

Clinical Sociology Review

Volume 12 | Issue 1

Article 12

1-1-1994

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Recommended Citation

Folsie, Kimberly A. and Peck, Dennis L. (1994) "Toward a Three-Dimensional Model of Suicide," *Clinical Sociology Review*: Vol. 12: Iss. 1, Article 12.

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Toward a Three-Dimensional Model of Suicide*

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ABSTRACT

Cases collected from medical examiner's records are used to assess a three-dimensional model of failure suicide. The data are suggestive that youthful suicide can be explained in part as a reaction to perceived failure, the perception that significant others fail to provide succor, and the belief that others also view the individual as a failure. Implications of the findings are discussed in light of the proposed model.

INTRODUCTION

Knowledge of the epistemological basis of risk factors involving suicidal behavior is recognized as multidimensional in nature, and this phenomenon is now being evaluated within several disciplines including biology, psychology,

*Revised version of a paper presented at the 1991 annual meeting of the Mid-South Sociological Association. The authors, co-equal in their contributions, express appreciation for the assistance provided by Mrs. Sandra Arnold.

psychiatry, and sociology. (Clements, Sider, and Perlmutter 1983). A review of some of this literature reveals a rich information base existing within the various analytical approaches to the study of suicide: the social (e. g., Durkheim 1951 [1897]; Wilkins 1967; Breed 1968, 1972; Maris 1971; Snyder 1977; Wilson 1981; Topol and Reznikoff 1982; Curran 1986; Boldt 1982–83; Peck and Folse 1990); the psychological, including clinical and therapeutic research (e. g., Beck, Steer and Garrison 1985; Connell and Meyer 1991; Corder and Haizlip 1984; Davidson 1941; Droogas, Siiter and O'Connell 1982–83; Reynolds and Farberow 1976; K. Ritter 1985; Schneidman and Farberow 1968; and Roy 1991); cognitive theory (e. g., Greenberg and Beck 1989; Johnson and Miller 1990); and the biological sciences (e. g., Roy 1991; Holden 1992).

Several important orientations can be identified in these interdisciplinary studies that focus on the influence of the social context. The role of the family is especially important in that it serves as a bonding agent, shielding the individual from suicidal behavior (Durkheim 1951; Curran 1986); the influence of stress on the individual and the individual's ability to solve problems influence perceptions of well-being (Thoits 1982; Zich 1984; C. Ritter 1985); self-esteem (Kaplan and Pokorny 1976; Hoelter and Harper 1987; Dukes and Lorch 1989); and perceived helplessness (Reynolds and Farberow 1976; Topol and Resnikoff 1982).

According to Reynolds and Farberow (1976) and Zich (1984), personal control is crucial to a healthy self-esteem and a positive view of life. For example, adolescents who perceive their relationship with parents and siblings as strained or believe they are rejected or overprotected, experience a loss of control over their environment: "Escalating problems could then lead to an increasing sense of hopelessness and importance about effecting solutions within the family, eventually ending in a suicidal mental set" (Topol and Resnikoff 1982, p. 149). Family members and significant others also play an important role in influencing self-esteem, where "... low self-esteem predicts a diminished sense of purpose of life." A diminished sense of purpose in life is identified by Dukes and Lorch (1989, p. 316) as a motive for those who attempt suicide as well as for individuals who commit suicide.

Other analysts view suicide as resulting from a process set in motion by several psychosocial and environmental factors. For example, Peck and Folse (1990) hypothesize that teenage suicide occurs because of a lack of accommodation/adaptation to change. These analysts found that the perceived inability of youth to gain control over their lives represents one important element in reactive non-accommodating behavior that may eventuate in suicide. This perception manifests itself through notions of inadequacy and failure.

The relationship between suicidal behavior and depression also is well documented in the research literature reported in cognitive theory (e. g., Zich 1984; Connell and Meyer 1991; Roy 1991), and therapy (e. g., see K. Ritter 1985 for a review of this literature). Whether depression is the determining factor or is a factor that increases the probability of suicidal behavior, depression is related to negative attributional style (Greenberg and Beck 1989; Johnson and Miller 1990), low self-esteem (Suraskv and Fish 1985), and suicide (Holden 1992).¹

Boldt (1982-83) argues that the decision to commit suicide is based on the actor's assessment of others, especially family members, toward self, while Wortman, Costanzo, and Witt (1973) state that the responses of significant others affect self-worth. Kaplan and Pokorny (1976, p. 33), argue that a positive relationship exists between ". . . suicidal behaviors and the experience of self-derogation in the most recent past. . . ." These analysts further note that a suicidal response to negative self-attitudes represents ". . . an attempt to avoid further self-devaluing experiences, to attach the bases of one's self-rejection, or to evoke substitute self-enhancing responses." Moreover, depressed people, according to Suraskv and Fish (1985), are quite pessimistic regarding their ability to succeed. These perceptions cause negative expectations while also creating a dysfunctional pattern of self-denigration (Peck and Folse, 1990). As we attempt to demonstrate below, this pattern represents one dimension of a proposed model of failure suicide.

