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BOREDOM, DEPRESSION AND SUICIDAL IDEATION

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Abstract: In a sample of Egyptian university students, scores on a boredom proneness scale were strongly associated with scores on a measure of depression. The association between boredom and past week suicidal ideation and lifetime attempted suicide was positive but not statistically significant after controls for depression.

George Sanders (1906-1972) became a famous film actor in the United States. Sanders predicted back in 1937 that he would die by suicide using an overdose. In 1970, his third wife died and, in the same year, his mother and brother died. Sanders became depressed and reclusive. He lost money in a failed investment and had a minor stroke. Sanders died by suicide on April 25th, 1972, from an overdose. He left two suicide notes, one of which read:

Dear World, I am leaving because I am bored. I feel I have lived long enough. I am leaving you with your worries in this sweet cesspool. Good luck

The relationship between boredom and suicidal behavior has been largely ignored. On PsycInfo, suicid* plus boredom elicits two articles. De Souza Minayo, et al., (2016) explored the role of boredom in the elderly who attempt suicide. They found that attempted suicide occurred in the context of fragile social and familial relationships, social isolation, loneliness, experiencing a tedious lifetime, depression, abuse of alcohol and a negative perception of aging. Maltzberger (2000) presented the case of a 30-year-old who attempted suicide and who felt that life was boring, a purposeless burden, and without meaning.

A more meaningful discussion of boredom and suicide was presented by Velasco (2024) who noted that “dying of boredom” is treated as a joke rather than

as a serious issue.¹ Boredom can kill through agency and passivity. Helplessness in the face of boredom can result in psychache (mental pain) and suicidal ideation, and this was noted by Seneca, Kant, Gustav Flaubert and Émile Durkheim. Baudelaire, who attempted suicide at the age of 26, left a suicide note for his mother that read: I kill myself because I find the tedium of going to sleep and the tedium of getting up unbearable.²

Velasco presented several cases of suicide in young people motivated by boredom, but noted that boredom can result in suicidal behavior also in the elderly. “Boredom...is the breeding ground for both physical and mental problems that affect the development of life. Their suffering leads to states of anger, irritation and frustration, agitation and nervousness, sleep disorders, eating disorders, a decrease in functional abilities and perceived health, a feeling of loneliness, disinterest in the world, depressive symptoms, increased alcohol consumption and medication, episodes of violence and suicidal ideation, among many others. This rises exponentially in those who are institutionalized” (p. 99). Bargill (2000) reported the case of a 67-year-old mother of eight children, married to a man who was emotionally abusive and cold, who had attempted suicide because she found her life empty and could find no relief from her boredom.

In an empirical study, Yusoufzai, et al. (2022) had undergraduate students watch videos that induced boredom, anger or were neutral. Those watching the boring video were more likely to administer mild electric shocks to themselves, especially those with a history of non-suicidal self-injury.

In a preliminary study on 27 people, Abaei, et al. (2025) found that scores of scales for boredom and depression were positively associated. The present study was designed to explore whether boredom is associated with depression and suicidal ideation.

¹ This article originally appeared in Spanish (Velasco, 2021).

<https://dependencia.info/noticia/4141/opinion/puede-uno-morirse-de-aburrimiento.html>

² More generally, Britton and Shipley (2010) found that boredom was associated with a shorter life expectancy.

Method

Participants

The participants were undergraduate students who were given the questionnaire during class time at the University of Alexandria in Egypt. The students participated voluntarily in this study. Participants were 181 full-time students consisting of 78 men and 103 women, with a mean age of 19.93 (SD=1.79, range 17-27), enrolled in various colleges and departments across the university, representing a diversity of socioeconomic and ethnic backgrounds. This broad representation reflects the heterogeneity of the university's student body. Inclusion criteria required participants to be currently enrolled undergraduate students capable of providing informed consent. Students not enrolled during the data collection period or unable to provide consent were excluded.

Study approval was granted by the Faculty of Arts Research Board, University of Alexandria, ensuring that all procedures complied with established ethical standards for research involving human participants. Informed consent was obtained from participants who were informed about the purpose of the study and assured of the anonymity and confidentiality of their responses. Participation was entirely voluntary, and students were permitted to decline or withdraw at any point without penalty. Data were collected during regular class time by trained research assistants.

Inventories and Scales

The Beck Depression Inventory

The short form of the Beck Depression Inventory was used (Luty & O'Gara, 2006) which has 13 items answered using a four-point answer format: For example: I do not feel sad=0, I feel sad=1, I am sad all the time, I can't snap out of it= 2, and I am so sad and unhappy that I can't stand it=3. For the present sample, the Cronbach alpha reliability was 0.904.

A Boredom Proneness Scale

The short boredom proneness scale (Struk, et al., 2017) consists of 8 items administered with a Likert-type format ranging from 1 strongly disagree to 6 strongly agree. A typical item is "Much of the time, I just sit around doing

nothing.” The Cronbach alpha reliability for the scale for the present sample was 0.836.

Suicidal Behavior

The participants were also asked whether they had suicidal ideation in the past week and past month and had they ever attempted suicide.

Results and Discussion

The means scores (and standard deviations) are shown in Table 1. The boredom proneness score was not associated with sex (point biserial $r=0.06$) or age (Pearson $r=-0.08$).

Table 1: Mean scores and percentages and correlations

Scale	Mean or % yes	SD	Pearson correlation with Boredom
Boredom	26.58	9.43	-
Depression	24.41	10.19	0.65**
Suicidal ideation			
Past week	12.7%		0.21*
Past month	13.3%		0.25**
Attempted suicide			
Lifetime	7.7%		0.10

** $p<.001$
** $p<.01$

The correlation between the scores for boredom and depression was 0.66 (two-tailed $p<.001$), and with suicidal ideation in the past week ($r=0.21$, $p<.01$) and past month ($r=0.25$, $p<.001$), but the correlation with lifetime attempted suicide was not significant ($r=0.10$) (see Table 1). In a stepwise multiple regression, only depression predicted suicidal ideation. Boredom did not play a role.

Conclusion

In this large sample of university students, boredom was strongly linked to depression. It may be that boredom leads to depression or that depression results in boredom or, perhaps, both pathways exist.

References

- Abaei, E., Lester, D., & Yeh, N. (2025). Boredom and suicidality: a preliminary study. *Suicide Studies*, 6(6), 61-64.
- Bargill, R. W. (2000). The study of life boredom. *Journal of Phenomenological Psychology*, 31(2), 188-219.
- Britton, A., & Shipley, M. J. (2010). Bored to death? *International Journal of Epidemiology*, 39, 370-371,
- De Souza Minayo ,M. S., De Oliveira, Teixeira, S. M., & De Oliveira Martins, J. C. (2016). Tédio enquanto circunstância potencializadora de tentativas de suicídio na velhice. *Estudos de Psicologia*, 21(1). 36-45.
- Luty, J., & O’Gara, C. (2006). Validation of the 13-Item Beck Depression Inventory in alcohol-dependent people. *International Journal of Psychiatry in Clinical Practice*, 10, 45-51.
- Maltsberger, J. T. (2000). Case consultation: Mansur Zaskar: A man almost bored to death. *Suicide & Life-Threatening Behavior*, 30, 83-90.
- Struk, A. A., Carriere, J. S. A., Cheyne, J. A., & Danckert, J. (2017). A short boredom proneness scale. *Assessment*, 24, 346-359.
- Velasco, J. R. (2021). ¿Puede uno morir de aburrimiento?
<https://dependencia.info/noticia/4141/opinion/puede-uno-morirse-de-aburrimiento.html>
- Velasco, J. R. (2024). Can one die of boredom? *Suicide Studies*, 5(3), 98-100.
- Yusoufzai, M. K., Vancleef, L., Lobbestael, J., & Nederkoorn, C. (2022). Painfully bored. *Motivation & Emotion*, 46, 689-701.

EXAMINATION OF A TYPOLOGY OF SUICIDE: A FAILURE

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Abstract: An effort was made to classify suicides into the five categories devised by van Hoesel. It failed because one category (escape) fitted all of the suicides, while another (depression/self-esteem) mixed two themes.

Lester (2024) has argued that there cannot be a single theory of suicide. Rather, suicidology needs a sound typology of suicide and then, perhaps, a theory can be proposed for each type.

The best study of typologies of suicide was conducted by van Hoesel (1983) who took ten typologies by different researchers, had judges decide which of the types each suicide fitted, and then ran a statistical analysis to group the types. She identified five major types.

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.

Method and Results

The present study took 72 suicides whose lives were summarized by Lester (2026) and classified them into the five types. The suicides chosen for this study were those used in studies by Zhang, et al. (2013) and Lester and Gunn (2022). It was a failure!

In Table 1, the first nine suicides all fitted into escape as a type. Of course suicides are escaping. This is as obvious as Shneidman's (1993) statement that psychache characterizes all suicides. After all, suicides are not experiencing psychjoy! All suicides are escaping psychache.

The other problem is the combination of depression and low self-esteem into one category. Most suicides show evidence of depression, but fewer have evidence of low self-esteem. The career of Charles Boyer at the age when he died by suicide (78) was not as successful as when he was younger, but it was the loss of his wife that led to his depression and suicide.

TWO MISSING PSYCHOLOGICAL AUTOPSIES [FROM *SUICIDE STUDIES*, 2026, 7(2)]**JO ROMAN****David Lester**

Jo Roman spent part of her life considering whether rational suicide existed and, after she decided that it was, thinking of how society might assist those who wished to commit suicide to do so in a dignified manner. When she was sixty-one, in March 1978, Jo was diagnosed with advanced breast cancer, and so she killed herself in line with the principles that she had worked out.

Early Life

Jo was born on February 3, 1917, at her parents' home in Cambridge, Massachusetts. She was named in honor of the doctor who delivered her -- Mary. Her parents had already lost a girl in infancy. Jo had a brother four years older and, later, a younger brother.

Jo's father, Charles Clodfelter, called Claude by her mother, was 42 and a minister in the Swedenborgian Church. Her mother, Adeline, was 27. Claude was born on a farm in Missouri but had left to become a minister. A few months after Jo's birth, the family moved to Fall River, Massachusetts, to start a mission there among the Catholics. Although her parents treated Fred normally, they were extremely overprotective of Jo. They did not let her play with or talk to other children except when supervised by her parents and, until the age eleven, Jo was never out of the sight of her parents, brother, or parent-approved adult. Her mother's discipline was harsh and her rules rigid. There were daily spankings, and Jo's mouth was washed out with soap if she said the wrong thing. Her father did sometimes take Jo with him on visits to parishioners, and by the age of ten Jo had decided that God was a figment of man's imagination.

The family moved to a new parish in 1928, in Lancaster, Pennsylvania. By now, Jo knew how to handle her parents by appearing to be the obedient girl they desired. They permitted her to play with other children at her home (but not at their homes), but Jo developed a double life, slipping secretly into the homes of her friends and developing her own self. She decided that she did not like the name

Mary and chose Mary Jo Anne. She registered at school as Mary Joanne, and graduated as Mary Joan, which confused her parents. She persuaded them to call her Mary Jo, and later to drop the Mary.

Jo went to college at Millersville State Teacher's College where she developed a good friend, Mary Butts, and fell in love with a boy who hadn't finished high school and who worked in a wholesale hardware firm. Jo's parents wanted them to postpone a marriage, so Jo and Bill married secretly in March 1937 and continued to live apart. Jo graduated and worked as a grade school teacher, while Bill graduated from the Wharton School the University of Pennsylvania in 1939. They now had an official wedding ceremony and moved in together. A son Tom was born in 1940 and a daughter Timmy in 1942.

In March 1943, on the sixth anniversary of their marriage, Bill had to have a hernia operation, but he died of a heart attack during the surgery. After a period of grieving, Jo took the children off to Alaska where she worked as an interior designer. She quickly met the Governor's wife there, who introduced Jo into social life of the Governor. Jo's life blossomed, and she fell in love with the Governor's aide, Warren Caro. However, Jo was often exhausted, plagued by insomnia, and found herself wishing to be dead whenever she wasn't preoccupied with her work. She felt that she was a poor mother to her children, and she decided to send the children to live with her college friend, Mary, who was now married to a minister and who was unable to have children. Eventually, Mary adopted the children, but Jo appears to have kept in contact with her children and to have established good relationships with them.

Jo left Alaska early in 1946 and visited her parents and her children in Pennsylvania. She moved on to New York City to develop her relationship with Warren and, after meeting Robert Laidlaw, a psychiatrist interested in marriage counseling, got involved in the newly-formed American Association of Marriage Counselors. There she met Ernest Groves who arranged for Jo to be admitted to Duke University as a graduate student in the department he was starting there. Groves died in August, before the semester had started, and Jo spent a year in the psychology department, which had a curriculum she hated but which, with the aide of two fellow students, Sam and Bob, she survived for one year. She was quite ill during the year, with heavy menstrual flows, a hysterectomy, and an infection of the ears and sinuses. Jo became Bob's lover, despite remaining involved with Warren who was in New York, but by the end of the year decided that she wanted to end her existence. She overdosed on Seconal, but survived. Jo wrote that she never again felt suicidal.

Despite passing her exams, she quit the psychology department at Duke University and moved back to New York. She worked for a while at the Margaret Sanger Research Bureau, which was conducting pioneering work on birth control and family planning, and she married Warren in November 1947,

Jo went into an orthodox psychoanalysis and, although her analyst died after two and a half years, she continued her analysis with another analyst, completing five years. She earned a master's degree in psychiatric social work. However, after five years of marriage, she decided that she and Warren were not compatible, and so they divorced.

Two years later, in 1952, in the course of her work, she met Mel Roman, a psychologist. Mel was married with a three year old, but unhappy. After Mel separated and divorced his wife, he and Jo got involved. Jo was concerned that Mel was ten years younger than she was and that she had been alone for only two years, but they married and remained happy together.

Jo worked for Hillside Hospital, the psychiatric clinic of New York City's Domestic Relations Court (where she met Mel), and then the University Settlement House. After Mel had a heart attack, he cut back his hours of work, and they established an apartment with an office nearby and started a private practice. They ventured into art, starting with "interaction paintings" (on which both of them worked). They vacationed on Cape Cod, renting a house for the summers. In 1963, they went down to Mississippi to work for the Medical Committee of Human Rights.

They eventually renovated a row of brownstones in the West Side which they turned into a co-op and in which they had an apartment and studio. Jo developed the idea of "touch boxes," whose interiors could not be seen but which had to be explored by hand. Mel got involved with Paolo Soleri and the plans for building ecologically sound communities in Arizona.

A neighbor in the brownstones, Jochen Seidel, an artist, then decided that he had completed his life as an artist and had no wish to live any more. He made several suicide attempts, and Jo "saved" him on two occasions. Finally, in 1971, he hung himself successfully, and this made Jo think more about rational suicide.

In 1975, at the age of fifty-eight, Jo began to think about how long she would live and how she might like to die. She considered that a life span of 75

years was sufficient, for after that she might well become ill, feeble and decrepit. She planned to commit suicide in 1992, starting a folder about the "project" and adding notes to irregularly. She began to raise the topic of rational suicide with friends and to plan how society might accommodate those who wished to commit suicide. She called her project *Exit House*.

When she discussed her ideas with Mel, he was disturbed. He was distressed by the thought of losing Jo when she was 75 and he was only 65, and the discussions created a good deal of conflict. Mel's mother died of cancer in early 1976, and he saw how the doctors and family conspired to keep the information from her that she had cancer, and he saw how she suffered as the cancer killed her. Finally, Mel asked the doctor to let his mother die. However, it still seemed to him that Jo was abandoning him.

In 1997, Jo and Mel decided to spend two months of the summer of 1978 apart, to pursue their own projects. However, in late 1977, Jo's daughter Timmy developed breast cancer. Jo helped her through the treatment, and then in March 1978 Jo was diagnosed with advanced breast cancer, and she advanced the planned date of her suicide.

Jo kept the information from Mel and others, and she even tried chemotherapy without telling anyone. But eventually the nausea became too severe, and she told Mel in June, 1978. Finally, Jo decided on one year of life of good quality without chemotherapy rather than two years of hell with chemotherapy. In retrospect, Jo considered the ten months she spent trying chemotherapy and suffering the resulting debilitation a waste of time.

Jo killed herself on June 10, 1979, with an overdose of Seconal.

Guidelines for Rational Suicide

In the preparations for her suicide, Jo, with the assistance of her husband, Mel, reached out to her family and friends. She discussed it in depth with everyone, she wrote her obituary, and she began to write a book, *Exit House*, which would be her legacy to others and which was published after her death. As the final section of this book, Jo brought together her interest in rational suicide, her experiences as a social worker and her interior design skills to design an Exit House for the future, complete with a description of the legal basis, services provided and even floor plans for the suites which the suicides would occupy. Alfred Nobel would have been very pleased!

Jo brought up the topic of her suicide with doctors and eventually found one who advised her so that she could decide on a lethal dose of Seconal accompanied by a champagne toast. One doctor offered to give her a lethal injection and two nurses offered to help with the suicide, but Jo declined their assistance. Other doctors offered to sign her death certificate with a cause other than suicide, offers she also declined. She accumulated the Seconal as a sleeping pill over several years, and friends added to her supply. However, Jo felt strongly that a safe and effective "exit pill" should be devised and made available in drug stores for those who wish to kill themselves. The availability of such a pill might prevent many impulsive suicides since these individuals would know that the option for suicide was readily available, and it might also prevent "violent" and bloody suicides.

Jo wished that rational suicides had the opportunity to have a medical assistant to help with the death itself, a practical assistant to help the suicide think through and manage the practical issues of ending a life (such as wills and insurance), a protective assistant to prevent people stumbling across you as you lay dying and "saving" you, and personal assistants to be with you on your journey.

The last of these is possible. Jo developed her own circle and urged rational suicides to start this early on in the process. Discuss your plans with friends and family and see which of those would assist you. Jo's circle grew to one hundred, and she left a letter for three hundred people. Jo's hope was that such circles could arise which were not centered around only one individual, but whose goal could be to be there for anyone in the circle.

In the week before her suicide, Jo and Mel talked -- "marathon sessions" is how Mel described them -- and they met with family members and close friends. The times were full of tears and laughter. For the final weekend, they made a film in which Jo, Mel and their intimate friends discussed the issues and Jo's impending suicide. Jo also wrote a letter which was mailed to some three hundred friends and family members on the day that she killed herself.

Mel notes that the loss of his wife was painful, but the discussions and anticipatory grieving helped him recover from the loss. He felt enriched by the experience, as did many of Jo's friends.

Reference

Roman, J. (1980). *Exit house*. New York: Seaview Books.

WALTER BENJAMIN

David Lester

Born: July 15, 1892, Berlin, Germany

Died: September 27, 1940, Port Bou, Spain

Benjamin was a philosopher, critic, essayist and cultural theorist. Born to an affluent Jewish family in Berlin (his father was an auctioneer and art dealer), Benjamin studied at university, receiving his doctorate in 1919 from the University of Bern (in Switzerland) for a dissertation on German romantic art criticism. However, his ideas were criticized, and he failed to obtain a teaching position at German universities, forcing him to become a free-lance writer. He became well-known for his left-wing views. After Hitler rose to power in 1933, Benjamin fled to Denmark and France, finally settling in Paris in 1939. Refusing to leave France, he was arrested in early September 1940, along with other German and Austrian exiles, as a threat to national security. His health broke down in the internment camp. After release, the threat of the German invasion led him and others to try to flee to Portugal. They were arrested by Spanish authorities after they crossed the border and were threatened with return to France, and thence the Gestapo. Benjamin committed suicide with morphine, after which the Spanish let the others through to Portugal.

I have not found a biography on Benjamin in English, but Scholem (1981) has written a memoir that deals with their friendship with some details of Benjamin's life.

Scholem first saw Benjamin in 1913 at a meeting of a Zionist youth organization in which Benjamin made a speech relegating Zionism to a secondary position. Benjamin was then 21. Benjamin had attended the Kaiser Friedrich School in Berlin, a progressive institution. His friends at the school regarded Benjamin as intellectually superior. Scholem first visited Benjamin at his parents' house in 1915, whereupon they began their life-long friendship. Benjamin's parents were upper-middle-class and had known periods of wealth.

Benjamin was a courteous person, who created distance between himself and his friends. He was reserved and secretive about his personal life. He rarely gave the names of friends in conversation. He liked solitude and disliked talking about current political events. During the war, he never mentioned the events taking place. Associating with Benjamin required patience and consideration. He read

voraciously, liked to play chess and Go, and loved to read detective stories. Benjamin had a younger sister, Dora, and a brother Georg who later became a physician and active communist.

Both Benjamin and Scholem were opposed to the First World War. At the beginning of the war, Benjamin's friend, Fritz Heinle had committed suicide along with his girl friend. In 1914, Benjamin at first volunteered for service so as to remain among his friends, but was rejected. Later that year, he managed to get a medical exemption from service by faking the symptoms of palsy. He was engaged at the time to Grete Radt, an engagement that appears to have occurred at the urging of Benjamin's father, but to which he did not feel committed. However, after receiving a one year deferment, Benjamin went to Munich where his fiancé was.

At that time, Benjamin was already writing and translating foreign works into German. His engagement soon ended, and he began to see Dora Pollak, an Austrian who was separated (and later divorced) from her husband.³ Benjamin stayed in Munich until December 1916, when he again had to meet with the military officials. He was classified as fit for light field duty, but he fell ill with sciatica (possibly induced by means of hypnosis by Dora), and he was again deferred. Benjamin and Dora were married on April 16, 1917. They went to a sanatorium for treatment of his sciatica in Dachau and, while there, received a medical certificate that enabled them to leave for Switzerland where their son Stefan was born.

Benjamin decided to work for his doctorate at the University of Bern. Benjamin was interested in many ideas, aside from literary and art criticism, including graphology, even experimenting with hashish. He also began to collect old and rare children's books. Scholem noticed Benjamin's melancholy here in Switzerland, which became more severe over the years, though never seeming like manic-depression.⁴ Scholem witnessed many arguments between Benjamin and Dora. They lived off money from Benjamin's parents (a continual source of friction) and from what Dora could earn as a translator. Still, they had a live-in maid who also cared for Stefan.

³ Benjamin's favorite aunt, Friderike Josephy, committed suicide in the Spring of 1916.

⁴ Dora told Scholem that Benjamin had an obsessive-compulsive neurosis. He suffered from a "noise psychosis," an aversion to noise. He also had a passion for gambling.

The fall in value of German currency presented problems to continued living in Switzerland, but Benjamin passed his examination *summa cum laude*, on June 27, 1919. Benjamin and Dora returned to Berlin in March, 1920. There was a break with his parents, Dora continued to work as a translator, and Benjamin earned a little as a graphologist. Relations with Benjamin's parents improved, and they moved into his parents' house in Berlin. Benjamin planned to write a *Habilitation* thesis on epistemology, but his marriage with Dora was disintegrating. In 1921, Dora fell in love with Ernst Shoen, and Benjamin with Julia Cohn, the sister of one of his school friends. Neither of these relationships developed into marriage, but from 1923 on, Benjamin and Dora lived together only as friends. Benjamin moved to Heidelberg for a while (to be with Julia) and worked on an essay on Goethe which he finished in February, 1922. There were plans for a periodical for him to edit (which fell through). He was living on resources from his parents and Dora's work as a translator as he pursued a career as a *Privatdozentur*. In the Fall of 1922, the possibility of an *Habilitation* in Heidelberg came to nought, and Benjamin tried for one at Frankfurt. After completing the thesis, his prospects for an academic career fell through in 1925, and Benjamin was forced to live from his writing thereafter.

In 1924, his father fell ill and had a leg amputated, relations with Dora caused him to move out temporarily, and he spent six months in Italy. His work began to be published, articles in magazines and a book of translations. He met a Russian revolutionary from Riga, Asja Lacis, with whom he fell in love, and he began to move toward left-wing ideas (visiting Russia in 1927), although he never did join the German Communist Party.

For the rest of his life, he moved a lot and wandered a lot from country to country. His father died in 1926, and eventually Paris became his favorite place in which to live and write, although his work required frequent stays in Berlin.

In 1927, his friend, Scholem tried to find a position for him in Palestine and to persuade Benjamin to emigrate, but these efforts failed because Benjamin did not really want to go there. He was European and wanted to stay in Europe. For two years, there were plans for Benjamin to study Hebrew in preparation for a move to Palestine, but Benjamin kept putting actions off, until by 1929 the project was abandoned.⁵

⁵ Asja Lacis, with whom he lived in Berlin for a while, actively campaigned against plans for him to move to Palestine.

In early 1929, Benjamin had moved back with Dora, but was asking her for a divorce so that he could marry Asja Lacis so that she could get German citizenship. They did divorce, and Benjamin came out somewhat the worse financially by the time the divorce was granted on March 27, 1930. Benjamin and Dora hardly spoke for a year (and Benjamin said that he had a "breakdown" during the fighting), but they gradually resumed a friendly relationship in the 1930s. Asja did not marry Benjamin and went back to Russia during this period, eventually being arrested by Stalin's regime.

In 1931, Benjamin began to consider committing suicide. He expressed weariness over his economic situation, and the three loves of his life (Dora, Julia and Asja) were concluded. He began a diary to be concluded on the day of his death. He spent his fortieth birthday in Ibiza (with a woman, a German-Russian, Olga Parem, who rejected his proposal of marriage) and planned to kill himself in hotel in Nice in 1932. In July, he wrote his will, but he changed his mind at the eleventh hour.

Benjamin remained in Germany under the new regime only until the middle of March, 1933. He went to Paris, then Ibiza, eventually returning to Paris which became his base. The Institute of Social Research commissioned him to write for them, and this provided some income. He continued to write for periodicals and publish books of essays and translations. He visited Brecht in Denmark from time to time and his ex-wife Dora in San Remo where she had opened a pension. He also established closer relations with his sister with whom there had been much friction. He tried to gain French citizenship, but was unsuccessful. When the possibility of emigrating to England or America was discussed, Benjamin said that he was no longer capable of adapting. In 1939, Dora tried to get him to flee to England to where she had gone from Italy, but he refused.

Although the Institute continued to publish his work, it seemed possible that they could no longer support him. He wrote to Scholem that he would kill himself if his financial position deteriorated. Benjamin thought that it was unlikely he would be invited to America, but the Institute came through with enough money for him to continue living in Paris.

After the outbreak of war, he was interned. He was released eventually from the camp but, as 1940 advanced and the war developed, he talked about suicide with Hannah Arendt on several occasions. After he and his friends were arrested by the Spanish authorities as they crossed the border on their way to Portugal, Benjamin committed suicide with a morphine overdose.

Reference

Scholem, G. (1981). *Walter Benjamin*. New York: Schocken.

THE OTHER SURVIVORS, CONTINUED

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Abstract: This essay is a brief introduction to those who may be traumatized by suicides other than relatives and friends of the suicide.

I have written in the past about those who encounter suicides as part of their occupation and the trauma that they experience (Lester, 2021, 2023). The present note draws attention to another group of people who are traumatized by suicides, those in forensics.

Forensic Pathologists

Those who are deceased are often sent to forensic pathologists for examination. The deceased have to be identified and the cause and manner of death discovered. These autopsies often require a long time which increases the exposure of the forensic staff to traumatic memories. The cause of death adds to the trauma (Leditschke et al., 2011), especially for suicide by drowning, jumping and firearms. Possible symptoms include emotional distress, intrusive imagery and memories, and loss of appetite (especially for meat). The stress can impair judgment, and mental health evaluation and treatment should be available for forensic staff.

