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Suicide Notes Reconsidered†

Edwin S. Shneidman*

"I have read scores of letters from suicides, but none of them ever told the truth."

—ISAAC BASHEVIS SINGER¹

I'm sorry, but somewhere I lost the road, and in my struggle to find it again, I just got further and further away.

There should be little sadness, and no searching for who is at fault; for the act and the result are not sad, and no one is at fault.

My only sorrow is for my parents who will not easily be able to accept that this is so much better for me. Please folks, it's all right, really it is.

1:30 p.m.—The ultimate adventure begins!

Car to Helen or Ray (needs a tune up). Money to Max and Sylvia. Furniture to George (plus \$137.00 I owe him).

I wanted to be too many things, and greatness besides—it was a hopeless task. I never managed to learn to really love another person—only to make the sounds of it. I never could believe what my society taught me to believe, yet I could never manage to quite find the truth.

2:15 p.m.—I am about to will myself to stop my heart beat and respiration. This is a very mystical experience. I have no fear. That surprises me. I thought I would be terrified. Soon I will know what death is like—how many people out there can say that?

THE ABOVE SUICIDE NOTE (reproduced with a few minor emendations) was found a few years ago in the pocket of a 30-year-old psychiatrist who committed suicide, with sleeping pills, deep in a forest of a midwestern state. Later in this article, we shall have occasion to contrast that note with another type of death message, also written by a 30-year-old psychiatrist in the period preceding his death—but a death of a radically different kind.

Almost without a flagging of interest, for nearly a quarter of a century, I have been keenly concerned with trying to unlock the mysteries of suicidal phenomena by using suicide notes as the possible keys. It is

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† In a slightly modified form, this paper was presented as the presidential address of the Division of Clinical Psychology at the 81st annual meeting of the American Psychological Association, Montreal, August 27, 1973.

¹ "The Bishop's Robe," *The New Yorker*, June 2, 1973, p. 39.

specifically, at the time of suicide a person is more constricted, irrelevant, scattered, and disorganized in his logical style. He simply is not at his cerebral best at the moment of truth.

As a whole, these studies indicate that (1) it is possible to distinguish between genuine and simulated suicide notes, and, more importantly, (2) genuine suicide notes are generally characterized by dichotomous logic, a greater amount of hostility and self-blame, more use of very specific names and instructions to the survivors, less evidence of thinking about how one is thinking, and more use of the various meanings of the word "love."

Overall summary reports of suicide note studies have been listed by Bjerg, reported in a concise summary by Frederick, and presented and discussed by Lester.

But in general the results of all these studies have been fragmentary and not as illuminating as one would have wished. In almost every case, the results have reflected more the method of analysis than the suicidal state of man, and although some of the findings are extremely interesting from several theoretical points of view, they have not provided an open sesame into the understanding of human self-destruction. In a word, the results of these carefully done studies, taken as a whole, have been deeply disappointing.

If this assessment of the relative barrenness of most suicide notes is correct, what might account for this characteristic? In order to generate a hypothesis I must digress slightly to speak of a closely related topic, *death*. These particular thoughts are sparked by two recent books on death by Kübler-Ross and by Weisman. I have reviewed Kübler-Ross's book elsewhere (1972) and need not repeat my appraisal of that humane and warm volume except to say in this context that

the main burden of her book is her assertion that there are five stages of dying (denial, anger, bargaining, depression, and acceptance). While I was drawn to the human and compassionate aspects of her book, I could not agree with her five stages of dying. In my own experience with dying persons (admittedly less intensive than hers)—individuals dying of leukemia, cancer, histiocytosis, etc.—I have never seen these five stages in any one person, much less seriatim. What I have seen is a *variety* of emotional postures, mood states, and existential positions, in a variety of different orders, always interspersed, though not necessarily between each stage, by *denial* (i.e., denial of the fact that the individual is dying). The key concept is denial. Intermittent denial is the ubiquitous psychological feature of the dying process (Shneidman, 1973). During the dying process, there are periods of constricted focus, tunneled vision, blinded view, and simple denial of the life-threatening illness and of the threat of death.

As its very title, *On Dying and Denying*, indicates, Avery Weisman's recent book focuses on the pivotal and ubiquitous role of *denial* in the dying process. Weisman discusses the purposes of denial in the following words:

... denial is expressed in words, actions, and fantasies, but these are what people *do* in order to counter, categorize, and orient themselves in the presence of danger. . . . Although a potential danger is about to evoke denial, a common threatened danger is a *jeopardized relationship with a significant key person*. Hence, the purpose of denial is not simply to avoid a danger, but to prevent loss of a significant relationship . . . even when there seems to be no one in particular who threatens or could be threatened by a patient's illness, termination, or death, the patient himself may deny because he wants to maintain the *status quo* of already existing relationships. . . .

