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BETWEEN CATHARSIS AND CRISIS: LITERATURE'S DUAL ROLE IN SUICIDE RISK AND PREVENTION: INSIGHTS FROM THE HINDI LITERARY TRADITION

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Abstract: The relationship between literature and suicide is as sensitive as it is intellectually provocative. This paper examines the complex intersection of literary creation and suicidal behavior, with particular attention to two well-documented phenomena: the Werther Effect and the Sylvia Plath Effect. Drawing on evidence from both Hindi and Western literary traditions, the paper demonstrates that the impact of literature on suicidal behavior operates bidirectionally. On one side, certain literary works, most notably Goethe's *The Sorrows of Young Werther*, have precipitated copycat suicides among vulnerable readers. On the other, the very act of creative writing has placed numerous authors, from Sylvia Plath to the Hindi poet Gorakh Pandey, at heightened risk of depression and self-destruction. This paper proposes a two-dimensional model of suicidal risk in literary engagement, mapping the interaction between the lethality of literary content and the psychological vulnerability of the reader. The analysis argues that while literature can serve as a powerful vehicle for empathy and catharsis, it requires psychologically informed authorship and responsible readership to function as a genuine life-sustaining force rather than a lethal one.

Keywords: Werther Effect; Sylvia Plath Effect; literature and suicide; reader vulnerability; Hindi literature; creative writing and mental health

Literature is not merely an assemblage of words; it is an excavation of the human soul. It encompasses the full spectrum of human sensibility, from ecstatic joy to the most desolate despair. Since antiquity, writers have turned to the darkest corridors of human experience and have asked the question that Hamlet famously posed: whether it is nobler to endure the slings and arrows of outrageous fortune, or to take up arms against a sea of troubles and, by opposing, end them. As societies accelerate toward modernity, rates of mental illness and suicide continue

to rise (World Health Organization, 2023), and the question of literature's role in this epidemic, whether as solace or as hazard, becomes increasingly urgent.

Sigmund Freud was among the first to recognize literature's privileged access to the human psyche. He wrote that "Story-tellers are valuable allies, and their testimony is to be rated high...In psychic knowledge, indeed, they are far ahead of us ordinary people, because they draw from sources that we have not yet made accessible for science." (Freud, 1922, p. 113). Yet this very power of literature, its ability to reach into the depths of human feeling, makes it a double-edged instrument. The same pen that heals can wound; the same narrative that offers catharsis to one reader may catalyze crisis in another.

Two conceptual frameworks are central to this inquiry. The Werther Effect, named after Goethe's protagonist and formalized by Phillips (1974), describes the phenomenon of suicide contagion triggered by fictional or media depictions of self-destruction. The Sylvia Plath Effect, coined by Kaufman (2001), describes the elevated rate of mental illness and suicidal behavior among creative writers, particularly poets, relative to other professions. Together these two phenomena place literature at the center of a profoundly consequential debate.

This paper examines both effects through evidence drawn from Western and Hindi literary history, develops a conceptual model for understanding the interaction between literary content and reader vulnerability, and argues for a psychologically informed approach to both literary creation and literary consumption.

The Werther Effect: When Fiction Precipitates Reality

Johann Wolfgang von Goethe's epistolary novel *The Sorrows of Young Werther* (1774) tells the story of a young man who takes his own life after an unsuccessful love affair. The novel was an immediate literary sensation across Europe, but it was also a trigger for an unprecedented wave of copycat suicides. Young men, dressed in the blue coat and yellow breeches that had become Werther's trademark, were found dead by their own hands across Germany, Denmark, and Italy. Several European jurisdictions responded by banning the book outright (Phillips, 1974).

Goethe himself, confronted with the consequences, distanced himself from moral responsibility, writing that "It cannot be expected of the public that it should receive an intellectual work intellectually" (Goethe, 1897, p. 514). This disclaimer

is ethically insufficient. When a literary work demonstrably precipitates a wave of deaths, the author bears at minimum a reflective, if not wholly preventive, obligation toward his craft. Phillips (1974) later formalized this phenomenon as the *Werther Effect*, demonstrating through empirical analysis of newspaper coverage of suicides that media and literary representation of self-destruction can produce statistically significant increases in suicide rates in the immediate aftermath of publication or broadcast.

A poignant parallel from Hindi literary history deepens the significance of this phenomenon. The celebrated Hindi poet Harivansh Rai Bachchan recounts in his autobiography that upon returning one evening from a poetry recital in Bareilly, he witnessed a young man who had been present at the recital lying dead on the railway tracks, a suicide. Bachchan immediately recognized him from the audience. The weight of the incident compelled the poet to write: “The fact that a man committed suicide on account of my poetry should have been sufficient warning for me to stop writing such verse and to reflect upon which elements in my poetry were responsible for such disastrous consequences” (Bachchan, 2010, p. 36). In this moment of painful self-reckoning, Bachchan articulates precisely the ethical dimension that Goethe avoided: the recognition that artistic power carries with it artistic responsibility.

The British poet A. E. Housman’s first collection, *A Shropshire Lad* (1896), has similarly been identified as a work shadowed by the Werther Effect, with several young men in England reportedly taking their own lives in apparent imitation of the suicidal themes running through the collection. In one of the most troubling passages, Housman addresses a young soldier who has shot himself:

*“Shot? so quick, so clean an ending?
Oh, that was right, lad, that was brave:
Yours was not an ill for mending,
‘Twas best to take it to the grave.”* (Efrati, 2002, p. 117)

Such lines do not merely depict suicide; they celebrate it as an act of courage. For a psychologically vulnerable reader, the valorization of self-destruction by a canonical literary figure carries a form of authority that can be profoundly dangerous. Stack (2003), reviewing research on suicide contagion in the media, found that the risk of imitative suicidal behavior is greatest when the depiction involves a sympathetic or romanticized portrayal, precisely what Housman offers here.

The Sylvia Plath Effect: The Writer as Victim

If the Werther Effect describes the danger that literature poses to its readers, the Sylvia Plath Effect describes the danger that literary creation poses to the writer herself. Kaufman (2001) coined this term after a systematic study of eminent creative writers, finding that poets, and female poets in particular, showed significantly higher rates of mental illness and suicidal behavior than fiction writers, non-fiction writers, and professionals in other creative fields. The concept derives its name from the American poet Sylvia Plath, who died by suicide in 1963 at the age of thirty by placing her head in a gas oven, leaving behind two children.

Plath's oeuvre, from *The Bell Jar* (1963) to her posthumous collection *Ariel* (1965), charts with extraordinary precision the interior landscape of depression and suicidal ideation. Research has confirmed that her clinical depression was not merely thematic material but a lived reality that infiltrated and shaped every aspect of her writing (Jamison, 1993). The act of writing, rather than providing relief, appeared to deepen her immersion in the very darkness she described. This paradox, that the creative process may intensify rather than expiate psychological suffering, lies at the heart of the Sylvia Plath Effect.

Kaufman (2001) proposed several explanations for this heightened vulnerability among poets. The lyric poem, unlike the novel or the essay, demands an extreme degree of emotional exposure and self-excavation. The poet cannot avail herself of the protective distance afforded by narrative; she must write, quite literally, from within the experience. This sustained proximity to emotional extremity, particularly in the domain of grief, loss and worthlessness, creates conditions of chronic psychological risk.

The literary record across Western traditions provides stark confirmation. Ernest Hemingway, widely acknowledged as one of the defining voices of twentieth-century American fiction, spent his final years tormented by alcoholism, paranoia, and electroconvulsive treatments, before ending his life with a shotgun in 1961. Virginia Woolf, the defining writer of modernist interiority, completed her final novel and then walked into the River Ouse, her pockets weighted with stones, in 1941. Stefan Zweig, the Austrian novelist and biographer, fled Europe as fascism consumed the continent, only to take his own life alongside his wife in Petrópolis, Brazil, in 1942. The Russian lyric poet Sergei Yesenin ended his life in a Leningrad hotel in 1925, having written a farewell poem in his own blood to his friend Vladimir Mayakovsky (Serge, 2002, p. 195).

The Creator's Dilemma: Evidence from Hindi Literature

The intersection of literary creation and psychological suffering is not confined to Western traditions. A substantial amount of critical evidence exists within Hindi literature, yet it continues to be marginalized in international academic discussions on literary suicidology.

The most direct instance is that of Gorakh Pandey (1945–1989), one of Hindi's most celebrated poets of social consciousness. Pandey suffered from schizophrenia for many years and died by suicide in his room at Jhelum Hostel, Jawaharlal Nehru University, in January 1989. His private diaries, written a decade before his death, reveal a progressive psychological deterioration that his creative output simultaneously reflected and concealed from his public. On March 18th, 1976, he wrote: "An utterly absurd life. Lame, inert, anti-social... This lame, absurd, inert life is worse than death... I have terrible dreams. I feel I have reached the limits of decline and inactivity... What kind of nonsensical life is this?" (Misra, n.d.). The tension between his commitment to social transformation and his private disintegration renders his trajectory a representative case study in the relationship between political poetry and authorial self-destruction.

Suryakant Tripathi 'Nirala' (1896–1961), widely regarded as one of the four pillars of the Chhayavadi movement and among the greatest Hindi poets of the twentieth century, presents a comparable case. Professor D. Ram, then Director of the Central Institute of Psychiatry, Ranchi, one of India's premier psychiatric institutions, confirmed that Nirala had received treatment at the facility on multiple occasions (Prakash, 2017). The critic Ram Vilas Sharma drew an explicit parallel with Hemingway, observing that both writers experienced severe psychiatric disturbance, but distinguishing crucially between their outcomes: Hemingway, who had become alienated from his readership, died by suicide, whereas Nirala, whose poetry remained organically tethered to the Hindi-speaking people and to the devotional tradition of Tulsidas, found, in that tethering, a form of psychological equilibrium that ultimately preserved his life (Sharma, 1990, p. 467).

Swadesh Deepak, the distinguished Hindi playwright and short-story writer, opens his autobiography with a frank disclosure: "I suffered from a mental illness for approximately seven years. People's imaginations about such illness are terrifying and their reactions are violent and full of hatred... In society, a person who is mentally unwell becomes a stigma" (Deepak, 2024, p. 9). He spent five months as an inpatient at the Post Graduate Institute of Medical Education and Research, Chandigarh, one of India's foremost medical institutions. His testimony

underscores the specific vulnerability of creative writers within societies where mental illness carries heavy stigma, a stigma that compounds the psychological burden rather than alleviating it.

Hindi writers have also reflected with unusual self-awareness on the pathological dimension of their own creative drives. The satirist Ravindra Tyagi wrote with characteristic irony: “Some people wish to commit suicide simply for the sake of suicide itself. These people are true and pure artists. I am one of them. I, as an artist, have a love affair with suicide” (Tyagi, 2007, p. 189). The fiction writer Krishna Baldev Vaid offered a related formulation: “An artist dies again and again, before the work, during the work, after the work, when it is going well and when it is not. The artist is the truest failed suicide” (Vaid, 2011). In an interview, prominent progressive Hindi poet Trilochan told Manglesh Dabral: “I believe that if poetry continues to be made, the poet will continue to be destroyed. If a poet remains comfortable and healthy, there is something missing. Poetry breaks a single life in order to make a whole life, and the life that breaks is the poet’s own” (as cited in Dabral, 1994, p. 241).

The poet Shrikant Varma (1986) crystallized this paradox in verse (p. 116):

*“He could have saved himself, if he had wanted to
But how could he have saved himself?
For whoever saves himself
How will he create?”*

These formulations, taken together, constitute a remarkably coherent Hindi literary philosophy of creative self-sacrifice, one that maps closely onto what the clinical literature describes as the Sylvia Plath Effect, and that demands greater integration into international discourse on literature and suicide.

A Proposed Model: Literary Structure and Reader Vulnerability

The relationship between literature and suicidal behavior cannot be reduced to a simple causal chain. The same text that drives one reader toward crisis may offer another reader the cathartic experience of having one’s suffering witnessed and named. Understanding how and when literature produces harmful rather than therapeutic effects requires a framework that accounts for the interaction between two independent variables: the lethality of the literary structure and the psychological vulnerability of the reader.

Literary Lethality

Not all literary representations of suicide carry equal risk. Representations that romanticize or glorify self-destruction, as in the Housman example above, that provide detailed methodological description, that frame the protagonist's death as a triumph or as the only available resolution to suffering, or that invite intense identification with a suicidal narrator, constitute what may be termed 'high-lethality' literary structures. Conversely, representations that contextualize suicidal crises within broader social and psychological dynamics, that portray the consequences of suicide for surviving communities, or that explore ambivalence about self-destruction without resolving it sentimentally, tend toward lower lethality (Niederkrötenhaller et al., 2010).

Reader Vulnerability

Reader vulnerability refers to the psychological state of the individual at the moment of literary encounter. A reader who is currently experiencing active suicidal ideation, who has a history of previous suicide attempts, who is socially isolated, or who is in the midst of a significant loss, is substantially more susceptible to harmful identification with suicidal literary content than a reader engaging from a position of relative psychological security. This does not mean that only vulnerable readers should engage with dark literature; it means that the context of literary consumption matters.

The Interaction Matrix

The critical variable is the interaction between these two dimensions. Four broad zones can be identified, as illustrated in Figure 1. When high-lethality literary content encounters a highly vulnerable reader, the risk of suicidal crisis is greatest, this is the zone of maximum danger, represented by the Werther Effect at its most acute. When low-lethality content meets a reader of low vulnerability, the engagement is most likely to produce cathartic or empathic effects without significant risk. The two intermediate zones, high vulnerability with low-lethality content, and high-lethality content with low vulnerability, produce moderate and context-dependent risk. In practical terms, this model implies that media safety guidelines for the depiction of suicide, such as those developed by *Mindframe*, Australia's national program for safe and responsible media communication on suicide, carry significant literary and ethical relevance beyond journalism, extending to creative and fictional representations as well (Everymind, 2020).

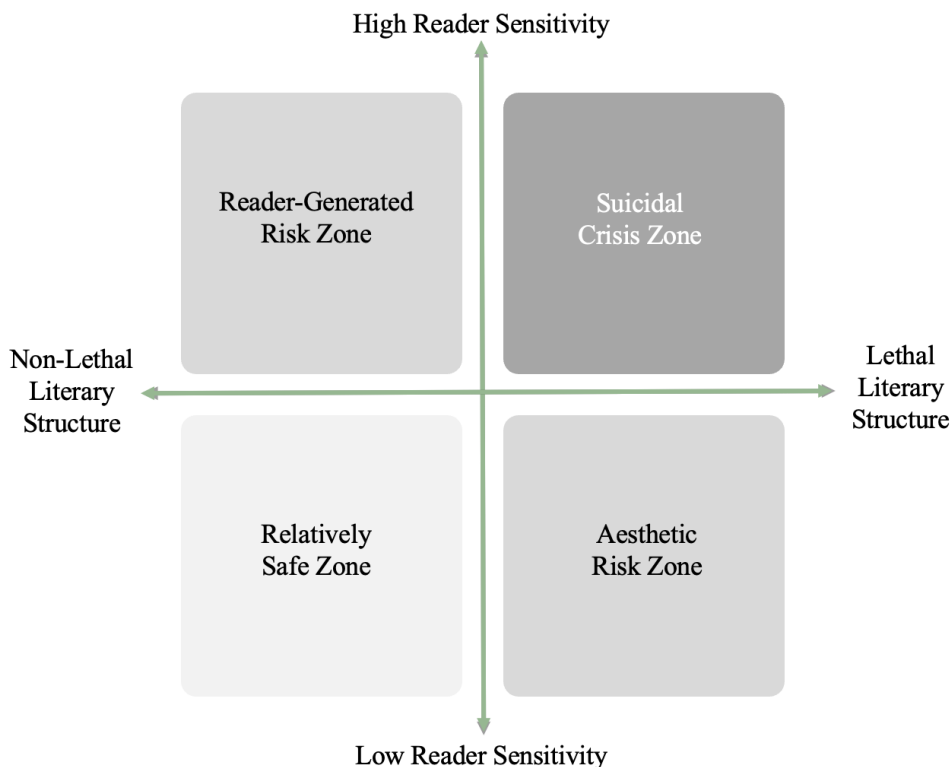


Figure 1: Suicidal risk zones as a function of literary lethality and reader psychological vulnerability

Discussion

The evidence reviewed in this paper supports several conclusions that have implications for both literary scholarship and public health practice.

First, the Werther Effect is not historically anomalous. It is a recurrent phenomenon, documented across European and South Asian literary history, that continues to manifest in contemporary contexts of social-media contagion (Niederkrötenhaller et al., 2021). The ethical responsibility of the author toward the psychological consequences of their work is not a peripheral concern but a central one, particularly in an era when literary and media content circulates with unprecedented speed and across unprecedented distances.

Second, the Sylvia Plath Effect highlights the acute vulnerability of creative writers as a professional cohort. The observation, common in Hindi literary culture, that artistic creation requires and consumes the poet's psychological resources, and that therefore a poet who is 'comfortable and healthy' is somehow artistically suspect, may function as a culturally sanctioned rationalization for

failing to provide writers with the psychiatric support they demonstrably need. Gorakh Pandey, Nirala, and Swadesh Deepak, in different ways, all navigated mental illness within a cultural framework that simultaneously revered their suffering as artistic authenticity and stigmatized it as social disgrace. This paradox is harmful and correctable.

Third, Freud's proposition (as cited in Bermin, 2008, p. 1) that creative writers exceed psychologists in their access to the depths of human experience, that "everywhere I go I find that a poet has been there before me", is confirmed by the literary evidence examined here. Poets and novelists have mapped with extraordinary precision the interior phenomenology of suicidal ideation, often long before clinical instruments existed to describe it. This privileged knowledge is invaluable. But it is knowledge that is acquired at significant personal cost, and that cost demands recognition.

Fourth, the role of literature in suicide prevention, as distinct from suicide risk, deserves equal emphasis. Shrikant Varma wrote: "When a person becomes incapable of bearing his own pain, he needs a poet to carry it, otherwise that person will commit suicide" (as cited in Tripathi, 1998, p. 65). This claim resonates with clinical evidence on the role of narrative and bibliotherapy in suicide prevention: a randomized controlled trial found that reading first-person accounts of living through suicidal crises measurably reduced participants' desire to die, with the effect mediated by increased feelings of shared experience and optimism (Franz, et al., 2022). The novel *Dead Poets Society* (Kleinbaum, 1988, p. 114) articulates a version of this idea when its protagonist declares that poetry, beauty, romance, and love are the reasons human beings stay alive. Literature, at its best, is a form of existential companionship, the experience of discovering that one's most private and unbearable feelings have already been named by another human being.

Conclusion

Literature occupies a genuinely ambiguous position in the ecology of suicidal behavior. It can save lives and it can cause them. The Werther Effect and the Sylvia Plath Effect are not opposed phenomena but complementary ones: together they describe a field of psychological force in which the power of language, its capacity to penetrate defenses, to locate unspoken suffering, to model available responses to unbearable pain, operates without inherent directionality toward life or death. The direction is determined by the structure of the literary content, the vulnerability of the reader or the writer, and the cultural and clinical context within which literary engagement takes place.

The practical implications of this analysis are clear. Responsible authorship requires awareness of the psychological consequences of literary representation. Publishers, editors, and educators have a role in ensuring that high-lethality content is contextualized rather than celebrated. Mental health professionals working with creative writers should recognize the specific risk profile that literary production may involve, and scholars of literature, particularly in traditions, such as Hindi, that have not yet been fully integrated into international suicidological research, must contribute their evidence to the global conversation.

Psychologically conscious creation is not a constraint on literary freedom. It is the condition under which literature becomes genuinely what it has always claimed to be: a companion in the fullest sense, one that sits with suffering rather than amplifying it, and that points, however obliquely, toward the continuation of life.

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PHYSICAL SYMPTOMS, MENTAL HEALTH AND SUICIDAL BEHAVIOR

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Abstract: In a large sample of Egyptian university students, scores on a 60-item Somatic Symptoms Inventory were found to be associated with trait and state anxiety, depression and general precariousness scores, but not with suicidal ideation or attempted suicide.

In research on suicidal behavior, investigators typically examine the impact of major stressors, such as childhood physical and sexual abuse, life-threatening illnesses such as cancer, and life experiences such warfare. However, relatively minor stressors can also add to the difficulties in living.

Abdel-Khalek (2020) developed a 60-item list of medical problems, the Somatic Symptoms Inventory. He noted that many symptoms have little or no organic basis, but stem from mental pathology, especially depression and anxiety. In his initial study, Abdel-Khalek found that a total score for the 60 items was associated with scores on inventories to measure anxiety and also depression.

The present study explored correlates of the presence of symptoms with anxiety, depression, feelings of precariousness and suicidal behavior.

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.

Procedure

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 Somatic Symptoms Inventory

The Somatic Symptoms Inventory consists of 60 minor physical complaints such as tooth ache, chest pain, and hand tremors, answered none (0), some (1), much (2) and always (3). Using the present sample, the 60 items were factor analyzed using a Principal Components extraction and a Varimax rotation. Eighteen factors were found, indicating a complex array of symptoms. For the present study, the total score for the 60-item scale was used.

The State-Trait Anxiety Scale

The short-form of the state-trait anxiety scale devised by Struk (2017) was used. Each subscale has five items which are answered using the answer format of 1 (*Not at all*) to 4 (*Very much so*). Typical items are “I worry too much over something that really does not matter” and “I feel frightened”, respectively. For the present sample of 181 subjects, the Cronbach alpha reliabilities were 0.80 for state anxiety and 0.79 for trait anxiety.

The Beck Depression Inventory

Abdel-Khalek (2001) developed a short version of the Beck Depression Inventory with statements indicating the highest degree of clinical depression (the last alternative in each item group) answered using a five point answer format anchored from 1 (*No*) to 5 (*very much*). Thirteen items of this version were

selected based on those used by Luty and O’Gara (2006) in their short version of the Beck Depression Inventory. For the present sample, the Cronbach alpha reliability was 0.90.

General Precariousness Scale (GPS-1)

The GPS-1 consists of ten items to measure feeling precarious in a variety of situations, such as physical health, financial security and romance (Lester & Abdel-Khalek, 2026). The Cronbach alpha for the present sample was 0.62.

Suicidal Ideation and Attempts

Three statements were used to assess suicidal behavior: (a) suicidal ideation in the past week, (b) suicidal ideation in the past month, and (c) lifetime suicide attempt. These items answered using a six point answer format anchored 1 (*Strongly disagree*) to 6 (*Strongly agree*).

Results

The results are shown in Table 1. The total symptom score was associated with scores for state anxiety, trait anxiety, depression and general precariousness (GPS), but not with recent suicidal ideation or lifetime attempted suicide.

Table 1: Descriptive statistics and correlations with total symptom score

	Mean	SD	Pearson r
Symptoms 60 items	106.06	24.57	-
State anxiety	9.76	3.75	0.43*
Trait anxiety	11.82	3.79	0.47*
Depression	24.41	10.19	0.45*
GPS	4.39	2.25	0.43*
Suicidal ideation past week	0.13	0.33	0.13
Suicidal ideation past month	0.13	0.35	0.10
Lifetime suicide attempt	0.08	0.27	0.09

* $p < .001$

The association of suicidal ideation and attempts with symptoms was examined item by item. The majority of these symptoms refer to sleep disorders and anxiety.

