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Suicide as Escape From Self

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Suicide is analyzed in terms of motivations to escape from aversive self-awareness. The causal chain begins with events that fall severely short of standards and expectations. These failures are attributed internally, which makes self-awareness painful. Awareness of the self's inadequacies generates negative affect, and the individual therefore desires to escape from self-awareness and the associated affect. The person tries to achieve a state of cognitive deconstruction (constricted temporal focus, concrete thinking, immediate or proximal goals, cognitive rigidity, and rejection of meaning), which helps prevent meaningful self-awareness and emotion. The deconstructed state brings irrationality and disinhibition, making drastic measures seem acceptable. Suicide can be seen as an ultimate step in the effort to escape from self and world.

Interest in suicide arises for several reasons. Suicide is the ultimate in self-destructive behavior, and therefore it is in a sense supremely paradoxical. Suicide is a special concern of mental health workers and therapists. Suicide sheds light on the cultural relativity of norms and concepts of mental health, for some societies have regarded suicide as normal and even obligatory under some circumstances, whereas others have regarded suicide as a reliable sign of mental illness or other deviance.

The main theoretical perspectives on suicide have been clinical (beginning with Freud, 1916, 1920) and sociological (beginning with Durkheim, 1897/1963). In this article, I seek to augment these past views by offering a theory based on current work in social and personality psychology. The theory rests most heavily on action identification theory (Vallacher & Wegner, 1985, 1987), levels of thinking (Pennebaker, 1989), self-awareness theory (Carver & Scheier, 1981; Duval & Wicklund, 1972; Wicklund, 1975), self-discrepancy theory (Higgins, 1987), and attribution theory. It combines cognitive and motivational components. The central argument is that suicide is often an escape from the self—that is, from meaningful awareness of certain symbolic interpretations or implications about the self.

In most psychological theories about suicide, it has been regarded as "an expression of mental illness" (Hendin, 1982, p. 23), although to some extent this conclusion is tautological because suicide is regarded as proof of mental illness. Depression has received particular attention, although schizophrenics also appear to be at increased risk of suicide (e.g., McGlashan, 1984; Rennie, 1939). However, concluding simply that depression causes suicide and leaving it at that may be inadequate for several reasons. It is abundantly clear that most depressed people do not attempt suicide and that not all suicide attempters are clinically depressed. Moreover, if hopelessness is controlled statistically, depression ceases to be predictive of suicide (Bedrosian & Beck, 1979; Cole, 1988; Drake & Cotton, 1986; Dyer & Kreitman, 1984; Ellis & Ratliff, 1986; Petrie & Chamberlain, 1983; Platt & Dyer, 1987). Last, the field has not yet reached final consensus about the causes and processes of depression, and so depression is not fully adequate as a causal explanation.

For these reasons, it seemed necessary to develop a more thorough model of the causal processes leading to suicide. Such a theory would have to be compatible with both depressed and nondepressed functioning, and so it should not rest on assumptions of chronic psychopathology. It would have to be compatible with a broad range of empirical evidence about suicide. It should also furnish a basis for understanding the relative rarity of suicide as an outcome. This article is an attempt to develop a theoretical argument that satisfies these criteria.

My argument is aimed at explaining how people come to try to kill themselves. As such, it is concerned with suicide *attempts*. Many researchers (e.g., Drake, Gates, & Cotton, 1986; Goldney, 1981; Maris, 1981; Pallis, Barraclough, Levey, Jenkins, & Sainsbury, 1982; Shneidman & Farberow, 1961, 1970) have struggled over the distinction between attempted and completed suicide, but it is tangential to my concern. The reasons why some people are more successful than others at killing themselves include, among others, how lethal their methods are, the strength of a competing (but, for present purposes, irrelevant) wish to live, and often a great deal of luck. The only factor that is relevant to my discussion is the strength of the self-destructive impulse, and to the extent that suicides are more successful when this wish is stronger, this article will shed some light on the difference between actual and attempted suicide. Otherwise, however, that distinction is downplayed; indeed, I argue that an unsuccessful attempt at suicide may achieve the goal of escape almost as well as a completed suicide, at least in the short run—and in the suicidally deconstructed state, the short run is all that seems to matter.

Prevalence of Escape

It would be naive to propose that all suicides result from a single psychological process. Escape from self is proposed as only one form among several, including altruistic self-sacrifice, ritual suicide, and honor suicide. It is noteworthy that in some

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psychological theories, the concept of escape has been downplayed or ignored. Viewing suicide as aggression turned inward (Freud, 1916, 1920; Menninger, 1938/1966), for example, does not invoke escape.

One attempt to formulate a taxonomy of suicides included escape as one category (Baechler, 1975/1979, 1980). Baechler's taxonomy prompted several studies in which researchers tabulated the relative frequencies of the different types. Perhaps surprisingly, escape emerged as by far the most common. G. W. Smith and Bloom (1985) used Baechler's 12 categories but found that more than half their sample of suicides fit one of them (flight—that is, escape). Using a very different sample, Loo (1986) again found escape to be more common than all other categories combined.

Researchers not using Baechler's taxonomy have also found escape to be a prevalent motive, often to their surprise. Bancroft, Skrimshire, and Simkins (1976) found that escaping an aversive situation and obtaining respite from a terrible state of mind were by far the most common reasons that people gave for taking overdoses. Hawton, Cole, O'Grady, and Osborn (1982) likewise found escape to be a common reason. A. Parker (1981) found escape themes to be very common, and the less lethally suicidal people seemed to regard taking an overdose as comparable to the oblivion of drunkenness.

In retrospect, there were early signs that escape was an important meaning of suicide. In a study of suicidal thoughts, Bromberg and Schilder (1936) found escape themes to be an important subjective meaning of death. Still, the central importance of escape did not become apparent until recently. Indeed, G. W. Smith and Bloom (1985) were moved to wonder that so many more suicides resembled escape than resembled other, more standard processes and theories (e.g., a cry for help).

The prevalence of escapist suicides might also be predicted from recent studies of less drastic forms of self-destructiveness. My own attention was brought to escape theory by a study of nonfatal self-destructive behaviors. Reviewing the literature on self-defeating behavior patterns among nonclinical populations, Baumeister and Scher (1988) concluded that a major cause of self-destructive choices was the desire to escape from aversive emotional states and from high self-awareness.

Escape Theory of Suicide

An early escape theory of suicide was proposed by Baechler (1975/1979, 1980). Baechler took a basically rationalist view of suicide, seeing it as one means of solving problems. He acknowledged that the actual decision for suicide is often not made as a rational calculation, but he persisted in treating it in rational, problem-solving terms. Baechler's theory was an important step in understanding suicide as a form of escape, but it was insufficiently elaborate and overly rationalistic for present purposes. In this section, therefore, a new version of the escape theory of suicide is presented.

There are six main steps in the escape theory. First, a severe experience that current outcomes (or circumstances) fall far below standards is produced either by unrealistically high expectations or by recent problems or setbacks, or by both. Second, internal attributions are made, so that these disappointing outcomes are blamed on the self and create negative implications about the self. Third, an aversive state of high self-awareness comes from comparing the self with relevant standards (in connection with self-blame for recent disappointments). The individual is thus acutely aware of self as inadequate, incompetent, unattractive, or guilty. Fourth, negative affect arises from the unfavorable comparison of self with standards. Fifth, the person responds to this unhappy state by trying to escape from meaningful thought into a relatively numb state of cognitive deconstruction. This escape is not fully successful, however, and so the individual desires increasingly strong means of terminating the aversive thoughts and feelings. Sixth, the consequences of this deconstructed mental state include a reduction of inhibitions, which may contribute to an increased willingness to attempt suicide. Suicide thus emerges as an escalation of the person's wish to escape from meaningful awareness of current life problems and their implications about the self.

The steps in this model may be regarded as choice points in a decision tree. The causal process will result in suicide only if each step produces a particular outcome. Thus, for example, if setbacks are handled with external attributions or if there is no awareness of self-discrepancies, then the process will not lead to a suicide attempt. Suicide will therefore be a relatively rare outcome of stressful or disappointing events.

The steps in the escape theory can be elaborated as follows: The general, situational causes of escapist suicide include high standards and expectations combined with current, specific failures, setbacks, or stresses. If expectations are low, setbacks and difficulties may not produce suicides, but high standards and expectations foster acute disappointment when reality falls short of them. Recent, acute disappointments are probably more important than chronic or old ones because the emotional crisis presumably dissipates over time as the person copes. The decisive factor, however, is the magnitude of the shortfall. According to escape theory, suicide may arise either because standards are unrealistically high or because events are unusually bad (or both).

Next, one interprets the current difficulties by making attributions to the self, such as seeing oneself as blameworthy or inadequate. If the problems can be attributed externally, escapist motivations should not result (cf. Henry & Short, 1954). In general, attributions involve the creation of interpretive *constructs,* for they move from specific events to enduring, stable dispositions (Jones, 1979). Attributions, in other words, invoke high levels of meaning. The causal pathway toward suicide thus includes unfavorable self-attributions, which are broadly meaningful interpretations of self as having stable, undesirable qualities, especially ones that may be predictive of additional difficulties in the future.

Self-awareness theory has repeatedly emphasized the comparison of self against salient standards (Carver, 1979; Carver & Scheier, 1981; Duval & Wicklund, 1972). In the presuicidal process, events have fallen short of standards, and self-attribution entails that the self too is perceived as falling short of standards. The individual is therefore aware of self as incompetent, dislikable, guilty, inadequate, or otherwise bad. Two sets of standards are particularly relevant. First, the status quo is often an important standard, and so shortfalls may occur if the self compares unfavorably with its own past level of quality. Second, other people's expectations constitute important standards, and

so shortfalls may consist of private feelings that one cannot live up to what others expect. In either case, the result is that it is not just recent events but *the self* that is perceived as falling short of expectations.

Aversive states of negative affect follow from the awareness of self as falling short of important standards. These processes have been illuminated in important recent work by Higgins (1987; also Higgins, Klein, & Strauman, 1985), who proposed that two major types of negative self-discrepancies are associated with two broad classes of negative affect. Specifically, seeing oneself as falling short of one's ideals produces dejection-related affect such as depressed mood, whereas seeing oneself as falling short of duties, obligations, and moral standards produces agitation-related emotions such as guilt and anxiety. Anxiety may be understood as a response to perceived threat (Beck & Clark, 1988), perhaps especially threats of exclusion from social groups (Baumeister, in press; Rholes, Riskind, & Neville, 1985). Depressed affect, in contrast, may focus on loss (Beck & Clark, 1988), although empirical evidence indicates that loss may also produce anxiety (Rholes et al., 1985), possibly because losses and failures sometimes carry threatening implications. For present purposes, the important implication is that anxiety and depressed affect (and possibly other negative affect) follow from perceived self-discrepancies associated with threat and loss.

Negative affect is an acute, aversive state, and so people typically wish to terminate it as quickly as possible. Insofar as the negative affect arises from awareness of self as falling short of important standards, it is linked to self-awareness, and the individual may desire to escape from both of them. In other words, the individual can hope to feel better either by ceasing to feel emotion, by ceasing to blame the self for recent events, or by ceasing to be aware of self. Because emotion, attribution, and self-awareness all involve meaning, a refusal of meaningful thought would effectively terminate all three—as would death.

Recent evidence suggests that the immediate cognitive response to a psychologically aversive state is a subjective shift to less meaningful, less integrative forms of thought and awareness. This shift can be designated as *cognitive deconstruction,* and it is implicit in what several researchers have described in terms of low levels of awareness or thinking.[1] Thus failure produces a shift to lower levels of self-awareness (Carver & Scheier, 1981; Powers, 1973); guilt is evaded by means of low levels of action identification (Vallacher & Wegner, 1985, 1987; Wegner & Vallacher, 1986); and emotional threats are escaped from through low levels of thinking (Pennebaker, 1989). Deconstructed ("low-level") awareness means being aware of self and action in concrete, short-term ways, focusing on movements and sensations and thinking only of proximal, immediate tasks and goals. The essence of cognitive deconstruction is the removal of higher meanings from awareness.

In particular, negative affect is a product of meaningful interpretations, and deconstructing these interpretations therefore removes affect (Pennebaker, 1989). Deconstructed awareness of self as merely a body, experiencing sensations and movements, replaces the more integrative and meaningful awareness of self as an identity with enduring attributes (including personality traits). This undercuts comparison of self with standards, and so the problematic awareness of self is evaded (Baumeister, in press). The person may still be self-aware, but only in a concrete, relatively meaningless way, so the aversiveness of self-awareness is minimized.

