

2012

Suicide as an Escape from Pain: An Analysis of Suicide Notes and Case Files

Dustin R. Hamilton
Wright State University

Follow this and additional works at: https://corescholar.libraries.wright.edu/etd_all



Part of the [Psychology Commons](#)

Repository Citation

Hamilton, Dustin R., "Suicide as an Escape from Pain: An Analysis of Suicide Notes and Case Files" (2012). *Browse all Theses and Dissertations*. 667.
https://corescholar.libraries.wright.edu/etd_all/667

This Dissertation is brought to you for free and open access by the Theses and Dissertations at CORE Scholar. It has been accepted for inclusion in Browse all Theses and Dissertations by an authorized administrator of CORE Scholar. For more information, please contact library-corescholar@wright.edu.

**SUICIDE AS AN ESCAPE FROM PAIN:
AN ANALYSIS OF SUICIDE NOTES AND CASE FILES**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

DUSTIN RAY HAMILTON, PSY.M.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

September, 2013

COMMITTEE CHAIR: Cheryl L. Meyer, Ph.D., J.D.

Committee Member: Eve M. Wolf, Ph.D.

Committee Member: Betty Yung, Ph.D.

Copyright by
Dustin R. Hamilton
2012

WRIGHT STATE UNIVERSITY
SCHOOL OF PROFESSIONAL PSYCHOLOGY

July 12, 2012

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **DUSTIN RAY HAMILTON** ENTITLED **SUICIDE AS AN ESCAPE FROM PAIN: AN ANALYSIS OF SUICIDE NOTES AND CASE FILES** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

Cheryl L. Meyer, Ph.D., J.D.
Dissertation Director

La Pearl Logan Winfrey, Ph.D.
Associate Dean

Abstract

Schneidman (1957) wrote that acts of suicide were attempts to escape from unbearable and intense psychological pain, or “psychache.” In this study, we analyzed suicides wherein we determined that the primary motivation for the suicidal act was escape from physical or psychological pain. The analysis incorporated information regarding the content of suicide notes, investigators’ reports, and databases from an urban Midwestern metropolitan area coroner’s office. The analysis contained demographics, expressed life problems of the decedents, characteristics of the suicide, suicide note contents and suicide note themes. We found that the samples in which escape was determined as the primary motivation for suicide were similar to the overall samples, suggesting that escape from psychological or physical pain may be a unifying characteristic of suicidal thought and action. We presented implications from the findings for loved ones of suicide victims and helping professionals. Limitations of the study and suggestions for future research were also discussed.

Table of Contents

Chapter I.....	1
Aim and Purpose.....	3
Theories of Motivation for Suicide.....	6
Suicide as Escape.....	12
How Suicides Notes are Studied.....	15
Chapter II: Method.....	21
Participants.....	21
Materials	21
Procedure	24
Chapter III: Results	27
Overall Non-Note Writers.....	28
Escape Non-Note Writers	29
Overall Note Writers.....	30
Escape Note Writers	33
Note Content in the Escape and Overall Samples.	37
Thematic Content of Escape Notes.....	38
Chapter IV: Discussion	41
Implications for Loved Ones.	44
Implications for Helping Professionals.....	45
Limitations of the Study and Suggestions for Future Research.....	47
Appendix A: Suicide Note Coding Sheet	51
Appendix B: Definitions for Coding Sheet Variables	57

Appendix C: Tables	64
Table C1: Demographics of the Non-Note Writer and Note Writer Samples	64
Table C2: Dates of Non-note Writer Suicides as Percentages of the Overall and Escape Samples.....	65
Table C3: Dates of Note Writer Suicides as Percentages of the Overall and Escape Samples	66
Table C4: Cause of Non-note Writer Death and Method of Suicide as Percentages of the Overall and Escape Samples.....	67
Table C5: Cause of Note Writer Death and Method of Suicide as Percentages of the Overall and Escape Samples	68
Table C6: Living Circumstances of the Overall and Escape Note Writer Samples.	69
Table C7: Life Problems Associated with the Overall and Escape Note Writer Samples.....	70
Table C8: Suicide Note Characteristics as Percentages of the Overall and Escape Samples	71
Table C9: Primary Motivation for Note Writer Suicide as a Percentage of the Overall and Escape Samples: Before Case File Review.....	72
Table C10: Final Motivation for Note Writer Suicide as a Percentage of the Overall and Escape Samples.....	73
Table C11: Notable Differences in Note Content Between the Escape and Overall Samples	74

Table C12: Themes Expressed in Suicide Notes as a Percentage of the Escape

Sample.....	75
References.....	76

Chapter I

There is a silent line between relief and depression, one that I have yet to master... where is the line? When do I know I have crossed it? I will tell you when... it is when everything is perfect, everything is filled, yet something is empty and I am ready.

-Male suicide completer, 28 years old

Suicide is considered a worldwide epidemic. In some countries suicide rates have increased by 60% over the last 45 years (“WHO Statement,” 2008). Suicide accounts for 51% of the nearly 1.6 million intentional deaths reported globally in 2004 (World Health Organization, 2009). Internationally, particular populations that are associated with elevated risk for suicide include elderly men, young individuals, people with mental disorders and substance abuse problems, and those who live in formally socialistic countries (World Health Organization, n.d.). In the United States (U.S.), suicide is the eleventh most common cause of death (Centers for Disease Control and Prevention, 2010). Additionally, each year there are nearly 600,000 emergency room visits in the U.S. that are the result of intentionally self-inflicted injuries (Pitts, Niska, Xu, & Burt, 2008). Given these statistics, it is clear that understanding suicidal behavior is of importance to physicians and mental health practitioners alike. To emphasize this point, the Surgeon General of the U.S. called for a “National Strategy for Suicide Prevention” to reduce suicide-related deaths and injuries (U.S. Department of Health and Human Services, 2001). The Centers for Disease Control and Prevention (CDC) collects data from 17 U.S. states via the National Violent Death Reporting System. In their most

recent report, which contained information regarding 16,138 violent deaths, 58.7% of deaths reported were suicides (Centers for Disease Control and Prevention, 2011).

Numerous strategies are used by coroners to determine whether a death should be classified as a suicide. Apart from a physical (biological) assessment of the victim, investigators review witness testimonies, supporting documentation and notes, if any, that were left by the deceased individuals. Langer, Scourfield, and Fincham (2008) explained that for a coroner to rule a death a suicide, the death of the individual must be the result of a deliberate act, and the deceased individual must have committed the act with the intention of dying. While these guidelines may appear to be fairly clear-cut and easily achievable, there is nonetheless often uncertainty regarding whether a ruling of suicide is appropriate.

When classifying the nature of deaths, errors in judgment are encountered by coroners. For example, acts of self-injury or significant drug use may bring about an individual's death regardless of whether he or she intended to die (Chiles & Strosahl, 2005). Therefore, accidental deaths may be mistakenly classified as suicides due to the evidence of self-inflicted harm. The CDC classifies deaths as suicides for individuals who intended to injure themselves, engaged in risk taking behavior (e.g. "Russian roulette") or sought passive assistance, but not for instances of substance abuse with no clear intent to die or deaths attributed to autoerotic behavior (Centers for Disease Control, 2011). Further, some legitimate suicides may be ruled as accidental due to attempts made by the deceased to conceal the nature of the suicidal act. One such example of concealment would be when an individual dies from intentionally crashing an automobile. Regardless, deaths in which suicidal intent is not evident likely compose a

modest percentage of all suicides. Lester (1989) reported that although coroners run the risk of misclassifying suicides, there is little evidence to suggest that this phenomenon significantly impacts suicide prevalence rates. In another study, Schneidman (1996) estimated that approximately 10% of all deaths are equivocal in terms of the mode of death, meaning that there is evidence that the death was the result of more than one of the following variables: natural causes, suicide, homicide, or accidents.

Once a death has been ruled a suicide, researchers search for motivations for the act. There are a number of theories researchers use to interpret motivations for suicide. Some of these theories will be presented in the following sections, but one will receive particular emphasis. Developed by Schneidman, this theory conceptualizes suicidal acts primarily as attempts to escape from unbearable physical or psychological pain (Schneidman & Farberow, 1957; Schneidman, 1996).

Aim and Purpose

The purpose of this study is to add to the existing body of knowledge concerning individuals who ultimately bring an end to their own lives. More specifically, we wished to understand the thoughts, conditions and life experiences that immediately precede suicidal acts. With this goal in mind, we analyzed suicide notes and case files obtained from coroner's records in the Metropolitan area of Dayton, Ohio. Using this data, we described the characteristics of a population of individuals who left notes prior to their suicides, as well as those who did not. Additionally, we wanted to focus more specifically on the role of escape from psychological and physical pain as a motivation for suicide. In the current study, we also hope to evaluate the appropriateness of the construct of escape

from physical and psychological pain as a motivation for suicide. More specific research questions are presented below.

Who are the individuals who successfully complete acts of suicide? What are their demographics and life circumstances? It is also important to us to learn about the suicides themselves. How do people generally complete a suicidal act? When do the suicides normally occur? What are the common motivations for suicide? What is the role of escape from physical and psychological pain?

A suicide note is an enduring piece of evidence in which researchers can explore the cognitions of a suicidal individual preceding a suicidal act. Further, it represents a deliberate act of communication by a suicidal individual. By exploring the content of suicide notes, we hope to gain insight into the suicidal mind, in regard to thought content, emotional state, and messages deemed important by those who complete suicide. Specific questions with regard to suicide notes include the following: What do suicide notes commonly look like? How long are they? What is the content of these notes? Are there any notable differences between the content of suicide notes of those who have escape as a motivation when compared to the overall group of note writers? The sample of suicide notes written by individuals who have escape as a primary motive for suicide was also analyzed for common themes, giving an added dimension to our understanding of this group.

We hoped that exploring the characteristics of those who had escape as a motivation for suicide would help us to build a “profile” of these individuals. Describing in detail the subset of individuals who have escape as a primary motivation for suicide will likely be of use to clinicians in determining suicide risk for existing clients. Due to

the nature of the data obtained in this study, the methods of analysis are mainly descriptive rather than inferential.

Chapter II

Literature Review

Theories of Motivation for Suicide

At the turn of the twentieth century, suicide was conceptualized from both sociological and psychological perspectives. Durkheim was one of the first researchers to use sociological constructs to describe suicidal behavior (Durkheim & Simpson, 1997). He identified four different social motivations for suicide, which exist along two dimensions. The first dimension Durkheim used was social integration, or the degree to which a society pursued common goals. Collectivistic societies prompted suicides that were motivated by concern for the common good. These deaths were referred to as *altruistic suicides* by Durkheim. Altruistic suicides are evident when individuals express a desire to decrease the degree of burden their existence places on others. On the opposite end of the social integration spectrum are *Egoistic suicides*, or suicides that are motivated by concerns for the self. One example of a suicide that occurs due to a concern for the self might be when an individual kills himself or herself to escape punishment for a crime. Durkheim believed that egoistic suicides were products of societies that espouse more individualistic values. Egoistic suicides represented a low degree of social integration while altruistic suicides showed high social integration. Durkheim proposed that suicides in general were more common in societies that had social structures that represented the extreme ends of the spectrum of social integration.

The second dimension of suicidal motivation espoused by Durkheim was social regulation. Social regulation refers to the degree of influence and control a society seeks to have over the thoughts and behaviors of individuals (Durkheim & Simpson, 1997). *Fatalistic suicide* occurs in societies with high levels of social regulation, such as those typically governed by dictatorial means, while *anomic suicide* occurs when there is low social regulation. The United States is considered to be a society which promotes low social regulation, given the emphasis on liberty and personal autonomy. Similar to his hypothesis regarding social integration, Durkheim proposed that suicide was more common in societies that represented extremely high and low degrees of social regulation (Lester, 1989). Durkheim's theory has been criticized because the lack of supporting empirical evidence; however, it stands as one of the cornerstones of sociological interpretations of suicidal behavior (Lester, 1989).

Psychologists naturally have been interested in the determinants of suicidal behavior. Freud believed there were unconscious as well as conscious motives for suicide, but he argued that suicidal behavior was nonetheless always purposeful (Lester, 1988). Suicide was seen by Freud to be a manifestation of guilt over death wishes one has toward others. He believed that an individual who has the intense desire to kill another may turn this aggression toward the self rather than carry out these wishes on another. Although Freud never dealt with the topic of suicide in depth, his writings concerning his clinical experience nonetheless deal sporadically with the application of Freudian theory to suicidal individuals. Theorists have sought to integrate the accounts of suicide within Freud's writings. Leenaars, Maltzberger, and Neimeyer (1994) wrote that in addition to suicidal behavior being a response to guilt over death wishes, Freud also

claimed that it could be the result of identification with a suicidal parent, a need for revenge, or an escape from humiliation. To Freud, suicide could also be a form of communication, a refusal to accept loss of gratification, or an expression of the connection between death and sexuality. Freudian theorists see suicide as a reaction to the loss of a loved object (i.e. a loved person). When a loved object is lost, the energy directed toward that object is then directed toward the self wherein the loved object is recreated. This process is referred to as *ego-splitting* (Leenaars, Maltzberger, & Neimeyer, 1994). When there is hostility toward the loved object, the resultant anger is redirected to the part of the self that is the recreation of the loved object. This process is captured in the phrase “every suicide is a double homicide,” because the belief is that the loved object is killed along with the suicidal individual.