- Lifetime attempted suicide was associated six symptoms: sleep disorder, nocturnal enuresis, reduced sense of smell, difficulty falling asleep, weakened taste sense, and bleeding from the nose.
- Past month suicide ideation was associated with ten symptoms: difficulty breathing, muscle tremors, headache, weight gain, skin rash, tension, chest pains, hand tremors, anorexia, and joint pains.
- Past week suicidal ideation was associated with ten symptoms: tooth ache, weight gain, skin rash, nocturnal enuresis, hand tremors, increased respiratory rate, general weakness, joint pains, sexual disorders and weakened taste sense.

Discussion

Total scores on the Somatic Symptoms Inventory were found, as expected, to be associated with depression, state anxiety and trait anxiety, confirming results found by Abdel-Khalek in his development of the scale (Abdel-Khalek, 2020), and with general precariousness,. Surprisingly, scores on the Somatic Symptoms Inventory were not significantly associated with suicidal ideation or attempted suicide. Examination of the individual items suggested that symptoms of anxiety were the most common correlates of suicidal behavior.

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THE POWER OF THE GOVERNMENT OVER SUICIDAL BEHAVIOR

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In early 2009, Davinder Singh was injured in a serious accident and could not afford proper medical care. After the accident, he was having a difficult time supporting his family and could not afford vital surgery on his right leg. To obtain money for his operation, he took out a loan from his younger brother and was paying installments. One morning, he got into a heated argument with his brother regarding the loan, which resulted in a physical altercation. Upon leaving his brother's home, Singh obtained a canister of diesel fuel and a box of matches. Later, when police found and arrested Singh, they found the box of matches and realized he was doused in diesel fuel and in the midst of dying by suicide. Singh was soon taken into custody where he would await sentencing for attempted suicide.¹ Singh's arrest is not all that rare. In some countries today, attempting suicide is still prosecuted and treated as a criminal offense. Why have these countries not revised their statute books? This essay argues why countries should repeal their anti-suicide laws and analyzes methods to promote social change.

Harsh treatment of suicides has been a common trend throughout history and is still prevalent today (Murray, 2000). Much recent legal attention has been given to assisted suicide and euthanasia, but suicidal individuals are still persecuted in some parts of the world. Historically, suicide has been treated as a crime with legal consequences that were enforceable against the so-called "perpetrator," such as prohibition of burial in church graveyards (Bailey, 1988) and forfeiture of the deceased's property (Marks, 2003). However, criminalizing and punishing people who have hurt themselves, perhaps as a "cry for help" (Farberow & Shneidman, 1961), may not necessarily serve as deterrent.

Today, only a handful of countries still criminalize suicide, and Neeleman (1996) has reviewed the timing and nature of decriminalization in fourteen countries. Lester (2002a) examined the impact of decriminalization of suicide in seven nations (Canada, England and Wales, Finland, Hong Kong, Ireland, New

¹ Reported in the Ludhiana Tribune, August 30, 2009:
www.tribuneindia.com/2009/20090830/ldh1.htm (accessed 8/12/2011).

Zealand, and Sweden) and found that suicide rates were higher in the five years after decriminalization than in the five years before. The average rate in these seven nations rose from 9.66 per 100,000 per year to 11.24. However, this may not indicate that the actual suicide rate increased. It may be that coroners and medical examiners were more likely to certify suicidal deaths accurately (and not disguise them by labeling them as accidental or undetermined). It is not possible at the present time to decide which of these possibilities is valid. Lester's study also failed to take into account other socioeconomic changes that occurred during the periods of decriminalization.

Government Laws Concerning Suicide²

Lester (2002b) coded national laws on suicide using information supplied by the American embassies in the United States (see Table 1).³ Of course, laws have changed since then, but Lester pointed out the severity of laws on suicide in 2002 formed a Guttman Scale.⁴

The Experience of Countries that have Decriminalized Suicide

Canada

Canada repealed its laws criminalizing suicide about 45 years ago. The offense of attempted suicide was listed in Canada's original Code at s.238 and continued unaltered until its repeal in 1972 by the Criminal Law Amendment Act (1972 c.13, s.16) (Young, 1998). The Minister of Justice explained that Canada had removed the offense of attempted suicide because of the belief that suicide is not a matter that requires a legal remedy and that deterrence based on the legal system is unnecessary.

² See also Lester and Dadfar (2025).

³ Makinen (1997) coded laws in European countries for aiding and abetting suicide.

⁴ A Guttman scale, also called cumulative scaling or scalogram analysis, is created with elements that can be ordered in a hierarchical manner.

Table 1: The coding of national laws on suicide in 2002

Nation	Completed suicide	Attempted suicide	Assisted suicide plus sentence (in years)
Sri Lanka	np	crime (1)	crime (death)
Bahamas	np	misdemeanor	crime (life)
Brunei	np	crime	crime (life)
Cyprus	np	misdemeanor	felony (life)
Grenada	np	misdemeanor (2)	crime (15)
Ghana	np	misdemeanor	felony (10+)
Singapore	np	crime (1)	crime (10)
Zambia	np	crime	crime
Gambia	np	misdemeanor	crime
Costa Rica	np	np/psychiatric	crime (5)
Israel	np	np/psychiatric	felony (20)
Canada	np	np	crime (14)
New Zealand	np	np	crime (14)
Italy	np	np	crime (12)
Mexico	np	np	crime (7)
El Salvador	np	np	crime (5)
Hungary	np	np	felony (5)
Lithuania	np	np	crime (5)
Poland	np	np	crime (5)
Slovenia	np	np	crime (5)
Switzerland	np	np	crime (5)
Tunisia	np	np	crime (5)
Surinam	np	np	crime (3)
Armenia	np	np	crime
Denmark	np	np	crime
Germany	np	np	crime
Japan	np	np	crime
Norway	np	np	crime
Slovakia	np	np	crime
South Africa	np	np	crime
Luxembourg	np	np	no legal rule
Portugal	np	np	?
Malta	?	?	crime (death)

np = no penalty; maximum penalty is given in parentheses.

Lester (1992) examined suicide rates for the ten years prior to decriminalization and for the ten years afterwards and reported that the mean annual Canadian suicide rate from 1962 to 1971 was 9.3 suicides per 100,000 people per year, but from 1973 to 1982 the mean rate was 13.6, which was significantly higher. As noted above, one simple explanation for this increase in the official suicide rate after decriminalization is that coroners and medical examiners may certify suicidal deaths more accurately. Suicides that were perhaps “covered up” and classified as accidental death or as open verdicts (or undetermined), to spare the surviving family members stigma, may now be classified (and counted). However, Cantor, et al. (1996) found no evidence that there were changes in reporting practices in Canada during the period 1960 to 1989 (although they did find evidence of under-reporting of suicides in Ireland).

Lester (1992) noted that the suicide rate in Canada was increasing during the period of 1962-1982, and he found that the rate of increase was less after the decriminalization of suicide in 1972. This suggests that socio-economic factors were influencing the Canadian suicide rate during this period, and that decriminalizing suicide did not worsen the impact of these socio-economic changes.

Ireland

In 1993, Ireland became the last country in Western Europe to decriminalize suicide (Walker, 2008), passing the *Criminal Law Suicide Act of 1993*, which abolished the 1871 law that made suicide an offense and amended the statute to enforce only being an accomplice to suicide as an offense. Section 2(1) of the *Criminal Law Suicide Act of 1993* reads, “Suicide shall cease to be a crime.”

Directly following the change in law, Ireland made changes to promote public awareness of suicide and prevention strategies (Walker, 2008). Ireland coordinated suicide prevention initiatives across the country to provide information for more local support, creating two-day workshops that trained people on how to perform emergency suicide intervention. Even with the aforementioned developments, the number of suicides in Ireland doubled between 1987 and 1998 (Corcoran, et al., 2006). However, Cantor, et al. (1996) found evidence that at least part of this increase was a result of more accurate recording and counting of suicidal deaths.

Sri Lanka

Although attempted suicide was a crime in Sri Lanka, the suicide rate in Sri Lanka increased six-fold between 1950 and 1985, and a Presidential committee was established in 1997 to address the high rate of suicide. The committee recommended the removal of the crime of suicide from the statute book. Besides the law to decriminalize attempted suicide, the committee also recommended an increase in medical services (including those for management of serious mental illness) and discouraged widespread media reporting of the prevalence of suicide incidents. In May 1998, the Parliament implemented an act to repeal the country's strict laws on taking one's own life.

Sri Lanka also reduced the ready access to materials (especially pesticides) used for suicide (Gunnell, et al., 2007). Implementation of all of these tactics in Sri Lanka during this time seemed to be successful because they were accompanied by a decrease in suicide rates. From 8,514 suicides in 1995, the number declined to 5,412 in 2000 (Hawton, 2005). Because several tactics were employed to address the high suicide rate, it is, of course, difficult to determine which tactics were the most effective, and no study has appeared to examine the role of social and economic changes on the suicide rate in Sri Lanka.

Kahn and Lester (2013) reviewed efforts to decriminalize suicide and attempted suicide in Ghana, India and Singapore, and noted that the pressure for this change came from different sources: in India from the Supreme Court, in Ghana from NGOs and healthcare professionals, and in Singapore from the legislature.

The Benefits of Decriminalizing Attempted Suicide

Decriminalizing suicide may decrease overall suicide rates because then individuals who are at risk of suicide would be more willing to seek help from the community and from mental health professionals, thereby enabling early interventions for preventing suicide. Lew, et al. (2022) examined suicide trends over the previous 20 years in 20 countries that still criminalize attempted suicide, and compared the suicide rates of these 20 countries against the global average suicide rate and a comparison sample of 20 countries that do not criminalize suicide, matched according to region and majority religion.

There was a large range in the suicide rates of the countries that criminalize attempted suicide, from 2.5 (Brunei) to 40.9 (Guyana) per 100,000 population. The

mean suicide rate was 8.3 (standard deviation = 10.6). Out of the 20 countries, seven had suicide rates higher than the global average, covering a total population of about 387.3 million. Of these seven countries, five are in the African region. The other thirteen countries had suicide rates between 2.5 to 8.2. Mean scores of the countries which criminalized attempted suicide was lower than the global average and 20 comparison countries over the 20 years, but the average annual percentage in the decrease of suicide was greater for countries in which attempted suicide was not criminalized

Physician Assisted Suicide

An issue currently being debated in many countries is whether physician assisted suicide should be legal or illegal. In the United States, where the states have the power to decide on this issue, physician assisted suicide is legal in ten states and Washington, DC as of 2025: California, Colorado, Delaware, the District of Columbia, Hawaii, Montana, Maine, New Jersey, New Mexico, Oregon, and Vermont.

In some countries, such as the United Kingdom, taking a person to a country where physician assisted suicide is legal (such as Switzerland where *Dignitas* can assist individuals desiring to die by suicide) can result in your arrest upon returning back to the UK. The 2021 French film "Everything Went Fine" (French: *Tout s'est bien passé*) tells the story of an elderly French man who, after suffering a stroke, goes to Switzerland to die by suicide by physician assisted suicide, and his family have to find a way to avoid being arrested if they take him there and return home.

Discussion

This essay has raised several issues which require further research in suicidology. We have good documentation of the role that the media and the values held by the citizens of countries play in affecting the suicide rate (e.g., Stack, 2003; Stack & Kposowa, 2011), but we have very little research on the impact of laws on suicide. As noted above, Lester (2002) and a few others (e.g., Neeleman, 1996) have examined the impact of the decriminalization of suicide on suicide rates in a few nations, and Lester (1988) studied the association of state laws on suicidal behavior on the state suicide rates in the United States, but much more research is warranted on this important issue. In particular the role of laws, the media and cultural values on barriers to providing services for suicide prevention and on the willingness of suicidal individuals to seek help has not been studied, either in Western nations where most suicide research is conducted or in other nations.

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K-r DIFFERENCES AND SUICIDE RATES: AN ECOLOGICAL STUDY OF EUROPEAN COUNTRIES

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Abstract: In a sample of 32 countries, a proposed measure of the K construct was negatively associated with the suicide rate. Caution is recommended in interpreting this result.

MacArthur and Wilson (1967), among others, proposed a division of animal species into two types.

- The *Fast strategy* is characterized by high effort allocation into mating and low effort allocation into parenting effort and communitarian effort. There is rapid maturation, low population density and a minimal investment into offspring which exhibit higher mortality.
- The *Slow strategy* is characterized by low investment into mating and high effort into community-building and biological maintenance. They mature more slowly, remain developmentally immature for longer, and are more cooperative

This has come to be known as the r-K hypothesis.

- **r-Strategists (Opportunistic):** These species thrive in unstable or unpredictable environments. They focus on rapid reproduction to exploit available resources before conditions change. They have many offspring, small body size, early maturity, and little to no parental care. Examples are insects and rodents.
- **K-Strategists (Equilibrium):** These species live in stable environments where competition for resources is high. They produce a few high-quality offspring that are more likely to survive. They typically have a

large body size, a long lifespan, and engage in extensive parental care. Examples are elephants and humans.⁵

More recently, some scholars have applied this to humans at the national level, ethnic level and individual level. This has resulted in some hypotheses and research as being labeled as racist. For example, Rushton (1985) applied what he called the Differential K Theory to individuals and ethnic groups. He noted that K people are more likely to come from small families with intensive parental care and will be altruistic, intelligent, law abiding, and behaviorally restrained. Viewing K as a continuum, Rushton hypothesized that, ethnically, Asians would be rated as higher than Caucasians who, in turn would be rated as higher than Black ethnicities.⁶

Psychologists who have researched these ideas have been accused of racism especially if they have used skin color as a variable in their research. For example, in a sample of 129 countries, Templer and Arikawa (2006) found that estimates of the mean IQ of the countries (obtained from Lynn and Vanhanen [2006]) were negatively associated with skin color and winter temperature, and positively with gross domestic product per capita.⁷ It is difficult to know how valid estimates of the mean IQ of the states of America or in developed countries are, let alone in 129 countries of the world!

Both Lester (e.g., 2003) and Voracek (e.g., Voracek, 2004) have conducted ecological research on the association between estimates of the IQ of the population of regions (e.g., countries and the regions within a country) and suicide rates. It is, therefore, interesting to explore whether measures of the K construct are associated with suicide rates.

The suicide rates of many countries are not officially known, and so the World Health Organization provides estimates of their suicide rates. These estimates may, therefore, be erroneous. The present study will be restricted to European countries since those countries do provide counts of the number of suicides and suicide rates. These rates may, however, still be distorted for it has

⁵ K stands for the German word *Kapazitätsgrenzen* meaning capacity limit, now called carrying capacity. r stands for rate (meaning growth rate).

⁶ Arguing that Asians (typically labeled as Mongoloid in their writings) have a higher IQ than Caucasians has been used by these Caucasian researchers to claim that they are not racist.

⁷ I have worked with both Richard Lynn (on personality differences of the residents of Western countries) and Donald Templer (on the fear of death), non-racist research, and know first-hand that they were turned down for honors because of the racist implications of their research.

been documented that Catholic countries are more likely to purposely undercount suicides, for example, in Ireland (Cantor, et al., 1997).

Method

The ratings of the variables relevant for the K construct for 32 European countries were obtained from Rushton and Templer (2009). It was noted that data for Albania and Italy were missing, as well as for Malta and Cyprus, both of which are in the European Union as of 2026. The variables were: IQ, birth rate, life expectancy, infant mortality rate and GNI (Purchasing Power Parity Gross National Income per capita). Suicide rates for the year 2000 were obtained from Ilic and Ilic (2022).

Results and Discussion

The five K-construct variables were factor analyzed using a Principal Components extraction and a Varimax rotation. Two orthogonal factors were found (see Table 1). The correlations of these variables with the suicide rate are also shown in Table 1, as well as a multiple regression to predict the suicide rate.

Table 1: Results of the factor analysis, correlations and multiple regression

Variables	Factor 1	Factor 2	Correlation with suicide rate	Multiple regression betas shown
IQ	+0.62#	-0.08	-0.07	
Birth rate	+0.01	+0.98#	-0.24	
Life expectancy	+0.91#	+0.04	-0.61***	-0.101***
Infant mortality	-0.79#	+0.43	+0.13	-0.57**
GNI	+0.93#	+0.22	-0.38*	
Factor 1			-0.40*	
Factor 2			-0.27	
% variance	54.36%	23.75%		R ² =0.537
Eigenvalue	2.717	1.188		

Only two of the variables correlated with the suicide rate (life expectancy and GNI) and only two variables contributed to the prediction of suicide rates (life expectancy and infant mortality). Although the five predictor variables were assumed to measure the K construct, they formed two factors rather than one factor. The lack of an association between IQ estimates and suicide rates does agree with the many ecological studies of this association by Lester and by Voracek, indicating the importance of the set of regions studied (which countries and which regions in a country).

However, the Factor 1 score was negatively associated with the suicide rate of this sample of countries, suggesting that this proposed measure of the K construct may be relevant to national suicide rates.

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MEMES AND SUICIDE

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Abstract: The concept of memes is analyzed, and its applicability to suicidology explored. Proposals are made for possible memes implicated in suicidal behavior. A classification of suicidal memes is proposed and the relationship between memes and archetypes of suicide is discussed. It is suggested that the terminology of meme theory can sharpen research into imitation effects in suicide.

Dawkins (1976) developed the concept of memes to describe the cultural transmission of ideas, hoping to incorporate the process of evolution in a way which parallels genetic transmission and Darwinian evolution. The “evolution” of language is one example of the type of transmission in which Dawkins was interested. There are fashion s and fads in “dress and diet, ceremonies and customs, art and architecture, engineering and technology” (p. 204) that also illustrates the concept.

The word meme was defined as a unit of cultural transmission or unit of imitation. Dawkins chose it because the Greek word mimeme means imitation. Examples of memes are “tunes, ideas, catch-phrases, clothing fashions, ways of making pots or of building arches” (p. 206). Heylighen (1992) defined a meme as an information pattern held in an individual’s memory which is capable of being copied to another person’s memory.

Using the analogy of genes and cells, Dawkins proposed that memes can be self-copying, that is, they can replicate. The best memes, from an evolutionary point of view, must have longevity, fecundity, and copying-fidelity. Longevity refers to the length of time a meme can survive in time in a culture. Fecundity refers to how acceptable it is to the population. Copying-fidelity refers to the extent to which it remains unchanged in content as it is transmitted throughout cultures. Dawkins noted that copying-fidelity was probably rare since memes most likely continually mutate and blend with other memes.

Individual memes can combine into meme complexes. Individual memes can also become associated with other memes and be mutually assisting. Dawkins called these co-adapted meme-complexes. Individual memes also compete for attention, for human minds are limited in capacity.

Properties of Memes

Memes can spread fast, in a matter of hours, especially in this era of the Internet (Heylighen, 1992). This fast transmission to large numbers of people also increases the likelihood mutation of memes, in the same way that rumors have been documented to change as they are passed from one individual to another. It is possible to talk of the evolution of memes, both (i) the gradual changing of a meme over time and (ii) the elimination of some memes from the culture while others survive. The memes best able to survive will be those with the best communicability.

The survival of memes depends on how simple and explicit they are as well as the genetic and cultural predispositions to learn them (Heylighen, 1992). The most enduring memes are probably those which are consistent with genetic behavioral patterns. New memes which contradict previous memes with catch on less easily in a culture because people will tend to avoid cognitive dissonance (Festinger, 1957). Heylighen (1992) noted that some memes are more contagious than others, although it is not easy a priori to specify which memes are more contagious and which are less contagious. Finally, Heylighen noted that memes have the implicit goal of making their carriers more fit. This does not mean that the less fit members of a society will die (as in Darwinian evolution), for, unlike genes, memes as ideas easily survive the death of an individual who holds them.

Successful memes, Heylighen suggested, must be distinctive so that they will be noticed and assimilated. They should be novel, simple, coherent, and possess utility. Memes which come from accepted authority figures are precise and unambiguous and, reinforced by several individuals, will also be more likely to be successful. Memes which are beneficial to their hosts will not necessarily survive. Successful memes are those which replicate more effectively. Memes can be stable and penetrating or, alternatively, transient and localized.

It should be noted that it is generally believed that the gene is not subjected to Darwinian evolution but rather the phenotype. The gene is the set of instructions (the replicator), whereas the phenotype is the physical manifestation. Memes are analogous to phenotypes, not genotypes, and so they are the result of instructions.

Dawkins corrected this in a subsequent book (Dawkins, 1981); what Dawkins originally called memes are more properly called meme products.

McGrath (2005) noted that the idea was not original to Dawkins. Campbell (1960, 1988) introduced the idea of a “cultural replicator” which he called the *mnemone* in 1960; sociobiologists have introduced the concept of *culturgen* (Lumsden & Wilson, 1981); and Cloak (1975) proposed that culture evolves by means of a Darwinian mechanism. McGrath (2005) raised the critical question of whether memes actually exists. What is the evidence for memes, and what criteria can be proposed for their usefulness? McGrath noted that memes are hypothetical constructs, inferred from observation rather than observed themselves. The construct of memes may not be as useful in the sense of generating hypotheses as is the use of the concept of simple cultural transmission.

Archetypes and Memes

Several scholars have noted the similarity between memes and Jungian archetypes in the collective unconscious. The major difference, of course, is the memes are passed on via interpersonal and cultural transmission, whereas archetypes, as conceived by Jung, are inherited. Lester (1996) discussed what possible archetypes for suicide might be proposed, so his discussion is relevant to suggesting possible memes for suicide. Specifically, Lester suggested that some types of suicide might be representative of archetypes. The kamikaze pilots of Japan in the Second World War aimed their planes at American ships or other targets and died in the subsequent crashes. They committed suicide for a cause, a heroic self-sacrifice. During the Iran-Iraq war, young Iranian soldiers performed similar sacrificial acts. In fact, in any war, soldiers give their lives to save fellow soldiers or civilians, as do firefighters and others involved in rescues on a daily basis. Although the story of Jesus’s life may illustrate many archetypes, his reluctance to act so as to prevent his own death sentence and execution could be seen as similar, for he died willingly to save others. This theme of suicide as self-sacrifice occurs in daydreams and stories and perhaps reflects an archetype.

The Romeo and Juliet story also has potential as an archetype. In this story of the love of two people which the society will not permit, the people are young, usually teenagers. (Would a Romeo and Juliet story have as much power were the people middle-aged?) Their parents will not let them meet and certainly not become lovers. So they seek union in death. The same theme has been documented in real life recently in the young lovers jumping to their deaths into the volcano at Mount Mihara in Japan (Ellis & Allen, 1961).

Nunn (1998) has discussed the possible relation between archetypes and memes and suggested that the manifestation of archetypes in people's thoughts and behaviors is equivalent to a set of memes (or a meme complex) but adds the extra ingredient of awareness. Some archetypes involved only one meme (such as the Mandala), but others involve a meme complex (such as the Hero). Nunn also noted that archetypes may contain some core memes and, in addition, "a cloud of more mutable ones that vary from representation to representation" (p. 348).