Previously Discussed**Suicide-by-Cop**

Lindsay and Lester (2004) analyzed suicide-by-cop, in which an individual provokes a police officer into killing him or her. In this scenario, there is a police officer involved and often several bystanders. The officers involved are traumatized by the event, and this is made worse by the fact that onlookers and critics often accuse the officer of using deadly force without sufficient justification. The officers report depression, anger at the victim, feelings of terror during the incident, and agitation afterwards.

Jumping in Front of a Train

Tranah and Farmer (1994) interviewed 76 drivers of subway trains in London (England) whose trains ran over a person jumping onto the tracks. Seventeen percent had PTSD, and 16% had other psychiatric disorders including depression and phobias. The drivers took an average of 21 days of sick leave after the event.

Suicides using Chemical Compounds

Anderson (2016) noted a growing trend for suicides in the United States to mix chemicals to produce hydrogen sulfide or hydrogen cyanide in a closed space in closed space (such as a car). This poses health problems for emergency first responders. Anderson found 22 chemical suicides as a result of which 8 responders and 4 employees at the coroner's office were harmed by the chemicals. None of the injured responders had received HazMat technical level training and none had appropriate, personal, protective equipment (such as clothing). In one case, responders suffered from central nervous system issues, respiratory issues, skin irritation, and headaches.

Suicides by Jumping

The bodies of those who using jumping are often badly destroyed and can traumatize witnesses and emergency personnel. In the worst case ever recorded, after the airplanes hit the World Trade Center Towers on September 11, 2001, it is estimated that up to 200 people jumped from the towers. None survived (Lester, 2013). The situation for first responders (fireman, police and medics) on the ground was horrific.

...the loud thud of bodies hitting the ground – “it was raining bodies” as one firefighter wailed in shock once he was safely back at his station. (Kroes, 2011, p. 4)

Rescuing Suicides (or Their Bodies)

Suicides by jumping from bridges are common. The Delaware Bridge joins New Jersey to Delaware in the United States, and about five people jump to their death from the bridge every year. Don Sapatkin, a reporter for the *Evening Journal* (Wilmington, DE) interviewed members of the local fire department who go out in boats to recover the bodies of these suicides. They reported feeling anxiety and

nausea at the time and flashback afterwards. One fireman said, “It’s a job that few people want to do. You don’t know what makes you do it. You just do it.” Between 1951 when the bridge opened and 1984, 83 people jumped, and only three survived.

Cerel, et al. (2019) have studied the trauma experienced by police officers who respond to suicides. Almost one quarter experience nightmares about the scene, and symptoms of PTSD are common.

References

- Anderson, A. R. (2016). Characterization of chemical suicides in the United States and its adverse impact on responders and bystanders. *Western Journal of Emergency Medicine*, 17(6):680-683.
- Cerel, J., Jones, B., Brown, M., Weisenhorn, D. A., & Patel, K. (2019). Suicide exposure in law enforcement officers. *Suicide and Life-Threatening Behavior*. 49, 1281-1289.
- Kroes, R. (2011). The ascent of the Falling Man. *Journal of American Studies*, 45, e47, 1-10.
- Leditschke, J., Collett, S., & Ellen, R. (2011). Mortuary operations in the aftermath of the 2009 Victorian bushfires. *Forensic Science International*, 205(1–3), 8–14.
- Lester, D. (2013). Those who jumped from the Twin Towers on 9/11” Suicides or not? *Suicidology Online*, 4, 105-109.
- Lester, D. (2021). The other survivors. *Suicide Studies*, 2(1), 20-23.
- Lester, D. (2023). The other survivors. *Suicide Studies*, 4(3), 42-43.
- Lindsay, M. & Lester, D. (2004). *Suicide by cop*. Amityville, NY: Baywood.
- Tranah, T., & Farmer, R. D. T. (1994). Psychological reactions of drivers to railway suicide. *Social Science & Medicine*, 38, 459-469.

GENERAL PRECARIOUSNESS AND ITS ASSOCIATION WITH SUICIDAL IDEATION AND SELF-RATED MENTAL STATE

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Abstract: A scale to measure a feeling of general precariousness (GPS-I) was developed and correlates explored. Scores for a feeling of precariousness and self-rated mental health were associated with recent suicidal ideation.

In recent years, interest has grown in the impact of uncertainty in employment. How precarious do people feel about their employment? Blustein, et al. (2025) reviewed research on *precarity* which they defined as “an overriding state of vulnerability, insecurity, lack of power and agency, and at times, existential threat” (p. 2). Blustein, et al. included vulnerability resulting from societal forces, such as social and financial inequities and stigma for personal characteristics (such as race and religion), but it also is a personal state of thinking accompanied by emotions brought about by the individual’s own decisions made in life.

Blustein, et al. (2025) suggested that the concept of precarity could help psychologists understand feelings of alienation, anomie and uncertainty. When societies have inequities embedded in their structure, then people will face uncertainty about which resources, opportunities and rewards will be available for them and, we might add, their personal limitations.

Padrosa, et al. (2021) have taken a more personal view of precarity by including personal characteristics. They developed a scale to measure precarity about employment in individuals, the Employment Precariousness Scale (EPRES), which has several components: temporariness, disempowerment, vulnerability, exercise of rights, uncertain working times, and wages. Disempowerment and exercise of rights focus on societal forces creating precarity, while temporariness, uncertain working times and wages are also influenced by the jobs for which an individual is qualified for and has trained for. Choosing to drop out of high school or not to go to university are personal choices that can increase individuals feeling precarious about their options in life.

However, people may have a sense of precariousness in areas other than employment, for example, their medical health, their romantic life and their mental state. The present study explored the correlates of General Precariousness Scale (GPS-I) scores.

Method

Participants

The students participated voluntarily in this study. Participants were 181 full-time students consisting of 78 men and 103 women, with a mean age of 19.93 (SD=1.79, range 17-27), enrolled in various departments across the Faculty of Arts, Alexandria University, representing a diversity of socioeconomic backgrounds. This broad representation reflects the heterogeneity of the university's student body. Inclusion criteria required participants to be currently enrolled undergraduate students capable of providing informed consent. Students not enrolled during the data collection period or unable to provide consent were excluded. Data were collected during regular class time by trained research assistants (MA in Psychology students).

Scales

The 10-item GSP-1 scale (Lester & Abaie, 2025) was administered to the students (see Appendix). Five separate self-rating questions were used to assess physical health, mental health, happiness, satisfaction with life, and religiosity (Abdel-Khalek & Lester, 2022):

- What is your estimation of your physical health in general?
- What is your estimation of your mental health in general?
- To what degree do you feel happy in general?
- To what degree do you feel satisfied with your life in general?
- What is your level of religiosity in general?

Each question was followed by a scale of numbers from 0 to 10. The research participant was requested to respond according to his or her global estimation and general feeling (not their present states).

Three statements were used to estimate suicidal behavior: (a) suicidal ideation in the past week, (b) suicidal ideation in the past month, and (c) suicide attempt. These items were coded yes/no.

Results

Table 1 presents the GPS-1 associations with other variables. GPS-1 scores did not vary with age ($r=-0.05$), nor with sex (point biserial $r=-0.04$). The means for men and women were 4.29 ($SD=2.36$) and 4.46 ($SD=2.17$), respectively ($t=0.48$, $df=176$).

Table 1: Correlations[#] between the GPS-1 Scale scores and other variables

Variables	Correlations	p
Religiosity	+0.01	n.s
Physical health	-0.23	<.01
Mental health	-0.26	<.001
Happiness	-0.26	<.001
Satisfaction with life	-0.21	<.01
Suicidality in the past week	+0.29	<.001
Suicidality in the past month	+0.28	<.001
Past suicidal attempt	+0.14	<.10

[#] Product moment correlations were calculated except for the three suicidality variables (point biserial correlations)

GPS-1 scores were negatively associated with ratings of the students' physical health, mental health, happiness and satisfaction with life but not with religiosity.

The students were asked about past-week and past month suicidal ideation and lifetime attempted suicide. Past week suicidal ideation was predicted in a stepwise linear multiple regression by GPS-1 scores ($\beta=0.23$, $p<.001$) and mental health ratings ($\beta=-0.23$, $p<.001$) ($R^2=0.122$). The results were the same for past-month suicidal ideation. For lifetime attempted suicide, only satisfaction with life was a significant predictor ($\beta=-0.31$, $p<.001$).

Discussion

Suicidal ideation in this sample of Egyptian students was predicted by feeling precarious in life and by self-ratings of mental health. Of course, the study was limited by the use of university students who are not representative of the general population. Furthermore, the study needs replication in other cultures, although the use of a non-Western sample is welcome in personality research.

References

- Abdel-Khalek, A. M., & Lester, D. (2022). Using single-item measures to predict suicidality. *Suicide Studies*, 3(2) 42-44.
- Blustein, D. L., Grzanka, P. R., Gordon, M., Smith, C. M., & Allan, B. A. (2025). The psychology of precarity. *American Psychologist*, 80, 757-770.
- Lester, D., & Abaei, E. (2025). Feeling precarious, depression and suicide. *Suicide Studies*, 6(6), 77-79.
- Padrosa, E., Bolívar, M., Julià, M., & Benach, J. (2021). Comparing precarious employment across countries. *Social Indicators Research*, 154, 893-915.

Appendix: The GPS-I items (answered yes/no)

1. I am not sure that I will be able to earn enough for me to have a comfortable life
2. I worry that I may develop unexpected medical illnesses
3. Many things that happen in my life seem to be a result of good or bad luck
4. I sometimes wonder if I will find good and trustworthy friends
5. I sometimes doubt that I will live a long life
6. Many times, I might just as well decide what to do by flipping a coin
7. To a great extent, my life is controlled by accidental happenings
8. I often worry whether a medical crisis is just around the corner
9. When I fail at things, I find that it's useless to try again because my luck never changes.
10. I am uncertain whether I will find a permanent love relationship.

SEX DIFFERENCES IN THE METHODS FOR SUICIDE IN EUROPEAN COUNTRIES

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Abstract: Using data provided by Värnik, et al. (2008) for 16 European countries, sex differences and similarities in the methods used for suicide were examined.

Värnik, et al. (2008) documented the methods used for suicide by men and by women in 16 European countries for the period 2000-2005. They presented their data, thereby permitting more statistical analyses of the data. For each country and separately for male and female suicides, they listed the **percentage** of each of eight methods used for suicide.

The Association of Methods for Suicide

The eight methods of suicide reported were factor analyzed for the men and the women separately, using a principal components extraction and a varimax rotation. The results are shown in Table 1.

For the male suicides, Factor 1 appears to be a violent versus non-violent cluster. The other two Factors are not easily labeled. For the female suicides, the four factors are not easily labeled although Factor 3 for the female suicides is a violent versus non-violent factor.

Table 1: Results of the factor analyses (loadings>50 shown, decimal points omitted)

Men	Factor 1	Factor 2	Factor 3	
Poisoning with drugs	+79			
Poisoning by other means			+82	
Hanging	-73	-50		
Drowning				
Firearms	-56			
Jumping		+80		
Moving object			-82	
Other methods		+80		
Women	Factor 1	Factor 2	Factor 3	Factor 4
Poisoning with drugs	-52		+74	
Poisoning by other means		+87		
Hanging			-94	
Drowning				+78
Firearms				+80
Jumping	+89			
Moving object		-79		
Other methods	+74			

Sex Differences in the Methods for Suicide

If men used one method for suicide often in a country, did the women also use that method often? The correlations between the percentages of suicides using each method by men and women are shown in Table 2. It can be seen that, if the male suicides in a country used a method often, so did the women, and this similarity was found for all methods although the association for firearms was weaker than the associations for other methods.

A possible explanation for this is the availability of methods for suicide in a country, a topic investigated by Lester (2009, 2019). Countries which border oceans or have large lakes make drowning easier. Firearm ownership varies widely by country. Countries also differ in the availability of places from which to jump. For example, Singapore has large numbers of high-rise buildings, and jumping from these for suicide is common. Countries, differ also in suicide hot-spots, such as the Golden Gate Bridge in San Francisco (the United States) and the Aokigahara forest in Japan.

Comparing the methods used (Table 2), male suicides more often used hanging and firearms, whereas female suicides more often used poisoning with

drugs, drowning and jumping. Male and female suicides did not differ in the use of poisoning by other means, moving objects and other methods.

Table 2:

	Pearson r	Men mean (sd)	Women mean	t
Poisoning with drugs	0.94***	9.2 (6.4)	26.5 (14.9)	4.06***
Poisoning by other means	0.72**	6.3 (3.2)	5.7 (5.5)	0.35
Hanging	0.90***	52.7 (13.5)	34.0 (14.4)	3.79***
Drowning	0.88***	4.4 (3.7)	10.1 (6.3)	3.12**
Firearms	0.61*	11.1 (8.2)	1.5 (1.1)	4.67***
Jumping	0.95***	7.2 (5.1)	13.4 (11.1)	2.05*
Moving object	0.89***	3.5 (2.9)	4.4 (3.2)	0.81
Other methods	0.86***	5.7 (1.9)	5.3 (2.3)	0.49

***p<.001, ** p<.01, * p<.05

Comment

The results show that methods used for suicide by men and women are, in some ways, similar. If men in a country commonly use one method, so do the women. The weakest association here was the use of firearms, a method less commonly used by women in Europe for suicide.

There were sex differences in the methods used for suicide, with women using used poisoning with drugs, drowning and jumping while men used hanging and firearms, methods usually labeled as violent.

REFERENCES

- Lester, D. (2009). *Preventing suicide: Closing the Exits revisited*. Commack, NY: Nova Science.
- Lester D. (2019). *Firearms and suicide prevention*. Hauppauge, NY: Nova.
- Värnik, Kõlves, K., et al. (2008). Suicide methods in Europe. *Journal of Epidemiology & Community Health*, 62, 545-551.

PHYSICIAN-ASSISTED SUICIDE IN THE STATES OF AMERICA

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Abstract: In the American states, physician-assisted laws are more like to pass in states which support Democrats and where the population is less religious.

More American states are moving toward legalizing physician-assisted suicide (PAS). As of early 2026, PAS is legal in CA, CO, DE, HI, IL, ME, MT, NJ, NM, OR, VT, and WA (Anon, 2026). In addition, AZ, IN, KY, MA, MN, MO, NH, NY, PA, RI, TN, and VA are considering laws to legalize PAS.

Two obvious variables that may influence this decision are the political affiliation of the states and the religiosity of their population. Let us look at the impact of these two variables on the decision of states to legalize PAS.

The political affiliation of the senators (two to each state) is readily available (Wikipedia, for example). The 48 continental, contiguous states were scored for how many Republican senators they had (0, 1, or 2 out of 2). Estimates of the percentage of highly religious people in the state were available at the Visual Capitalist website. States with legalized PAS were scored 2, those considering laws to legalize PAS were scored 1, and the remaining states scored 0.

PAS laws were significantly associated with religiosity (Pearson $r=-0.46$, $p<.001$) and the number of Republican senators in each state ($r=-0.57$, $p<.001$). However, in a multiple regression, only the number of Republican senators predicted PAS laws ($\beta=-0.572$).

There are certainly more socio-economic variables that could predict the status of PAS in the American states, but PAS approval is significantly less in Republican and religious states.

REFERENCES

Anon. (2026). The right to die. *The Economist*, 458(9485, February 7), 21-22.

Visual Capitalist. (accessed February 12, 2026)
www.visualcapitalist.com/mapped-the-most-religious-states-in-america/

A REVIEW OF RESEARCH ON SUICIDE IN 2008

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From 1897 (the date of the publication of Durkheim's book on suicide) until 1997, I read *every* article in English on suicidal behavior and wrote reviews of the literature in four books called *Why People Kill Themselves*, published by Charles Thomas. Recently, I have been reviewing research and theory on suicide year-by-year, but not exhaustively.

I realized that I was primarily interested in completed suicide, not suicidal ideation or attempted suicide. Therefore, I began to classify the research into that which was useful for understanding suicide and that which was not useful. As I have pointed out, in 1979, Aaron Beck and I proposed that one needed to classify attempted suicides by **intent** so that one could extrapolate to completed suicide (Lester, et al., 1979).

I have excluded some research in recent reviews. Research on the physiology of suicide does not help us understand suicide and is excluded with exceptions. Some physiological research does include measures of suicidal **intent** and is included, as well as occasionally reviews. I also no longer included studies on attitudes toward suicide.

I have classified the research that does not permit extrapolation to completed suicide as of *no use for understanding suicide*. I do not mean to offend the researchers involved, but their research does not advance our understanding of completed suicide. You will see that some of my research is in the *no use* section.

I should note that some of the intriguing research and theories that I found during the period 1897-1997 were in obscure journals and surprising places. For example, I found Raoul Naroll's theory of suicide in a mimeographed paper and a book entitled *Data Quality Control* (Glencoe, IL: Free Press, 1962)! I regret to no longer being able to search for all papers on suicide.

The reviews of scholarly research published in 1998-2007 are published in *Suicide Studies* (Lester, 2024a, 2014b, 2024c, 2024d, 2024e, 2024f, 2024g, 2025a,

2025b, 2005c). This is the review for 2008. I have used only two abstracting services for 2008 – see below.

Source	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Sociological Abstr.	93	106	55	56	67	62	64	107	117	107
PsycINFO	401	460	388	425	441	510	541	592	726	784
Source	2008									
Sociological Abstr.	201									
PsycINFO	984									

RESEARCH OF POSSIBLE USE FOR UNDERSTANDING SUICIDE

Studies of Suicide Rates

Methodological Issues

Pritchard and Hean (2008) found that Latin American countries had higher rates of undetermined deaths than developed countries, especially among younger males, suggesting that official suicide rates in those countries are under-estimates.

In the four Nordic countries (Denmark, Finland, Norway and Sweden), Reseland, et al. (2008) found that over a 40 year period (1961-2001), the number of autopsies declined, the suicide rate declined but the death rate from ill-defined causes rose.

Regional Studies

In a study of 31 countries, Stack and Kposowa (2008) found the suicide rates of the countries were positively associated with the results of a survey measuring approval of suicide. The country suicide rates were also associated positively with religious attendance and negatively with life satisfaction and liberal political views, along with sex, age and marital status.

In a study of 34 European countries, Voracek and Marušič (2008) found that elderly suicide rates (>65) were higher in the north-eastern countries (Finland and the Baltic countries) supporting the Finno-Ugrian hypothesis (but without including the percentage of Finno-Ugrians in their correlation analysis).

In 85 countries and also 48 Eurasian countries, Voracek (2008a) found that suicide rates were positively associated with estimates of national IQ, The

associations were stronger for the general population than for elderly persons, and independent of the quality of human conditions. The association was exponential rather than linear. In the states of America, Voracek (2008b) found that elderly suicide rates were inconsistently associated with estimates of state IQs depending on the measure used, although they were, on the whole, negative.

In a study of 14 Western Pacific countries, Bridges (2008) found that the suicide rate was not associated with the population or population density, but was positively associated with population growth.

In 11 Caribbean countries, Bridges and Tran (2008) found that suicide rates were not associated with the body mass index for men or for women.

Nolan, et al. (2008) studied the female/male suicide rate ratio in 100 countries. Four of the five measures of female participation in society (labor force participation, holding political office, fertility, and having a college education) were not associated with this ratio while countries with higher than average literacy actually had significantly *lower* suicide ratios

The following studies were published by Shah in 2008. I cannot simply report the results and not make a comment. Shah published 16 ecological studies on elderly suicide rates using a varying number countries. There are duplications of the variables studied (e.g., fertility). Lester (1996) published one book and, using a sample of 68 countries, studied 66 socio-economic variables. Lester placed a large number of these variables into a factor analysis and identified 12 factors (clusters of variables). He then correlated the variables and factor scores with suicide and homicide rates, 12 years prior to these studies by Shah. **This is how the research should be done.**

Shah and Bhat (2008a) studied elderly suicide rates in 79 countries and found that the rates for men and women were associated with the percentage of the total health budget spent on mental health, the total number of psychiatric beds per 10,000 population and the total number of psychiatrists per 10,000 population in a curvilinear manner (an inverted U-shaped curve).

In a study of 49 countries, Shah (2008a) found that there was no significant correlation between suicide rates and rates of accidental deaths and undetermined deaths in males aged 65–74 years. There were positive correlations between suicide rates and rates of accidental deaths and undetermined deaths in males aged 75+ years, females aged 65–74 years and females aged 75+ years. Suicide rates

were not consistently associated across all four age-sex groups for the Gini coefficient, life expectancies, GDP per capita spent on health, child mortality rates and proportion of elderly in the population.

In a sample of 75 countries, Bhandarkar and Shah (2008) found that male suicide rates were associated with the GDP, child mortality, life expectancy and fertility. Female suicide rates were associated with the GINI index and fertility. The relationship between fertility and suicide rates was U-shaped. In a sample of 81 countries, Shah (2008b) found a non-linear association between fertility and elderly suicide rates, but Shah (2008h) found a negative association between fertility and elderly suicide rates.

In a sample of 27 countries, Shah and Bhandarkar (2008a; Shah, 2008e) found no association between male and female suicide rates and unemployment rates (overall and long-term unemployment) for both the general population suicide rate and the elderly suicide rate. In a sample of 42 countries, Shah and Bhandarkar (2008b) found no association between general population suicide rates and different categories of crime.

In a sample of 86 countries, Shah (2008c) found a U-shaped relationship between male elderly suicide rates and urbanization, but not for females. In a sample of 87 countries, Shah and Chatterjee (2008) found a curvilinear relationship between elderly suicide rates and an education index (literacy and school enrollment).

In a sample of 79 countries, Shah and Bhat (2008b) found no association between elderly suicide rates and mental health policies, but were higher where mental health facilities were better (number of psychiatric beds, psychiatrists, etc.).

In a sample of 55-65 countries, Shah (2008d) found that male/female ratio of suicide rates for the elderly was not associated with two measures of gender equality.

In a sample of 87 countries, Shah, et al. (2008a) found that elderly male and female suicide rates were associated with elderly dependency ratios. Also in a sample of 87 countries, Shah, et al. (2008b) found that elderly male and female suicide rates were negatively associated with the Gini index and child mortality rates, and positively associated with per capita expenditure on health, the proportion of GDP spent on health (male suicide rates only), and life expectancy (female suicide rates only).

In a sample of 37 countries, Shah (2008f) found that elderly male suicide rates (but not elderly female suicide rates) were associated with the incidence of smoking, but the association did not survive when placed in a multiple regression with other variables such as male life expectancy.

In a sample of 43 countries, Shah (2008g) found that elderly suicide rates were negatively associated the rates of crime robberies.

Regions within a Country

Across the 17 regions of Quebec (Canada), Desaulniers and Daigle (2008) found that regional male suicide rates were associated negatively with their ability to express pain (but not with their attitudes toward suicide) as ascertained from a survey, and with the regions' lower educational level and higher income.

In 222 major states in India, Mitra and Shroff (2008) studied the male/female ratio of suicide rates. In a poorly analyzed and presented report, it appears that this ratio is positively associated with literacy and per capita income. They suggested that their results imply that greater freedom for women (less gender bias) reduces their suicide rate relative to men even though freedom was not directly measured.

Kapusta, et al. (2008) found that the ratio of rural/urban suicide rates in Austria had increased from 1970 to 2005 as a result of increasing rural rates. Male suicide rates (but not female suicide rates) were less in more urban areas.

Over the American states, Minoiu and Andrés (2008) found male and female suicide rates were negatively associated with population density and the share of health and welfare in total public spending, and positive correlated with mountain states and divorce rates. The associations were stronger for male suicide rates.

Claassen, et al. (2008) looked at rates of suicide and estimated rates of attempted suicide in eight American states to see if they were associated. They did not calculate Spearman rhos but, based on two estimates of attempted suicide, I calculate the Spearman rho correlations as 0.60 and 0.00.

In a study of counties in six southern American states, Davis (2008) found that the white male suicide rate was higher in rural counties. The predictor of white male suicide rates differed for urban and rural counties. For urban counties, the

predictors were the percentage divorced, the median white male age, and the percentage of the black population. For rural counties, the predictors were household income inequality (negatively) and the median white male age. Davis saw these results as relevant to Durkheim's theory of suicide.

Time-Series Studies

Inoue, et al. (2008) compared correlates of suicide rates in Japan and Australia over a 10-year time period, a very short time period for a time-series analysis. In Japan, the annual suicide rate correlated significantly with the annual unemployment rate and divorce rate but not with the annual GDP growth rate. In Australia, the annual suicide rate did not correlate with the annual unemployment, GDP growth, and divorce rate.

In Japan over the same time period, Inoue and Fujita (2008) found that suicide rates were associated with unemployment rates for men, but not for women, and negatively associated with annual rates of the ratio of job offers to applicants,

In Hungary from 1999-2005, Kalmar, et al. (2008) found that prescriptions of antidepressants increased and suicide rates declined, especially for the elderly. Thus, time-series studies need to include controls for antidepressant prescription rates.

In England from 1993-2005, Wheeler, et al. (2008) found no apparent change in trends of suicide mortality and hospital admissions for those aged 12-17 for suicide and hospital admissions for self harm in the UK following the regulatory action against SSRI use in under 18s in 2003.

In time-series analyses for each country (Russia, Belarus, Poland, Hungary, Bulgaria, the former Czechoslovakia and the former German Democratic Republic), Landberg (2008) claimed that changes in alcohol consumption were associated with changes in the suicide rate. I say *claimed* because the data presentation is hard to comprehend.

In Norway for the period 1948-2004, Barstad (2008) found that separations had a stronger impact of suicides rates than did divorce for both men and women. For males, beer drinking was positively associated with their suicide rate.

In Manitoba (Canada) from 1976 to 1997, Mann, et al. (2008b) found that total alcohol consumption, and consumption of beer, spirits, and wine individually, were positively related to female suicide rates. Spirits and wine consumptions were positively related to total and male suicide rates. AA membership rates were negatively related to total and female suicide rates, while unemployment rates were positively related to total and male suicide rates.

For 22 developed countries and 11 European countries, Hansen and Pritchard (2008) compared suicide rates in 1874–78, 1974–76, and 1998–2000. For the 22 countries and the two later periods, despite changes in the individual suicide rates, the Spearman correlation was 0.78 for men and 0.84 for women, indicating consistency. For the 11 European countries, the correlation over the 120-year period was 0.74.

Biddle, et al. (2008) documented a decline the suicide rate of young men in England and Wales from 1998-2005.along with less toxic car emissions, unemployment, divorce and alcohol use and an increase in the prescription of antidepressants. However, they failed to report a time-series regression or a factor analysis of the predictor variables.

Research on Distal Variables

Methods for Suicide

For Australia, Elnour and Harrison (2008) examined national data on suicides and attempted suicides. Suicides were more common among men and were older. They also calculated the lethality of the different methods (suicides/[attempted+completed suicides]) which ranged from 90% for firearms to 2% for drugs and other poisons.

In a national study in Germany, Baumert, et al. (2008) documented changes in the methods used for suicide over time by sex and by age.

Lin and Lu (2008) studied suicides by charcoal in Taiwan. Males aged between 25 and 44 years in urban areas were more likely to use charcoal. Rural males over the age of 65 more often used pesticides, while urban elderly men more often used hanging.

Värnik, et al. (2008) documented the methods used for suicide by men and by women in 16 European countries. For an analysis of these data, see Lester (2026; this issue).

In a national sample of Americans in the General Social Survey, Sorenson and Vittes (2008) found that gun ownership was not associated with mental health.