Since the time of Durkheim and Freud, a number of theories of suicide have surfaced that have sought to clarify and add to the constructs developed by these theorists. An exhaustive analysis of these theories is beyond the scope of this paper; however, the following paragraphs briefly describe some of the predominant theories of suicide over the last fifty years.

Leenaars (1996) describes suicide as having both interpersonal and intrapsychic components. Interpersonal motivations are those in which suicide results from the loss or absence of social interactions. Interpersonal motivations also include those in which suicide is seen as an expression of affiliation toward a particular social group, such as a religious organization or political group. Suicide bombers and political protesters are two groups of individuals who characterize this type of interpersonal motivation for suicide.

After researching the predominant theories of his time regarding suicide, Leenaars divided interpersonal and intrapsychic components of suicide into eight subcategories.

Three of the categories fell within the interpersonal realm. Primarily, Leenaars (1996) reported that suicidal individuals often have relationship needs that are not met. The unmet interpersonal needs can be those of affiliation, love, respect, or trust. The frustrations that are experienced as a result of unmet interpersonal needs are compounded when attachments to others are unhealthy or abusive. Similar to Freud's interpretation, Leenaars' second category held that rage toward another individual is turned inward on the self, and murderous impulses are experienced as suicidal ideation. Leenaars acknowledged in his third category that the pain of loss of attachment to a person or ideal, coupled with an unwillingness to accept that pain, can lead to suicidal urges because the individual wants to "egress" or escape the pain.

Leenaars identified five categories that represent the intrapsychic components of suicide. First, there is a feeling of unbearable pain by suicidal individuals which can manifest as depression, sadness, grief, hopelessness, or feelings of inadequacy and humiliation. Another category of suicidal ideation is "cognitive constriction" where an individual is so emotionally overwhelmed by psychological pain that suicide is seen as the only possible way to find relief. In his third intrapsychic category, Leenaars posited that suicidal individuals often experience contradictory feelings or attitudes, such as simultaneous hostility and love toward others. Additionally, suicidal ideation represents a general inability to adjust to personal difficulties. These personal difficulties can be the manifestations of psychological disorders, but regardless Leenaars believed that suicidal individuals do not have accurate perceptions of personal abilities and potential

alternatives to suicide. The last intrapersonal category of suicide identified by Leenaars is the presence of an undeveloped ego. In other words, there is a “general weakness” in a suicidal individual’s perception of self, and suicide is a punishment in response to perceived weakness.

Menninger conceptualized suicide as the result of anger directed toward others, anger directed toward self, and a need for escape from unbearable pain (Leenaars, Lester, & Helm, 1996). Anger directed toward others represented an urge within the suicidal individual to kill, whereas anger directed toward self represented a desire to die. The third motive for suicide is consistent with other conceptualizations of suicide as an expression of a need to escape.

Zhang and Lester (2008) posed a socio-psychological theory of the mechanisms that lead to suicidal behavior. Strain theory, as they called it, identified four sources of strain which lead to suicide. The first source strain is a state wherein an individual experiences "conflicting values." This happens when conflicting social values or beliefs are present within an individual’s daily life. Conflicting values creates *cognitive dissonance* which is brought on by the knowledge that beliefs are not reinforced by an individual’s experience (Festinger, 1957). For example, an individual who values honesty, but exists in an environment where deception is common will experience cognitive dissonance in reaction to these conflicting values. The second such source of strain which may lead to suicidal behavior is a discrepancy between the aspirations that one has and the reality they experience. There are a number of developmental milestones that are inherent in U.S. culture, such as buying a home or raising a family. These societal expectations can greatly impact one’s degree of satisfaction with his or her current life

circumstances, especially if those expectations have not been realized. "Relative deprivation" is the third source of strain which is referred to as a state wherein an individual recognizes that others around him or her have much better life circumstances. This realization can cause psychological strain for some individuals because they may feel "cheated" or otherwise personally inadequate. The final source of strain in the Zhang and Lester (2008) model is that in response to crisis, individuals are not able to cope efficiently. "Deficient coping," therefore, adds to the strain one experiences and increases the likelihood of suicidal behavior.

The existential-constructivist theoretical model for understanding suicidal behavior was developed by Rogers, Bromley, McNally, and Lester (2001). Rogers argued that existential concerns such as the meaninglessness of existence, death concerns, and existential isolation provide the basis for the creation of meaning. Suicide, then, can be seen as the expression of existential dilemmas based on the life-or-death nature of the decision process that occurs for a suicidal individual. From this perspective, Rogers, Anderson, Bromley, and Kreitz (2001) posed a four-factor model for understanding motivations for suicide that included psychological, spiritual, social, and somatic domains.

The psychological domain is consistent with Schneidman's description of "psychache" (Schneidman & Farberow, 1957, Schneidman, 1996). This dimension captures intense psychological pain wherein the person experiencing this pain feels as if death is the only escape. Psychological pain can often come from repeatedly having one's psychological needs unmet. At these times, the individual experiences "cognitive constriction," otherwise known as "tunnel vision."

The spiritual domain of suicidal motivation can involve different aspects of one's spiritual or religious beliefs. Often there is a desire to reunite with a deceased loved one or another spiritual entity. Suicide can also come as a result of religious or spiritual guilt, or the desire to transcend one's self. The social and relational domains of suicidal motivation pertain to an individual's relationships with those around him or her as well as society at large. Motivation for suicide can come in response to the cessation of a significant interpersonal relationship, or be the consequence of having a dearth of perceived social support. Motivations for suicide which can be described in terms of the interpersonal realm are contained within Roger's social and relational domains; however, he placed emphasis on relational losses. The somatic domain of suicidal motivation captures individuals who consider suicide in reaction to physical ailments, biological conditions, or quality-of-life issues.

Suicide as Escape

Schneidman (1996, Schneidman & Farberow, 1957) became interested in the study of suicide after he found over 700 suicide notes in a Veterans Administration hospital basement. He decided to analyze these notes and subsequently began a lifetime of researching suicide. Schneidman wrote that in the vast majority of cases that he studied, there was a basic common denominator among the expressions of those who had taken their lives. He called this common denominator *psychache*, which is intense psychological pain that arises from "thwarted or distorted psychological needs." Needs can become thwarted or distorted when they are expressed, but not met by the surrounding environment. The act of suicide then was an attempt to escape this seemingly unbearable pain. He argued that suicide was by its very nature a psychological

phenomenon despite its sociological or interpersonal underpinnings. Schneidman's assumptions about suicide as escape have been supported by other researchers as well. Smith and Bloom (1985) found that more than half of the suicides they studied had escape as a motivation, while Loo (1986) claimed that escape outnumbered all other motivations for suicide combined.

Schneidman (1996) believed that for the suicidal individual, death is the *only* solution for relieving or escaping the psychological pain that is felt. In this sense, the motivations for suicide in Judeo-Christian societies can be understood from the perspective of escape. For individuals who ultimately take their lives, the unbearable pain of unmet needs outweighs existing circumstances thought to bring happiness, such as rewarding relationships, financial security, physical health, and ideological constraints that stand in opposition to suicide.

Schneidman (1996) outlined ten commonalities of suicide that he developed over 50 years of research on the topic. He claimed that these ten features are present in approximately 95% of the suicides he studied regardless of the age, gender, or race of the individuals who had committed suicide. The ten commonalities are listed below:

1. The common purpose of suicide is to seek a solution.
2. The common goal of suicide is cessation of consciousness.
3. The common stimulus of suicide is unbearable psychological pain.
4. The common stressor in suicide is frustrated psychological needs.
5. The common emotion in suicide is hopelessness-helplessness.
6. The common cognitive state in suicide is ambivalence.
7. The common perceptual state in suicide is constriction.

8. The common action in suicide is escape.
9. The common interpersonal act in suicide is communication of intention.
10. The common pattern in suicide is consistency of lifelong styles.

(Schneidman, 1996, pp. 131)

The first commonality outlined by Schneidman involves the observation that suicide is a purposeful act meant to resolve an unbearable problem. This problem is identified as being unbearable psychological pain (i.e. psychache). The solution to the problem, in the eyes of the suicidal individual, is to cease consciousness and therefore stop the constant pain associated with life. Suicidal individuals feel psychache because their psychological needs have not been met in some way, however they feel hopeless or helpless in finding alternative solutions to having their needs met. Although someone who is suicidal does not believe an alternate solution to their pain exists, they nonetheless would prefer to find one. This is the ambivalence of which Schneidman speaks in his sixth commonality: it is a simultaneous desire to live and die. Suicidal individuals feel the need to tell others, albeit in sometimes coded language, that they intend to take their lives. This may be an indication of “reaching out” to others that comes as a result of the competing desires for life and death. Finally, Schneidman’s ninth commonality states that suicidal individuals have a lifelong history of responding to stress through avoidance, escape, and giving up.

Baumeister (1990) accepted the characterization of suicide as escape by Schneidman and Farberow (1957), but asserted that individuals who commit suicide also attempt to escape self-awareness. Baumeister claimed that the primary cause of suicide was the realization that an individual has fallen short of his or her own expectations. The

standards which one strives toward may be unreasonably high, increasing the likelihood that he or she will experience the negative affect associated with viewing the self as a failure.

The models that have been presented thus far have received some support in the research. Some of the researchers that test theoretical constructs regarding suicide make use of the notes left by suicidal individuals. Suicide notes are an enduring snapshot of the thoughts preceding a suicidal act. Therefore, these collections lend themselves well to the study of suicide theory.

How Suicides Notes are Studied

Suicide notes have long been of interest to researchers for a number of different reasons. Aside from being intriguing, suicide notes are often the last correspondence individuals have with the world before taking their own lives. Suicide notes can be of use to researchers as well as the bereaved for providing answers for why someone would commit suicide. The medium by which suicide notes are recorded (i.e. written word) is one that can be readily analyzed. Reports are somewhat varied, but it is estimated that 10% to 30% of individuals who commit suicide leave notes (Ho et al., 1998, Kuwabara, et al., 2006).

Research involving suicide notes has traditionally taken three different forms within the literature. One line of research involves comparing genuine and simulated suicide notes. Studies of this type usually involve taking suicide notes that have been written by non-suicidal volunteers and comparing the contents of these notes to the content of notes from actual suicides (Schneidman, 1996). Another type of research compares the characteristics of suicide for individuals who leave suicide notes versus

those who do not (Kuwabara et al., 2006). The third and much broader area uses content analysis to categorize the messages and themes contained within suicide notes. These studies examine differences in the characteristics of suicides based on variables such as gender, age, etc.

It is generally accepted that suicide notes and case files pertaining to individuals who have committed suicide provide detailed information about the personalities of the victims (Langer, Scourfield, & Fincham, 2008). Therefore, it is believed that researchers who study notes left by suicidal individuals can gain important insight about the characteristics of the deceased individuals and determining factors that led them to suicide.

Oravecz and Moore (2006) found in their studies of suicide notes on paper, email, and the Internet that analyzing the content of the writings of suicidal individuals is important in determining suicide risk. They identified the expression of physical and psychological pain and suffering as a principle component of the writings of suicidal individuals, similar to Schneidman's conceptualization of psychache. In addition, they observed that individuals who were contemplating suicide expressed that their quality of life was unbearable. However, the word "suicide" was not often found in the writings of those who were close to committing suicide. These individuals referred to suicide with more indirect expressions, such as "do the job" or "pull the trigger." Oravecz and Moore proposed that the omission of the word "suicide" can in some ways be an indicator of advanced suicidality.

Age differences are often highlighted in the literature involving suicide notes. Salib, Cawley, and Healy (2002) found that among the elderly, people who left suicide

notes had less violent means of death, such as overdose and hanging, than those who did not leave notes. However, demographic and situational variables do not usually predict the presence of a suicide note for the elderly (Salib & Maximous, 2002). Lester et al. (2004) reported that the suicide notes of the elderly have themes of escaping from pain more often than those of younger individuals, and interpersonal themes were not as common among the elderly. Elderly women in particular have been found to be the least likely to leave suicide notes (Ho et al., 1998). Ho et al. believed that a possible explanation for the lower instance of notes among the elderly was a reduction in the intensity of emotions as a person ages. This is contrasted with the suicide notes of younger women, who were more likely to express themes of strong affect such as anger or profound sadness. It is theorized that elderly individuals more often have somatic issues which motivate one toward committing suicide, which is often reflected in their suicide notes (Bauer, Leenaars, Berman, Jobes, Dixon, & Bibb, 1997). However, some studies have shown that elderly individuals are less likely than young and middle-aged individuals to mention physical ailments as motivations for suicide (Rogers, Bromley, McNally, & Lester, 2007).