Memes and Suicide

Dawkins (1976) mentioned suicide only in connection with the sterile bees who sting honey-wasp invaders and die as a result, or the runts of litters who give up trying to stay alive (which benefits their litter mates), as forms of altruistic suicide. In an analogous manner, martyrs, kamikaze pilots, and suicidal terrorists give up their lives to facilitate the spread of a meme or rather a meme-complex (a religious, ideological, or national cause).

Much of the recent discussion of memes and suicide has focused on the role of suggestion and imitation. The work of Phillips (1974) and others about the rise in suicides after the newsworthy death of a celebrity suicide has intrigued meme theorists. The fact that a celebrity suicide is followed by a few imitation suicides in the next few days is of interest as an example of a possible meme product. For example, Phillips (1974) noted that the suicide of Marilyn Monroe in 1962 was followed by 198 more suicides in the following month in America than would be expected on the basis of chance. However, probably no one commits suicide today (in 2009) as a result of Monroe's death in 1962, although they may model themselves on celebrity suicides in general as a way of enhancing their memory. The specific meme and meme product (suicide after Marilyn Monroe's death) were, therefore, not very contagious and short-term in their influence on suicide.

However, if the meme of imitating suicides by committing suicide oneself is conceptualized as an abstract meme and meme product, then imitation of suicides has occurred in many nations and over the course of many centuries. Not only did many Europeans commit suicide after reading Goethe's novel, *The Sorrows of Young Werther*, over 200 years ago, but such clusters of suicides have been documented in other nations and eras, such as in Japan in the 1700s after audiences viewed suicides in kabuki plays (Krysinska & Lester, 2006).

Thus, it is important to distinguish between specific and abstract memes as well as short-term and long-term memes. Some of the archetypes proposed by Lester (1996) and mentioned above could be construed or interpreted as abstract and long-term memes. For example, heroic self-sacrifice in the course of a war or suicide for the sake of vengeance may be an abstract, long-term meme. Suicide bombing may be a specific meme that is bounded in time by a couple of decades in the later 20th and early 21st Centuries.

Long-term memes and meme products may generalize over regions or remain specific to particular regions. The methods used for suicide are often identified with specific countries and so can be considered to be localized memes. For example, “taking the pipe” or putting one’s head into the gas stove (that is, using domestic coal gas) was a common method of suicide in England in the 20th Century and it has been replaced in part by the use of car exhaust since England switched to natural gas for domestic use, as it is a gas less toxic than coal gas (Clark & Lester, 1989). In Singapore and Hong Kong, jumping is common as a means of suicide (Lester, 1994), while guns are used by the majority of American suicides (Clark & Lester, 1989). The use of these methods is clearly affected by their availability (Clark & Lester, 1989), but the fact that the majority of suicides in an area uses them signifies that an imitation effect may be occurring too. Indeed, sometimes methods are associated with a race or a sex. Guns are viewed as a “masculine” method whereas overdoses are viewed as a “feminine” method of suicides in the USA. Culture-bound suicidal acts may also be examples of localized memes, such as suttee in India and seppuku in Japan (Lester, 2004).

In contrast, it has long been known by members of societies that men complete suicide at a higher rate than women, whereas women attempt suicide (and survive) at a higher rate than men in the majority of societies (Lester, 1984). This difference has been reported in most eras in most cultures and has become a societal expectation and self-fulfilling prophecy. Thus, it may represent a long-term, generalized meme. The spate of suicides after a celebrity suicide after a celebrity suicide is a short-term meme, whereas the increased likelihood of suicide among elderly persons to avoid being a burden on the younger generations may be a long-term meme.

In earlier eras, memes were passed on in folk tales and stories, initially via verbal transmission (storytelling and performance) but later in books. Today, the advent of the Internet has speeded up the transmission of information, so memes can spread quite rapidly. Information on methods for committing suicide is available on the web, as well as information on crisis intervention services to help

prevent suicide (Lester, 2003). Strangers can contact one another to form suicide pacts, meeting to commit suicide together (Samuels, 2007). Others commit suicide while recording their acts on a video-cam which is transmitted to the Internet. It is possible, therefore, to claim that some suicide memes are prolific and “infect” many others rapidly. However, most memes remain localized and are only short-term. It is of interest to explore which memes generalize across cultures and which become embedded in a single culture.

Governments and others have tried to censor memes. Parents can restrict the websites to which their children have access. Governments have banned books on how to commit suicide, for example, in France (Soubrier, 1992), while other governments have criminalized the act of suicide (Lester, 2002) and religions conceptualize it as a sin (Lester, 2003).

Marsden noted that those who commit suicide typically have a reduced capacity to pass on ideas. Suicidal individuals tend to be socially isolated, socially disenfranchised, and labeled as deviants (and thereby devalued by the culture). Suicide, “spreading by infection over the media, could be tolerated within a culture as long as it affected those with neutral or negative sociocultural inclusive reproductive potential” (Marsden, 2000, p. 99). On the other hand, altruistic suicide may enhance the status and prestige of the individual, and this may in turn increase the likelihood of the suicide meme being passed on.

The transmission of memes raises the issue of which members of a culture are susceptible to, not just a particular meme (such as, for example, the Romeo and Juliet meme), but also the meme product, that is, actually committing suicide as a result of a love which cannot be consummated. Which individuals in the culture are susceptible to modeling, especially modeling behavior that is frowned upon and which requires disinhibitory contagion (Marsden, 2000) for the individual to engage in it. Hearing of an individual who has committed suicide may be sufficient to resolve internal conflicts about whether to engage in that behavior. Observing a representation of suicide may reduce internal restraints against suicide, that is, it may result in disinhibition.

Marsden (2000) suggested that, in modeling, an individual in distress who chooses between a suicidal or a nonsuicidal solution may look at how others have resolved similar problems. If others, especially others with high prestige, have chosen suicide, then this may reinforce that particular choice. Whereas modeling is a conscious process, priming is a relatively involuntary aspect of asocial cognition. Marsden also suggested that priming may be an inherited cognitive mechanism that

increases the chance of survival. The information obtained by observing other members of the species can be a valuable resource which may be used in a relatively automatic way to guide the behavior of the observer. In the case of suicide, however, priming results in the destruction of the individual, but perhaps this occurs only for those who are distressed and susceptible to self-destructive actions in the first place. Range, Goggin, and Steede (1988) gave students a vignette of a distressed individual to read. Some were told that this individual knew someone who had committed suicide (priming), while others were not given this information. The mention of suicide in the vignette increased the estimate of the probability that the students would commit suicide under a similar circumstance, indicating that priming changed the students' responses. It would be unethical, of course, to conduct a priming experiment in which one investigated which individuals might actually commit suicide.

Conclusions

This essay has explored contributions of the concept of memes to the study of suicide. The concept of memes provokes exploration of the ideas, themes, and myths about suicide that exist in various cultures. Examples were given that cultures differ in preferred methods for suicide, have varied acceptable motives for suicide, and differ in myths held about suicide (such as that completed suicide is a masculine behavior, while attempted suicide is a feminine behavior).

The concept of memes can also be applied to the study of contagion, imitation, and modeling of suicidal behavior. Again, while not providing explanations for these phenomena, memetics raises many questions which suicidologists have not considered hitherto, such as which memes survive beyond a brief period of time (and why they survive), which ones spread from localized regions to broader regions (and eventually to whole cultures), and whether there could be both specific and abstract memes. Memetics may therefore, provide a stimulus for suicidology.

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SUICIDE IN THE PLAYS OF HENRIK IBSEN

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Abstract: The suicides and homicides in Ibsen's plays are examined in relation to Hendin's hypotheses about Scandinavian suicide. In general, the suicides had dependency loss characteristics; the victim-precipitated homicides had characteristics of guilt over transgression, as expected. However, elements of suicide as a vehicle for preserving or restoring an ideal self-image were also present in many of the characters, suggesting that Hendin's conclusions about the Scandinavians may be oversimplifications.

The aim of the present essay is to investigate the validity of Hendin's (1964) views about suicide in Scandinavia by examining the motivations behind the suicidal behavior of the characters in Ibsen's plays. Suicidologists have used their knowledge of suicide to throw light on the motivations of literary characters (e.g., Faber, 1967), and they have used literary suicides to illustrate modern views about suicide (e.g., Faber, 1970). Here the aim is to examine whether Hendin's conclusions about Scandinavian suicide extend to the suicidal characters in a Scandinavian author's works. To the extent that they do, we can have greater confidence in Hendin's conclusions. The first step is briefly to examine Hendin's ideas.

Hendin's View of Scandinavian Suicide

Hendin's method of examining Scandinavian suicide was to interview various kinds of people in each of the Scandinavian countries-people who had attempted suicide, nonsuicidal psychiatric patients, and nurses in hospitals. He also read widely in the literature and history of the countries. His conclusions depend upon his synthesis of this material and, although he supports his conclusions with illustrations, another investigator might well propose different conclusions. Thus, it becomes especially important to test Hendin's conclusions in order to evaluate their validity.

Hendin categorized Swedish suicides as *performance* types of suicide. The Swede has a rigid and high expectation for himself, and failure to reach this ideal

leads to strong self-hatred. Hendin noted also that the Swedish people have great difficulty expressing emotions and consequently rarely experience emotional catharsis.

In Denmark, Hendin encountered primarily a *dependency loss* kind of suicide. Hendin noted in Danes a tendency toward passivity, oversensitivity to abandonment, and an effective use of techniques of arousing guilt in others. Suicidal behavior in Danes most often follows loss of a significant other through death, separation, or divorce, and deterioration of friendship. Suicidal behavior is facilitated in these situations by the Danish tendency to control and suppress their aggressive feelings.

Hendin identified two types of suicide in Norway. Many Norwegians died by suicide in reaction to loss or threatened loss of a person upon whom they were dependent. Dreams and fantasies of reunion after death were common. Hendin found the Norwegian men whom he interviewed to be overattached to their mothers, but their dependency was a kind of dissatisfied dependency, often colored with angry and tyrannical behavior. Norwegians were much more able to express anger than Danes or Swedes. Hendin found that Norwegians also showed a *moral* form of suicide, deriving primarily from the rural areas. This suicidal pattern stemmed from aggressive antisocial behavior and strong guilt feelings as a result of the behavior, with a background of a puritanical and pietistic setting. Suicide for these Norwegians was a self-punishment they felt they deserved. Let us now turn to the suicides that occur in Ibsen's plays.

Ibsen's Suicides

Apart from a brief mention in *Cataline* of a woman raped by Cataline who drowned herself, there are seven suicidal deaths, five victim-precipitated homicides, and two equivocal deaths in Ibsen's plays.

The Unequivocal Suicides

In *The Wild Duck*, Hedvig is very attached to her parents, especially her father. Because of her poor eyesight, she does not go to school and has no friends her own age. Hedvig's suicide occurs after her father realizes that she is not his daughter, considers leaving home, and verbally rejects her. Hedvig shoots herself shortly after her father tells her to go away and not to come near him. Her suicide is clearly provoked by the rejection from her father. It is a dependency loss suicide. (Of course, other motivations behind the suicides of Ibsen's characters could be

discerned from an analysis of the plays. However, since the aim here is to discuss the deaths in the light of Hendin's views, I shall focus only on certain aspects of the suicidal motivations.)

In *Rosmersholm*, there are three suicides. Johannes' wife kills herself, believing that her husband is having an affair and is in love with Rebecca (a house guest), betrayed by her friend Rebecca whom she idolized, knowing that she could never bear children herself, and believing that Rebecca was pregnant with Johannes' child. Her anger at this double betrayal is suggested by the fact that she tells others not to believe the rumors of immorality at Rosmersholm, an act that facilitates such rumors: the Br'er Rabbit syndrome (do anything you want, but don't throw me in the briar patch). This suicide is then a dependency loss suicide, tinged with revenge.

Johannes' suicide is also a dependency loss suicide, this time with overtones of guilt. Before his death, he realizes the part that he played in his wife's suicide. Furthermore, he is about to lose the woman he loves (Rebecca), for she is now leaving Rosmersholm after her guilt and guile have been exposed. Johannes then will be alone. To further complicate matters, in the course of saying good-bye to Rebecca, he persuades her to kill herself as his wife did. He then cannot live with two deaths on his conscience.

Rebecca's death is very different from the previous ones. She is ashamed and guilty-ashamed of her illegitimate past, guilty over her role in precipitating her friend's suicide. She loves Johannes, but her conscience will not allow her to marry him or remain with him. But she can prove her love by killing herself for him: a moral suicide with overtones of dependency loss, for if she does not kill herself she will live without those whom she loves.

Apart from the man we hear about in *Brand* who, in the midst of a famine, slew his own child and then was overcome with horror at his deed (as far as we can tell, a moral suicide), there are only two other unambiguous suicides in Ibsen's plays: Hjordis in *The Vikings at Helgeland* and Hedda in *Hedda Gabler*.

Hjordis is shamed three times in the play. She is the daughter of a man who was bettered in battle by her foster father. She has been called a concubine rather than a wife. And finally, when she thought that she had married the bravest man alive, she is told he is not. Rather, the husband of her foster sister, Sigurd, is the bravest man, the one who in fact won the right to marry her but who gave her to his

friend. Hjordis vows after these revelations that either she or Sigurd must die: revenge. However, after learning that Sigurd does love her, she decides to kill him and then herself so that they will be together in death. However, as Sigurd is dying, he tells Hjordis that he has become a Christian and so, after all, they will not be together after death. Hjordis then jumps over a cliff to her death.

The motivations behind this act are complex. To fit it into one of Hendin's categories is to distort the act. However, it is best described as a dependency loss suicide, compounded by shame from a badly tarnished self-image. By the end of the play, Hjordis is alone. Her pride has gone and, though death will not restore her pride, it will prevent further shame. Finally she is angry, yet every attempt to release this anger brings her more humiliation. There is, however, no indication of guilt in her.

The suicide of Hedda is very similar to that of Hjordis. Hedda's marriage to Jorgen was motivated by considerations of position, and when there is a chance that Jorgen may not get the professorship that was expected, she is angry. There is humiliation for Hedda too-humiliation at being blackmailed into an affair with Brack and at losing the attentions of her husband to Mrs. Elvsted. At the time of her suicidal act, Hedda has lost all of her significant others. Hedda's involvement with others is motivated by her need to have power over them, and this makes her dependent upon them. She loses her husband to Mrs. Elvsted and Mrs. Elvsted to her husband; Lovborg is dead, and Brack has power over her. Thus, from Hedda's point of view she is alone. Her suicide can best be conceptualized as a dependency loss suicide. However, Hedda dies also to prevent her self-image from being tarnished whereas Hjordis dies partly because her self-image is already tarnished.

The Victim-Precipitated Homicides

Agathon in *Emperor and Galilean* kills the man whom he encouraged to become emperor (and who developed into a tyrant) and then throws himself unarmed in the midst of battle into the enemy ranks. Agathon makes it clear that his death is atonement for his part in Julian's rise. It is to get his soul back.

Similarly, in *The Pretenders*, Earl Skule and his son have brought war to Norway by opposing the king and have brought misery to themselves and their family. At the end of the play Skule is full of regret. He cannot escape death; the townspeople are waiting to kill him. But by willingly going to meet them, he takes control of the situation by giving himself to them. Skule and Peter atone for their sins and preserve their self-image by willingly going into the murderous crowd.

These three deaths can be seen as moral forms of suicide, therefore. The death of Oswald in *Ghosts* is quite different. At the play's end, it is clear that Oswald wishes to die primarily to escape the inevitable pain, sickness, and suffering he anticipates in the future. His concern with others centers around whether they have the strength of will to kill him. Other motivations are minimal. Oswald's death is what has been called a surcease suicide by Shneidman and Farberow (1957).

Cataline, in the play of that name, dies at the hand of one of the women he loves. At the point of his death, he has killed his wife, and his other love is not available to him as a partner since she desires his death for his previous misdeeds. His relative has betrayed him, and his rebellion against Rome has failed. His army is beaten, and he too will soon be captured. Furthermore, Cataline's rebellion, which was intended, in part, to restore his reputation, has failed. Only death can now prevent his name from falling further into disrepute. Cataline's death, therefore, takes place after loss of all his significant others and is, in part, an attempt to escape from the shame of living.

The Equivocal Deaths

Lovborg's death in *Hedda Gabler* occurs at a time when he has lost the two women he has been involved with: Hedda, by virtue of her marriage and her refusal to have an affair with him, and Mrs. Elvsted, by losing the manuscript they had been working on together. He is in danger of slipping back into his profligate ways after three years of clean living. His death will prevent him from further debauchery. Again, this is a death of someone who is socially isolated from those he is closest to and an attempt to preserve his newly created self-image.

The motivations behind Solness' possibly suicidal death in *The Master Builder* are more obscure than those of other Ibsen characters. Solness is facing emotional loneliness. His wife is estranged from him, his assistants are leaving, and his mistresses (real or fantasized) are gone or preparing to leave. Two other feelings are evident. First, he fears the intrusion of young men who will dethrone him and take his business away. Second, he is guilty about the past. Though he has done nothing wrong, he feels weighed down by a crushing sense of guilt, signs of a depressive psychosis. His death helps resolve these feelings. It removes him from the impending loneliness, it punishes him for crimes he believes he committed, and it removes him from dethronement by youthful rivals. By climbing the tower, a feat that his rivals feel he cannot perform, he proves to them that he is their better.

His suicide is an escape, an attempt to preserve his self-image, and follows dependency loss (or threats of such loss).

Discussion

The Norwegian *moral* suicide does occur in Ibsen's plays, but it is clearly a minor form. It is found in only one major character (and then dependency loss is present also) and four minor characters: Rebecca, a man in *Brand*, Agathon, and Earl Skule and his son. The dependency loss form of suicide is much more common. It is interesting to note that Ibsen is a Danish name and that Ibsen was part Danish (Meyer, 1971). Denmark is a country where dependency loss suicide is the major form of suicide. It may be that Ibsen's personality was not representative of the Norwegian stereotype, but rather an amalgam of Norwegian and Danish elements.⁸

At first sight, therefore, the suicidal deaths in Ibsen's plays conform to Hendin's description of Norwegian suicide. However, closer examination shows a major discrepancy. A recurrent theme in the suicidal deaths centers around shame, humiliation, and attempts to restore or preserve a self-image. Hjordis' suicide removes her from shame. Hedda Gabler's suicide prevents anticipated shame. Cataline's death at the hands of his mistress removes him from failure and humiliation. Lovborg's death prevents him from slipping into debauchery again, and Solness' death removes him from his anticipated dethronement. All of these individuals, at the time of their death, are faced with the loss or threatened loss of those closest and dearest to them. Thus, their deaths do have dependency loss elements. But the concern with self-image suggests that elements of the Swedish performance kind of suicide are present also.

In conclusion, then, the deaths in Ibsen's plays seem to encompass elements of all three kinds of Scandinavian suicidal forms. It is impossible at the present time to determine whether this is a reflection of Ibsen's transcendence of national boundaries (at least in Scandinavia) or whether it is a reflection of the oversimplicity of Hendin's conclusions about Scandinavian suicide. There may be three major forms of suicide in Scandinavia (certainly there is evidence of all three in Ibsen's plays), but the assignment of one form to each country may be a

⁸ Meyer (1971) also noted that on several occasions Ibsen considered moving to Denmark to live. In fact he never did. Incidentally, according to Meyer, Ibsen himself appears to have been suicidal only once during his life. During an illness in 1861, just prior to his self-exile abroad in Italy and Germany, Ibsen did contemplate suicide.

simplification. All kinds may occur in each country. It would be of interest, Therefore, to classify random samples of suicidal deaths in each of the Scandinavian countries into Hendin's three forms of suicide.

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A REVIEW OF RESEARCH ON SUICIDE IN 2009

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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. I had many boxes of 3x5 index cards, one for each article, chapter and book. I used every abstracting service available to locate these scholarly works. I reviewed the research in four books called *Why People Kill Themselves*, published by Charles Thomas.

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

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

My goal is to see whether there have been important research and theoretical findings in the more recent literature. I have not included reviews of the literature in this essay but, of course, those reviews of the literature on specific topics may be valuable to researchers. I omit qualitative studies and, on the whole, physiological studies.

My interest is SUICIDE, not suicidal ideation or attempted suicide. Studies on these topics throw no light on suicide unless the researchers assess suicidal intent (or the lethality of the suicide attempt). Research on these topics is mentioned under the heading of NO USE and, in case researchers are offended by this, much of my research is included in that section.

The reviews of scholarly research published for 1998-2008 are:

- 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.
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 Lester, D. (2025a). A review of research on suicide in 2005. *Suicide Studies*, 6(2), 135-213.
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 Lester, D. (2025c). A review of research on suicide in 2007. *Suicide Studies*, 6(6), 80-174.
 Lester, D. (2026). A review of research on suicide in 2008. *Suicide Studies*, 7(3), 32-118.

This is the review for 2009. To indicate where I searched, here is a list of abstracting services used.

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	2009
Sociological Abstr.	201	123 ⁹
PsycINFO	984	788

RESEARCH OF USE FOR UNDERSTANDING SUICIDE

Studies of Suicide Rates and Suicidality

Methodological Issues

Isacson, et al. (2009) found that the use of antidepressants in Sweden had been accompanied by a decrease in the expected number of suicides. Therefore, this variable should be considered in sociological research on suicide. There is also research on whether individuals with depression and suicidal ideation or behavior seek treatment. For example, Cheung, et al. (2009) in Canada found that seeking treatment was more common in adolescents and young adults and in women, those with chronic medical problems and depression.

Krynska and Martin (2009) suggested that Population Attributable Risk (PAR) and Preventive Fraction (PF) could be alternatives to the suicide rate. For

⁹ At one point, Sociological Abstracts came up with 1,927 articles on suicide in 2009 all of which seemed legitimate. At other times, the number varied. N=123 came up twice, and I examined these 123 articles.

suicide, the PAR is an estimate of the percentage reduction in suicide rates that would occur if there was a causal association between the risk factor and suicide, and the risk factor was eliminated from the population. PF is the proportion of disease cases averted by a protective exposure or intervention. Krysinska and Martin found examples of these statistics. For example, the PAR for affective disorders may be 60% and childhood abuse 67%. Estimates of PF were uncommon in the research that they reviewed.

Doessel, et al. (2009a, 2009b) proposed using the potential years of life lost as an alternative to suicide rates.

For correlations over 97 countries, Shah (2009c) explored the concordance between suicide rates and suicide plus accidental death rates for elderly suicides by sex. For 14 risk and protective factors, the correlations were not similar, and Shah proposed that using pure suicide rates was the best methodology.

Lester (2009c) proposed a nomenclature for suicide paralleling that for homicide: first, second, and third degree murder and voluntary and involuntary manslaughter. No one will ever adopt this.

Theory

Lester (2009a) argued that theories of suicide are not likely to be the same as theories of attempted suicide. For theories of attempted suicide, he suggested ideas from Steven Taylor (four types of attempters based on anxiety/depression and detached/attached to others giving four types), Stephen Platt (attempted suicide as communication) and David Lester (attempters are socially integrated and strongly regulated).