Model of Failure Suicide

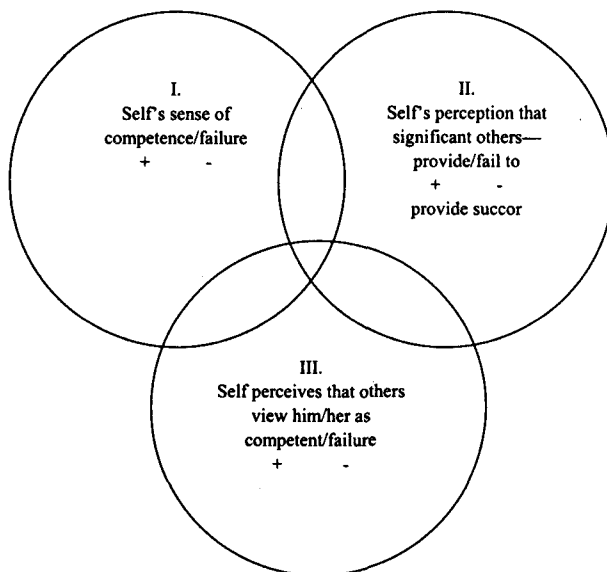
The proposed model of failure suicide is grounded in a rich psychosocial theoretical literature which emphasizes the perceptual aspects of failure. Blocked pathways to success (Merton 1938), expectations for success (Harris and Stokes 1978), and the ability to meet role expectations (Snyder 1977) represent factors critical to self-perception of success and failure. Self-demand, aspirations, standards of performance, expectations of others, and self-judgment produce what Farber (1968, p. 299) hypothesized to be "the probability . . . [that] suicide varies with the level of hope and directly with a threat of acceptable life conditions and inversely with the level of the sense of competence." Davidson (1941) long ago observed that suicidal behavior is not uncommon among individuals who extend themselves to the limits of available resources, but fail to achieve a personal acceptable level of performance. More than two decades later Breed (1968) estimated that one-half of the suicides committed each year in the U. S. qualify as failure suicides.

The model of failure suicide is constructed on the basis of self-attitude and involves a pattern of behavior, reactions, and negative self-perceptions. Factors which influence failure suicide, according to Breed (1968), include

. . . extreme internalization of cultural norms of success; great sensitivity to failure and the shame which accompanies it; the inability to change goals and roles; and worsening of inter-personal relations. (p. 287)

In their discussion of the accommodation/adaptation to change model, Peck and Folsie (1990) identify four elements² useful to identify the potential failure suicide. According to these analysts, the failure suicide may occur among individuals incapable or unable to adapt to change thereby contributing to a perception of failure. As noted by Peck and Folsie (1990, p. 36), failure promotes a sense of hopelessness which, according to Beck, Steer and Garrison (1985), is symptomatic of a future perceived to be replete with negative expectations. Breed (1967) proposed that failure suicides are high aspirants and committed achievers intent on gaining social approval. However, when aspirations exceed the level of competency, the result is low self-esteem and shame (Harris and Stokes 1978). This situation achieves a self-fulfilling prophecy in which death is perceived as a viable alternative to continued failure (Breed 1967).

Figure 1
Three-Dimensional Interactive Model of Failure



In Figure 1 we propose a three-dimensional model of failure in which it is hypothesized that an interactive effect exists between 1) self-perceived failure, 2) self-perception that significant others fail to provide succor and, 3) the perception that significant others also perceive the individual as a failure. The first dimension of the model suggests that self-expectations and self-perception create a sense of failure to perform at acceptable levels. This perceived lack of accomplishment represents one element in failure suicide.

Over-arching with the self-evaluation dimension is the perception that significant others fail to provide the succor Farber (1968) identified as essential to a positive self-perception. Without support from significant others perception of failure is enhanced. This dimension of the failure model involves stimuli that either contributes to or diminishes the sense of well-being and competence.

Building on the looking-glass self concept (Cooley 1902, p. 184), the third interactive component of the model of failure suggests that the self perceives that others also perceive self as a failure. This component further supports the individual's assessment that he/she lacks requisite social skills and emotional stability.

Procedure

The data upon which this report is based are compiled from two Medical Examiner's Offices. In addition to investigative information that refers to contextual factors and situational meanings, some files contain suicide notes. Suicide notes can be used to identify the motives of committers as well as the intrapersonal and interpersonal factors promoting the motivation to suicide (Farber 1968; Stephens 1984). Information obtained from relatives, friends, employers, public officials, or medical staff is sometimes included in these case files and, when available, this information is used to establish the circumstances surrounding the decision to suicide.

Although self-esteem is common to suicide ideation (Dukes; Zich 1984; and Lorch 1989), the level of self-esteem must be assumed based on the content of the suicide notes. Perceptions of failure, on the other hand, can be more readily identified. These perceptions serve as the foundation upon which the failure model is developed.

According to Shneidman and Farberow (1957), Yessler, Gibbs, and Becker (1960), and Jacobs (1967) fewer than 25 percent of committers communicate their intent through documenting a suicide note. The data reported here represent but

a portion of available suicide notes; notes which include reasons for the suicidal act serve as the rationale for inclusion in this report. The documents ($n = 12$) include whole or excerpted verbatim statements.