In Quebec (Canada), Caron, et al. (2008) found a bill in 1991 requiring safe storage of firearms had no significant impact on suicide rates, overall or by method. The trend from 1987 to 200 was a decreasing rate of suicide by firearms and an increasing overall suicide rate.

In a study of Dutch suicides by train compared to suicides in general, van Houwelingen and Kerkhof (2008) found that train suicides more often were receiving psychiatric care at the time of their suicide, and had functional non-affective psychoses, although the data for suicides by other methods was not presented.

In national survey in America, Ilgen, et al. (2008b) found that gun ownership and behavior was not associated with lifetime mental disorders. People who had attempted suicide were less likely to own a gun, but there was no association between suicidal ideation and gun ownership.

In Tehran (Iran), Razaiean, et al. (2008) found that the most common method for suicide was hanging (86%). The use of hanging was not associated with sex, age or marital status.

Silva (2008) and Sadakane (2008) documented the rise in internet suicide pacts in Japan, in which people meet via the internet and then died by suicide physically together (e.g., in the same room).

In one region of Croatia, Čoklo, et al. (2008) found that the presence of alcohol intoxication in suicides varied with the method of suicide, highest for explosive devices, followed by firearms, self-immolation, poisoning, hanging, jumping, drowning and cutting/stabbing. The male suicides had higher levels of blood alcohol than did the female suicides.

Immigrants

In California, Kposowa, et al. (2008) found that single and divorced foreign-born had higher suicide rates than California-born. Immigrants in the USA for less than 10 years had the highest rate and those in the USA for more than 20 years the lowest rate. Male immigrants, white immigrants and divorced/separated immigrants had higher suicide rates than female immigrants, non-white immigrants and married immigrants, respectively.

Season and Daylight Savings

In Taiwan, Yeh, et al. (2008) found that suicides peaked in the Spring and were less common in the winter. Also in Taiwan, Lin, et al. (2008b) found a significant peak in March-May (early to late spring) for violent suicides but not for non-violent suicides. Lin, et al. found that ambient temperature was associated with the monthly violent suicide rate, but not atmospheric pressure, relative humidity, rainfall or hours of sunshine.

In Australia, Berk, et al. (2008) found that male suicide rates rise in the weeks following the commencement of daylight savings time compared to the weeks following the return to Eastern Standard Time and for the rest of the year. This was not found for female suicide rates.

Relevant to this issue, Postolache, et al. (2008) studied patients with affective disorders (MDD and BPD) who had attempted suicide and compared those who were allergen sensitive versus non-sensitive and found no differences in the timing of the suicide attempt (ratio of suicides in spring to those in the entire year).

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Las Vegas

Wray, et al. (2008) found that, after controlling for age, gender, marital status, and year effects, the suicide rate for Las Vegas residents was at least 50% greater than among residents elsewhere in the region, visitors to Las Vegas were at double the risk compared to those who stayed in their home county, leaving Las Vegas was associated with a 20% reduction in risk for suicide, and traveling to Las Vegas was associated with a twofold increase in risk compared to traveling

elsewhere. Wray, et al. suggested three possible reasons for this: Las Vegas has high risk social factors, those predisposed to suicide are more likely to visit Las Vegas, and contagion effects.

Gemar, et al. (2008) found that local residents in Las Vegas hotels had a high suicide rate (271 per 100,000 per year), while hotel residents from outside of Clark County had a lower suicide rate (4.6) compared to local residents in general (16.6).

Occupation

Miller and Burns (2008) found that the suicide rate of male and female farmers in South Australia were both higher than rural suicide rates in general.

In England, Meltzer, et al. (2008) found highest SMRs for suicide in those in skilled trades (complex physical duties that normally require a degree of initiative, manual dexterity and other practical skills) and in elementary occupations (which require the knowledge and experience necessary to perform mostly routine tasks, often involving the use of simple hand-held tools and, in some cases, requiring a degree of physical effort and do not require formal educational qualifications). For men, the highest PMRs were for health professionals and agricultural workers. For women, the highest PMRs were found for health and sport/fitness occupations.

In the USA, Petersen and Burnett (2008) found high suicide rates for white female physicians but lower suicide rates overall for white male physicians and dentists but higher rates for those >60 years of age.

Marital Status

In Italy, Masocco, et al. (2008) found that married individuals had lower suicide rates. The highest suicide rates were found in divorced/separated women, divorced/separated men (under the age of 64) and widowed men.

In Taiwan, Yeh, et al. (2008) found that divorced males had the highest suicide rate. Females who never married, those aged below 35 and 65-plus, and widowed 65-plus had lower suicide rates.

Ajdacic-Gross, et al. (2008) studied the suicide of widowed people in Switzerland. The highest suicide rate occurred in the first week after bereavement for both men and women. The suicide rates after the first month then declined but

were still high in the first year after bereavement except in the older widowed people.

In a complex analysis of suicide rates in Belgium, Lusyne and Page (2008) found that the impact of children on suicide in the parent after the death of a spouse differed by the age and sex of the parent, the age of the child and time since bereavement. They concluded that, “(i) parenthood in general, and the presence of young children in particular, protects women but not men against suicide; (ii) having children does mitigate the increased risk of suicide for younger men, but only in the period immediately following bereavement; (iii) for the oldest men, having children increases the risk of committing suicide following bereavement” (p. 65).

Ethnicity

In England and Wales, McKenzie, et al. (2008; Bhui & McKenzie, 2008) found that the suicide rate of men of South Asian origin was lower than the rate for other men. The suicide rate of women of South Asian origin did not differ overall, but for young women was lower and for old women was higher. For suicides within one year after contact with mental health services, the ethnic groups differed in age, marital status, employment status, time since discharge and diagnosis. Regarding diagnosis, white suicides more often had no psychiatric disorder and less often schizophrenia.

Burrows and Laflamme (2008) found that the suicide rate of those aged 10-19 in urban South Africa were higher in males, the older adolescents and Asians, followed by whites and lowest in Colored (mixed ancestry) and Black adolescents.

Other Distal Variables

In Taiwan after an earthquake in Taiwan, Liaw, et al. (2008) found an increase in suicide rates in the affected regions only in men and in those aged 45-64.

Cheung, et al. (2008) documented a rise in the suicide rate of the elderly in Hong Kong in 2003 during the Severe Acute Respiratory Syndrome (SARS) outbreak.

In a meta-analysis, Voracek and Loibl (2008) found that the suicide rates of immigrants were positively associated with the suicide rates back in the country of origin.

In China (where only 10% of the country is monitored), Yip, et al. (2008) found that suicide rates were higher in rural areas (especially in those aged >60) and women 20-39 had a higher suicide rate than men of the same age.

Studies of Suicides

Methodological Issues

Friedmann and Kohn (2008) calculated the ratio of suicides to suicides+attempted suicides in a national sample and reported the ratio by age, sex and method for the act, an interesting new variable.

In Newfoundland and Labrador (Canada), Edwards, et al. (2008) found 225 suicides according to the Chief Medical Examiner records, but only 187 in the Canadian Vital Statistics Death Database. The Canadian database classified most of the missing suicides as accidental.

Theories of Suicide

Johnson, et al. (2008a) critically examined the Cry of Pain theory of suicide (Williams, 1997), noting its strengths and current limitations.

Physiological Research

Sher and Stanley (2008) review the role of endogenous opioids in suicidal behavior.

Suicide Notes

In a qualitative study of suicide notes, Sanger and Veach (2008) identified seven interpersonal themes: (1) instructions; (2) positive relationships; (3) explanations; (4) relationship reconciliation-maintenance; (5) concern for others; (6) negative relationships; and (7) acknowledging the end of relationship.

Zhang and Lester (2008) compared suicide notes written by suicides and attempted suicides to test Zhang's strain theory of suicide. There was little

difference in the number and pattern of strains between the completers and attempters. Both groups had many aspirations and coping strains and few value and deprivation strains. The older a suicide was, the more he/she felt deprived, lacked coping skills and felt less bothered with value conflicts.

Demirel, et al. (2008) compared suicides who left notes with those who did not in Turkey. The note writers were less often psychiatrically disturbed, and more often motivated by interpersonal, financial and occupational reason and less often by poor health. The notes of older (>40years of age) were longer, addressed to more than one person, specified their difficulties and had more affect. The authors describe their results in ways that are not consistent with their tables of results.

In Singapore, Chia, et al. (2008) found that suicide note writers were younger, more often single, less likely to have mental or physical illness, more often employed and more often born in Singapore.

In a text analysis of genuine and simulated suicide notes, Lester (2008a) found that simulated notes were less concerned with others, focused more on the reasons for their suicide, and used more negations (such as no and not).

Using a linguistic analysis program for a sample of German suicide notes, Lester (2008b) found that notes by men were less concerned with causation and insight and more concerned with communication and other people. However, in a sample of American notes using the same program, Lester (2008c) found no differences by sex (or by age or method used).

Youth Suicides

In one small American town, Hacker, et al. (2008) found that the majority of suicides were linked by peer group and substance misuse.

Renaud, et al. (2008) studied child and adolescent suicides and community controls studied by using informants for both groups. The suicides more often had depressive disorders, substance/alcohol abuse disorder, and disruptive disorders, as well as higher scores on lifetime aggression/impulsivity and harm avoidance.

Li, et al. (2008) compared suicides in China of those aged 15-24 with those dying of injuries. The suicides more often had severe life events within 2 days before death, the presence of any depressive symptoms within 2 weeks of death, a low quality of life in the month before death, and acute stress at time of death. A

psychiatric diagnosis was an important predictor of suicide in males but not in females. Only the suicides had a history of attempted suicide (24% versus 0%).

Goldstein, et al. (2008) compared adolescent suicides with community controls who were interviewed, not the best technique. The suicides had a higher rate of overall sleep disturbance, and insomnia and hypersomnia in the prior week, even after controlling for the presence of an affective disorder.

Adult Suicides

Apter, et al. (2008) compared Israeli military conscripts aged 18-21 who presented to a psychiatric clinic as non-suicidal, suicidal ideators, made suicidal gestures, serious attempts and near lethal attempts and those who died by suicide. Thus, linear changes in variables can be looked for in the tables of results. There were somewhat linear changes in age, duration of service, global assessment, and pre-induction cognitive index. Excluding the suicides, there were somewhat linear changes in depression, but less so for neuroticism, psychoticism and extraversion. There were few linear trends in diagnoses except that no Axis-I diagnosis increased with the severity of suicidal behavior. This is the best study I have come across so far in my reviews. They summarize their findings as follows:

Depression scores increased across groups with increasing intent; ideators also had high scores. Completers and near-lethal attempters had higher I.Q. and medical fitness ratings and were in more demanding assignments than other groups. Prior attempts were commonest in completers, near-lethal attempters, and gesturers. Disciplinary history, ethnicity, family intactness, immigrant status, and Eysenck Personality Inventory scores did not differentiate the groups. (p. 20)

Silverton, et al. (2008) compared children born to women with severe schizophrenia and children whose mothers had no psychiatric disorder, and followed them up when their mean age was 58. The suicides were all born to mothers with schizophrenia. In those born to mothers with schizophrenia, the suicides more often had schizophrenia and, if born to schizophrenic mothers, were born into a higher social class.

In a large sample of Finnish males aged 25-64, Mäki and Martikainen (2008) found that alcohol intoxication was present in 42% of them. For the whole sample, education, occupation-based social class and household income were negatively

associated with suicide. The strength of these associations differed for those with alcohol involved and those with no alcohol involved.

Hughes (2008) provided an overview of the association of smoking with suicide and suicidality, an association that I think is puzzling.

Hawton and Harriss (2008) calculated the ratio of attempted suicides to suicides in Oxford (England). The ratio was 36, higher for females (88 to 19), and 200 in teenagers down to 10 for those >60.

Tidemalm, et al. (2008) followed up for 21-31 years a large sample (n=39,685) of attempted suicides admitted to hospitals. The risk of suicide was greatest in those with bipolar and unipolar disorder and schizophrenia, as well as other depressive disorders, anxiety disorder, alcohol misuse (women), drug misuse, and personality disorder.

McGirr, et al. (2008a) conducted psychological autopsies on 645 Canadian suicides. They concluded: “Higher levels of impulsivity, lifetime history of aggression, and novelty seeking were associated with younger age of death by suicide, while increasing levels of harm avoidance were associated with increasing age of suicide. This effect was observed after accounting for age-related psychopathology [current and lifetime depressive disorders, life time anxiety disorders, current and lifetime substance abuse disorders, psychotic disorders and cluster B personality disorders]” (p. 407). Diagnosis, history of aggression, novelty seeking, harm avoidance and persistence differed significantly by the age of the suicides. Compared to living outpatient psychiatric controls in the community (also studied using informants), the suicides scored higher on a history of aggression and lower on impulsivity and novelty seeking.

In a study of 9-35 year-old suicides in Denmark compared to healthy controls, Stenager and Qin (2008) found that the suicides more often had a history of hospitalized psychiatric illness, especially for females with multiple admissions and males with schizophrenia, affective disorders or substance abuse disorders, and a parental psychiatric history, especially the mother. These associations were stronger for females.

In a study of all men in Stockholm (Sweden) in the 1990s, Hedström, et al. (2008) found that exposure to a suicide in one’s family or at work at a place with <100 employees (but not with >100 employees) increased the risk of suicide, along

with living alone and early retirement, and negatively with having children <15 years of age.

Osler, et al. (2008) followed up male conscripts born in Denmark in 1953 up to 2003. Suicide was associated with low BMI, low cognitive test score at age 12 and mental disorder at the age of 18. Attempted suicide was associated with these variables plus less education and having a single mother.

In a study of suicides in Northern Ireland, O'Reilly, et al. (2008) found that suicide was higher in males, those aged 25-54, those living alone, more economically deprived and in poorer general health. Variables related to the area lived in (deprivation, fragmentation and density) were not associated with the probability of suicide.

Khan, et al. (2008) compared suicides with living controls in Karachi (Pakistan). The suicides differed in psychiatric disorders (especially depression), marital status (being married), unemployment, and negative and stressful life events.

In a poorly designed study, Nademin, et al. (2008) compared Air Force personnel who died by suicide (using official files) with living controls (who completed a battery of tests) and found that the suicides were more often judged to have the acquired capability for self-harm, but not thwarted belongingness or perceived burdensomeness (elements of Joiner's [2005] theory of suicide).

Voaklander, et al. (2008) compared suicides in British Columbia (Canada) with living community controls. Suicide was associated with lower socioeconomic status, depression/psychosis, neurosis, stroke, cancer, liver disease, attempted suicide, benzodiazepine use, narcotic pain killer use and diuretic use.

Abe, et al. (2008) studied suicide in one county in Georgia (USA). Black suicides were more likely than White suicides to be male, younger and hurt others in their suicide, but less likely to report depression, have a family history of suicide, or leave a suicide note.

Pompili, et al. (2008a) studied suicides in Italy. The elderly suicides (>65) more often lived alone and had physical illness, were more often divorced/widowed and retired, and had less education.

Andersson, et al. (2008) followed-up a Swedish cohort for 50-55 years. Suicide in this cohort was associated with a low IQ at baseline for men, but not for women. For men with a psychosis, a low IQ was a protective factor. Low grades were associated with a higher suicide rate for both men and women.

Desai, et al. (2008) studied veterans discharged from psychiatric treatment and followed them up for 1-5 years. Those who died by suicide using a firearm differed from those using other methods, being more often male, white, less often substance abusers, and more often with PTSD. Veterans living in states with lower rates of gun ownership, more restrictive gun laws, and higher social capital (the level of community organizational life, engagement in public affairs, community volunteerism, informal sociability, and social trust) were less likely to use a firearm. Suicide by any method was also associated with sex, age, race and PTSD, as well as the state suicide rate.

Innamorati, et al. (2008a) compared suicides and attempted suicides. The suicides were more often not married, had poor social support, more voluntary and involuntary psychiatric admissions, and more stressful events during childhood and adolescence.

Wexler, et al. (2008) compared attempted suicides and suicides among Alaska indigenous peoples. The suicides more often used firearms and hanging, less often had abused substances, and were more often were males and aged >25. The combined attempters and suicides (205 and 49, respectively) were more often single and unemployed.

In Taiwan, Lee, et al. (2008) found that male suicides and suicides > 55 years were less likely to have had any contact with mental health care professionals prior to their suicides.

Kuo, et al. (2008) followed up attempted suicides in Taiwan for one to two years. Those who had used charcoal for their attempt had a higher incidence of suicide during the follow-up. Suicide was more common in males and those aged >45. Those using charcoal for their first attempt were more likely to use it also for their suicide, but the majority of those dying using charcoal (59%) had switched methods.

Wasserman and Stack (2008) compared suicides occurring in motel rooms versus other suicides. The motel suicides were more often divorced, residing out of

county, used hanging as a suicide method, were substance abusers and were assisted suicides (three with the help of Dr. Jack Kevorkian).

Kang and Bullman, (2008) studied veterans returning from the war zones in Iraq and Afghanistan from 2001 to 2005. The suicide rate of 21.9 per 100,000 per year was not higher than men in general.

Kim (2008) described a sample of people dying by suicide in South Korea to protest an issue. Ninety-six of the 107 protest suicides were male, the majority in their 20s, 44% had some college education and the major occupation was students (31%) and workers (35%). Forty-eight of the suicides left suicide notes, with 32 protesting political issues and 16 working conditions.

Elderly Suicides

Karvonen, et al. (2008) studied elderly suicides (>50) in Northern Finland. For those over the age of 75, females had more frequent hospitalizations than males in connection with psychiatric disorders (most commonly depression). In this age group, 42% died by suicide within 3 months after being discharged from hospital and 83% used a violent method. Both elderly males and females were less often under the influence of alcohol, but more often used violent methods than middle-aged persons.

Mezuk, et al. (2008) compared suicides over the age of 60 in New York City in long-term care versus the community. The suicides in long-term care were older, but did not differ in sex or race. The long-term care suicides used firearms less often and high falls more often.

In a survey of English GP patients during 1987-2002, Osborn, et al. (2008) found that suicide was associated with severe mental illness. The risk of suicide varied with age.

In a 6-year follow-up of a large sample of Norwegians, Bjerkeset, et al. (2008) found that suicide was most common in those with comorbid anxiety and depression, more strongly so in men.

Hamdi, et al. (2008) compared suicides who had been in contact with mental health service with those who had not. Those who had no contact were more likely to be male, employed, living with others and not diagnosed with a mental disorder, and had a lesser frequency of self-harm and communicating their intent to others.

People with Psychopathology

Neuner, et al. (2008) studied patients who died by suicide or attempted suicide while psychiatric inpatients. Inpatient suicide was associated with resistance to psychopharmacological treatment, previous suicide attempts, severe side effects from medications and supportive psychotherapy before admission. Inpatient suicide attempts were associated with assault, personality disorder, previous suicide attempt, psychopharmacological treatment resistance, suicidal thoughts at admission, schizophrenia, depression, female sex and length of stay. There was no table simply comparing the suicides and attempted suicides, unfortunately.

Thong, et al. (2008) compared psychiatric patients who died by suicide with patients matched for diagnosis who did not. The suicides more often had a history of attempted suicide using highly lethal methods, co-existing physical illness, and delusions. Suicide was common after discharge.

Affective Disorder

Lin, et al. (2008a) followed patients with major depression in Taiwan for 90 days. Those who died by suicide more often had left on their own initiative (rather than being discharged by a doctor).

Hakka, et al. (2008) studied suicides in one region of Finland and compared those with a history of depression with the other suicides. Those with depression were older, more often female, and more often had physical diseases. The physical diseases that differentiated the depressed and non-depressed suicides differed by sex.

McGirr, et al. (2008b) compared suicides with major depressive disorder (MDD) with living depressed patients. Suicide occurred more in the first episode of MDD. Suicides during the first episode were more often alcohol abusers, obtained higher scores for hostility and lower scores for harm avoidance compared to suicides with several prior MDD episodes.

Schneider, et al. (2008) compared suicides with normal controls, using interviews with relatives for both groups. The data analysis and presentation is

poor. It appears that the suicides more often had personality disorders (from all clusters), especially if comorbid with Axis-I and Axis-II disorders (especially affective disorders), substance and alcohol disorders, current smoking and low educational level.

In the Lundy Study (Sweden 1947-1997), Brädvik, et al. (2008) found that suicide was predicted by a psychiatric diagnosis of depression and by male sex.

Schizophrenia

Using informants, McGirr and Tureck (2008) found that those with schizophrenia or schizoaffective disorder (compared to other suicides) had fewer psychiatric disorders, were less likely to meet criteria for more than one disorder, and less often had depressive disorders, current and lifetime comorbid alcohol abuse, and personality disorders. They did not differ in family history of suicidal behavior among first degree relative. On a personality test, they scored less for persistence and more for harm-avoidance, but did not differ for novelty seeking, reward dependence or impulsive aggression,

Offenders

Bird (2008) documented a higher rate than expected in Scottish prisons for men 15-24 and 45+ in 1994-2003.

Medical Disorders

Holm-Denoma, et al. (2008) studied nine women with anorexia who died by suicide. They determined that the individuals died, not because their bodies were so weak that the non-lethal methods used resulted in their deaths, but because the methods used would have killed any individual using them.

In Sweden, Fang, et al. (2008) calculated that patients with amyotrophic lateral sclerosis (ALS) were six times more likely to die by suicide than the general population. The suicides were seven years younger at the time of their first period of hospitalization than patients who did die by suicide. The highest risk for suicide was in the first year after the patient's first period of hospitalization.

Voon, et al. (2008) studied patients given subthalamic nucleus deep brain stimulation for Parkinson's disease. Their suicide rate was higher (263 per 100,000 per year). Those who attempted postoperative depression, being single, a previous

history of impulse control disorders or compulsive medication use, being younger, younger Parkinson's disease onset and a previous suicide attempt. Completed suicides were associated with post-operative depression.

In a small sample of patients given subthalamic nucleus deep brain stimulation for Parkinson's disease, Soulas, et al. (2008) found that suicide (n=2) and attempted suicide (n=4) was associated with postoperative depression and/or altered impulse regulation, but not age, disease duration or preoperative depressive and cognitive status.

Erlangsen, et al. (2008) found a high suicide rate in Danish people diagnosed with dementia, especially shortly after diagnosis, even after controlling for mood disorders.

Suicide-by-Cop

Arias, et al. (2008) presented two cases of police officers who died by suicide-by-cop.

Lindsay and Lester (2008) compared those dying by suicide-by-cop with reports of other citizen-police confrontations. The suicide-by-cop incidents were distinguished by: incident initiated by the subject, subject acted so as to ensure a police response, forced confrontation, initiated aggressive action, advanced toward officer, refused to drop weapon, and threatened citizens with harm, and officers retreated.

Murder-Suicide

In a sample of 74 murder-suicides and 18 murder-attempted-suicides, Barber, et al. (2008) found that, among men who killed their female intimate partner with a firearm, 59% also took their own life. Most (54%) perpetrators of non-firearm homicides who attempted suicide lived, whereas nearly all (93%) firearm perpetrators who attempted suicide died. Among men who killed their female intimate partner with a firearm, murder-suicide was the norm (59%).

Banks, et al. (2008) compared female victims of homicide with female victims of murder-suicide by intimate partners. Both the murderer and the victim were older in the murder-suicides, the murderer was more often a spouse or ex-spouse, the method was more often a firearm, and the murderer less often had drunk alcohol,

Friedman, et al. (2008) compared mothers who murdered their children and then died by suicide, attempted suicide or did neither. Mothers who died by suicide more often had altruistic motives and more frequently utilized firearms. The attempted suicides more often were delusional, and had a drug and alcohol history, while the suicides more often were married and the children they killed were older.

In a sample of filicide-suicide in Chicago from 1870 to 1930, Shackelford, et al. (2008) found that filicides with multiple victims were more likely to end in the offender's suicide, parents were more likely to die by suicide following the filicide of an older child than of a younger child; and older parents are more likely to die by suicide following filicide.

Studies of Attempted Suicides

Methodological Issues

Hasley, et al. (2008) reviewed research on suicidal intent but, of course, did not mention my 1974 and 1979 studies (Lester, et al., 1975, 1979).

Holi, et al. (2008) found that there was only a modest agreement between trained clinicians' suicidality evaluation and the Kiddie Schedule for Affective Disorders and Schizophrenia (K SADS-PL) made by trained raters.

Physiological Research

In a sample of bipolar patients, De Luca, et al. (2008) found that the severity of suicidal behavior (from none to ideation to attempts) was associated with the presence of serotonergic and noradrenergic polymorphisms, in particular the TH allele.

In 12 male attempted suicides, Jokinen, et al. (2008) found that scores on Beck's suicide intent scale (and depression scores) were negatively associated with plasma triiodothyronine levels (the active thyroid hormone that regulates metabolism).

Lindqvist, et al. (2008) found that suicidal intent in attempted suicides was negatively associated with post dexamethasone suppression test cortisol in patients with major depressive disorders but not in patients with adjustment disorders.

In a sample of attempted suicides, Saiz, et al. (2008) found that an excess of short allele (S allele of the 5-HTTLPR polymorphism) carriers was found in the group of attempters with high medical lethality as compared with the low-lethality group.

Yoon and Kim (2008) found no association between the lethality of attempted suicide and serotonin-related gene polymorphism.

In a sample of attempted suicides, Schultz, et al. (2008) found no association between transthyretin in the cerebrospinal fluid and suicide intent or lethality.

Kurt, et al. (2008) found that serum cholesterol levels were associated with the number of suicide attempts

Youths

Using national samples, Maimon and Kuhl (2008) studied past attempted suicide in 6,369 adolescents in 314 neighborhoods using individual and neighborhood variables. In a multiple regression, attempting suicide was predicted by neighborhood population density and political conservatism, age, sex, race, attachment to parents, attachment to school, depression, exposure to general violence, and living with two biological parents. Individual variables outperformed neighborhood variables.

Miranda, et al. (2008) followed up teenagers with suicidal ideation or attempts for 4-6 years. Those making multiple attempts more often had a DSM disorder at baseline and more often than single attempters at follow-up. At baseline, the multiple attempters had more suicidal intent (such as not planning for intervention and a greater wish to die). The single attempters who made another attempt during follow-up more often had an anxiety disorder at baseline.

In adolescents seen at a pediatric emergency center, Asarnow, et al. (2008) compared suicidal ideators, attempters and repeat attempters, scored as suicide risk (1, 2 and 3). For females, suicide risk was predicted by PTSD, substance use, externalizing, thought problems (e.g., hearing voices), total stress, romantic problems, and exposure to suicidal behavior in others. For males, suicide risk was predicted by depression, thought problems, and romantic break-up.

Borges, et al. (2008b) studied Mexican adolescents aged 12-17 and presented data for non-suicidal, ideators, those with a plan, and attempters.

However, they present odds ratios rather than comparing the four groups with ANOVAs or chi-square tests. They sum up their results as follows: “Suicidality was more likely to occur among females. The presence of one or more mental disorders was strongly related to suicide ideation, plan, and attempt. Among ideators only dysthymia was consistently related to a plan and attempt” (p. 41).

Larsson and Sund (2008) studied Norwegian adolescents aged 12-15 and compared those who attempted suicide, those who self-harmed and those who did neither. Combining the self-harm and attempted suicide groups, they were different from the normal group in being female, having depression, knowing a friend who had attempted suicide, and impaired because of a somatic handicap and, for the girls, smoking. There were linear trends from normal to self-harm to attempted suicide for knowing a friend or family member who had attempted or completed suicide, suicidal ideation and thinking that life was not worth living. They also presented data on the three groups for many variables without statistical tests. For example, both internalizing and externalizing problems seemed to increase over the three groups.

