Monroe, Herman Goring, Sigmund Freud, Yukio Mishima, George Sanders (Oscar-winning actor), and Jan Palach (who set fire to himself in 1969 to protest the invasion of Czechoslovakia by the Soviet Union) will all fit the same model is wrong. We need a meaningful typology (or typologies) for suicides. Shneidman suggested three typologies: one based on needs, one based on motive, and one based the role of significant others.

Van Hoesel's Study

Van Hoesel (1983; Reynolds & Berman, 1995) studied typologies proposed by ten scholars, including two proposed by Shneidman.

1. Durkheim (1897): altruistic, fatalistic, anomic, egoistic
2. Menninger (1938): wish to kill, wish to be killed, wish to die¹³
3. Leonard (1967): dependent-dissatisfied, satisfied-symbiotic, unaccepting
4. Mintz (1968): hostility directed against the introject, aggression turned back upon the self, retaliation and the wish to punish/induce guilt, narcissistic or masochistic gratification, atonement or guilt reduction, destruction of intolerable feelings, rebirth, reunion, escape from pain, counterphobic, response to fear of death, and defensive regression
5. Shneidman (1968): egotic, dyadic, ageneratic
6. Henderson and Williams (1974): depression, extra-punitive, alienation, operant, modeling, avoidance
7. Shneidman (1980): based on 21 different needs ranging from abasement to understanding
8. Wold (1971): discarded women, violent men, middle-age depression, Harlequin syndrome, I can't live without you, I can't live with you, adolescent family crisis, down and out, old and alone, chaotic
9. Shneidman (1996): psyde-seeker, psyde-initiator, psyde-ignoror, psyde-darer
10. Baechler (1979): escapist, aggressive, oblativ, ludic

¹³ Lester (1993c) has objected to Menninger's label for to be killed." It suggests a need to be punished, whereas it is typically applied to depressed suicides. Menninger was a Freudian and so adopted Freud's view of depression as anger turn inward onto the self. Lester would replace the label with *depressed*.

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

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

Escape

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

Confusion

This subtype included Shneidman's egotic and Wold's chaotic. These suicides had intrapsychic conflict, chaotic organization and showed bizarre behavior, and 74% had a psychiatric disorder. Thirteen percent of the suicides were of this subtype.

Aggression

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

more often left a suicide note. Nineteen percent of the suicides were of this subtype.

Alienation

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

Depression/Low Self-Esteem

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

The study by Van Hoesel provides us with a summary of the ten most common typologies proposed by suicidologists, and empirically suggests that five major subtypes can be identified from the 69 subtypes proposed by the ten suicidologists. In terms of being able to classify more of the sample, Baechler's proposed typology performed the best (with only 14% of the suicides unclassified) but, although Baechler proposed four subtypes, the oblique and ludic subtypes applied to only 4% of the suicides, which means that only two of the subtypes are common. For Menninger's three types, on the other hand, each applied roughly to one-quarter of the suicides: wish to kill 20.3%, wish to be killed 28.2%, wish to die 28.0%, and unclassified 23.5%. Van Hoesel's study was limited, of course, by the fact that the record of each suicide in the Medical Examiners' files was not a comprehensive psychological autopsy, and so details of the lives of the suicides were limited.

Regarding Shneidman's two typologies, the three-type proposal (egotic, dyadic, and agenerative) was found to be better than the typology based on types of needs (73% of the suicides classified versus 61%). Of the 69 subtypes, 3 types characterized a large proportion of suicide cases: Baechler's 'escapist' type described 64% of the cases, Durkheim's 'anomic' suicide described 57% of the cases, and Shneidman's psyche-seeker type described 47% of the cases.

Shneidman's Typologies

The study review above by Van Hoesel focused on two of Shneidman's typologies and their success in describing suicides. The three item typology was based the degree to which psychological versus social factors contribute to the suicide: Egotic suicides are the result of intrapsychic conflict where the impact of the individual's environment and social ties are secondary. Dyadic suicides are often fueled by frustration, hate, rejection, shame, and other emotions related to the needs and wishes left unfulfilled by romantic and friendship relationships. Shneidman thought that dyadic suicide was the most commonly found of the three types. Ageneratic suicides arise from a sense of isolation, loss of identity, and alienation from others. Van Hoesel is the only study of this typology.