Fernquist (2009) looked at suicide rates in America by sex, age, race, marital status and education. The suicide rates of these mini-groups in general matched the numbers of the mini-groups in the population. The greater the number of individuals in a mini-group, the lower the suicide rate as predicted by Gibbs and Martin's (1964) theory of status integration.

Puffer (2009) noted that the definition of anomie is often incorrectly understood. It is NOT normlessness. At the societal level, anomie is the absence of government regulating mechanisms for the economy. At the individual level, anomie is when the desires of the individual become insatiable and, at the opposite end, when individuals cannot adapt to having no means to acquire what they want.

Regional Studies

In a sample of 75 countries, Voracek (2009a) found that IQ scores were positively associated with total, male and female suicide rates. In addition, suicide rates were positively associated with K scores (calculated from national IQ, gross national income, life expectancy, and rates of births, infant mortality, HIV/AIDS, and of rape, serious assault, and homicide). In this sample of 75 countries, Voracek (2009c) found that suicide rates were positively associated with IQ estimates. For males, but not for females, suicide rates were also associated with happiness and life satisfaction, but the direction of these associations was not specified.

In a sample of 86 countries, Shah (2009g) found a curvilinear relationship between elderly suicide rates and the Human Development Index (HDI), significant for male suicide rates and trending for female suicide rates. Shah said that it was an inverted U-shaped, but I disagree. The suicide rate increased with the HDI faster than linearly.¹⁰

In a sample, of 27 countries, Shah (2009h) found that elderly suicide rates in both sexes were negatively correlated with the mean household size and the percentage of extended households and positively with the percentage of single person households.

In a varying number of countries (46-84), Shah and Bhat (2009) found that elderly suicide rates were associated with the human development index (positive), the percentage of children under the age of 5 years who were under weight (negative), and the percentage of the general population that was undernourished (negative). The percentage of children under the age of 5 years who were under height was negatively correlated with male suicide rates in both elderly age-bands (65-75 and 75+); this was not observed for females. In multiple regressions, the only predictor of the elderly suicide rate was the proportion of elderly in the total population.

In a sample of 69 countries, Shah (2009b) found no association between elderly suicide rates and the incidence of tuberculosis (cases per capita) and only a weak negative correlation between the suicide rate and proportion of cured cases.

¹⁰ I have commented on Shah's research in my review for 2008.

In 76 countries, Shah (2009d) found no relationship between general population suicide rates and urbanization (nor a curvilinear relationship).

In a sample of 75 countries, Shah and Bhandarkar (2009) found a non-linear relationship between suicides (for both men and for women) educational attainment. The higher the education index, the higher the suicide rate.

In 86 countries, Shah (2009e) found a curvilinear relationship (sloping from high to low) between population growth and elderly suicide rates.

In 62 countries, Shah (2009f) found that countries with increasing male suicide rates with age had lower child mortality rates and higher life expectancies. For females, an increasing suicide rate with age was associated with a lower Gini coefficient.

In a sample of 11 European countries, Kelly, et al. (2009) found that a measure of social trust (the belief that others were trustworthy) in the residents of the countries was not associated with the suicide rate. The suicide rate was negatively associated with sadness and the proportion of married people. In a multiple regression, the suicide rate was predicted by sadness and social trust. (The results are reported incorrectly in the text assuming that the tables are correct.)

In a cross-sectional and time-series analysis of 24 OECD countries, Noh (2009) found that the effect of unemployment on suicide rates is positive for countries with higher income levels, while for countries with lower-income levels, the effect is negative. The mixing of ecological and time-series data is a bad idea, and Noh used many other predictor variables (such as age and alcohol consumption) which impacted the suicide rates, making the results complex.

In a sample of 55 countries, Chatard, et al. (2009) found that suicide rates were associated with lower levels of self-esteem, GDP per capita, and countries being in transition, but not with neuroticism, well-being and individualism. The association was found in both sexes and most age groups.

Regions within a Country

Over 18 municipalities of one prefecture in Japan, Ohgami, et al. (2009) found that lithium levels in the drinking water were associated with lower suicide rates.

Over the 25 provinces of Iran, Aliverdina and Pridemore (2009) found that female suicide rates were higher in provinces with lower levels of female education, female labor force participation, and industrialization (as well as poverty and crime), indices of the hyper-regulation of women and, therefore suggesting that these were Durkheimian fatalistic suicides.

For 13 of the 20 the regions of Italy, Voracek (2009b) found that suicide rates were associated with estimates of IQ even after controls for affluence (per capita income).

Over the states of the USA, Mukamal, et al. (2009) found that obesity rates were negatively associated with suicide rates, overall and for each method, even after controls for firearm ownership, and also, for 26 states, the ratio of completed suicide/(completed plus attempted suicide).

In these reviews of the research on suicide, I repeatedly complain about using statistical tests that focus on one variable to the exclusion of other variables in the data set. In their study, Mukamal, et al. provided a matrix of correlations of nine of their predictor variables. I carried out a factor analysis of their correlation matrix using a Principal Components extraction. All nine variables loaded on one factor, and the program provided a factor score that could have been used to predict suicide rates. It is noteworthy that three of the factor loadings were 0.99 and two others 0.98. These variables are strongly associated, and I think that it is a mistake in this type of study to single one of the group of variables as the focus of the statistical analysis.

	Factor loading
Obesity	+0.95
Normal weight	-0.93
Firearm ownership	+0.99
White non-Hispanic	+0.82
Household income	-0.99
College degree	-0.99
Current smoking	+0.98
Depression index	+0.77
<u>Nonmetropolitan pop</u>	<u>+0.98</u>
% variance	87.42%
Eigenvalue	7.87

Over the states of America, Voracek (2009d) found that suicide rates were negatively associated with Big 5 traits of neuroticism and extraversion and, for elderly suicide rates, positively with conscientiousness.

Over the American states, Flavin and Radcliff (2009) found that, after controlling for relevant factors (e.g., a state's stock of social capital), states with higher per capita public assistance expenditures had lower suicide rates, as well as associations between suicide rates and divorce, residential mobility and unemployment rates. Social capital (e.g., trust, sociability, volunteerism, and engagement in public affairs and community life) was, surprisingly, positively associated with suicide rates.

Walker (2009) studied 2,993 counties in the USA. The suicide rate was predicted by measures of integration (positively with percent divorced, net migration and percent urban), negatively with percent Catholic and with percent mainline Protestant, and negatively with per capita income and income inequality. However, Walker felt that the different definitions of urban impacted the results, a variable he introduced in addition to the percent urban.

Over the counties of America, Kposowa (2009) found that suicide rates were positively associated with divorce rates, the proportion of men over the age of 65, unemployment rates and an increase in the proportion of whites from 1980-1990 and negatively with the density of psychiatrists.

Over the 428 municipalities in Finland, Pirkola, et al. (2009) found that a lower suicide rate was associated with having a variety of outpatient services and a prominence of outpatient versus inpatient services. The suicide rate was positively associated with poverty, involuntary admission rates and social disturbance (i.e., violence, alcohol sales, and unemployment).

Regions within a State or Province

Over 581 zip-codes in California, Johnson, et al. (2009) found that suicide rates were higher in regions with higher bar densities and alcohol outlets. Overall, suicide rates were higher in whites and in low income and older whites, and living in rural areas. Attempted suicide rates were higher in regions with higher bar densities. Overall, attempted suicides were higher in blacks and low income younger whites living in smaller households and in rural areas. The density of restaurants did not play a role. The results on the spatial autocorrelation of suicide

and attempted suicide were not clear (they were dependent on the statistical method used).

Time-Series Studies

Over a 9-year period in England, Shah (2009a) found no association between rates of attempted suicide and suicide for those aged 60-74, but a positive association for those 75+.

In Turkey for 1974-2007, Altinanahtar and Halicioglu (2009) found that the suicide rate was predicted positively by the urbanization rate and the number of liquidated companies and negatively by per capita income, but not associated with divorce rates.

For the USA 1950-2002, Landberg (2009) found no association between per capita alcohol consumption and male suicide rates, but there was an association between female suicide rates and overall alcohol consumption ($p < 0.10$), chiefly for those aged 55-74 and for the spirits component.

In Greenland, Björkstén, et al. (2009) claimed that there was no association between yearly alcohol consumption and yearly suicide rates, nor by month, but they did not present any statistics.

Pridemore and Snowden (2009) examined the impact on monthly suicides in Slovenia from January 1997 to December 2005 by the passage of legislation to restrict the sales of alcohol implemented in March 2003. The monthly number of male suicides decreased after the law was implemented, but not the number of female suicides.

In Russia from 1956 to 2005, Razvodovsky (2009a) found that the suicide rate and the rate of fatal alcohol poisoning (a proxy measure for binge drinking) were strongly associated for both men and women. In Russia for 1970-2005, Razvodovsky (2009a) found that increasing alcohol sales, and especially sales of vodka, were associated with higher suicide rates for men and women.

In Belarus from 1979 to 2007, Razvodovsky (2009c) found mortality from alcohol poisoning was associated with the total suicide rate and the suicide rate of those with alcohol in their blood. Alcohol-related suicides dropped during the restriction of alcohol availability after the anti-alcohol campaign: between 1984 and 1986.

Chang, et al. (2009b) found that the economic crisis in 1997-1998 was accompanied by an increase in suicide rates in Hong Kong, Japan, South Korea and Thailand, but not in Singapore or Taiwan. The increase was more marked in male suicide rates.

Ying and Chang (2009) examined suicide rates from seven industrialized countries for the period 1982-2002 by age and sex for the impact of several socio-economic factors (unemployment rate, GDP per capita and female labor force participation). They concluded that, “unemployment has a significantly positive impact on male suicide rate but mixed impacts on female suicide rate; GDP has a significantly negative impact on male suicide rate and the suicide rate for younger age females; and female labor force participation may exert cohort pressure on the male counterpart, as a result, increasing male suicide rates” (p. 225).

In Austria for the period 1991-2005, Kapusta, et al. (2009) found that antidepressant sales and the density of psychotherapists in the population were negatively associated with suicide rates. Unemployment and alcohol consumption were not statistically significant in the multiple regressions.

In Austria, Niederkrotenthaler, et al. (2009b) found that passage of a strict firearm law led to a reduction in youth (10-19 year-olds) firearm suicides and the overall suicide rate over eight years after a brief one year increase which they attribute to the media discussion of the law.

Research on Distal Variables

The Era

Lester and Yeh (2016) wrote an article discussing whether the motives for suicide have changed over the years. We concluded that there were no data relevant to this question. Pridmore and McArthur (2009) attempted to answer this question by comparing suicides from antiquity (such as Ajax and Cleopatra) and modern famous suicides by high prestige individuals. Obviously this is not sound research, but it is of interest given the question raised by Lester and Yeh. Pridmore and McArthur documented the presence of negative emotions such as guilt, shame, guilt and sorrow, fear and anger in both sets of suicides.

Immigrants

Voracek, et al. (2009) found the suicide rates of 22 immigrant groups to Austria was associated with the suicide rates in their home countries, even after controls for the age of the suicides, immigrant group size, national pride, and quality of life in the homelands.

Race and Ethnicity

In a poorly present and analyzed ecological study of suicide in 179 American cities in young (<35) black and white males, Kubrin and Wadsworth (2009) concluded that while measures of disadvantage (poverty, joblessness, etc.) directly increased suicide rates among young white males, it did so only for black males using firearms. They did not compare the two groups statistically on the many variables that they considered, nor do they present multiple regressions with meaningful variables.

In Fulton County, Georgia (USA), Purselle, et al. (2009) found that white suicides and elderly suicides lived in areas with lower per capita income. Per capita income was higher in white suicides than in African American suicides. Regions with higher per capita income had higher rates of adolescent suicide (especially African American adolescent suicide) but were associated with a lower suicide rate in the elderly. This paper is noteworthy for still, in 2009, using the term suicide victims and terms like suicide risk when they appear to be talking about suicide. The focus appears to be on the area in which the suicides lived, but the title of the article and much of the discussion does not make this clear.

In the Hague (the Netherlands), Burger, et al. (2009) found a high rate of attempted suicide and a low rate of completed suicide among young Turkish and Surinamese females. Moroccan males and females had low rates of both.

Celebrity Suicides

In three cases (celebrity suicides in Hong Kong, South Korea and Taiwan). Fu and Yip (2009) found an increase in suicides in the next four weeks, extending for 24 weeks, especially for those of the same sex and roughly the same age as the celebrity suicide, and also using the method used by the celebrity.

In Austria, Niederkrotenthaler, et al. (2009a) documented an increase in suicides after suicides reported widely in the media. Celebrity status led to increase in the total suicide rates. Celebrity status of the reported suicide, age of the reported suicide between 30 and 64 years, and definitive labeling as a suicide were

associated with an increased risk of a post-report increase of similar suicides (similar in age, sex and method of suicide), while criminality lowered risk of post-report suicides. None of these variables impacted the number of post-report suicides in dissimilar individuals.

Marital Status

In Ireland, Corcoran (2009) found that the widowed men and women had higher suicide rates than those married for all age groups except for women over the age of 70.

For the USA as a whole, Denney, et al. (2009) found that larger families and employment were associated with a lower suicide rate for both men and women. Low levels of education or being divorced or separated, widowed or never married were associated with a higher suicide rate for men but not for women.

In Queensland (Australia), Wyder, et al. (2009) found that, for both males and females, separation was associated with a suicide rate at least four times higher than any other marital status. The rate was especially high for males aged 15 to 24.

Method

In a psychological autopsy study, Chan, et al. (2009a) compared suicides using charcoal in Hong Kong for suicide with those using other methods. Those using charcoal were less often schizophrenic and less often had received psychiatric treatment in the prior six months., scored higher for neuroticism and had a trend toward higher conscientiousness, and more often were divorced, aged 31-45, and had unmanageable debt.

Wong, et al. (2009) found that suicides in Hong Kong jumping from bridges were more likely than other suicides to be younger, holding a job, indebted, free from a psychiatric and attempt history, and to leave a suicide note

In England and Wales, Dennis, et al. (2009a) found that the elderly native-born difference from first generation black and ethnic minority immigrants in the methods used for suicide.

Beautrais, et al. (2009) documented that a barrier on a bridge in New Zealand reduced the number of suicides jumping from the bridge. It was removed

for a period, and the number of suicides increased, dropping when the barrier was re-installed.

Skegg and Herbison (2009) documented that closing the road to a headland from which people had jumped to their death reduced the number of suicides from that headland and also the number of threatened suicides requiring police intervention.

Law, et al. (2009) studied the impact of installing walls with doors on platforms on suicides from platforms on the Hong Kong's railway system. The number of suicides from the platforms declined with no increase from unsealed platforms. The authors thought that barriers impacted those with depressive and with psychotic disorders more strongly.

Klieve, et al. (2009) claimed that the 1996 gun law reform did not result in a significant decrease in male firearm suicides in Queensland (Australia) but it did (perhaps) in the whole of Australia. The tables of results appear to indicate a decrease in firearms suicides and an increase in the use of hanging although the decline in firearm suicides appears to have begun in 1990. The changes appear to have been larger in younger men. It is puzzling why the researchers could not have provided rates of suicide by firearms and by other methods in the five years prior to the law and the five years afterwards for Queensland or for Australia as a whole.

Season

In Sweden, Reutfors, et al. (2009a) found a spring/early summer peak in suicides, and this was stronger for former psychiatric inpatients and for those using violent methods.

In São Paulo (Brazil), Bando, et al. (2009) found a Spring peak and an Autumn trough in suicides for males only.

In Athens (Greece), Christodoulou, et al. (2009) found that suicides peaked in May. Suicides using firearms peaked in April and by hanging in June. Age and sex had a small influence on the seasonality of suicide.

In Greenland, Björkstén, et al. (2009) found that suicides peaked in June with a trough in the winter, most notable for violent suicides and north of the Arctic Circle.

Disasters and Other Trauma

Salib and Cortina-Borja (2009) found that a brief but significant reduction in daily suicide rate in England and Wales occurred for a few days after the terrorist attack in London on July 7th, 2005, and also after a second attack two weeks later.

Mezuk, et al. (2009) found no impact on suicide rates in New York City after the 9/11 terrorist attack on the Twin towers in New York City.

Pridemore, et al. (2009) found no impact of the 9/11 attack on the suicide rate in New York or the April 19, 1995 bombing by Timothy McVeigh in Oklahoma City on the suicide rate in Oklahoma, at the city state and national levels.

Suryani, et al. (2009) found that both male and females suicide rates rose after the Bali (Indonesia) bombings in October 2002, especially for those aged 20-29 and >60. The authors suggest that the drop in tourism may have caused economic hardship.

Nishio, et al. (2009) found that, after the 1995 Great Hanshin-Awaji Earthquake in Japan, compared to the suicide rate in Japan, the suicide rate in the disaster area (Kobe) declined in the following two years, for males and for the middle-aged.

Rodrigo, et al. (2009) found no impact on suicide rates from the tsunami in Sri Lanka in 2004.

Occupation

Yamane and Butler (2009) studied suicides in the American Air Force. The standardized mortality rate (SMR) was less than one for all groups. A relatively higher SMR was found for women and for those enlisted (versus officers).

Weaver and Munro (2010) compared the characteristics and motives for suicide in New Zealand in the 1930s and the 1980s, noting differences, such as the suicides of farmers were more common in the 1930s and mental illness in the 1980s. [Note this article appeared under the year 2009 in Sociological Abstracts.] Weaver and Munro (2009) explored the rural suicides in New Zealand for the period 1900-1950 and noted that stress caused, not only suicides by farmers, but also by laborers, women and Maoris.

Laws

Large, et al. (2009a) studied whether American state laws limiting involuntary admissions to psychiatric hospitals impacted the suicide rate. They compared the suicide rates for the 15 years before and the 15 years after a state law was introduced. They found conflicting results since suicide rates were rising in some state prior to the law. Overall, there was a non-significant increase in suicides after the law was passed.

Shah and Buckley (2009) studied use of a new mental health act in 1983 in England and Wales to permit involuntary admissions. There was a negative correlation over time between rates of involuntary admissions and suicide rates in both sexes in the age-bands 65-74 and 75+ years.

Holidays

In Hungary, Zonda, et al. (2009) found that, for both men and women, more suicides occurred on Monday, while fewer occurred on the weekends. More suicides occurred on New Year's Day than expected. On Christmas Day and on Easter Sunday and Monday, suicides were less frequent only for men, a result that they thought was consistent with Durkheim's theory. There was less evidence for Gabennesch's broken promise effect on the days after the holidays. National holidays had no impact on the frequency of suicide.

Country of Birth

Shah, et al. (2009) compared the suicide rates of elderly (65-74 and 75+) immigrants to England with suicide rates in their home countries. There was a positive correlation only for females aged 75+.

Other Distal Variables

In a study of the American states, Yoon and Bruckner (2009) found that fewer available public psychiatric beds was associated with higher suicide rates. The availability of not-for-profit or for-profit bed supply did not impact the suicide rates. There was a positive relationship between per-capita community mental health spending and suicide rates.

Liu, et al. (2009b) looked at the ratio of the male to female suicide rates in Hong Kong and in Victoria (Australia). The m/f ratio was higher in Australia and, in both places, in those with no psychiatric disorder.

Razvodovsky and Stickley (2009) found higher suicide rates in rural areas in Belarus than in urban area, especially for males.

Studies of Suicides

Theories and Typologies of Suicide

Shiner, et al. (2009) in a qualitative study identified three types of suicide over the life course: (i) young people in crisis, (ii) mid-life crises over work and disrupted family relationships, and (iii) older people in decline.

Lester (2009b) suggested that memes (the cultural transmission of ideas) could play a role in suicide. He suggested possible memes implicated in suicidal behavior, classified possible suicidal memes, and examined the relationship between memes and archetypes of suicide. He suggested that the terminology of meme theory can sharpen research into imitation effects in suicide. Lester noted that cultures differ in preferred methods for suicide, have a variety of acceptable motives for suicide, and differ in myths held about suicide (such as that completed suicide is a masculine behavior, while attempted suicide is a feminine behavior).

Baechler (1975) proposed a typology of suicide. Mottern (2009) noted that he had eleven types, and Mottern viewed these eleven types, not as motives nor causes, but as problem-solving strategies.

- escapist, both as a form of flight
- escapist as a way to avoid grief
- escapist as a way to avoid punishment
- aggressive, understood as a type of crime
- vengeance
- a form of blackmail
- an appeal
- oblation, involving sacrifice
- transfiguration
- an ordeal
- a game

In a sample of attempted suicides rated on a list of 200 personality traits by clinicians, Ortigo, et al. (2009) identified six types:

- internalizing
- emotionally dysregulated
- dependent
- hostile-isolated
- psychopathic
- anxious/somatizing

These types differed, for example, in adaptive functioning, Axis I and II comorbidity, and variables such as a history of abuse. The anxious/somatizing type seems to have made less lethal suicide attempts if I understand the correlations correctly.

Mann, et al. (2009) reported the conclusions of a review and workshop on endophenotypes for suicide. They concluded that the following were possibilities: trait aggression/impulsivity, early-onset major depression, neurocognitive function, and cortisol social stress response, and perhaps serotonergic neurotransmission, second messenger systems, and borderline personality disorder traits.

Stone (2009) examined the ratings by six different theorists about a case of suicide. He concluded that the ratings by an Adlerian theorist were very different from those by a psychoanalyst, a non-directive viewpoint, a Sullivanian, Personal Construct theorist and a Jungian.

Pridmore (2009) proposed the term predicament suicide in his words, “suicide which occurs when the individual without mental disorder is in unacceptable circumstances from which they cannot find an acceptable alternative means of escape” (p. 112). Pridmore and Jamil (2009) proposed two types of suicide.

- “A predicament is an unpleasant situation with limited escape options. In this model, predicaments may be composed of either external (environmental) or internal (mental disorders) factors, or both.” (p. 466)
- “The suicide pathways model integrates medical and sociological concepts, with distress as the central component, and three run-offs: mental disorder, medicalized (that is, labeled as a mental disorder), and a non-mental disorder (egoistic/anomic; reaction) suicide.” (p. 466)

Suicide Notes

Park and Lester (2009) examined protest suicide notes in South Korea from students and from workers. The students were acting on abstract ideals, including the oppression of the masses by the government and by the American forces in Korea. They urged the reunification of Korea. The workers were acting upon more local concerns, such as the oppression of their union by the government and the companies and the policies of their specific companies.

Hokans and Lester (2009) compared suicide notes from attempt suicides and completed suicides. They did not differ significantly in internalized, externalized and ambivalent anger, general and cognitive hopelessness, general, family and peer social problems, somatic complaints, instructions/last will and testaments, expression of concern or thanks to survivors, or financial difficulties. There was a tendency for more of the notes of completed suicides to show internalized anger. Age was associated with cognitive hopelessness and somatic complaints.

Callanan and Davis (2009) compared suicides who left suicide notes with those who did not. The only differences in 40 variables was that the note writers were more often anxious or depressed, more likely to be living alone, less often used hanging, more often had drugs at the scene and had made prior suicide threats.

