

**PhD Thesis**

**THE ANALYSIS OF SUICIDAL LETTERS WRITTEN BY THOSE WHO COMPLETED  
SUICIDES**

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### *I. Thesis objectives*

The general view in suicidology today is that suicide can be best understood in terms of biological, psychological and sociocultural factors. The suicidal act can be regarded as a final common pathway. Due to the high complexity of this phenomenon, its understanding may be fraught with difficulties; therefore, an interdisciplinary approach is required. Owing to the results achieved in the research of suicide, plenty of empirical and clinical data are available concerning suicide, but there is no coherent classification of the factors – which would be a significant contribution to the understanding of the dynamics of self-destruction. Based on the available data so far, people committing suicide do not seem to be a homogenous group but can be subdivided into various categories which differ in their characteristics, such as traits, psychodynamics and psychiatric disorders. Suicide is a behavioural output which can be the result of several character traits and dynamic factors.

Suicide as a mental phenomenon can be approached from various aspects. It can be grouped according to the nosology of mental disorders, according to suicidal behaviours; it can be approached from a psychodynamic point of view; or the process itself can be examined as the person comes to committing the act itself. By establishing a typology, researchers attempt to cohere endangering factors determined theoretically and revealed empirically in a dynamic way. These cohesions are best manifested by types rather than isolated factors.

Of all suicidal behaviours, the examination of completed suicide is fraught with a particular difficulty due to the fact that the person who is the object of the research is not available. Researchers suggest statistics, interviews with relatives, autopsies, case studies and the study of personal documents as sources for the research. (Maris, 1981; Shneidman and Farberow 1957). Suicidal letters are a special type of personal documents, which can offer valuable information as to the emotional and cognitive state of the deceased. There are three branches in the research of suicidal letters, of which our investigation belongs to the descriptive ones.

The objective of our investigation has been to describe emotional contents as thoroughly as possible, preferably by coding the entire contents of the letter. The present examination, therefore, is partly a descriptive one. Such research can be found less frequently in the relevant literature, studies regarding particular, structured aspects are more prevalent. By studying the entire contents of the letters, the function and purpose of them can be also

revealed. Based on our findings, we also aim at making conclusions concerning the various types of suicides. In our view, suicide has a different progress depending on the age of the person, at what stage of the suicidal process the person is and what motives contribute to the deed.

## *II. Applied methods*

The suicidal letters, serving as sample for the study, can be regarded as personal documents in Allport's sense, and they can be the object of psychological analysis. These personal documents are informative as they deliberately or unconsciously reflect the structure and dynamics of the author's life. In addition to being descriptive in our study, we also tried to fulfil requirements concerning exploration and conclusions to provide a basis for qualitative analysis.

The selection of the 194 suicidal letters was not sample-based but full-ranging as we had the opportunity to have access to the fundamental demographic data and suicidal letters of the 919 persons who committed suicide between 1994 - 2002 in Debrecen or Hajdú- Bihar county. The only criteria for selection have been that the letter had to be legible, for which reason six letters were excluded from analysis.

After this, the units of analysis had to be defined. One letter was regarded as one unit of analysis, as important differences would have been washed away if all the letters belonging to one person would have been regarded as one unit of analysis, the coherence of each letter being thus disregarded. Following this, the unit for data recording had to be defined. The principle was to create a meaningful unit, which contains only one meaning, no matter how long it is, it could be one or two sentences or just one subject with predicate. We were thinking in terms of cognitive, emotional and behavioural units, which are big enough to include a meaning but not more than one. We tried to code each utterance as our aim was to make an almost full-ranging coding for the letters.

The next stage of the study was to establish the categories. We did not work with preset categories but defined them directly during the process of content analysis in order to avoid biased categories based on preconceptions. We also found it important not to interpret categories at the stage of coding but tried to name them as they appeared in the letters. Categories were set up on a mutually exclusive basis. The definitions of the categories were clear-cut and specific, which we adhered to consistently all through the analysis. During the analysis we have also added typical examples to the categories for a better definition.

Complying with the methodology of the qualitative content analysis, the given category was coded only once in one unit of analysis during the coding process. We applied deductive methodology when generating qualitative data, i.e. we revealed already known psychological constructions, phenomena already identified in the research of suicides or in other fields of psychology. We, however, went on analysing and classifying these established psychological constructions based on aspects which can meet requirements of exploration and conclusions, which can later serve as a basis for further studies.