Results from studies of the suicides of individuals who left notes versus those who did not are mixed at best. For example, Callanan and Davis (2009) studied the demographic variables of note writers versus non-note writers. The sample in their study was comprised of 621 suicide cases, 231 of which included suicide notes. Overall, they concluded that there were not differences between these two groups with respect to age, gender, marital status, and employment status. However, they did find that individuals who left notes were more likely to have had a history of suicide threats and were more

likely to have lived alone. Callanan and Davis theorized that individuals who live alone feel a greater need to convey information in writing because they have no one who can disperse personal items, explain motivation for suicide, or communicate messages to loved ones.

In a similar study Kuwabara et al. (2006) obtained the coroner's reports of 5161 suicides that occurred in Japan, 1553 of which contained suicide notes. They concluded that individuals who left suicide notes were characterized as females who were living alone. Individuals who did not leave suicide notes had a higher probability of having physical illnesses or psychiatric disorders.

A large portion of the literature surrounding suicide note research involves comparisons of suicide note content between different demographic groups. This is especially common in international studies, where suicide notes written by individuals within the United States are compared with the notes of those from other countries. If the content of suicide notes is largely influenced by culture, it would be expected that researchers would be able to find differences in the notes of these groups. However, most studies conclude that suicide notes written in different cultures are overwhelmingly similar. For example, researchers who compared suicide notes written by individuals in Mexico and the United States found that the content of these notes did not differ significantly, except that the notes from Mexico showed fewer statements that indicated suicide was a solution to an urgent problem (Chavez-Hernandez, Leenaars, Chavez-de Sanchez, & Leenaars, 2009). Suicide notes from Mexico were less likely to display an unwillingness to accept problems (i.e. expressing a need to escape).

In a comparison of notes from Northern Ireland and the United States, O'Connor and Leenaars (2004) found that individuals in Northern Ireland were more likely to express a need to escape from pain, distress, and feelings of interpersonal loss than those in the United States. This study had a relatively small sample (N = 60), so researchers cautiously offered interpretive hypotheses. They claimed that due to civil unrest in Northern Ireland note writers could have expressed more interpersonal themes because of the culture's emphasis on family structures and interdependence. However, O'Connor and Leenaars stressed that the content of suicide notes across cultures are overwhelmingly similar, suggesting that the suicidal motivations are likely to be the same regardless of cultural influences.

Gender differences are rarely found in suicide note studies, but Lester, Wood, Williams, and Haines (2004) found that Australian women were more likely to have escaping from unbearable pain as motivation for suicide than Australian men. However, the researchers offered no explanation for this discrepancy. Interestingly, men in the Australian study were more likely to have themes of love and romantic problems contained within their suicide notes than women. This finding is in opposition to the popular assumption that women have a higher probability of expressing interpersonal motivations for suicide than men, at least within Australian culture.

Challenges for researchers. Leenaars (2002) wrote about some of the problems encountered by suicide researchers who are using suicide notes as a data source. In particular, he argued that data such as suicide notes only provide a "snapshot" of the individual which may or may not be representative of that person's history, personality organization, or level of distress. Research that deals with tabular or statistical

information, which is the predominant method of analysis in the field of psychology, is a nomothetic approach. While a nomothetic approach type of study brings about certain understandings, such as prevalence rates and correlates, Leenaars advocated for an idiographic approach to studying suicides. This method would involve more in-depth studies of individuals rather than aggregate comparisons of groups as a whole. Unfortunately this type of information is difficult to obtain and analyze, despite its obvious usefulness. Studies that effectively capture the information surrounding suicide ideally would involve both nomothetic (quantitative) and idiographic (qualitative) information.

The current study utilized both nomothetic and idiographic approaches when researching a large sample of suicide cases. In particular, demographic information and variables associated with note content were tabulated using nomothetic techniques. However, the thematic analysis of suicide notes of those who were identified as having escape from psychological or physical pain was idiographic in nature.

Chapter III

Method

Participants

The participants in this study were deceased individuals whose deaths were ruled suicides by the Montgomery County Coroner between the years of 2000 and 2009. The suicides mainly occurred in the counties immediately within the Greater Dayton, Ohio area, but a small portion of cases involved local residents who had committed suicide in other states.

Materials

All data obtained for this study came from the Montgomery County Coroner's records, representing case files from known suicides. The information obtained included all completed suicide cases that were handled by the Montgomery County Coroner's office between 2000 and 2009. The data included photocopies of suicide notes and a database containing investigators' reports, demographic information, and information concerning the method of suicide. Files of individuals who did not leave suicide notes contained investigators' reports, demographic information, and information concerning the method of suicide.

Suicide notes. The suicide notes that were included in the case files were photocopies of the original notes included in the coroner's case files. These notes were mostly handwritten, and varied in their format and composition. Personally identifiable data, such as names of the deceased, were removed from the notes.

Investigators' reports. Another important source of data was the summaries from the investigating law enforcement officials. These summaries contained demographic and personal information about the deceased and references to interviews with family members or witnesses. The reports included descriptions of the crime scenes, and information about the method the deceased individuals used to commit suicide. Often the investigators' reports contained information about the circumstances surrounding the death of the individual, such as employment status at time of death, living situation, and prior indicators of suicidal ideation. The reports about individuals who had died from drug overdoses often included lists of medications confiscated at the scene of the crime.

Demographic information. The Montgomery County Coroner provided a spreadsheet that contained information about the deceased individuals. The spreadsheet included the cause of death, method of suicide, and demographic information such as the age and race of the deceased individuals. The spreadsheet contained information about all of the individuals whose deaths were ruled suicides by the coroner's office, regardless whether they left a suicide note.

Coding sheets. We developed a coding sheet on which the data could be recorded and organized. This form contained six different sections (see Appendix A). The first of which was devoted to demographic information. Here the age, race, religion, living situation, and other personal information of the deceased were recorded. The second section contained information about the history of the deceased individuals, such as health history, drug and alcohol use, previous suicide attempts, school problems, abuse, etc. The third section was reserved for information concerning the characteristics of the suicide. For instance, the date and cause of death, place where the suicide occurred, and

method of suicide were recorded here. The first three sections of the coding sheet had checkboxes that allowed us to indicate whether each piece of information was gathered from the suicide notes or the case files.

The fourth section of the coding sheet allowed us to record characteristics of the suicide notes themselves. Some of the characteristics that were included on the coding sheet were the length of the notes, individuals mentioned, emotions referenced, physical and mental problems, and other information that was explicitly referenced. The last two sections of the coding sheet were created to allow us to record our assessment regarding the motivation for the suicide. These sections were identical, but were intended to be completed at different times in the reviewing process. Psychological and interpersonal motivations were included in these sections, such as guilt, failure, escape, relationship problems, and alienation.

A second coding sheet for files which did not contain suicide notes was created. This coding sheet contained all the variables that were on the suicide note coding sheet; however, those variables which directly related to the content of the suicide notes were removed. Therefore the second coding sheet was identical to the coding sheet in Appendix A, but did not contain the fourth section.

Definitions sheet. Variables that were included for the coding sheets were defined and operationalized via a coding definitions sheet (See Appendix B). This document served as a reference for us to aid in the identification of particular variables. The definitions sheet followed the format of the coding sheet and outlined criteria that must be satisfied for identifying a variable. The definition sheet was created to increase inter-rater reliability and validity.

Procedure

The research team for the suicide notes was comprised of two Ph.D. psychology faculty members and seven doctoral level students. The faculty and students initially met with the Montgomery County Coroner to review the case files and discuss what information could be obtained and coded. At that time confidentiality agreements with the Montgomery County Coroner's Office were completed by the researchers. We agreed that personally identifiable information would be obscured on the suicide notes. Additionally, any information contained in digital form would be password-protected and access to this information would be dictated by the administrators of the study.

After the initial meeting with the coroner, the team of researchers met separately to design the research study. The proposal for the study was written and sent to the Wright State University Institutional Review Board. The review board determined that the study did not meet criteria for human subjects research, since the individuals who had written the notes were deceased. Therefore, no further authorization for the study was required.

Two teams were established among the researchers. The first team was charged with searching the literature for motivations for suicide. This team created a list of variables that were representative of the motivations that theorists had previously developed over the years. The second team analyzed the information that was available from the suicide notes and case files and created a coding sheet to record the various aspects of the suicide and the notes. It was determined that the best approach for coding data was to record as much information as possible, increasing the likelihood that research questions which arose during the investigative process would be able to be

addressed. The coding sheet went through seven revisions, with the entire group of researchers meeting periodically to revise the criteria.

Once the coding sheet was developed, the main group was split into three groups of three raters. It was determined that each suicide note and case file would be coded by three independent raters to ensure that uniform coding procedures were being utilized. The researchers in the small groups would then compare their coding sheets. If a discrepancy arose over an item, we agreed to review the item within the small groups to determine the best way of recording the variable. For instance, if two of the raters decided that escape was the primary motivation for suicide, but one researcher believed that guilt was a motivator, the three researchers would each advocate for their rationale. If unanimous agreement could not be made among the small group of researchers, the item would be taken to the larger group to discuss. This ensured the best possible adherence to the coding guidelines outlined in the definitions sheet, as well as allowed room for sound clinical judgment. The notes were divided according to the year the case was opened and randomly assigned to the three groups of raters. Each small group coded the files for roughly one-third of the data set.

The suicide notes were read first, and we completed as much of the coding sheet as possible from the information that was contained solely within the suicide note. After this step, we examined the information in the database and supporting documents. The rationale for this procedural sequence was that we believed that we may be unduly influenced by the characteristics of the suicides referenced in the investigators' reports. Reading the suicide notes first eliminated potential bias in coding the content of the suicide notes.

The last two sections of the coding sheet allowed us to record what we believed were the main motivations for suicide both before and after reading the case file. It was assumed that, in many cases, the motivation may be unclear after only reading the suicide note, especially in cases where a note was relatively short. The investigators' reports and demographic information could potentially lead us to a better understanding of the circumstances surrounding an individual's suicide, and clarify our perceptions of suicide motivation. Any writings that were obviously not part of the suicide note but were part of the case file, such as a "to do" list, were not included in the initial analysis. We not only coded information gathered from the suicide notes and case files. We also identified the source of the information on the coding sheets. Identifying the source of the data was thought to be useful in later analysis, especially in determining motivation.

Chapter IV

Results

There were a total of 580 suicide cases reviewed for this study. The complete sample included a representative sample of 413 cases in which suicide notes were not present (non-note writer sample) and 167 cases in which suicide notes were left by the deceased (note writer sample). The non-note writer sample was further divided into two groups: an “overall” group representing those who did not have escape as a primary motivation for suicide (n = 270), and an “escape” group representing those who had a primary motivation of escape (n = 143). Similarly, the note writer sample was divided into “overall” and “escape” groups (n = 128 and n = 39, respectively). There were no cases that were classified in more than one of the four groups.

The database from which demographic information for non-note writers was obtained did not contain suicides that occurred in 2009. Thus, the non-note writer samples included suicides that occurred between 2000 and 2008, while the note writer samples contained data from suicides that occurred between 2000 and 2009. All cases had some variables that could be determined based on the available data. Therefore, these unknown cases were removed from the descriptive analysis of each variable. Some of the variables could only be determined for a relatively small number of cases. To aid the reader in understanding the data presented in this study, percentages were reported

alongside the number of cases for which the data was known. See Appendix C for the descriptive tables presented in the current study.

Overall Non-Note Writers

Overall non-note writer demographics. Of the individuals in the overall non-note writer sample, 231 (85.56%) were male. Their ages ranged from 11 to 94 years. The highest percentage of suicide completers fell in the 40 to 49 age bracket (28.52%), while the next two most prevalent age groups were 20 to 29 (20.74%) and 30 to 39 (19.26%). The sample was primarily composed of individuals who were identified as white (92.96%). Less than five percent of the non-note writers were identified as black and 2.59% were classified as “other.”¹ See Table C1 for a complete breakdown of demographic characteristics.

Suicide characteristics of overall non-note writers. The suicides of these individuals occurred between 2000 and 2008. The suicides were distributed fairly evenly throughout this period, with the fewest number of suicides occurring in 2000 and 2007 (7.04% and 9.63%, respectively). The highest percentages of suicides in the non-note writer sample occurred during the months of February and November (10.37% for both months). In general the suicides were distributed evenly with regard to the day of the month on which they occurred. The most common days of the week on which the suicides were reported were Monday and Sunday (17.04% and 16.67%, respectively). See Table C2 for the date distributions of the non-note writer sample.