In a national sample, Witte, et al. (2008) compared adolescents who had planned for a suicide attempt but did not actually attempt, who did not plan but did attempt (impulsive attempters), and who both planned and attempted suicide. Using items from the survey as proxy measures of impulsivity, adolescents who had planned suicide without attempting were less impulsive than those who had attempted without planning and than those who had both planned and attempted. Adolescents who had made a suicide attempt without prior planning were less impulsive than those who had planned and attempted suicide. Examination of the impulsivity items suggested that they tapped risky behaviors rather than impulsivity.

Adults

Sisack, et al. (2008) studied a sample of attempted suicides and found that suicidal intent was associated with depression, hopelessness and well-being scores. The association of hopelessness with intent was not significant for men and those >40 years of age.

Vijayakumar, et al. (2008) compared first time attempters and repeaters in an Indian sample. The repeaters were older, more likely to be divorced, widowed or separated, more often had experienced physical abuse, had difficulty in

relationships with spouse, family and at the work place, and had higher levels of suicidal intent, hopelessness and anxiety,

Nordentoft and Branner (2008) studied a sample of attempted suicides for one year. The men were older, had better self-esteem, fewer depressive symptoms, and higher suicidal intention, but were not more likely to use violent methods. Neither use of a violent method nor the lethality of the attempt was associated with suicidal intent. Suicidal intent was not related to the lethality of suicide method (a measure based on the likelihood of dying by that method). Men and women did not differ in the number of repeat suicide attempts during the follow-up, and the use of self-poisoning at the index attempt predicted subsequent attempts.

In a study of French Canadians aged 21-24, Brezo, et al. (2008c) compared repeat attempters, single attempters and non-attempters. Repeated had higher scores for a measure of compulsivity than one-time attempters. Anxiousness, emotional dysregulation, and many other variables increased linearly from non-attempters to repeat attempters. The report would have benefitted from a clustering of the personality traits. Childhood sexual abuse played a role but was not reported in the same fashion. Brezo, et al. summed up their findings as one broad personality trait (compulsivity) and one narrow personality trait (anxiousness) differentiated between repeaters and one-time suicide attempts. Affective instability and anxiousness differentiated between non-attempters and one-time suicide attempters.

Levi, et al. (2008) compared attempted suicides making medically serious attempts with those making less serious attempts and healthy controls. The medically serious attempters had higher scores for depression and loneliness and lower scores for alexithymia and schizoid tendencies, and did not differ in mental pain, hopelessness, life events and self-disclosure. The medically serious attempters obtained higher scores on a suicide intent scale and a lethality scale (although it is not clear how medically serious differed from lethality).

In a poorly presented report, Dombrovsky, et al. (2008a) studied attempted suicides over the age of 50. The lethality of the attempt was greater in older men (>70) and in younger women (<70). The association between lethality and suicidal intent was stronger in older men and not significant in older women. Greater lethality in older men was predicted by intent but not by substance abuse, living alone, physical burden or mental state.

In national samples, Pagura, et al. (2008) compared single attempters with multiple attempters. Multiple attempters more often had mood disorders, anxiety disorders, substance disorders and 3+ disorders. They also had more traumatic stress under the age of 16 (e.g., rape, kidnapping, physical abuse, and parental/caregiver attempted suicide).

In sample of attempted suicides, Lejoyeux, et al. (2008) compared with those who had ingested alcohol with those who did not (as tested on admission). Those who ingested alcohol were older but did not differ in sex, were more often alcohol abusers/dependent and drug dependent, but did not differ in depression, hopeless or suicidal **intent** scores. It is interesting to note that 96% of the sample had used medication, and the recommendation for dying by suicide with medications is to drink alcohol with the medications.

Thompson (2008) in a national sample found that those who had an earlier onset of their first episode of depression engaged in more serious suicidal behavior (rated as none, ideation, ideation plus plan and ideation plus attempt). This effect was stronger in women and those >45 years of age.

Hjelmeland, et al. (2008b) studied the reasons for attempted suicide in Norway and Uganda. The level of suicidal intent was greater in the Uganda attempters. In Norway, suicidal intent was positively associated with depression and trait anger, but not in Uganda. In Uganda, suicidal intent was associated with internal dialogue (where the person discusses with himself or herself on identity and emotional issues, such as “I wanted to die” and “I wanted to get away for a while from an unacceptable situation”). The Norwegian results were reported in an earlier paper (Hjelmeland, et al., 2002).

Chandrasekaran and Gnanaselane (2008) followed up attempted suicides for two years. A repeat attempt was associated with higher levels of baseline depression, hopelessness, and suicidal intent, as well as elevated stress scores during the 12 months prior to the attempt and poorer adaptive functioning.

Adults with Psychopathology

Holmstrand, et al. (2008) compared attempted suicides with diagnoses of dysthymia and major depressive disorder. The two groups did not differ in suicide mortality, number of repeated suicide attempts, method of suicide attempt and comorbidity of Axis I. Dysthymia patients more often had DSM-III-R Axis II diagnoses (especially cluster B), but no significant difference in Axis III

comorbidity. The two groups did not differ in suicide during the follow-up. Dysthymia patients who later died by suicide more often reported increased *aches and pains* than those who did not die by suicide.

Schaffer, et al. (2008) studied patients with psychotic depression in four groups, no suicidality, passive suicidal ideation, active suicidal ideation and attempted suicide. Lifetime attempted suicide was less often in the older patients, the only variable that was significant. They presented data on all four groups but without statistical tests. Clear linear trends were not apparent over the four groups. For the three suicidal groups from passive suicidal ideation to attempted suicide, married and substance abuse became less common, while Hispanic ethnicity, past suicide attempt and anxiety disorder became more common.

In a sample of attempted suicides, Haw and Hawton (2008) found that females, but not males, with high suicidal intent had more life problems than those with low intent. The number of life problems was weakly associated with suicidal ideation in women whose attempt was not a repeat attempt. Male attempters with high intent more frequently experienced psychiatric and social isolation problems but were less likely to self-mutilate and have alcohol problems, while females with high intent more frequently reported social isolation, psychiatric problems, bereavement or loss and eating problems.

Keilp, et al. (2008) compared depressed patients with no suicide attempts, those with low lethality attempts and those with high lethality attempts. Attention was impaired in all depressed subjects but worse in those with a past history of suicidal behavior. On the Stroop test, performance was worst in those making the highly lethal suicide attempts, implying the role of cognitive deficits in suicidal behavior.

Dombrowski, et al. (2008b) compared elderly suicidal depressed inpatients (attempters plus ideators) with non-suicidal depressed inpatients who were similar in severity of depression and physical illness. The suicidal patients scored worse on cognitive functions (attention and memory scores) on a dementia scale and on executive functions measured on the EXIT25 scale. Exit25 scores were not associated with the lethality of the attempt.

In a sample of child and adolescent psychiatric patients, Hetrick, et al. (2008) found that suicidal behavior (using a scale similar to the SBQ) did not differ between those with major depressive disorders and those with dysthymic disorder, neither the presence nor the **severity** of suicidal behavior.

Westheide, et al. (2008) compared depressed psychiatric inpatients who had attempted suicide with and without current suicidal ideation. Those with current suicidal ideation had more executive dysfunction, especially impaired decision-making and attention impulsivity. Both groups scored higher for aggression and self-directed aggression than did healthy controls. The two attempted suicide groups did not differ in the lethality of their attempt nor their suicide intent score.

Medical Problems

De Philippis, et al. (2008) studied patients with chronic daily headaches. Suicidality (ideation and attempts), past year and lifetime, was associated positively with depression, hopelessness, irritability, dysthymic-cyclothymic-anxious, and several perceptions of their illness, and negatively with quality of life and hypothermic. The quality of life of the patients was predicted only by a measure of suicidal intent.

Offenders

In a sample of federal prisoners who attempted suicide, Magaletta, et al. (2008) used the LSARS, a standardized suicide lethality scale and found that the lethality was predicted positively by favorable staff interactions, Axis-II disorder and negatively by PCP/LSD substance use (substances other than alcohol, marijuana, opiates, stimulants, and depressants)..

RESEARCH OF NO USE FOR UNDERSTANDING SUICIDE

Suicide in Animals

Sanchez, et al. (2008) described suicidal behavior in crickets.

Physiological Research

My reviews will no longer review physiological research on suicidal behavior. Reviews of the literature may be cited.

Brezo, et al. (2008b) reviewed research on the molecular genetics of suicide, while Currier and Mann (2008) reviewed research on the genetics and biology of suicidal behavior.

Sunnqvist, et al. (2008) studied the cerebrospinal fluid and urine of a sample of attempted suicides. Sexual abuse in childhood or adolescence was associated with significantly higher levels of 3-Methoxy-4-hydroxyphenylglycole (MHPG) and cortisol and noradrenaline/adrenaline (NA/A). Low 24 hour cortisol was associated with feelings of neglect during childhood and adolescence.

In patients with mood disorders, Zalsman, et al. (2008) found no association between the lethality of attempted suicide and Met allele of the Catechol-O-Methyltransferase (COMT) gene functional polymorphism (COMT-V158M).

In a sample of attempted suicides, Perroud, et al. (2008) found that the severity of childhood maltreatment was significantly associated with a higher number of attempts and with a younger age for the first suicide attempt. Violent attempters had made more attempts, were more often male, bipolar and schizophrenic, and had experienced more sexual abuse. However, childhood sexual abuse was associated with violent attempted suicide only in those with Val/Val individuals and not among Val/Met or Met/Met individuals where these are variants of Val66Met (a brain-derived neurotrophic factor/functional single-nucleotide polymorphism).

Studies of Attempted Suicide

Adolescents and Children

In a national sample of school students in grades 7-12, Swahn, et al. (2008b) found that attempted suicide was more common in students who had dated, in both perpetrators and victims of severe date violence and perpetrators and in victims of severe peer violence.

In a sample of adolescents in Hong Kong aged 12-18 and examined at baseline and one year later, Wong, et al. (2008) found that a suicide attempt in the year prior to baseline, as well as depressive symptoms, substance use, and suicidal ideation measured at baseline predicted a suicide attempt during the one-year follow-up. A suicide attempt during the follow-up predicted suicidal ideation at the follow-up.

In a sample of Chinese adolescents aged 11-16, Liu, et al. (2008) found that suicidal behavior (ideation or attempts) was associated with depressive/anxious symptoms, poor maternal health, family conflict, and physical punishment by parents.

In a study of South African secondary school students, Peltzer, et al. (2008) found that suicidality (ideation plus attempted suicide) was associated with anger control problems, low self-esteem, perceived stress and unmet school goals (poor school performance) but gender, age, drug involvement, parental alcohol and/or drug abuse problems, perceived school performance, serious conflicts and tension with parents and unmet family goals were not associated with suicidality.

In a sample of South African high school students, Peltzer (2008b) found that suicidality (attempts plus ideation) was associated with “greater breadth and depth of drug use, less drug use control, and greater adverse consequences due to drug use” (p, 323) and also smoking tobacco but not alcohol use.

Peltzer (2008a) studied a sample of South African high school students. His dependent variable was suicide risk (depression, plus attempted suicide plus ideation!!!). High scores for suicide risk were associated with less teacher support, peer support and parental support, and less personal control. For boys, none of the four social support variables and personal control were associated with suicide risk while, for girls, lack of peer and parental support were associated with high suicide risk.

In a study of middle and high school students, Crow, et al. (2008b) found that both suicidal ideation and attempted suicide in both boys and girls was associated with extreme weight control behaviors and body dissatisfaction, but not with BMI, after controlling for depression.

Swahn, et al. (2008a) compared 7th grade students who never drank alcohol with those who began drinking prior to age 13. Those with earlier drinking more often had suicidal ideation and had attempted suicide after controls for other variables (and they also had involvement in more types of violent behaviors).

Rueter, et al. (2008) followed up a large sample of adolescents for 13 years and classified them on the basis of their suicidal ideation: none, decrease over time and increase over time. The probability of attempting suicide was greatest among male decrease and female increase.

In a sample of sexual minority youths aged 14-21 seen at a social service agency, Walls, et al. (2008) found that suicidality (attempts and ideation) was associated with hopelessness, methamphetamine use, homelessness, and in-school

victimization, but not ethnicity. Gay-straight alliances in the school reduced the incidence of suicidality.

In a national sample of adolescents, Feigelman and Gorman (2008) found that the suicide of a friend was associated with a greater risk of suicidal ideation, attempted suicide and depression in the first year after the loss. The sample was studied three times over a 6 year period. The predictors of suicidal ideation after six years were illegal drug use, low self-esteem, depression, delinquency and running away from home. A friend's suicide was no longer a significant predictor. There were no significant predictors of attempted suicide.

In a sample of adolescents aged 7-18, Galéra, et al. (2008) found that childhood hyperactivity inattention symptoms were associated with lifetime and past year suicide plans/attempt for boys but not for girls. There were no associations with suicidal ideation.

In an Australian sample of adolescents, De Leo and Heller (2007) found that exposure to a fatal suicide did not predict deliberate self-harm, but exposure to nonfatal suicidal behaviors in family and friends was predictive of deliberate self-harm and suicide ideation.

Greening, et al. (2008) studied boys aged 6-12 admitted for acute psychiatric treatment. Suicidal ideation was associated with history of abuse, depression and aggression, but not impulsivity. Attempted suicide was associated only with suicidal ideation. They conducted a path analysis and not a factor analysis or a multiple regression.

Arie, et al. (2008) compared teenage psychiatric inpatients who had attempted suicide (mean age 16), non-suicidal inpatients and healthy controls. Attempted suicide was associated with impairment in the ability to produce specific autobiographical memories, difficulties with interpersonal problem solving, negative life events (in childhood and in adolescence), hopelessness, and repression.

In Nigerian adolescents aged 10-17, Omigbodun, et al. (2008) found that suicidal ideation was predicted by sexual abuse, being physically attacked and engaging in physical fights in the last 12 months, working to support their families, going hungry because there was no food at home, having parents who were divorced or separated, and having sexual intercourse in the last 12 months. Attempted suicide was predicted by sexual abuse, physical attack in the last 12

months, engaging in physical fights in the last 12 months and living in an urban location. The authors did present data for non-suicide youths, ideators and attempters, but their percentages do not make sense and so trends cannot be determined.

In a study of homeless adolescents, Yoder, et al. (2008b) found that suicidal ideation was associated positively, with age, sexual orientation, family neglect and abuse, physical and sexual victimization on the street, use of alcohol and hard drugs, hopelessness, depression, anger, low self-esteem and diagnoses of major depressive disorder, PTSD and conduct disorder, and past-year attempted suicide. This report failed to carry out potentially useful more complex statistical analyses. In a study of homeless adolescents, Yoder, et al. (2008a) found that both lifetime attempted suicide and suicidal ideation were associated with internalizing disorders (lifetime diagnoses of major depressive episode and post-traumatic stress disorder), and externalizing disorders (lifetime diagnoses of conduct disorder, alcohol abuse, and drug abuse).

In a sample of Latino adolescents, Peña, et al. (2008) found that past year attempted suicide was more common in later generation immigrants than in first or second generation immigrants, as was alcohol, marijuana and other drug use, but not depression symptoms.

Jones, et al. (2008) studied teenagers in the community and a clinical group. Suicidality (ideation plus attempts) was more common in those with any psychiatric disorder and was associated with running away, sexual behavior and aggressive behavior.

In a study of Mexican teenagers, Borges, et al. (2008a) found that traumatic events (rape, beatings, etc.) predicted suicidal ideation and attempted suicide even after controls for psychiatric disorder, age and sex.

In a sample of African adolescents, van Renen and Wild (2008) found that past-year suicidal attempts/ideation was associated with lower levels of connection and regulation and higher levels of conflict and psychological control in the parent-child relationship. Family structure and inter-parental conflict were not significantly associated with suicidality.

Prinstein, et al. (2008) followed up a sample of psychiatric inpatients aged 12-15 for 18 months post-discharge. The incidence of suicidal ideation declined

after 6 months and but then increased again. Suicidal ideation and suicidal threats at baseline predicted attempted suicide during follow-up.

Resch, et al. (2008) studied German adolescents and found that self-mutilation/attempted suicide and suicidal ideation were both associated with emotional symptoms, conduct problems, hyperactivity, peer problems, depression, anxiety, and lower quality of life. They did not compare the ideators and attempters and, unfortunately, included self-mutilation with attempted suicide.

In a study of Iranian high school students, Ghanizadeh (2008) found that suicidal ideation was associated with sex, a hostile outlook and destructive coping on a school anger inventory. Attempted suicide was associated with sex, school anger experience and destructive coping.

Nrugham, et al. (2008a) studied Norwegian adolescents in grades 8 and 9 and followed them up for five years. Attempted suicide before age 15 was associated with suicidal thoughts, self-harm without suicidal intent, sleeping during the day, hopelessness, and a diagnosis of depressive disorders. Attempted suicide in the 5-year follow-up period was predicted by depressed mood, worthlessness and excessive guilt, recurrent thoughts about death, suicidal thoughts, hopelessness and self-harm without suicidal intent, all sleep disturbances except terminal insomnia, and major depressive disorder.

In a study of dating behavior in high school students, Bossarte, et al. (2008) classified the students for perpetration of physical and psychological violence and victimization of the same. Rather than correlating these variables with suicidality (attempts/ideation), they identified clusters of individuals for these behaviors obtaining five clusters. Their results are poorly reported, but it may be that suicidality was highest in those reporting high levels of victimization and perpetration.

Pederson (2008) followed up Norwegian teenagers for 13 years. The use of cannabis at age 14-16 did not predict later depression, suicidal ideation or attempted suicide, but cannabis use at age 21 predicted suicidal ideation by age 27 while use of cannabis more than 11 times in the prior year predicted attempted suicide. Many other family and individual factors were studied, but these were used for controls although significant.

In a sample of American teenagers, Klomek, et al. (2008b) found that all types of victimization (verbal and physical) increased the incidence of suicidal ideation and of attempted suicide, especially if frequently (versus less than weekly)

Sigfusdottir, et al. (2008) found that attempted suicide/suicidal ideation in high school students was associated positively with sexual abuse, delinquency, depressed mood and anger and negatively with parental education and living with both parents for both boys and girls.

Nrugham, et al. (2008b) followed a group of 14-year-old students for 1 and 6+ years. They found that history of a attempted suicide predicted later attempted suicide. Not living with both biological parents and a diagnosis of any depressive disorder were predictors for younger and older adolescents, respectively. In addition, later attempted suicide appeared to be associated with conflict with parents, daily smoking, negative self-perception and negative moods.

Greenfield, et al. (2008) followed up adolescents presenting at a hospital with suicidal ideation or attempted suicide. Six months later, suicidality was associated with borderline personality disorder, previous suicide attempts, drug use and female sex.

In a sample of predominantly African American adolescents, Lamberrt, et al. (2008) found that exposure to community violence by 6th grade predicted suicidal ideation in 6th grade and, combined with personal aggression and using path analysis, to attempted suicide in 8th grade.

Crow, et al. (2008a) followed up a sample of adolescents five years later. For young women, suicidal ideation and attempted suicide at Time 2 were each predicted by Time 1 extreme weight control behaviors, even after controlling for Time 2 depressive symptoms. This was not found for men. Body mass index and body dissatisfaction did not predict suicidal ideation or suicide attempts in men or women.

In a sample of African American adolescents (grades 5-12), Fitzpatrick, et al. (2008) found that suicidal ideation was associated with being female, depression, victims of physical violence at home, victims of bullying and sexual victimization, and more likely to be taking risks. Self-esteem was a protective factor but not religiosity. The results were similar for past attempted suicide.

In a sample, of urban Native American adolescents aged 9-15, Pettingell, et al. (2008) found that, for girls, past attempted suicide was associated with substance use and negatively positive mood, while for boys past attempted suicide was associated with violence perpetration and negatively with parent prosocial behavior norms and positive mood.

Freitas, et al. (2008) found that Brazilian pregnant teenagers more often had attempted suicide than non-pregnant teenagers and differed on a number of variables: in a multiple regression, change of residence in the prior 3 years, prior use of tobacco, suicide of a relative, and dropping out of school for more than 6 months.

Kim and Kim (2008) studied regular and delinquent Korean adolescents. The delinquent adolescents more often had attempted suicide. A multiple regression analysis indicated that five variables predicted attempted suicide: poor coping strategy, parental child-rearing pattern, depression, parent-child relationship (dysfunctional family dynamics), and psychosomatic symptoms.

In a study of youths aged 15-24 in Japan, Hidaka, et al. (2008) found that, for males, attempted suicide was associated with experience of school bullying, being homosexual or bisexual, history of drug use, experience of unwanted sex, history of a diagnosed sexually transmitted infection, and low self-esteem. For females, attempted suicide was associated with being younger (15–19), experience of school bullying, history of drug use, and history of smoking.

Brezo, et al. (2008a) followed a sample of French Canadian children aged 6-12 for twelve years. Attempted suicide was associated with abuse by their families. Apparently in a focus on those children physically or sexually abused, attempted suicide was associated with disruptive disorders, conduct problems and childhood aggression, and lower parental education. No multiple regressions were reported for the whole sample.

In a sample of serious suicide attempters aged >15 by poisoning in Turkey, Yasan, et al. (2008) found that attempted suicide was more common in females who, compared to males, were more often aged 15-24, had experienced more stressful events in the previous week before suicide attempt, received less support, experienced more family violence, had lower education level, and had a lower rate of employment.

In a four-year follow-up study of German adolescents and young adults, Bronisch, et al. (2008) found that suicidal ideation and attempted suicide were associated with occasional and regular smoking and nicotine dependence at baseline. Pre-existing suicidality was not associated with subsequent smoking or nicotine dependence.

Klomek, et al. (2008c) compared inpatient attempted suicides, non-suicidal inpatients and healthy control. Of the three groups, the attempted suicides had higher levels of self-critical and dependent depression and anxiety.

Goodman, et al. (2008) studied assaultive hospitalized children aged 5-12. For the total sample, the suicidality score (ideation and/or attempts) was associated with mother's depression, mother's state anger, child's aggression and ADHD. Comparing the suicidal and non-suicidal groups, they differed only in aggression and suicidality scores (the assaultive/suicide group higher on both), and the assaultive/suicidal groups more often had PTSD and less often avoidant personality disorder.

In a sample of 15-21 year olds who had had sex in the prior 90 days, Houck, et al. (2008) found that having unprotected sex was associated with lifetime attempted suicide for males but the association was weaker for females.

In Dutch ethnic minority adolescents (aged 12-18), van Bergen, et al. (2008) found that Turkish adolescents more often had suicidal ideation than Moroccan or Dutch adolescents. The Turkish adolescents more often did not like being home. In all three ethnic groups, suicidal ideation was associated with loneliness, low self-image and depression.

Kerr (2008) found that boys who had attempted suicide by age 16 were more likely to attempt suicide again by age 26.

Adults

Pompili, et al. (2008d) studied suicidal ideation (as measured by an MMPI scale) in those subjected to harassment at work (mobbing). Subjects with suicidal ideation had lower scores on scale K (Correction) and higher scores on scales F (Infrequency), Hs (Hypochondriasis), D (Depression), Hy (Hysteria), Pd (Psychopathic Deviate), Pa (Paranoia), Pt (Psychasthenia), Sc (Schizophrenia), Ma (Hypomania) and Si (Social Introversion). Compared to norms, those mobbed had higher scores on most MMPI scales.

In a survey study of people in 17 countries, Nock, et al. (2008) found that “across all countries, 60% of transitions from ideation to plan and attempt occur within the first year after ideation onset. Consistent cross-national risk factors included being female, younger, less educated, unmarried and having a mental disorder. Interestingly, the strongest diagnostic risk factors were mood disorders in high-income countries but impulse control disorders in low- and middle-income countries” (p. 98).

In national data from Sweden, Mittendorfer-Rutz, et al. (2008b) found that the incidence of suicide attempt was increased for men with reduced linear growth in fetal life regardless of adult stature. Men with appropriate birth length for gestational age but short adult height also had a higher incidence of attempted suicide. Tall adult stature was protective. Short birth length for gestational age was more strongly related to violent than to non-violent suicide attempts. The incidence of violent attempts was most strongly increased for men with low birth weight and adequate adult stature.

Boden, et al. (2008) followed a birth cohort of New Zealand newborns for 25 years. Heavy smoking (>20 cigarettes per day) was associated with suicidal ideation and with attempted suicide. However, the authors assert that, **controlling for non-observed fixed confounding factors**, eliminated the statistical significance of the findings. This makes no sense. If one does not observe the confounding factors (and, therefore, measure them), how can one control for them. This looks like absurd statistical manipulations that are becoming common in research on suicide.

In a national sample in Canada, Blackmore, et al. (2008) found that past-year attempted suicide was associated with being female, separated or divorced, unemployed, and with a chronic physical health condition and major depressive episode. `

In an American national sample followed up after 10 years, Borges, et al. (2008c) found that the strongest predictor of suicide-related outcomes at follow-up was baseline suicidality, especially so for suicidal ideation, a conclusion stated in this way in the abstract of the paper. However, the text reveals a more complex picture. For example, “a prior history of suicide ideation predicts subsequent ideation, but that history of suicide ideation in the absence of a plan or attempt is negatively related to subsequent risk of suicide plan and attempt” (p. 31). These

complex results are fine for a scholarly paper but leave us wondering about the usefulness of this research.

In a community survey in Canada, Clarke, et al. (2008) found that socio-economic status (level of education and household income), a sense of community belonging, life stress, depression, and alcohol abuse predicted suicidality (attempts plus ideation), but the pathways differ by ethnic group (Aboriginals, Anglophone Whites and Francophone Whites).

In a community sample of Iranians, Shooshtary, et al. (2008) found that past attempted suicide was associated with smoking, sedative use and long-term physical and mental disabilities.

In an Italian community sample, Scocco, et al. (2008) found that risk factors for lifetime suicidal behavior in general were female sex, younger age, fewer years of education, and earlier onset age of suicide ideation. The presence of any mental disorder, especially if there was comorbidity, was associated with an increased risk for all suicidal behaviors (ideation, plans, and attempts suicide).

Houle, et al. (2008) compared male attempted suicides with non-suicidal men seen at an emergency room. The attempted suicides were more likely to adhere to the traditional masculine gender role even after controls for psychiatric disorder. The attempted suicides were less likely to have sought help, have social support and have a romantic partner, and more often had a psychiatric disorder and drug and alcohol abuse.

In a sample of LGBT individuals, Meyer, et al. (2008) found that a serious suicide attempt was more common in men, Latinos, bisexuals and older individuals.

In a community sample, Woolley, et al. (2008) found that suicidal ideation/attempts were associated with severe headaches after adjusting for psychiatric diagnoses and demographics.

In a study of the general population, Goodwin and Marusic (2008) found that less than 5 hours of sleep was associated with past year and lifetime suicidal ideation and attempted suicide.

In line with the Interpersonal Theory of Suicide, Van Orden, et al. (2008a) found that thwarted belongingness and perceived burdensomeness predicted

current suicidal ideation, that greater levels of acquired capability were associated with a greater numbers of past attempts, that painful experiences predicted acquired capability scores, and acquired capability and perceived burdensomeness predicted clinician-rated risk for suicidal behavior.

Doihara, et al. (2008) compared attempted suicides with healthy controls and found that attempters had higher total scores on an aggression scale and on the subscale of hostility (but not on the subscales of physical aggression, verbal aggression or anger).

