

Theory Note

Clues to Suicide, Reconsidered

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This brief paper focuses on a rather recondite aspect of the suicidal scenario: *dissembling* (feigning, pretending, withholding). Most individuals who commit suicide exhibit prodromal indicia in the month before. These verbal and behavioral clues are found in about 90% of psychological autopsies of suicidal deaths. As for the other 10% who mask or hide their lethal intentions, we do well to assume that even some hidden clues might be deciphered by the skillful clinician or the alert friend or colleague.

What we believed 40 years ago was that three kinds of clues—verbal statements, somatic and behavioral changes, and situational events—preceded suicide (Shneidman & Farberow, 1957). In addition, our retrospective “psychological autopsies” revealed that those prodromal clues were present in approximately 90% of unequivocal suicidal deaths (Litman, Curphey, Shneidman, Farberow, & Tabachnick, 1952; Shneidman, 1969, 1994).

The key word in the paragraph above is “retrospective.” The clues were certainly there—in hindsight. But what about *prospective* analyses? Do 90% of people who manifest these clues then commit suicide? Happily, not by a long shot. Those figures, far from 90%, are under 5% (see Fig. 1).

It turns out that there are, in fact, two sets of data. It makes a vast difference whether one is referring (prospectively) to people who talk about suicide, or retrospectively to people who have already committed suicide. Whereas there is relatively little overlap between clues and suicidal death in the prospective circles, there is a great deal of overlap between clues and suicidal death in the retrospective circles (see Fig. 2).

And that leads us to the interesting problem of how it is that some people who

are on the verge of suicide—possibly as many as 10%—can hide or mask their secretly held intentions. “He seemed perfectly normal,” is an example of the kind of report that we often read in newspapers about a person who has committed suicide. We are then thrown, conceptually, into another world. It is the world of *dissembling*. This is the world of individuals who keep their own secrets, who live private and undisclosed lives; it is the world of normal and necessary lying (Bok, 1978); it is the world, to speak psychologically, of masks and pretense (Goffman, 1959): of double lives, even of spies and secret agents; and of quiet, laconic, and naturally taciturn people; of people living together and seemingly knowing each other and not telling each other their most important plans, such as “I am going to kill myself tomorrow.”

There are clues that are explicit; clues that are veiled, clouded, guarded; blunted clues; misleading clues that are not really clues at all. One thing is certain: We need to know much more about the psychology of dissembling.

One of my personal idiosyncratic beliefs is that almost anything that is important in dynamic psychology can be found, often perfectly stated, somewhere in Melville.

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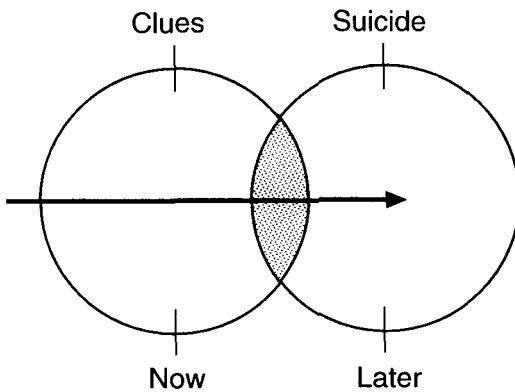


Figure 1. The relationship of clues to suicide, prospectively considered.

Here are excerpts from a stirring passage in *Moby-Dick* (1851) on dissembling:

[F]or long months of days and weeks, Ahab and anguish lay stretched together in one hammock: then it was that his torn body and gashed soul bled into one another; and so interfusing, made him mad. . . . In a strait-jacket he swung to the mad rockings of the gales. And, when . . . he came forth from his dark den into the blessed light and air; even then . . . Ahab in his hidden self, raved on. Human madness is oftentimes a cunning and most feline thing. When you think it fled, it may have but become transfigured into some still subtler form. Ahab's full lunacy subsided not, but deeply contracted. . . . Now, in his heart, Ahab knew that to mankind he did long dissemble. . . . Nevertheless, so well did he succeed in that dissembling, that when with ivory leg he

stepped ashore at last, no Nantucketeer thought him otherwise than but naturally grieved with the terrible casualty which had overtaken him. (Chapter 41)

And from the just recent past, we have the searing personal account of another writer, William Styron, about how he, in a suicidal state, could "regard all others, the healthy and the normal, as living in parallel but separate worlds." Here is an excerpt from Styron's (1994) account.