¹ Specific racial and ethnic data for the deceased individuals in all samples were not available from the coroner’s database; however, the identifiers used with regard to this demographic were “white,” “black” and “other.”

The coroner's database contained information about the cause of death and method of suicide for all of the individuals in this study. In the overall non-note writer sample, the most common causes of death were gunshot and asphyxia (55.56% and 28.52%, respectively). The primary method of suicide involved the use of a handgun (42.59%). The second most common method of suicide was ligature (hanging), which occurred in 19.63% of cases. A complete description of the causes of death and methods of suicide is represented in Table C4.

Escape Non-Note Writers

Escape non-note writer demographics. Of the 413 individuals who did not leave suicide notes, 143 were identified as having escape as a primary motivation for suicide. Their ages ranged from 12 to 94 years. Similar to the overall sample of non-note writers, the most common age group was 40 to 49 years (21.68%). However, the 50 to 59 age group was comparative in size, comprising of 20.98% of the sample. The non-note writers in the escape sample were characterized as being primarily male (81.12%) and white (88.81%). A slightly higher percentage of black individuals (8.39%) were identified when compared to the overall non-note writer sample. Values for the escape non-note writer sample are contained in Table C1.

Suicide characteristics of escape non-note writers. The suicides of the individuals in the escape non-note writer sample occurred between 2000 and 2008. The suicides were less evenly distributed than the overall non-note writer sample, with the largest percentages of suicides occurring in 2003 and 2005 (17.48% and 15.38%, respectively). The highest percentage of suicides in the escape non-note writer sample

occurred in the month of August (12.59%). The highest percentage of suicides occurred in the middle third of the months in which they occurred (38.46%). Generally, the suicides were evenly distributed among the days of the week; however, the smallest percentages occurred on Saturday and Sunday (9.09% and 11.19%, respectively). Table C2 contains a complete list of the date distributions within the escape non-note writer sample.

The distribution of the causes of death and methods of suicide for the escape non-note writers was similar to the overall non-note writer sample. The most common cause of death was gunshot (58.74%), and the most common method of suicide was the use of a handgun (41.96%). A complete list of the causes of death and methods of suicide can be found in Table C4.

Overall Note Writers

Overall note writer demographics. There were 128 individuals in the overall sample who wrote suicide notes that were available for analysis. The majority of the participants were male (73.44%). Their ages ranged from 14 to 93 years. Again, the 40 to 49 age group was the most prevalent in the sample of individuals who left suicide notes (38.28%). The note writer sample was primarily white (95.31%). Five individuals were identified as black (3.91%) and one was identified “other” (0.78%). The demographic information for the note writer sample can be found in Table C1.

Suicide characteristics of overall note writers. The suicides of the overall note writer sample occurred between 2000 and 2009. The highest percentages of suicides within this sample occurred in 2004 and 2005 (15.63% and 14.84%, respectively). The

suicides in the overall note-writer sample most commonly occurred in the months of January and June (12.50% and 10.16%, respectively). Most of the suicides occurred in the latter third of the month (42.97%). The most common day of the week on which the suicides were reported was Wednesday (22.66%). The date distributions for the note writer sample can be found in Table C3.

Consistent with the other groups of note writers and non-note writers, the main cause of death for the overall note writers was, overwhelmingly, gunshot (44.09%). However, it is noteworthy that a larger proportion of individuals in the note writer sample than in the non-note writer sample died from ingestion of toxic substances (29.92%). The most common method of suicide for the note writers involved the use of a handgun (29.92%), and the second most prevalent method was overdose (21.26%). The causes and methods of the note writer deaths are represented in Table C5. The majority of suicides occurred at the homes of the decedents (73.23%). The most common specific locations for the suicides to take place were the bedroom (23.44%), an automobile (14.84%) and living room (11.72%).

Living circumstances of overall note writers. From the information contained in the suicide notes, coroner's database and investigators' reports, it was not often clear whether individuals had religious or spiritual beliefs. However, religion or spirituality was mentioned in 12 of the suicide cases in the overall note writer sample. Of those, 91.67% claimed to have religious beliefs in some form. The vocational statuses of the decedents could sometimes be deciphered for 60 individuals in the sample; 43.33% of the overall sample were employed. Forty percent of the overall note writer sample were

unemployed, and 6.67% of the case files mentioned that the deceased individual was retired. The majority of the individuals for which the data was available lived alone (42.86%). Individuals were also likely to live with a romantic partner (32.14%). Seventy of the case files in the overall note writer sample mentioned that the deceased had children (87.5% of the known sample). Finally, 18 individuals, 78.26% of the known sample, were reported to have been living with pets. Table C6 contains the living circumstances of the overall note writer sample.

The suicide notes and case files reviewed contained varying degrees of information about the life problems experienced by the decedents. The most common problem that was evident in the note writer sample was psychiatric illness, which was present in 95% of the known cases. Forty-five of the individuals, 91.84% of the known sample, had a defined physical illness. Seventy-four individuals, 94.87% of the known sample, experienced interpersonal problems according to the suicide notes and investigator report data. A complete list of the life problems of the overall note writer sample can be found on Table C7.

Characteristics of suicide notes from the overall note writer sample. Most of the written correspondence left by the note writers in the overall sample was contained in one or two notes (64.84% and 14.06%, respectively). The number of suicide notes found by investigators ranged from one to 20. The largest portion of the notes was between 26 to 150 words in length (42.97%), but a sizable percentage contained 301 or more words (29.69%). The note characteristics for the overall note writer sample are represented in Table C8.

Suicide motivation for the overall note writer sample. We attributed suicidal motivation twice: once after reading the suicide notes, and once again upon reading the entire case file. Frequently, the motivation for suicide could not be determined based on the note alone (35.43%). However, the most common motivation for suicide in the note writer sample that was attributed based on notes alone involved relationship problems with a romantic partner or ex-partner (14.17%). See Table C9 for the primary motivations for suicide in the note writer sample.

After reviewing the case files, we coded for a final motivation for the suicidal act. Within the overall sample of note writers, the most common motivation was to escape from multiple situations or conditions. This group represented 37.30% of the overall note writer sample. The “escape multiple” cases were included in the overall sample, rather than the escape sample due to an overlap in motivational categories. For example, an individual may have had escape from pain as a motivation for suicide, but other motivations such as failure or alienation were also evident. The second largest percentage regarding motivation of the overall note writers involved suicides that were characterized by a response to relationship problems with a romantic partner or ex-partner (18.25%). Only 14.29% of the note writer sample had a motivation for suicide that was unclear based on the data from all available sources. Table C10 contains the final motivations for suicide within the note writer sample.

Escape Note Writers

Escape note writer demographics. A subsample of 39 individuals was identified as having escape as a primary motive for suicide². The ages of the escape note writers ranged from 21 to 91 years. Unlike the samples previously discussed, the most common escape note writer age group was in the 60 to 69 range (23.08%). The escape sample was primarily male (74.36%) and white (92.11%). Six of the escape note writers were identified as having religious or spiritual beliefs, while the beliefs of the remaining 33 could not be determined. Complete demographics for the escape note writer sample are represented in Table C1.

Suicide characteristics of escape note writers. Suicides for the escape note writer sample occurred during between 2000 and 2009. The highest percentage of those suicides occurred in 2005 (20.51%). Most of the suicides in the escape note writer sample occurred during the months of January, March, and June (17.95% for each month). There were no suicides reported in the months of February and November for this sample. Escape note writers' suicides were distributed evenly during the month, with percentages ranging from 30.77 to 38.46 for each third of the month. Monday was the most common day on which the suicides of those in the escape note writer sample were reported (30.77%). The distribution of dates for the escape note writer sample is represented in Table C3.

Escape note writers had the highest percentage of deaths attributed to gunshot (61.54%). The method of suicide was overwhelmingly characterized by the use of

² For the purposes of the descriptive analysis, an original sample of 86 escape note writers was reduced to a more "pure" sample of 39 individuals whose motivations were not combined with other motivations. Forty-five of the 47 individuals removed from the original subsample were coded as having "escape – multiple" as a motivation. In these cases, individuals were found to have a clear motivation to escape from personal circumstances but other motivations for suicide were present as well (e.g., relationship issues or failure).

handguns (56.41%). The second most common method for the escape note writers was overdose (15.38%). See Table C5 for data representing the causes of death and the methods of suicide for the escape note writer sample. Most of the suicides in the escape note writer sample took place in the decedents' homes (86.49%). The most common locations for the suicides to occur within the home were bedrooms and living rooms (30.77% and 12.82%, respectively).

Living circumstances of escape note writers. From the available data, the most common occupational status among the escape note writers was retired (36.84% of the known sample). There was the same percentage of individuals who were identified as working (26.31% of the known sample) and unemployed (26.31% of the known sample). The escape note writers most commonly lived alone (50.00% of the known sample). Similar to the overall note writer sample, the second most common living situation for escape note writers was cohabitation with a romantic partner (32.14% of the known sample). Sixteen of the escape note writers were identified as having children based on information obtained from suicide notes and case files (76.19% of the known sample). The majority of the known sample were reported to have had pets (75%). Table C6 contains the living circumstances for the escape note writer sample.

The escape note writers had similar life problems compared to the overall note writer sample. The most common problem evident in the escape writers' notes and case files was psychiatric illness (92.86%); however physical illness was also common (88.46%). There was a lower percentage in the escape note writer sample of cases wherein interpersonal problems were endorsed when compared to the overall note writer

sample (62.50% for the escape note writer sample versus 91.95% for the overall note writer sample). Financial problems and drug abuse were also common among individuals in the escape note writer sample (88.89% and 70.00%, respectively). Table C7 contains a complete list of the life problems associated with the escape note writer sample.

Characteristics of suicide notes from the escape note writer sample. In the majority of cases in the escape note writer sample, one suicide note was left (73.68%). The second most common number of notes left by the escape note writers was two (18.42%). The most commonly occurring ranges with regard to word count were zero to 25 and 26 to 150 (33.33% for both ranges). The percentage of escape note writers that left notes less than 25 words in length was more than three times that which was in the overall note writer sample (33.33% versus 7.81%). The characteristics of the notes in the escape note writer sample are outlined in Table C8.

Suicide motivation for the escape note writer sample. Of the escape note writer sample, the primary motivation for suicide often could not be determined by the information contained in the note alone (43.59%). Not surprisingly, the most common primary motivations were classified in the escape category. The motivation to escape from psychological pain represented 28.21% of the escape note writer sample. The need to escape from somatic or physical pain was the second most common primary motivation (17.95%). One individual was identified as having a motivation to escape legal problems (2.56%), and two individuals were identified as having a motivation to escape from unknown circumstances (5.13%). Finally, one individual was identified as having a primary motivation of relationship problems with a romantic partner (2.56%).

See Table C9 for the primary motivations attributed to the individuals in the escape note writer sample.

The final motivations for suicide attributed to those in the escape sample were all contained within the escape categories. Of those cases, the most common motivations were escape from psychological pain (43.59%) and escape from somatic pain (43.59%). The remaining cases had final motivations that were characterized by escape from legal problems (7.69%) and escape from financial problems (5.13%). The final motivations for the escape note writer sample can be found in Table C10.

Note Content in the Escape and Overall Samples

Although no formal inferential statistics were conducted, notable differences in the prevalence of specific note contents in the escape and overall samples were nonetheless evident. The escape note writers had fewer instances of negative portrayals of an afterlife. Statements which characterized the life after death as being painful or undesirable (e.g. references to hell or suffering) comprised 16.67% of the notes in the escape sample, while 23.33% of the overall sample had such references. Similarly, escape note writers more often portrayed the afterlife in a neutral way, meaning that it was mentioned without positive or negative connotations (33.33% for the escape sample versus 7.5% for the overall sample).

Loss was less of a clear theme in escape notes when compared to the overall sample. Escape note writers wrote about the loss of relationships in 2.56% of the notes, while 22.66% of the notes in the overall sample had relationship loss in the content. Similarly, no mention of any loss at all was much more common in the escape sample

(76.92%) than it was in the overall sample (2.4%). The escape note writers were less likely to address specific individuals in their notes. Only 12.82% of the notes in the escape sample had references to a romantic partner, while 38.28% of the notes in the overall sample did. Also, the escape notes had fewer references to family (10.26%) than the overall sample (30.47%). Escape notes had fewer occurrences of interpersonal problems that were mentioned in the content of the notes than in the overall sample (12.82% versus 46.88%, respectively).

Although apologies were offered in many of the notes in the escape sample, they were not personal in nature (directed toward a specific person) as often as they were in the overall sample. Only 28.21% of the notes in the escape sample had personal apologies, while 48.44% of the notes in the overall sample did. Notable differences between the content of the escape notes and the notes of the overall sample can be found on Table C11.