In a sample of college students, Schaffer, et al. (2008) found that binge drinkers more often reported both lifetime suicidal ideation and attempted suicide. The association of binge drinking with attempted suicide was significant only for females, and the association with suicidal ideation significant only for Hispanics.

In a sample of military personnel who were first-time attempted suicides and who were followed-up for one year, Bryan, et al. (2008) found that attempting suicide during the follow-up was predicted by hypomania on the Millon Clinical Multiaxial Inventory (MCMI), and with trends for suicidal ideation and depression at baseline and compulsiveness on the MCMI.

Stefanello, et al. (2008) compared male and female attempted suicides in Brazil. The women had lower scores on the WHO Well-Being index, the Beck Depression inventory and the Psychiatric Disability Assessment Schedule, while the men more often had alcohol and drug disorders and used alcohol during the suicide attempt more frequently. The men made more lethal attempts and felt more self-pity after the attempt. The women had experienced more physical and sexual abuse and had made more prior attempts,

Mittendorfer-Rutz, et al. (2008a) compared a national sample of over 14,000 hospitalized Swedish children who attempted suicide, born in 1968-1980 and followed up until 1999, with controls. The attempted suicides more often had siblings, mothers and fathers who had attempted suicide. Other risk factors were familial substance abuse disorders, maternal schizophrenia, non-affective psychoses and organic disorders, parental neurotic, stress-related and somatoform disorders, and paternal and maternal suicide. The attempted suicides more often had a mental illnesses particularly substance abuse, affective disorders and personality disorders.

In a study of bereaved widowed men and women 11 and 20 months after the loss, Johnson, et al. (2008b) found that suicidality (ideation and attempts) was associated with depressive symptoms, dependency on the deceased spouse and low self-esteem, but not with perceived parental affection or control during their childhoods.

In a national sample, Braden and Sullivan (2008) found that suicidal ideation and attempt (past year and lifetime) was associated with any pain condition. In particular, severe or frequent headaches and “other” chronic pain were associated with lifetime suicidal ideation, while “other” chronic pain was associated with lifetime attempt.

Hjelmeland, et al. (2008a) compared students in Ghana, Uganda and Norway. Attempted suicide and suicide in family members was more common in Uganda, as was attempted suicide and suicidal ideation in the students in the past year (but not lifetime). The three groups of students also differed on attitudes toward suicide and prevention.

In a sample of university students, Innamorati, et al. (2008b) found that suicidal ideation was more common in polydrug users but not in cannabis users. A similar trend was found for past attempted suicide. Suicidality was predicted by depression scores and polydrug use.

In a study of South Africans in the general population, Joe, et al. (2008a, 2008b) found that past attempted suicide was higher in those aged 18-34, Colored (in South Africa this means of mixed race), female and less educated. Suicidal ideation was most common in Coloreds followed by Whites.

In a sample of Taiwan university students, Gau, et al. (2008) found that a measure of suicidality was associated with neuroticism, harm avoidance, novelty seeking, psychopathology, use of tobacco and alcohol, impaired family adaptation and cohesion, and parenting styles of low affection, overprotection, and authoritarian controlling.

In a sample of French African Caribbean psychiatric patients, Slama, et al. (2008) found that a history of attempted suicide was associated with affective disorders, professional qualifications, the presence of children, poor social contacts, and poor treatment compliance.

In college students, Muehlenkamp, et al. (2008) found that engaging in non-suicidal self-injury (NSSI) was more likely if they knew someone who engaged in NSSI but not if they knew someone who engaged in attempted or completed suicide.

Parkar, et al. (2008) compared male and female attempted suicides in Mumbai (India). The women more often had a diagnosis of depressive disorder and more often no Axis-I psychiatric disorder. The men ascribed their suicide attempt to work problems, financial problems and problem drinking, whereas the women ascribed their attempt to domestic problems, in-law relations and victimization.

Haggarty, et al. (2008) surveyed Canadian Arctic households and found very high rates of suicide ideation and attempted suicide. "Ideation was more frequent among younger persons, whereas those favoring local native language were less likely to report a wish to die. Higher overall suicidality scores were associated with higher anxiety, and alcohol abuse, but not with depression or gender" (p. 699).

Lee and Leung (2008) studied attempted suicides using charcoal in Hong Kong. Psychiatric disorder after the attempt was associated with the presence of past psychiatric treatment, past history of suicide attempt and physical complications. Medical problems were associated with loss of consciousness and abnormal blood acidity.

In a sample of patents seen at psychosomatic clinics or GPs, Hardt, et al. (2008) found that past attempted suicide was associated with sexual abuse and harsh physical abuse and financial hardship. Attempted suicide was also associated with parental separation or divorce, and physical arguments between parents, but not after controls for the other correlates.

In a national sample, Ilgen, et al. (2008a) found that, adjusting for concurrent psychiatric disorders and other chronic medical conditions, suicidal ideation and attempted suicide were both associated with head pain and the pain summary score. Other non-arthritic pain was associated with suicide attempts.

In a sample of women aged 18-50 in India, Maselko and Patel (2008) found that attempted suicide was associated with mental illness, exposure to violence, hunger and physical illness.

In a sample of Japanese adults, Ono, et al. (2008) found that suicide plans and attempts were more common when suicidal ideation occurred at an early age

and within the first year of ideation. In middle-aged individuals, the period after first employment and the presence of mental disorders were associated with attempted suicide.

Sheikholesami, et al. (2008) studied a sample of attempted suicides in Iran and thought that, compared to attempted suicides in Western countries, the Iranian attempters were more likely to have no psychiatric disorder and were less likely to have used alcohol before the suicide attempt, but were more likely to have been assaulted physically or verbally.

In a national sample in the United States, Afifi, et al. (2008) found that childhood experience of physical abuse, sexual abuse and witnessing domestic violence increased the likelihood of later suicidal ideation and attempts.

After Hurricane Katrina in 2005, Kessler, et al. (2008) survey people after 6 months and one year and found that the incidence of suicidal ideation and suicidal plans (but not attempts at suicide) increased over time. Suicidal ideation was more common in those aged 18-39 and with low income. Suicidal ideation after one year was associated with the stress level after one year but not at six months (but this is not clear in the report).

In a study of elderly (>60) GP patients, Draper, et al. (2008) found that those who reported childhood physical or sexual abuse more often reported a lifetime suicide attempt, as well as worse physical and mental health.

Desai, et al. (2008) studied suicide in three cohorts of VA psychiatric outpatients: 1995, 1997 and 2001. The suicide rate was higher in men, the young (<40) and old (>70), whites, and those with bipolar disorder and with alcohol use disorder.

Psychopathology

In small samples of psychiatric inpatients with suicidal ideation, with and without past attempted suicide, Lauer, et al. (2008) found that attempted suicide was associated with believing in a chance locus of control and relying less on problem-focused coping skills.

Montross, et al. (2008) studied psychiatric patients aged 40 and older with schizophrenia spectrum disorders and concurrent depressive symptoms. Those with lifetime attempted suicide had greater depression and psychopathology. Current

suicidal ideation was predicted by lifetime attempted suicide and hopelessness, but not by diagnosis, race/ethnicity, marital status, living situation, age, education, or severity of medical illness.

Stepp, et al. (2008) studied a mixed sample of psychiatric patients and healthy people. Attempted suicide was predicted by attachment anxiety but not by attachment avoidance, and also by lack of sociability. Combining attempted suicide with non-suicidal self-harm produced different results, but the rationale for doing this is unclear.

In samples of psychiatric patients, Gonzalez (2008) found that recognition that they had a mental illness (rather than denying it) was significantly related, both retrospective and prospectively (6 months later), with suicidal ideation and attempts. This was found for patients with schizophrenia, bipolar I disorder and recurrent major depression.

In a sample of psychiatric patients, Pompili, et al. (2008b) found that scores on a measure of psychache (both current and worst-ever) were associated with clinicians' prediction of suicide risk but not with lifetime attempted suicide.

In a sample of psychiatric outpatients, Foote, et al. (2008) found that the presence of a diagnosis of dissociative disorder was associated with lifetime suicidal ideation, chronic suicidal ideation, attempted suicide and multiple attempts, as well as a range of psychiatric problems. Multiple attempts were also associated with childhood physical abuse.

In a sample of psychiatric patients, Mann, et al. (2008a) found that recent attempters (<30 days prior to the study) were identified by suicidal ideation and comorbid borderline personality disorder. Remote attempters (>30 days prior to the study) were identified by lifetime aggression and current subjective depression.

In a sample of psychiatric inpatients, Pompili, et al. (2008c) found that suicidal risk was predicted by the temperament scores for irritable temperament and social introversion. Those rated as suicide risks scored higher for hopelessness, irritable and dysthymic/cyclothymic/anxious temperaments and lower for hyperthymic temperament and, on the MMPI, higher scores for depression, hysteria, psychasthenia, schizophrenia and social introversion.

In a sample of psychiatric inpatient admissions, Sfoglia, et al. (2008) found that those who had attempted suicide or who had high suicidal ideation had higher

child trauma scores and shorter illness duration and less often had schizophrenia or major depression.

In a community survey, Bolton, et al. (2008b) found that a diagnosis of one or more anxiety disorders at baseline, predicted attempted suicide in the next 13 years (especially panic attacks and agoraphobia).

Affective Disorder

In a sample of patients with DSM-IV depression, Ehnvall, et al. (2008) found that females (but not males) who perceived themselves as rejected/neglected by either parent in childhood had a greater chance of making at least one lifetime suicide attempt.

In a sample of bipolar outpatients, McIntyre, et al. (2008) found that a history of childhood abuse was associated with attempted suicide and also attempted suicide/suicidal ideation.

In a sample of patients with affective disorder, Lewitzka, et al. (2008) found that platelet MAO-B activity did not differentiate attempted suicides and non-suicidal patients. The attempters did have an increased inhibition of aggression combined with increased self-directedness, as well as trends suggesting increased motor impulsiveness and decreased persistency.

In a sample of patients with major depressive disorder (85% female), Brodsky, et al. (2008) found that, if they had suffered childhood sexual abuse (but not physical abuse), their children had a greater probability of suicide attempts, posttraumatic stress disorder, earlier onset of major depressive disorder, higher levels of impulsivity, and greater likelihood of childhood sexual abuse in the offspring (but not by the parents).

In a national sample of patients with major depressive disorder, Bolton, et al. (2008a) found that past attempted suicide was associated with Hispanic or Latino ethnicity, younger age, low annual income, anxiety, personality disorder or substance use disorder, and feelings of worthlessness, and also dependent personality disorder in men and antisocial personality disorder in women,

In a sample of patients with bipolar disorder, Carballo, et al. (2008) looked the impact of a family history of suicidal behavior and personal history of childhood abuse. Having one or both of these factors increased the likelihood of a

past suicide attempt. Those with both factors were younger at the time of their first suicide attempt and had a higher number of suicide attempts. They were also younger at the time of their first episode of mood disorder and first psychiatric hospitalization and had significantly higher rates of substance use and borderline personality disorders.

In a study of bipolar disorder euthymic patients, Rosa, et al. (2008) found that a history of attempted suicide was associated with functional impairment, particularly in occupational and cognitive functioning, a family history of psychiatric illness, a family history of affective disorder, psychotic symptoms and axis II comorbidity.

Calati, et al. (2008) gave the Temperament and Character Inventory to German and Italian psychiatric patients with different diagnoses and healthy controls, but not the same samples in each country. For example, the healthy controls were all German, which makes interpretation of their results difficult, a poor research design. Overall, those who had attempted suicide higher scores for Harm Avoidance (HA) and lower scores for Self-Directedness (SD) and Cooperativeness (C) compared to controls. For the German sample of attempted suicides, the personality test scores differed by diagnosis. The research, therefore, confused country, diagnosis and past attempted suicide. The authors concluded: "Those findings may be useful for cautions in further dissecting this complex phenotype." (p. 938)!

In a sample of bipolar I and II patients, Valtonen, et al. (2008) found that attempting suicide was more common during combined mixed and depressive mixed phases and next in major depressive phases. Mixed (mixed or depressive mixed) or major depressive phases and prior suicide attempts independently predicted future suicide attempts.

Nakagawa, et al. (2008) found that bipolar psychiatric patients with and without anxiety disorders did not differ in past attempted suicide. Suicidal ideation was less severe in bipolar patients with anxiety disorders, but not in a multiple regression.

In a sample of depressed patients, Sarchiapone, et al. (2008) found that past attempted suicide was associated with higher levels of childhood emotional, physical and sexual abuse.

Klimes-Dougan and Lee (2008) studied suicidality (ideation plus attempts) in the offspring up to age 25 of mothers with major depressive disorder, bipolar disorder and no disorder. Suicidality was more common in the offspring of bipolar mothers. Suicidality in the offspring overall was associated with depression scores, internalizing problems and externalizing problems.

Khalsa, et al. (2008) followed up first episode bipolar-1 patients for 4 years. Suicidality (attempts and ideation) was associated with a higher proportion of time ill overall, more time in depressed-dysphoric morbidity, higher initial depression symptom-ratings, any Axis I comorbidity, and prior attempted suicide.

Galfalvy, et al. (2008) followed up patients with affective disorders for two years. Attempting suicide during follow-up was predicted by past attempt and smoking. However, there were some interactions. Older age was protective against future suicidal attempt only for those with no history of suicide attempt. Higher depression (on the Beck Depression Inventory) was a risk factor only for non-smokers. Older patients coped better with life events than an additive model would predict.

Schizophrenia

Barak, et al. (2008) compared schizophrenic admissions with and without prior attempted suicide. The attempters were more often female, with physical illness (notably cardiovascular illness and diabetes), with a higher rate of alcohol and drug abuse, and were younger.

Xiang, et al. (2008) compared schizophrenic outpatients from Hong Kong and Beijing who had lifetime attempted suicide with those who did not. The attempters were younger at onset, had more hospitalizations, had more severe positive, depressive, anxiety and extrapyramidal symptoms; had poorer quality of life in the physical, psychological, social and environmental domains; and were more likely to be residents of Beijing.

In a study of patients presenting with first-episode psychosis, Foley, et al. (2008) found that attempting suicide in the prior month was associated only with insight at the time of the admission (especially recognition of mental illness).

Post-Traumatic Stress Disorder (PTSD)

In a sample of trauma survivors, Dutra, et al. (2008) measured suicidality with the SRBQ-R. On a scale to measure cognitive schemas, attempted suicide was associated with failure and defectiveness/shame schemas, while suicidal ideation was associated with failure, defectiveness/shame, social isolation/alienation, dependence/incompetence and subjugation of needs.

Nad, et al. (2008) studied Catholic Croatian war veterans with PTSD. Those who had attempted suicide had lower scores for existential well-being but did not differ in spiritual well-being, religious well-being or intrinsic religiosity.

Substance Abuse

Ramchand, et al. (2008) studied adolescents in substance abuse treatment. Higher levels of conduct disorder symptoms were associated with suicidal ideation and attempts, while higher levels of depressive symptoms and being female were associated with ideation.

In a sample of patients in treatment for drug dependence, Tamar-Gurol, et al. (2008) found that the presence of a dissociative disorder was associated with past attempted suicide.

Wojnar, et al. (2008) found that a history of impulsive attempted suicide predicted relapse after treatment.

In a sample of opioid dependent patients, Trémeau, et al. (2008) found that attempted suicide was associated with younger first age of heroin use, a family history of suicide, and higher scores on the assault and irritability subscales of a hostility inventory, and with trends toward female sex and younger age.

In a sample of methamphetamine (MA) users, Glasner-Edwards, et al. (2008) found that lifetime attempted suicide was associated with being female, intravenous MA use, a Beck Depression Inventory score > 20 at baseline, and a clinically significant psychiatric history.

Personality Disorders

In a sample of patients with borderline personality disorder, Soloff, et al. (2008) found that lifetime attempted suicide was predicted childhood sexual abuse, psychotic and schizotypal symptoms, and poor social adjustment.

Soloff and Fabio (2008) studied patients with borderline personality disorder and followed them up for one year. Attempted suicide during the follow-up was predicted by poor social adjustment and comorbid major depressive disorder. Hospitalization and medication impacted attempting suicide during a five-year follow-up.

In a sample of patients with borderline personality disorder, Links, et al. (2008) found that past-year suicidality (measured using the SBQ) was higher in those with high negative mood intensity and high mood amplitude, and associated with trait impulsivity.

Eating Disorders

In a study of patients with anorexia nervosa, Bulik, et al. (2008) found that attempted suicide was less common in the restricting subtype than in the purging, binge eating and a mixed AN and bulimia nervosa subtypes. After controlling for major depression, suicide attempts were associated with substance abuse, impulsive behaviors and traits, Cluster B personality disorders, panic disorder, and post-traumatic stress disorder along with low self-directedness and eating disorder severity.

In a study of patients with purging-type bulimia, Favaro, et al. (2008) found that attempted suicide was associated with childhood sexual abuse, the presence of a cluster B personality disorder, and a low self-directedness (measured by the Temperament and Character Inventory Revised).

Other Psychiatric Disorders

McCloskey, et al. (2008) found that patients with intermittent explosive disorder who had attempted suicide were more likely to have lifetime drug dependence, major depressive disorders and a non-borderline personality disorder/cluster B personality disorder. They also had more Axis-I and Axis-II disorders.

In a study of individuals with borderline personality disorder, James and Taylor (2008) found that attempted suicide in women (but not men) was associated

with antisocial personality disorder symptoms and with borderline personality disorder symptoms. Drug abuse and alcohol abuse were associated with self-injurious behavior but not with attempted suicide.

Medical Problems

In a national survey in Canada, Ratcliffe, et al. (2008) found that chronic pain conditions were associated with attempted suicide and suicidal ideation. The strongest association was for chronic migraine. For individuals with a psychiatric disorder, comorbidity with one or more chronic pain conditions also increased the rate of suicidal ideation and attempted suicide.

Préau, et al. (2008) surveyed people living with HIV/AIDS in France. Attempted suicide was associated with female sex, younger age, lack of family social support, native French citizenship, reporting household financial difficulties, having been HIV-contaminated through homosexual contact or through injection drug use and suffering from lipodystrophy-related symptoms.

Pinheiro, et al. (2008) found that depression scores predicted past-month suicide ideation/attempt in postpartum women, both depressed and non-depressed. In the depressed sample, a prior attempt predicted suicidal ideation. For the non-depressed sample, previous psychiatric treatment and hospitalization, family history, breastfeeding, type of delivery, parity and social class were not associated with suicidality.

Huggins, et al. (2008) studied a small sample of people born with fetal alcohol spectrum disorders. Those who had attempted suicide more often had mental health disorders, substance abuse disorders, a history of trauma or abuse, financial stress, and unstable social support.

Offenders

In a sample of adjudicated adolescents, Langhinrichsen-Rohling and Lamis (2008) found that past suicidal ideation and attempts were associated with scores on a Life Attitude Scale measuring current engagement in overtly suicidal behavior, risk-taking and potentially injury-producing behaviors and a lack of engagement in health and safety behaviors, or self-enhancement behaviors.

In a study of convicted offenders, Lamis, et al. (2008) used a very poor measure of what they called *suicide proneness* (a mixture of suicidal behaviors and

non-suicide behaviors [risk-taking and absence of life-affirming behavior]). Scores on this scale were associated with subscale scores on the Personality Disorder Millon Clinical Multiaxial Inventory-III scales (e.g. schizoid, depressive, sadistic, schizotypal, borderline).

In a sample of offenders, Douglas, et al. (2008) found that suicidal ideation and attempts were associated with scores for antisocial personality disorder, and impulsivity subscale scores on a scale for psychopathy (but not interpersonal, affective or antisocial subscale scores),

In a sample of juvenile offenders aged 10-18, Abram, et al. (2008) found that recent suicide attempts were most prevalent in females and youths with major depression and generalized anxiety disorder.

In a study of adolescents at a juvenile assessment center, Nolen, et al. (2008) found that lifetime attempted suicide was associated with older age, female, not living with both parents, currently arrested for a violent or felony crime, major depressive disorder, substance use disorder, and behavior disorder and, for boys, anxiety disorder.

In a sample of incarcerated juvenile offenders, Kenny, et al. (2008) found that suicidal behavior including self-harm was predicted by emotional and physical abuse and neglect, adjustment disorder, borderline personality, psychological distress and interpersonal problem scores.

In a sample of Scottish young offenders aged 16-21, Kiriakidis (2008) found that attempted suicide in custody was associated with being in residential care, the presence of a social worker for the family, family history of alcohol abuse, family history of suicide attempts, the experience of being bullied in custody, contact with a psychologist in the community, and being a violent offender.

Studies of Suicidal Ideation

Methodological Issues

Kerr, et al. (2008a) found that self-reports of suicidal ideation by teenagers and young adults and parent reports showed poor agreement (and were associated with depression!).

Cohen, et al. (2008) studied passive and active suicidal ideation, which is becoming popular. Passive ideation refers to wishing to be dead (which is not, therefore, suicidal ideation!) while active suicidal ideation is thoughts of suicide.

In a sample of youths in detention, Stathis, et al. (2008) found poor agreement for the assessment of suicidal risk between clinical assessment and scores on the Adolescent Suicide Questionnaire ($\kappa=0.13$).

Youths

In a large sample of Italian adolescents aged 15-19, Miotto and Preti (2008) found that higher scores on a social desirability scale were associated with lower hopelessness and suicidal ideation scores. They suggested that this result might mean that defensiveness, denial and self-deception are protective factors against suicidality. The results might also mean that the adolescents were lying!

In a study of homeless adolescents, Yoder, et al. (2008) found that suicidal ideation was associated positively with age, sexual orientation, family neglect and abuse, physical and sexual victimization on the street, use of alcohol and hard drugs, hopelessness, depression, anger, low self-esteem and diagnoses of major depressive disorder, PTSD and conduct disorder, and past-year attempted suicide.

In a study of Japanese junior high school students, Katsumata, et al. (2008) found that suicidal ideation was predicted by being female, access to information on suicide on the internet, anxiety about not getting email replies, hurtful experiences on the internet, and not trusting schoolmates and not trusting parents.

In a study of French high school students, Chabrol, et al. (2008) found that suicidal ideation was associated with depression, trait anxiety and cannabis use, but not age and sex.

In a study of adolescents aged 11-18 in Hong Kong, Kwok and Shek (2008) found that suicidal ideation was associated with older age, living in non-intact families, and lower socio-economic status.

In a study of Dutch children (mean age 12), Herba, et al. (2008) compared victims of bullying, those who bullied and were also victims, and non-involved children. Victims (but not bully-victims) with parents who had internalizing disorders had elevated levels of suicide ideation compared to children uninvolved in bullying. Victims feeling more rejected at home reported more suicide ideation.

Bully-victims did not have higher levels of suicide ideation compared to uninvolved children. There were no sex differences in suicidal ideation.

Kerr, et al. (2008b) tested a sample of boys annually from ages 12 to 29 (although attrition was high). Suicidal ideation was associated with substance use and depression. Suicidal ideation declined over time, but ideation in earlier years predicted ideation in later years.

In a sample of high school students judged to be at risk for drop-out, Walsh and Eggert (2008) found that hopelessness, anxiety, prior attempts, risky behavior and violence/victimization were positively associated with suicide risk (most likely ideation) while self-esteem, family support, personal control and positive problem solving strategies were negatively associated.

In a sample of Indian college students, Singh and Joshi (2008) found that suicidal ideation was associated with depression, stressful life events and extraversion and psychoticism.

In a study of adolescents in India aged 16-19, Broota, et al. (2008) found that suicidal ideation was associated with impulsivity, hopelessness, anger, low self-esteem as well as problems with family, school and peers (although these last three variables were not tested statistically).

Klomek, et al. (2008a) studied Finnish boys at age 8 and followed them up at the time of military conscription (age 18). Those who were frequent bullies were more likely to report suicidal ideation later, but not after controls for depression. Being a victim of bullying or being a bully and victim were not associated with suicidal ideation later.

Peter, et al. (2008) studied Canadian youths aged 12-15 and found that suicidal ideation was associated with the inability to communicate feelings, negative attachment to parents/guardians, substance use, victimization of taunting/bullying or abuse, depression/anxiety, gender, and age.

In a national sample of female high school students, Luncheon, et al. (2008) found that suicidal ideation was associated with being Hispanic, living in suburbia, and using drugs (especially cocaine and methamphetamines) and non-prescribed steroids.

In Japanese school students aged 12-17, Matsumoto, et al. (2008b) found that a lifetime history of suicidal ideation was more frequent in females than in males in 13-15-year-old students, while there was no significant gender difference in the other ages.

In a sample of children aged 9-12, Riesch, et al. (2008) found that suicidal ideation was associated with feeling less connected to their school, using more internalizing behaviors, and experiencing less cohesion, open communication, supervision and family caring.

Adults

In Japanese undergraduate students, Hiramura, et al. (2008) found that suicidal ideation was associated with depression and automatic thoughts, but not stressful events. A typical item for automatic thoughts given in the paper was “No one understands me” rated as *not at all to all the time*.

In a study of Turkish and American undergraduate students, Gençöz, et al. (2008) found that suicidal ideation was associated with scores for helplessness, hopelessness and haplessness.

In a sample of college students, Walker, et al. (2008) found that suicidal ideation was associated with depression and familial environmental acculturative stress for both white and African American college students, but only with a multi-group ethnic identity score (negatively) for African American students.

In a sample of healthy adults, O’Connor and Noyce (2008) found that suicidal ideation at baseline and three months later was associated with depression, brooding (rumination and reflection) and self-criticism. In a multiple regression, brooding and suicidal ideation at baselines predicted suicidal ideation three months later.

In a study of college students, Ellis and Trumpower (2008) found that suicidal ideation was associated with combined use of alcohol and illegal drugs and cocaine, with trends toward more problem- drinking and cigarette smoking.

Williams, et al. (2008) studied individuals who reported suicidal ideation when depressed and found that they had higher scores on the hopelessness-suicidality subscale of a measure assessing cognitive reactivity to low mood.

Rutter, et al. (2008) constructed a suicide resilience inventory which had three components (internal protective, emotional stability, and external protective). The scores for these factors were negatively associated with hopelessness and suicidal ideation and positively with perceived social support.

In a study of college students, Stewart, et al. (2008) found that suicidal ideation was associated with male sex, neuroticism, harm avoidance, alienation, and trait anxiety and other traits. No multiple regression was reported, and a factor analysis of the variables would have been useful.

In a sample of college undergraduates in India and in a poorly presented set of results, Dogra, et al. (2008) found that suicidal ideation was predicted by neuroticism/extraversion/psychoticism/lie, a search for meaning in life, presence of meaning in life and reasons for living, but not stressful life events in the prior year.

In a community survey in Canada, Rhodes and Bethel (2008) found that 48% of suicide ideators did not have a major depressive disorder (MDD) or had a mental health contact. For those without MDD, the ideators were younger, less often married, with lower income, and had more drug use and anxiety disorders (agoraphobia, panic disorder or social phobia).

Garlow, et al. (2008) found that students reporting suicidal ideation had higher scores for depression and, in particular, the symptoms of anxiety, irritability, panic, anger, desperation, being out of control and functional impairment. In a multiple regression, suicidal ideation was predicted by depression score, male, and desperation.

In a study of seniors receiving home-delivered meals, Sirey, et al. (2008) found that suicidal ideation was associated with depression in both men and women, while chronic pain was associated with suicidal ideation only in men.