As noted earlier, attributions are meaningful constructs (or upward movements in levels of meaning), as are comparisons of self with important standards. Cognitive deconstruction removes meaning from awareness, prevents attributions, and blots out threatening implications. The deconstructive response is a refusal of insight and a denial of implications or contexts.

Sustaining a deconstructed state may be difficult (Vallacher & Wegner, 1985). Awareness may therefore oscillate between levels. When the mind wanders away from the present moment, or when something reminds one of past or future events, meaningful thought may resume, and the troublesome constructs may reappear in awareness. These would presumably include the negative self-attributions, the aversive self-awareness, and the associated anxiety or depression.

The optimal resolution is for the individual to cope by constructing and elaborating new, integrative meanings for the relevant circumstances in his or her life (e.g., Silver, Boon, & Stones, 1983; S. E. Taylor, 1983). Ideologies (e.g., religion, or belief in self) may often show the way to construct new interpretations by finding meaning in misfortune. Hence the *eventual* (as opposed to immediate) cognitive response to trauma and negative affect may often involve higher meaning, such as finding religious or social contexts that offer consoling interpretations.

If the person is unable to reinterpret the life situation in a positive fashion, however, then he or she remains stuck in the present, struggling to remain in the deconstructed state in order to avoid the negative affect that is associated with meaningful thought (e.g., Silver et al., 1983). The result is an ongoing struggle to stop time and avoid meaning. The subjective state alternates between an emotionally dead emptiness (akin to boredom) and strong doses of negative affect. There is no sense that things will get better and no meaningful sense of how to resume life in a positive, happy fashion.

To help sustain the deconstructed state, the individual may adopt an attitude of passivity with respect to broad or long-term undertakings and momentous decisions. Self is typically associated with active striving and the quest for control, and so to avoid self-awareness, the individual relinquishes active striving. This enables him or her to avoid decisions and responsibilities. Passivity allows one to avoid meanings, for one needs them primarily to make plans and decisions. Of course, *deconstructed* activity causes no problems and may even help sustain the escape by furnishing distraction. Deconstructed activity is behavior without broader perspective or interpretation, such as compulsive behavior, low-level actions (Vallacher & Wegner, 1985,

[1] The "low-level" terminology used by past researchers has been abandoned here because of potentially misleading connotations. With regard to meaning, vertical metaphors have worked in both directions (e.g., "deep" and "high-level" both connote meaningfulness). The term *low-level awareness* carries a connotation of low awareness to some researchers, and this is unfortunate because awareness may be very sharp and intense in the deconstructed state, such as when one faces an immediate physical danger. The term *deconstruction* is favored because of its greater precision in suggesting the avoidance of constructive interpretations and the dismantling of integrative constructs.

1987), or mindless action (Langer, Blank, & Chanowitz, 1978). Thus the suicidal person should be passive with respect to important, meaningful actions, but he or she may engage in seemingly random, aimless, impulsive, or mindless activity. The suicidal behavior itself may be impulsive.

To the extent that one is successful at achieving and sustaining deconstruction, emotion will be prevented. The individual may feel generally bored or vaguely unhappy, but intense negative (or positive) affect will be absent. Indeed, some research approaches have taken lack of emotion as a defining indicator of deconstructed, low-level thinking (e.g., Pennebaker, 1989).

The effects of cognitive deconstruction on inhibitions and internal restraints are especially relevant to suicide. Deconstruction removes certain inhibitions, thereby making people more willing to do questionable or objectionable things. Moral scruples, principles, and inhibitions are evaluative, interpretive constructs, and so deconstruction disengages them. Criminals, for example, avoid guilt by dwelling on the procedural details of their actions (Wegner & Vallacher, 1986), as did Nazis participating in genocide (Lifton, 1986). Likewise, masochists, who radically deconstruct their everyday lives and identities, become willing to engage in sex acts that conflict with their past internal norms and standards (Baumeister, 1988). Inhibitions focus on meaningful action, not on muscle movements. Deconstruction removes meanings from awareness and thereby reduces actions to mere movements; as a result, the internal objections vanish. Put another way, the rejection of meaningful thought makes it impossible to realize discrepancies between self-perceptions and relevant standards (Higgins, 1987). Deconstruction does *not* entail a broad, open, uninhibited approach to life, such as interest in trying new things or a quest for novel experiences. Rather, it simply entails the removal of certain internal barriers to particular actions.

Last, the deconstruction of self and world may leave an interpretive vacuum, and in some cases, a person may fill this vacuum by resorting to wishful thought, irrational thought, or fantasy. Indulging in fantasy allows the mind to leave the immediate present in a safe, controlled fashion, constructing high-level meanings that do not produce objectionable affect. Research on torture (Scarry, 1985) and on masochism (Baumeister, 1988) has shown how creating a deconstructed state of awareness tends to open the way for fantasy and illusion.

According to escape theory, the main appeal of suicide is that it offers oblivion. Suicide becomes appealing when the troubling thoughts, feelings, and implications are neither adequately shut out by cognitive deconstruction nor removed by consoling, high-level interpretations (such as theodicy). The deconstructed state makes it difficult to appraise the consequences of suicide rationally because one is irrational (which makes weighing of costs and benefits hard), because one is focused on the immediate present (which reduces the salience of suicide's finality), and because one's usual inhibitions have been disconnected to some extent. Death may come to seem preferable in the short run to one's emotional suffering and the painful awareness of oneself as deficient, and the long-range implications of death have ceased to be considered because of the extreme short-term focus.

A series of predictions about suicide can be generated from the theoretical model of escape just presented. Suicide will arise most commonly in circumstances that promote high *chronic* standards and expectations but also include current (or recent) stresses and setbacks. Events fall short of standards. These shortfalls will produce attributions that the self is substandard, worthless, guilty, incompetent, and undesirable, and so suicidal people should exhibit these attributions. Self-awareness should be high in suicidal individuals, typically in an aversive or unfavorable fashion. Depressed mood, anxiety, or other negative affect will result from the unflattering attributions and aversive self-awareness. Thus suicidal individuals will be found to be struggling to escape from self-awareness and the negative affect associated with it. They will show evidence of cognitive deconstruction, characterized by orientation toward the immediate present, focus on proximal goals, concreteness, and general rejection of meaningful, integrative thought. Their awareness of self will likewise be deconstructed, and they will show a general lack of emotion, perhaps especially a lack of positive emotion. (Deconstruction tends to eliminate all emotion, whereas any return to meaningful or integrative thought will recall the negative affect; thus positive affect will be least apparent.) Suicidal people may also show signs of passivity, disinhibition, and fantasied or irrational thought. In the remainder of this article, I review and evaluate research evidence pertaining to these predictions.

Falling Short of Standards

High Standards and Expectations

An ironic feature of the research literature on suicide is that *favorable* external conditions often seem most conducive to suicide. One interpretation of these findings is that chronic, favorable external conditions produce high expectations.

Suicide rates are higher in nations with higher standards of living than in less prosperous nations (Argyle, 1987; Lester, 1984). Within the United States, suicide rates are higher in states that have better quality of life and higher standards of living (Lester, 1987). Suicide rates are higher in societies that endorse individual freedom (Farberow, 1975), although this might result from lessened internal restraints against suicide. Suicide rates are higher in areas with better weather (Lester, 1986), and they are higher during the more pleasant months of late spring and summer (e.g., Nayha, 1982; G. Parker & Walter, 1982), although season does not affect suicide rates in places where there is little seasonal variation (Shneidman & Farberow, 1970). One interpretation of these latter patterns is that people have higher expectations for happiness and life satisfaction when external conditions are pleasant.

Improved occupational and financial opportunities for women in the 1960s were, ironically, associated with increased suicide rates among women (R. A. Davis, 1981). (Men showed a slight decline in suicide rates during the same period.) More recent evidence confirms that female participation in the labor force is positively associated with suicide rate among women but not among men (Yang & Lester, 1988).

College is probably a more attractive environment than many others (e.g., factory work), yet suicide rates are higher among college students than among people of comparable age who are not in college (Hendin, 1982). Whatever else college does, it

probably raises expectations. It is also noteworthy that suicidal college students have typically had better grades and often higher parental expectations than other college students (Braaten & Darling, 1962; Hendin, 1982). Indeed, Braaten and Darling noted that some of their students felt subjectively that they were doing badly despite objective success; they concluded that these students held unusually high internal standards for academic performance.

Stresses and Setbacks

Unfavorable conditions have often been documented as causes of suicide. In most cases, however, it appears that these are recent or current circumstances, especially ones that indicate a significant decline from previous circumstances or involve falling short of favorable expectations. Thus, for example, the *recent* lives of suicide attempters tend to be characterized by an unusually large number of aversive, stressful events (e.g., Cochrane & Robertson, 1975; Paykel, Prusoff, & Myers, 1975; Power, Cooke, & Brooks, 1985; Schotte & Clum, 1982). Chronic suicidal tendencies appear to be relatively rare (Ennis, Barnes, & Spenser, 1985; Maris, 1981), and any signs of depression associated with suicide tend to be of recent origin (Barraclough, Bunch, Nelson, & Sainsbury, 1974). There is some evidence that suicide in prison tends to occur within the 1st month of imprisonment, presumably when the downward adjustment is felt most acutely and painfully (Backett, 1987). Likewise, suicide rates in mental hospitals are highest during the 1st week in the institution (Copas & Robin, 1982). Bereavement increases suicidal tendencies, especially during the first 2 years after the death (Bunch, 1972; McMahon & Pugh, 1965).[2]

A downturn in the economy tends to produce an increase in suicide, as has been shown in Japan (Araki & Murata, 1987), the United States (Wasserman, 1984), across a variety of countries (Argyle, 1987), and even specifically among adolescents (Holinger, 1978). The contrast to the effect of chronic standard of living (cited earlier) is revealing. Suicide is highest when accustomed levels of prosperity are high but current conditions are unfavorable and deteriorating.

Research on predicting suicide from absolute level of socioeconomic status has generally been inconclusive (see Baechler, 1975/1979; Maris, 1969, 1981), but downward social mobility does apparently increase suicide rates (e.g., Breed, 1963; Maris, 1969, 1981).[3] Even in past eras, chronic poverty was not typically a cause of suicide, whereas the fall from personal prosperity into poverty has produced a relatively high frequency of suicides (Farberow, 1975). Thus, it is not the state itself, but its contrast with favorable standards and expectations, that produces suicide.

The effects of wealth are paralleled by those of marriage. Married people are happier than single people (e.g., Argyle, 1987; Campbell, Converse, & Rodgers, 1976), and their suicide rate is indeed slightly lower. But the transition from marriage to the single state produces a drastic increase in suicide rates. For example, Rothberg and Jones (1987) tabulated suicide rates among American military personnel. The rate for married personnel was 9.8 (per 100,000 per year), which was indeed slightly lower than the rate for single personnel (11.6). Among recently separated and divorced, however, the rate soared to 68.1. Thus, although the single state is clearly less desirable than the married state, suicide results not from the chronically single state but from entering that condition from a preferred one (marriage).

In general, a recent and major deterioration in intimate relationships (love or family) has been associated with increased rates of suicide in many groups, including adult women (Bourque, Kraus, & Cosand, 1983; Stephens, 1985), adolescents (Bourque et al., 1983; Tishler, McKenry, & Morgan, 1981), adult residents of Illinois (Maris, 1981), alcoholics (Hendin, 1982), hospital inpatients (Conroy & Smith, 1983), American Indian youth (Berlin, 1987), Canadian police (Loo, 1986), and the elderly (Hendin, 1982). Some women attempt suicide after an episode of acutely brutal treatment by the husband (Counts, 1987; Stephens, 1985). Maris (1981) found that painful, rejecting, or otherwise negative interpersonal interactions were far more common before a suicide attempt than at other times or among nonsuicidal people. Ringel (1976) argued that a presuicidal syndrome among young persons often involves social isolation and withdrawal from all relationships except one, which becomes overinvested; when that relationship fails, the suicide attempt occurs. This pattern has been confirmed in observations of homosexuals (Hendin, 1982) and adolescents (P. A. Davis, 1983).[4]

Detailed evidence from two other studies supports the notion that it is the contrast between high expectations for intimacy and disappointing realities that leads to suicides. The type of intimate relationship most commonly found among suicidal women involved male denial of affection (Stephens, 1985); that is, the women expected normal levels of intimacy, but the male partners were uncaring and withdrawn. In the next most common pattern, the women had extreme and unrealistic expectations for intense intimacy, whereas the male partners offered only normal levels, which again fell short of the women's stan-

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[2] One exception to this general pattern is unemployment. Platt (1986) provided evidence that unemployment increases suicidal tendencies after a delay rather than immediately. His conclusion is that the effects of unemployment are indirect; that is, loss of job per se does not lead to suicide, but if one is unable to obtain a new job, financial and family problems multiply, one blames oneself for failure, and in other ways the situation deteriorates. This argument is supported by Newman's (1988) evidence of patterns of delayed self-blame among executives who are fired. Platt and Kreitman (1985) argued that unemployment is a causal factor leading to suicide, but it is not a precipitating cause.