Davis, et al. (2009) studied suicide notes in which dissatisfaction with one or more interpersonal relationships was mentioned (43% of the total sample of notes). They identified four themes: retreat (escape) (32%), retaliation (29%), exploitation (such as leaving the partner in a financial mess: 6%) and exploiter guilt (27%) with the rest unclassifiable. The reciprocity note writers differed from the other note writers by more often being young (<30), in better physical health, having interpersonal conflicts, being angry and hostile, drinking alcohol prior to the act, and making their suicidal intentions known.

Wong, et al. (2009) studied suicide notes written by suicides in Hong Kong in 2000. Note leavers were more often aged 59 or below, employed or students, divorced, with no history of self-harm, no physical illness, no psychiatric illness, no debts, and using charcoal-burning as a means of suicide, but did not differ in sex, living status, and the day of the week when the suicide occurred. Compared to 1992, more suicides in 2000 left suicide notes (35% versus 20%). In 1992, suicide

notes were written more often by men, young individuals, students, non-widowed individuals, with no psychiatric illness, and with no previous suicide attempts.

Youth Suicides

In a sample of child and adolescent suicides in Quebec (Canada), Renaud, et al. (2009) found that the suicides more often had a history of attempted suicide than living controls.

Using informants, Portzky, et al. (2009) compared adolescent suicides with matched psychiatric patients with suicidal ideation or attempt. The suicides had had been exposed more frequently to suicidal behavior by friends and through media and had experienced more relational problems in the past year. Suicidal communication was less frequently reported in the suicides than in the controls and, when communication did occur, it was less often directed towards parents. The control patients were more likely to have comorbidity of psychiatric disorder, conduct disorder, delinquency and academic difficulties.

In a Danish national sample of children, Qin, et al. (2009c) found both for attempted suicide and completed suicide there was dose-response trend for more residence moves and suicidal behavior. For attempted suicide, this trend remained after controlling for possible confounding factors at birth (birth order, birthplace, link to a father, and parental age at birth), but somewhat attenuated after controlling for the child's own psychiatric morbidity and loss of a mother or father, as well as parental psychiatric history. The trend was not impacted by sex or age at the time of moving.

Zhang, et al. (2009) looked for strains (resulting from conflicting and competing pressures or stresses) in a sample of Chinese rural young adult suicides (aged 15-34). Boys were more likely to experience aspiration and deprivation strains, and the younger suicides (15–22) were more likely than the older suicides (23–29) to experience coping strain. Roughly 57% were judged to have no psychiatric disorder.

Klomek, et al. (2009) studied Finnish adolescents at age 8 and followed them at age 25. For boys, frequent bullying as perpetrator and as victim predicted attempted/completed suicide by age 25, but not after controlling for conduct and depression symptoms. For girls, victimization predicted later suicidal behavior even after controls.

Adult Suicides

Sourander, et al. (2009) followed a cohort of Finnish children aged 8 until they were 24. For males, completed or serious suicide attempt was predicted at the age of 8 years by living in a non-intact family, psychological problems, or conduct, hyperkinetic, and comorbid conduct and internalizing problems, but not by depressive symptoms. No variables predicted suicidal behavior females. Male suicide outcome was predicted most strongly by comorbid conduct and internalizing problems.

In a study of psychiatric inpatients after release, Brådvik and Berglund (2009) compared the suicides with matched alive ex-patients with severe depression. The results are poorly reported, but the suicides appear to have more often attempted suicide and made more attempts, especially for the females. The age of the patients appeared to play a role.

Sørensen, et al. (2009) followed a cohort of 7,177 babies for 45 years. Forty-eight of the babies died by suicide, 77 mothers and 133 fathers. Parental suicide increased the odds of the offspring dying by suicide, especially in those offspring who did not have a psychiatric hospitalization.

In a large sample of adults in New Zealand followed-up for three years, Collings, et al. (2009) found that the suicides more often lived in very fragmented neighborhoods and very low fragmented neighborhoods – a U-shaped function, with fragmentation measured by private rentals, single person households, residential mobility (<1 year) and marital status. Family and attachment variables did not predict suicide. Neighborhood socio-economic deprivation was associated with suicide.

In First-Nations communities in Quebec (Canada), Laliberté and Tousignant (2009) found that young single men were overrepresented, alcohol intoxication at the time of the suicide was common (73%) as was a previous attempt and drug and alcohol abuse, over-crowded living arrangements and unemployment, and there was clustering of suicides within families (seven families with two or three brothers dying by suicide).

In Taiwan, Chen, et al. (2009a) found that those who died by suicide by jumping had more severe psychopathology (both schizophrenia and major depression). For these individuals, charcoal burning was less common. Patients with schizophrenia and bipolar disorder used hanging less often.

In one region of Taiwan, Chen, et al. (2009b) found that the completed/attempted ratio was higher in those over the age of 45 and in those using pesticides, gas and hanging, but was not associated with marital status, rural-suburban living or education.

In a study of all suicides in Taiwan, Chang, et al. (2009c) found that 95% of female suicides and 85% of male suicides had been in contact with health services in the prior year. Females were more often given a psychiatric diagnosis, especially major depression.

Price, et al. (2009) followed up Swedish military male conscripts for 33 years. Suicide was associated with cannabis use, low IQ, problematic behavior during childhood, other drug use, psychological adjustment, alcohol consumption, tobacco use and psychiatric diagnosis at conscription. Price found that controlling for all the confounding factors eliminated the association with cannabis use, a common but poor technique. Price et al should have factor analyzed all of the predictor variables.

In a national survey in Brazil, Lovisi, et al. (2009) found that the typical suicide was of lower education, single, using hanging, firearms and poisoning.

Zhang and Zhou (2009) compared suicides in China with and without a psychiatric diagnosis. Suicides without psychiatric diagnoses were younger, were better educated, had higher income, were more likely to kill themselves using pesticides or other poisons, were less likely to have a history of prior suicide attempt, had fewer long-term life events and more recent life events, and were less depressed.

Leenaars, et al. (2009) compared female suicides with females dying from other causes. More of the suicides were menstruating (25% versus 4.5%).

In Hong Kong, Chan, et al. (2009b) found that suicide was associated with unemployment and debt, previous attempted suicide and an Axis-I psychiatric disorder.

In a national sample in Denmark, Qin, et al. (2009a) found that a prior history of non-fatal poisoning with non-opioid analgesics increased the risk of subsequent suicide, especially in those with no psychiatric hospitalization. The risk was highest in the first week after the poisoning and persisted for three years.

In an American national data set, Kaplan, et al. (2009) found that the use of a firearm for suicide by men was associated with older age, veteran status, residing in areas with higher rates of firearm availability, raised blood alcohol concentration, acute crisis and relationship problems and negatively associated with a diagnosis of a mental health problem, a history of suicide attempts and alcohol problems. For women, the use of a firearm was associated with being older, married, white and a veteran, residing in areas with higher rates of firearm availability; having an acute crisis, having experienced the death of a relative or friend; being depressed, and having relationship problems and negatively with a treated DSM-IV-diagnosed problem, previous suicide attempts and physical health problems.

In a sample of Hungarian suicides and controls from GP practices, all studied using informants, Almasi, et al. (2009) found that the suicides were characterized by being unmarried or having no current relationship, lack of other social contacts, low educational attainment, history of self-harm, current diagnosis of affective disorder (including bipolar disorder) or personality disorder, and experiencing a recent major adverse life event, unemployment, concern over work prospects, changes in living standards, and not practicing religion.

Darke, et al. (2009a) compared suicides and homicide victims in New South Wales (Australia). The suicides less often had used illicit drugs, cannabis and opioids, but more often pharmaceutical medications such as anti-depressants.

In a study of female Finnish suicide rates of those aged 25-64, Mäki and Martikainen (2009) divided them into alcohol-involved in the act (29%) or alcohol not involved. The presentation of the results is poor. However, it seems that the suicide rate was higher in both groups for those with less education and in manual workers. For income, the relation with suicide rates was U-shaped, with the highest suicide rates for those with lower incomes.

In Florida (USA), Becker, et al. (2009) found that the predictors of suicide in people receiving Medicaid and Supplemental Security Income were involuntary psychiatric examination, mental health hospitalization, and high mental health service use. For those receiving just Medicaid, suicide was predicted by mental health hospitalization, high expenditures for physical health medications, and involuntary psychiatric examination.

In a study of drugs and alcohol in the systems of Australian suicides, Darke, et al. (2009b) found that men more often had illicit drugs, alcohol, cannabis and psychostimulants and less often medications (antidepressants, antipsychotics and benzodiazepines). The substances differed by method for suicide, presence of a suicide note (more often if alcohol present), relationship related, previous attempt, psychosis present and time of day.

In a study of young adults, Gagnon, et al. (2009) compared completed suicides with attempted suicides, many of who used firearms, hanging and jumping. The researchers used informants but also talked to the attempted suicides. The two groups did not differ in Axis-I disorders, The attempters more often had school suspensions and irritability. The suicides had an internalizer profile (an Axis II cluster C diagnosis [avoidant, dependent and obsessive-compulsive personality disorder], high Global Assessment of Functioning scale, depressed mood and a high level of obsessions), compared to the attempted suicides who had an externalizer profile (school suspension/expulsion, lifetime drug abuse, violation of rules at home/school and irritability/anger).

Rockett, et al. (2009) compared death certificates in a national data-base for suicides in white, African American and Hispanic American suicides. Comorbid psychopathology was more often noted for white suicides, but the difference was less for comorbid physical disease. Minority suicides less often had affective disorders but more often schizophrenia. Compared to other deaths, the suicides more often had depression/mood disorders and schizophrenia and in whites and African Americans more often with cancer. HIV and substance abuse disorders were not more often found in the suicides.

Stack and Wasserman (2009) studied suicides using firearms in Wayne County (Michigan) and found that women were less likely to shoot themselves in the head than were men and less apt to use shotguns and rifles. Whites were also more likely than those of other ethnicities to shoot themselves in the head. Age was not a factor.

Jansen, et al. (2009) looked at the ratio of completed suicide/attempted suicide in Amsterdam (the Netherlands). This ratio was higher for men, older people, and for the more lethal methods.

In South Tyrol (Italy), Psycha, et al. (2009) found that suicide was more common in Germans than in Italians. The suicides of different ethnicities (and for men and women) differed in background characteristics.

Schneider, et al. (2009b) used informants to study suicides and living controls in the community. However, their verbal report of their results is almost incomprehensible. They compared never smoked, former smokers and current smokers. As far as I can tell, current smoking (but not former smoking) was more often present in the suicides with no Axis-I disorder. For affective disorder, never smoking was associated with suicide. For neurotic disorder and personality disorders, I could not understand their results. Müller, et al. (2009c), apparently with the same sample and methodology, found that the suicides less often had engaged in current sports activities and sports activities at some point in life than healthy controls.

Schneider, et al. (2009a) compared suicides in Estonia and Germany. Suicide was associated with substance abuse in both cities but the association was stronger in Estonia, especially among men.

Elderly Suicides

Kjølsseth, et al. (2009) talked to informants about a small sample of elderly (>65) suicides in Norway. They summarized their findings in this way.

They describe people who came through difficult circumstances when growing up and who were action-oriented in life in general and in crises. “Personality traits” includes the sub-topics obstinacy and controlling others. The informants saw the elderly people as strong-willed, obstinate and possessing a considerable ability to control themselves and those around them. “Relationships” includes the sub-topics I didn’t know him and He showed no ability to meet us halfway, and describes the informants’ experience of emotionally closed persons who kept a distance in their relationships (p. 903).

They suggested that these people would have had difficulty accepting and adapting to old age with its loss of good functioning which would have damaged their self-esteem.

People with Psychopathology

In a study in Croatia, Brečić, et al. (2009) found that the typical inpatient suicide was a middle-aged person, single, unemployed, repeatedly hospitalized, with schizophrenia and a history of suicide attempts, using a violent method after more than three weeks of hospital treatment.

Hunt, et al. (2009b) compared psychiatric patients who died by suicide after discharge with living psychiatric inpatients. Suicide was predicted by a history of self-harm, a primary diagnosis of affective disorder, expressing clinical symptoms at last contact with staff, to have initiated their own discharge and to have missed their last appointment with services. Patients detained for compulsory treatment at their last admission, or who were subject to enhanced levels of aftercare, were less likely to die by suicide. The suicides within the first month after discharge were more often male, with a history of self-harm and of violence, initiated their own discharge and died before follow-up.

Karvonen, et al. (2009) compared elderly somatic and psychiatric patients who died by suicide within one week after discharge versus non-suicides. The suicides were more likely to have a history of hospital-treated psychiatric and alcohol-related disorders and depression, and were more likely to have been given a psychiatric diagnosis at their last hospitalization.

In a large Finnish cohort followed up from age 16 to age 39, Alaräisänen, et al. (2009) found that 13 of the 100 people with schizophrenia had died, seven from suicide. Most of the suicides were male (86%) and occurred in the three years after diagnosis (71%)

In a sample of patients with major depressive disorders, McGirr, et al. (2009a) compared the relatives of those who died by suicide with the relatives of those who did not do so. The relatives of suicides had more cluster B personality traits, alcohol and substance abuse, and impulsiveness scores. The first-degree relatives of the suicides more often had major depressive disorders, but did not differ in other ways. (McGirr, et al. report differences from relatives of healthy controls, but this makes little sense.)

Lin and Gill (2009a) compared suicides and accidental deaths on the New York City subway. The suicides more often had antidepressants in their system whereas the accidental deaths more often had cocaine. The suicides more often had a psychiatric disorder while the accidental deaths had substance abuse disorders. Torso transection and amputation was more common in the suicides, and their deaths were more often witnessed by others.

In a large sample of VA patients with depression, Ilgen, et al. (2009a) found that subsequent suicide was predicted by being male, substance use disorder, non-African American ethnicity and an inpatient psychiatric stay within the past 12

months. These variables were not placed into a multiple regression but into a tree. For example, suicide in those with a substance abuse disorder who were not African American was predicted by last year inpatient treatment.

Suominen, et al. (2009) followed up for four years a sample of patients with major depressive disorders who had attempted suicide. The presence of psychotic features predicted suicide during follow-up, but not attempted suicide.

Fudalej, et al. (2009) found that suicides who were under the influence of alcohol at the time of their suicide more often had alcohol dependence and less often a depressive disorder and less often the TT genotype of the tryptophan hydroxylase 2 gene.

In a large sample of veterans with depression, Pfeiffer, et al. (2009) found that suicide was associated with panic disorder, generalized anxiety disorder, and anxiety disorder not otherwise specified among patients who received any anti-anxiety medication and who received high dose treatment, but the rate of suicide was decreased among patients with comorbid posttraumatic stress disorder.

Ajdacic-Gross, et al. (2009) looked at suicides occurring in psychiatric inpatients in Switzerland while patients. The rate was high, especially in patients with personality and affective disorders as well as being male, not-single, not the first admission, and being a compulsory admission. Most suicides occurred during regular leaves.

Cheng, et al. (2009b) studied psychiatric and non-psychiatric inpatients who attempted or completed suicide. Completed suicide was predicted by use of a violent method, the suicidal act occurring outside of the hospital and being male. The differences between the attempted and completed suicides differed in the two groups. "Psychiatric inpatients with suicidal acts were mainly younger females with psychiatric diagnoses and previous suicide attempts. Nonpsychiatric suicidal inpatients had less suicide communication, performed suicidal acts more rapidly after admission and used more violent suicidal methods than the psychiatric inpatients did" (p. 110).

Antretter, et al. (2009) followed up psychiatric patients who had attempted suicide for up to 17 years and documented death from all causes. Both males and females had elevated standard morality ratios (SMR) for suicide, but the SMR for females exceeded that for males. (As far as I can see, the suicide rate was probably

higher for males than for females but, of course, the expected suicide rate for females was lower than that for males.)

Affective Disorder

Høyer, et al. (2009) compared patients with affective disorder who died by suicide while inpatients or soon after discharge with living patients. The suicides more often had a history of attempted suicide and loss of a job in the prior year.

In a sample of patients with affective disorders, Fiedorowicz, et al. (2009) found that past attempted suicide, multiple attempts, and more severe attempts were more common in bipolar disorders than in unipolar disorders. The same differences were found during follow-up (mean 15 years) but did not predict completed suicide. They claim that the risk factors for suicidal behavior were the same for bipolar and unipolar patients but present no data on this.

Schizophrenia

In Taiwan, Lee and Lin (2009) compared schizophrenics who died by suicide after discharge with those who did not. The suicides (which occurred most often in the day after discharge) more often had only this one admission, had brief stays, had a male psychiatrist, and psychiatrists over the age of 44.

Pompili, et al. (2009d) compared schizophrenics who died by suicide with living schizophrenics. The suicides more often had prior suicide attempts, hopelessness and self-devaluation and, in addition, agitation and motor restlessness insomnia, mental disintegration and poor adherence to medications.

Loas, et al. (2009) followed up schizophrenic patients for 14 years. Those who died by suicide compared to those dying of other causes had a shorter duration of the disorder and a higher level of education, but they did not differ in depression scores, PANSS positive and negative scores or the deficit syndrome according to the table of results in the paper, despite what the authors say in the text.

In a sample of Chinese adolescents in Hong Kong with schizophrenia followed up for an average of 2.6 years, Lui (2009) found that completed suicide was predicted by depressed mood and suicidal ideation, as was attempted suicide

Reutfors, et al. (2009b) compared schizophrenic patients who died by suicide after discharge with those who did not. The suicides were predicted by

higher educational attainment, age ≥ 30 years at onset of symptoms, and a history of a suicide attempt requiring non-psychiatric medical treatment. Sex, a history of self-discharge, compulsory inpatient treatment, substance-use disorder or a family history of mental disorders or suicide did not predict suicide.

In rural China, Ran, et al. (2009) that the suicide rates for treated and untreated schizophrenics were similar. Compared with treated people, never-treated individuals were more likely to be older, poorer, have a longer duration of illness, marked symptoms and fewer family members.

Personality Disorders

McGirr, et al. (2009b) compared suicides who had borderline personality disorder (BPD) with living patients with BPD using informants for both groups. The suicides were less likely to have affective instability and paranoid ideation-dissociative symptoms. The negative association between paranoid ideation-dissociative symptoms, and suicide was independent of all other BPD symptoms, Cluster B comorbidity, and alcohol dependence.

Substance Abuse

In a 25-year follow-up of a large Danish sample, Flensburg-Madsen, et al. (2009) found that, after adjusting for all other psychiatric disorders, alcohol use disorder increased the incidence of suicide.

Prisoners

In Austria, Frottier, et al. (2009) found that a checklist of risk factors predicted suicides in both prisoners on remand and sentenced (such as prior attempts and psychiatric diagnosis), but also with different items for each group (for example, violence against property for the pretrial group).

In a study of American juveniles in confinement, Hayes (2009) found that the suicides were evenly distributed over the length of confinement, most deaths occurred during traditional waking hours, and there was a strong association between room confinement and suicide, but there was no relationship between intoxication and suicide.

Jokinen, et al. (2009a) followed up a sample of Swedish murderers for 22+ years. Most of the suicides occurred within two years of the murder and before the final verdict. The majority of the suicides occurred with a violent method.

In Texas, Baillargeon, et al. (2009) found that the suicides were more common in those with major depressive disorder, schizophrenia and non-schizophrenic psychotic disorder, as well as in males and whites.

Fazel and Benning (2009) documented a much higher suicide rate in female prisoners in England and Wales than females in general, especially for those <25 years of age.

Medical Diseases

In a large Swedish sample of patients with peptic ulcers, Bahmanyar, et al. (2009) found that the risk of suicide was very high during the first year after hospitalization and more marked among women, patients under 70 and patients hospitalized without complications of ulcer. Both gastric ulcer and duodenal ulcer patients had a high risk of suicide.

Mainio, et al. (2009) found that the modal suicide in patients with Parkinson's disease was male, recently diagnosed, living in rural regions of Finland, with multiple physical illnesses and a history of attempted suicide.

Lin, et al. (2009b) compared cancer patients who died by suicide within 90 days after discharge with those who did not do so. Of the suicides, 46% died by suicide within 14 days after discharge. The suicides were more often not hospitalized in the prior year and unemployed, and had a lower income.

In a meta-analysis of research reports, Bell, et al. (2009) documented an increased of suicide in people with epilepsy.

In a sample of English men aged 40-69 followed up for 38 years, Elovainio, et al. (2009) found that suicide was more common in those who were obese and who had unexplained weight loss.

In a study of Japanese male suicides, Kikuchi, et al. (2009) found that suicide was more common if the men had more severe pain. They reported that the positive association between pain and suicide risk was "robust in the subjects with

good health, low stress, adequate sleep, good physical activity, and no history of chronic diseases” (p. 316).

Purandare, et al. (2009) compared suicides with dementia with other suicides, matched for age and sex. The suicides with dementia used hanging less often and “other” methods more often. Suicides with dementia less often died by suicide within one year of diagnosis, less often had psychiatric admissions and symptoms, were less often prescribed antidepressants, were less likely to have a history of self-harm, and less often had emotional problems and depressive symptoms.

Suicide Pacts

Hunt, et al. (2009a) studied suicide pacts in England among people who had been in recent contact with mental health services. These suicides were older than solitary suicides (especially 65+) and used different methods (more often carbon monoxide). Those in suicide pacts less often had schizophrenia and more often had dementia. Those in suicide pacts that failed (only one person died) were more often unmarried and living alone and used hanging.

Suicide by Cop

Mohandie, et al. (2009) compared suicide by cop suicides with those involved in other officer involved shootings. The suicide-by-cop individuals were not more likely to be armed with a weapon, but more likely to be angry rather than panicked, more often under the influence of drugs or alcohol, to have communicated suicidal ideation prior to and during the incident, to have a mood disorder and two or more disorders, and more likely to be killed. They were also older.

Murder-Suicide

In a review of studies around the world, Large, et al. (2009b) found that the murder-suicide rate was associated with the homicide rate in the USA but not in other countries. In other countries, there was a slight association between rates of murder-suicide and suicide rates. (I could not locate the simple correlations anywhere in their paper.)

In the Netherlands, Liem, et al. (2009) found that murder-suicides differed from homicides in the location, the sex, age and ethnicity of the victims and in the age of the murderer.

In England, Flynn, et al. (2009) compared murder-suicides in which the suicide was immediate and those in which it was delayed. The immediate suicides were older, had a female victim, more often killed a spouse/partner/ex-partner and less often an acquaintance or stranger, more often stabbed the victim, and died by suicide using a firearm and less often hanging. Compared to murderers, the murder-suicides were older, more often a female and less often an ethnic minority, more often killing family members, a female and multiple victims, more often using strangulation and firearms and less often stabbing, and more often were diagnosed with anxiety/phobia/panic/OCD. The murder-suicides also differed from suicides in sex (more often male), method (less often using self-poisoning) and diagnosis (less often Axis-I).

Studies of Attempted Suicides

Methodological Considerations

In a sample of patients with major depression, Bongiovi-Garcia, et al. (2009) found that standardized schedules for suicidal behavior (attempts and ideation) identified more suicidal behavior than did clinician interviews.