### III.1. Our findings: the interrelations of age, sex, and the way of committing suicide

The 194 persons leaving a suicidal letter can be regarded as representative from the point of view of age, sex and the way of committing suicide for the 725 persons who did not leave a suicidal letter behind, i.e. the conclusions about the letter-writing group can be generalised to apply also to those who belong to the same sample but who did not leave a suicidal letter behind. In the sample of those who wrote a letter of goodbye, the proportion of sexes (68%:32%) matched the distribution of suicides in the Hungarian population, with a considerably two-third majority of men versus women. As far as the method of suicide was concerned, the tendency characteristic of completed suicides could also be detected: the suicide was committed in a violent way in 80% of the cases. Within the violent group, hanging was the mainly applied method; whereas the non-violent group applied medicine overdose, which also matches the findings of relevant studies on the subject.

When studying the interrelation of sex and the applied methods for suicide, our findings also matched the general tendency where the proportion of men and women within the group of violent action showed that men rather tended to apply violent methods than women. The detected proportion was 75:25%. There are slightly more women in the case of non-violent methods, which matches the general view that “soft” methods are more characteristic of women than of men. It is, however, not true that non-violent methods are generally typical of women because when distinguishing the applied methods within sex, we have found that violent methods were more characteristic of both men and women. (men: 85,5%; women: 60,3%). As far as combined methods of committing suicide are concerned – which can be regarded as highly violent forms – women are present with a high percentage (66,7%), which may draw attention to a high-risk population.

With regards to the age distribution of the sample, most people belonged to the age group of 26-60 years defined by Erikson, i.e. they belonged to the adult group (52,6%);

whereas the second most common age group was the population of the elderly (39,2%). These findings of ours reflect both Hungarian and international tendencies.

When looking for highly risked age periods for completed suicides, we found the age between 45 and 54 especially endangered and a new risky period starts over 60. Our findings are in accordance with national tendencies.

The interrelation of age and the method of suicide shows that the adult group is characterized by violent methods, whereas the elderly commit suicide in a non-violent way. Those who choose a violent method act before the age of 52 (most probably between 42 and 52). Right after this there is also a period (at around 53), when the probability of a violent suicide increases again. Survival analyses also show that 50% of those who commit suicide in a non-violent way kill themselves after the age of 63. If, however, we observe the more frequent occurrence of this method, it can be concluded that these cases take place at the age of 51, 54 and 61, which underlines the importance of a high-risk period also in the case of this method. In conclusion, it can be claimed that the period of 45-54 years of age stands out also in the case of non-violent methods, because in addition to suicides committed in a violent way, those committed in a non-violent way also occur more frequently in this period.

### III.2. Our findings: Content Analysis

As a result of the content analysis of the suicidal letters, 54 categories have been set up with 1509 units of data. Following the study of the frequency of the 54 categories and the interpretation of the categories, our objective was to unify categories based on their emotional and cognitive contents in order to provide a better overview. The categories, based on content analysis, could be divided into three groups: emotional or cognitive information and instructions. The subcategories of the three main groups (the 22 meta-categories) provide a lot of types of emotional and cognitive information as well as instructions, which can be further broken down into 54 categories. Categories which seemed to belong together were named according to their emotional/cognitive/other kind of information upon which basis they were constructed. The 22 groups created this way were called meta-categories (see Table 1). The combination into meta-categories enabled us to determine the percentage of the given emotion or cognitive information in the suicidal letters.

<b><u>Emotions</u></b>	
Love	65,1 %
Guilt	52,2 %
Suffering	37,2 %
Rage and anger	35,6 %
Negative self-image	17,0 %
Positive self-image	16,6 %
Ambiguity	11,9 %
Unhappiness	9,7 %
Exhaustion	9,7 %
Loneliness	9,7 %
Loss	8,9 %
Shame	6,0 %
Anxiety	4,4 %
<b><u>Cognitive factors</u></b>	
Responsibility for the act	25,5 %
Hopelessness	23,1 %
Coping inability	17,0 %
Prevention	11,7 %
Wisdom	9,7 %
Demand for autonomy	3,6 %
<b><u>Instructions</u></b>	
Instructions concerning the funeral	29,9 %
General instructions	30,8 %
Will	25,1 %

Table 1.: Meta-categories and their frequencies

It can be concluded on the basis of the findings provided by this sample that probably there are five reasons for a suicidal letter.