In a sample of college students and in a poorly reported study, Norton, et al. (2008) found that suicidal ideation was associated with scores for depression, panic disorder, social phobia and obsessive-compulsiveness. However, nowhere in their paper do they report the correlations between the scale scores or a factor analysis to explore whether the scores load on a single factor or more.

In a study of Norwegian peacekeepers, Thoresen and Mehlum (2008) found that suicidal ideation was predicted by living alone, negative events before and also after peacekeeping, service stress, social support and mental health problems.

Service stress remained a significant predictor after the other variables were controlled for.

Cohen, et al. (2008) compared elderly (>55 years old) white and black urban residents. White residents had higher current and lifetime suicidal ideation. For both races, suicidal ideation was associated with higher depressive symptom scores, higher anxiety symptom scores, coping by using medications, and lower religiosity. Two variables were associated only for Whites: higher use of spiritualists and coping by keeping calm. One variable was associated only for Blacks: use of doctors for mental health problems.

Naved and Akhtar (2008) studied a large sample of reproductive aged ever-married women in Bangladesh. Suicidal ideation in the past four weeks was associated with emotional violence by the husband and with physical abuse by the husband, but not sexual violence. Sexual violence by someone other than a husband before the age of 15 was associated with suicidal ideation in rural women. In urban women, suicidal ideation was less common in younger women (<30) and more educated women.

In a study of college students, Simonson (2008) classified them into four groups: ideator/hopeless, ideator/non-hopeless, non-ideator/hopeless and non-ideator/non-hopeless. Religiosity was less in ideators and, of the four groups, religiosity was least in the non-hopeless/ideators.

O'Connor, et al. (2008) followed up repeater attempted suicides for 2½ months. Suicidal ideation at follow-up was predicted in a multiple regression by specific positive future expectancies (on the Future Thinking Task) rather than hopelessness.

In a study of elderly (>60) Taiwanese aboriginal women, Chen, et al. (2008) found that past month suicidal ideation was associated with depression, poorer self-perceived health, physical disability, financial stress, difficulty in accessing medical resources, lack of emotional support, and experiencing marital discord.

In a study of 16,000 college students in 21 countries, Chan, et al. (2008) found that being a perpetrator or victim of dating violence was associated with suicidal ideation and depression.

Van der Heijden, et al. (2008) found that burnout was associated with suicidal ideation in medical residents.

In a sample of college students, Van Orden, et al. (2008b) found that suicidal ideation varied across academic semesters, with highest levels in summer compared to both spring and fall. Differences in suicidal ideation between summer and spring were, in large part, accounted for by belongingness.

In a sample of abused African American women, Leiner, et al. (2008) found that suicidal ideation was associated with depression and PTSD symptoms and (perhaps) the level of interpersonal violence.

Casey, et al. (2008) surveyed urban and rural men and women in five European countries. The incidence varied, as did the ratio of depressive disorders/suicidal ideation and suicidal ideation/suicide!

Murray, et al. (2008) recruited subjects (mean age 19) on an Internet self-harming discussion groups. Suicidal ideation was associated with childhood sexual abuse.

In a sample of elderly, Heisel and Flett (2008) found that suicidal ideation was associated positively with depression and the number of self-reported physical health problems and negatively with psychological well-being (including positive relations with others and self-acceptance), and perceived meaning in life.

Patients with Psychopathology

Andover, et al. (2008) followed up patients with major depressive disorders for 18 months. Severe suicidal ideation emerged earlier during the follow-up period in those with a history of attempted suicide (regardless of how many attempts) even after controls for hopelessness, depressive symptoms, depressogenic cognitions, and suicidal ideation at admission.

In a sample of psychiatric patients with dissociative identity disorder, Özturk and Sar (2008) found that suicidal ideation was associated with concurrent somatization disorder, more severe dissociative disorder, childhood emotional abuse, physical abuse and emotional neglect.

In a sample of psychiatric outpatients, Bhar, et al. (2008) found that suicidal ideation was associated with self-based and other-based self-esteem even after controls for depression and hopelessness.

In a sample of elderly (>50) psychiatric patients with mood disorders, Britton, et al. (2008) found that suicidal ideation was less in those who had higher scores for fear of suicide on the Reasons for Living Inventory. The association between hopelessness and suicidal ideation was stronger in those who had higher scores for responsibility to family.

In a group of patients with major affective disorder, Tondo, et al. (2008) found that suicidality (probably ideation) was associated with the severity of the depression and a longer duration of illness.

Lung and Lee (2008) found that suicidal ideation for a psychiatric group was predicted by depression, hostility and inferiority, for a community group by inferiority, hostility and insomnia, and for a general medical group by inferiority, hostility, depression and insomnia.

Tan and Wong (2008) studied elderly patients with major depressive disorder in Singapore. Suicidal ideation in the prior week was not associated with their depression or hopelessness scores.

Svindseth, et al. (2008) studied patients admitted to psychiatric acute wards and found that suicidality (undefined in the paper) was less in those with high scores for narcissism.

Cukrowicz, et al. (2008) found that suicidal ideation in elderly adults (>55) with a major depressive disorder and a personality disorder was associated with hopelessness, emotional coping and suppression (the tendency to not think about things) after controlling for depression.

Ries, et al. (2008) studied acutely hospitalized psychiatric inpatients with suicidal ideation. Suicidal patients rated with a high degree of substance-induced syndrome were more likely to be homeless, to be unemployed, to be uncooperative, to have shorter lengths of stay, and to show a more rapid improvement in symptoms.

Medical Issues

In a study of post-partum women admitted to a psychiatric unit in India, Babu, et al. (2008) found that suicidal ideation was associated with higher scores for depressive symptoms (sadness, inability to feel, pessimistic thoughts,

fatigability, inner tension, concentration difficulties, failing memory and lassitude). Ideation was also associated with thoughts of harming the infant.

In a sample of patients with HIV, Sherr, et al. (2008) found that suicidal ideation was associated with being a heterosexual man, black ethnicity, unemployment, lack of disclosure of HIV status, having stopped antiretroviral treatment (compared to treatment or treatment naive), physical symptoms, psychological symptoms and poorer quality of life, but not with sexual risky behavior.

In a large community sample, Rasic, et al. (2008) found that cancer was associated with suicidal ideation only in those aged 55-74.

In a study of people who had died from cancer, Schneider and Shenassa (2008) found that last month suicidal ideation in cancer patients (as assessed by informants) was associated with being previously married (now widowed, divorced or separated), having a history of mental illness, had one or more chronic diseases, used multiple prescription drugs, eventually dying of long, respiratory or oral cancers, living alone, white, and over the age of 70.

In a small sample of adolescents and young adults with Asperger's syndrome, Shtayermann (2008) found that 50% reported suicidal ideation. Suicidal ideation was negatively associated with the severity of Asperger's, but not age, depression or anxiety.

Prisoners and Offenders

In a sample of offenders, Mills and Kroner (2008) found that suicidal ideation was associated with depression, hopelessness, psychache, a history of suicidality and a permissive attitude toward suicide.

In a sample of youths in detention, Chapman and Ford (2008) found that suicidal ideation was associated with traumatic experiences, drug and alcohol use, and fighting/getting into trouble, as well as age and gender.

In Australian adult male inmates, Brown and Day (2008) found no association between loneliness and current suicidal ideation, but there may have a difference in "historical" suicidality (whatever that means).

In a sample of juvenile offenders, Matsumoto, et al. (2008a) found that suicidal ideation was more common in male self-cutters who experienced analgesia during cutting.

Attitudes toward Suicide and Suicidal Behavior

Lizardi, et al. (2008) measured moral and religious objections to suicide in depressed psychiatric inpatients. Those with low scores had more lifetime suicide attempts, more often had no religious affiliation, higher scores for depression, hopelessness and trait impulsivity, and lower scores for anxiety and reasons for living.

Renberg, et al. (2008) found that attitudes toward suicide (acceptance, condemnation and preventability) were associated with suicidal ideation/attempts (past year and lifetime) in men and women in Norway, Russia and Sweden.

Discussion

Personal Comments

One comes across odd features of scholarly articles during these reviews, such as everyone on the dissertation committee getting co-authorship which I think is unethical, and it being noted that some of the authors were Ph.D. candidates on the title page, which I think is unnecessary. Why don't we note whether the researchers have tenure and what their rank is?

In my reviews of the literature on suicide from 1897 to 1997, I was intrigued when I found interesting research of suicide in obscure places. The present reviews are based on only two abstract systems (in contrast to the many abstract systems I used originally – they were on paper and easily found in libraries.) But I still occasionally find intriguing papers. For example;

Čoklo, M., Stemberga, V. et al. (2008). The methods of committing and alcohol intoxication of suicides in southwestern Croatia from 1996 to 2005. *Collegium Antropologicum*, 32(supplement 2), 123-125.

They documented the percentage of suicides that had alcohol in their blood for each method of suicide. *Collegium Antropologicum* is not a journal that most of us are familiar with.

There are aspects of the research that annoy me. In 2008, researchers are still using the term *suicide victims*. I checked PsycInfo for 2024 and 2025 and found one paper with *suicide victims* in the title for each of those years! On the other hand, I have a dear colleague who uses suicide as a verb – *to suicide*!

I am annoyed by the use of *self-harm*, and it is even worse when the researchers combine self-harm and attempted suicide. It is bad enough when they combine suicidal ideators and attempted suicides into one group. I reviewed a paper this week for a journal and complained about the use of *self-harm*, and the authors said that the term is used by the Danish government. I don't think government definition of terms should impact research.

I am getting discontented with the research that I am reading. Because researchers do not know of, or search for, papers published before, say, 2010, the research is often a repeat of research published in the 1900s. I complained in an earlier one of these reviews about studies of childhood sexual abuse and suicide still appearing in 2024 when it was first research paper documented this in 1986, 40 years ago. My paper with Aaron Beck in 1974 on the hopelessness scale, as it is now known, is approaching 9,000 citations. We know that hopelessness (as well as depression) is associated with suicidality. Study different variables.

I have classified a great of research as being of *no use for understanding suicide* because it does not assess suicidal *intent* or the *lethality* of the methods used, and so we cannot extrapolate to those with the most intent, namely those who die by suicide. I don't intend to offend those researchers. After all, many of my papers fit into the *no use* category. But, bear in mind that my interest is in why people *die by suicide*.

What Have We Learned About Suicide?

In this review, I came across the best study so far since my reviews started with 1998. Let me repeat my summary here.

Apter, et al. (2008) compared Israeli military conscripts aged 18-21 who presented to a psychiatric clinic as non-suicidal, suicidal ideators, made suicidal gestures, serious attempts and near lethal attempts and those who died by suicide. Thus, linear changes in variables can be looked for in the tables of results. There were somewhat linear changes in age, duration of service, global assessment, and pre-induction cognitive index. For those alive who could be given psychological

tests, there were somewhat linear changes in depression, but less so for neuroticism, psychoticism and extraversion. There were few linear trends in diagnoses except that *no Axis-I diagnosis* increased with the severity of suicidal behavior. This is the best study I have come across so far in my reviews. They summarize their findings as follows:

Depression scores increased across groups with increasing intent; ideators also had high scores. Completers and near-lethal attempters had higher I.Q. and medical fitness ratings and were in more demanding assignments than other groups. Prior attempts were commonest in completers, near-lethal attempters, and gesturers. Disciplinary history, ethnicity, family intactness, immigrant status, and Eysenck Personality Inventory scores did not differentiate the groups. (p. 20)

Apter and his colleagues studied groups differing in suicidal intent and looked for linear trends so that we can extrapolate to suicides, a technique suggested by Lester et al. (1975, 1979).

Two findings stand out. First, more and more studies are finding that cigarette smoking is associated with suicidality (a.g., Bronisch, et al., 2008). This is puzzling since, for many years, a large proportion of the population has smoked. Is smoking a risk factor for suicidality and why?

Second, it is always interesting when a researcher investigates a new variable. Mittendorfer-Rutz, et al. (2008b) found that the incidence of suicide attempt was increased for men with reduced linear growth in fetal life regardless of adult stature. This is the first study that I have come across which relates the baby's length with later suicidal behavior.

References

- Abe, K., Mertz, J. j., et al. (2008). Characteristics of black and white suicide decedents in Fulton County, Georgia, 1988-2002. *American Journal of Public Health*, 96, 1794-1798.
- Abram, K. M., Choe, J. Y., et al. (2008). Suicidal Ideation and behaviors among youths in juvenile detention. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 291-300.
- Afifi, T. O., Enns, M. W., et al. (2008). Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with

- adverse childhood experiences. *American Journal of Public Health*, 98, 946-952.
- Ajdacic-Gross, V., Ring, M., et al. (2008). Suicide after bereavement. *Psychological Medicine*, 38, 673-676.
- Andersson, L., Allebeck, P., et al. (2008). Association of IQ scores and school achievement with suicide in a 40-year follow-up of a Swedish cohort. *Acta Psychiatrica Scandinavica*, 118, 99-105.
- Andover, M. S., Gibb, B. E., & Miller, I. W. (2008). Time to emergence of severe suicidal ideation among psychiatric patients as a function of suicide attempt history. *Comprehensive Psychiatry*, 49, 6-12.
- Apter, A., King, R. A., et al. (2008). Fatal and non-fatal suicidal behavior in Israeli adolescent males. *Archives of Suicide Research*, 12, 20-29.
- Arias, E. A., Schlesinger, L. B., et al. (2008). Police officers who commit suicide by cop. *Journal of Forensic Sciences*, 53, 1455-1457.
- Arie, M., Apter, A., et al. (2008). Autobiographical memory, interpersonal problem solving, and suicidal behavior in adolescent inpatients. *Comprehensive Psychiatry*, 49, 22-29.
- Asarnow, J. R., Baraff, L. J., et al. (2008). Pediatric Emergency Department Suicidal Patients. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 958-966.
- Babu, G. N., Subbakrishna, D. K., & Chandra, P. S. (2008). Prevalence and correlates of suicidality among Indian women with post-partum psychosis in an inpatient setting. *Australian & New Zealand Journal of Psychiatry*, 42, 976-980.
- Banks, L., Crandall, C., et al. (2008). A comparison of intimate partner homicide to intimate partner homicide-suicide. *Violence against Women*, 14, 1065-1078.
- Barak, Y., Baruch, Y., & Aizenberg, D. (2008). Suicide attempts of schizophrenia patients. *Journal of Psychiatric Research*, 42, 822-826.
- Barber, C. W., Azrael, D., et al. (2008). Suicides and suicide attempts following homicide. *Homicide Studies*, 12, 285-287.
- Barstad, A. (2008). Explaining changing Suicide rates in Norway 1948-2004. *Social Indicators Research*, 87, 47-64.
- Baumert, J., Erazo, N., Ruf, E., & Ladwig, K. H. (2008). Time trends in suicide mortality vary in choice of methods. *Social Psychiatry & Psychiatric Epidemiology*, 43, 913-919.
- Berk, M., Dodd, S., et al. (2008). Small shifts in diurnal rhythms are associated with an increase in suicide. *Sleep & Biological Rhythms*, 6, 22-25.
- Bhandarkar, R., & Shah, A. (2008). Association of general population suicide rates with fertility. *Psychological Reports*, 103, 812-818.

- Bhar, S., Ghahramanlou-Holloway, M., et al. (2008). Self-Esteem and Suicide Ideation in Psychiatric Outpatients. *Suicide & Life-Threatening Behavior*, 38, 511-516.
- Bhui, K. S., & McKenzie, K. (2008). Rates and risk factors by ethnic group for suicides within a year of contact with mental health services in England and Wales. *Psychiatric Services*, 59, 414-420.
- Biddle, L., Brock, A., et al. (2008). Suicide rates in young men in England and Wales in the 21st century. *British Medical Journal*, 336, 539-542.
- Bird, S. M. (2008). Changes in male suicides in Scottish prisons. *British Journal of Psychiatry*, 192, 446-449.
- Bjerkset, O., Romundstad, P., & Gunnell, D. (2008). Gender differences in the association of mixed anxiety and depression with suicide. *British Journal of Psychiatry*, 192, 474-475.
- Blackmore, E. R., Munce, S., et al. (2008). Psychosocial and clinical correlates of suicidal acts. *British Journal of Psychiatry*, 192, 279-284.
- Boden, J. M., Fergusson, D. M., & Horwood, L. J. (2008). Cigarette smoking and suicidal behavior. *Psychological Medicine*, 38, 433-439.
- Bolton, J. M., Belik, S. L., et al. (2008a). Exploring the correlates of suicide attempts among individuals with major depressive disorder. *Journal of Clinical Psychiatry*, 69, 1139-1149.
- Bolton, J. M., Cox, B. J., et al. (2008b). Anxiety disorders and risk for suicide attempts. *Depression & Anxiety*, 25, 477-481.
- Borges, G., Angst, J., et al. (2008c). Risk factors for the incidence and persistence of suicide-related outcomes. *Journal of Affective Disorders*, 105, 25-33.
- Borges, G., Benjet, C., et al. (2008a). Traumatic events and suicide-related outcomes among Mexico City adolescents. *Journal of Child Psychology & Psychiatry*, 49, 654-666.
- Borges, G., Benjet, C., et al. (2008b). Suicide ideation, plan, and attempt in the Mexican Adolescent Mental Health Survey. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 41-52.
- Bossarte, R. M., Simon, T. R., & Swahn, M. H. (2008). Clustering of adolescent dating violence, peer violence, and suicidal behavior. *Journal of Interpersonal Violence*, 23, 815-833.
- Braden, J. B., & Sullivan, M. D. (2008). Suicidal thoughts and behavior among adults with self-reported pain conditions in the National Comorbidity Survey replication. *Journal of Pain*, 9, 1106-1115.
- Brädvik, L., Mattisson, C., et al. (2008). Long-term suicide risk of depression in the Lundby cohort 1947-1997. *Acta Psychiatrica Scandinavica*, 117, 185-191.
- Brezo, J., Klempan, T., & Turecki, G. (2008b). The genetics of suicide. *Psychiatric Clinics of North America*, 31, 179-203.

- Brezo, J., Paris, J., et al. (2008a). Predicting suicide attempts in young adults with histories of childhood abuse. *British Journal of Psychiatry*, *193*, 134-139.
- Brezo, J., Paris, J., et al. (2008c). Broad and narrow personality traits as markers of one-time and repeated suicide attempts. *BMC Psychiatry*, *8*, 15.
- Bridges, F. S. (2008). Social integration and suicide in the Western Pacific islands. *Psychological Reports*, *102*, 683-686.
- Bridges, F. S., & Tran, X. V. (2008). Body mass index, suicide, and homicide among inhabitants of the Caribbean islands. *Perceptual & Motor Skills*, *106*, 650-652.
- Britton, P. C., Duberstein, P. R., et al. (2008). Reasons for living, hopelessness, and suicide ideation among depressed adults 50 years or older. *American Journal of Geriatric Psychiatry*, *16*, 736-741.
- Brodsky, B. S., Mann, J. J., et al. (2008). Familial transmission of suicidal behavior. *Journal of Clinical Psychiatry*, *69*, 584-596.
- Bronisch, T., Höfler, M., & Lieb, R. (2008). Smoking predicts suicidality. *Journal of Affective Disorders*, *108*, 135-145.
- Broota, A., Agarwal, A., & Kaur, R. (2008). Suicidal ideation among adolescents. *Psychological Studies*, *53*(1). 76-80.
- Brown, A., & Day, A. (2008). The role of loneliness in prison suicide prevention and management. *Journal of Offender Rehabilitation*, *47*, 433-449
- Bryan, C. J., Johnson, L. G., et al. (2008). Hypomanic symptoms among first-time suicide attempters predict future multiple attempt status. *Journal of Clinical Psychology*, *64*, 519-530.
- Burrows, S., & Laflamme, L. (2008). Suicide among urban South African adolescents. *International Journal of Adolescent Medicine & Health*, *20*, 519-528.
- Bulik, C. M., Thornton, L., et al. (2008). Suicide attempts in anorexia nervosa. *Psychosomatic Medicine*, *70*, 378-383.
- Calati, F., Giegling, I., et al. (2008). Temperament and character of suicide attempters. *Journal of Psychiatric Research*, *42*, 938-945.
- Carballo, J. J., Harkavy-Friedman, L., et al. (2008). Family history of suicidal behavior and early traumatic experiences. *Journal of Affective Disorders*, *109*, 57-63.
- Caron, J., Julien, M., & Huang, J. H. (2008). Changes in suicide methods in Quebec between 1987 and 2000. *Suicide & Life-Threatening Behavior*, *38*, 195-208.
- Casey, P., , G., et al. (2008). The prevalence of suicidal ideation in the general population. *Social Psychiatry & Psychiatric Epidemiology*, *43*, 299-304.
- Chabrol, H., Chauchard, E., & Girabet, J. (2008). Cannabis use and suicidal behaviours in high-school students. *Addictive Behaviors*, *33*, 152-155.

- Chan, K. L., Strauss, M. A., et al. (2008). . Prevalence of dating partner violence and suicidal ideation among male and female university students worldwide. *Journal of Midwifery & Women's Health, 53*, 529-537.
- Chandrasekaran, R., & Gnanaselane, J. (2008). Predictors of repeat suicidal attempts after first-ever attempt. *Hong Kong Journal of Psychiatry, 18*, 131-135.
- Chapman, J. F., & Ford, J. D. (2008). Relationships between suicide risk, traumatic experiences, and substance use among juvenile detainees. *Archives of Suicide Research, 12*, 50-61.
- Chen, C. S., Yang, M. S., et al. (2008). Suicidal thoughts among elderly Taiwanese Aboriginal women. *International Journal of Geriatric Psychiatry, 23*, 1001-1006.
- Cheung, Y. T., Chau, P. H., & Yip, P. S. F. (2008). A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong. *International Journal of Geriatric Psychiatry, 23*, 1231-1238.
- Chia, B. H., Chia, A., & Tai, B. C. (2008). Suicide letters in Singapore. *Archives of Suicide Research, 12*, 74-81.
- Claassen, C. A., Carmody, T., et al. (2008). Do geographic regions with higher suicide rates also have higher rates of nonfatal intentional self-harm? *Suicide & Life-Threatening Behavior, 38*, 637-649.
- Clarke, D. E., Colantonio, A., et al. (2008). Pathways to suicidality across ethnic groups in Canadian adults. *Psychological Medicine, 38*, 419-431.
- Cohen, C. I., Coleman, Y., et al. (2008). Racial differences in suicidality in an older urban population. *The Gerontologist, 48*, 71-78.
- Čoklo, M., Stemberga, V. et al. (2008). The methods of committing and alcohol intoxication of suicides in southwestern Croatia from 1996 to 2005. *Collegium Antropologicum, 32*(supplement 2), 123-125.
- Crow, S., Eisenberg, M. E., et al. (2008a). Are body dissatisfaction, eating disturbance, and body mass index predictors of suicidal behavior in adolescents? *Journal of Consulting & Clinical Psychology, 76*, 887-892.
- Crow, S., Eisenberg, M. E., et al. (2008b). Suicidal behavior in adolescents. *International Journal of Eating Disorders, 41*, 82-87.
- Cukrowicz, K. C., Ekblad, A. G., et al. (2008). Coping and thought suppression as predictors of suicidal ideation in depressed older adults with personality disorders. *Aging & Mental Health, 12*(1), 149-157.
- Currier, D., & Mann, J. J. (2008). Stress, genes and the biology of suicidal behavior. *Psychiatric Clinics of North America, 31*, 217-269.
- Davis, R. B. (2008). Integration-regulation and lethal violence. *Southern Rural Sociology, 23*(2), 171-198.

- De Leo, D., & Heller, T. (2007). Social modeling in the transmission of suicidality. *Crisis, 29*, 11-19.
- De Luca, V., Strauss, J., & Kennedy, J. I. (2008). Power based association analysis (PBAT) of serotonergic and noradrenergic polymorphisms in bipolar patients with suicidal behavior. *Progress in Neuro-Psychopharmacology & Biological Psychiatry, 32*, 197-203.
- Demirel, B., Akar, T., et al. (2008). Farewell to the world. *Suicide & Life-Threatening Behavior, 38*, 122-127.
- Desai, M. M., Rosenheck, R. A., & Desai, R. A. (2008). Time trends and predictors of suicide among mental health outpatients in the Department of Veterans Affairs. *Journal of Behavioral Health Services & Research, 35*, 115-124.
- De Philippis, S., Erbuto, D., et al. (2008). Mental turmoil, suicide risk, illness perception, and temperament, and their impact on quality of life in chronic daily headache. *Journal of Headache & Pain, 9*, 349-357.
- Desai, R. A., Dausey, D., & Rosenheck, R. A. (2008). Suicide among discharged psychiatric inpatients in the Department of Veterans Affairs. *Military Medicine, 173*, 721-728
- Desaulniers, J., & Daigle, M. S. (2008). Inter-regional variations in men's attitudes, suicide rates and sociodemographics in Quebec (Canada). *Social Psychiatry & Psychiatric Epidemiology, 43*, 445-453.
- Dogra, A. K., Basu, S., & Das, S. (2008). The roles of personality, stressful life events, meaning in life, reasons for living on suicidal ideation. *SIS Journal of Projective Psychology. & Mental Health, 15*, 52-57.
- Doihara, C., Kawanishi, C., et al. (2008). Trait aggression in suicide attempters. *Psychiatry & Clinical Neurosciences, 62*, 352-354,
- Dombrowski, A. Y., Butters, M. A., et al. (2008b). Cognitive performance in suicidal depressed elderly. *American Journal of Geriatric Psychiatry, 16*, 109-115.
- Dombrowsky, A. Y., Szanto, K., et al. (2008a). Sex differences in correlates of suicide attempt lethality in later life. *American Journal of Geriatric Psychiatry, 16*, 905-013.
- Douglas, K. S., Lilienfeld, S. O., et al. (2008). Relation of antisocial and psychopathic traits to suicide-related behavior among offenders. *Law & Human Behavior, 32*, 511-525.
- Draper, B., Pfaff, J. J., et al. (2008). Long-term effects of childhood abuse on the quality of life and health of older people. *Journal of the American Geriatric Society, 56*, 262-271.
- Dutra, L., Callahan, K., et al. (2008). Core schemas and suicidality in a chronically traumatized population. *Journal of Nervous & Mental Disease, 196*, 71-74.