[3] Shepherd and Barraclough (1980) found only a nonsignificant trend supporting this effect. Still, their sample may have been too small and may have been constructed in a way that was insensitive to the hypothesis. Give the directional support, the failure to replicate with significance is not disturbing.

[4] To keep these findings in perspective, one must consider the high base rate of romantic breakups. Nearly everyone suffers some breakups, especially when young, and very few commit suicide. Hendin (1982) concluded from a review of evidence that boys and young men very rarely attempt suicide in response to a romantic breakup, and girls and young women tend to make insincere suicide attempts after such breakups, although even they are a very small minority. Perhaps the best summary is that suicide attempts, when they do occur in response to romantic setbacks, follow the ending of relationships that have been very heavily invested with strong, high expectations. Thus, again, it is falling short of important, high expectations that leads to suicide.

dards. Thus the shortfall that precipitates the suicidal process may arise either because standards were too high or because reality was too unfavorable.

On a projective test, Neuringer (1972) found that suicidal subjects included more other people than did comparable stories by schizophrenics or normal controls, which he interpreted as a sign of yearning for intimacy. These wishes would make actual social isolation all the more painful. Using quite different measures, Cantor (1976) was led to characterize suicidal people as having strong needs for affiliation, succorance, and nurturance. Thus the suicidal person is not a true introvert or loner but rather someone whose strong desires and expectations for intimacy are being disappointed.

Temporal patterns in suicides also fit the hypothesis of high hopes followed by disappointments. Suicide rates drop before major holidays (contrary to some clinical stereotypes) but then increase immediately after the holiday, which suggests that the approach of the holiday breeds hope and rising expectations, which may then foment suicidal reactions if disappointed (Phillips & Liu, 1980; Phillips & Wills, 1987). Likewise, suicide rates are lowest on Fridays and highest on Mondays[5] (e.g., Rothberg & Jones, 1987), which is consistent with the idea that people are often hopeful as the weekend approaches but may kill themselves in response to painful disappointments.

Deterioration in health is associated with increased suicide rates, perhaps especially among elderly women (Bourque et al., 1983) and alcoholics (Motto, 1980). One review of multiple studies concluded that getting cancer increases the suicide rate by as much as double (Marshall, Burnett, & Brasurel, 1983).

Likewise, a substantial deterioration in circumstances at work is associated with increased suicidal tendencies (e.g., Motto, 1980). In a comprehensive survey of insurance claims involving work-related suicide, Brodsky (1977) identified the following causal factors: a sudden increase in workload or expectations (i.e., raised standards or demands, especially moving beyond what the individual feels he or she can meet), reduced rewards, reduced power, reduced status, reduced prospects for advancement, loss of privileges, and termination of a love affair with a work colleague. A pervasive factor was perception of job demands as excessive and impossible. All these causes fit into the two major categories of falling short of salient standards that were identified earlier in this article: specifically, external standards that surpass self-perceptions and a decline from high levels previously enjoyed.

Loo (1986) found the failure of an anticipated promotion to be an important cause of suicide among policemen. Maris (1981) found that many people (especially men) who committed suicide had experienced career setbacks or problems just before death. Loss of professional competence or skill, caused by aging or drug dependency, has been identified as a central factor in physicians' suicides (Blachly, Disher, & Roduner, 1968). Loss of capability or control at work increases suicide rates, especially among older men (Hendin, 1982). Indeed, the suicide rate among White males reaches its highest point in the entire life span at the retirement age of 65 (Hendin, 1982, although Maris, 1981, found it to continue increasing until age 80).

Evidence cited earlier showed that suicidal students had generally above-average grades. In the semester preceding the suicide, however, their grades were below average (P. A. Davis, 1983; Hendin, 1982). Inspection of cases has further revealed a pattern in which suicidal students had regarded schoolwork as very important, had been strongly concerned about proving themselves to have high levels of ability, and often had lived with high parental expectations for academic success. Thus their standards were presumably quite high, but their recent academic performance indicated a decline in quality (P. A. Davis, 1983; Hendin, 1982).

Conclusion

A large body of evidence is consistent with the view that suicide is preceded by events that fall short of high standards and expectations, whether produced by past achievements, chronically favorable circumstances, or external demands. Sometimes there is evidence of unrealistically high standards, but other times expectations appear to be within the normal range. It is apparently the size of discrepancy between standards and perceived reality that is crucial for initiating the suicidal process.

Causal interpretation of many of these findings is difficult. They are chiefly correlational, and despite the temporal sequence (i.e., the stress precedes the suicide), it is plausible in many cases that some third variable led to both the deterioration in life circumstances and the suicide. Although these findings fit escape theory, they may fit some other theories about suicide, too.

Attributions to Self

According to escape theory, failures and setbacks should lead to suicide only if they produce internal attributions. Accordingly, it is necessary to ask whether suicidal individuals are characterized by unflattering self-perceptions and, in particular, by recent changes toward more negative views of the self.

Self-Blame and Low Self-Esteem

There is a fair amount of evidence linking suicide with negative views of the self. In studies of suicidal adolescents, for example, researchers frequently find that feelings of personal worthlessness and rejection are central factors (Bonner & Rich, 1987; Stephens, 1987; Tishler et al., 1981). In a study of people who had survived leaps from San Francisco Bay bridges—leaps which are nearly always fatal, and so it is fair to regard these people as quite sincerely suicidal—Rosen (1976) likewise found feelings of worthlessness and rejection to be prevalent. Rothberg and Jones (1987), in their study of military suicides, found the main causes to be a variety of negative implications about the self, including dislike of self, perceived inadequacy, feeling

[5] Rothberg and Jones (1987) noted that the Monday peak in suicides may be inflated by delayed discovery; that is, someone may kill himself or herself over the weekend, but the body is not found until the person fails to report for work on Monday. Still, it would fit my argument equally well if the people killed themselves on Saturday or Sunday in response to some disappointment of Friday's hopes.

exposed or humiliated, and feeling rejected or guilty.[6] In one study of nonliterate cultures, Palmer (1971) found condemnation of self to be by far the most common motive for suicide. From a long list of items referring to emotional, behavioral, and cognitive problems, Maris (1981) found "self-blame" to be the single most common factor among attempted suicides and one of most common among completed suicides. Breed's (1972) analysis of a "suicide syndrome" featured a combination of high aspirations and shame at failing to live up to those aspirations, which led to low self-esteem, which is likewise consistent with the escape theory.

Escape theory emphasizes that the unfavorable attributions about the self are made currently or recently, as opposed to chronic low self-esteem. In accordance with this theory, several researchers have associated suicide with recent changes toward more negative views of the self. In a controlled study of indirect suicidal behavior among hospital inpatients (i.e., self-destruction by deliberate noncompliance with medical instructions), Gerber, Nehemkis, Farberow, and Williams (1981) found low self-esteem and powerlessness to be important predictors, and these findings were augmented by evidence that recent *losses* of perceived self-worth and perceived self-efficacy led to suicidal behavior. In a prospective, longitudinal study of suicidal intentions, Kaplan and Pokorny (1976) found that changes toward more negative attitudes about the self were followed by increased suicidal tendencies. Single case studies have documented the tendency for internal attributions for failure or rejection, along with the gratuitous or irrational quality of these attributions (e.g., Overholser & Spirito, in press).

Implications of Relative Inadequacy

It is perhaps not surprising that low self-esteem (or even loss of esteem) should be found among suicidal people. There may be an important difference, however, between suicidal and nonsuicidal versions of low self-esteem. Normal people with low self-esteem are indeed critical of themselves, but they also tend to hold critical views of others (Crocker & Schwartz, 1985). Thus they see themselves much as they see others (also Brown, 1986, p. 372). In contrast, suicidal people may form negative views of self that contrast sharply with their favorable perceptions of others.

A study by Neuringer (1974) is important in this connection. Neuringer compared attitudes toward the self among suicidal subjects, psychosomatic control subjects, and nonpsychiatric hospital patients. As expected, suicidal subjects rated themselves worse than the other two groups in absolute terms. Unlike the usual pattern of low self-esteem, however, suicidal subjects rated "other people" more *favorably* than the other two groups did. As a result, the discrepancy between self-esteem and perceptions of others was much larger among suicidal subjects than among either control group. Neuringer's findings support the view that suicide arises from a combination of unusually high standards (evidenced by high ratings of others) and very negative attributions about the self.

Perception of self as incapable of living up to other people's demands and expectations is particularly important. Such self-perceptions were implicit in the studies cited earlier about suicidal college students and suicide in response to work demands (see also Beall, 1969). Orbach, Gross, and Glaubman (1981) found that suicide attempts among preteenage children were often associated with feeling unable to meet parental demands (see also Brooksbank, 1985).

The felt inability to meet external expectations comes through perhaps most clearly in studies of suicide among physicians. Bressler (1976) cited society's high regard for physicians and the resultant, excessive demands as leading to the unusually high suicide rate among physicians: "For even when the physician is faced with fatigue or insecurity he feels, because of his esteemed position in the community, that he must appear to be energetic, competent, certain, and expert at all times" (p. 171). Noting that several researchers have concluded that psychiatrists have even higher suicide rates than members of other medical specialties (e.g., A'Brook, Hailstone, & McLaughlan, 1967; Blachly et al., 1968; DeSole, Aaronson, & Singer, 1967, cited by Simon & Lumry, 1968; although see Bergman, 1979), Bressler again pointed to high standards and expectations; that is, psychiatrists may be especially likely to fall short of inflated expectations for curing their patients. Bressler's conclusion was corroborated by studies by Blachly et al. (1968), who concluded that medical specialties with the highest suicide rates were the ones that especially emphasized the "fantasy of omnipotence of the doctor" (p. 9; also see DeSole et al., 1967, cited by Simon & Lumry, 1968), as well as the frequency of chronic, incurable, or hopeless cases.

Conclusion

Thus suicide has been associated with negative views of the self and especially with changes toward more negative views of the self, which implies recent, unfavorable attributions about the self. Further evidence suggests that suicidal people often experience unusually high standards and expectations, which make the self's perceived failures especially acute and presumably underscore the inference that *oneself,* specifically, is worthless.

The hypothesis that external attributions will mitigate suicidal tendencies has little direct evidence, but it has been invoked to explain various research findings. Thus Lester (1984, 1986, 1987) found that suicide and homicide rates have opposite relations to various causal circumstances. He proposed that when times in general are bad, people attribute their problems to external causes, which leads to increased violence, whereas when times are good, people blame themselves for their problems, which increases suicide. Araki and Murata (1987) noted that in Japan the increase in suicide rate *precedes* a general economic depression, which could mean that the first people to suffer financial hardships are most prone to blame themselves. Platt (1986) found a curvilinear relation between unemployment rates and suicide rates in Great Britain. An initial rise in unemployment leads to an increase in suicide, but when unemployment becomes widespread, people do not attribute their own problems internally, and so suicide rates decline.

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[6] Rejection does not necessarily entail internal attributions, but feelings of rejection as described in these studies seem to signify self-attribution, and so they have been included here as evidence.

High Self-Awareness

It is extremely difficult to get state measures of self-awareness during any behavior, even under controlled laboratory conditions, and these difficulties increase exponentially when one is dealing with rare and extreme behaviors outside the laboratory. It would therefore be unrealistic to expect firm, conclusive evidence about whether suicidal people are highly self-focused. Still, there is a surprising amount of relevant evidence, especially indirect forms.

Direct Evidence

One approach has provided fairly solid evidence concerning levels of self-awareness in some suicidal people. Henken (1976) conducted a quantitative analysis of the language of suicide notes, comparing them with notes written by people facing involuntary death, with simulated suicide notes, and with all documents in general. Self-awareness can be inferred from the frequency of first-person singular pronouns (e.g., Carver & Scheier, 1978; D. Davis & Brock, 1975; Hull, Levenson, Young, & Sher, 1983; Wegner & Giulano, 1980). The true suicide notes contained more first-person pronouns than did any of the control notes. One might suggest that this apparent increase in self-awareness was caused simply by the fact of facing death (e.g., Heidegger, 1927), but the documents written by people facing *involuntary* death contained fewer first-person singular pronouns than did the suicide notes. Henken concluded that suicidal people are typically preoccupied with themselves.