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Nor is denial seen as a unitary, unchanging process, at one or another point in the dying process. Weisman says: "The balance between denial and accepting changes like a kaleidoscope during fatal illness; all fragments constantly re-arrange themselves into new patterns."

When a person comes to commit suicide his faculties of attention are constricted. There is a narrowing of focus of his perceptual field and he suffers from what might be called tunnel vision. Ringel has written about the "narrowing of the field of consciousness." Alvarez has called this "the closed world of suicide," which he describes in this way: "Once a man decides to take his own life he enters a shut-off, impregnable but wholly convincing world . . . where every detail fits and each incident reinforces his decision." Further, he says: "Each of these deaths has its own inner logic and unrepeatable despair. . . . [Suicide is] a terrible but utterly natural reaction to the strained, narrow, unnatural necessities we sometimes create for ourselves."

This narrowing of the field of consciousness, the "closed world of suicide," the constriction of focus of attention, or the "tunnel vision" that one finds during the actual moments of a suicidal deed are dramatically illustrated in the following excerpt of a (beautiful and brilliant) 25-year-old woman who, in a transient period of acute confusion and panic, jumped several stories from a hospital balcony and—sustaining (only) several fractures of one leg and hip, a pneumothorax and some organ ruptures—miraculously survived. Two days previously she had ingested fifty 100-mg. sodium secobarbital tablets, had been discovered by her landlady, had been brought to the hospital and treated in the emergency room, and had then been

placed in a hospital room. She said about that attempt: "I was pretty isolated at that time. Precisely at the moment of my 25th birthday I sort of went into a kind of panic state and things got worse and worse." She stated that she was angry that she had complicated everything by winding up in a hospital. I asked her what happened then. Here is a verbatim segment:

Well, after that I was out of danger more or less and at that point they pretty much let me wander around the hospital as I pleased. And there was some question about my husband letting me return home, to the apartment, because he thought I was going to make another attempt and he couldn't bear to live with that. And it was just all up in the air, it was sort of like, well you go and find a place to stay and there was no place for me to stay. My sister wouldn't let me come stay with her and I don't know anyone here and so it turned out that I was going to be staying in some sort of welfare kind of arrangement which was going to be fixed or arranged by the social worker. All of a sudden there I was out in the middle of nowhere without any money, and my husband wasn't going to let me come back to the house and I was desperate. And then I went into a terrible state. So at this point I was supposed to be making these arrangements myself. I could barely even speak, you know, the social worker was calling various agencies and then turning the telephone over to me so I could tell my story and I could even barely remember my name let alone my date of birth or anything like that and I thought my God in Heaven, I can hardly even—and I was not functioning at all and these people are going to throw me into the street. And I didn't want to go to a psychiatric ward because I was really frightened that I would wind up—I would possibly have a psychotic episode or something like that. I was so desperate I felt my God, I can't face this thing. Going out, and being thrown out on the street. And everything was like a terrible sort of whirlpool of confusion. And I thought to myself there's only one thing I can do, I just have to lose consciousness. That's the only way to get away from it. The only way to lose consciousness, I thought, was to jump off something good and high. I just figured I

had to get outside, but the windows were all locked. So I managed to get outside. I just slipped outside. No one saw me. And I got down to the ground by walking across that catwalk thing, sure that someone would see me, you know, out of all those windows. The whole building is made of glass. And I just walked around until I found this open staircase, and, as soon as I saw it I just made a beeline right up to it. And then, I got to the 5th floor and everything just got very dark all of a sudden, and all I could see was this balcony. Everything around it just sort of blacked out. It was just like a circle. That was all I could see, was just the balcony. And I went over it. I climbed over it and then I just let go. I was so desperate. Just desperation. And the horribleness and the quietness of it. The quiet. Everything became so quiet. There was no sound. And everything sort of went into slow motion as I climbed over the balcony. I let go and it was like I was floating. I blacked out. I don't remember any part of the fall. Just, just going. I don't remember anything after going over that balcony. I don't remember crying or screaming. I think I was panting from the exertion and the strain of running up all those stairs. And then, when I woke up I was having a dream, which seemed very weird. At that point I was in intensive care and I was looking at the patterns on the ceiling, you know the sort of metal inserts that are like this, and there's a light in the middle of each one. . . .

Writing of the suicide of several young poets, Boris Pasternak, the famous author, has stated:

A man who decides to commit suicide puts a full stop to his being, he turns his back on the past, he declares himself bankrupt and his memories to be unreal. They can no longer help or save him, he has put himself beyond their reach. The continuity of his inner life is broken, and his personality is at an end. And perhaps what finally makes him kill himself is not the firmness of his resolve but the unbearable quality of this anguish which belongs to no one, of this suffering in the absence of the sufferer, of this waiting which is empty because life has stopped and can no longer feel it.