In a sample of patients with major depression who had attempted suicide, DeJong and Overholser (2009) compared self-reports of attempted suicide with reports from close friends or family members. There was good agreement on the presence of depressive symptoms, the presence of recent stressful life events, and specific actions taken during the suicidal crisis and the actual attempt, with the percentage of agreement ranging from 56% (psychomotor changes) to 100% (suicidal ideation).

Klaus, et al. (2009) found that adolescents reported significantly more suicidal ideation, plans, and attempts than did their parents. A parental history of depression and adolescent perceived family support were associated with significantly greater agreement about suicidality. A history of multiple suicide attempts was associated with greater disagreement about suicidality.

Connor and Rueter (2009) compared reports of suicidal behavior at time 1 in adolescents from themselves (paper-and-pencil and interviews), mothers, fathers

and a sibling, and followed them up two years later. Internalizing and externalizing symptoms were also assessed. Adolescent data on internalizing and externalizing symptoms predicted later suicidality, as did parent data. Reports from siblings and trained observers did not predict later suicidality.

Typologies

In a group of college students who had attempted suicide, Fazaa and Page (2009) identified two groups: dependent and self-critical. The self-critical attempters scored higher on trait impulsivity. For the whole sample, as attempts were characterized by increasing levels of state impulsivity, there were decreases in the intent and lethality of the attempt.

Dinya, et al. (2009) studied adolescent outpatients with suicidal behavior (undefined) and identified three clusters (or types): (i) stress-laden/medium depressive, (ii) low depressive/low achievement, and (iii) high depressive. A factor analysis of all the variables used to assess the adolescents revealed four factors: life stresses, dysfunctional attitudes, maladaptive attitudes and depressiveness.

In a sample of French attempted suicides, Slama, et al. (2009) found that they clustered into groups by age for their first attempt: means 19.5 and 38.5. The younger group was characterized by more frequent comorbid anxiety disorders, cannabis misuse and a personal history of emotional and sexual abuse. The older group were more likely to suffer from major depressive disorders (single or recurrent).

Physiological Research

In a one-year follow-up of patients with affective disorder, Galfalvy, et al. (2009) found that lower CSF MHPG (noradrenalin metabolite 3-methoxy-4-hydroxyphenylglycol) correlated with a higher medical lethality of future suicidal acts.

Youths

For an inpatient sample of young (13-17) attempted suicides, Pettit, et al. (2009a) devised a scale to measure suicidal ideation with two subscales: (i) desire and ideation and (ii) plans and preparation. The plans and preparations score was associated with suicidal intent.

In a sample of Turkish adolescent attempted suicides, Ozdel, et al. (2009) found that being an immigrant and having higher scores on the suicide intent scale were positively associated with attempts by those with major depressive disorder and any psychiatric disorder. Being an urban dweller and having higher scores on the suicide intent scale were positively associated with attempts among those with major depressive disorder and without any psychiatric disorder.

Adults

Segal (2009a) studied MZ and DZ twins. If one twin died by suicide, attempted suicide was more common in MZ twins than in DZ twins (but not suicidal ideation). For twin pairs with no suicides, there was no difference in attempted suicide in MZ and DZ twins.

In a sample of patients with major depressive disorders, Conrad, et al. (2009b) compared lifetime attempters, suicidal ideators and non-suicidal patients. On personality tests, the three groups did not differ on novelty seeking, reward dependence, persistence, or cooperativeness. The ideators and attempters scored lower than the non-suicidal patients on self-directedness, the attempters scored higher on harm avoidance than the ideators and non-suicidal patients, and the ideators scored higher than the non-suicidal patients on self-transcendence. The only linear trends apparent in the mean scores were for self-directedness, declining from non-suicidal patients to attempters and a weaker trend for harm avoidance scores to increase.

In a sample of attempted suicides in Taiwan, Chen, et al. (2009c) found that scores on the Brief Symptom Rating Scale (BSRS-5) tended to be higher in those using a more lethal method for the attempt ($p=0.16$).

In two Chinese samples of attempted suicides (psychiatric patients and community residents), Gao, et al. (2009b) found that suicidal intent was associated with depression scores, older age and being male.

Sher, et al. (2009) divided attempted suicides with mood disorders by the use of alcohol for the attempt: enough to impair judgment or facilitate the attempt (A), some (SA) and none (NA). The A group made more lethal attempts and more often had an alcohol use disorder. SA attempters reported more reasons for living and lower suicide intent scores.

In a sample of attempted suicides, Sisask, et al. (2009) found that suicidal intent (as measured by a scale) did not differ by sex but rose with age. The scale used had four components: wish to die, arrangements, circumstances, and alcohol/drugs. Men and women did not differ in these components, but age was positively associated with arrangements and circumstances. Psychiatric diagnosis (affective disorder and schizophrenia highest), method of attempting suicide (poisoning highest), and duration of hospitalization were linked to suicidal intent, but danger to life was not.

Ries, et al. (2009) studied acute psychiatric inpatients and found that the estimated suicide risk (ranging from none to attempted suicide) was associated with substance abuse or dependence. Patients were rated as no suicidal behavior and suicidal severity from mild to severe. In a large number of variables (roughly 20), linear trends are apparent to a reader only for unipolar depression (increasing) and schizophrenia (decreasing).

In a large American sample, Wojnar, et al. (2009b) found that past year suicidal ideation and attempted suicide were associated with sleep problems, including early morning awakening and difficulty maintaining sleep during the night. Suicidal ideation was associated with difficulty in going to sleep. The presentation of the data is poor, but there do appear to be linear trends in sleep difficulties from ideation to planning to attempting.

Deisenhammer, et al. (2009) interviewed attempted suicides within three days of the attempt. Of these, 48% reported that the time between suicide thoughts and the attempt was less than ten minutes. A longer time interval was associated with higher suicidal intent but was not associated with impulsivity scores.

In a small sample of attempted suicides, Jokinen, et al. (2009b) found that the violent suicides had higher suicidal intent. However, their report of this is inconsistent. SIS scores did not differ between violent and nonviolent attempters. High lethality attempters had higher SIS ratings ($p < 0.04$). Violent suicides had significantly higher suicide intent scores ($p = 0.032$). However, it can be seen that lethality was associated with suicidal intent. In their attempts, suicidal intent and the lethality of the method used were not associated with CSF levels of 5-HIAA or HVA.

In Iran, Sheikholeslami, et al. (2009) compared single and multiple attempters. Repeaters were more depressed, hopeless, and impulsive, had higher scores for suicide intent, more often had psychiatric comorbidity, and reported

more negative life events, dissatisfaction with life, and poorer perceived social support.

Cais, et al. (2009) compared single and multiple attempters in Brazil. Repetition was associated with being female, a housewife, a victim of emotional, physical or sexual abuse, having a criminal record, and higher depression and hopelessness scores.

Sjöström, et al. (2009) studied attempted suicides and compared those who repeated within two years with those who did not do so. Repeaters more often had frequent nightmares, but not difficulties initiating/maintaining sleep nor early morning awakening, even after adjusting for sex, axis-I DSM-IV diagnoses, and self-reported depression and anxiety symptom intensity.

In a sample of women who had attempted suicide in China, Wong and Phillips (2009) compared those who had suffered physical abuse from their partners and those who had not. In a multiple regression, being a victim of abuse was predicted by younger age, less economic hardship, imbalanced family relationships and divorce, but not by suicidal intent. Those severely abused had a lower quality of life, had imbalanced family, had conflict with their mother-in-law, had greater suspicion of their husband's infidelity, and higher levels of depression. They did not differ in suicidal intent.

In a sample of South Korean medical students, Jeon, et al. (2009) found that lifetime suicidal ideation and attempted suicide was predicted by childhood emotional trauma, sexual abuse, general trauma, heavy stress, poor physical health and sex. Table 2 in their report has the wrong percentages listed, but I recalculated the percentages. From no-suicidal behavior to ideation to plans to attempt, general trauma, emotional abuse, sexual abuse, and no abuse all showed linear trends, while physical abuse did not.

In a sample of attempted suicides, Meneghel, et al. (2009) found that being a repeater was negatively associated with religious practice and positively with a diagnosis of a personality disorder. Suicidal intent was negatively associated with an Axis-II diagnosis and positively with more education, while suicidal intent during consultation was higher in the older attempters (>65), those who were single, and those with bipolar disorder and personality disorders rather than depression.

Gibb, et al. (2009) compared depressed psychiatric inpatients with no, one or multiple suicide attempts. The repeaters had higher levels of suicidal ideation and depressive symptoms, but not hopelessness or dysfunctional attitudes. The multiple attempters reported an earlier age of major depression onset. Only dysfunctional attitudes showed a linear trend from zero to multiple attempts, but was not statistically significant.

Adults with Psychopathology

Affective Disorder

Lizardi, et al. (2009a) studied a sample of attempted suicides with major depression. The presence of suicidal behavior in first-degree relatives predicted the number of attempts (along with aggression and reasons for living), The lethality of the attempt was predicted by aggression and negatively by reasons for living and the impulsivity score. The age at the first attempt was predicted by impulsivity, sex and marital status.

In a sample of patients with bipolar disorder, Garcia-Amador, et al. (2009) found that rapid cycling was associated with more often lifetime suicidal ideation but not more suicide attempts. The rapid cyclers had, however, made more lifetime suicide attempts. The two groups did not differ in the lethality of the attempts nor the use of a violent method.

In a sample of patients with bipolar disorder, Oquendo, et al. (2009) compared those making highly lethal and less lethal suicide attempts. “High-lethality attempters reported greater suicidal intent and more previous attempts. Multiple attempters showed no pattern of incremental lethality increase with subsequent attempts, but individuals with early high-lethality attempts more often made high-lethality attempts later. A subset of high-lethality attempters make only high-lethality attempts” (p. 247).

In a sample of patients with major depressive disorder and past attempted suicide. Nakagawa, et al. (2009b) found that serious planning was associated with a more lethal attempt. Comorbid anxiety disorder and panic disorder were associated with less serious planning. Planning was not associated with the severity of depression, aggressive/impulsive traits, the number of lifetime suicide attempts, hopelessness, lifetime aggression, or impulsivity.

Other Disorders

In a sample of patients with chronic schizophrenia, Pompili, et al. (2009b) found that those making a highly lethal suicide attempt more often had strong feelings of fear in the past two weeks and less likely to have lost skills in a demanding job.

Galor and Hentschel (2009) studied Israeli veterans and terror victims who had PTSD and/or depression who were administered the Gottschalk–Gleser content analysis scales. The attempters and ideators differed on Deterrents, Sickness, Hopelessness, Frustrated dependency, Total depression, Separation depression and Separation anxiety out of the 33 scale scores. The attempters differed from the non-suicidal patients on Hopelessness, Frustrated dependency and total depression scale scores. Linear trends (from non-suicidal to ideators to attempters) could be observed for self-accusations, frustrated dependency and ambivalent hostility.

Blasco-Fontecilla, et al. (2009) studied a sample of attempted suicides. Those with severe personality disorders versus simple PD had made more attempts, especially for women and for the younger attempters. There was no association between the severity of the PDs and the severity/lethality of the attempt, their suicide intent or the risk-rescue score.

RESEARCH OF NO USE FOR UNDERSTANDING SUICIDE

Studies of Attempted Suicide

Adolescents

In a study of Icelandic adolescents (14-16), Thorlindsson and Bernburg (2009) found that attempted suicide was associated with the community level of residential mobility (positively) and college-educated parents (negatively, and positively with the individual level of female, moved in the last year, normlessness, contact with suicidal others and not living with both parents and negatively with parents' college education. The results were similar for suicidal ideation.

In a large sample of children and adolescents in a psychiatric clinic, Kirkcaldy, et al. (2009) found no significant differences in attempted suicide between birth order positions for males while, for females, middle children were more likely to have attempted suicide. The number of siblings was significantly correlated with attempted suicide.

In a national sample of adolescents, Nickerson and Slater (2009) found that the predictors of suicidal ideation and attempted suicide for both male and female adolescents included carrying a weapon, being threatened or injured at school, having property stolen or damaged at school, and getting into a fight. Carrying a gun was not associated with suicidal behavior.

In secondary school students in Hong Kong, Lee, et al. (2009b) found that suicidal ideation and attempts were associated with heavy smoking, episodic heavy alcohol drinking, early sexual experience, and feeling hopeless. Attempted suicide was associated with drug misuse and suicidal ideation with involvement in physical fights.

In Chinese adolescents, Cheng, et al. (2009a) found that suicidal ideation and attempted suicide was associated with being female, older age (>14), missing classes without permission and parents less interested in the adolescents activity (school and outside school).

In a sample of high school students, Epstein and Spirito (2009) found that both suicidal ideation and attempts were associated with drug use (e.g., recent smoking, drinking before 13), victimization (e.g., threatened at school, hit by girl/boyfriend), risky sexual behavior (e.g., forced to have sex, not using a condom) and two health problems (health as fair/poor and has disability/health problem).

In a sample of adolescents (aged 14-21) at risk of dropping-out of school, Sharaf, et al. (2009) found that suicide risk (ideation, attempts and other factors) was associated with self-esteem and family support, as well as age and the number of residential moves and being female.

Brent, et al. (2009) followed up adolescent suicide attempters with unipolar depression for six months. “Higher self-rated depression, suicidal ideation, family income, greater number of previous suicide attempts, lower maximum lethality of previous attempt, history of sexual abuse, and lower family cohesion predicted the occurrence, and earlier time to event [defined by the authors as completed suicide, attempted suicide, preparatory acts toward imminent, suicidal behavior, or suicidal ideation], with similar findings for the outcome of attempts” (p. 987).

Yang, et al. (2009) studied a small sample of children (aged 5-17) in an after-school program. From 107 items, nine composite measures were obtained. Those who had considered suicide were lower in club affiliation, higher in drug

use and less studious. The ideators did not differ in the composite measures of Worried-Unconfident-Antisocial, Prosocial-Confident, Prosociality Induction, Violence Propensity, School Rejection, Likes School, or Eats Fruits-Vegetables.

In a sample of South Korean 7th and 8th grade students, Kim, et al. (2009) found that recent suicidal ideation (past six months) was associated with being a victim-perpetrator for boys, and being a victim or a victim-perpetrator for girls. Attempting suicide in the past six months was not associated with bullying. Their report of their results does not appear to me to be consistent with their tables of results.

In a large sample of Taiwanese students in junior and senior high schools, Tang, et al. (2009) found that past-year attempted suicide was associated with female gender, low self-esteem, weekly alcohol use, illicit drug use, depression, high family conflict, low maternal education level, poor family function, low connectedness to school, low rank, poor feeling in peer group, and dropping out from school.

Dougherty, et al. (2009) compared adolescents with NSSI who had attempted suicide and those who had not. Those who had attempted suicide had worse depression, hopelessness, and impulsivity and demonstrated higher impulsivity. In the follow-up 4-6 weeks later, the attempters still had more depressive symptoms, hopelessness, and impulsivity.

In a paper that is not focused on suicide and, therefore, poorly presented for suicidologists, Wang, et al. (2009b) studied Chinese adolescents in grades 1-6. Suicidal ideation was more common in girls and in adolescents with more educated fathers. Attempted suicide was less common in grades 4-6.

Liu, et al. (2009a) followed up adolescents with affective disorders and healthy controls for 6-99 months (median 32 months). The affective disorder patients who had attempted suicide were less likely to use distracting activities to manage their depression. Those who engaged in risky activities to manage their depression were more likely to attempt suicide during the follow-up. The attempted suicides were more often female, living with a partner, unemployed, and less often with a comorbid substance abuse disorder.

Zayas, et al. (2009) compared Latina adolescent girls who had attempted suicide with those who had not. Attempters and non-attempters were similar in acculturation and attitudes toward family solidarity and obligations, but attempters

reported less mutuality (affection, support and communication) with their mothers than non-attempters, as did the two groups of mothers with their daughters.

In a ten-year follow-up of adolescents who had attempted suicide, Géhin, et al. (2009) found that repeating attempted suicide was associated with having made many prior attempts at baseline, although the wording in their article is far from clear. Boys and girls did not differ in repeating.

In a community survey of adolescents in Iceland, Bernburg, et al. (2009) found that that household poverty (at the individual level and at the community level) was associated with attempted suicide and suicidal ideation, along with knowing suicidal others, being female, having parents in conflict and having moved in the last year.

In a sample of Canadian adolescents, Dupéré, et al. (2009) found that attempted suicide and suicidal ideation were associated with living in poor neighborhoods, even after controlling for pre-existing family and individual vulnerabilities, including family SES, family disruption, maternal depression, internalizing symptoms and hyperactivity/impulsivity problems.

In adolescents aged 12-19 in South Korea, Han, et al. (2009) found that cigarette smoking and heavy drinking were associated with suicidal ideation and attempted suicide in both boys and girls, even after controlling for school grade, school record, place of residence, perceived economic status, family structure, perceived stress, perceived sadness/hopelessness, and chronic disease (which were also associated with suicidal ideation and attempts).

In a national sample of high school students, Swahn, et al. (2009a) found that perceived and actual overweight (BMI) were associated with prior attempted suicide. Attempted suicide was also more common in girls, smokers, alcohol and drug use and sadness, but controlling for these variables did not eliminate the associations with weight.

Mikami, et al. (2009) compared adolescent attempted suicides with and without pervasive developmental disorder (PDD). Those with PDD were more often boys, but less often had mood or anxiety disorders. The two groups did not differ in past attempted suicide.

Csorba, et al. (2009) compared adolescents with NSSI and suicidal self-injury (SSI). SSI adolescents more often had major depression, were more likely to

favor cutting of the lower leg and drug overdose, and to report addictive features than were their peers with no suicidal motivation.

In an American national sample of adolescents, Dave and Rashad (2009) presented data that self-perception of being overweight was associated with suicidal ideation and attempted suicide. They claim that this effect is strong in girls and weaker in boys. They claim that actual weight does not have an impact. They also studied drinking and driving, carrying weapons, fighting, smoking, substance abuse, sexual activity, team sports, school safety, depression and forced sex, but nowhere in their paper are there any meaningful multiple regressions!

In a sample of adolescent psychiatric inpatients, Riala, et al. (2009) found that attempted suicide (and self-mutilation) was associated with nicotine dependence for girls, but not for boys.

Groholt and Ekeberg (2009) followed a sample of attempted suicides for 8-10 years. A repeat attempt was most common in those diagnosed with schizophrenia and eating disorders (100%), followed by substance use (71%) and personality disorders (55%). Those with no disorder at baseline did not repeat.

In a sample of Norwegian adolescents (aged 14-17) followed up 5 years later, Wichstrøm (2009) compared those with NSSI and those attempting suicide. The two groups were similar in previous suicide attempt, young age, sexual intercourse before the age of 15, and non-heterosexual sexual interest, but differed in predictors. Attempted suicide was predicted by suicidal ideation, unstable self concept, and conduct problems, and negatively with attachment to parents. NSSI did not predict attempting suicide.

In a sample of attempted suicides, Giegling, et al. (2009) looked for correlates of state aggression, self-aggression, impulsive attempts and use of violent methods. Impulsive attempters scored higher for anger-in and lower for self-directedness. A violent method was associated only with being male but none of the personality test scores.

In a sample of high school students, Schilling, et al. (2009) found that attempted suicide was more common if the students engaged in heavy episodic drinking and if they drank while depressed. Among those who drank while depressed, past-year suicidal ideation reduced the risk of attempting suicide.

Merchant, et al. (2009) compared black and white adolescents who had suicidal ideation or who had attempted suicide, but they then use the term attempted suicide. What happened to the ideators? Later they compare multiple attempters and one-time attempters/ideators. The design of the study and the presentation of the results are poor. According to the Abstract, for white adolescents, suicidal ideation was higher in the multiple attempters. For the black multiple attempters higher scores for a measure of interpersonal orientation predicted multiple attempters. The white sample had higher scores for suicidal ideation and hopelessness but did not differ in social support or internalizing and externalizing symptoms.

In a study of adolescent inpatients, Grover, et al. (2009) claimed that life event stress and chronic stress predicted suicidal ideation and suicide attempts. Problem solving predicted suicidal ideation but not attempted suicide. Their table of correlations appears to show that depression scores were positively associated and hopelessness scores negatively associated with ideation and attempt which seems odd. They used Spearman correlation for attempted suicide (a dichotomous variable) apparently unaware of point-biserial correlations.

In three large samples of adolescents, Kaminski and Fang (2009) found that being a victim of bullying and depression symptoms predicted suicidal ideation and what they call suicidal behavior! Ethnicity and sex also played a role.

In a Hawaiian sample, Else, et al. (2009) found that suicidal ideation and attempts were more common in females but did not differ by ethnic group, employment status, or hours worked per week. Being a victim and being a perpetrator of violence were associated with ideation and attempts, with a stronger association for being a victim. The researchers did not statistically compare the ideators, planners and attempters so that linear trends cannot be identified.

In a 9-year follow-up of 11-year-olds, MacDonald, et al. (2009) found that current suicidal ideation and past attempted suicide predicted later depression and drug abuse. Controlling for depression and stress exposure at baseline eliminated the associations for attempted suicide but not for suicidal ideation at baseline.

In a 13-year follow-up study of adolescent psychiatric inpatients, Daniel, et al. (2009) found that trait anger and anger expressed outwardly predicted attempted suicide for the boys. For the girls, for those with major depression, attempted suicide was predicted by trait anger and anger expressed inwardly and outwardly.

In a sample of students in grades 7-9 and 11-12, Swahn, et al. (2009b) found that those who dated also more often used alcohol and drugs and had attempted suicide. Detailed analyses showed that this association was statistically significant overall for girls but not for boys, and for girls in grades 7 and 9 but not 11-12.

In a sample of homeless youth and young adults, Walls, et al. (2009) found that being in the custody of social services was associated with an increase incidence of suicide attempts for heterosexual youth, but not for sexual minority youth. Engaging in survival sex appears to be associated with increased risks of suicide attempts for both groups, Psychiatric hospitalization and intravenous drug use also predicted attempted suicide.

In a mixed sample of suicidal (ideation or attempts) and non-suicidal adolescents, Cha and Nock (2009) found that childhood sexual abuse was associated with suicidality. However, childhood sexual abuse was strongly predictive of these outcomes among those with low emotional intelligence, weakly predictive among those with medium emotional intelligence and completely unrelated among those with high emotional intelligence.

In an American national sample of adolescents, Joe, et al. (2009) found that African Americans had a higher rate of attempted suicide, but not suicidal ideation, than did Caribbean Americans. In the total sample, attempted suicide was associated with anxiety disorders while suicidal ideation was associated with anxiety disorders and substance disorder.

In adolescent psychiatric inpatients, Luukkonen, et al. (2009) found that attempted suicide was more likely if the adolescent had bullied others or been bullied for girls but not for boys. Bullying was not associated with self-mutilation in boys or girls.

In a national sample, Aseltine, et al. (2009) found that part-year attempted suicide was associated with heavy episodic drinking (and depression), and this association was stronger the younger the adolescents.