(1) By communicating loving emotions, suicidal persons intend to keep and maintain relationships despite death; and they also wish to resolve the relatives' potential guilty feelings.

(2) It is an attempt to harmonize imbalanced relationships by mentioning the relevant offences.

(3) It is a way to experience control and self-efficacy by leaving behind instructions and a will.

(4) Clarifying responsibility for the suicide.

(5) Communicating own experiences such as suffering, hopelessness, negative self-image, problem-solving difficulties, unhappiness and exhaustion.

### III.3. Our findings: suicide types

In the next stage of our study, our aim was to set up character types based on the sample of the suicide letters by means of cluster analysing programs. The cluster-method is expected to reveal which contents, emotions, motives belong together, i.e. they feature various suicide groups each with different psychodynamics. When finding the clustering procedure, we chose the most widely-accepted, common method, i.e. the method of Phi, Jaccard, Dice, Russel and Rao, as well as the Lance and Williams methods. As our aim was to make the results as reliable as possible, the contents were analysed by means of all the five methods and a content was accepted to belong to one cluster only if it was sorted to the same group by several methods.

The five types of those who committed completed suicides can be characterised on the basis of the following themes: demands concerning dependence; physical suffering – more autonomy; punishing superego – perfectionism; narcissism – aggression; self-denial – revenge – sadomasochistic relationship. On the basis of the sample it can be assumed that these themes have a greater relevance in the case of completed suicides than that of attempted ones.

In the case of suicides which are characterised by guilt-perfectionism, the person also considers death as a way of restitution and rescue, which gives him/her the opportunity to mend an unacceptable deed and get away from the intolerable consequences, shame and hostile introjections, which form the core of his/her superego. People in this group have difficulties in creating a positive self-image; they keep monitoring themselves strictly and they are afraid of losing the support of significant persons. In the case of a distressing event in

their lives they feel failure, their self-esteem and self-control decreases. This activates strong emotions/ impulses, aggression, which is directed towards themselves.

Orbach finds perfectionism to be related to depression (1997); whereas authors Apter and Ofek (2001) regard it to be connected to narcissism. In our study, perfectionism has a category of its own, to which the two phenomena are connected from two different directions. We consider depression to be a consequence; whereas narcissism is rather the cause of perfectionism. Flett and Hewitt (1995) have proved in their study that perfectionists are vulnerable to depression under stress due to the fact that they consider it to be a fault to lose control over negative consequences. In Hewitt and Flett's model (1991) perfectionism directed towards the own personality is a very strong motive to become perfect; it leads to the intention to achieve extremely high goals or an "all or nothing" kind of thinking. The relation of narcissism and perfectionism can be best understood if we examine the oversensitive narcissistic type. (Gabbard, 2008). The oversensitive narcissistic type is very sensitive to other's reactions; his/her self-esteem is unstable, the person is very fragile and vulnerable. Their performance is used for stabilizing their personality – which explains why failures have such a self-destructive impact. Pursuing high-flying quality continuously is motivated by achieving the necessary balance. If it fails permanently, the person can easily come to a crisis.

The next type is the aggressive-impulsive one, in which respect the Orbach and Apter-Ofek models are pretty similar. In our study, a type with such a dynamics is called narcissistic-aggressive.

When characterising the impulsive types, Orbach emphasizes the high level of arousal, hypersensitivity towards frustration and quick responses to them, intolerance towards negative feelings and irritability. Superficially, anger and irritability can be found in such people. They have frequent and serious interpersonal conflicts, self-destructive issues are self-hatred, the feeling of being trapped and indifference towards the body. The most characteristic personality traits are impulsivity, negativity and refusing to accept help. Stressors can be frustrations, conflicts, domestic violence or facing uncopeable problems. Authors Apter and Ofek also call their type impulsive-aggressive: they consider sudden and strong impulsivity as a response to frustration to be the most characteristic feature of this group. In this respect, this type is made up of people who can be characterised by impulsivity, aggression and a tendency for acting-out. In terms of psychopathology this means borderline and antisocial persons as well as more aggressive and grandiose narcissistic people.