My wife and I had been invited to dinner with a half-a-dozen friends at a fine Italian restaurant in New York. I very much feared the hour. . . . by dinnertime I felt virtually suffocated by psychic discomfort. Of course that evening I could have stayed at home [but] the anguish is lodged in the mind, so that it matters little where the corporeal self is located; one will feel equal desolation at home in one's armchair or trying to eat dinner at Primavera.

I say "trying" to eat dinner, because my appetite had decreased over the previous week to a point where I was eating purely for sustenance. Two of my table companions were charming friends I had known for years. I had picked [at my food] without tasting it. For no particular reason, the sense of encroaching doom was especially powerful that night. But the demented stoicism . . . caused me to register scarcely a flicker of this inner devastation. I chatted with my companions, nodded amiably, made the appropriate frowns and smiles.

The restroom was nearby down a flight of carpeted stairs. On the way there the fantasies of suicide, which had been embedded in my thoughts daily for several weeks and which I had kept at bay during the dinner conversation, returned in a flood. To rid myself of this torment (but how? and when?) becomes the paramount need. . . . I wondered desperately if I would make it through the rest of the evening without betraying my condition. On my return to the floor above I astonished myself by expressing my misery aloud in a spontaneous utterance which my normal self would have rejected in shame. "I'm dying," I groaned, to the obvious dismay of a man passing down the stairway. The blurted words were one of the most fearsome auguries of my will to self-destruction: within a week I would be writing, in a stupor of disbelief, suicide notes.

Some months later . . . my two table companions reflected that I had appeared to be behaving quite normally. The monumental aplomb I exhibited is testimony to the almost uniquely interior nature of the pain . . . a pain that is all but indescribable, and therefore to everyone but the sufferer almost meaningless. (*Newsweek*, April 18, 1994. Reprinted with permission)

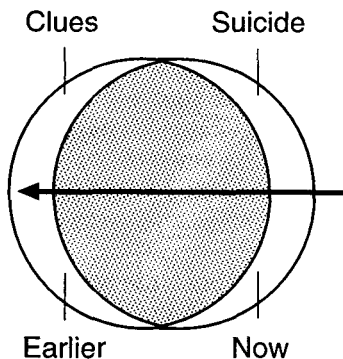


Figure 2. The relationship of clues to suicide, retrospectively considered.

For practical purposes, everyone concerned with suicide prevention has to choose the retrospective (conservative) set of data—that most people who commit suicide will have exhibited direct or indirect clues related to that forthcoming behavior. In addition, we suicidologists who deal with potentially suicidal people must also understand that in the ambivalent flow and flux of life, some desperately suicidal people, like a focused Ahab or a disconsolate Styron, can dissemble and hide their true lethal feelings from the world.

If it is true that all the world's a stage, then some players, on occasion, may wear masks. And then—to paraphrase Melville—if man will help, reach through the mask! How can the helper reach inside, except by thrusting through the mask? What this means in practice is that if we have the least reasonable suspicion that a friend or a patient is actively suicidal, we have a responsibility to reach behind the social and public mask and to touch the real face of psychological suffering. In such a case, the key questions—those that reflect our interest (and, paradigmatically, our lifesaving concern)—are: “What is going on?” and “Where do you hurt?” The challenge is to resonate to the other's

hidden psychache (Shneidman, 1993), to reassemble what the other has dissembled. We suicidologists now have the conceptual tools. (We have always had the will.) Even so, it is sobering to realize that, as aspiring rescuers, we may occasionally be doomed to lose a friend.

REFERENCES

- Bok, S. (1978). *Lying: Moral choice in public and private life*. New York: Random House.
- Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NY: Doubleday Anchor.
- Litman, R. E., Curphey, T. J., Shneidman, E. S., Farberow, N. L., & Tabachnick, N. D. (1952). Investigation of equivocal suicides. *Journal of the American Medical Association*, 184, 924–929.
- Melville, H. (1851). *Moby-Dick, or, the Whale*. New York: Harper & Bros.
- Shneidman, E. S. (1969). Suicide, lethality and the psychological autopsy. In E. Shneidman and M. Ortego (Eds.), *Aspects of depression*. Boston: Little, Brown.
- Shneidman, E. S. (1993). Suicide as psychache. *Journal of Nervous and Mental Disease*, 181(3), 147–149.
- Shneidman E. S. (1994, January). The psychological autopsy. *American Psychologist*, p. 76.
- Shneidman, E. S., & Farberow, N. L. (1957). *Clues to suicide*. New York: McGraw-Hill.
- Styron, W. (1994, April 18). An intense pain that is all but indescribable. *Newsweek*, pp. 52–53.