In a follow-up study of a cohort of urban Americans from first-grade to the age of 21, Wilcox, et al. (2009) compared those with PTSD and with exposure to assaultive and non-assaultive trauma but no PTSD. Only the PTSD group had a higher incidence of attempted suicide. The PTSD-suicide attempt association was robust, even after adjustment for a prior major depressive episode, alcohol abuse or dependence, and drug abuse or dependence.

Adults

In a sample of college students, Surrence, et al. (2009) compared those with and without a past suicide attempt. The attempters scored higher for hopelessness, depression and suicidal ideation and trended toward more brooding but not more reflection on a test of rumination. For the combined sample, brooding and reflection were correlated with suicidal ideation. For the non-attempters, these correlations were non-significant. For the attempters, only reflection, but not brooding, was associated with suicidal ideation.

In a sample of attempted suicides, O'Connor, et al. (2009) found that suicidal ideation 2½ months after admission was associated with depression and negatively with goal re-engagement (but not with goal disengagement), although those with high levels of goal disengagement coupled with low levels of goal reengagement at baseline had significantly higher suicidal ideation at follow-up. The report of this study is confused by including non-attempters, single attempters and multiple attempters (called attempt status). In a regression analysis predicting suicidal ideation in attempters (Table 2), attempt status is a predictor variable which is confusing.

In a Canadian national sample, Rasic, et al. (2009) found that suicidal ideation was associated with religious worship attendance and spiritually but not after controls for social support. Attempted suicide was associated with religious worship attendance even after controls for social support.

In an American national sample of people aged 15-54, Afifi, et al. (2009) found that parental divorce and child abuse increase the likelihood of lifetime attempted suicide and lifetime suicidal ideation, as well as many other psychiatric disorders.

In a sample of college students, Pirelli and Jeglic (2009) found that suicidal ideation was not associated with exposure to suicide or to non-suicidal death. Attempted suicide was more common in those who had been exposed to death by suicide or by acute disease.

In college students, Taliaferro, et al. (2009b) found that, for both men and women, those who engaged in regular physical activity (and to a lesser extent strengthening and toning exercise) felt less hopeless and depressed and reported less suicidal ideation/attempts.

In a sample of attempted suicides, Schillani, et al. (2009) found that the number of suicide attempts was correlated with the number of negative life events which had occurred in the six months preceding each attempt and to a lesser extent by events which had occurred earlier.

Cailhol, et al. (2009) studied attempted suicides using medications. Just under 16% showed violent behavior on admission. A higher incidence of violent behavior was found in those born at the end of winter and the beginning of spring, with a maximum for April and a minimum for December.

In an Australian cohort, Alati, et al. (2009) examined IQ at age 14 with suicidal attempts and ideation by age 21. One IQ test had no association but, with the Raven's IQ test, lower IQ scores were associated with a higher incidence of suicidal ideation and attempts.

In a five-year follow-up of attempted suicides, Scoliers, et al. (2009) found that repeaters had higher scores on measures of psychopathology, were more often female, aged between 20 and 49, and had a lower education.

In a Dutch national sample, ten Have, et al. (2009) found that attempted suicide was associated with negative life events, ongoing conflicts, neuroticism, childhood trauma, and anxiety and mood disorders. Suicidal ideation was associated with not living with a partner, becoming unemployed, urban living, ongoing conflict, neuroticism, anxiety and mood disorders. An unfavorable outcome at the 3-year follow-up was associated with lower education and lower income, experience of any childhood trauma, dysthymia, any anxiety disorder (agoraphobia, social phobia, obsessive-compulsive disorder), or a cardiovascular disease. The best predictor of attempted suicide was previous suicidal ideation.

In an English national sample, Bebbington, et al. (2009) found that lifetime attempted suicide and suicidal ideation was associated with being female, non-psychotic mental illness and childhood sexual abuse. They claimed to have measured suicidal intent, but the question was on suicidal ideation and not intent for the attempted suicide.

In a community sample, Hills, et al. (2009) found that past attempted suicide was associated with both internalizing disorders and externalizing disorders (drug or alcohol dependence and antisocial personality disorder), as was attempting

suicide in the first year of follow-up. However, attempting suicide during the 13-year follow-up was associated only with internalizing disorders.

From national surveys in America and Mexico, Borges, et al. (2009) found that suicidal ideation was more common in Mexicans with a family member in the United States, Mexican-born immigrants who arrived in the United States at 12 years or younger, and US-born Mexican Americans than among Mexicans with neither a history of migration to the United States nor a family member currently living there. Attempted suicide was more common in Mexican immigrants with a family member in the United States and US-born Mexican Americans.

Spokas, et al. (2009) compared attempted suicides with and without childhood sexual abuse. For males, the attempters with childhood sexual abuse scored higher for hopelessness and suicidal ideation and more often made multiple attempts, had PTSD and borderline personality disorder and less often a depressive disorder. For females, the attempters with childhood sexual abuse more often reported suicidal ideation and less often a depressive disorder.

In a sample of college students, Glenn and Klonsky (2009) found that those who engaged in NSSI when alone were more likely to report suicidal ideation and attempted suicide than those who engaged in NSSI in the presence of others. In addition, those students who engaged in NSSI more often reported suicidal ideation and attempts than those who did not engage in NSSI.

Nakagawa, et al. (2009a) compared attempted suicides with and without a family history of attempted suicide. A family history of attempted suicide was associated with the motive of family relations and deliberate self-harm, but not other reasons for the attempt, the methods used or the physical damage (somatic complications).

Posada-Villa, et al. (2009) looked at the results of national survey in Colombia and had data on the non-suicidal persons, ideators, planners and attempters. However, they used odds ratios rather than ANOVAS for the four groups, making a search for linear trends impossible.

In a sample of undergraduate students, Robins and Fiske (2009) found that involvement in public, but not private, religious practices was associated with lower levels of both suicidal ideation and history of suicide attempts. Social support and self-esteem influenced these associations but religious beliefs did not.

In active Canadian military personnel, Belik, et al. (2009) found that trauma (from accidents, sexual assault and childhood abuse and, for men, trauma in war zones) was associated with attempted suicide after adjusting for socio-demographic and psychiatric variables. There was a dose-response phenomenon – the more trauma, the greater the risk of attempted suicide.

In a Canadian national sample, Mather, et al. (2009) found that obesity was associated with both suicidal ideation and attempted suicide (past year and lifetime), as well as mood and anxiety disorders. The associations were found for both men and women, with the associations a little stronger for women.

Plöderl and Fartacek (2009) compared heterosexual and LGB adults. Suicidality (ideation and attempts) were more common in the LGB group. Current and past suicidality was predicted by sexual orientation, with a trend toward greater childhood gender nonconformity and childhood harassment. Lifetime suicidality was predicted by sexual orientation childhood harassment.

In a large survey of adults in Beijing, China, Ma, et al. (2009a) found that suicidal ideation and attempts were higher in rural areas, those aged >25, females, the unmarried, and those with lower education level, very low or very high income and the presence of major medical disorders.

Van Bergen, et al. (2009) studied attempted suicides in the Netherlands by Turkish, Moroccan, South Asian and Dutch females. The immigrant women were more often characterized by specific stressful life events related to their family honor, and their lives were often characterized by a lack of self-autonomy. The researchers concluded that many of the attempted suicides were fatalistic in nature.

In a sample of female adult sexual assault survivors, Ullman and Najdowski (2009) found that suicidal ideation was associated with younger age, minority ethnicity, childhood sexual abuse and bisexual survivors (out of 20 variables studied). Lifetime attempted suicide was associated with more trauma, drug use, childhood sexual abuse and disclosing the assault to formal sources.

In an American national sample, Miller, et al. (2009) found that having a firearm in the home was not associated with psychiatric disorders or past-year suicidal ideation or planning, but it was negatively associated with having attempted suicide.

Lizardi, et al. (2009b) studied the offspring of divorced parents. In multivariable regressions controlling for age, race/ethnicity, income, marital status, and parental history of depression, females who had lived with their fathers were significantly more likely to report lifetime suicide attempts than females who had lived with their mothers, even after controlling for parental depression. The impact of divorce for men was not statistically significant.

In a sample of Native Americans, Hill (2009) found that suicidal ideation was negatively associated with a sense of belonging to their community but not with being active in the Native American community. Attempted suicide was not associated with either variable.

In a national sample of Asian Americans, Duldulao, et al. (2009) found that suicidal behavior (ideation and attempts) was higher in US born women and immigrant men and women, but significant only for ideation and not for attempting suicide.

Pompili, et al. (2009a) compared attempted suicides admitted to an emergency department with psychiatric controls. The attempters scored higher for suicidal ideation, depression and bipolar disorder and lower for anxiety and agitation. Suicidal ideation in the attempters after the attempt was associated with depressed mood but not bipolar disorder.

In a poorly analyzed and presented article based on a national sample tested at baseline and ten years later, Kessler, et al. (2009) claimed that early onset nicotine dependence (via smoking) was associated with later suicidal ideation, but that no baseline smoking measure predicted attempted suicide among those with suicidal ideation. After controls for many variables and risk factors, the association disappeared except for suicidal plans. Typically, however, if one puts in enough controls, most associations disappear. The presentation of the results is so poor that one doubts the validity of the results.

Comparing elderly patients with depressive disorders who had or had not attempted suicide and normal controls, Gibbs, et al. (2009) found that depressed attempters perceived their overall problem solving as deficient, perceived their problems more negatively and approached them in a more impulsive manner, but did not differ on the rational problem solving and avoidant style sub-scales.

In one region of Iran, Lari, et al. (2009) found that the use of burning for attempted suicide was most common in single males aged 20–39 years and young married women aged 15–29 years.

In a large national sample of women, Cogle, et al. (2009b) found that lifetime suicidal ideation was associated with interpersonal violence victimization, PTSD, major depression and alcohol abuse/dependence. Lifetime attempted suicide was associated with interpersonal violence victimization, PTSD, alcohol abuse/dependence, and illicit drug use. Comorbidity of PTSD and depression was a stronger predictor of suicidal behavior.

In a national sample in Australia, Page, et al. (2009) found that attempted suicide was associated with anxiety disorders, low level occupation and less education.

Corliss, et al. (2009) studied a sample of lesbian and bisexual women. Younger age of minority sexual orientation development milestones was positively linked to harassment and abuse for being homosexual, and to a suicide attempt before age 18.

In a sample of elderly (>60) attempted suicides in Taiwan and community controls, Liu and Chiu (2009) found that the attempting suicide was predicted by psychiatric symptom score and depressive disorder and negatively by drinking alcohol.

In a sample of acute psychiatric inpatients, Pompili, et al. (2009c) found that a history of abuse (physical or sexual) was associated with a higher score on a measure of suicidality (ideation plus attempts). The harsher the physical abuse, the higher the suicidality score. Those abused also differed on hopelessness, some MMPI scale scores (D, Pd, Pt and Sc) and personality traits (irritable and dysthymic-cyclothymic-anxious).

In a month-by-month analysis for the years 1999-2004 in Israel, Weizman, et al. (2009) found no overall impact on rates of attempted suicide and terror attack, except for an 11-month period when there was a positive association.

In a sample of sex workers in Goa (India), Shahmanesh, et al. (2009) found that attempted suicide was associated with intimate partner violence, violence from others, entrapment, regular customers, and worsening mental health. Protective factors were Kannad ethnicity, HIV prevention services and having a child.

However, the authors' presentation of the multiple regression(s) is poor, making identifying the predictors difficult.

Sarchiapone, et al. (2009d) compared Italian and French attempted suicides and Italian psychiatric patients. The sample of French attempters is irrelevant. For the Italian samples, the Italian attempters differed from controls only on the diagnosis of major depressive disorder (the attempters more often). The attempted suicides more often reported physical, sexual and emotional abuse and a lifetime history of aggression.

Rihmer, et al. (2009) compared non-violent attempted suicides with normal controls on the TEMPS-A. The attempters scored higher for the depressive, cyclothymic, irritable and anxious temperaments but not for hyperthymia.

Psychopathology

In a study of patients aged 15-29 with first episode psychosis, Robinson, et al. (2009) found that attempted suicide during treatment was predicted by previous attempt, sexual abuse, comorbid polysubstance abuse, greater insight, lower baseline scores for Global Assessment of Functioning Scale and Scale of Occupational and Functional Assessment score, and longer time in treatment.

Johannessen, et al. (2009) studied the impact of the change to shorter hospital stays after 1995 for psychiatric patients in Norway and found that, for those admitted after a suicide attempt, the rate of repeat attempts did not change after that change in hospital practices.

In a study of discharged psychiatric patients. Christiansen and Jensen (2009) found that attempted suicide in the first two weeks after discharge was associated with more previous hospitalizations, and diagnoses of anxiety, stress-related and somatoform disorders, and substance abuse disorders, especially when comorbidity between mental illness and substance abuse occurred.

In a study of acute psychiatric inpatients (aged 18-40), Swogger, et al. (2009) found that attempted suicide was predicted by sex, age, ethnicity and antisocial personality disorder, identical predictors as for NSSI.

Conrad, et al. (2009a) compared psychiatric inpatients with suicidal behavior (attempts or ideation) with non-suicidal psychiatric inpatients on the subscales of a

suicide risk scale. The suicidal patients scored higher for hopelessness and self-hate but did not differ significantly for pain, stress and agitation.

In a sample of psychiatric inpatients, Keizer, et al. (2009) found that lifetime attempted suicide was associated with smoking cigarettes, but smoking was also associated with mood disorders, and no multiple regression was presented.

In a sample of non-psychotic psychiatric inpatients, Wu, et al. (2009) found that those who had attempted suicide scored higher on some measures of impulsivity (lack of self-control/ attentional impulsivity) and commission errors on the IMT/DMT (immediate memory tasks/delayed memory tasks), but the different measures of impulsivity did not correlate with one another.

In a national sample in America, Cogle, et al. (2009a) found that social anxiety disorder, posttraumatic stress disorder, generalized anxiety disorder, and panic disorder predicted suicidal ideation, while only anxiety disorder, posttraumatic stress disorder, generalized anxiety disorder predicted suicide attempts. The predictors differed by sex.

In a sample of psychiatric outpatients, Witte, et al. (2009) found that the number of past attempts was associated with a family history of suicide, depression and anxiety scores, and negatively with the global assessment of functioning. Recurrent major depressive disorder was predictive of attempted suicide and, to a lesser extent, dysthymic disorder, more so than those patients with a single episode of major depressive disorder.

Lewine and Shriner (2009) found that lifetime attempted suicide in male psychiatric patients was associated being from higher social class who experienced minimal lost work potential and who had educated fathers. They say that they were studying schizophrenics, but their results seem to be for all patients.

Goldston, et al. (2009) studied adolescent psychiatric inpatients (aged 12-19) who were followed for 13 years. Most psychiatric disorders predicted attempts during follow-up. Major depressive disorder, dysthymic disorder, generalized anxiety disorder, and panic disorder predicted repeat attempts better than first-time attempts. Only depressive disorders NOS, phobias and oppositional disorder did not predict attempted suicide.

In a sample of psychiatric outpatients, Diaconu and Turecki (2009) found that attempted suicide was more common in those patients with a family history of

suicidal behavior (attempted or completed suicide), irrespective of psychiatric diagnosis, especially if depression was present. A family history of suicidal behavior was associated with impulsiveness and aggressive behavior.

In an Australian national sample, Johnston, et al. (2009) found that suicidal ideation/attempts were more common in women, younger people, those outside the labor force, and those with mental disorders, and less common in those who were married or in de facto relationships, and those with moderate levels of education, but these differences failed to reach statistical significance.

Affective Disorder

In a sample of bipolar-1 patients, Malloy-Diniz, et al. (2009) found that those who had attempted suicide scored worse than non-attempters on cognitive tests: measures of decision-making and the Stroop Color Word Test.

Neves, et al. (2009a) compared bipolar patients in the depressed or manic/hypomanic phases in their first episode. Those with depression reported more past suicide attempts. The number of attempts was higher for the bipolar type 2 patients and those with prior psychotic episodes. The manic/hypomanic patients more often used violent methods for suicide (versus drug overdoses).

In a sample of psychiatric inpatients, Grassia and Gibb (2009) found that lifetime attempted suicides scored higher for brooding, but not reflective, rumination (for both men and women) even after controlling for depression.

Dell'Osso, et al. (2009a) found that lifetime dysfunctions in three phases of the sexual response (less sexually active, difficulty becoming aroused and difficulty having an orgasm) were associated with lifetime suicide attempts in patients with bipolar disorder, but not for patients with unipolar disorder.

Sublette, et al. (2009) found that substance abuse disorder was associated with attempted suicide in bipolar-I patients but not in bipolar-II patients. The higher suicide attempt rate associated with alcoholism in BD-I was mostly explained by higher aggression scores, and an earlier age of BD onset. The higher suicide attempt rate associated with other drug use disorders in BD-I was explained by higher impulsivity, hostility and aggression scores.

In a sample of adolescent psychiatric patients, Horesh, et al. (2009) found that attempting suicide was associated with stressful life but impacted by diagnosis

(major depression [MDD] versus borderline personality disorder [BPD]). The attempters had experienced more stressful life events in the prior year and lifetime than the nonsuicidal adolescents. MDD adolescents experienced more lifetime death-related stressful life events than BPD adolescents. Suicidal BPD participants reported more lifetime sex abuse-related life events compared with nonsuicidal BPD participants.

In a sample of bipolar patients, Ostacher, et al. (2009) found that scores on the Suicide Behaviors Questionnaire were associated with cigarette smoking, but not after controls for impulsivity. Smokers more often made a suicide attempt in the 9-month follow-up.

In a sample of bipolar patients, Baethge, et al. (2009) found that suicidal acts (means what?) were associated with current smoking and coffee drinking but not with yearly episodes of depression or mania.

In a sample of rapid-cycling bipolar patients, Gao, et al. (2009a) found that attempted suicide was associated with earlier age of depression onset, bipolar I subtype, female sex, unmarried status, and a history of drug use disorder, panic disorder, sexual abuse and psychosis.

In a sample of bipolar disorder outpatients, Sánchez-Gistau, et al. (2009) found that the attempted suicides had a higher rate of atypical depression, family history of completed suicide, depression at index episode and cluster B personality disorders.

In bipolar-1 patients admitted for a manic episode, Azorin, et al. (2009) found that lifetime suicide attempts were associated with multiple hospitalizations, depressive or mixed polarity of first episode, presence of stressful life events before illness onset, younger age at onset, no free intervals between episodes, female sex, higher number of previous episodes, and a cyclothymic temperament.

In a sample of bipolar patients, Neves, et al. (2009b) found that attempted suicide was associated with comorbidity with borderline personality disorder, panic disorder, alcoholism, other drug addictions, generalized anxiety disorder and smoking, but only borderline personality disorder survived a multiple regression. Borderline personality disorder and alcoholism were associated with violent suicide attempts.

In a sample of depressed patients, Hovanesian, et al. (2009) found that the use of image-distorting defense mechanisms (e.g., dissociation, devaluation) was associated with recent attempted suicide. The suicidal ideators were more depressed than the non-suicidal and attempted suicide patients. Both the use of more image-distorting mechanisms and less immature defenses significantly predicted those patients who had attempted suicide.

Schizophrenia

Restifo, et al. (2009) found that good premorbid adjustment and insight in schizophrenics predicted severity of depressive symptoms, and the psychological symptoms of depression predicted attempted suicide. The attempted suicides did not differ in somatic symptoms, premorbid adjustment, insight or past major depression episodes.

In a sample of Finnish adolescent psychiatric inpatients (aged 12-17), Tikkanen, et al. (2009) found that suicidal ideation (but not attempted suicide) was more common in boys with psychosis who were performing well in school. The same phenomenon was not found for girls.

Anxiety Disorders

In a large community survey in China, Ma, et al. (2009b) found that there was a high incidence of attempted suicide in those with generalized anxiety disorder (38%) compared to 4% in those without generalized anxiety disorder. However, the data for other disorders was not reported.

Personality Disorders

In a sample of patients with personality disorders followed for seven years, Yen, et al. (2009) found that negative affectivity, disinhibition and impulsivity predicted an attempt at suicide, as did sex, childhood sexual abuse, course of major depressive disorder and substance use disorders

Substance Abuse

Maloney, et al. (2009a) compared accidental overdose and attempted suicide in opioid dependent patients. Attempted suicide was associated with a history of mental disorders (depression, anxiety disorder, and screening positive for borderline personality disorder (BPD+)) while accidental overdoses were associated

with high impulsivity, injection of opioids, and sedative dependence. Those with a history of both behaviors had a more severe clinical profile including excessive drug use, psychological disorders and childhood trauma. The title of their report suggested that some accidental overdoses may be misclassified as suicide attempts.

In a sample of alcohol abusers, Buri, et al. (2009) found that attempted suicide in the prior three months was associated with depression and lifetime violence, and with younger age, less education, and an Axis-I diagnosis and comorbidity.

In a sample of pregnant women with substance abuse, Eggleston, et al. (2009) found that those with comorbid PTSD more often had suicidal ideation and past attempts than those with comorbid other Axis-I disorders and those with no comorbid disorders.

Martinotti, et al. (2009) compared mono- and poly-substance abusers. The poly abusers had more often attempted suicide, self-mutilated, and exhibited aggressive behavior, and were younger, more often separated/divorced, and unemployed, and had higher scores for childhood emotional and physical neglect, higher psychoticism scores, higher aggression scores, and higher impulsivity scores.

In a sample of opioid-dependent patients and community controls, Maloney, et al. (2009b) found that lifetime and past year attempted suicide was higher in those with borderline personality disorder and, separately with impulsivity in both the patients and the controls.

In a sample of psychiatric outpatients with and without substance abuse, Pompili, et al. (2009e) found that those with substance abuse had a higher lifetime incidence of suicidal ideation and attempts, as well as depression.

In a sample of alcohol-dependent patients in outpatient treatment, Petersen, et al. (2009) found that past attempted suicide was associated with a more severe course of alcohol dependence, unemployment, being younger, low education, and more physical and psychiatric problems, as well as traumatic childhood experience of physical or sexual abuse. The results were similar for men and women.

In a sample of patients in treatment for alcohol dependence, Wojnar, et al. (2009a) found that those who had attempted suicide scored higher for impulsiveness. Those who had made a non-impulsive suicide attempt were more

likely to have a history of sexual abuse, a family history of suicide, and higher scores on a personality measure of impulsiveness, typical risk factors for attempting suicide. Those who had made an impulsive suicide attempt had a higher level of behavioral impulsivity but also had used alcohol at the time of the attempt.

In patients under treatment for substance abuse, Conner, et al. (2009) found that proactive aggression (premeditated) was associated with suicidal ideation and with attempted suicide, while reactive aggression (impulsive) was associated only with suicidal ideation. The association for proactive aggression was significant only for men.

In a sample of abstinent cocaine dependent patients, Roy (2009) found that attempted suicide was predicted by childhood physical abuse, childhood emotional neglect, comorbidity with alcohol dependence, and treatment with antidepressant medication. Other correlates were being female, younger age, family history of suicidal behavior and a history of aggression.