According to Leenaars (1988, p. 34), suicide notes represent ultrapersonal documents in which the unsolicited productions of a suicidal person are recorded and these are generally written minutes before the suicidal act. However, the psychosocial perceptions of failure are not *always* stated. Thus, selection is based on instances in which the heuristic value of the three-dimensional model of failure can be demonstrated. Our intent is to evaluate failure as viewed from the perspective of the committer. The notes provide what we consider to be a valuable reference point for understanding the role perception of failure holds for those who commit suicide. In the following section data are brought to bear on the proposed relationship shown in the interactive model of failure. (see Figure 1)

Cases and Analysis

Case One

A series of negative events affecting the subject's sense of competence is clearly demonstrated in the first example. Experiencing financial difficulty, a 32-year-old married, white, female embezzled money from her employer to pay the family debts. Unsuccessful in an attempt to secure a personal bank loan to repay the stolen money and aware that an arrest warrant had been secured by her employer, she took her life. A note found at the scene stated:

Steve,

I am so sorry. I love you, Chris and Lee very much, better than anything in the world!

I am so sorry our life together had to end this way.

We got in such a mess financially that I borrowed some money without permission. I was going to pay it back before audit next fall; however Lewis found out about it and wouldn't except [*sic*] that.

I went to every bank I knew begging so to speak for help. *No one, no one* would help, so I figured out a way to borrow it from work—no one would be hurt. I'd had it paid back before anyone knew about it. Well it didn't work that way.

I am so sorry!

Please raise Chris and Lee with a good life. Daddy, Mimi, Gina, your
Mama and Daddy will help you.

I love everyone so much but I can't continue on like this.

My nerves, health are not very good any more.

Please don't tell Chris how this happened until he is grown and maybe
can understand better. I love him so much. Just tell him God needed
me more, I guess.

Oh, how I wanted a good life.

Oh well-----

I love you Steve, Chris and Lee So Very Much

Sissy

I didn't mean to disgrace everyone & myself. Daddy, Mimi, Gina,
Yvonne & Vic—I'm sorry but I love you all very much.

Each of the three interactive dimensions of the model of failure can be identified in this first example. The inability to secure financial support from a lending institution exacerbates the individual's sense of failure (Dimension I). Stating, "we got into a mess . . ." places the burden on both husband and wife. However, further statements suggest it is the wife who assumed responsibility for resolving the problem. Without support from others, as indicated by the statement, "*No one, no one* would help" (Dimension II), the committer sought to compensate for repeated failure. Aware that the theft had been discovered by her employer, committer's sense of failure is reinforced by the view that others share this same perception: "I didn't mean to disgrace everyone and myself" (Dimension III). In addition, in an effort to affect the perception of others, the decedent's plea to withhold information concerning the circumstances surrounding her death is consistent with the third-dimension component of the model of failure.

Case Two

Similar to the first example, perceived failure and an unspecified problem seem to have precipitated the self-inflicted death of a 22-year-old university student. Notes found in the apartment were dated the day of his death.

Note one. A brief note addressed to a brother stated:

Mark

You're the best little brother a guy could have. *Please* do good in college for Mama & Daddy. Do something good with your life, don't do like me. Get good on the guitar. It's a beautiful instrument. *Please*, make our family proud of you. I know you will.

Gary

Note two.

Mama & Daddy:

You remember how I was; "Death Before Dishonor" and all that stuff. I was supposed to be the model son, doing the best of everything I did. I'm so sorry I let you down all those times. I've really screwed up now. I can never be your model son again. I know I can't say anything to let you know how bad I feel about all this, but please try to accept this humble apology and realize this is what I thought best. See you in heaven.

Gary

Two components of the three-dimensional model can be identified in these notes. Dimension I, self's sense of failure, is suggested by two sentences: In note one the deceased implores his brother ". . . Do something good with your life, don't do like me." and, in note two, "I've really screwed up now. I can never be your model son again." The view that the perceptions of significant others' perceptions are affected by this failure (Dimension III) is again suggested by the apologetic tone.

Case Three

A high school senior, described as somewhat impulsive and nervous, but otherwise average, took his life. Despite involvement in many school related functions, social activities, hobbies, and part-time work, this youth held the belief that his future would be less than desirable.

As reconstructed by investigators, the deceased had previously discussed proving himself a man and he discussed taking his life. Although specific facts are absent, the tone of this note strongly suggests the subject considered himself a failure, as well as a liability to his parents. The content of the suicide note documents the writer's perceived failure and justification for this suicide.

Dear Mom & Dad,

This is your dear deceased son saying a few parting words. I did this because I made a mess of the life I have now ad [sic] it will be worse in the future so I'm bugging out. If anyone even asks you if you had a son tell them no. I wouldn't want to embarrass you. I also have some troubles to cure my mind ad [sic] everyone else's I'm leaving. Cry no tears I'm going to a happier place.

Love, John

This note suggests the decedent considered the present situation hopeless, believing also that the future would be devoid of positive outcomes (Dimension I). A sense of incompetence, reinforced by the perceived belief held by his parents that his behavior might prove embarrassing provide support for Dimension III of the model of failure.

Case Four

A 22-year-old white, married male died after connecting the tail pipe to the cabin of his truck. Separated from his wife, the deceased was depressed because of this separation. Two missing persons reports had been filed with the police; one report was filed by the deceased's girlfriend, the other by his wife.