A further relevant aspect of Henken's (1976) data concerned how writers characterized themselves in relation to significant others. People facing involuntary death seemed to include significant others in their social world, often using inclusive language such as plural pronouns. Writers of suicide notes, in contrast, rarely used such inclusive terms and instead spoke of significant others as separate, opposed, or otherwise cut off from them. This is consistent with the argument presented earlier (from indirect data) that associates suicide with individualistic self-focus, in contrast to seeing oneself as member of a social group or collective.

In a similar study, Ogilvie, Stone, and Shneidman (1983) replicated the high frequency of references to self in suicide notes, although in this case the only control group was a sample of simulated suicide notes[7] written by adults matched demographically to the authors of the genuine notes. Thus truly suicidal persons are more self-aware than people imagine them to be.

Indirect Evidence

One cross-cultural study of suicide rates in primitive cultures featured a comparison of societies that emphasized pride and shame (two self-focusing emotions) as opposed to societies that downplayed them (D. H. Smith & Hackathorn, 1982). The former had higher suicide rates than the latter, which is consistent with the view that self-focusing tendencies are associated with high suicidal tendencies. In a similar vein, Farberow (1975) found that individualistic cultures (including modern ones) have higher suicide rates than do less individualistic cultures.

Another indirect approach would be to use age trends. Adolescence involves a significant increase in self-awareness from the preteen or latency child (Simmons, Rosenberg, & Rosenberg, 1973; Tice, Buder, & Baumeister, 1985), which coincides with a substantial increase in suicide attempts (Hendin, 1982). One might cite differences in competence as a factor, but adolescents are not very competent at killing themselves; indeed, Hendin noted that the ratio of attempted to successful suicide among high school students may be as high as 200 to 1, whereas the corresponding ratio for the elderly approaches 1 to 1 (pp. 49 and 60).

There is rather convincing evidence that alcohol use is often motivated by a desire to escape from aversive, high self-awareness (Hull, 1981; Hull et al., 1983; Hull & Young, 1983; Hull, Young, & Jouriles, 1986). Although the precise rates are debated, all sources apparently agree that suicide rates among alcoholics are disproportionately high (e.g., Hendin, 1982; Maris, 1981; McKenry & Kelley, 1983; Roy & Linnoila, 1986). Hendin concluded that both the alcoholism and the suicide are responses to the same conditions. This argument fits the view that aversive states of high self-focus cause both suicide and alcoholism, although again the argument is indirect.

Depression has been associated with a tendency to become highly self-aware after failure (Greenberg & Pyszczynski, 1986), and it too has been associated with suicidal tendencies (e.g., Barraclough et al., 1974; Vandivert & Locke, 1979; Wilson, 1981). This fits the view that depressively inclined people would tend to focus inward after something bad occurs, fostering self-blame and awareness of their inadequacies, as well as increasing suicidal tendencies. Barraclough et al. (1974) noted that the depression in suicidal people appeared to be, not a chronic problem, but rather a recent pattern, which suggests that it is linked to a specific life crisis rather than constituting a personality factor.

Another indirect source of evidence is laboratory studies of self-destructive behaviors, which of course fall far short of suicide. A review of such studies found high self-awareness to be repeatedly implicated as a causal factor (Baumeister & Scher, 1988). Thus when normal people harm or defeat themselves, it is often out of a desire to escape from aversive awareness of their faults and shortcomings.

In contrast, circumstances that submerge the self in a broader community may reduce suicidal tendencies. Indeed, one of the core arguments of Durkheim's (1897/1963) influential work on suicide is that feeling integrated in a large social group reduces suicide (see also Trout, 1980). War, for example, reduces suicide rates. This fact has long been interpreted in psychoanalytic terms as reflecting a channeling of aggression outward rather

[7] The use of simulated suicide notes, although a familiar methodology in suicide research, deserves some comment. Experimenters typically obtain these notes by having normal subjects write a typical or personal suicide note in response to a hypothetical intention to commit suicide. Comparisons between real and simulated notes thus indicate how the actual presuicidal state differs from the way nonsuicidal people imagine it. Interpretation might emphasize either the erroneous and inadequate imagination of the nonsuicidal individual or the distinctive nature of the presuicidal mental state. Still, it is arguable that it is better and more enlightening to compare genuine suicide notes with various other documents rather than with simulated notes (see Henken, 1976).

than toward the self. The psychoanalytic view has great difficulty, however, accounting for Rojcewicz's (1971) findings that suicide rates decrease during wartime in neutral countries and even in occupied countries, where outward expression of aggression is probably inhibited even more than usual. War does, however, make salient one's membership in a broader national community, regardless of whether one's country is belligerent, neutral, or occupied. (War probably also enables people to make external attributions for their problems.)

There is further evidence that attending to one's social group (as opposed to individualistic self-awareness) reduces suicide. The American national crisis following President Kennedy's assassination in 1963 led to a temporary drop in the suicide rate (Biller, 1977). Religion, which typically submerges the self in a larger social, institutional, or metaphysical whole, seems to reduce suicide rates (e.g., Nelson, 1977; Stark, Doyle, & Rushing, 1983). As church attendance decreases, suicide rates increase, perhaps especially among young people (Stack, 1983). Catholicism, which emphasizes group and institutional solidarity, is associated with lower suicide rates than is Protestantism, which is a relatively individualistic religion in both theory and practice (Goss & Reed, 1971; Maris, 1981).

Conclusion

Relatively little direct evidence about the attentional focus of suicidal people is available, but this evidence is consistent with the view that suicidal people are highly self-aware. Extensive indirect evidence is likewise consistent with that view, although that evidence is never conclusive; it merely shows that groups known to have high self-awareness (especially high aversive self-awareness) also have high suicide rates. Awareness of self as submerged in a broader social whole appears to reduce suicide rates; only individualistic self-focus appears to contribute to suicide.

The essence of self-awareness is comparison of self with standards (Carver & Scheier, 1981; Duval & Wicklund, 1972). From the previous section, it is clear that the presuicidal process involves comparing the self to standards and finding that it falls short. The question is merely how often and how acutely the person is aware of this self-discrepancy. On the basis of the indirect evidence, one may tentatively conclude that people who would normally tend to be very self-aware are indeed more prone to attempt suicide. But direct evidence of a self-focused state before suicide is limited.

One area of ambiguity concerns the difference between self-awareness per se and awareness of oneself as separate and isolated from others. The direct evidence points toward the latter, whereas the indirect evidence points toward the former. To some extent, the two views overlap, so it may prove difficult to provide a strict empirical differentiation of them. Escape theory emphasizes the aversive awareness that oneself falls short of personal and social standards. It is reasonably clear that presuicidal individuals do regard themselves as falling short in that way, but the evidence currently available is not adequate to say that they often think about these personal failures and inadequacies.

Thus awareness of the individual self, especially in connection with unpleasant, aversive realization that the self falls short of important standards, does seem to be associated with suicide. Still, the evidence now available is neither extensive nor unambiguous. Further research on self-focus during the presuicidal process is desirable.

Negative Affect

Escape theory holds that certain self-attributions cause an awareness of self as inadequate, which leads to negative affect, especially depression and anxiety. Depression has been characterized as a dejected response to interpersonal loss (Beck & Clark, 1988) and as a form of dejection, with awareness of self as falling short of ideals (Higgins, 1987; Higgins et al., 1985). Anxiety was described as an intrapsychic response to the threat of exclusion from important social groups (Baumeister, in press), often related to failure of self to live up to standards of "ought" (see Higgins, 1987). Furthermore, if loss or threats of exclusion arise from sources other than awareness of self as inadequate, these sources could likewise produce an increase in anxiety and suicide.

Direct evidence of negative affect among suicidal people is surprisingly sparse. Melges and Weisz (1971) found that reminiscing about past suicide attempts generated negative affect, although control subjects showed similar negative reactions to the task. Several researchers have found that affective *traits* are predictive of suicidal tendencies, although direct evidence of the affective states is typically lacking. Thus Mehrabian and Weinstein (1985) found suicide attempters to have temperaments that were vulnerable to anxiety (e.g., high trait anxiety), and Bhagat (1976) found trait anxiety to be high among female (but not male) suicide attempters, but in most other studies, researchers have emphasized depression and hopelessness as the main personality traits associated with suicide (e.g., Kovacs, Beck, & Weissman, 1975; Platt & Dyer, 1987; Schotte & Clum, 1982). Most evidence of subjective affective states is therefore indirect, as can be shown with anxiety and depression.

Anxiety

Anxiety takes several forms. Guilt can be considered one major form of anxiety. Several studies have associated high levels of guilt with suicidal tendencies. Extensive cross-cultural data support the view that guilt, reflected in condemnation of self, is the most important cause of suicide in nonliterate societies (Palmer, 1971). In an American sample, guilt and self-blame were noted in the majority of suicide attempters and in a substantial minority of suicide completers (Maris, 1981). Hendin (1982) observed that many suicidal alcoholics felt guilty about letting people down—that is, about failing to meet the positive expectations of significant others—and he concluded that guilt "is central to the desire to end their lives" (p. 139). Miller and Chabrier (1987) examined the content of psychotic delusions and found that those of suicidal patients more frequently contained themes of guilt and sinfulness than did those of other patients.

Abusive mothers apparently have a high suicide rate (Hawton, Roberts, & Goodwin, 1985; Roberts & Hawton, 1980). This might fit the guilt hypothesis, especially insofar as the frequency of child abuse seems to diminish after an unsuccessful suicide attempt. There is evidence, however, that the relation

between perpetrating child abuse and attempting suicide may be indirect, such as if both arise from marital difficulties (Roberts & Hawton, 1980). Guilt may therefore be only one component of a psychologically aversive state caused by a troubled domestic situation. Possibly the desire to escape begins with the marital discord and is escalated by involvement in child abuse.

Suicidal guilt has been interpreted psychodynamically as a wish for punishment. Empirical studies with normal people, however, have failed to document any desire to suffer, even in response to guilt (Baumeister & Scher, 1988; Freedman, 1970), so the hypothesis of desiring punishment must be considered doubtful at present. It is plausible, though, that guilt does motivate desires to escape from self-awareness (see Baumeister, 1988, 1989).

Anxiety may also arise from viewing the self as incompetent (Higgins, 1987). Thus Breed (1972) cited shame at failure as an important cause of suicide, and Hendin's (1982) characterization of alcoholics may also fit. Harris (1979), in a comparison of suicidal and nonsuicidal drug users, found greater insecurity (which signifies doubt about one's abilities and attractiveness) and greater anxiety among the suicidal ones.

One last pattern may be relevant. Anxiety may often be caused by the threat of exclusion from social groups or loss of social bonds (e.g., Baumeister, in press; Baumeister & Tice, in press; Bowlby, 1969, 1973). It is apparent that suicide rates increase when individuals lose or lack such bonds (Durkheim, 1897/1963; Trout, 1980). Suicide rates rise as the size of an occupational group diminishes (Reinhart & Linden, 1982) and as subcultural groups shrink and die (Berlin, 1987). The recent deterioration in farm life and community has been accompanied by a sharp increase in its suicide rate (Wilkinson & Israel, 1984). Some evidence confirms the suggestion that shrinking, fading groups suffer from a sense of failure (e.g., Bromley, 1988) and heightened self-awareness (e.g., Mullen, 1983). Thus these data may suggest further support for the escape theory, although direct evidence linking anxiety to suicide among these fading groups is lacking.

Depression and Other Negative Affect

Feeling lonely or feeling like a failure are the most common feelings reported by suicidal people for the period preceding the suicide attempt (e.g., Bancroft et al., 1976; Birtchnell & Alarcon, 1971; Maris, 1981), but these are not necessarily emotions. Sadness is commonly observed as well (Maris, 1981). In addition, many people say that the period preceding the suicide attempt was filled with feelings of worry (Bancroft et al., 1976; Birtchnell & Alarcon, 1971).

Many of these findings fit a pattern of depressive mood. The role of depression has already been noted in this review; moreover, evidence suggests that suicidal depression tends to be an acute, recent state rather than a chronic one (e.g., Barraclough et al., 1974) and hence the importance of depressive *emotions*. The hypothesis of depressive emotion is also consistent with suggestions of passivity, lack of positive affect, constricted time perspective, and suppression of positive affect (see the following section).

Depressed affect is likely present in much of the evidence already reviewed. Thus depression may contribute to the high suicide rates that have been noted among people who experience divorce or romantic rejection, among those who lose their jobs, and among members of occupational or subcultural groups that are shrinking and dying out.