PTSD

In a sample of PTSD outpatients without bipolar disorder, Dell'Osso, et al. (2009b) found that both suicidal ideation and attempts were associated with the presence of manic/hypomanic and depressive symptoms.

Eating Disorders

Forcano, et al. (2009) found no differences in lifetime attempted suicide in bulimia-purging, bulimia non-purging and subthreshold bulimia patients. The attempted suicides more often had eating symptomatology, general psychopathology, impulsive behaviors, a history of childhood obesity, lower education and parental alcohol abuse and higher scores on harm avoidance and lower on self-directedness, reward dependence and cooperativeness.

Prisoners

In a sample of male Italian prisoners, Sarchiapone, et al. (2009a) found that suicide ideation and attempts were associated positively with childhood trauma, emotional lability and substance abuse, higher scores on measures of aggression, hostility, childhood trauma, depression, psychoticism and neuroticism and lower scores on sensation-seeking, extraversion and resilience.

Sarchiapone, et al. (2009b) found that male prisoners who had attempted suicide more often had a history of psychiatric disorder, substance abuse, a family history of suicidal behavior, and convictions for violent crime, had exhibited aggressive behavior in jail, and had higher aggression scores. Similar associations were found for suicidal ideators.

Sarchiapone, et al. (2009c) found that male prisoners with a family history of completed or attempted suicide had more often attempted suicide themselves and differed from prisoners with no family history of suicidal behavior in personality and behavior (e.g., higher scores for violent behavior in jail, aggression, hostility, impulsivity and neuroticism).

In a sample of American female prisoners, Clements-Nolle, et al. (2009) found that past attempted suicide was associated with having a higher childhood trauma score, a higher psychological distress score, longer duration of current incarceration and lack of legal employment before incarceration.

In a study comparing delinquent adolescents with community controls, Matsumoto, et al. (2009) found that male delinquents more often reported sexual abuse and past attempted suicide. Female delinquents more often reported sexual abuse, past attempted suicide, NSSI, suicidal ideation and illicit drug use.

In a sample of French prisoners, Lukasiewicz, et al. (2009) found that suicidal ideation and past attempts was associated with having a psychiatric diagnosis and with having a dual diagnosis.

Medical Diseases

In a sample of African American with sickle cell disease, Edwards, et al. (2009) found that 29% reported lifetime suicidal ideation and 8% had attempted suicide lifetime. Patients with past suicidal behavior were more depressed but did not differ in the symptoms of the disease.

In a sample of patients with mood disorders, Arling, et al. (2009) found that those who had attempted suicide had higher *Toxoplasma gondii* antibody titers.¹¹

Fishbain, et al. (2009a) found that patients in acute pain and those in chronic pain were more likely to have suicidal ideation (but not lifetime attempted suicide)

¹¹ *Toxoplasma gondii* is an intracellular parasite.

than were those in rehabilitation without pain and community controls. Worker's compensation status, litigation status, and personal injury status increased the risk of suicidal ideation.

In a sample of people seriously disabled in motor vehicle accidents, Jurišić and Marušič (2009) found that suicidal ideation and attempted suicide were associated with some subscales for self-concept and PTSD (but not all subscales). Although the statistics are not reported, the authors noted that individuals with a family history of suicide were more likely to report suicidal ideation, while attempted suicide was predicted by the extent of hyperarousal and being male.

Studies of Suicidal Ideation

Methodological Issues

Valtonen, et al. (2009) measured suicidal ideation in a sample of patients with bipolar disorder and found that only 29% were judged to have suicidal ideation on all three measures. A score >8 on Oquendo's Scale for Suicidal Ideation was the best for predicting a subsequent suicide attempt.

Youths

In a sample of urban 6-9-year-olds with aggressive-disrupted behavior, Wyman, et al. (2009) found that suicidal ideation was associated with self-reported depression, oppositional defiant disorder, conduct problems, and ADHD symptoms. The parents reported more somatic and behavior problems in those aged 8-9 than in the younger children. The children reported anger, dysphoria and interpersonal conflict as triggers for suicidal ideation.

Gilreath, et al. (2009) studied South African adolescents and found that suicidal ideation was associated for girls with cigarette smoking and maternal closeness but not risky behavior. Suicidal ideation for boys was associated with risky behavior but not smoking or maternal closeness.

In a sample of 6th grade students Stoep, et al. (2009) measured suicidal ideation over 18 months. Reported suicidal ideation declined over time. Roughly 75% had low scores for suicidal ideation over the period, and 1.9% reported suicidal ideation on 3 of the 4 testings. Suicidal ideation was more often reported by Asian Americans and African Americans and from lower income families.

In a sample of outpatients aged 7-18, Greene, et al. (2009) found that suicidal ideation was predicted by depression, negative affect, and anxiety.

In a study of primary and secondary school children in Hong Kong, Au, et al. (2009) found that suicidal ideation was positively associated with depression and negatively with family cohesion and social self-concept for both the primary and the secondary school children. Sex and grade also played a role for the primary school children.

In a sample of adolescents (aged 7-17) with bipolar disorder, Goldstein, et al. (2009) found that suicidal ideation was associated with more conflict with their mother and less family adaptability. Ideators had experienced more stressful family events over the prior year and higher rates of specific familial stressors (e.g., death of a family member, conflict with a sibling).

In South Korean middle school students, Lee, et al. (2009a) found that suicidal ideation was associated with anger in boys and girls and with school life satisfaction in girls.

In a sample of South Korean high school adolescents, Kim (2009) found that suicidal ideation was associated with dissatisfaction with their body image for under-weight, normal weight and overweight adolescents, as well as poor relationships with parents and with peers for both boys and girls.

In a large sample of 7th to 11th grade adolescents, Logan (2009) found that suicidal ideation in the past year was negatively associated with feeling connected to school, having parents who reward good behavior, and feeling able to cope with peer conflict. This was also found for those who had experienced peer abuse and those who had experienced childhood abuse.

In a study of community youths and detained youths, Suk, et al. (2009) found that suicidal ideation was more common in the detained youths. For boys in both groups suicidal ideation was associated with depression, somatization, anxiety, antisocial behavior and post-traumatic stress. For girls in both groups, suicidal ideation was associated with depression, anxiety, antisocial behavior and post-traumatic stress. For the community sample, sensation seeking and prosocial beliefs also played a role.

In a national sample of adolescents, Babiss and Gangwisch (2009) found that the more they participated in sports the lower their depression and the lower

the odds of reporting suicidal ideation, even after controlling for sex, age, ethnicity, substance abuse, body weight, and exercise.

In a study of secondary school students in Hong Kong, Kwok and Shek (2009) found that suicidal ideation was associated with problem-solving styles (negative problem orientation, rational problem solving and impulsive/careless style) as well as poor family functioning (mutuality and communication), their father's education (less education) and their parents' marital status (non-intact).

In a national sample, Baller and Richardson (2009) found that, especially for adolescents judged to be at risk (heavy drinking, fighting, rape victimization, same-sex attraction, and obesity), the number of friends who had attempted suicide predicted suicidal ideation and, for those with high risk scores, the number of friends-of-friends who had attempted suicide.

In a sample of underage college drinkers who had a history of suicidal ideation, Gonzalez, et al. (2009b) found that drinking to cope was a significant intervening variable in the relationships between suicidal ideation and alcohol consumption, heavy episodic drinking, and alcohol problems, even after controlling for depression.

Chang, et al. (2009a) validated a Chinese version of a positive-negative suicidal ideation scale in adolescents aged 12-19. Suicidal ideation was associated with depression and low scores on self-control and positive thought patterns.

In a sample of South Korean adolescents with a two-year follow-up, Kim and Kim (2009) found that body dissatisfaction prospectively predicted the risk of suicidal ideation in early-adolescent girls and mid-adolescent boys, but not in early-adolescent boys or mid-adolescent girls.

In Hong Kong adolescents (aged 15-19), Chan, et al. (2009c) found that suicidal ideation was associated with a coping mechanism by behavioral disengagement, severity of depressive symptoms, a history of deliberate self-harm, chronic physical illness or pain, media reporting of suicide news, and low household income and negatively with perceived responsibilities for family.

In high school students, Brausch and Gutierrez (2009) found that suicidal ideation was associated with disordered eating and depression, but not with body image in both boys and girls. However, inspection of their table of correlations indicated that suicidal ideation was associated with all 13 variables studied, and no

multiple regression (or factor analysis of the variables) was reported, although a “pathway model” was reported.

In a sample of high school students, Chabrol and Saint-Martin (2009) found that suicidal ideation was associated with the depression score, borderline personality score and the affective and behavioral subscales of a psychopathic scale (but not the interpersonal subscale). Sex, age and cannabis use did not contribute significantly to the multiple regression.

In a sample of Italian high school students, Laghi, et al. (2009) found that suicidal ideation was associated with psychopathological symptoms (General Global Index), self-esteem and two dimensions of time perspective (Negative Past and Fatalistic Present), as well as sex.

Adults

In a sample of college students, Arria, et al. (2009) found that suicidal ideation was associated with depressive symptoms, low social support, affect dysregulation and parent-child conflict., but not with alcohol use or cannabis use disorders.

In a sample of college students, Gonzalez, et al. (2009a) found that suicidal ideation, but not depression, was associated with solitary heavy drinking but not with social heavy drinking, and with enhancement and conformity motives for drinking and negatively with depression.

In a sample of college students, Davidson, et al. (2009) found that suicidal ideation in the past two weeks was predicted by thwarted belongingness, perceived burdensomeness and the acquired capacity for self-harm, as predicted by Joiner’s theory of suicide (Joiner, et al., 2009), but not by hope.

In a sample of college students, Cornette, et al. (2009) found that suicidal ideation was associated with depression, hopelessness and self-ideal self discrepancy. Their measure of self-ideal self discrepancy is extremely difficult to understand.

In a sample of adults from 27 countries, Harris, et al. (2009) used the Suicide Behaviors Questionnaire to identify a group of individuals who were judged to be at risk for suicide. Suicide-risk individuals “who went online for suicide-related purposes, compared with online users who did not, reported greater suicide-risk

symptoms, were less likely to seek help, and perceived less social support. Online, many reported more support, felt less alienated, believed they reduced their suicidality, but also sought suicide methods and were likely to visit ‘pro suicide’ sites” (p. 264).

In a sample of adults followed up for 18 months, Gunnell, et al. (2009) found that low IQ at baseline did not predict suicidal ideation at follow-up. However, those with low IQ and suicidal ideation at baseline were more likely to have suicidal ideation at follow-up.

In a sample of undergraduates in Hong Kong, Chen, et al. (2009d) found that suicidal ideation was associated with family of origin dysfunction, depressive self-views (including stress perception, depressive cognition and negative self-esteem) and two social beliefs (social cynicism and a belief in not getting rewards for effort),

In a study in Brazil, Alexandrino-Silva, et al. (2009) found no differences in suicidal ideation or depression in medical, nursing and pharmacy students, but the medical students did score higher for hopelessness.

In a sample of male Australian farmers, McClaren and Challis (2009) found that suicidal ideation was positively associated with depression and negatively with social support and a sense of belonging.

In a large sample, Russell, et al. (2009) found that having a physical disability was associated with suicidal ideation. In multiple regressions with many other variables (socio-demographic variables, depression, PTSD, etc.) physical disability remained a predictor of suicidal ideation.

In a sample of Turkish undergraduates, Engin, et al. (2009) found that suicidal ideation was associated with being female, school problems, family relationships, anger in, somatization, hostility, psychotic symptoms, phobic anxiety, anxiety disorder and interpersonal sensitivity.

In a sample of Turkish nursing and health office students, Uğurlu and Ona (2009) found that scores on a suicide probability scale were associated with gender, department at the school, social class, education level of the mother, existence of a person among the family members with a suicidal history, place of residence in Muğla, sources of stress, level of satisfaction about the students’ department, and stress-coping levels.

Edelstein, et al. (2009) developed a Reasons for Living Scale for the elderly and found that scores on the scale were negatively associated with suicidal ideation.

In a sample of Turkish university students, Zeyrek, et al. (2009) found that scores on the Suicide Probability Scale were associated with hopelessness, deficiencies in problem-solving and, for women, unhealthy attachment styles (preoccupied and dismissing).

In a sample of patients at an emergency room, Ilgen, et al. (2009b) found that suicidal ideation was more common in those who were single, with poorer mental health, had greater depression, and had received some drug or alcohol treatment in the past 3 months or had used cocaine or marijuana in the past 30 days.

In a sample of female college students, Segal (2009b) found that the degree of sexual victimization was associated lower scores on the Reasons for Living Scale.

In a study of callers to a suicide prevention service in Denmark and community controls, Qin, et al. (2009b) found that callers more often were females, with a young age, more often had a history of psychiatric contact, were born by young parents, had no recorded link to a mother or father, had lost a parent, and had a parental psychiatric history, were often frequent movers, and residents with foreign citizenship.

In the Saskatoon Health Region (Canada), Lemstra, et al., (2009) found that lifetime suicidal ideation was associated with a younger age (12 to 44 years), Aboriginal cultural status, lower household income (\$25 000 or less), living in a low-income neighborhood, less than high school graduation, life stress, lower self-reported health, daily smoking, and excessive alcohol usage.

In a sample of people over the age of 49, Neufeld and O'Rourke (2009) found that suicidal ideation was associated with impulsivity, depression, hopelessness and age.

In a study of young adults, Joiner, et al. (2009) found that suicidal ideation was predicted by major depression, low family support and low mattering. In a sample of young adults in treatment for suicidal ideation, they found that attempted

suicide was not predicted by perceived burdensomeness or thwarted belong, thereby not supporting his theory of suicide.

Pettit, et al. (2009b) found that thought suppression was associated with suicidal ideation in undergraduates and in a sample of suicidal adolescents, and predicted suicidal ideation after four years in a sample of undergraduates.

In a large sample of Europeans, Usall, et al. (2009) found that suicide ideation was more common in women in the peri-menopause phase compared with women in their pre- or post-menopause phase and men, independently of mood and anxiety disorders.

In college students, Taliaferro, et al. (2009a) found that suicidal ideation was associated with spiritual, religious and existential well-being, as well as hopelessness, depression and (negatively with) social support. A multiple regression found that existential well-being by itself predicted suicidal ideation, but all of the variables in this study were highly inter-correlated!

In a sample of Israelis over the age of 50, Ayalon and Litwin (2009) found that suicidal ideation was associated with impaired performance on time orientation, verbal learning, verbal recall, word fluency and arithmetic, but also on depression and hopelessness. In a multiple regression, only time orientation, depression and education predicted suicidal ideation.

In a sample of police officers, Violanti, et al. (2009) found that suicidal ideation was associated with depression scores and, for men, with less education, while, for women, with older age and more years of service.

In a study of women who had been physically abused by their intimate partners, Renner and Markward (2009) found that suicidal ideation was associated with domestic violence lasting less than one year (versus more than one year), as well as childhood sexual and childhood physical abuse.

In a sample of older (65+) Australian adults, Hobbs and McLaren (2009) found that suicidal ideation was associated negatively with agency (socially desirable masculine traits) and positively with depression scores for both men and for women.

In a study of college students, Chan, et al. (2009d) found that suicidal ideation was associated with negative life events, depression, brooding and, to a lesser extent, reflection scores.

In a community sample, Fairweather-Schmidt, et al. (2009) found that scales containing questions to assess depressive symptoms and suicidal ideation symptoms fitted a two factor model better than a single factor model for both sexes and several age groups. They concluded that: "These analyses establish that suicidality is distinguishable from depression, although the factors are substantially correlated." (p.. 208).

In a sample of Hong Kong residents (aged 20-59), Fu, et al. (2009) found that the degree of exposure to suicide stories in the media and suicidal ideation were associated.

In a study of workers who reported mobbing at work, Balducci, et al. (2009) found that suicidal ideation as measured by an MMPI scale was associated with mobbing experience scores and post-traumatic stress scores.

In a community sample, Chamberlain, et al. (2009) found that suicidal ideation in the prior two weeks was associated with a measure of psychological distress.

In a sample of Australians, Goldney, et al. (2009a) found that obese men less often had suicidal ideation than normal weight men. The associations for women did not reach statistical significance.

Also in a sample of Australians, Goldney, et al. (2009b) found that childhood sexual abuse predicted current suicidal ideation. Suicidal ideation was also associated with relatively lower income, depression and stressful psychosocial events.

In a sample of college students, Hirsch, et al. (2009b) found that suicidal ideation was associated positively with depression, hopelessness, and negative life events and negatively with an optimistic explanatory style, but not age or sex.

In a Finnish sample of the general population, Hintikka, et al. (2009) found that suicidal ideation was associated with a younger age, being not married, unemployed, smoking, drinking alcohol, family history of depression and depression score. During a three-year follow-up, the only variables of these that

predicted the appearance of suicidal ideation during the follow-up were the depression score at the end of the follow-up and starting to smoke during the follow-up.

Patients with Psychopathology

In a poorly analyzed data set of patients with affective disorders, Richardson-Vejlgaard, et al. (2009a) found that black patients had higher scores for suicidal ideation than did whites and Hispanics, but also the least accepting attitudes toward suicide.

In a poorly analyzed and presented study of psychiatric outpatients, Diefenbach, et al. (2009) found that those reporting more difficulty with anxiety symptoms also reported more difficulty with suicidal ideation.

In a sample of patients with mood disorders, Richardson-Vejlgaard, et al. (2009b) compared those with and without alcohol use disorders. Alcohol use disorder (AUD) was not associated with suicidal ideation. Overall, patients with AUD had fewer moral objections to suicide as did those with prior attempted suicide and current suicidal ideation.

In veterans of the Iraq and Afghanistan war, Jakupcak, et al. (2009) found that suicidal ideation was associated with PTSD and even more so if there were two or more comorbid disorders.

In a sample of elderly (>60) depressed primary care patients, Hirsch, et al. (2009a) found that stress from suicidal ideation was associated with anxiety, mood disorder severity, chronic medical problems, neuroticism and higher levels of education and negatively with happiness. Those scoring high on happiness had a negative association between distress over suicidal ideation and chronic medical problems.

In a sample of combat veterans with PTSD, Nye, et al. (2009) found that suicidal ideation was associated positively with the attachment style of secure/autonomous, negatively with the unresolved/disorganized style and not associated with the insecure/pre-occupied style.

In patients under treatment for drug and alcohol abuse, Ilgen, et al. (2009c) found that recent suicidal ideation was associated with physical aggression toward a partner but not, after multiple regressions, to psychological aggression.

Psychological and physical aggression towards a non-partner was not associated with suicidal ideation.

Medical Problems

Paris, et al. (2009) compared post-partum mothers with high and low suicidal ideation. Those with high suicidal ideation had greater mood disturbances, cognitive distortions, and severity of postpartum symptoms, lower maternal self-esteem, more negative perceptions of the mother-infant relationship, and greater parenting stress, were less sensitive to their infant's cues who were, in turn, less involved with their mothers and showed less positive affection.

In a sample of pregnant women in Bangladesh, Gaussia, et al. (2009) found that suicidal ideation derived from problems with their husbands and mothers-in-law and from financial hardship. Physical and psychological abuse by the husband was the most cited cause of suicidal ideation.

Lossnitzer, et al. (2009) studied suicidal ideation in patients with congested heart failure (CHF). Suicidal ideation was predicted by health-related quality of life, physical components, mental components, consumption of alcoholic beverages, first-episode depression, and lifetime depression. New York Heart Association functional class, left ventricular ejection fraction, etiology of CHF, medication, cardiovascular interventions, multi-morbidity, gender, and living situation were not significantly associated with suicidal ideation.

In an English national sample, Dennis, et al. (2009b) found that suicidal ideation was associated with the presence of and the number of domains of limitations in the activity of daily living, along with limited social support, especially in older individuals.

In a sample of patients with Parkinson's disease, Kummer, et al. (2009) found that suicidal ideation was associated with lower age, lower age of onset of Parkinson's disease, panic disorder, social anxiety disorder and major depression.

In a sample of patients with chronic low back pain, Fishbain, et al. (2009b) found that suicidal ideation was associated with smoking. Those with heavy smoking (more than one pack a day) plus heavy alcohol intake had the highest rate of suicidal ideation (50%). Suicidal ideation was also predicted by depression score and a score on a Functional Assessment Questionnaire.

In middle-school adolescents (mean age 14) in Taiwan, Wang, et al. (2009a) found that suicidal ideation was more common in those with migraine, and even more so with migraine plus aura, as well as with headache frequency and headache-related disability. After controls for depression score and socio-demographic variables, only migraine with aura and headache frequency remained significant predictors.

Schützmann, et al. (2009) studied women with disordered sexual development from various causes (physiological and psychological) and found that suicidal ideation was more common than in non-traumatized women and comparable to women with histories of physical and sexual abuse.

Pompili, et al. (2009f) found that patients with type 1 and type 2 diabetes had greater suicidal ideation than internal-medicine patients.

Discussion

Personal Comments

First, the statistical presentation of results is getting worse. It seems to me that researchers use a statistical consultant, who is often made a co-author, and statistical consultants are not concerned with whether readers of the article will understand what they have done. It would perhaps be unfair to single out an example from this 2009 review, but one article presented the results of the target variable and two or three predictors and stated that they controlled for a wide range of other variables. Let me see your full multiple regression, or partial correlations. You readers need to clearly understand your results. Often I do not believe the conclusions of the research reported with complex statistical analyses.

In a similar fashion, sociologists often transform their variables, using logarithmic transformations and other techniques, all of which makes me disbelieve the validity of the results. If they had used the raw data, perhaps nothing would have been statistically significant.

But to be cynical, it does not matter too much since the research often throws little insight into suicidal behavior, a common complaint of mine.

It is noteworthy that research studies continually discover what we already knew. Alcohol drinking, child abuse, depression etc. predict suicide. Part 1 of my undergraduate degree at Cambridge University was in science. Chemists are no

longer publishing articles that show that, if you burn hydrogen in oxygen, the result is water. Why are we publishing the same findings year after year after year?

For example, I found that the first study linking childhood abuse (sexual and physical) to suicidal behavior was published in 1986. I found that the same association was documented in research published in 2024. Forty years of reporting the same association!

The social sciences are certainly not sciences!

What Have We Learned About Suicide?

I have continually complained that studies of attempted suicide and suicidal ideation throw no light on completed suicide unless you take into account suicidal intent so that we can extrapolate from the research findings to completed suicides. More and more research each year now has suicidal intent (or the lethality of the method used for a suicide attempt) as a variable, enabling extrapolation to completed suicides. This is encouraging, and I hope that this trend increases in future years.

It is notable that we do not learn much from studies of actual suicides, because suicides have not typically been administered the psychological tests and inventories that psychologists have devised. Therefore, studies of suicides usually study socio-demographic variables. To reiterate my point, only studies of attempted suicides whose suicidal intent is assessed can throw light on completed suicide.

This review identified several papers proposing typologies of suicidal individuals, and I have argued continually that we need a good typology of suicidal behavior if we are to make progress in understanding suicide. The next step is to use these typologies to classify suicides or attempted suicides and look for theories of causation for each type.

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¹² This journal name appears to be printed incorrectly in the issues of the journal placed online.

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