Two notes were found. The first note, unaddressed, contained the following statement:

Well guys here I am dead. I told you all the weakness was mine. Please take care of alli + Bo. JASC - get a real life. You see where this one goes

your brother

The second suicide note is addressed, but it is unclear as for whom the message is intended:

Hello Dear!

Im lying around in my dorm room feeling drained. After I got back here I called home. Steve was the only one home but I told dad anyway. I don't very much see the point of trying to hide it. It's just going to stress me. But tomorrow they're going to get my car. My dad

told me that he believes the trip I decided to take with my girlfriend to . . . (city named) was unnecessary [*sic*].

I feel so yucky right now. I even took a walk to try and make myself feel better but no dice. I came back and started getting mad at you. (Don't worry I'm not blaming you)

The decedent viewed himself to be weak, incapable, and inadequate (Dimension I) leading, in turn, to a perception of failure. Dimension II, perceived lack of support, can be inferred from the content of note two, where reference is made to the father's lack of support for the deceased's judgment. The subject's anger, turned inward through an act of suicide, appears to be directed toward another person. The final paragraph of the second note is illustrative of this man's sense of failure and the need to express his anger in a physical way.

Case Five

An unemployed single, 27-year-old white male died of a self-inflicted gunshot wound to the chest. Described as depressed because of a lack of friends, especially a girlfriend, the decedent apparently spent the previous evening in the county jail. A note dated the day of his death found at the scene stated:

Well, I am gone.

I didn't have anything, but a mother and Father and a place to live.

I really *loved* my Mother and Father. Just Remember that you all (Mom and Pop) were loved by someone.

Just don't get down and out like I am. I Just Feel like *NO* one likes me, but my Mom and Pop. I don't have a girlfriend or a Job.

But most of all I am going to see my Lord and Savior *Jesus Christ*.

I know I didn't act like I liked or even loved Kim, But I did.

Just Remember that I really loved these people:

1. Pop
2. Mom
3. Pam
4. Mike
5. Kim
6. Curtis (Mr. G...)
7. Christopher

8. And all of my Family, close or Faraway

Ask Bro. Bill R. and Bro Cliff P. to Preach at my Furral.

I'm sorry this happen. But Just Remember that *I Love you Mom and Pop*

Pam and Mr. G.

Sing the Song!

Beluah Land

Sat. July 13, 1991

I got arrested last night in Gordo. I spent the night in jail. My car's in Gordo. Go to the City Hall Monday Morning and talk to them about it.

Again, each of the three dimensions of the model of failure suicide can be identified. First, a lack of friends or a girlfriend points to the importance placed on friendship and a recognition of his social incompetence (Dimension I). Recognizing also that his feelings and behavior were inconsistent, the young man wrote: I know I didn't act like I liked or even loved Kim, But I did." In this aspect of life, then, the decedent recognized a basic albeit important failure to communicate with a significant other.

The statement "Just don't get down and out like I am," suggests a perception of failure. With the exception of his parents, the deceased felt the need for affirmation from significant others (Dimension II). This can be identified as an important element missing in this man's lifestyle. The decedent states, "I just feel like *no* one likes me, but my Mom and Pop." A recent arrest, and his unemployment status may have reinforced, to the committer, that others shared his perception of failure this individual's sense of failure (Dimension III).

Case Six

A young, white female, who was separated from her husband, died of a gunshot wound to the head. She had been drinking heavily (blood alcohol = 0.24) prior to the shooting. The autopsy also revealed the use of drugs, indicated by track marks found on the decedent's thighs.

Three letters and a book mark found inside a Bible highlight characteristics of this committer's recent life, which lends some support for the model of failure suicide. These documents refer to personal relationships and in one letter a love triangle the decedent had difficulty coping with is described. Given this back-

ground information the contents of the third letter, presented here, illustrate that this woman perceived herself as a failure.

. . . Sorry I loved too hard, too fast. In Texas if lady is too tired till tomorrow we wait. But I'm just a lady—not yours. I've just had too much bad—& I'm not your past lady. I really did love you. I'd never cheat. You were the very absolute best. Sorry I wasn't!! Ray George beat me, raped me & kept me in fear of my life. You rescued me from that and showed me kindness. So tonight I've saved him the trouble & you the hassle of carrying a gun to protect me. I was glad when you went out. No more do you have to protect a friend. I never wanted to involve anyone else. So I've saved everyone a lot of problems. Except Cocoa. Please send to Mom.

If Bob's dad will let me I'd like to be buried by the creek where I was. Remember me by Alabama tapes. Caise 2' done fall in loved in loved with you men in Alabama and listed to side D in Alabama "Close you Gut," happiest in my life If not give Mom my remaining \$ to pay for cremation & sprinkle me in creek by Bobs. Tell Mom Baby Blankets are for her to send and Teddy Bear to Junior. I've been happier & more peaceful here with you & Bob. Ya'll are great men for protecting me from an animal such as Bear. But I can't stand being a burdin any more. Thanks so much for you're help. But I refuse to place your freedom in jepordy for me anymore. Just call mom so they can come get Cocoa. I love my dog—she's too sweet to get along without love & she's got lots of that from Mom & Jay.

I went to sleep knowing I've done right & caring too much. I love you Gary! for showing me there are good men in this world. I'm just not strong enough to hang on. I left David's shirt on the chair. He didn't give it up afterall.