The connection between our own type and the two described ones is the inattentive, thick-skinned narcissistic type (Gabbard, 2008). This type is characterized by little compassion, arrogance, aggression, and wanting to be in the focus of attention. Bateman (1999) says that thick-skinned narcissistic people are unattainable for others, they are grandiose and defensive. The survival of the invulnerable idealised self, which stands above everyone else, is more important than survival itself; so if it seems to be hurt, the person rather throws away life than live in an unacceptable situation as they should face their vulnerability all the time.

The last type, which shows similarities with other typologies, is the group of 'physical suffering-more autonomy'. The third group by authors Apter- Ofek is the constellation of 'mental disease - depression – hopelessness'.

In the case of physical suffering, more control, the protection of the invulnerability of the body, autonomy needs, and the desire to rest is connected with the feeling of hopelessness, motivating the person to commit suicide. These suicides serve a preventive reason: in order to avoid more pain and a total **leépülés** before the climax of the disease or during the disease. Suicide in this case is a means to regain the control which is so important for the person. The strong control and autonomy need, the fear of helplessness makes the personality organization of this type similar to that of the narcissistic one.

Apter and Ofek claims that almost all chronic or serious mental disease leads to hopelessness and secondary depression, which can be a predisposition for suicide. Psychiatric disease means a risk especially if there are other risk factors or another disease. The same dynamics can be assumed in the case of physical illness, too. In this group, suffering or its possibility, the altered opportunities and conditions of living limit the person's prospects on his/her future, inducing hopelessness. If hopelessness joins a bigger need for autonomy as well, and the person cannot accept changes in his/her life, suicide thoughts easily arise.

Our other two types is not identical with those described in other relevant research. The isolated dependent type features a twofold dynamics. One of them is about a life-long struggle to establish and maintain relationships, the other relates to evaluating life to be senseless and unacceptable after losing a significant symbiotic relationship. They both share the experience of loneliness, unhappiness, psychological suffering, which seem to cease in death, and which symbolizes the reunion with the lost relative or the all-accepting mother. This group can be considered to be one with attachment problems, as neither the inability to

establish relationships nor the symbiotic relationship can be regarded as adequate attachment forms. It is possible that the experience of loss launches the process, the significant difference, however, with the narcissistic-aggressive group is the lack of impulses.

This group draws attention to the suicidogene quality of dependence needs and attachment disorders. We have found – in contrast to findings by relevant studies on the subject (e.g. Blatt, 1992) - that dependence as personality trait in certain cases may just as well lead to lethal attempts as other traits primarily related to completed suicides.

Our last type is characterized by regressive support-seeking and punishing sadomasochistic dynamics; as well as the refusal of himself/herself. Behind these contents, a personality can be outlined who is probably not able to stand up for himself/herself and who represses aggression while greatly suffering from the lack of his/her own efficacy. This feeling of lack reinforces self-destructive tendencies, as a result of which he/she punishes himself/herself with a self-destructive action. His/her impulses are not entirely repressed, however, but directed towards the person causing the problem through a person (addressee), who he/she feels close to with a highly guilt-raising quality. The outbreak of impulses causes the reduction of tension caused by the accumulated aggression or it can slightly increase the feeling of efficacy and efficiency. The action is still a form of self-punishment, an escape from the conflict and a tool for revenge – by means of which the person wants to get rid of hostile introjections.

**Publications:**

A búcsúlevél kutatás eredményeinek és fejlődési útvonalának áttekintése

Psychiatria Hungarica

XX. évfolyam; 2005/4.

Pusztai Annamária - Dr Bugán Antal

Befejezett szuicídiumot elkövetett személyek által hátrahagyott búcsúlevelek elemzése

Psychiatria Hungarica

XX. évfolyam; 2005/4.

Pusztai Annamária – Dr Bugán Antal

A szuicídium és a búcsúlevél kutatás

Szuicídium-elméletek, a búcsúlevél kutatás történeti áttekintése, befejezett öngyilkosságot elkövetett személyek búcsúleveleinek elemzése

Széchenyi tanulmánykötet