A number of studies have indicated that anger is evident in a significant minority of suicides, perhaps especially in cases of unsuccessful suicide attempts (e.g., Bonnar & McGee, 1977; Maris, 1981). Anger is reported to have been the main affect preceding suicide in about one third of the cases in several samples (Bancroft et al., 1976; Birtchnell & Alarcon, 1971; Hawton et al., 1982).

Conclusion

There is clear evidence that depressed affect precedes suicide attempts, but depressed affect may sometimes be defined as the absence of emotion. There is some indication that various anxiety states precede suicide attempts, but the evidence is neither substantial nor conclusive. Thus depressed or dejected affect is associated with an increase in suicide attempts, but the role of anxiety in the causation of suicide remains mainly at the level of inference. It does appear that anxiety-prone people do show an elevated suicide risk. There is some direct evidence of other negative affect, especially anger and worry.

In general, suicide arises among people and in circumstances that one would expect to be full of negative affect, but the direct evidence of negative affect is very sparse. Suicide rates are clearly associated with personal failure and painful discovery of one's inadequacies, with loss of family through death or divorce, with loss of membership in a community or an occupational group, and with loss of culture. Negative affect (including anxiety) is a highly plausible result of such events, but firmer direct evidence is desirable. One reason for the lack of evidence for negative affective states may be that if the cognitive responses of escape are successful (see the following section), the negative affect may be suppressed. To the extent that the suicidal person succeeds in deconstructing his or her experience, an affectively numb state will be achieved, which may result in low affect scores on many measures.

Cognitive Deconstruction

According to escape theory, the person tries to escape from negative affect by rejecting and avoiding meaningful thought—that is, by cognitive deconstruction. The three main signs of deconstruction are as follows (Baumeister, in press; Pennebaker, 1989; Vallacher & Wegner, 1985, 1987): *Time perspective* is constricted to a narrow focus on the present. *Concreteness* is reflected in focus on immediate movements and sensations rather than the broader ideas and emotions that characterize high-level thinking. Action is guided by immediate, *proximal goals* rather than distal goals. In addition, deconstruction may be seen in evidence of rejection of meaning or refusal to think creatively or openly in meaningful terms (unlike constructive or integrative thought, which involves exploring new meanings, contexts, interpretations, solutions, and possibilities).

Time Perspective

The first prediction is that suicidal people have an aversive or anxious awareness of the recent past (and possibly the future

too), from which they seek to escape into a narrow, unemotional focus on the present moment. In accordance with this prediction, several writers have suggested that suicidal people have a limited, present-oriented time frame. Iga (1971) characterized suicidal Japanese as having a pronounced short-term perspective. Hendin (1982) concluded that many suicidal people are trying to stop time—that is, "stop their lives at a fixed point" (p. 140). He felt that alcohol and depression are often initial attempts to escape from broad time perspectives and that suicide is simply an escalation of these efforts to stop time.

Probably the clearest evidence comes from laboratory studies on time perception (e.g., Brockopp & Lester, 1970; Greaves, 1971). Neuringer and Harris (1974) predicted that the present-orientation of suicidal people would be evident in their distorted perception of the duration of experimentally controlled time intervals. In comparison with several control groups, suicidal subjects were most likely to overestimate the duration of experimentally controlled intervals by a large amount. Thus suicidal people resemble acutely bored people: The present seems endless and vaguely unpleasant, and whenever one checks the clock, one is surprised at how little time has actually elapsed. Neuringer and Harris also reported that suicidal people found it more difficult than the various control groups to think about the future.

The lack of future perception has been documented in other ways. Yufit and Benzies (1973; also Yufit, Benzies, Foute, & Fawcett, 1970) directly studied the cognitive elaboration of past and future. They concluded that "suicidal high-risk patients are less able to project into the future, and less able to elaborate whatever projections they do make [than various control groups]" (Yufit & Benzies, 1973, p. 281). They found that suicidal patients did have elaborate but negative views of the past, which generated feelings of guilt, shame, and dissatisfaction. Melges and Weisz (1971) found that when subjects described their presuicidal state, their sense of future diminished even afterwards. These findings fit my argument: The suicidal individual's past is associated with aversive affect, which leads to the attempt to focus narrowly on the present, which in turn prevents thinking about the future. Greaves (1971) demonstrated lack of future perspective in the language (grammar) of suicidal subjects by showing that they tended to respond to a sentence-completion task with fewer future-tense verbs than did control subjects.

Studies of hopelessness, in particular, emphasize the suicidal person's lack of future awareness. Hopelessness signifies the inability to conceive a pleasant, acceptable future. Indeed, a scale for measuring hopelessness includes items assessing the lack of future, the inability to imagine oneself in the future, and the inability to imagine being happy in the future (Kovacs et al., 1975). In numerous studies suicidal patients have been characterized as feeling or expressing hopelessness (e.g., Berlin, 1987; Hendin, 1982; Kovacs et al., 1975; Maris, 1985; G. W. Smith & Bloom, 1985; Topol & Reznikoff, 1982). Although depression has frequently been linked to suicide,[8] analyses show that hopelessness is more predictive of suicide than is depression (Kovacs et al., 1975); in fact, controlling for hopelessness eliminates the predictive relation between depression and suicide (Bedrosian & Beck, 1979; Cole, 1988; Drake & Cotton, 1986; Dyer & Kreitman, 1984; Ellis & Ratliff, 1986; Petrie & Chamberlain, 1983; Platt & Dyer, 1987), which is consistent with the causal pathway proposed in escape theory. Furthermore, Iga (1971) found that suicidal Japanese students were more prone than control subjects to see failure as irrecoverable. Thus in suicidal people, the response to setbacks includes an inability to conceive of future improvements. If the negative affect (such as depression) does not lead to blockage of the future, then suicide is unlikely.

It is necessary to distinguish between the lack of all future and the lack of a happy, desirable future, for the research evidence is divided as to which of these characterizes the presuicidal state. According to learned helplessness theory and related views, past failures often lead the person to expect future failures (Abramson, Seligman, & Teasdale, 1978). According to escape theory, the inability to anticipate a *happy* future causes a reluctance to contemplate *any* future. The cognitive narrowing involved in the deconstructive shift is an attempt to avoid thinking that past failures and misfortunes entail future misery. The inconsistency in the research literature may reflect the inconsistency in the presuicidal state itself: Sometimes the person may envision an unhappy future, and other times the person manages to avoid thinking about any future at all. The latter may be motivated by the former.

Concreteness

Researchers have repeatedly expressed surprise at the highly concrete nature of suicide notes. Shneidman (e.g., 1981) coined the term *tunnel vision* to refer to the narrow, concrete focus of the psychological state preceding a suicide attempt, often reflected in the banal and barren content of suicide notes. "Suicide notes are *not* the insightful documents we would like them to be," concluded Henken (1976, p. 36) after a review. Henken's own data provided methodologically strong evidence for that conclusion. People facing an involuntary death often write in relatively abstract, meaningful terms, but suicide notes are severely concrete. Henken found suicide notes to be relatively devoid of abstract terms, "thinking words," and other expressions of higher mental awareness (p. 43).

The deficit in thinking words was also found by Ogilvie et al., (1983). Moreover, those authors found instructions left in genuine suicide notes to be generally quite specific (e.g., "Don't forget to pay the electric bill"), whereas instructions in simulated notes tended to be more high level (e.g., "Teach my son to be a good man" or "Be happy"). Likewise, Gottschalk and Gleser (1960) found that genuine suicide notes contained more references to concrete objects and fewer references to higher level cognitive processes than did simulated notes.

Case study observations by Hendin (1982) confirmed the concreteness of the presuicidal state. According to Hendin, many suicidal college students show a pattern of immersing themselves in schoolwork, especially projects that involve routine tasks or busywork rather than creative or abstract thought. To them, the "dull, demanding mental labor" is "an end in

[8] In this connection, it is noteworthy that there is some evidence of distorted time perception among depressed people, which is similar to that found among suicidal patients (e.g., Wyrick & Wyrick, 1977).

itself" (p. 36), as well as helping to produce "emotional deadness," which is also associated with concreteness.

Absence of Distal Goals

The hopelessness data just cited suggest that suicidal people lack realistic long-term goals. Some observations by Breed (1972) also fit the pattern of focusing on the proximal goals. He noted that many people recall suicidal acquaintances as having been unusually neat, meticulous, fastidious, and otherwise very concerned about details. This emphasis on details is consistent with a generally short-term focus, which is characteristic of deconstruction. In addition, there is some evidence to characterize suicidal people as having impulsive traits, which is consistent with a lack of long-term planning (Bhagat, 1976; Cantor, 1976). Weiss (1957) found most suicide attempters could not even verbalize any potential consequences of killing themselves (see also Bancroft et al., 1976). Still, more direct and reliable empirical evidence about the goal orientations of suicidal people is needed.

Rejection of Meaning

Several signs indicate that suicidal people seek to deny meanings and avoid high-level interpretations of circumstances. Indeed, Douglas (1967) noted that many suicidal people seek to deny even the meanings and implications of their suicidal actions, such as those pertaining to religious doctrines that deny heaven to people who commit suicide. The desire to deny the meaning of one's suicidal actions may be an important reason that some people approach suicide by taking risks and gambles with death rather than using unmistakably or reliably lethal means (e.g., S. Taylor, 1978; Weiss, 1957).

The rejection of meaning applies to the suicidal person's thinking in general, however, not just thinking about suicide. Shneidman's (1981) concept of tunnel vision implies a rejection of integrative meanings and a lack of openness to new ideas or interpretations.

In numerous studies researchers have characterized the mental state of suicidal people as cognitively rigid (e.g., Beall, 1969; Iga, 1971; Levenson & Neuringer, 1971; Neuringer, 1964; Patsiokas, Clum, & Luscomb, 1979; Vinoda, 1966; see Arffa, 1983, for review). Ringel (1976) said that the suicidal state is marked by inflexible and one-sided thinking, fixed patterns of behavior, a lack of emotional range (i.e., either no emotion or a persistence of a single, unpleasant emotion), loss of spontaneity, and feelings of constriction, all of which are consistent with the deconstruction hypothesis. Neuringer (1961, 1967, 1968) found that suicidal subjects were more likely than control subjects to make extreme judgments and ratings, which suggests a tendency to think in extreme, black-and-white terms, with thus no room for compromise. Schotte and Clum (1987) showed that suicidal subjects were less able than control subjects to generate a variety of possible solutions to interpersonal problems selected from their own lives (see also Asarnow, Carson, & Guthrie, 1987).

The cognitive rigidity of suicidal people was long conceptualized as a personality trait, but that view has been disputed by Perrah and Wichman (1987). They replicated past findings that people showed narrow, rigid thinking when tested soon after a suicide attempt. But when they were tested several months after the attempt, they were no more rigid than nonsuicidal control subjects. The clear implication is that the cognitive rigidity of suicidal persons is a temporary state rather than a stable trait. Cognitive rigidity thus appears to be a response to a particular crisis, which is consistent with escape theory. It is not that a rigid personality predisposes one to suicide; rather, rigidity is part of an effort to cope with a life crisis (cf. Shneidman, 1981). A similar conclusion emerged from the work by Schotte and Clum (1982), who found that there was no relation between cognitive rigidity as a personality trait and thoughts of suicide among a sample of normal college students. Likewise, Neuringer (1979) found that the tendency to make extreme judgments was pronounced in only the most seriously suicidal subjects and was not evident in those who had made low-risk, presumably insincere suicide attempts. Thus cognitive rigidity again emerges as a feature of the state of someone seriously approaching a suicide attempt, not as a chronic trait of someone who thinks of suicide occasionally or who is not currently at risk.

Understanding cognitive rigidity as a feature of the suicidal state, rather than as a personality dimension, enables one to see it as an effort (however maladaptive) to cope rather than as a predisposing factor. Cognitive rigidity may be part of the efforts at deconstruction that are designed to prevent unwanted thoughts from flooding the mind. The susceptibility of suicidal people to such undesirable thoughts has been documented (Overholser, Miller, & Norman, 1987; Pokorny & Kaplan, 1976). Indeed, this susceptibility may persist for more than a year after the suicidal crisis, as the individual struggles to come to terms with the life situation that originally precipitated the suicide attempt (Overholser et al., 1987; see also Moss & Hamilton, 1956). This further explains the beneficial effects of "thought-stopping" cognitive therapy aimed at helping the person prevent such thoughts from flooding the mind (e.g., Barth, 1986; Overholser & Spirito, in press). Suicide is one way of stopping thoughts; cognitive control is another, more desirable and adaptive means of achieving the same goal.