- Edwards, N., Alaghebandan, R., et al. (2008). Suicide in Newfoundland and Labrador. *Canadian Journal of Psychiatry*, 53, 252-259.
- Ehnavall, A., Parker, G., et al. (2008). Perception of rejecting and neglectful parenting in childhood relates to lifetime suicide attempts for females - but not for males. *Acta Psychiatrica Scandinavica*, 117, 50-56.
- Ellis, T. E., & Trumppower, D. (2008). Health-risk behaviors and suicidal ideation. *Suicide & Life-Threatening Behavior*, 38, 251-259.
- Elnour, A. A., & Harrison, J. (2008). Lethality of suicide methods. *Injury Prevention*, 14, 39-45.
- Erlangsen, A., Zarit, S. H., & Conwell, Y. (2008). Hospital-diagnosed dementia and suicide. *American Journal of Geriatric Psychiatry*, 16, 220-228.
- Fang, F., Valdimarsdóttir, U., et al. (2008). Suicide among patients with amyotrophic lateral sclerosis. *Brain*, 131, 2729-2733.
- Favaro, A., Santonastaso, P., et al. (2008). Self-injurious behavior and attempted suicide in purging bulimia nervosa. *Journal of Affective Disorders*, 105, 285-289.
- Feigelman, W., & Gorman, B. S. (2008). Assessing the effects of peer suicide on youth suicide. *Suicide & Life-Threatening Behavior*, 38, 181-194.
- Fitzpatrick, K. M., Piko, B. F., & Miller, E. (2008). Suicide ideation and attempts among low-income African American adolescents. *Suicide & Life-Threatening Behavior*, 38, 552-563.
- Foley, S., Jackson, D., et al. (2008). Suicidality prior to presentation in first-episode psychosis. *Early Intervention in Psychiatry*, 2, 242-246.
- Foot, B., Smolin, Y., et al. (2008). Dissociative disorders and suicidality in psychiatric outpatients. *Journal of Nervous & Mental Disease*, 196, 29-36.
- Freitas, G. V. S., Cais, C. F. S., et al. (2008). Psychosocial conditions and suicidal behavior in pregnant teenagers. *European Child & Adolescent Psychiatry*, 17, 336-342.
- Friedman, A. H., Holden, C. E., et al. (2008). Maternal filicide and its intersection with suicide. *Brief Treatment & Crisis Intervention*, 8, 283-291.
- Friedmann, H., & Kohn, R. (2008). Mortality, or Probability of Death, from a Suicidal Act in the United States. *Suicide & Life-Threatening Behavior*, 38, 287-301.
- Galéra, C., Bouvard, M. P., et al. (2008). Hyperactivity-inattention symptoms in childhood and suicidal behaviors in adolescence. *Acta Psychiatrica Scandinavica*, 118, 480-489.
- Galfalvy, H. C., Oquendo, M. A., & Mann, J. J. (2008). Evaluation of clinical prognostic models for suicide attempts after a major depressive episode. *Acta Psychiatrica Scandinavica*, 117, 244-252.

- Garlow, S. J., Rosenberg, J., et al. (2008). Depression, desperation, and suicidal ideation in college students. *Depression & Anxiety, 25*, 482-488.
- Gau, S. S., C, Y. Y., et al. (2008). Risk factors for suicide in Taiwanese college students. *Journal of American College Health, 57*(2), 135-142.
- Gemar, K., Zarkowski, P., & Avery, D. (2008). Hotel room suicide. *Social Psychiatry & Psychiatric Epidemiology, 43*, 25-27.
- Gençöz, F., Vatan, S., et al. (2008). Helplessness, hopelessness, and haplessness as predictors of suicidal ideation. *Omega, 57*, 315-318.
- Ghanizadeh, A. (2008). Gender difference of school anger dimensions and its prediction for suicidal behavior in adolescents. *International Journal of Clinical & Health Psychology, 8*, 525-535.
- Glasner-Edwards, S., Mooney, L. J., et al. (2008). Risk factors for suicide attempts in methamphetamine-dependent patients. *American Journal on Addictions, 17*, 24-27.
- Goldstein, T. R., Bridge, J. A., & Brent, D. A. (2008). Sleep disturbance preceding completed suicide in adolescents. *Journal of Consulting & Clinical Psychology, 76*, 84-91.
- Gonzalez, V. M. (2008). Recognition of mental illness and suicidality among individuals with serious mental illness. *Journal of Nervous & Mental Disease, 196*, 727-734.
- Goodman, G., Gerstadt, C., et al. (2008). ADHD and aggression as correlates of suicidal behavior in assaultive prepubertal psychiatric inpatients. *Suicide & Life-Threatening Behavior, 38*, 46-69/
- Goodwin, R. D., & Marusic, A. (2008). Association between short sleep and suicidal ideation and suicide attempt among adults in the general population. *Sleep, 31*, 1097-1101.
- Greenfield, B., Henry, M., et al. (2008). Previously Suicidal Adolescents. *Journal of the Canadian Academy of Child & Adolescent Psychiatry, 17*(4), 197-201.
- Greening, L., Stoppelbein, L., et al. (2008). Pathways to suicidal behavior in childhood. *Suicide & Life-Threatening Behavior, 38*, 35-45.
- Hacker, K., Collins, J., et al. (2008). Coping with youth suicide and overdose. *Crisis, 29*, 86-95.
- Haggarty, J. M., Cernovsky, Z., et al. (2008). Suicidality in a sample of Arctic households. *Suicide & Life-Threatening Behavior, 38*, 699-707.
- Hakka, H., Manninen, J., et al. (2008). Association between physical illnesses and depressive symptoms requiring hospitalization in suicide victims. *Psychiatry Research, 160*, 271-277.
- Hamdi, E., Price, S., et al. (2008). Suicides not in contact with mental health services. *Journal of Mental Health, 17*, 398-409.

- Hansen, L., & Pritchard, C (2008). Consistency in suicide rates in twenty-two developed countries by gender over time 1874–78, 1974–76, and 1998–2000. *Archives of Suicide Research, 12*, 251-262.
- Hardt, J., Sidor, A., et al. (2008). Childhood adversities and suicide attempts. *Journal of Family Violence, 23*, 713-718.
- Hawton, K., & Harriss, L. (2008). How often does deliberate self-harm occur relative to each suicide? *Suicide & Life-Threatening Behavior, 38*, 650-660.
- Hasley, J. P., Ghosh, B., et al. (2008). A review of “suicidal intent” within the existing suicide literature. *Suicide & Life-Threatening Behavior, 38*, 576-591.
- Haw, C., & Hawton, K. (2008). Life problems and deliberate self-harm. *Journal of Affective Disorders, 109*, 139-148.
- Hedström, P., Liu, K. Y., & Nordvik, M. K. (2008). Interaction domains and suicide. *Social Forces, 87*, 713-740.
- Heisel, M. J., & Flett, G. L. (2008). Psychological resilience to suicide ideation among older adults. *Clinical Gerontologist, 31*, 51-70.
- Herba, C. M., Ferdinand, R. F., et al. (2008). Victimisation and suicide ideation in the TRAILS Study. *Journal of Child Psychology & Psychiatry 49*, 867-876.
- Hetrick, S., Vance, A., & Hall, N. (2008). In young people with a depressive disorder, does diagnostic specificity matter in the prediction of suicidality? *Australian e-Journal for the Advancement of Mental Health, 7(3)*, 1-7.
- Hidaka, Y., Operario, D., et al. (2008). Attempted suicide and associated risk factors among youth in urban Japan. *Social Psychiatry & Psychiatric Epidemiology, 43*, 752-757.
- Hiramura, H., Shono, M., et al. (2008). Prospective study on suicidal ideation among Japanese undergraduate students. *Archives of Suicide Research, 12*, 238-250.
- Hjelmeland, H., Akotia, C. S., et al. (2008a). Self-reported suicidal behavior and attitudes toward suicide and suicide prevention among psychology students in Ghana, Uganda, and Norway. *Crisis, 29*, 20-31.
- Hjelmeland, H., Knizek, B.L., & Nordvik, H. (2002). The communicative aspect of nonfatal suicidal behavior. *Crisis, 23*, 144-155.
- Hjelmeland, H., Knizek, B.L., et al. (2008b). Suicidal behavior as communication in a cultural context. *Crisis, 29*, 137-144.
- Holi, M. M., Pelkonen, M., et al. (2008). Detecting suicidality among adolescent outpatients: evaluation of trained clinicians' suicidality assessment against a structured diagnostic assessment made by trained raters. *BMC Psychiatry, 8*, 97.

- Holm-Denoma, J. M., Witte, T. K., et al. (2008). Deaths by suicide among individuals with anorexia as arbiters between competing explanations of the anorexia–suicide link. *Journal of Affective Disorders, 107*, 231-236.
- Holmstrand, C., Engström, G., & Träskman-Benz, L. (2008). Disentangling dysthymia from major depressive disorder in suicide attempters' suicidality, comorbidity and symptomatology. *Nordic Journal of Psychiatry, 62*, 25-31.
- Houck, C. D., Hadley, W., et al. (2008). Suicide attempt and sexual risk behavior. *Archives of Suicide Research, 12*, 39-49.
- Houle, J., Mishara, B. L., & Chagnon, F. (2008). An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behavior in men. *Journal of Affective Disorders, 107*, 37-43.
- Huggins, J. E., Grant, T., et al. (2008). Suicide attempts among adults with fetal alcohol spectrum disorders. *Mental Health Aspects of Developmental Disabilities, 11*(2), 33-41.
- Hughes, J. R. (2008). Smoking and suicide. *Drug & Alcohol Dependence, 98*, 169-178.
- Ilggen, M. A., Zivin, K., et al. (2008a). Pain and suicidal thoughts, plans and attempts in the United States. *General Hospital Psychiatry, 30*, 521-527.
- Ilggen, M. A., Zivin, K., et al. (2008b). Mental illness, previous suicidality, and access to guns in the United States. *Psychiatric Services, 59*, 198-200.
- Innamorati, M., Pompili, M., et al. (2008a). Completed versus attempted suicide in psychiatric patients. *Journal of Psychiatric Practice, 14*, 216-224.
- Innamorati, M., Pompili, M., et al. (2008b). Cannabis use and the risk behavior syndrome in Italian university students. *Psychological Reports, 102*, 577-594.
- Inoue, K., & Fujita, Y. (2008). Correlation between increases in suicide rates and increases in the unemployment rate, ratio of job offers to applicants, and ratio of new job offers to new applicants among males in Okayama Prefecture, Japan. *International Medical Journal, 15*(3), 179-182.
- Inoue, K., Fujita, Y., & Sakuta, A. (2008). Difference between Japan and Australia with regard to the correlation of suicide rates with social factors since 1990. *International Medical Journal, 15*(4), 265-268.
- James, L. M., & Taylor, J. (2008). Associations between symptoms of borderline personality disorder, externalizing disorders, and suicide-related behaviors. *Journal of Psychopathology & Behavioral Assessment, 30*, 1–9.
- Joe, S., Stein, D. J., et al. (2008a). Non-fatal suicidal behavior among South Africans. *Social Psychiatry & Psychiatric Epidemiology, 43*, 454-461.
- Joe, S., Stein, D. J., et al. (2008b). Prevalence and correlates of non-fatal suicidal behaviour among South Africans. *British Journal of Psychiatry, 192*, 310-311.

- Johnson, J., Gooding, P., & Tarrrier, N. (2008a). Suicide risk in schizophrenia. *Psychology & Psychotherapy, 81*, 55-77.
- Johnson, J. G., Zhang, B., & Prigerson, H. G. (2008b). Investigation of a developmental model of risk for depression and suicidality following spousal bereavement. *Suicide & Life-Threatening Behavior, 38*, 1-12.
- Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- Jokinen, J., Samelsson, M., Nordström, A. L., & Nordström, P. (2008). HPTaxis, CSF monoamine metabolites, suicide intent and depression severity in male suicide attempters. *Journal of Affective Disorders, 111*, 119-124.
- Jones, J., Ramirez, R. R., et al. (2008). Suicidal behaviors among adolescents in Puerto Rico. *Journal of Clinical Child & Adolescent Psychology, 37*, 448-455.
- Kalmar, S., Szanto, K., et al. (2008). Antidepressant prescription and suicide rates. *Suicide & Life-Threatening Behavior, 38*, 363-374.
- Kang, H. K., & Bullman, T. A. (2008). Risk of suicide among US veterans after returning from the Iraq or Afghanistan war zones. *Journal of the American Medical Association, 300*, 652-653.
- Kapusta, N. D., Zorman, A., et al. (2008). Rural-urban differences in Austrian suicides. *Social Psychiatry & Psychiatric Epidemiology, 43*, 311-318.
- Karvonen, K., Räsänen, P., et al. (2008). Suicide after hospitalization in the elderly. *International Journal of Geriatric Psychiatry, 23*, 135-141.
- Katsumata, Y., Matsumoto, T., et al. (2008). Electronic media use and suicidal ideation in Japanese adolescents. *Psychiatry & Clinical Neurosciences, 62*, 744-746.
- Keilp, J. G., Gorlyn, M., et al. (2008). Attention deficit in depressed suicide attempters. *Psychiatry Research, 159*, 7-17.
- Kenny, D. T., Lennings, T. J., & Munn, O. A. (2008). Risk factors for self-harm and suicide in incarcerated young offenders. *Journal of Forensic Psychology Practice, 8*, 358-382.
- Kerr, D. C. R. (2008). Replicated prediction of men's suicide attempt history from parent reports in late childhood. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*, 834-835.
- Kerr, D. C. R., Owen, L. D. et al. (2008a). Prevalence of suicidal ideation among boys and men assessed annually from age 9 to 29 years. *Suicide & Life-Threatening Behavior, 38*, 390-402.
- Kerr, D. C. R., Owen, L. D., & Capaldi, D. M. (2008b). Suicidal ideation and its recurrence in boys and men from early adolescence to early adulthood. *Journal of Abnormal Psychology, 117*, 625-636.

- Kessler, R. C., Galea, S., et al. (2008). Trends in mental illness and suicidality after Hurricane Katrina. *Molecular Psychiatry*, *13*, 374-384.]
- Khalsa, H. M. K., Salvatore, P., et al. (2008). Suicidal events and accidents in 216 first-episode bipolar I disorder patients. *Journal of Affective Disorders*, *106*, 179-184.
- Khan, M. M., Mahmud, S., et al. (2008). Case-control study of suicide in Karachi, Pakistan. *British Journal of Psychiatry*, *193*,402-405.
- Kim, H. (2008). Micromobilization and suicide protest in South Korea, 1970-2004. *Social Research*, *75*(2), 543-578.
- Kim, H. S., & Kim, H. S. (2008). Risk factors for suicide attempts among Korean adolescents. *Child Psychiatry & Human Development*, *39*, 221-235.
- Kiriakidis, S. P. (2008). Bullying and suicide attempts among adolescents kept in custody. *Crisis*, *29*, 216-218,
- Klimes-Dougan, B., & Lee, C. Y. S. (2008). Suicidal risk in young adult offspring of mothers with bipolar or major depressive disorder. *Journal of Clinical Psychology*, *64*, 531-540.
- Klomek, A. B., Marrocco, F., et al. (2008b). Peer victimization, depression, and suicidality in adolescents. *Suicide & Life-Threatening Behavior*, *38*, 166-180.
- Klomek, A. B., Orbach, I., et al. (2008c). Quality of depression among suicidal inpatient youth. *Archives of Suicide Research*, *12*, 133-140.
- Klomek, A. B., Sourander, A., et al. (2008a). Childhood bullying as a risk for later depression and suicidal ideation among Finnish males. *Journal of Affective Disorders*, *109*, 47-55.
- Kposowa, A. j., McElvain, J. P., & Breault, K. D. (2008). Immigration and suicide. *Archives of Suicide Research*, *12*, 82-92.
- Kuo, C. J., Conwell, Y., et al. (2008). Suicide by charcoal burning in Taiwan. *Social Psychiatry & Psychiatric Epidemiology*, *43*, 286-290
- Kurt,E., Göler, Ö., et al. (2008). Evaluation of serum ghrelin and leptin levels in suicide attempters. *Journal of Psychophysiology*, *22*(2), 76-80.
- Kwok, S. Y. C. L., & Shek,D. T. L. (2008). Socio-demographic correlates of suicidal ideation among Chinese adolescents in Hong Kong. *International Journal of Adolescent Medicine & Health*, *20*, 463-472.
- Lamberrt, S. F., Copeland-Linder, N., & Ialongo, N. S. (2008). Longitudinal associations between community violence exposure and suicidality. *Journal of Adolescent Health*, *43*, 380-386.
- Lamis, D. A., Langhinrichsen-Rohlin, J. & Simpler, A. H. (2008). The associations among personality disorder symptoms, suicide proneness and current distress in adult male prisoners. *Personality & Mental Health* *2*, 218-229.

- Landberg, J. (2008). Alcohol and suicide in eastern Europe. *Drug & Alcohol Review, 27*, 361-373.
- Larsson, B. & Sund, A. M. (2008). Prevalence, course, incidence, and 1-year prediction of deliberate self-harm and suicide attempts in early Norwegian school adolescents. *Suicide & Life-Threatening Behavior, 38*, 152-165.
- Langhinrichsen-Rohlin, J., & Lamis, D. A. (2008). Current suicide proneness and past suicidal behavior in adjudicated adolescents. *Suicide & Life-Threatening Behavior, 38*, 415-426.
- Lauer, S., de Man, A. F., et al. (2008). External locus of control, problem-focused coping and attempted suicide. *North American Journal of Psychology, 10*, 625-632.
- Lee, E., & Leung, C. M. (2008). Clinical predictors of psychiatric and medical morbidities of charcoal-burning suicide attempt in Hong Kong. *General Hospital Psychiatry, 30*, 561-563.
- Lee, H. C., Lin, H. C., et al. (2008). Contact of mental and nonmental health care providers prior to suicide in Taiwan. *Canadian Journal of Psychiatry, 53*, 377-383.
- Leiner, A. S., Compton, M. T., et al. (2008). Intimate partner violence, psychological distress, and suicidality. *Journal of Family Violence, 23*, 473-481.
- Lejoyeux, M., Huet, F., et al. (2008). Characteristics of suicide attempts preceded by alcohol consumption. *Archives of Suicide Research, 12*, 30-38.
- Lester D. (1996). *Patterns of suicide and homicide in the world*. Commack, NY: Nova Science.
- Lester, D. (2008a). Differences between genuine and simulated suicide notes. *Psychological Reports, 103*, 527-528.
- Lester, D. (2008b). A further study of sex differences in suicide notes. *Psychological Reports, 103*, 797-798.
- Lester, D. (2008c). Computer analysis of the content of suicide notes from men and women. *Psychological Reports, 102*, 575-576.
- Lester, D. (2024a). A review of research on suicide in 1998. *Suicide Studies, 5*(2), 2-61.
- Lester, D. (2024b). A review of research on suicide in 1999. *Suicide Studies, 5*(3), 2-63.
- Lester, D. (2024c). A review of research on suicide in 2000. *Suicide Studies, 5*(4), 54-109.
- Lester, D. (2024d). A review of research on suicide in 2001. *Suicide Studies, 5*(4), 142-205.
- Lester, D. (2024e). A review of research on suicide in 2002. *Suicide Studies, 5*(6), 17-83.

- Lester, D. (2024f). A review of research on suicide in 2003. *Suicide Studies*, 5(6), 108-179.
- Lester, D. (2024g). A review of research on suicide in 2004. *Suicide Studies*, 6(1), 40-110.
- Lester, D. (2025a). A review of research on suicide in 2005. *Suicide Studies*, 6(2), 135-213.
- Lester, D. (2025b). A review of research on suicide in 2006. *Suicide Studies*, 6(5), 87-176.
- Lester, D. (2025c). A review of research on suicide in 2007. *Suicide Studies*, 6(6), 80-174.
- Lester, D. (2026). Sex differences in the methods for suicide in European countries, *Suicide Studies*, 7(3), 27-29.
- Lester, D., Beck, A. T. & Trexler, L. (1975). Extrapolation from attempted suicides to completed suicides. *Journal of Abnormal Psychology*, 84, 563-566.
- Lester, D., Beck, A. T. & Mitchell, B. (1979). Extrapolation from attempted suicides to completed suicides: a test. *Journal of Abnormal Psychology*, 88, 78-80.
- Levi, Y., Horesh, N., et al. (2008). Mental pain and its communication in medically serious suicide attempts. *Journal of Affective Disorders*, 111, 244-250.
- Lewitzka, U., Müller-Oerlinghausen B, et al. (2008). Is MAO-B activity in platelets associated with the occurrence of suicidality and behavioural personality traits in depressed patients? *Acta Psychiatrica Scandinavica*, 117, 41-49.
- Li, X. Y., Phillips, M. R., et al. (2008). Risk factors for suicide in China's youth. *Psychological Medicine*, 38, 397-406.
- Liaw, Y. P., Wang, P. W., et al. (2008). The suicide mortality rates between 1997–1998 and 2000–2001 in Nantou County of Taiwan following the earthquake of September 21 in 1999. *Journal of Forensic Sciences*, 53, 199-202.
- Lin, H. C., Lee, H. C., et al. (2008a). Hospital characteristics associated with post-discharge suicide of severely depressed patients. *Journal of Affective Disorders*, 110, 215-221.
- Lin, H. C., Chen, C. S., et al. (2008b). Seasonality and climatic associations with violent and nonviolent suicide. *Neuropsychobiology*, 57, 32-37.
- Lin, J. J., & Lu, T. H. (2008). High-risk groups for charcoal-burning suicide in Taiwan, 2001-200. *Journal of Clinical Psychiatry*, 69, 1499-1501.
- Lindqvist, D., Träskman-Bendz, L., & Vang, F. (2008). Suicidal intent and the HPA-Axis characteristics of suicide attempters with major depressive disorder and adjustment disorders. *Archives of Suicide Research*, 12, 197-207.
- Lindsay, M., & Lester, D. (2008). Criteria for suicide-by-cop incidents. *Psychological Reports*, 102, 603-605.

- Links, P. S., Eynan, R., et al. (2008). Elements of affective instability associated with suicidal behaviour in patients with borderline personality disorder. *Canadian Journal of Psychiatry*, 53, 112-116.
- Liu, X., Sun, Z., & Yang, Y. (2008). Parent-reported suicidal behavior and correlates among adolescents in China. *Journal of Affective Disorders*, 105, 73-80.
- Lizardi, D., Dervic, K., et al. (2008). The role of moral objections to suicide in the assessment of suicidal patients. *Journal of Psychiatric Research*, 42, 815-821.
- Luncheon, C., Bae, S., et al. (2008). Hispanic female adolescents' use of illicit drugs and the risk of suicidal thoughts. *American Journal of Health Behavior*, 32(1), 52-59.
- Lung, F. W., & Lee, M. B. (2008). The five-item Brief-Symptom Rating Scale as a suicide ideation screening instrument for psychiatric inpatients and community residents. *BMC Psychiatry*, 8, #53
- Lusyne, P., & Page, H. (2008). The impact of children on a parent's risk of suicide following death of a spouse, Belgium 1991-96. *Population Studies*, 62(1), 55-67.
- Magaletta, P. R., Patry, M. W., et al. (2008). Prison inmate characteristics and suicide attempt lethality. *Psychological Services*, 5, 351-361.
- Maimon, D., & Kuhl, D. C. (2008). Social control and youth suicidality. *American Sociological Review*, 73, 921-943.
- Mäki, N. E., & Martikainen, P. T. (2008). The effects of education, social class and income on non-alcohol- and alcohol-associated suicide mortality. *European Journal of Population*, 24, 385-404.
- Mann, J. J., Ellis, S. P., et al. (2008a). Classification trees distinguish suicide attempters in major psychiatric disorders. *Journal of Clinical Psychiatry*, 69, 23-31.
- Mann, R. E., Zalcman, R. F., et al. (2008b). Alcohol factors in suicide mortality rates in Manitoba. *Canadian Journal of Psychiatry*, 53, 243-251.
- Maselko, J., & Patel, V. (2008). Why women attempt suicide. *Journal of Epidemiology & Community Health*, 62, 817-822.
- Masocco, M., Pompili, M., et al. (2008). Suicide and marital status in Italy. *Psychiatric Quarterly*, 79, 275-285.
- Matsumoto, T., Imamura, F., et al. (2008a). Analgesia during self-cutting. *Psychiatry & Clinical Neurosciences*, 62, 355-358.
- Matsumoto, T., Imamura, F., et al. (2008b). Prevalences of lifetime histories of self-cutting and suicidal ideation in Japanese adolescents. *Psychiatry & Clinical Neurosciences*, 62, 362-364.

- McCloskey, M. S., Ben-Zeev, D., et al. (2008). Prevalence of suicidal and self-injurious behavior among subjects with intermittent explosive disorder. *Psychiatry Research, 158*, 248-250.
- McGirr, A., Renaud, J., et al. (2008a). Impulsive-aggressive behaviours and completed suicide across the life cycle. *Psychological Medicine, 38*, 407-417.
- McGirr, A., Renaud, J., et al. (2008b). Course of major depressive disorder and suicide outcome. *Journal of Clinical Psychiatry, 69*, 966-970.
- McGirr, A., & Tureck, G. (2008). What is specific to suicide in schizophrenia disorder? *Schizophrenia Research, 98*, 217-224.
- McIntyre, R. S., Soczynska, J. K., et al. (2008). The relationship between childhood abuse and suicidality in adult bipolar disorder. *Violence & Victims, 23*, 361-372.
- McKenzie, K., Bhui, K., et al. (2008). Suicide rates in people of South Asian origin in England and Wales: 1993–2003. *British Journal of Psychiatry, 193*, 406-409.
- Meltzer, H., Griffiths, C., et al. (2008). Patterns of suicide by occupation in England and Wales: 2001–2005. *British Journal of Psychiatry, 193*, 73–76.
- Meyer, I. H., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and Suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health, 98*, 1004-1006.
- Mezuk, B., Prescott, M. R., et al. (2008). Suicide in older adults in long-term care. *Journal of the American Geriatrics Society, 56*, 2107-2111.
- Miller, K., & Burns, C. (2008). Suicides on farms in South Australia, 1997–2001. *Australian Journal of Rural Health, 16*, 327-331.
- Mills, J. F., & Kroner, D. G. (2008). Predicting suicidal ideation with the Depression Hopelessness and Suicide Screening Form (DHS). *Journal of Offender Rehabilitation, 47*(1/2), 74-100.
- Minoiu, C., & Andrés, A. R. (2008). The effect of public spending on suicide. *Journal of Socio-Economics, 37*, 237-261.
- Miotto, P., & Preti, A. (2008). Suicide ideation and social desirability among school-aged young people. *Journal of Adolescence, 31*, 519-533.
- Miranda, R., Scott, M., et al. (2008). Suicide attempt characteristics, diagnoses, and future attempts. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*, 32-40.
- Mitra, S., & Shroff, S. (2008). What suicides reveal about gender bias. *Journal of Socio-Economics 37*, 1713-1723.
- Mittendorfer-Rutz, E., Rasmussen, F., & Wasserman, D. (2008a). Familial clustering of suicidal behaviour and psychopathology in young suicide attempters. *Social Psychiatry & Psychiatric Epidemiology, 43*, 28-36.

- Mittendorfer-Rutz, E., Wasserman, D., & Rasmussen, F. (2008b). Fetal and childhood growth and the risk of violent and non-violent suicide attempts. *Journal of Epidemiology & Community Health, 62*, 168-173.
- Mofidi, N., Ghazinour, M., et al. (2008a). General mental health, quality of life and suicide-related attitudes among Kurdish people in Iran. *International Journal of Social Psychiatry, 54*, 457-468.
- Mofidi, N., Ghazinour, M., et al. (2008b). Attitudes towards suicide among Kurdish people in Iran. *Social Psychiatry & Psychiatric Epidemiology, 43*, 291-298.
- Montross, L. P., Kasckow, J., et al. (2008). Suicidal ideation and suicide attempts among middle-aged and older patients with schizophrenia spectrum disorders and concurrent subsyndromal depression. *Journal of Nervous & Mental Disease, 196*, 884-890.
- Muehlenkamp, J. J., Hoff, E. R., et al. (2008). Rates of non-suicidal self-injury. *Current Psychology, 27*, 234-241.
- Murray, C. D., MacDonald, S., & Fox, J. (2008). Body satisfaction, eating disorders and suicide ideation in an Internet sample of self-harmers reporting and not reporting childhood sexual abuse. *Psychology, Health & Medicine, 13*(1), 29-42.
- Nađ, S., Marčinko, D., et al. (2008). Spiritual well-being, intrinsic religiosity, and suicidal behavior in predominantly Catholic Croatian war veterans with chronic posttraumatic stress disorder. *Journal of Nervous & Mental Disease, 196*, 79-83
- Nademin, E., Jobes, D. A., et al. (2008). An investigation of interpersonal psychological variables in Air Force suicides. *Archives of Suicide Research, 12*, 309-326.
- Nakagawa, A., Grunebaum, M. F., et al. (2008). Comorbid anxiety in bipolar disorder: does it have an independent effect on suicidality? *Bipolar Disorders, 10*, 530-538.
- Naved, R. T., & Akhtar, N. (2008). Spousal violence against women and suicidal ideation in Bangladesh. *Women's Health Issues, 18*, 442-452.
- Neuner, T., Schmid, R., et al. (2008). Predicting inpatient suicides and suicide attempts by using clinical routine data? *General Hospital Psychiatry, 30*, 324-330.
- Nock, M. K., Borges, G., et al. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *British Journal of Psychiatry, 192*, 98-105.
- Nolan, P., Irwin, K., et al. (2008). Sex and suicide. *Sociation Today, 6*(1), #1.
- Nolen, S., McReynolds, L. S., et al. (2008). Lifetime suicide attempts in Juvenile Assessment Center youth. *Archives of Suicide Research, 12*, 111-123.