Thematic Content of Escape Notes

There were 18 themes that were expressed in the escape note writer sample. Table C12 outlines the prevalence of themes expressed. Multiple themes were present in most of the notes; thus, the percentages given for each theme do not add to 100%. The most common themes in the suicide notes of the escape note writer sample were apology and love (58.97% for each theme). The note writers often apologized to the intended readers of the notes for the suicidal acts or the “messes” they had caused either physically or emotionally. They were also likely to express their love for others or write about how they had been loved.

Many of the notes contained instructions for the intended reader. These instructions included topics such as the disbursement of goods or funeral arrangements. Some of those notes indicated that the deceased individual did not wish to have a funeral or burial; “just cremate me” was a common phrase. The theme of desperation was represented in many of the suicide notes (46.15%). This theme captures much of what escape is about: the need to get away from unwanted circumstances or states. These notes were characterized by phrases such as “I can’t take this.”

A number of the notes in the escape note writer sample contained the theme of forgiveness (33.33%). In contrast to an apology, which is characterized by remorse, the forgiveness theme encompasses those who asked for reconciliation or forgiveness from God or those with whom they had relationships. Additionally, the note writers often expressed thanks to others who had helped them in some way (25.64%). With this, they sometimes mentioned those who had been with them through difficult times; often, these expressions of thanks were combined with apologies.

The theme of pain was common (28.21%), whether it was in physical or emotional form. Themes of mental and physical health were prevalent in the suicide notes of those within the escape note writer sample (25.64% and 17.95%, respectively). Some note writers narrated their lengthy struggles with mental illness or physical ailments; common conditions mentioned were depression and cancer.

A number of notes involved religious topics (25.64%); however, the nature of this theme varied from note to note. For instance, some of the individuals whose primary motivation for suicide was designated as escape from psychological circumstances

discussed feeling as though they had been possessed by demons. Further, many of the notes that had religious themes included expressions such as “God help me” or “God forgive me.” While these statements were apparently religious in nature, it was unclear to us whether the statements were intended in the religious sense; it is possible that these statements could have been mere figures of speech. Nonetheless, as a convention they were marked as religious references.

Chapter V

Discussion

This study provided us with an opportunity to develop unique insights into the minds of those individuals who successfully complete acts of suicide. The insights obtained were gathered from investigators' reports and case files, but we paid specific attention to the notes left by individuals who completed suicide. The information contained in suicide notes was, in many cases, the final attempt at communication by the deceased. Therefore, in essence, suicide notes are the messages that suicidal individuals want to share with others. From a clinical perspective, the information contained therein can be used to aid in suicide assessment and prevention. Further, the information gathered from the coroner's database and investigators' reports gave us further insight into the personality and life circumstances of the individuals who chose to commit suicide.

The results from the escape and overall samples in this study were very similar. Therefore, the view of suicide as an attempt to escape from emotional, psychological, and physical pain was supported. While the motivation for suicide in each case was nuanced and unique, the concept of escape as an overarching motivational variable appeared to be valid, based on the findings of this study. From the data obtained in this study, we were able to demonstrate that suicidal acts were not restricted to any particular age group, nor was there any one personality characteristic or life circumstance that always preceded

suicidal acts. However, it was possible for us to compile various characteristics of the individuals in this study to create a general profile of those who clearly used escape as a motivation for suicide.

Most samples we reviewed showed what could be characterized as a bell-shaped curve with respect to age at time of suicide. This curve centered on the 40-59 year age group. However, the escape note writers were generally a few years older, which might be the representative of an increase in the prevalence of chronic physical illness and disability as individuals age. From another perspective, the age discrepancy could also explain why the escape note writer sample had a higher probability of living alone. However, it is not clear to us what the contributing factors to the differences between the ages of the overall note writers and escape note writers might be.

The suicide notes for escape note writers frequently contained themes of love and apology, which appeared to us to indicate a desire on the part of the suicidal individual to reduce the pain, trauma, or grief the suicide would cause to others. The notes indicated a desire for closure and resolution, which was evident from the prevalence of instances in which the disbursement of goods and funeral arrangements were discussed. Escape suicide notes often highlighted the desperation experienced by suicidal individuals; to these persons there was “no way out” of their predicaments apart from ending life itself. Thus, it was clear that the individuals in our sample had little awareness of alternative solutions to their problems. The statements of desperation were often accompanied by apologies to the intended reader. It appeared to us that the suicidal individuals in the escape sample might have felt as if there were alternatives to suicide; however, the

solutions were somehow outside of their grasp. The escape group in our study wrote shorter suicide notes than the overall note writer population. There are many possible explanations for the brevity of the escape notes; we discussed the probability that these individuals were perhaps less verbose, had fewer individuals to whom they wished to deliver messages, or had less ambivalence than the overall sample. However, the short notes may have indicated that the writers simply had little to say other than to convey the pain they were experiencing. Finally, the escape writers' suicide notes indicated a desire to justify their suicidal acts to survivors via the expression of intense physical or psychological pain. We interpreted these statements to mean that those who engaged in suicidal acts wanted to absolve others from responsibility for their deaths.

Some important differences existed between the notes of the escape sample and the notes of the overall sample. The "escape – somatic" motivational category had a number of notes that were short and appeared to convey fatigue. For example, the notes often included phrases such as, "I'm sorry; I just can't take [the illness or physical problem] any more." The escape note writers often mentioned that they did not want to continue to suffer painful experiences such as surgeries, radiation treatments or immobility. This highlighted the nature of suicides that occur in relation to prolonged dealings with physical conditions, coupled with a subsequent lack of hope for recovery. The notes in the escape note writer sample were different from the overall sample in this regard, because the individuals in the escape note writer sample did not appear to use the dramatic or confrontational language that was common in the overall note writer sample.

Instead, the escape note writers conveyed a prolonged state of pain from which they felt a need to escape.

In summary, the expected profile of an individual who used escape from physical and psychological pain as a motivation for suicide was found to be a late middle-aged white male who had limited contact with others. He was most likely to have died from the use of firearms, or more specifically, handguns. There was often a chronic condition present, such as physical or psychiatric illness, from which the individual believed there was no escape aside from death. Based on this study, it would be expected that the suicidal individual did not believe that his relationships with loved ones was particularly bad. On the contrary, he was likely to demonstrate a desire to absolve others from blame and made arrangements to ease the effect his suicide would have. There was a remarkable absence of interpersonal disputes and inflammatory language in the escape group. Because of these qualities, we often colloquially referred to this group as the “it’s not you, it’s me” group.

Implications for Loved Ones

Loved ones of suicide victims often express conflicting emotions in the wake of a suicide; they may experience guilt due to a belief that they are responsible for the death of their loved ones, or they may feel may feel as if they could have done more to prevent the act. The most common themes represented in the notes of individuals who were in the escape sample involved expressions of love for others and hope for forgiveness. The victims did not believe that loved ones were responsible for their deaths. Escape suicide

note writers also acknowledged prolonged psychache; their suicides did not appear to be the result of interpersonal disputes or poor relationships with others.

Additionally, the individuals in the escape note writer sample appeared to have less interpersonal contact than those in the overall note writer sample. The isolation experienced by escape note writers may indicate that it was less likely that they would have communicated suicidal ideation and intent to loved ones. In other words, the escape note writers may have been more likely to suffer in silence rather than make their suicidal thoughts known to others around them. Therefore, it would be unfair to assume that loved ones should have known that a suicide was going to occur.

Loved ones of suicide victims sometimes express anger toward the deceased. Anger is an understandable reaction given the emotional pain experienced survivors of suicide. Loved ones may even feel as though suicides were expressions of intent to harm them. However, the escape note writers showed a great deal of love and concern for the wellbeing of others. This was exemplified by the fact that the writers took efforts to minimize the negative impact their deaths would have on family and friends (e.g., absolving others from blame or dispersing personal goods). The escape note writer sample was populated by individuals who wanted to spare their loved ones pain, as opposed to resorting to suicide as an effort to hurt others. The escape note writers regretfully conveyed an understanding that their deaths would cause pain to others.

Implications for Helping Professionals

Consistent with the view endorsed by Schneidman (1996), the individuals studied appeared to experience psychache, or a state of intense and sometimes prolonged

psychological pain. Psychache coupled with cognitive constriction (i.e. the inability to consider solutions to perceived problems) sets the stage for suicidal ideation and behaviors.

With respect to individuals who experience chronic and/or debilitating physical or psychiatric problems, clinicians may wish to pay specific attention to how these individuals deal with their respective conditions. As was noted for the escape note writer sample, there were a number of individuals who communicated hopelessness and fatigue in their suicide notes. It is possible that these persons would have expressed suicidal intent to health care professionals had they been asked. From the available data, there is no way to know whether these types of conversations ever took place. Regardless, it is likely that at least some of the suicides in the current study could have been prevented by proper suicide assessment and prevention efforts by health care providers. Suicide screenings should be part of the care administered to those with chronic physical and psychiatric pain.

There is a large body of research regarding the proper treatment of suicidal individuals, the breadth of which is outside the scope of this study. Chiles and Strosahl (2005) provides a good starting point for learning more about working with suicidal individuals. Considering the cognitive constriction displayed by the notes in our sample, clinicians need to work to help clients, particularly those expressing suicidal intent, increase problem solving skills. Interventions may involve focusing on dichotomous patterns of thought, which were often evident in the suicide notes of the escape sample.

Further, interventions that target feelings of hopelessness, increase distress tolerance, and help individuals find meaning and purpose at times of suffering can also be helpful.

Many of the individuals who were in the escape note writer sample may not have communicated their suicidal thoughts to others prior to their deaths. Thus, in order to reach others who are considering suicide to escape from psychache, strategies that are different from traditional therapy and assessment may need to be considered. For instance, public education is one such strategy that may reduce stigma surrounding suicide and increase the likelihood that suicidal individuals will seek assistance. Public education can direct suicidal individuals to appropriate community resources and may instill hope that suicidal states are treatable and need not be sources of personal shame.

Limitations of the Study and Suggestions for Future Research

Certain methodological and data-based limitations should be considered when interpreting the results of this study. Though all of the data used in this study were in existence before the study began, these data were integrated from multiple sources which had varying degrees of precision. To safeguard against the possibility of researcher biases, a number of methodological conventions were introduced, such as using multiple raters and only coding for explicit variables in the notes and case files. However, it is likely that many of the variables were underrepresented in the final analyses. This was evident by the low known sample sizes for some of the variables under consideration. While this limitation was real, we viewed it to be the “lesser of two evils” (i.e. better than making inferences and over-interpreting the data). For example, 50% of the escape note writer sample was known to have experienced sexual abuse. However, the attentive

reader would observe that only two individuals discussed abuse, one of whom indicated the abuse was sexual in nature. One could hardly make generalizations based on this small of a sample.

Clinical assessment was involved in the determination of motives for suicide. Therefore, the use of multiple raters helped to standardize the assignment of motive for suicide. Many of the notes expressed motivation for suicide; however, other notes were quite brief or contained information unrelated to motivation, such as instructions for survivors. In the latter cases, we had to rely on the case files to determine motivation for suicide. The case files did, in fact, offer information about the lives of the individuals who committed suicide, but this information did not come directly from the deceased as would be the case with a suicide note.

Additionally, there was a considerable degree of variability in the level of detail that investigators incorporated into their reports. Some investigators went to such lengths as to interview family members and inventory decedents' medicine cabinets. Others, however, had brief reports that did not have more information than a basic description of the scene and an identification of the deceased. Investigators chose what they wanted to include in their reports, which may or may not have been reflective of biases regarding the reasons for which individuals choose to take their lives. At the moment, there is no standardized method for writing investigative reports of suicides. Increased standardization of reporting procedures would not only help ensure thorough investigations of suicides but would also give researchers an ability to better compare suicide reports across municipalities and law enforcement agencies.

Perhaps law enforcement officials should approach suicide investigations with the same degree of detail and scrutiny as they would with homicide investigations. In the majority of the cases reviewed for this study, there was no apparent reason for investigators to believe that foul play was involved. Therefore, some investigators may have believed that a detailed investigation of the circumstances surrounding the suicide was not prudent or even relevant. The information contained in the case files, may have been more detailed if the investigators would have placed more emphasis on gathering corroborative evidence. This problem further highlights a need for a standardized approach to investigations of suicides. A simple checklist, perhaps adapted from the coding sheet in Appendix A, would help ensure that investigators collect information of utility for both investigators and researchers alike.

Given the importance of suicide research in prevention, as well as the intriguing nature of suicide notes, it is likely that suicide note research will continue to be prevalent in many of the human sciences. However, the data surrounding suicide notes provides us with varying degrees of understanding of the individuals who wrote the correspondences. That being said, we were able to learn a great deal of information about many of the individuals who ended their lives. To increase the quality of the information obtained for research, we recommend that investigator reports and suicide note studies be coupled with interviews of the people who knew the deceased. While this proposition might be unrealistic in some cases, it nonetheless would add a new dimension to the study of completed suicides. The information provided by family members, for instance, would

help researchers to better understand the precipitating factors and the inter- and intra-
psychic determinants of suicidal acts.