Conclusion

There is ample evidence that suicide is preceded by a cognitive shift that may be described as low-level thinking (Pennebaker, 1989; Pennebaker, Hughes, & O'Heeron, 1987; Vallacher & Wegner, 1985, 1987) or cognitive deconstruction. The time perspective narrows drastically to the present, presumably in response to the anxious recall of past events. The future is denied, and long-term plans or goals are either completely absent or conceptualized in unrealistic, irrational terms; however, more evidence that distal goals are absent in the suicidal person's thinking is needed. Suicidal thinking is very concrete, focusing on immediate tasks and details. The person enters a cognitively rigid state, avoiding new ideas, thoughts, or interpretations.

Consequences of Deconstruction

The mental state produced by deconstruction of one's experience has several consequences that may be highly relevant to

suicide. In this section, four relevant consequences are examined: disinhibition, passivity, absence of emotion, and irrational thought. The removal of inhibitions may be the most important for bringing about suicide, for it makes the individual willing to engage in actions that violate normal patterns of behavior, and suicide is certainly such an action. The other consequences may also be relevant to the suicidal process, however, and they shed important light on the suicidal mental state.

Disinhibition

One consequence of cognitive deconstruction is that certain inhibitions cease to operate, especially insofar as inhibitions depend on meaningful constructs or implications. Behavior may become irrational or otherwise contrary to the person's normal standards and values. *Disinhibition* as used here implies, not an interest in or openness to exploring new possibilities or experiences (although successful coping may contain that element), but simply a removal of certain inner restraints. The hypothesis that loss of self-awareness is accompanied by reduction of inhibitions has been confirmed by experimental studies (Diener & Wallbom, 1976). It is also supported by the fact that alcohol use apparently produces both a reduction of self-awareness (Hull, 1981; Hull et al., 1983) and disinhibition (Steele & Southwick, 1985). Likewise, both disinhibition and a reduction of self-awareness are apparent in sexual masochism (Baumeister, 1988, 1989).

Several researchers have characterized suicidal people as impulsive, which may indicate a lack of inhibition. This impulsiveness has usually been characterized as a personality trait of suicide-prone individuals (e.g., Bhagat, 1976; Cantor, 1976). The evidence for the allegedly dispositional impulsiveness of suicidal people is less than compelling, however. Cantor's conclusion of impulsiveness, for example, was based on low scores of endurance and frustration tolerance, but those traits are not necessarily the same as impulsiveness. Patsiokas et al. (1979) included a cognitive test of impulsiveness and found no evidence of impulsive traits among suicidal subjects. They did find, however, that fully 88% of their suicidal subjects described the suicide attempt in terms that clearly reflected mere impulse (e.g., lack of advance planning, saying the attempt was "just on impulse"). Their conclusion was that these people may not be dispositionally impulsive, but they often appear to behave impulsively with regard to the suicide. This fits the escape theory: Impulsiveness only reflects the disinhibition produced by the presuicidal, deconstructed state, rather than being a stable personality trait.

Some researchers have argued that many suicides arise not from direct suicidal intent but from taking self-destructive risks. Single-car fatal accidents, for example, are often ambiguous as to whether the drivers intended to kill themselves (or at least to take dangerous risks). Taylor (1978) said that suicide attempts can often be understood as gambling with death, as in Russian roulette. Although Taylor felt that such risk taking is done to alleviate boredom and to produce thrills, it seems more plausible to suggest that such gambles occur when people lose their normal inhibitions against taking life-threatening risks.

Risk taking among suicidal people has been studied explicitly. Silberfeld, Streiner, and Ciampi (1985) administered a personality measure of risk taking and found no difference between suicidal and control subjects. On the other hand, Adams, Giffen, and Garfield (1973) administered a behavioral measure of risk taking to several samples, and they did find suicidal subjects to be much more prone than control subjects to choose the risk. An advantage of their procedure was that they administered the risk-taking measure within hours of the suicide attempt, and so it may have been more sensitive to the mental state that accompanies the attempt. Taken together, these results seem to indicate that suicide may not be associated with a chronic disposition to take risks, but the deconstruction that characterizes the immediate suicidal state may reduce one's typical caution.

Risk taking is not unambiguous evidence, for it may be construed as a sensation-seeking pattern (cf. S. Taylor, 1978) rather than as a sign of disinhibition. The quest for intense sensations may itself be characteristic of many forms of escape, for by definition sensation is more immediate and limited than meaningful experience. Hence the attempt to immerse oneself in the immediate present, in order to escape broader awareness of past and future events and their implications, could well take the form of sensation seeking. The focus of attention on immediate, intense sensations appears to be central in some other escapes from self-awareness, including alcohol use (Hull, 1981) and sexual masochism (Baumeister, 1988, 1989).

The studies of murder–suicide combinations (Allen, 1983; Berman, 1979; Palmer & Humphrey, 1980) may also be relevant to disinhibition. Recent evidence suggests that the decision to kill oneself is primary in such cases, and the homicide is derivative (e.g., Rhine & Mayerson, 1973). The apparent primacy of suicide in such cases fits the hypothesis that the suicidal state is accompanied by a reduction of inhibition. Indeed, the typical murder–suicide is perpetrated by a White, middle-class, adult male who kills his wife or girlfriend; a second type is a woman who kills her mate or children (or both). Such murders would of course be highly taboo under normal circumstances. Hendin (1982) reported that suicidal individuals generally have committed murder at a much higher rate than the population at large. Moreover, most murder–suicide perpetrators apparently have no prior criminal record, and so one cannot regard them as chronically undersocialized or violent (e.g., Allen, 1983). These actions thus fit the hypothesis that the suicidal state is characterized by a reduction of typical inner restraints, although they are hardly conclusive evidence.

Last, the fact of a suicide attempt itself can be taken as evidence of some reduction in inhibitions. Most people most of the time would not even consider killing themselves, for reasons that may include laws, desires for self-preservation, internalized social norms, feelings of obligation to others, and expectations for future happiness. These long-term (high-level) inhibiting factors must be overcome in order for the person to attempt suicide. For example, the link between alcohol use and suicide may reflect the tendency for alcoholic intoxication to remove inhibitions against suicide (e.g., Inciardi, McBride, & Pottieger, 1978).

Thus several lines of evidence are consistent with the view that the deconstruction preceding suicide helps remove certain inhibitions, although much of the evidence is ambiguous. One must assume that people normally have strong inner restraints

against ending or even risking their lives. Suicide requires disengaging or circumventing these inhibitions, and deconstruction may well be the means of doing so, although more direct study of the deconstruction of inhibitions in the presuicidal state is needed.

Passivity

Passivity may be a second consequence of deconstruction. Passivity is important as an indication of the suicidal person's approach to his or her current situation, and it may also shape the person's attitude toward suicide. In addition, a general passivity may serve as further evidence of the general rejection of meaning, for passivity presumably facilitates deconstruction and escape from self. Active initiative may often require planning, assessing the capacities of the self, evaluating goals and values, and other consideration of meaningful implications of possible actions. Passivity, however, enables the person to evade responsibility and to avoid implicating or assessing the self. Clearly, this passivity applies only to important decisions and meaningful actions; suicidal people may be quite prone to meaningless, impulsive, random, mindless, or otherwise deconstructed activity.

Ringel (1976) specifically cited passivity as a feature of the presuicidal syndrome, although his empirical base was only nonsystematic, clinical observations. A controlled study by Gerber et al. (1981) showed that suicidal hospital inpatients tended to deny responsibility for their actions. Simon and Lumry (1968) found suicidal physicians to be more passive than other physician-patients. Henken (1976) found that the language of suicide notes showed patterns expressing passive submission and acceptance more than other documents. Ironically, people facing involuntary death used a more active voice in their writings than did people who were about to take their own lives. Mehrabian and Weinstein (1985) found suicidal subjects to have more passive temperaments than did nonsuicidal subjects. Melges and Weisz (1971) found that suicidal ideation correlated with a decreased sense of control over external circumstances.

Neuringer (1964) noted that the hypothesis of passive acquiescence could account for all of his findings associating measures of cognitive rigidity with suicidal tendencies, but at the time there was little reason to consider acquiescence as a plausible feature of the suicide process, and so he dismissed this alternative explanation on theoretical grounds.

Another source of evidence about the active versus passive psychology of suicidal people is their locus of control. A predominantly internal orientation would imply that the active role predominates in suicide, whereas externality would suggest a more passive orientation. The evidence favors the latter position: Suicidal people tend to exhibit external locus of control (e.g., Gerber et al., 1981; Topol & Reznikoff, 1982). Feelings of helplessness also may be taken as indicators of passivity, and helplessness is commonly cited as a feature of the suicidal state (e.g., Connor, Daggett, Maris, & Weiss, 1973; Maris, 1985; Neuringer, 1974; Ringel, 1976; Stephens, 1985). Likewise, whereas the coping strategies of normal adolescents tend to favor problem-solving approaches, suicidal adolescents tend to favor more passive strategies such as social withdrawal (Spirito, Stark, Williams, & Guevremont, 1987). Linehan, Camper, Chiles, Strosahl, and Shearin (1987) found suicidal people to use more passive and fewer active problem-solving strategies. A parallel deficiency of active coping was documented in a clinical sample of younger children (Asarnow et al., 1987).

The desire for passivity creates a potential difficulty with the active taking of one's life. A variety of evidence suggests, however, that suicidal people seek and identify with the passive role of victim rather than the active role of murderer (Buksbazen, 1976; Counts, 1987; Douglas, 1967; Stengel, 1967). In the majority of cases, the suicide attempt may therefore reflect an impulsive action rather than a result of thoughtful consideration and meaningful action (e.g., Patsiokas et al., 1979).

Although the evidence is not fully conclusive, the bulk of it indicates that the suicidal state involves an attitude of passivity. Suicidal people tend to deny responsibility, to express resignation and submission, to exhibit external locus of control, to express helplessness, and to emphasize the more passive role of victim.

Lack of Emotion

A presumed purpose of cognitive deconstruction is to escape from the negative affect associated with meaningful, integrative interpretations. Indeed, lack of affect is sometimes used as a sign of deconstructed, low-level thinking (Pennebaker, 1989), and so successful escape to low levels of awareness should be characterized by lack of affect. According to escape theory, the cognitive shift alone is only partly successful among suicidal individuals, and so they become receptive to stronger means of stopping the unpleasant feelings—with suicide as the ultimate weapon in this battle.

The evidence about the affective states of suicidal individuals is difficult to evaluate. In particular, studies by trained clinicians may be successful in discovering negative affect in the suicidal person, but such discoveries miss the point. According to escape theory, the affect is indeed available, but the person is striving to keep it out of awareness. Thus it is precisely on the surface that the lack of affect should be apparent. In keeping with this observation, it was noted earlier in the Negative Affect section that the evidence of anxiety was weaker and less consistent than one might expect in view of the recent life experiences of presuicidal people. This weakness may arise from the fact that many suicidal people were keeping much of their negative affect at bay by avoiding meaningful thought.

One recent study provides important evidence relevant to the question of affect. Williams and Broadbent (1986) used a cued-recall technique in which subjects were presented with an emotion word (e.g., *happy, sorry, surprised, lonely*) and were asked to describe a specific experience in which they had felt that way; response latency was measured as an index of availability of such affectively potent memories. The authors predicted that suicidal subjects would respond more quickly than control subjects to the negative affect cues, whereas there would be no difference regarding positive affect. Contrary to their predictions, there was no difference between suicidal and control subjects in speed of response to the negative affective cues, but suicidal subjects were slower than control subjects in responding to the positive affective cues. Suicidal subjects also had signifi-

cantly fewer affective memories (i.e., they were more prone to refuse the cue) than either control group, and many of the responses that they did give were inappropriately vague and general.

Williams and Broadbent's (1986) results thus portray suicidal people as somewhat estranged from their emotions: relatively less able to summon up affectively laden memories and often slower to produce the ones that they could recall. This pattern fits the hypothesis that suicidal people are in a deconstructed state, in which neither positive nor negative affect can occur with any regularity or spontaneity. Furthermore, it is noteworthy that suicidal subjects did have some negative feelings still quite accessible in memory, which is consistent with the hypothesis that the escape from negative emotion is not fully successful. A successful escape would therefore require more drastic measures, such as taking one's own life.

In a similar vein, Geller and Atkins's (1978) subjects performed a role-taking task (telling a story from two perspectives) for both an aggressive stimulus and an affectively neutral stimulus. Suicidal subjects performed worse than control subjects on the former but somewhat better than control subjects on the latter. Thus, again, the cognitive functioning of suicidal people seems to fit a pattern of absence of emotion.