In Shneidman's words:

(a) "Egotic," or an annihilation of the self, resulting from an inner struggle in which the individual is primarily self-contained without regard for a "significant other" person. These suicides are mainly psychological in nature with suicide notes often filled with symbolism or even poetry expressing inner conflicts. (b) "Dyadic," which is social in nature and related primarily to conflict with a "significant other" to whom blaming suicide notes are usually addressed. (c) "Ageneratic," which is sociological in nature and relates to a sense of alienation from preceding and future family-generations, or a sense of emptiness in the family of man. (Shneidman, 1968, p. 1)

Hardly any research has been conducted on the proposal by Shneidman of the 21 needs found in suicides. Lester (1998) applied this typology to 30 suicides famous enough to have biographies written about them. Lester found that the most common need in these lives ended by suicide was harmavoidance, that is, the person is seeking to avoid pain (in 27 of the 30 suicides), followed by infavoidance (avoiding humiliation, found in 11 of the suicides). No other motive was found in more than two suicides. Aggression, autonomy and exhibition were found in two suicides, while affiliation, defendance, dominance, nurturance and rejection were found in only one suicide.

Shneidman's Proposed Constructs for Cessation

Shneidman (1981) proposed a series of terms related to death.

- Cessation is the stopping of the potentiality of any further conscious experience. This can occur without death.

- Interruption is the temporary stopping of consciousness
- Termination is the stopping of the physiological functions of the body. This is death.
- Continuation: neither cessation interruption or termination

With regard to cessation, several orientations are possible.

1. Intentioned: the individual plays a direct and conscious role in his/her own demise.
 - Death seeker: has a wish to end all conscious experience.
 - Death initiator: is seeking to end all conscious experience in the near future.
 - Death ignorer: is unaware that cessation will end all conscious experience
 - Death darer: gambles on his/her cessation, as in Russian Roulette
- 2 Subintentioned: the individual plays an indirect, covert, partial or unconscious role in his/her own death. This has several types:
 - Death chancer, Death darer, Death experimenter
 - Death hastener:
 - Death capitulator: gives in to death
 - Death experimenter
- 3 Unintentioned
 - Death welcome
 - Death acceptor
 - Death postponer
 - Death disdainer
 - Death fearer
- 4 Contraindented
 - Death feigner
 - Death threatener

Shneidman's detailed proposal for nomenclature suggests where his typology of suicides comes from of psyde-seeker, psyde-initiator, psyde-ignorer, psyde-darer

Comment

Suicidologists have not come to any clear agreement as to which typologies are best for understanding suicide. The three suggested by Shneidman are probably

not the best, but they may have as much merit as the others, although they are perhaps not quite as popular.

Chapter 5

Theories of Suicide

Shneidman has proposed two theories of suicide. For the first, Shneidman (1996) proposed a theory of suicide based on ten commonalities of suicides which are sufficiently general to apply to all suicides.

1. The common purpose of suicide is to seek a solution: A suicidal person is seeking a solution to a problem that is "generating intense suffering" within him or her.
2. The common goal of suicide is cessation of consciousness: The anguished mind of a suicidal person interprets the end of consciousness as the only way to end the suffering.
3. The common stimulus of suicide is psychological pain: Shneidman calls it "psychache," by which he means "intolerable emotion, unbearable pain, unacceptable anguish."
4. The common stressor in suicide is frustrated psychological needs: A suicidal person feels pushed toward self-destruction by psychological needs that are not being met (for example, the need for achievement, for nurturance or for understanding).
5. The common emotion in suicide is hopelessness-helplessness: A suicidal person feels despondent, utterly unsalvageable.
6. The common cognitive state of suicide is ambivalence: Suicidal people, Shneidman says, "wish to die and they simultaneously wish to be rescued."
7. The common perceptual state in suicide is constriction: The mind of a suicidal person is constricted in its ability to perceive options, and, in fact, mistakenly sees only two choices - either continue suffering or die.
8. The common action in suicide is escape: Shneidman calls it "the ultimate egression (another word for escape) besides which running away from home, quitting a job, deserting an army, or leaving a spouse ... pale in comparison."
9. The common interpersonal act in suicide is communication of intention: "Many individuals intent on [dying by suicide]... emit clues of intention, signals of distress, whimpers of helplessness, or pleas for intervention."
10. The common pattern in suicide is consistent with life-long styles of coping: A person's past tendency for black-and-white thinking, escapism, control, capitulation and the like could serve as a clue to how he or she might deal with a present crisis.

Very little research has been done on this proposal. Most researchers simply list the ten commonalities.

Leenaars's Conceptualization of Shneidman's Theory of Suicide

Lester (1991) examined how well ten theories of suicide classified these 30 suicides. The ten theories were detailed by Leenaars (1988, 1990), each with ten statements. Shneidman's theory performed best. Thirteen of the suicides had seven or more of the ten statements describing Shneidman's theory. The next best was the theory of Harry Stack Sullivan with seven suicides having seven or more of the ten sentences present.