- Nordentoft, M., & Branner, J. (2008). Gender differences in suicidal intent and choice of method among suicide attempters. *Crisis*, 29, 209-212.
- Norton, P. J., Temple, S. R., & Petit, J. W. (2008). Suicidal ideation and anxiety disorders. *Journal of Behavior Therapy & Experimental Psychiatry*, 39, 515-525
- Nrugham, L., Larsson, B., & Sund, A. M. (2008a). Specific depressive symptoms and disorders as associates and predictors of suicidal acts across adolescence. *Journal of Affective Disorders*, 111, 83-93.
- Nrugham, L., Larsson, B., & Sund, A. M. (2008b). Predictors of suicidal acts across adolescence. *Journal of Affective Disorders*, 109, 35-45.
- O'Connor, R. C., Fraser, L., et al. (2008). A comparison of specific positive future expectancies and global hopelessness as predictors of suicidal ideation in a prospective study of repeat self-harmers. *Journal of Affective Disorders*, 110, 207-214.
- O'Connor, R. C., & Noyce, R. (2008). Personality and cognitive processes. *Behaviour Research & Therapy*, 46, 392-401.
- Omigbodun, O., Dogra, N., et al. (2008). Prevalence and correlates of suicidal behaviour among adolescents in southwest Nigeria. *International Journal of Social Psychiatry*, 54, 34-46.
- Ono, Y., Kawakami, N., et al. (2008). Prevalence of and risk factors for suicide-related outcomes in the World Health Organization World Mental Health Surveys Japan. *Psychiatry & Clinical Neurosciences*, 62, 442-449.
- O'Reilly, D., Rosato, M., et al. (2008). Area factors and suicide. *British Journal of Psychiatry*, 192, 106-111.
- Osborn, D., Levy, G., et al. (2008). Suicide and severe mental illnesses. *Schizophrenia Research*, 99, 134-138.
- Osler, M., Andersen, A. M. N., & Nordentoft, N. (2008). Impaired childhood development and suicidal behaviour in a cohort of Danish men born in 1953. *Journal of Epidemiology & Community Health*, 62, 23-28.
- Öztürk, E., & Sar, V. (2008). Somatization as a predictor of suicidal ideation in dissociative disorders. *Psychiatry & Clinical Neurosciences*, 62, 662-668.
- Pagura, J., Cox, B. J., et al. (2008). Factors associated with multiple versus single episode suicide attempts in the 1990-1992 and 2001-2003 United States National Comorbidity Surveys. *Journal of Nervous & Mental Disease*, 196, 806-813.
- Parkar, S. R., Dawani, V., & Weiss, M. G. (2008). Gender, suicide, and the sociocultural context of deliberate self-harm in an urban general hospital in Mumbai, India. *Culture, Medicine, & Psychiatry*, 32, 492-515.
- Pederson W. (2008). Does cannabis use lead to depression and suicidal behaviours? *Acta Psychiatrica Scandinavica*, 118, 395-403.

- Peltzer, K. (2008a). Social support and suicide risk among secondary school students in Cape Town, South Africa. *Psychological Reports, 103*, 653-660.
- Peltzer, K. (2008b) Drug involvement among secondary school students at suicide risk in Cape Town. *Studia Psychologica, 50*(3), 323-334.
- Peltzer, K., Kleintjes, S., et al. (2008). Correlates of suicide risk among secondary school students in Cape Town. *Social Behavior & Personality, 36*, 493-502.
- Peña, J. B., Wyman, P. A., et al. (2008). Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among Latino adolescents in the USA. *Prevention Science, 9*, 299-310.
- Perroud, N., Courtet, P., et al. (2008). Interaction between BDNF Val66Met and childhood trauma on adult's violent suicide attempt. *Genes, Brain & Behavior, 7*, 314-322.
- Peter, T., Roberts, L. W., & Buzdugan, R. (2008). Suicidal ideation among Canadian youth. *Archives of Suicide Research, 12*, 263-275.
- Petersen, M. R., & Burnett, C. A. (2008). The suicide mortality of working physicians and dentists. *Occupational Medicine, 58*, 25-29.
- Pettingell, S. L., Bearinger, L. H., et al. (2008). Protecting urban American Indian young people from suicide. *American Journal of Health Behavior, 32*, 465-476.
- Pinheiro, R. T., da Silva, R. A. et al. (2008). Two studies on suicidality in the postpartum. *Acta Psychiatrica Scandinavica, 118*, 160-163.
- Pompili, M., Innamorati, M., et al. (2008a). Suicide in the elderly. *American Journal of Geriatric Psychiatry, 16*, 727-735.
- Pompili, M., Lester, D., et al. (2008b). Psychache and suicide. *Suicide & Life-Threatening Behavior, 38*, 116-121.
- Pompili, M., Lester, D., et al. (2008d). Suicide risk and exposure to mobbing. *Work, 31*, 237-243.
- Pompili, M., Rihmer, Z., et al. (2008c). Temperament and personality dimensions in suicidal and nonsuicidal psychiatric inpatients. *Psychopathology, 41*, 313-321.
- Postolache, T. T., Roberts, D. W., et al. (2008). Allergen specific IgE, number and timing of past suicide attempts, and instability in patients with recurrent mood disorders. *International Journal of Child Health & Human Development, 1*(3), 297-304..
- Préau, M., Bouhnik, A. D., et al. (2008). Suicide attempts among people living with HIV in France. *AIDS Care, 20*, 917-924.
- Prinstein, M. J., Nock, M. J., et al. (2008). Longitudinal trajectories and predictors of adolescent suicidal ideation and attempts following inpatient hospitalization. *Journal of Consulting & Clinical Psychology, 76*, 92-103.

- Pritchard, C., & Hean, S. (2008). Suicide and undetermined deaths among youths and young adults in Latin America. *Crisis, 29*, 145-153.
- Ramchand, R., Griffin, B. A., et al. (2008). A prospective investigation of suicide ideation, attempts, and use of mental health service among adolescents in substance abuse treatment. *Psychology of Addictive Behaviors, 22*, 524-532.
- Rasic, D. T., Belik, S. L., et al. (2008). Cancer, mental disorders, suicidal ideation and attempts in a large community sample. *Psycho-Oncology, 17*. 660-667.
- Ratcliffe, G. E., Enns, M. W., et al. (2008). Chronic pain conditions and suicidal ideation and suicide attempts. *Clinical Journal of Pain, 24*, 204-210.
- Razaeian, M., Mohammadi, M., et al. (2008). The most common method of suicide in Tehran 2000–2004. *Crisis, 29*, 164-166.
- Renberg, E. S., Hjelmeland, H., & Kuposov, R. (2008). Building models for the relationship between attitudes toward suicide and suicidal behavior. *Suicide & Life-Threatening Behavior, 38*, 661-675.
- Renaud, J., Berlim, M. T., et al. (2008). Current psychiatric morbidity, aggression/impulsivity, and personality dimensions in child and adolescent suicide. *Journal of Affective Disorders, 105*, 221-228.
- Resch, F., Parzer, P., et al. (2008). Self-mutilation and suicidal behaviour in children and adolescents. *European Child & Adolescent Psychiatry, 17*(Suppl 1), 92-98.
- Reseland, S., Le Noury, J., et al. (2008). National suicide rates 1961–2003. *Psychotherapy & Psychosomatics, 77*, 78-82.
- Rhodes, A. E., & Bethel, J. (2008). Suicidal ideators without major depression. *Canadian Journal of Psychiatry, 53*, 125-130.
- Ries, R. K., Yuodelis-Flores, C., et al. (2008). Substance-induced suicidal admissions to an acute psychiatric service. *Journal of Substance Abuse Treatment, 34*, 72-79.
- Riesch, S. K., Jacobson, G., et al. (2008). Suicide ideation among later elementary school-aged youth. *Journal of Psychiatric & Mental Health Nursing, 15*, 263-277.
- Rosa, A. R., Franco, C., et al. (2008). Functional impairment and previous suicide attempts in bipolar disorder. *Acta Neuropsychiatrica, 20*, 300-306.
- Rueter, M. A., Holm, K. E., McGeorge, C. R., & Conger, R. D. (2008). Adolescent suicidal ideation subgroups and their association with suicidal plans and attempts in young adulthood. *Suicide & Life-Threatening Behavior, 38*, 564-574.
- Rutter, P. A., Freedenthal, S., & Osman, A. (2008). Assessing protection from suicidal risk. *Death Studies, 32*, 142-153.
- Sadakane, H. (2008). A sociological investigation on "Group suicides through the Internet" in Japan. *Japanese Sociological Review, 58*, 593-607.

- Saiz, O. A., Garcia-Portilla, M. P., et al. (2008). Association between the A-1438G polymorphism of the serotonin 2A receptor gene and nonimpulsive suicide attempts. *Psychiatric Genetics, 18*, 213-218.
- Sanchez, M. I., Ponton, F., et al. (2008). Two steps to suicide in crickets harbouring hairworms. *Animal Behavior, 76*, 1621-1624.
- Sanger, S., & Veach, P. M. (2008). The interpersonal nature of suicide. *Archives of Suicide Research, 12*, 352-365.
- Sarchiapone, M., Carli, V., et al. (2008). Association of polymorphism (Val66Met) of brain-derived neurotrophic factor with suicide attempts in depressed patients. *Neuropsychobiology, 57*, 139-145.
- Schaffer, A., Flint, A. J., et al. (2008). Correlates of suicidality among patients with psychotic depression. *Suicide & Life-Threatening Behavior, 38*, 403-414.
- Schaffer, M., Jeglic, E. L., & Stanley, B. (2008). The relationship between suicidal behavior, ideation, and binge drinking among college students. *Archives of Suicide Research, 12*, 124-132.
- Schneider, B., Schnabel, A., et al. (2008). How do personality disorders modify suicide risk? *Journal of Personality Disorders, 22*, 233-245.
- Schneider, K. L., & Shenassa, E. (2008). Correlates of suicide ideation in a population-based sample of cancer patients. *Journal of Psychosocial Oncology, 26*(2), 49-62.
- Schultz, K., Träskman-Bendz, L., & Petersén, A. (2008). Transthyretin in cerebrospinal fluid from suicide attempters. *Journal of Affective Disorders, 109*, 205-208.
- Scocco, P., de Girolamo, G., et al. (2008). Prevalence of suicide ideation, plans, and attempts and related risk factors in Italy. *Comprehensive Psychiatry, 49*, 13-21.
- Sfoggia, A., Pacheco, M. A., & Grassi-Oliveira, R. (2008). History of childhood abuse and neglect and suicidal behavior at hospital admission. *Crisis, 29*, 154-158.
- Shackelford, T. K., Weekes- Shackelford, V. A., & Beasley, S. L. (2008). Filicide–Suicide in Chicago, 1870-1930. *Journal of Interpersonal Violence, 23*, 589-599.
- Shah, A. (2008a). Pure elderly suicide rates versus combined pure elderly suicide, accidental and undetermined death rates. *International Psychogeriatrics, 20*, 421-423.
- Shah, A. (2008b). A nonlinear association of fertility and suicide rates among elderly persons. *Psychological Reports, 103*, 943-946.

- Shah, A. (2008c). A cross-national study of the relationship between elderly suicide rates and urbanization. *Suicide & Life-Threatening Behavior*, 38, 714-719.
- Shah, A. (2008d). Association of suicide rates for elderly age bands with gender equality. *Psychological Reports*, 102, 887-892.
- Shah, A. (2008e). Possible relationship of elderly suicide rates with unemployment in society. *Psychological Reports*, 102, 398-400.
- Shah, A. (2008f). Is there a relationship between elderly suicide rates and smoking? *International Journal of Geriatric Psychiatry*, 23, 308-313.
- Shah, A. (2008g). Possible relation of suicide rates of elderly with societal crime. *Psychological Reports*, 102, 95-98.
- Shah, A. (2008h). Association of suicide rates of elderly persons with fertility rates. *Psychological Reports*, 102, 369-376.
- Shah, A., & Bhandarkar, R. (2008a). Cross-national study of the correlation of general population suicide rates with unemployment rates. *Psychological Reports*, 103, 793-796.
- Shah, A., & Bhandarkar, R. (2008b). Possible relations between general population suicide rates and societal crime. *Psychological Reports*, 103, 639-642
- Shah, A., & Bhat, R. (2008a). Are elderly suicide rates improved by increased provision of mental health service resources? *International Psychogeriatrics*, 20, 1230-1237.
- Shah, A., & Bhat, R. (2008b). The relationship between elderly suicide rates and mental health funding, service provision and national policy. *International Psychogeriatrics*, 20, 605-615.
- Shah, A., Bhat, R., et al. (2008b). A cross-national study of the relationship between elderly suicide rates and life expectancy and markers of socioeconomic status and health care. *International Psychogeriatrics*, 20, 347-360.
- Shah, A., & Chatterjee, S. (2008). Is there a relationship between elderly suicide rates and educational attainment? *Aging & Mental Health*, 12, 795-799.
- Shah, A., Padayatchi, M., & Das, K. (2008a). The relationship between elderly suicide rates and elderly dependency ratios. *International Psychogeriatrics*, 20, 596-604
- Sheikholesami, H., Kani, C., & Ziaee, A. (2008). Attempted suicide among Iranian population. *Suicide & Life-Threatening Behavior*, 38, 456-466.
- Sher, L., & Stanley, B. H. (2008). The role of endogenous opioids in the pathophysiology of self-injurious and suicidal behavior. *Archives of Suicide Research*, 12, 299-308.
- Sherr, L., Lampe, F. et al. (2008). Suicidal ideation in UK HIV clinic attenders. *AIDS*, 22, 1651-1658.

- Shooshtary, M. H., Malakouti, S. K., et al. (2008). Community study of suicidal behaviors and risk factors among Iranian adults. *Archives of Suicide Research, 12*, 141-147.
- Shtayermann, O. (2008). Suicidal ideation and comorbid disorders in adolescents and young adults diagnosed with Asperger's syndrome. *Journal of Human Behavior in the Social Environment, 18*, 301-328.
- Sigfusdottir, I. D., Asgeirsdottir, B. B., et al. (2008). A model of sexual abuse's effects on suicidal behavior and delinquency. *Journal of Youth & Adolescence, 37*, 699-712.
- Silva, C. O. (2008). Too lonely to die alone. *Culture, Medicine, & Psychiatry, 32*, 516-551.
- Silverton, L., Mednick, S. A., et al. (2008). High social class and suicide in persons at risk for schizophrenia. *Acta Psychiatrica Scandinavica, 117*, 192-197.
- Simonson, R. H. (2008). Religiousness and non-hopeless suicide ideation. *Death Studies, 32*, 951-950.
- Singh, R., & Joshi, H. L. (2008). Suicidal ideation in relation to depression, life stress and personality among college students. *Journal of the Indian Academy of Applied Psychology, 34*, 259-265.
- Sirey, J. A., Bruce, M. L., et al. (2008). Depressive Symptoms and Suicidal Ideation among Older Adults Receiving Home Delivered Meals. *International Journal of Geriatric Psychiatry, 23*, 1306-1311.
- Sisack, M., Värnik, A., et al. (2008). Subjective psychological well-being (WHO-5) in assessment of the severity of suicide attempt. *Nordic Journal of Psychiatry, 62*, 431-435.
- Slama, F., Dehurtevent, B., et al. (2008). Characteristics of a French African Caribbean epidemiological psychiatric sample with a history of suicide attempt. *Suicide & Life-Threatening Behavior, 38*, 720-727.
- Soloff, P. H., & Fabio, A. (2008). Prospective predictors of suicide attempts in borderline personality disorder at one, two, and two-to-five year follow-up. *Journal of Personality Disorders, 22*, 123-134.
- Soloff, P. H., Feske, U., & Fabio, A. (2008). Mediators of the relationship between childhood sexual abuse and suicidal behavior in borderline personality disorder. *Journal of Personality Disorders, 22*, 221-232.
- Sorenson, S. B., & Vittes, K. A. (2008). Mental health and firearms in community-based surveys. *Evaluation Review, 32*, 239-256.
- Soulas, T., Gurruchaga, J. M. et al. (2008). Attempted and completed suicides after subthalamic nucleus stimulation for Parkinson's disease. *Journal of Neurology, Neurosurgery & Psychiatry, 79*, 952-954.
- Stack, S., & Kposowa, A. J. (2008). The association of suicide rates with individual-level suicide attitudes. *Social Science Quarterly, 89*, 39-59.

- Stathis, S., Litchfield, B., et al. (2008). A comparative assessment of suicide risk for young people in youth detention. *Archives of Suicide Research, 12*, 62-66.
- Stefanello, S., da Silva Cals, C. J., et al. (2008). Gender differences in suicide attempts. *Revista Brasileira de Psiquiatria, 30*(2), 139-143.
- Stenager, K., & Qin, P. (2008). Individual and parental psychiatric history and risk for suicide among adolescents and young adults in Denmark. *Social Psychiatry & Psychiatric Epidemiology, 43*, 920-926.
- Stepp, S. D., Morse, J. Q., et al. (2008). The role of attachment styles and interpersonal problems in suicide-related behaviors. *Suicide & Life-Threatening Behavior, 38*, 592-607.
- Stewart, M. E., Donaghey, C., et al. (2008). Suicidal thoughts in young people. *Personality & Individual Differences, 44*, 809-820.
- Sunnqvist, C., Westrin, A., & Träskman-Bendz, L. (2008). Suicide attempters. *European Archives of Psychiatry & Clinical Neuroscience, 258*, 456-462.
- Svindseth, M. F., Nøttestad, J. A., et al. (2008). Narcissism in patients admitted to psychiatric acute wards. *BMC Psychiatry, 8*, #13.
- Swahn, M. H., Bossarte, R. M., & Sullivent, E. E. (2008a). Age of alcohol use initiation, suicidal behavior, and peer and dating violence victimization and perpetration among high-risk, seventh-grade adolescents. *Pediatrics, 121*(2), 297-306.
- Swahn, M. H., Simon, T. R., et al. (2008b). Linking dating violence, peer violence, and behaviors among high-risk youth. *American Journal of Preventive Medicine, 34*, 30-38
- Tamar-Gurol, D., Sar, V., et al. (2008). Childhood emotional abuse, dissociation, and suicidality among patients with drug dependency in Turkey. *Psychiatry & Clinical Neurosciences, 62*, 540-547.
- Tan, L. L., & Wong, H. B. (2008). Severity of depression and suicidal ideations among elderly people in Singapore. *International Psychogeriatrics, 20*, 338-346.
- Thompson, A. H. (2008). Younger onset of depression is associated with greater suicidal intent. *Social Psychiatry & Psychiatric Epidemiology, 43*, 538-544.
- Thong, J. Y., Su, A. H. C., et al. (2008). Suicide in psychiatric patients. *Australian & New Zealand Journal of Psychiatry, 42*, 509-519.
- Thoresen, S., & Mehlum, L. (2008). Traumatic stress and suicidal ideation in Norwegian male peacekeepers. *Journal of Nervous & Mental Disease, 196*, 814-821.
- Tidemalm, D., Långström, N., Lichtenstein, P., & Runeson, B. (2008). Risk of suicide after suicide attempt according to coexisting psychiatric disorder. *British Medical journal, 337*, a2205.

- Tondo, L., Lepri, B., & Baldessarini, R. J. (2008). Suicidal status during antidepressant treatment in 789 Sardinian patients with major affective disorder. *Acta Psychiatrica Scandinavica*, *118*, 106-115.
- Trémeau, F., Darrege, A., et al. (2008). Suicidality in Opioid-Dependent Subjects. *American Journal on Addictions*, *17*, 187-194.
- Valtonen, H. M., Suominen, K., et al. (2008). Differences in incidence of suicide attempts during phases of bipolar I and II disorders. *Bipolar Disorders*, *10*, 588-596.
- van Bergen, D. D., Smit, J. H., et al. (2008). Suicidal ideation in ethnic minority and majority adolescents in Utrecht, the Netherlands. *Crisis*, *29*, 202-208.
- Van der Heijden, F., Dillingh, G., et al. (2008). Suicidal thoughts among medical residents with burnout. *Archives of Suicide Research*, *12*, 344-346.
- van Houwelingen, C. A. J., & Kerkhof, A. J. F. M. (2008). Mental healthcare status and psychiatric diagnoses of train suicides. *Journal of Affective Disorders*, *107*, 281-284.
- Van Orden, K. A., Witte, T. K., et al. (2008a). Suicidal desire and the capability for suicide. *Journal of Consulting & Clinical Psychology*, *76*, 72-83.
- Van Orden, K. A., Witte, T. K., et al. (2008b). Suicidal ideation in college students varies across semesters. *Suicide & Life-Threatening Behavior*, *38*, 427-435.
- van Renen, L. J., & Wild, L. G. (2008). Family functioning and suicidal ideation/behaviour in adolescents. *Journal of Child & Adolescent Mental Health*, *20*(2), 111-121.
- Värnik, A., Kõlves, K., et al. (2008). Suicide methods in Europe. *Journal of Epidemiology & Community Health*, *62*, 545-551.
- Vijayakumar, L., Ali, Z. S. S., & Umamaheswari, C. (2008). Socio cultural and clinical factors in repetition of suicide attempts. *International Journal of Culture & Mental Health*, *1*(1), 3-9.
- Voaklander, D. C., Rowe, B. H. et al. (2008). Medical illness, medication use and suicide in seniors. *Journal of Epidemiology & Community Health*, *62*, 138-146.
- Voon, V., Krack, P., et al. (2008). A multicentre study on suicide outcomes following subthalamic stimulation for Parkinson's disease. *Brain*, *131*, 2720-2728.
- Voracek, M. (2008a). Cross-national social ecology of intelligence and suicide prevalence. *Perceptual & Motor Skills*, *106*, 550-556.
- Voracek, M. (2008b). State IQ and elderly suicide rates in the United States. *Psychological Reports*, *102*, 601-602/
- Voracek, M., & Loibl, L. M. (2008). Consistency of immigrant and country-of-birth suicide rates. *Acta Psychiatrica Scandinavica*, *118*, 259-271.

- Voracek, M., & Marušič, A. (2008). Testing the Finno-Ugrian suicide hypothesis. *Nordic Journal of Psychiatry*, *62*, 302-308.
- Walker, R. L., Wingate, L. T., et al. (2008). An Empirical Investigation of Acculturative Stress and Ethnic Identity as Moderators for Depression and Suicidal Ideation in College Students. *Cultural Diversity & Ethnic minority Psychology*, *14*, 75-82.
- Walls, N. E., Freedenthal, S., & Wisneski, H. (2008). Suicidal ideation and attempts among sexual minority youths receiving social services. *Social Work*, *53*(1), 21-29.
- Wals, E., & Eggert, L. L. (2008). Preventing youth suicide. *International Journal of Law & Psychiatry*, *31*, 347-358.
- Wasserman, I. M., & Stack, S. (2008). Lethal locations. *Death Studies*, *32*, 757-767,
- Westheide, J., Quednow, B. B., et al. (2008). Westheide, et al. (2008). Executive performance of depressed suicide attempters. *European Archives of Psychiatry & Clinical Neuroscience*, *258*, 414-421.
- Wexler, L., Hill, R., et al. (2008). Correlates of Alaska Native Fatal and Nonfatal Suicidal Behaviors 1990–2001. *Suicide & Life-Threatening Behavior*, *38*, 311-320.
- Wheeler, B. W., Gunnell, D., et al. (2008). The population impact on the incidence of suicide and non-fatal self-harm of regulatory action against the use of selective serotonin reuptake inhibitors in under 18s in the United Kingdom. *British Medical Journal*, *336*, 542-525.
- Williams, J. M. G. (1997). *Cry of pain*. Harmondsworth, UK: Penguin.
- Williams, J. M. G., Van der Does, A. J. A., et al. (2008). Cognitive reactivity, suicidal ideation and future fluency. *Cognitive Therapy & Research*, *32*, 83-104.
- Witte, T. K., Merrill, K. A., et al. (2008). “Impulsive” youth suicide attempters are not necessarily all that impulsive. *Journal of Affective Disorders*, *107*, 107-116.
- Wojnar, M., Ilgen, A. A., et al. (2008). Impulsive suicide attempts predict post-treatment relapse in alcohol-dependent patients. *Drug & Alcohol Dependence*, *97*, 268-275.
- Wong, J. P. S., Stewart, S. M., et al. (2008). Repeat suicide attempts in Hong Kong community adolescents. *Social Science & Medicine* *66*, 232-241.
- Woolley, S. B., Fredman, L., et al. (2008). Headache complaints and the risk of suicidal thoughts or behaviors. *Journal of Nervous & Mental Disease*, *196*, 822-828.
- Wray, M., Miller, M., et al. (2008). Leaving Las Vegas. *Social Science & Medicine*, *67*, 1882-1888.

- Xiang, Y. T., Weng, Y. Z., et al. (2008). Socio-demographic and clinical correlates of lifetime suicide attempts and their impact on quality of life in Chinese schizophrenia patients. *Journal of Psychiatric Research, 42*, 495-502.
- Yasan, A., Danis, R., et al. (2008). Socio-cultural features and sex profile of the individuals with serious suicide attempts in Southeastern Turkey. *Suicide & Life-Threatening Behavior, 38*, 467-480.
- Yeh, J. Y., Xirasagar, S., et al. (2008). Does marital status predict the odds of suicidal death in Taiwan? *Suicide & Life-Threatening Behavior, 38*, 302-310.
- Yip, P. S. F., Liu, K. Y., & Law, C. K. (2008). Years of life lost from suicide in China, 1990–2000. *Crisis, 29*, 131-136.
- Yoder, K. A., Longley, S. I., et al. (2008a). A dimensional model of psychopathology among homeless adolescents. *Journal of Abnormal Child Psychology, 36*, 95-104.
- Yoder, K. A., Whitbeck, L. B., & Hoyt, D. R. (2008b). Dimensionality of thoughts of death and suicide. *Social Indicators Research, 86*, 83-100.
- Yoon, H. K., & Kim, Y. K. (2008). Association between serotonin-related gene polymorphisms and suicidal behavior in depressive patients. *Progress in Neuro-Psychopharmacology & Biological Psychiatry, 32*, 1293-1297.
- Zalsman, G., Huang, Y. Y., et al. (2008). No association of COMT Val158Met polymorphism with suicidal behavior or CSF monoamine metabolites in mood disorders. *Archives of Suicide Research, 12*, 327-335.
- Zhang, J., & Lester, D. (2008). Psychological tensions found in suicide notes. *Archives of Suicide Research, 12*, 67–73.