Fantasy or Irrational Thought

A last consequence of cognitive deconstruction is that some persons may become vulnerable to fantasy or irrational thought. Most people cannot remain permanently in a deconstructed state, but the suicidal person may often be reluctant to think realistically about his or her life in meaningful terms. Fantasy may be one partial solution, for in fantasy one can imagine past or future events in a way that is acceptable and even pleasant.

The notion that fantasy supplants meaningful thought about one's true circumstances is evident in Neuringer's (1972) work. He found that suicidal subjects had more interpersonal fantasies than control subjects, despite the fact that the actual lives of suicidal subjects were more likely (than those of control subjects) to be characterized by social isolation, rejection, or withdrawal. Neuringer concluded that the use of fantasy reflected a compensatory function: Suicidal subjects desired intimacy but could not attain or anticipate it in real life, so they resorted to imagining the wished-for interpersonal contacts.

Several investigators have noted that suicidal people are prone to irrational or unrealistic thinking about their life circumstances. Iga (1971) found that suicidal people tended to define their situations in unrealistic ways. Bonner and Rich (1987) found that suicidal thoughts and intentions among college students were correlated with cognitive distortions and irrational beliefs. Ellis and Ratliff (1986) found that suicidal psychiatric patients had more dysfunctional attitudes and irrational, maladaptive cognitions than did psychiatric control patients.

The suicide attempt itself may be contemplated in fantasy. Ringel (1976) noted the importance of suicidal fantasies, such as imagining that others will feel sorry after one is dead. Douglas (1967) observed that many suicidal people seem to think as if they will continue to live in some way (e.g., in heaven, yet able to see events on earth) after their death. He too emphasized imagining the effects of one's suicide on others. On the other hand, Bancroft et al. (1976) found that nearly half of their sample of people who attempted suicide said afterward that they had not expected or desired any interpersonal effects of their suicide attempt, although there were indeed some who said they had wanted to make someone else sorry. Weiss (1957) likewise found most suicidal people unable to articulate the likely consequences of their death. Thus even meaningful fantasy may be absent in many or most suicidal people's thoughts.

A study of masochism revealed evidence of the wish to become someone else, which can be considered an extreme form of escape from self (Baumeister, 1988, 1989). Maris (1981) asked his sample what they would like to change about their lives. Although no control subjects expressed a wish to be someone else, 20% of suicide attempters expressed that wish (p. 55). Such fantasies of identity change provide important support for the escape theory.

Otherwise, however, there is relatively little evidence about the role of fantasy in suicide. Fantasy may play a less central role in suicide than in other forms of escape, except for the unrealistic view of life problems, the imagining of the effects of one's death on others, and possibly the wish to be someone else.

Conclusion

Four consequences of the deconstructed state are hypothesized by escape theory: disinhibition, passivity, absence of emotion, and fantasy or irrationality. The evidence available is consistent with all four hypotheses, but it is not equally strong in all cases.

Disinhibition is important to suicide because it entails the removal of internal barriers against taking one's own life. Evidence does indicate that escape from self-awareness is associated with a reduction of inhibitions, but the evidence of disinhibition in suicide is mostly fragmentary and indirect, except insofar as the suicide attempt itself indicates disinhibition.

There is reasonably good evidence for passivity among suicidal people. Passivity is important because it suggests that the suicidal process involves passive identification with the victim role rather than active taking of one's life. It is therefore plausible that some people who wish to die may expose themselves to risk of being killed by external agents, so many cases of murder and other deaths may contain a hidden element of suicide. The passivity itself may be associated with the reluctance to take meaningful action, and so low-level or meaningless activity (including obsessive and compulsive activity) may be quite compatible with the suicidal state.

The suppression of emotion may be a central element of the suicidal process and may be the immediate cause of the efforts to deconstruct one's experiences. In an earlier section, the absence of strong negative affect was noted as a somewhat surprising pattern in suicide research findings. This section added a small amount of methodologically strong evidence for the suppression of affect among suicidal people.

Last, the evidence for fantasy or irrationality is consistent with the hypothesis but is scattered and not entirely coherent. There is more evidence of irrational thought than of fantasy, although a substantial minority of suicidal people do appear to retreat into fantasy. Fantasy and irrationality serve as further

signs of the deconstructed state, which may create a kind of vacuum by removing familiar beliefs and preventing meaningful thought about reality. They may also mean that the immediate decision to take one's life is not considered within the contexts and frameworks that guide normal thinking. The suicidal person may not fully consider all the implications and consequences of suicide. Last, the correlation between suicidal tendencies and a wish to be someone else provides further support for the view of suicide as an attempt to escape from one's own real identity.

General Discussion

At present, the escape theory appears capable of integrating much of the empirical evidence about suicide. The weight of evidence appears consistent with escape theory, and little was found to contradict or disconfirm it. Still, there is not enough accumulated evidence to regard each step in the theory as conclusively supported, and further research is needed.

To review the conclusions about the specific steps in the escape theory: Abundant evidence fits the view that suicide results from a combination of high standards or expectations and recent failures or setbacks. Indeed, that distinction seems best able to capture the otherwise paradoxical juxtaposition of favorable and unfavorable conditions associated with high suicide rates. The hypothesized tendency to attribute setbacks to the self is supported mainly by evidence that suicidal people hold very negative views of themselves, including some evidence that their self-views have recently changed for the worse. The hypothesis that suicidal people have high self-awareness is consistent with much indirect evidence and with a smaller amount of direct evidence. Still, there was sufficient evidence that suicidal people do compare themselves (unfavorably) with high standards and do see themselves as singularly deficient, both of which imply aversive high self-awareness (in other terms, awareness of negative self-discrepancies).

A variety of evidence supports the view that negative affect leads to suicide, although much of this evidence is indirect (i.e., suicides arise from life situations that generally produce negative affect). Depressed affect does appear to be a feature of the presuicidal state. More direct evidence of the role of anxiety is desirable, although it may prove elusive because the presuicidal state may be oriented toward suppressing affect.

Ample evidence supports the view that suicide is preceded by a state of cognitive deconstruction. The importance of this step in the model may warrant further efforts to test it. There are multiple forms of evidence suggesting that suicidal people adopt a passive attitude as a means of escaping the self and maintaining a deconstructed state, but more direct evidence is needed. Deconstruction is attractive because it removes affect, and there is evidence of affective deficits among suicidal people, which is consistent with the hypothesis that many of them are engaged in a struggle to shut down their affective systems. Disinhibition and irrationality are two familiar consequences of deconstruction, and there is some evidence of them among suicidal people.

Other Variables

Other factors may sometimes enter into the causation of suicide even if the escape theory is correct. As already noted, the escape theory is asserted here, not as the sole causal process leading to suicide, but merely as a common causal process. Indeed, suicides based on maintenance of personal or family honor may be elaborately meaningful, in contrast to the deconstruction hypothesis. Still, these are relatively rare in our culture. If escape were only a minor or infrequent one among many processes leading to suicide, very little supportive evidence would have been available for this article, which reviewed data about suicide predictors in general.

There may, however, be various moderator variables that will increase the likelihood that the escape process will culminate in suicide. These variables can be understood as altering the probability that one or more steps in the model will be resolved in the direction of suicide. Depressive tendencies are a good example: Depression increases the probability that negative outcomes will be attributed to the self (e.g., Abramson et al., 1978; Brewin, 1985; Sweeney, Anderson, & Bailey, 1986). It also increases the probability that the person will become highly self-aware after failure (Greenberg & Pyszczynski, 1986), it elevates the likelihood of irrational and distorted thinking (Beck & Clark, 1988), and of course it increases the probability that depressed affect will be felt. Thus depression may strengthen several links of the causal chain leading to suicide, although it is not indispensable to the causal process.

Relation to Other Theories

The escape theory incorporates some other contributions to the theory of suicide but contradicts others. The Freudian view was that suicide was a substitute for murdering someone else (i.e., hostile aggression turned inward; e.g., Freud, 1916, 1920). This is inconsistent with the escape theory for several reasons. First, the escape theory emphasizes the passive nature of suicidal wishes, whereas the aggressive interpretation of suicide emphasizes the active role. Second, and more important, escape theory emphasizes the perception of one's own shortcomings as the cause, whereas the aggression theory emphasizes that it is another's faults that prompted the original murderous impulses, which are then redirected toward the self.

Despite the longstanding appeal of the Freudian theory, it has difficulty accounting for some of the evidence. In a direct test, Levenson and Neuringer (1970) failed to find that suicidal people were more intropunitive (i.e., concerned with personal guilt and deservingness of punishment) than control subjects. Cantor (1976) found that suicidal people tended to direct their aggression outward, contrary to the dynamic hypothesis that they direct aggression inward. Farmer (1987) found that suicidal people's scores exceeded even those of psychiatric controls on outwardly directed hostility (extrapunitiveness) but not on inwardly directed hostility. The decrease in suicide during wartime has long been cited as support for the psychodynamic theory because war increases opportunities for externally directed aggression, thus reducing any presumed need to focus aggression inward. However, Rojcewicz (1971) showed that suicide rates decrease during wartime even in neutral and in occupied countries, which is difficult to reconcile with the hypothesis of expressing aggression outward.

Suicide, of course, combines the murderer and victim roles, and so the Freudian position is essentially an assertion that the

murderer role is primary. The available evidence contradicts the view that people who commit suicide are murderers first and victims second, however. One source of evidence is the effect of suicide on family and other survivors; such effects are sometimes a central motivation behind the suicide (e.g., Douglas, 1967). Although it would be plausible for survivors to regard the suicidal person with hostility, as someone who murdered a loved one, they tend instead to regard him or her as a victim (Buksbazen, 1976; Stengel, 1967). Indeed, survivors may feel guilty, as if they were responsible for the death (Buksbazen, 1976). They very commonly regard the suicidal person with considerable sympathy, and if they do feel anger, it is because they perceive the suicide attempt as manipulative rather than because they view the person as having harmed a loved one (James & Hawton, 1985). Thus in their salient social worlds, suicidal people often succeed in claiming the victim's role.

Studies of murder–suicide combinations are also relevant. These have been construed in Freudian terms, on the assumption that the murder is the primary event and the suicide is derivative (e.g., because of guilt). Close examination of individual cases suggests the opposite, however. Apparently, in such cases the suicide is generally the primary event, resulting from feeling victimized by another (usually an intimate), and the homicide is a secondary action that functions as a way of taking revenge for one's own death (Hendin, 1982; Rhine & Mayerson, 1973; also see Allen, 1983; Berman, 1979; Palmer & Humphrey, 1980). Thus in these combination cases, the person regards himself or herself primarily as victim, not as murderer.

Another view of suicide has labeled it a "cry for help" (e.g., Stengel & Cook, 1958). This view has served as a useful heuristic for therapists, even though the notion of a cry for help has been ambiguous, lending itself to widely varying interpretations (see Farberow & Shneidman, 1961, for several). The central notion is that suicide attempts, especially insincere and unsuccessful ones, are means by which troubled people seek to call attention to their distress in life and to attract sympathy or support.

The ambiguity and flexibility of the cry for help theory makes it difficult to evaluate in relation to the escape theory. To the extent that suicide attempts are primarily efforts at interpersonal communication, they are not primarily efforts at escape, so the two views appear incompatible. On the other hand, if the "cry for help" is simply an expression of perceived inability to deal with one's life problems, then that theory *is* compatible with the escape theory.

Strictly speaking, the cry for help theory is not an explanation of suicidal motivation at all, for the desire for help entails a wish to live (i.e., help would be useless if one were dead). At most, the suicidal intention is a pretext by which the person dramatizes his or her unhappiness. To some extent, therefore, the desire to call for help may *oppose* the desire to die. This may explain why researchers have found so few actual suicides to conform to the pattern of the cry for help (e.g., G. W. Smith & Bloom, 1985). In view of the presuicidal mental state, however, the person may not always appreciate the contradiction. Irrationality, narrow and short-term focus, and a reluctance to examine contradictory implications of competing motivations may allow the desire to die to coexist with the desire to obtain help. An attempt on one's own life may therefore appear as likely to provide escape from present difficulties, regardless of whether the escape is achieved by the oblivion of death or by the attention and help of significant others.

In short, the cry for help may oppose, coexist with, or even fit together with the desire to escape into suicide. Before the cry for help can be properly evaluated as a contribution to the theory of suicide, it needs precise theoretical articulation and much stronger empirical support than is currently available for it. It is clearly inadequate to account for much of the present evidence about suicide, including the lack of future perspective, the concreteness, the high self-focus, and other characteristics of the presuicidal state. At the extreme, if all suicide attempts were nothing but cries for help, one would expect that they would never succeed except for an occasional accident, and this is manifestly not the case. The cry-for-help notion may, however, be quite valuable as a heuristic device for therapists to use to help clients label a past suicide attempt and begin dealing with personal troubles in a more constructive fashion.