Leenaars's proposal for ten statements that describe Shneidman's theory were:

1. The suicidal person is in unbearable emotion (pain). The person is focused almost entirely on this unbearable emotion (pain), and especially one specific (an arbitrarily selected) way to escape it.
2. The suicidal person is experienced a situation that is traumatic (e.g., poor health, rejection by the spouse, being married to a non-supportive spouse). What is implied is that some needs are unfulfilled, thwarted or frustrated.
3. The suicidal person wishes to end all conscious experience. The goal of suicide is the cessation of consciousness, and the person behaves in order to achieve this end.
4. The person communicates that the idea of cessation (death, stopping or eternal sleep) provides the solution for a desperate person. It permits him/her to resolve the unbearable state of self-destructiveness, disturbance and isolation.
5. The suicidal person is in a state of heightened disturbance (perturbation), e.g., he/she feels boxed in, rejected, harassed, unsuccessful, and especially hopeless and helpless.
6. The suicidal person's internal attitude is ambivalence. The suicidal person experiences complications, concomitant contradictory feelings, attitudes

and/or thrusts (not only toward the self and other people but toward the act itself).

7. The suicidal person's cognitive state is constriction (tunnel vision, a narrowing of the mind's eye). The person is figuratively intoxicated or drugged by overpowering emotions and constricted logic and perception.
8. The suicidal person needs or wishes to egress. He/she wants to leave (the scene), to exit, to get out, to get away, to be gone, not to be around, to "be elsewhere"....not to be.
9. The suicidal person exhibits patterns of behavior that diminish or truncate his/her life, which subtracts from its length or reduce its scope.
10. The person's suicide has unconscious psychodynamic implications.

Using the 30 suicides as subjects and their scores out of ten for each of ten theories of suicide, Lester found that three factors (clusters) were extracted. Shneidman's theory loaded on the major factor along with the theories of Sigmund Freud, Carl Jung, George Kelly, Karl Menninger, Henry Murray, Harry Stack Sullivan and Gregory Zilboorg.

Lester (1994b) repeated this study adding five more theories to the ten used in his earlier study. In their ability to explain the 30 suicides, Shneidman's theory ranked second, with the theory of Aaron Beck the best, and applied equally well regardless of the sex, age, the year of the death and whether the suicide was European or not.

Comment

Very little research has been conducted on or modifications suggested for Shneidman's theories of suicide. Suicidologists have been content to agree with and report the ten commonalities of suicide and leave it at that.

Chapter 6

Suicide Prevention Centers

Of course, Ed, along with normal Farberow, and assisted by Robert Litman and Norman Tabachnick, founded the suicide prevention center in Los Angeles.

This was not the first suicide prevention center. The Reverend Chad Varah had founded *The Samaritans* in London in 1953. It later opened centers in the United Kingdom and Ireland, with a telephone hotline to aid those suicidal or in distress, and it had helplines in the United States too. It later became known as *Befrienders Worldwide*. Later, in 2009, a free hotline was established (116123). In many ways, therefore, The Samaritans led the way in suicide prevention.

The Los Angeles suicide prevention center was founded in 1958 and the national 988 toll-free telephone hotline in 2022. The important difference between the LA SPC and The Samaritans was the emphasis of the LA SPC on research, a result of the difference between the founders – psychologists versus an Anglican priest.

The LA SPC was, therefore, a tremendous stimulus to research and theory in suicidology, and Ed later help found the American Association of Suicidology in 1968, an academic organization which held annual meetings. From 1966 to 1969, Ed headed a program at the National Institutes of Health that focused on suicide research and prevention.¹⁴

The suicide prevention service in Buffalo (New York) was founded in 1969 by Gene Brockopp, a psychologist. He hired three directors for clinical aspects, for training aspects and for research and evaluation (a position held by myself for 1969-1971). We modeled the center on the LA SPC and sought to be better. We started our own journal (*Crisis Intervention*)¹⁵ sent free of charge to all suicide prevention centers and to suicidologists, and we developed the first manual for telephone counseling (Lester & Brockopp, 1973).

¹⁴ I visited Ed during his time there.

¹⁵ For copies of *Crisis Intervention* edited by me, see www.drdauidlester.net

Ed's contributions in founding the Los Angeles suicide prevention center and the American Association of Suicidology were tremendously critical in stimulating the field of suicidology.

Chapter 7

Comment

If I were simply reviewing these research papers in my annual reviews of suicide research, I would criticize the research design and statistical analyses severely. However, that was not the focus of this essay. The focus was on Shneidman's influence in suicidology.

Indeed, as mentioned earlier, I was surprised (and even shocked) to see how much psychache has become a major research topic in suicidology and in fact is increasingly stimulating research year by year. It is clear that Shneidman's influence on suicidology research and theory has been and remains impressive.

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