Appendix A
Suicide Note Coding Sheet

		Case # _____		
		Coder _____		
<i>Demographics (Circle all that apply for each item)</i>		<i>Source(D:Database, N-Note)</i>		
Religion :	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK		D	N
Date of death :				
Age :	Zip Code :			
Gender :	<input type="radio"/> Male <input type="radio"/> Female			
Race :	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Other			
Children :	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK			
Pet(s):	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK			
Occupation :	<input type="radio"/> Student <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> UK <input type="radio"/> Worker <input type="radio"/> Household duties <input type="radio"/> Other : _____			
Living Situation :	<input type="radio"/> Alone <input type="radio"/> With Family/Parents <input type="radio"/> With Spouse/Partner <input type="radio"/> With Kids <input type="radio"/> UK			
Military Service	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK			
Notes:				
D	N	<i>Previous History</i>		
		Did they seek help?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK	
		Legal Problems	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK	Psychiatric Illness <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK

	Physical Illness	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK	Homeless	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK		
	Drug/Al Abuse	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK <input type="radio"/> h x	Financial Problems	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK		
	Previous Suicide Attempt	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK	Struggling with Minority Identity	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK		
	School	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK	Interpersonal	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK		
Abuse :		<input type="radio"/> Sexual Assault	<input type="radio"/> Verbal Abuse	<input type="radio"/> Molestation	<input type="radio"/> Rape	<input type="radio"/> UK
		<input type="radio"/> Domestic Violence	<input type="radio"/> Abuse as a child	<input type="radio"/> Other : _____		
Abuse :		<input type="radio"/> Victim	<input type="radio"/> Perpetrator			
Notes:						
<i>Characteristic of Suicide</i>						
Date Note written		Time Note written		Season	Day	
_____		_____		_____	_____	
Location		Room Location				
_____		_____				
When s/he write the Note?		<input type="radio"/> Same Time		<input type="radio"/> Earlier	<input type="radio"/> UK	
Note was found?		<input type="radio"/> With Body		<input type="radio"/> Not with body	<input type="radio"/> UK	
Type of Suicide		<input type="radio"/> Single		<input type="radio"/> Dual		
Alcohol/Substance Use		<input type="radio"/> Y		<input type="radio"/> N	<input type="radio"/> UK	
Trauma Type		<input type="radio"/> Asphyxia		<input type="radio"/> Toxic Substance	<input type="radio"/> Multiple	<input type="radio"/> Blunt Force
		<input type="radio"/> Gunshot		<input type="radio"/> Sharp force		

Trauma Caused by	<input type="radio"/> Carbon monoxide	<input type="radio"/> Drowning	<input type="radio"/> Fall	<input type="radio"/> Drug Reaction	<input type="radio"/> Handgun
	<input type="radio"/> Ligature	<input type="radio"/> Overdose	<input type="radio"/> Poison	<input type="radio"/> Rifle	<input type="radio"/> Shotgun
	<input type="radio"/> Suffocation	<input type="radio"/> Train	<input type="radio"/> Vehicle	<input type="radio"/> Other : _____	
Notes:					
<i>Characteristic of Notes</i>					
Number of Notes : _____			Word Count: <input type="radio"/> 0-25 <input type="radio"/> 26-150 <input type="radio"/> 151-300 <input type="radio"/> 301 or more		
Significant Loss : <input type="radio"/> Death <input type="radio"/> Relationship <input type="radio"/> Acquired Disability <input type="radio"/> Not Mentioned <input type="radio"/> Other _____					
Who was mentioned in the note? <input type="radio"/> Friend <input type="radio"/> Children <input type="radio"/> Partner <input type="radio"/> Sibling <input type="radio"/> Parent					
<input type="radio"/> Family <input type="radio"/> UK <input type="radio"/> Generic <input type="radio"/> None					
Dated	<input type="radio"/> Y <input type="radio"/> N	Weight/Body Image Issue	<input type="radio"/> Y <input type="radio"/> N	Mentioned	
Organized Thoughts	<input type="radio"/> Y <input type="radio"/> N	Guilt	<input type="radio"/> Y <input type="radio"/> N		
Addressee	<input type="radio"/> Y <input type="radio"/> N	Ambivalence	<input type="radio"/> Y <input type="radio"/> N		
Justification/ Rationalization	<input type="radio"/> Y <input type="radio"/> N	Pain/Illness- Psychological	<input type="radio"/> Y <input type="radio"/> N		
School Problems	<input type="radio"/> Y <input type="radio"/> N	Pain/Illness- Unspecified	<input type="radio"/> Y <input type="radio"/> N		
Interpersonal Problems	<input type="radio"/> Y <input type="radio"/> N	Financial Problems	<input type="radio"/> Y <input type="radio"/> N		
Job/Work Problems	<input type="radio"/> Y <input type="radio"/> N	Legal Problems	<input type="radio"/> Y <input type="radio"/> N		
Burden	<input type="radio"/> Y <input type="radio"/> N	Dichotomous	<input type="radio"/> Y <input type="radio"/> N		
Apathy	<input type="radio"/> Y <input type="radio"/> N	Feeling- Sadness	<input type="radio"/> Y <input type="radio"/> N		
Advice	<input type="radio"/> Y <input type="radio"/> N	Feeling- Lonely	<input type="radio"/> Y <input type="radio"/> N		
Pain/Illness-Physical	<input type="radio"/> Y <input type="radio"/> N	Feeling-Joy	<input type="radio"/> Y <input type="radio"/> N		
Medication	<input type="radio"/> Y <input type="radio"/> N	Feeling-Angry	<input type="radio"/> Y <input type="radio"/> N		
Apology-General	<input type="radio"/> Y <input type="radio"/> N	Feeling-Tired	<input type="radio"/> Y <input type="radio"/> N		
Apology-Personal	<input type="radio"/> Y <input type="radio"/> N	Feeling-Hopeless	<input type="radio"/> Y <input type="radio"/> N		
Constriction/T. Vision	<input type="radio"/> Y <input type="radio"/> N	Feeling-Relief	<input type="radio"/> Y <input type="radio"/> N		
Quotations	<input type="radio"/> Y <input type="radio"/> N	Feel-Worthless/Unlovable	<input type="radio"/> Y <input type="radio"/> N		
Blame	<input type="radio"/> Y <input type="radio"/> N	Feeling-Loved by others	<input type="radio"/> Y <input type="radio"/> N		

Absolve from Blame	<input type="radio"/> Y <input type="radio"/> N	Discrimination/Oppression	<input type="radio"/> Y <input type="radio"/> N
Shame	<input type="radio"/> Y <input type="radio"/> N	Feeling-Love for Others	<input type="radio"/> Y <input type="radio"/> N
Life Not Worth Living	<input type="radio"/> Y <input type="radio"/> N	Feels Like Failure	<input type="radio"/> Y <input type="radio"/> N
Precipitating Event	<input type="radio"/> Y <input type="radio"/> N	Signature	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unclear
Only Instructions?	<input type="radio"/> Y <input type="radio"/> N	Typed	<input type="radio"/> Y <input type="radio"/> N
Abuse	<input type="radio"/> Y <input type="radio"/> N	Sent via Mail	<input type="radio"/> Y <input type="radio"/> N
Escape	<input type="radio"/> Y <input type="radio"/> N	Mention of God/Religion	<input type="radio"/> Y <input type="radio"/> N
		Humor	<input type="radio"/> Y <input type="radio"/> N
Afterlife :	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Uncertainty <input type="radio"/> No Mention		
Morality of suicide :	<input type="radio"/> Moral <input type="radio"/> Immoral <input type="radio"/> Neutral <input type="radio"/> Unclear <input type="radio"/> No Mention		
Reunion :	<input type="radio"/> Deceased <input type="radio"/> Living relative <input type="radio"/> Watching over <input type="radio"/> No Mention		
Forgiveness :	<input type="radio"/> Asks for self <input type="radio"/> Asks for others <input type="radio"/> Gives to self <input type="radio"/> Gives to others <input type="radio"/> No Mention		
If Instruction :	<input type="radio"/> No Foul Play <input type="radio"/> Disposal-Body <input type="radio"/> DNR <input type="radio"/> Disposal-Property <input type="radio"/> Manage Affairs <input type="radio"/> Repay Debt <input type="radio"/> No Mention <input type="radio"/> Custody <input type="radio"/> Care of _____ <input type="radio"/> Other : Specify _____		
Notes :			
<i>Motivation (Choose One Based on Information in the Suicide Note)</i>			
Relationship	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple		
Alienation	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple		
Failure/Inadequacy	<input type="radio"/> Children <input type="radio"/> Parents <input type="radio"/> Other Family <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Self <input type="radio"/> Multiple		
Guilt	<input type="radio"/> Specify _____		

Escape	<input type="radio"/> Somatic <input type="radio"/> Legal <input type="radio"/> Financial <input type="radio"/> Self <input type="radio"/> Psychological <input type="radio"/> Multiple
Spiritual/Afterlife	<input type="radio"/> Yes
Revenge	<input type="radio"/> Yes
Altruism	<input type="radio"/> Yes
Abuse	<input type="radio"/> Physical <input type="radio"/> Emotional <input type="radio"/> Sexual <input type="radio"/> Unknown
Oppression/ Discrimination	<input type="radio"/> Specify _____
Death	<input type="radio"/> Yes
Unclear	<input type="radio"/> Cannot be Determined
Notes:	
<i>Motivation (Choose One Based on Information from the Entire File)</i>	
Relationship	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple
Alienation	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple
Failure/Inadequacy	<input type="radio"/> Children <input type="radio"/> Parents <input type="radio"/> Other Family <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Self <input type="radio"/> Multiple
Guilt	<input type="radio"/> Specify _____
Escape	<input type="radio"/> Somatic <input type="radio"/> Legal <input type="radio"/> Financial <input type="radio"/> Self <input type="radio"/> Psychological <input type="radio"/> Multiple
Spiritual/Afterlife	<input type="radio"/> Yes
Revenge	<input type="radio"/> Yes
Altruism	<input type="radio"/> Yes
Abuse	<input type="radio"/> Physical <input type="radio"/> Emotional <input type="radio"/> Sexual <input type="radio"/> Unknown

Oppression/ Discrimination	<input type="radio"/> Specify _____
Death	<input type="radio"/> Yes
Unclear	<input type="radio"/> Cannot be Determined
Notes:	
<i>Coder Reactions and Impressions</i>	
Reactions	<input type="radio"/> Anger <input type="radio"/> Sadness <input type="radio"/> None <input type="radio"/> Other _____
Impressions	<input type="radio"/> Manipulation <input type="radio"/> Entitled <input type="radio"/> Vindictive <input type="radio"/> Other _____
<i>Y: Yes, N- No, UK- Unknown</i>	

Appendix B

Definitions for Coding Sheet Variables

Demographics

Religion – Was a religious affiliation apparent in the note or case file?

Date of Death – When did the investigators report that the death occurred?

Age – How old was the deceased?

Children – Are children mentioned in the note or case file?

Pets – Were any pets mentioned in the note or case file?

Occupation – Job classification of the deceased

Living Situation – With whom did the deceased live?

Military Service – Did the note or case file mention current or previous military service?

Previous History

Legal Problems – Criminal or civil charges/cases

Physical Illness – Cancer, HIV-AIDS, etc.

Drug/Al Abuse – Does the note or case file mention any substance abuse or dependence issues?

Previous Suicide Attempt – Does the note or case file mention a previous suicide attempt?

School – Does the note or case file suggest any school problems?

Did they seek help? – Is any psychiatric, police, or medical intervention for suicidality mentioned?

Psychiatric Illness – Depression, Schizophrenia, etc. (Not Alcohol or Drug abuse)

Homeless – Did the deceased have a place to live?

Financial Problems – Does the note or case file mention a history of foreclosure, repossessions, debt, etc.

Struggling with Minority Identity – Was the deceased having problems accepting or dealing with problems surrounding a specific minority identity (gay/lesbian, female, disability, etc.)?

Interpersonal – Did the note or case file mention a history of interpersonal problems (romantic, friendship, etc.)?

Abuse – Any physical, emotional, or sexual abuse mentioned in the note or case file? (Note: abuse of someone else should be coded in other, with a specifier indicating the person abused.)

Abuse II – Was the deceased a victim or perpetrator of abuse?

Characteristics of Suicide

Date note written – Only if the date is written on the note

Time note written – Only if the time is written on the note

Season – Winter (Dec. 21-March 20), Spring (March 21-June 20), Summer (June 21-Sept. 22), Fall (Sept. 23-Dec. 20)

Day – Day of the week (Mon, Tues, etc.)

Location – Where did the death occur? (Home or Not Home.)