Durkheim's (1897/1963) hypothesis of social integration has generally been regarded as a reasonable and accurate, although incomplete, contribution to the theory of suicide (cf. Trout, 1980; also Douglas, 1967; Hendin, 1982). The notion of social integration is reflected in two steps in the escape theory. First, loss of social integration may often constitute one of the stresses and setbacks that form the precipitating circumstances. Second, if one assumes that anxiety and depression arise in response to actual or threatened exclusion from important social groups, then Durkheim's contribution is especially relevant to escape theory's hypothesis of negative affect. In short, Durkheim's social integration hypothesis fits well into the escape theory.

Powell (1958) added to Durkheim's (1897/1963) work a notion of the impotence and lack of validation of the self. This argument is broadly consistent with the escape theory's contention that the inability of the self to meet important standards is a cause of suicide. Still, Powell's lack of elaboration of psychological issues makes it difficult to know whether this apparent agreement is substantive or merely superficial.

Henry and Short (1954) proposed a view of suicide based on frustration–aggression theory. Insofar as they treated suicide as a means of attacking the self because the self is blamed for failure, their view is inconsistent with escape theory (and with the empirical evidence cited earlier of the lack of intropunitiveness among suicidal people). On the other hand, if the notion of self-punishment is removed, then it could fit quite well with escape theory, especially the emphasis on internal attributions for setbacks and stresses. Henry and Short suggested that people who make external attributions for such events are not suicidally inclined. Their evidence is mostly quite indirect (e.g., broad social conditions and demographics; cf. Lester, 1984), but the argument is quite compatible with the attributional component of escape theory.

Henry and Short (1954) further emphasized the concepts of internal and external restraint as vital causes of suicide. Escape theory includes mention of internal restraint, but this is viewed as a deterrent to suicide, whereas Henry and Short considered internal restraint as a factor that would increase suicide. Fortunately for escape theory, Henry and Short's conceptions of these variables, and their evidence about them, have come under substantial criticism (e.g., Douglas, 1967; Maris, 1969). Current

evidence is consistent with escape theory in this regard, for internal restraints seem to reduce suicidal tendencies (e.g., Linehan, Goodstein, Nielsen, & Chiles, 1983).

Last, Baechler (1979) proposed an early version of escape theory in which suicide was treated as a way of solving certain life problems. My version of escape theory can be regarded as a more elaborate version of Baechler's initial notion, except that the present theory avoids the connotation of rationalistic calculation that is implicit in Baechler's discussion. In regard to the rationality of presuicidal people, evidence appears to support my version of escape theory rather than Baechler's, for these people show substantial signs of irrationality (as reviewed earlier in this article). Probably this would not surprise Baechler, who quite explicitly proposed a rudimentary, heuristic model and acknowledged that suicidal people do not actually decide to kill themselves on the basis of rationalistic calculation.

Appeal and Deterrent

How, then, does escape theory explain the specific appeal of suicide? There are several parts to the answer. Normally, people have no positive desire to kill themselves and have multiple reasons *not* to take or risk their lives (Linehan et al., 1983). Both of these must change to produce an attempt at suicide.

One normal deterrent to suicide is that life is pleasant or future happiness is anticipated. Suicide, however, is preceded by various unpleasant events, and so the broader context of the present is not pleasant. More important, the attributional interpretations of present setbacks entail the expectation that the problems will continue or recur in the future, and so the normal anticipation of future happiness (e.g., S. E. Taylor & Brown, 1988) is likewise removed. As shown earlier, suicidal people tend to be hopeless—that is, to lack belief in future happiness. Indeed, because of negative affect and disturbing implications of recent events, cognitive awareness contracts to a narrow focus on the present, and so the future becomes inconceivable or incoherent. Missing out on the future is thus a much lesser sacrifice to the suicidal mental state than to the normal mental state (Linehan et al., 1983).

A second important deterrent is love of self; most people hold very favorable views of themselves (e.g., S. E. Taylor & Brown, 1988). Events preceding suicide, however, appear to undermine that love of self by making one aware of oneself as inadequate, incompetent, guilty, or otherwise undesirable. Termination of the self would therefore be a much less valuable loss to the suicidal person, whose self is devalued, than to the normal person. The future is no precious treasure, and neither is the self.

A third important deterrent consists of internal fears and inhibitions against taking or risking one's own life. Through parental lessons, theological and legal prescription, and other sources, one learns not to endanger oneself. Indeed, the fear of death may be an important factor that differentiates those who attempt suicide from those who merely think about it (Linehan et al., 1983). According to escape theory, however, deconstruction removes such meanings (and the associated inhibitions) from awareness, so they do not prevent unusual, extreme actions.

A last important deterrent is feelings of responsibility to family and fear that others will disapprove (Linehan et al., 1983). Earlier in this article, I argued that the disruption in family life and intimate relationships that characterizes suicide may contribute to the desire to escape. A second result of these disruptions may be to weaken the affective ties that normally deter suicide. Thus, for example, the divorced person may be less likely to feel that marital responsibility is a sufficient reason to stay alive.

The positive appeal of suicide, according to escape theory, is chiefly that of oblivion. Unlike aggression theories, which posit catharsis or other aggressive pleasure as the principal satisfaction in suicidal acts, the escape theory emphasizes the appeal of losing consciousness. Before the event, awareness oscillates between strong negative affect (with meaningful thought) and boring, constricted, unemotional emptiness (with deconstruction), and the person may often feel unable even to sustain the latter against the former. Death ends the negative affect and the highly aversive, problematic awareness of one's painful life situation.

Suicide thus emerges as a fatal escalation of the person's efforts to escape, which began with the response of deconstruction. Meaningful thought was rejected in order to avoid the negative affect associated with the implications of recent events about oneself and about one's future. But the person was unable to sustain the deconstructed state, which also was not particularly pleasant or satisfactory. Cues or events continued to revive the aversive implications and the negative affect, and the person was unable to reinterpret these events in the context of new, more bearable meanings. As a result, the escapist motivations intensified, thereby increasing the appeal of radical methods such as suicide while simultaneously the deconstructed state removed internal barriers against such methods. Thus if one divides the process of cognitive coping into an escape phase and a reinterpretation phase, suicide can be viewed as an extreme form of the escape phase that came about because of the failure of the reinterpretation phase. In accordance with this view, Pokorny and Kaplan (1976) found that suicidal people were distinguished by their inability to defend against or deal with aversive, negative feelings about the self, connected with events that seemingly demanded substantial restructuring of one's life.

Put another way, events have made the person painfully aware of his or her failures and shortcomings, and the person is struggling to remove these meanings and implications from awareness. The attempt to deconstruct these meanings is associated with a passivity with regard to meaningful, constructive action, but impulsive, attention-absorbing, short-term, concrete action may appeal as a means of keeping the mind preoccupied and distracted. Normal inhibitions are disengaged, and whatever thinking the person does may be filled with irrationality and distortion. In this condition, suicidal behavior may appeal as an engrossing, immediate activity that effectively removes one's mind from the troubling thoughts and meanings while promising relief through oblivion. The irrationality and disinhibition make the person less and less prudent in evaluating techniques that will accomplish the overriding ends of stopping emotion, stopping meaningful thought about the implications of recent events, or stopping meaningful self-awareness. Suicidal action accomplishes all of these ends.

Attempted Versus Completed Suicide

As stated earlier, the emphasis in this article is on how people arrive at the wish to die, which may result in a suicide attempt.

Whether the attempt is successful may depend on other, irrelevant factors, including luck, competence with lethal means, and the strength of a competing wish to live (on ambivalence in suicide, see Shneidman, 1981; also see Power et al., 1985). Escape theory is thus primarily concerned with the causes of suicide *attempts*, rather than with their relative degree of success, except insofar as the outcome is affected by the strength of the suicidal motivation.

Often, however, in unsuccessful suicide attempts, one may achieve the goal of escape. In many cases, a suicide attempt may effectively stop one's life and remove one from aversive circumstances, at least temporarily. A suicide survivor is typically placed in a hospital or another institution and shielded from disturbing or threatening circumstances. Professional staff, family, and friends may often be extra gentle and supportive with the suicidal survivor. Indeed, the presuicidal fantasies may exaggerate the extent to which intimates will likely feel guilty and solicitous toward one, and so the advance appeal of a suicide attempt may be high even if loved ones turn out not to respond in a positive, supportive fashion (e.g., Bonnar & McGee, 1977). All of this does not really *solve* any of the problems that led to the wish to die, but it does free the person from having to deal with them and even to think about them, which is sufficient for escape.

The notion that an unsuccessful suicide attempt provides a temporary escape is relevant to some research on recovery from suicide attempts. The failed attempt does not really constitute successful coping, and so when the crisis is over, the life problems may often still be there waiting. Indeed, Weiss and Scott (1974) found that relatively few suicide attempters had made major changes in their life-styles within 10 years after the attempt. As a result, suicidal people may recover more slowly than people experiencing other psychiatric crises, and they may be more vulnerable to relapses (Moss & Hamilton, 1956; Overholser et al., 1987).

In an important sense, then, the difference between a successful and an unsuccessful attempt is the duration of the escape. Death is a permanent escape, whereas an unsuccessful suicide attempt merely postpones the problems indefinitely. To the suicidal mind, that difference may seem trivial or nonsalient. Deconstruction produces a time perspective that is narrowly focused on the present, and so events that are shifted months into the future may seem almost to vanish.

Furthermore, the preparation for the attempt at suicide may facilitate escape, regardless of whether the attempt is to succeed. It seems likely that the deconstructed state, which the person may have struggled unsuccessfully to sustain, may finally and powerfully be achieved during the preparation to kill oneself. Indeed, first-person accounts of suicide attempts (e.g., Savage, 1979) typically express the absorption in details and technique rather than reflections on the life that one is abandoning. When preparing for suicide, one can finally cease to worry about the future, for one has effectively decided that there will be no future. The past, too, has ceased to matter, for it is nearly ended and will no longer cause grief, worry, or anxiety. And the imminence of death may help focus the mind on the immediate present.

If one approaches suicide by gambling with death (Adams et al., 1973; S. Taylor, 1978; Weiss, 1957) rather than using a reliably lethal means, the gamble probably generates suspense about the outcome, and so again attention is focused powerfully and narrowly on the present, thus removing past and future and achieving a relatively deconstructed state of mind. Also, if the attempt produces loss of consciousness, then oblivion is indeed achieved, at least temporarily.

Altogether, then, attempting to kill oneself may help the person to escape awareness of problematic life circumstances and inadequacies of self. The wish to die may arise from just such desires for escape. Even an unsuccessful attempt may provide an effective and powerful escape.

Future Research

The escape theory of suicide appears worthy of further study, including direct testing. Three main directions are indicated. First, several steps in the theory are most in need of further verification. More direct evidence that the presuicidal state involves a high level of self-focus (as well as the struggle to terminate this aversive self-focus) is needed. The removal of inhibitions in the narrow, deconstructed state also needs further evidence. And researchers must more precisely clarify the hypothesis that the suicidal state is characterized by strong negative affect *and* a partly successful struggle to suppress affect by maintaining a narrow, deconstructed focus.

A second direction for future research would involve laboratory modeling and simulation of some aspects of the theory. The top priority in this regard would be the study of motivated shifts in levels of meaning (cf. Pennebaker, 1989; Vallacher & Wegner, 1985). Suicide research per se might also progress if investigators explore the use of suicidal ideation or of self-reported shifts in the subjective probability of suicide as a dependent variable in laboratory studies, although the ethical issues surrounding such measures must be considered very carefully.

The third direction is the examination of moderator variables that determine progress at each step in the theory. Thus what circumstances determine whether shortfalls are blamed on the self, whether aversive self-focus arises and is accompanied by negative affect, whether the person shifts to a deconstructed state and remains in it, and so forth?

This third direction may contain the most direct implications for therapeutic intervention, which is typically aimed at preventing suicide. The escape theory may be considered as a causal chain leading from disappointments and failures to a suicide attempt, and so intervention may succeed by breaking any link in the chain. For example, if the person can be induced not to blame shortfalls on the self, or can be taught more effective means of dealing with negative affect, or can be persuaded to maintain a broadly meaningful perspective on his or her actions, the chances of suicide should be greatly reduced. The study of moderator variables may therefore hold the key to saving lives.

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