I love you,

Sandi Jo

Sorry my stamina just wore out on people caring tonight. I'm not special *enough*. Ask Linda to say ceramony if she's up to it. Thanks guy.

The decedent's degraded sense of self, although mitigated by the efforts of a male friend, suggest a series of antecedent events placed her at risk to self-destruction. Perceiving herself as a burden to those who sought to protect her, the

decision to suicide further suggests the efforts of a third party to intervene were insufficient to counter the negative, dysfunctional cycle hypothesized to affect failure suicide.

A victim of spouse abuse, the decedent's sense of incompetence/failure is identifiable when she compares herself to a significant other (Dimension I). The "victim" frame of reference also suggests the decedent perceived that her spouse failed to provide succor, an emotional support which she found with a third party (Dimension II). Despite the intervention of a third person, the decedent perceived that others viewed her as a problem. The suicide note further suggests that her death was to serve as a solution: "so I've saved everyone a lot of problems" (Dimension III). This negative view of self is further supported by another brief comment: "But I can't stand being a burdin any more." As stated in the postscript, the decedent's failure to fit in is strongly suggested by the words "I'm not special enough," thus bring to closure the dysfunctional cycle of failure.

Case Seven

In the following case a 34-year-old divorcee experienced a number of problems involving her marriage, the raising of her children, health, and finances. A portion of a lengthy letter, mailed to her psychiatrist, follows.

Dear Dr. W.,

I am writing this letter to let you know that I can [*sic*] go on any longer, my mind is just too bad and my luck is worst [*sic*]. I tried so hard to solve my problems but they are just too big. . . . The only bad thing is that I have a lot a pressure, and is why I am giving up . . . I love D. and D. so much, but they are better off without me. Oh! it hurts so much, but I am trap [*sic*].

This suicide note captures only one dimension of the failure orientation (Dimension I), in that the statements appear to summarize a series of cumulative antecedent events that were instrumental in affecting the decision to suicide. Despite her love for others, problems in various aspects of her life provide evidence to support the contention that the decedent viewed herself as a failure. Because of a series of cumulative stressor events and repeated failed efforts to create a better life, this committer was unable to forecast a future devoid of similar painful experiences.

Case Eight

A gunshot wound to the chest ended the life of a 36-year-old female geologist, who was depressed because of not being able to spend more time with her lesbian lover. This relationship had previously been interrupted when the deceased took employment in another state, after which the girlfriend established an intimate relationship with another woman. Upon moving back to her home state to be near family members the decedent experienced a series of stressor events. As noted in a two-page hand written suicide note, these events included the illness of her mother, again falling in love with her lover from the past, temporary unemployment, and living apart from her lover while employed in a nearby city.

The decedent perceived life as a constant struggle, not only for herself, but for her parents and other relatives as well. Not having a spouse or a family of her own also had a negative effect. The very first sentence of the suicide note establishes the essence of perceived failure (Dimension I):

“I tired of this struggle in live to have what I can never achieve. To live with the woman I love and always loved since I first saw her in May of 1983.”

The deceased’s perception that she did not have the support she required to confront life’s struggles (Dimension II) is suggested in the brief statement:

I have always felt I needed and lacked love. I’ve always felt I am in this plight alone. . . . Everything is a struggle.

Case Nine

In case nine the three dimensions of the interactive model of failure can be identified. A former top student and star athlete, this 28-year-old computer programmer took his life soon after learning his mother was dying of cancer. Portions of a letter found at the scene state:

. . . I am just unable to cope with the tensions of modern corporate life. I feel that it is better to commit suicide now when there are no people depending upon me, than to get married and have children and leave them in a bad way when I just began to feel the pressure again.

The pressure is just too much and it will happen again, so why prolong things. I see no way out. I would have loved life if I just had a more stable personality and wasn’t such a klutz. I’m taking such an

obnoxious way to end my problems, but so seems to be the way of things. I hope my mother will never become cognizant that I died. There is no reason why she must. In this way I at least have not added to her misery. I got a job and seemed to be leading a stable life which is what I wanted and what I wanted her to see. She'll never see the difference now.

I was just unfit to be a human being. Everything I read confirms me in this. The only thing I was fit for was being a hospital patient, and that costs the state too much money. I can't see being happy being single and poor and constantly feeling as inferior as I often do. I'm only happy when I feel that I'm accomplishing something and that whatever the defects in my personality, at least I'm being constructive. Well I don't feel that way now.

The decedent's self-deprecating perception of his role in the workplace and other areas of his life clearly demonstrates a sense of incompetence or failure (Dimension I). The statement "I was just unfit to be a human being," it can be argued, represents this committer's summation of his inability to contend with work related pressures, the stress of his mother's illness, and the view that his future would be less than successful. This sense of incompetence is compounded by the perception that he is not worthy of a relationship, "I can't see being happy being single . . ." Statements in this note also suggest the decedent perceived that others view him as a failure (Dimension III).

Case Ten

The next case describes a white male, separated from his spouse and living with his parent. Despondent over his estranged wife's recent efforts to secure a divorce and to maintain custody of their child, the deceased shot himself shortly after speaking by telephone with his wife. The following note was found at the scene.