Where at Location – Was there a mention of the body being found in a particular room?

When did (s)he write the note – Was the note written at the time of suicide or some other time?

Note was found? – Was the note found in the same place as the body, or somewhere else?

Type of Suicide – Single or dual suicide

Alcohol/Substance Use – Was there an indication of drug/alcohol use at the scene?

Trauma Type – What was the medical cause of death?

Trauma Caused by – What means did the deceased use to commit suicide?

Characteristic of Note (These are explicit statements in the note, no assumptions here!)

Number of Notes – The number of separate notes (Note: do not count journal entries)

Word Count (*Cumulative if more than one note*) – one-for-one; each word, name, or date gets counted. (Again, do not count journal entries)

Who is mentioned in the note – Is anyone mentioned anywhere in the note?

Dated – Is there a date for when the note was written on the note?

Organized Thoughts – Does the note generally flow well and make sense? (No word salad, incoherence, etc.)

Addressee – Is the note addressed to a particular person? “Dear...” or “To whom it may concern...”

Justification/Rationalization – Did they provide a specific reason for their suicide?

School Problems – Does the note mention academic problems?

Interpersonal Problems – Does the note mention problems with relationships (classmates, partners, friends, etc.)

Job/Work Problems – Any problems at work mentioned?

Burden – Did the note mention that (s)he felt like a burden to others?

Apathy – “Life doesn’t matter...I don’t care if I live or die...”

Advice – Life instructions for others, “Be true to yourself...” NOT Instructions for others.

Pain/Illness-Physical – Does the note mention that the deceased is/has been in physical pain?

Medication – Did they mention any medication in the note?

Apology-General – Is there a “sorry” that is not directed to a specific person?

Apology-Personal – Note writer apologizes to a specific person.

Constriction/Tunnel Vision – Suicide is presented as the only solution to a problem. (i.e. A problem is presented, and suicide solves that problem. No other options.)

Quotations – Does the note quote what someone said, sang? (Including Bible verses)

Blame – The reason for suicide is attributed to a particular person, situation.

Absolve from Blame – The note writer indicates that a person or people are not to blame for the suicide.

Shame – Note writer must mention they are ashamed or embarrassed.

Life not worth living – Pretty much need to have this phrase in the note; (Some direct statement about the lack of value in life)

Precipitating Event – Specifically mention something happening that leads to the suicide

Only Instructions – The note taker only asks for something to be done by another in the note.

Abuse – Is abuse of writer or anyone else mentioned

Escape – The act is attributed to “getting away” or escaping a person, situation, etc.

Weight/Body Image – Does the deceased mention being unattractive, overweight, or undesirable in some physical way?

Guilt – Note writer must mention they are guilty about something.

Ambivalence – Indication that there is uncertainty about suicide: “I want to die, but I also want to live”

Pain/Illness-Psychological – Does the individual claim that they are experiencing mental/emotional pain, or mention a psychological disorder? (Note: do not include drug or alcohol use.)

Pain/Illness-Unspecified – The note writer indicates they are in pain, but does not mention a source of the pain.

Financial Problems – Are financial difficulties mentioned in the note?

Legal Problems – Are civil or criminal legal issues mentioned in the note?

Dichotomous – Black/White all-or-none language: “everyone, no one, etc”.

Emotions – The following must be explicitly by the note writer, (“I feel _____”)

- *Feeling- Sadness*
- *Feeling-Lonely*
- *Feeling-Joy*
- *Feeling-Angry*
- *Feeling-Tired*
- *Feeling-Hopeless*
- *Feeling-Relief*
- *Feeling-Worthless*

Feeling-Loved by Others – Mentions that others have loved him/her

Discrimination/Oppression – The note mentions abuse or unfair life circumstances that occur based on aspects of one’s identity

Feeling-Love for Others – Expresses love for others.

Feels Like Failure – The note writer indicates in the note that he/she has failed self or other.

Signature – Has the person written his/her own name anywhere on the note?

Typed – Is the letter typed?

Sent Via Mail – Does it appear that the letter was mailed to the recipient?

Mention of God/Religion – Does the note writer give reference to God or religion?

Humor – Does the note writer joke, use irony, or indicate that something is funny?

Afterlife – How do they describe the afterlife, if at all?

Morality of suicide – Do they specifically mention whether suicide is right or wrong?

Reunion – Do they say that they will meet others or watch over others?

Forgiveness – Does the note writer explicitly ask for/give forgiveness? (This is different from saying “sorry”.)

If Instruction – Are instructions given to those who read the note? What are they? (Use other if no appropriate category exists.)

Motivation (From the note: only consider the information in the suicide note, not journal entries or investigators’ notes) This is meant to reflect the impressions of the coders with regard to why the individual committed suicide.

The following definitions pertain to the specifiers for some of the motivations:

- Family: someone, not a child or romantic partner, related to the person by blood
- Children: biological offspring of a person, or someone adopted or married into one’s immediate family (i.e. step-child, legal guardian)
- Friend: someone significant in the person’s life, who does not fall into any of the above three categories
- Intimate partner: someone who is or was in a romantic-intimate relationship with a person (e.g. married, engaged, dating, cohabitating)

Relationship – Killing self in response to a relational conflict, abandonment, custody, divorce

Alienation – Killing self in response to perceived emotional isolation from society, family, friends, or intimate partner relationships

Failure/Inadequacy – Motivations of low self-esteem, worthlessness, self-hate. Basic pessimism about current life situation. Frustration at not achieving desired end or goal. Feeling sorry for self. Hopelessness, undeservingness, stagnation, despair. Feelings of not living up to own expectations or expectations of others.

Guilt – The individual feels guilty about something he/she has done.

Escape – There is a need to escape one's life circumstances or personal ailments

Spiritual/Afterlife – Belief in continuation of eternal life/existence, good or bad, following death. Need to end current life in order to gain entry into an existence different from current situation.

Revenge – Killing self to spite another (or others)

Altruism – An unselfish concern for the welfare of others; motivation to help others

Abuse – Physical contact intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm. Being subjected to psychologically harmful intimidation, threats, or yelling. Forced into undesired sexual behaviors.

Oppression/Discrimination – Abuse or unfair life circumstances that occur based on aspects of one's identity

Death – Killing self in response to overwhelming grief due to loss of a loved one; witnessing a death; contributing to a death; responsible for a death

Motivation (From all information available) This is meant to reflect the impressions of the coders with regard to why the individual committed suicide.

Relationship – Killing self in response to a relational conflict, abandonment, custody, divorce

Alienation – Killing self in response to perceived emotional isolation from society, family, friends, or intimate partner relationships

Failure/Inadequacy – Motivations of low self-esteem, worthlessness, self-hate. Basic pessimism about current life situation. Frustration at not achieving desired end or goal. Feeling sorry for self. Hopelessness, undeservingness, stagnation, despair. Feelings of not living up to own expectations or expectations of others.

Guilt – The individual feels guilty about something he/she has done.

Escape – There is a need to escape one's life circumstances or personal ailments

Spiritual/Afterlife – Belief in continuation of eternal life/existence, good or bad, following death. Need to end current life in order to gain entry into an existence different from current situation.

Revenge – Killing self to spite another (or others)

Altruism – An unselfish concern for the welfare of others; motivation to help others

Abuse – Physical contact intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm. Being subjected to psychologically harmful intimidation, threats, or yelling. Forced into undesired sexual behaviors.

Oppression/Discrimination – Abuse or unfair life circumstances that occur based on aspects of one's identity

Death – Killing self in response to overwhelming grief due to loss of a loved one; witnessing a death; contributing to a death; responsible for a death

Appendix C

Tables

Table C1

Demographics of the Non-Note Writer and Note Writer Samples

Variable	Non-Note Overall (n = 270)		Non-Note Escape (n = 143)		Notes Overall (n = 128)		Notes Escape (n = 39)		
	n	%	n	%	n	%	n	%	
Age									
Under 20	15	5.56	7	4.90	4	3.13	0	0.00	
20-29	56	20.74	16	11.19	27	21.09	4	10.26	
30-39	52	19.26	17	11.89	20	15.63	4	10.26	
40-49	77	28.52	31	21.68	49	38.28	6	15.38	
50-59	37	13.70	30	20.98	20	15.63	5	12.82	
60-69	16	5.93	17	11.89	4	3.13	9	23.08	
70-79	10	3.70	13	9.09	2	1.56	7	17.95	
80-89	5	1.85	9	6.29	1	.78	3	7.69	
90+	2	0.74	3	2.10	1	.78	1	2.56	
Gender									
Male	231	85.56	116	81.12	94	73.44	29	74.36	
Female	39	14.44	27	18.88	34	26.56	10	25.64	
Race									
White	251	92.96	127	88.81	122	95.31	35	92.11	
Black	12	4.44	12	8.39	5	3.91	3	7.89	
Other	7	2.59	4	2.80	1	0.78	0	0.00	

Table C2

Dates of Non-note Writer Suicides as Percentages of the Overall and Escape Samples

		Overall (n = 270)		Escape (n = 143)	
		n	%	n	%
Year					
	2000	19	7.04	9	6.29
	2001	27	10.00	12	8.39
	2002	33	12.22	15	10.49
	2003	29	10.74	25	17.48
	2004	29	10.74	11	7.69
	2005	33	12.22	22	15.38
	2006	37	13.70	19	13.29
	2007	26	9.63	16	11.19
	2008	37	13.70	14	9.79
	2009	-	-	-	-
Month					
	January	14	5.19	10	6.99
	February	28	10.37	12	8.39
	March	24	8.89	13	9.09
	April	19	7.04	13	9.09
	May	21	7.78	12	8.39
	June	24	8.89	14	9.79
	July	26	9.63	10	6.99
	August	18	6.67	18	12.59
	September	23	8.52	11	7.69
	October	26	9.63	12	8.39
	November	28	10.37	12	8.39
	December	19	7.04	6	4.20
Day of Month					
	1-10	88	32.59	39	27.27
	11-20	92	34.07	55	38.46
	21-31	90	33.33	49	34.27
Weekday					
	Monday	46	17.04	23	16.08
	Tuesday	40	14.81	23	16.08
	Wednesday	34	12.59	20	13.99
	Thursday	33	12.22	23	16.08
	Friday	30	11.11	25	17.48
	Saturday	42	15.56	13	9.09
	Sunday	45	16.67	16	11.19

Note. Specific dates of non-note writer deaths were not available for 2009.

Table C3

Dates of Note Writer Suicides as Percentages of the Overall and Escape Samples

		Overall (n = 128)		Escape (n = 39)	
		n	%	n	%
Year					
	2000	11	8.59	6	15.38
	2001	10	7.81	5	12.82
	2002	12	9.38	4	10.26
	2003	10	7.81	2	5.13
	2004	20	15.63	4	10.26
	2005	19	14.84	8	20.51
	2006	16	12.50	2	5.13
	2007	8	6.25	1	2.56
	2008	12	9.38	4	10.26
	2009	10	7.81	3	7.69
Month					
	January	16	12.50	7	17.95
	February	11	8.59	0	0.00
	March	8	6.25	7	17.95
	April	11	8.59	5	12.82
	May	9	7.03	1	2.56
	June	13	10.16	7	17.95
	July	10	7.81	1	2.56
	August	9	7.03	2	5.13
	September	12	9.38	2	5.13
	October	12	9.38	2	5.13
	November	9	7.03	0	0.00
	December	8	6.25	5	12.82
Day of Month					
	1-10	37	28.91	12	30.77
	11-20	36	28.13	12	30.77
	21-31	55	42.97	15	38.76
Weekday					
	Monday	17	13.28	12	30.77
	Tuesday	22	17.19	3	7.69
	Wednesday	29	22.66	5	12.82
	Thursday	16	12.50	6	15.38
	Friday	13	10.16	3	7.69
	Saturday	10	7.81	5	12.82
	Sunday	21	16.41	5	12.82

Table C4

Cause of Non-note Writer Death and Method of Suicide as Percentages of the Overall and Escape Samples

	Overall (n = 270)		Escape (n = 143)	
	n	%	n	%
Cause of Death				
Asphyxia	77	28.52	29	20.28
Toxic Substance	27	10.00	23	16.08
Multiple	1	0.37	0	0.00
Blunt Force	9	3.33	6	4.20
Thermal	2	0.74	0	0.00
Gunshot	150	55.56	84	58.74
Sharp Force	3	1.11	1	0.70
Unknown	1	0.37	0	0.00
Method of Suicide				
Carbon Monoxide	20	7.41	5	3.50
Drowning	3	1.11	2	1.40
Fall	7	2.59	5	3.50
Drug Reaction	1	0.37	0	0.00
Handgun	115	42.59	60	41.96
Ligature	53	19.63	22	15.38
Overdose	26	9.63	20	13.99
Poison	0	0.00	0	0.00
Rifle	14	5.19	9	6.29
Shotgun	20	7.41	15	10.49
Suffocation	1	0.37	1	0.70
Train	3	1.11	0	0.00
Vehicle	2	0.74	1	0.70
Other	4	1.48	3	2.10
Unknown	1	0.37	0	0.00