Tricia:

I love you so much it hurts. I deeply tried to be a good husband and father. But just seemed to mess things up more. I love Jenny so much I can't bear losing her and you. I really tried please understand. I made the problem. My whole life always been hard getting things that really counted. You and Jenny I love so much I can't hurt anymore.

Mom, dad, Ken, and anyone I have no hate for you. I just feel empty. Please have no hate for one another.

Jerry

Dimension I is illustrated by the decedent's failure to successfully play out his roles as husband and father. Despite having "deeply tried," his efforts "... just seemed to mess things up more." Dimension II seems clear enough; immediate family members were nonsupportive. Moreover, the wife's effort to divorce the decedent serves as a basis for the recognition that she did not perceive him to be a competent spouse or an adequate role model for the child (Dimension III).

Case Eleven

In the following case a single laborer, who had a history of suicide attempts, died of carbon monoxide poisoning. Described by his mother as a highly nervous individual since being discharged from the military, the decedent "exhibited many indications of being thoroughly disgusted with life." The mother of the decedent also indicated that her son felt his love for his girlfriend was unrequited. In the following brief note the decedent's words serve to identify two dimensions of the interactive model of failure.

There is no one to blame for what I am doing. Life is too much for me, I cannot make a go of it! I did my best, but it just didn't measure up. Sharon I love you more than life itself. Why couldn't you return that? Father I love you very much also, this is *not* your falt. You were wonderful to me and I love you please forgive me. I am sorry Esther for doing this here but I couldn't think of any place else. Casey this is not because of you. I have thought about it for a long time. I really love all of you and please forgive me.

Larry

The decedent's perceived failure is noteworthy: "I did my best, but it just didn't measure up" (Dimension I). This sense of failure also may relate to the decedent's view of an unbalanced relationship with his friend. That more love was given than was returned, as stated by the mother, is supported in the statement "Sharon I love you more than life itself why couldn't you return that?" (Dimension II). A lack of reciprocal support from his significant other represents an important aspect of Dimension II of the interactive model.

Case Twelve

The final case of failure suicide involves a 26-year-old divorced female. This individual was under the care of a physician who did not believe the patient capable of taking her own life. When the following letter was received in the mail, the physician informed the authorities.

Dear Dr. C. . .

I have been afraid, off and on for several months, that I might try to commit suicide again after 5 long years of getting cured of it; I've been even more afraid that if I did try again I wouldn't succeed, but turn out either to have a lot of very dreary brain damage or get committed to County Hospital, whichever is worse. I've been thinking I might try it partly because I have questioned why I was alive, anyhow, most of my life; partly because I can't seem to get along without making up turmoil for myself and any passers-by I can get in on it. Partly because I came to regard suicide as a good way out of it years ago; partly for a great bunch of reasons I don't know anything about; and now mainly because I got myself into another disastrous love affair. I haven't been able to understand much about . . . especially his feelings about his family and his feelings toward me, I've just insisted that he love me exclusively and forever, and make everything all right. Desperate of me, yes? When he made it more and more clear that he would rather patch up his domestic life than stay with me, I tried hard as I could to keep in mind that it was only reasonable, and he loved his children, and there were four of his family and only one of me, but it didn't work and I got desperate in the other direction—within a week I doggedly made love to two men I knew slightly and like mildly. It was (or they were) partly a defiance gesture but mainly a try at breaking off my dependence on. . . . Since . . . and I had decided to become "friends," I told him the first time I spent the night with someone else, and he got ferociously angry. I told him because I thought it would be easier for both us to abolish our romantic attachment, and it certainly was. Then I figured out that not only could I not bear his contempt, I also couldn't bear that our being in love would end. In fact I couldn't bear much of anything at all. So I'm going to try my best to kill myself. It isn't easy to do; I've had to get somewhat drunk to really put my heart into it. I suppose I'd doing it to make . . . sorry, for something or other. I forget what, more as a way to tell him that I'm sorry and that I know how irreversible it all is, his behavior and mine. It's kind of penance.

I don't like writing this to you. I don't like the whole idea of suicide notes. I would guess they're usually pretty wild and that the truths they ever tell have got to be pitifully partial. But, I don't like mysteries so I felt I ought to tell you what I was thinking at least some of the time, distorted as it may be, before I stop thinking altogether. . . .

I'm asking you to do all this and hoping you will, because I don't know who else to ask and because, for years I have thought of you as beautifully apart from my usual personal messes and also as a protector, father-type, good fellow, etc., whom I like and can trust, a benevolent authority. Last, I want to tell you that, rigid, naive, and devious as I am, I'm sure I would have found reasons to kill myself sooner or later, with or without. . . . I have been unhappy and frightened [*sic*] about dying for the past several days, but also more determined and sometimes euphoric. The mood in Shakespear's "Fear No More" speech fits mine exactly, except that as subject right now I am also excited and terrified by what seems to me to be the miracle as well as the horror of death.

Thanks for being my confident and friend, and for being a fine man. I'm glad to be leaving you.

(signed) I

I am going to send a copy of this to. . . ; I'm anxious for him to dislike me less.