Table C5

Cause of Note Writer Death and Method of Suicide as Percentages of the Overall and Escape Samples

	Overall (n = 128)		Escape (n = 39)	
	n	%	n	%
Cause of Death				
Asphyxia	40	31.50	5	12.82
Toxic Substance	29	22.83	6	15.38
Multiple	1	0.79	1	2.56
Blunt Force	1	0.79	0	0.00
Gunshot	56	44.09	24	61.54
Sharp Force	0	0.00	3	7.69
Method of Suicide				
Carbon Monoxide	14	11.02	1	2.56
Drowning	1	0.79	1	2.56
Handgun	38	29.92	22	56.41
Ligature	24	18.90	2	5.13
Overdose	27	21.26	6	15.38
Poison	1	0.79	0	0.00
Rifle	5	3.94	1	2.56
Shotgun	13	10.24	1	2.56
Suffocation	2	1.57	1	2.56
Train	0	0.00	1	2.56
Vehicle	2	1.57	0	0.00
Other	0	0.00	3	7.69

Table C6

Living Circumstances of the Overall and Escape Note Writer Samples

		Overall Sample (n = 128)		Escape Sample (n = 39)	
		n	% of known	n	% of known
Occupation					
	Student	3	5.00	0	0.00
	Unemployed	24	40.00	5	26.31
	Retired	4	6.67	7	36.84
	Worker	26	43.33	5	26.31
	Other	5	5.00	1	5.26
	Disabled	0	0.00	1	5.26
Living With					
	Alone	36	42.86	14	50.00
	Family/Parents	14	16.67	4	14.28
	Partner	27	32.14	9	32.14
	Kids	7	8.33	1	3.57
	Other	1	1.12	0	0.00
Had Children		70	87.50	16	76.19
Had Pets		18	78.26	3	75.00

Table C7

Life Problems Associated with the Overall and Escape Note Writer Samples

	Overall Sample (n = 128)		Escape Sample (n = 39)	
	n	% of known	n	% of known
Legal Problems	30	85.71	5	62.50
Physical Illness	45	91.84	23	88.46
Drug Abuse				
Current	39	73.58	7	70.00
None	6	11.32	2	20.00
Historical	8	15.09	1	10.00
School Problems	6	30.00	1	20.00
Psychiatric Illness	76	95.00	26	92.86
Homeless	3	4.69	0	0.00
Financial Problems	39	92.86	8	88.89
Interpersonal Problems	74	94.87	5	62.50
Abuse				
Sexual Assault	0	0.00	1	50.00
Verbal	3	25.00	0	0.00
Molestation	2	16.67	0	0.00
Rape	3	25.00	0	0.00
Domestic Violence	2	16.67	0	0.00
Childhood Abuse	2	16.67	0	0.00
Other	0	0.00	1	50.00

Table C8

Suicide Note Characteristics as Percentages of the Overall and Escape Samples

		Overall (n = 128)		Escape (n = 39)	
		n	%	n	%
Number of Notes					
	1	83	64.84	28	73.68
	2	18	14.06	7	18.42
	3	10	7.81	1	2.63
	4	4	3.13	0	0.00
	5	3	2.34	1	2.63
	6	3	2.34	0	0.00
	7	0	0.00	0	0.00
	8	2	1.56	0	0.00
	9	1	0.78	1	2.63
	10	1	0.78	0	0.00
	12	1	0.78	0	0.00
	13	1	0.78	0	0.00
	20	1	0.78	0	0.00
Word Count					
	0 – 25	10	7.81	13	33.33
	26 – 150	55	42.97	13	33.33
	151 – 300	25	19.53	6	15.38
	301 +	38	29.69	7	17.95

Table C9

*Primary Motivation for Note Writer Suicide as a Percentage of the Overall and Escape**Samples: Before Case File Review*

Motivation		Overall (n = 128)		Escape (n = 39)	
		n	%	n	%
Relationship					
	Family	1	0.79	0	0.00
	Children	1	0.79	0	0.00
	Partner/Ex	18	14.17	1	2.56
Alienation					
	Children	1	0.79	0	0.00
	Partner/Ex	1	0.79	0	0.00
	Multiple	7	5.51	0	0.00
	Unknown	1	0.79	0	0.00
Failure/Inadequacy					
	Other Family	1	0.79	0	0.00
	Self	8	6.30	0	0.00
	Multiple	10	7.87	0	0.00
Guilt		3	2.36	0	0.00
Escape					
	Somatic	0	0.00	7	17.95
	Legal	0	0.00	1	2.56
	Financial	0	0.00	0	0.00
	Psychological	4	3.15	11	28.21
	Multiple	16	12.60	0	0.00
	Unknown	3	2.36	2	5.13
Spiritual		1	0.79	0	0.00
Revenge		2	1.57	0	0.00
Altruism		1	0.79	0	0.00
Abuse					
	Sexual	1	0.79	0	0.00
	Unknown	1	0.79	0	0.00
Oppression		1	0.79	0	0.00
Unclear/Unknown		45	35.43	17	43.59

Table C10

*Final Motivation for Note Writer Suicide as a Percentage of the Overall and Escape**Samples*

Motivation		Overall (n = 128)		Escape (n = 39)	
		n	%	n	%
Relationship					
	Family	0	0.00	0	0.00
	Children	2	1.59	0	0.00
	Partner/Ex	23	18.25	0	0.00
	Multiple	2	1.59	0	0.00
Alienation					
	Children	1	0.79	0	0.00
	Partner/Ex	1	0.79	0	0.00
	Multiple	6	4.76	0	0.00
	Unknown	1	0.79	0	0.00
Failure/Inadequacy					
	Other Family	1	0.79	0	0.00
	Self	5	3.97	0	0.00
	Multiple	10	7.94	0	0.00
Guilt		3	2.38	0	0.00
Escape					
	Somatic	0	0.00	17	43.59
	Legal	0	0.00	3	7.69
	Financial	0	0.00	2	5.13
	Psychological	0	0.00	17	43.59
	Multiple	47	37.30	0	0.00
	Unknown	0	0.00	0	0.00
Spiritual		0	0.00	0	0.00
Revenge		1	0.79	0	0.00
Altruism		2	1.59	0	0.00
Abuse					
	Sexual	1	0.79	0	0.00
	Unknown	1	0.79	0	0.00
Oppression		2	1.59	0	0.00
Death		1	0.79	0	0.00
Unclear/Unknown		18	14.29	0	0.00

Table C11

Notable Differences in Note Content Between the Escape and Overall Samples

Content		Overall (n = 128)		Escape (n = 39)	
		n	%	n	%
Loss					
	Relationship	29	22.66	1	2.56
Others Mentioned					
	Partner	49	38.28	5	12.82
	Family	39	30.47	4	10.26
Interpersonal Problems		60	46.88	5	12.82
Personal Apology		62	48.44	11	28.21
Depictions of Afterlife					
	Neutral	3	7.50	2	33.33

Table C12

Themes Expressed in Suicide Notes as a Percentage of the Escape Sample

Theme	Escape Sample (n = 39)	
	n	%
Apology	23	58.97
Love	23	58.97
Instructions	20	51.28
Desperation	18	46.15
Forgiveness	13	33.33
Pain	11	28.21
Mental Health	10	25.64
Religious	10	25.64
Reference	10	25.64
Thanks	10	25.64
Physical	7	17.95
Health	7	17.95
Blame	5	12.82
Fate	3	7.69
Finances	3	7.69
Freedom	3	7.69
Advice	2	5.13
Burden	2	5.13
Drugs	2	5.13

References

- Bauer, M., Leenaars, A., Berman, A., Jobes, D., Dixon, J., & Bibb, J. (1997). Late adulthood suicide: A life-span analysis of suicide notes. *Archives of suicide research, 3*, 91-108.
- Baumeister, R. (1990). Suicide as escape from self. *Psychological Review, 97*, 90-113.
- Callanan, P. & Davis, M. (2009). A comparison of suicide note writers with suicides who did not leave notes. *Suicide and Life-Threatening Behavior, 39*, 558-568.
- Centers for Disease Control and Prevention (2011). Surveillance for violent deaths: National violent death reporting system, 2008. *MMWR, 60*, 1-52.
- Chavez-Hernandez, A., Leenaars, A., Chavez-de Sanchez, M., & Leenaars, L. (2009). Suicide notes from Mexico and the United States: A thematic analysis. *Salud Publica de Mexico, 51*, 314-320.
- Chiles, J. & Strosahl, K. (2005). *Assessment and treatment of suicidal patients*. Washington, DC. American Psychiatric Publishing, Inc.
- Durkheim, E., & Simpson, G. (1997). *Suicide: A study in sociology*. New York: Free Press.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Palo Alto, CA: Stanford University Press.
- Ho, T., Yip, P., Chiu, C., & Halliday, P. (1998). Suicide notes: What do they tell us?. *Acta Psychiatrica Scandinavica, 98*, 467-473.

- Kuwabara, H., Shioiri, T., Nishimura, A., Abe, R., Hideyuki, N., Ueno, Y., ... Someya, T. (2006). Differences in characteristics between suicide victims who left notes or not. *Journal of Affective Disorders, 94*, 145-149.
- Langer, S., Scourfield, J., & Fincham, D. (2008). Documenting the quick and the dead: A study of suicide case files in a corner's office. *The Sociological Review, 56*, 293-308.
- Leenaars, A. & Balance, W. (1981). A predictive approach to the study of manifest content in suicide notes. *Journal of Clinical Psychology, 37*, 50-52.
- Leenaars, A., Maltsberger, J., & Neimeyer, R. (1994). *Treatment of suicidal people*. Washington, D.C. Taylor and Francis.
- Leenaars, A. (1996). A Multidimensional Malaise. *Suicide and Life-Threatening Behavior, 26*, 221-235.
- Leenaars, A. (2002). In defense of the idiographic approach: Studies of suicide notes and personal documents. *Archives of Suicide Research, 6*, 19-30.
- Leenaars, A., Lester, D., & Helm, N. (1996). Messenger's motives for suicide in suicide notes from Germany and the USA. *Crisis, 17*, 87.
- Lester, D. (1988). *Suicide from a psychological perspective*. Springfield, IL: Charles C. Thomas.
- Lester, D. (1989). *Suicide from a sociological perspective*. Springfield, IL: Charles C. Thomas.
- Lester, D., Wood, P., Williams, C., & Haines, J. (2004). Motives for suicide-A study of Australian suicide notes. *Crisis, 25*, 33-34.

- O'Connor, R. & Leenaars, A. (2004). A thematic comparison of suicide notes drawn from the Northern Ireland and the United States. *Current Psychology: Developmental, Learning, Personality, Social*, 22, 339-347.
- Oravec, R. & Moore, M. (2006). Recognition of suicide risk according to the characteristics of the suicide process. *Death studies*, 30, 269-279.
- Pitts, S., Niska, R., Xu, J. & Burt, C. (2008). National hospital ambulatory medical care survey: 2006 emergency department summary. *National Health Statistics Reports*, 7. Hyattsville, MD: National Center for Health Statistics.
- Rogers, J., Anderson, A., Bromley, J., & Kreitz, M. (2001). Four-dimensional model of suicide. *Suicide 2000: Proceedings of the 33rd Annual Conference of the American Association of Suicidology*, 65-66.
- Rogers, J., Bromley, J., McNally, C., & Lester, D. (2007). Content analysis of suicide notes as a test of the motivational component of the existential-constructivist model of suicide. *Journal of Counseling and Development*, 85, 182-188.
- Salib, E., & Maximous, J. (2002). Intimation of intent in elderly fatal self-harm: Do the elderly who leave suicide notes differ from those who do not?. *International Journal of Psychiatry in Clinical Practice*, 6, 155-161.
- Salib, E., Cawley, S., & Healy, R. (2002). The significance of suicide notes in the elderly. *Aging and Mental Health*, 6, 186-190.
- Schnedman, E. (1996). *The suicidal mind*. Oxford: Oxford University Press.
- Schneidman, E., & Farberow, N. (1957). *Clues to suicide*. New York: Harper.

US Department of Health and Human Services. (2001). *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD: US Department of Health and Human Services.

WHO statement: World suicide prevention day 2008. (2008, September). World Health Organization. Retrieved from http://www.who.int/mental_health/prevention/suicide/wspd_2008_statement.pdf

World Health Organization. (n.d.). Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

World Health Organization. (2009). *Global health risks: Mortality and burden of disease attributable to selected major risks*. Geneva, Switzerland: World Health Organization.

Zhang, J. & Lester, D. (2008). Psychological tensions found in suicide notes: A test for the strain theory of suicide. *Archives of Suicide Research*, 12, 67-73.