Each of the three dimensions of the interactive model of failure can be identified within this lengthy note in which the motivation vocabulary is clearly expressed. The decedent's self-concept was severely damaged over a period of time in part because of ". . . another disastrous love affair." Attempting to break off her emotional dependence, the decedent gave herself in a sexual way to other men. Rather than establishing the desired sense of competence, this behavior, described as ". . . partly a defiance gesture but mainly a try at breaking off my dependence, . . ." effectively reinforced the decedent's sense of failure (Dimension I). These sexual encounters, intended ". . . to abolish our romantic attachment . . ." led to a total withdrawal of support from her significant other (Dimension II).

Dimension III of the failure model again points to the decedent's former lover. Although this letter is addressed to her physician, the decedents' comments are really directed to the most important person in her life:

I am going to send a copy of this to. . . ; I'm anxious for him to dislike me less.

It is apparent the decedent was concerned that her former lover not negatively evaluate her. Thus, Dimension III, self's perception that others do view her as a failure, is illustrated.

Discussion

Although limited in number these suicide notes are useful for delineating three critical aspects of failure as these enter into the suicide process. Our purpose has been to identify and categorize the relationship among three interactive elements of failure and suicide; the cases reported provide some support for the hypothesized relationship.

Consistent with Stephens's discussion (1984, p. 247), these individuals documented motives for their act of self-destruction. These data also support the contention made by Corder and Haizlip (1984) and Eth, Pynoos, and Carlson (1984) that suicide represents a final, impulsive behavioral act engaged in by young individuals who attempt to repair their negative self-concept. Documented explanations for suicidal behavior refer to events and perceptions imbued with failure: a failure to affect their social environment, failure to meet obligations and personal expectations (Dimension I); a perceived lack of support from significant others such as parents, spouse, or friend (Dimension II); and a sense that significant others perceive them as a to be failure (Dimension III). These dimensions emerge from a broader life orientation, the focus of which is the inability to affect change or to accept a changed situation.

Whether or not a suicide actually takes place is contingent on many factors, most of which cannot be identified with the kind of data usually reported in investigatory case files. Studies in which suicide attempters have been tested and interviewed provide some insight into these other factors, even though it may be argued that attempters and committers may not be representative of the same at-risk population (Peck 1984).

Evaluating these cases and the content of these suicide notes is suggestive in that the three dimensions comprising the interactive model of failure suicide can be identified. Our approach is based on the assumption of probability rather than being deterministic in nature, an approach advocated by Lieberman (1991) when a small sample size is evaluated. In Table I, dimensions of the model identified for each case are shown. Dimension I (self's sense of competence/failure) is documented for every case. Dimension II (self's perception that significant others provide/fail to provide succor) and Dimension III (self's perception that others view him/her as competent/failure) also appear to represent important elements in failure. These two dimensions were not identified for every case, but they are identified for the majority of the cases reported.

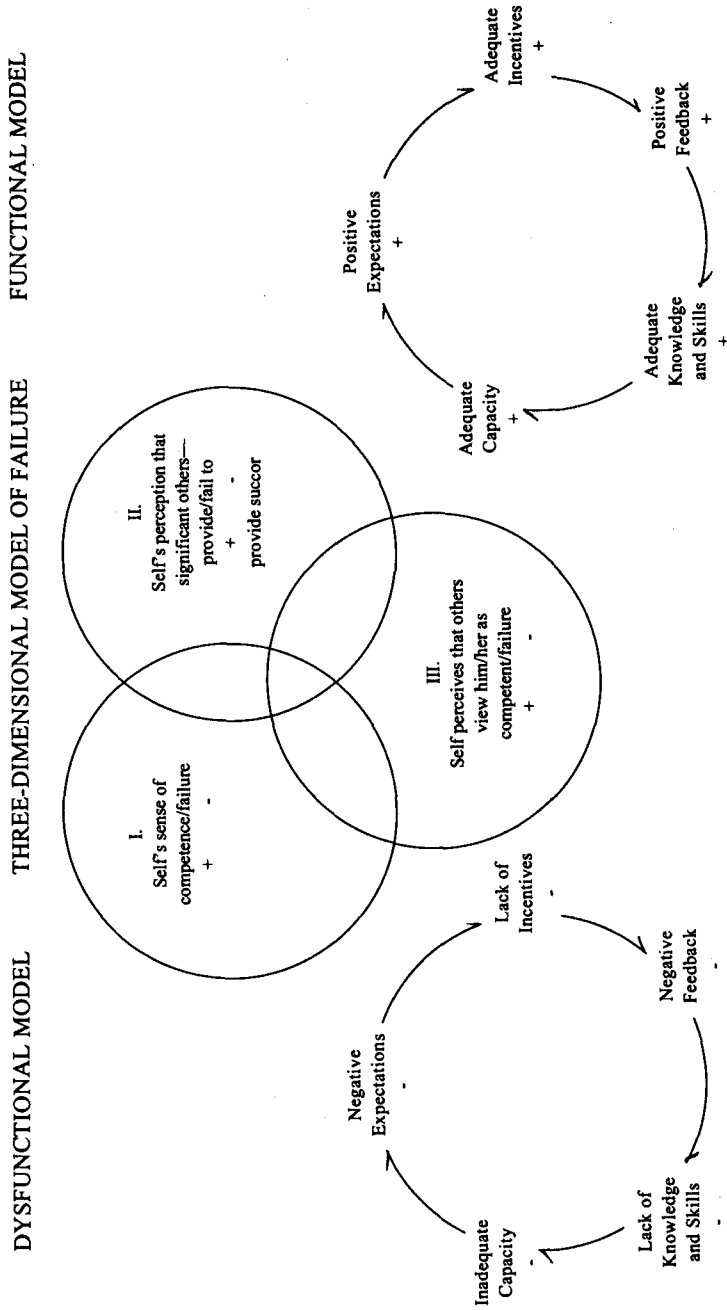
Table 1
Elements of the Interactive Model by case

Case Number	<u>Dimensions</u>		
	I	II	III
One	x	x	x
Two	x	-	x
Three	x	-	x
Four	x	x	-
Five	x	x	x
Six	x	x	x
Seven	x	-	-
Eight	x	x	-
Nine	x	-	x
Ten	x	x	x
Eleven	x	x	-
Twelve	x	x	-

- I. Self's sense of competence/failure
- II. Self's perception that significant others provide/fail to provide succorance
- III. Self's perception that others view him/her as competent/failure

The model of failure suicide is suggested as representing dysfunctional, reactive responses to the environment and the need to assist at-risk individuals to develop realistic expectations of self and others. As noted by Peck and Folsie (1990), identification of the dysfunctional elements affecting those who perceive themselves as failures is potentially useful for understanding motivations to suicide and to effectively assist these individuals to diminish suicide ideation by enhancing their ability to adapt to changed situations. Perceived failure represents an important element in the suicide process. But it is important also that explanations of why this self-perception exists should include an evaluation of the role of family members and significant others in this process. An insufficient social support system exacerbates the sense of personal failure. Failure and the view that the future will probably represent more of the same may motivate suicidal behavior as an attempt to compensate for unfulfilled outcomes, a finding which supports the contention by Greenberg and Beck (1989) that depression causes people to project present failures consistently across the self, to the world, and to the future.

Figure 2
Accommodation/Adaptation to Change Process Model: A System Approach



Note: Portions of this model have been adapted from Peck and Folsie (1990, p.37)

It is with more than minor interest that we add a statement pertaining to suicide attributed to Robert MacIver in 1942 and cited by Wilkens (1967, p. 295): "That act is the end of a process, and the significant object of study is the process that terminates thus." It is the process leading to the final suicide outcome which the present effort addresses. In the model shown in Figure 2, the human environment intervenes in the suicide process. Thus, the model of failure suicide may assist practitioners to identify classifiable dimensions of failure ideation and to modify these perceptions through intervention, changing negative dysfunctional perceptions into positive views. These committers either identify themselves as failures or perceive that others view them as failures (Dimensions I and III). A lack of self-esteem is well documented as a contributing factor in suicide ideation; the perception of failure, identified by both practitioner and client, can be useful.

Recent research is directed toward suicide prevention (Stanley 1991), a strategy which Clements, Sider, and Perlmutter (1983) state can be good or bad depending on the circumstances and the prevailing values of a society and the professions. But, as these data suggest, not all committers or suicide attempters offer forewarnings. If professionals are to identify a dysfunctional cycle of reactions to the environment, including perceptions of failure, appropriate intervention could affect suicide ideation. As shown in Figure 2—the functional aspects of the Accommodation/Adaptation to Change Process Model—intervention disrupts the dysfunctional cycle, changing this into a cycle of positive psychosocial enhancers.

Intervention is important for, as some analysts have found, as many as 11 percent of high school students report having suicide ideation (e. g., Colten and Gore 1991). Furthermore, based on Colten and Gore's sample of Boston, high school students ranked suicide high in their list of 13 mental health problem areas. According to Wilkins (1967), intervention is a key factor in altering the suicide process. The three-dimensional model of failure suicide, we contend, offers a classification schema which can be used by mental health professionals and family counselors to identify and to assist individuals at risk to suicide.

Although some analysts may argue that the model proposed here would prove most effective in a clinical or treatment environment staffed with appropriately trained medical personnel, Zich (1984) notes that even in these environs coercive control behavior engaged in by staff (e. g., isolation of patients) and patients (para-suicidal behavior) may overshadow the exchange of positive reinforcers needed for problem-solving. Transforming maladaptive behavior into constructive behavior (Figure 2) represents a systems approach formulation, suggestive of

an appropriate treatment rationale for reshaping behavior through positive, creative, and mutual reinforcement. The model is based on a collaborative approach in which suicidal ideation is transformed into constructive problem-solving and coping behavior. It is also suggested that the "treatment" would affect the social environment as well as the individual through intervention into the negative, dysfunctional cycle.

NOTES

1. Increasingly the value of understanding biological factors affecting human behavior represents a promising avenue of investigation into the causes of suicide (e. g., Stanley 1991; Holden 1992). According to Holden, "a deficiency of the neurotransmitter serotonin has been linked not only with depression but also with high levels of aggressiveness, irritability, and impulsivity—and with violent suicides" (1992, p. 1761).

2. Based on a systems approach, the Accommodation/Adaptation to Change Process Model is comprised of negative expectations, a lack of incentives, knowledge, and skills, negative feedback, and inadequate capacity to deal with changing interpersonal and environmental conditions (see Figure 2).

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