If this sense of personal emptiness is at all true of the suicidal person, is it any wonder that suicide notes, written at the very moment when an individual

has lost touch with his own past, are concerned with the moment's minutiae and are relatively arid and psychologically barren?

One of the main functions of the personality is to protect itself from other aspects of itself. An individual cannot continually stare into the horrors of his own life; he needs to view them only tachistoscopically. At best, the topic of death is psychologically threatening and needs to be intermittently denied in order to maintain one's own mental balance and health. Denial is a necessary gyroscope in one's own psychic life.

Now to take the step from death to suicide (and to state my hypothesis about the reason for the relative barrenness of most suicide notes): In order for a person to kill himself he has to be in a special state of mind, a state of relatively fixed purpose (not gain-saying his ambivalence) and relative closed-mindedness. It is a psychological state which, while it permits suicide to occur (indeed facilitates suicide), obviously militates against insight or good communication. In other words, that special state of mind necessary to perform the suicidal deed is one which is essentially incompatible with an insightful recitation of what was going on in one's mind that led to the act itself.

Suicide notes are often like a parody of the postcards sent home from the Grand Canyon, the catacombs, or the pyramids—essentially unimaginative, *pro forma*, and not at all reflecting the grandeur of the scene being described or the grandeur of the human emotions that one might expect to be engendered by the situation. Melville, in his flawed masterpiece *Pierre*, described, in the language of genius, this special brand of emptiness:

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... we learn that it is not for man to follow the trail of truth too far, since by so doing he entirely loses the directing compass of his mind; for arrived at the Pole, to whose barrenness only it points, there, the needle indifferently respects all points of the horizon alike.

By vast pains we mine into the pyramid; by horrible gropings we come to the central room; with joy we espy the sarcophagus; but we lift the lid—and no body is there!—appallingly vacant as vast is the soul of a man!

Admittedly it is difficult to select a prototypical suicide note, but my analysis of suicide note materials leads me to believe that such a note might sound rather like the pointedly empty conclusion of Ionesco's *The Chairs*, something to this effect:

Ladies and Gentlemen: I am unhappy to be here today. I guess that I am gathered here to bespeak myself. What shall I say? I had it so clearly in mind just a short while ago. Now all I can say is that actions will have to speak louder than words. I sign this note as one who will soon no longer be himself. George.

In fact, actual suicide notes typically contain such phrases as "I love you. . . . I am sorry. . . . I am in pain. . . . I have lost the way. . . . Please don't blame yourself. . . . you drove me to this. . . . please be good to our child. . . . fix the spark plugs on the car. . . . don't come into this room. . . ." For one who seeks deep insights into the reasons for human self-destruction, the deep reasons why individuals intentionally end their own lives, these typical excerpts from genuine suicide notes are not very illuminating.

It is hypothesized that suicide notes cannot be the insightful documents which suicidologists would hope that they would be, mainly because they are written during a special psychological state, a state of focused purpose and narrow perception and psychodynamic denial. It is a state which, by its nature, precludes the individual's hav-

ing access to the full ambivalent details of his own self-destructive drama and thus diminishes the possibility of his sharing with others (in a suicide note) what is truly going on in his mind.

In order to commit suicide one cannot write a meaningful suicide note; conversely, if one could write a meaningful note he would not "have to" commit suicide. Let me state the case in a highly figurative way: In almost every instance, one has to be, as it were, "intoxicated" or "drugged" in order to commit suicide, and it is well nigh impossible to write a psychologically meaningful document when one is in this special disordered state.³

However, by no means are all suicide notes dross or barren. There are many conspicuous exceptions in which the suicide note is filled with psychodynamic information, genuinely explaining the human reasons for the act and giving rather clear hints as to the unconscious reasons behind it. Occasionally a suicide note can serve an important "historical" role, as, for example, the suicide note of Percy W. Bridgman, the Nobel laureate in physics and famous American philosopher. His suicide note, dated August 20, 1961—reported by Holton in the *Bulletin of the Atomic Scientist*—written when he was 80 years old, is an indictment of the medical profession for their being loath to practice eu-

³ A few words about "causes" of suicide may be useful. If one thinks, as one must, of a hierarchy or multiplicity of causes involving several layers—precipitating causes, secondary causes, sustaining or resonating causes, and primary causes—then it is clear that most suicide notes (and practically all newspaper accounts of suicide), when they touch upon causes at all, seem to deal solely with *precipitating* causes (e.g., ill health, being jilted, etc.), woeful conditions which happen to many people, most of whom do *not* commit suicide. This fact, in some large part, accounts for the relative shallowness of most discussions of (and many publications on) this topic and, further, for the somewhat "superficial" quality that one finds in most suicide notes.

thanasia on request. His note read: "It isn't decent for Society to make a man do this thing himself. Probably this is the last day I will be able to do it myself. p.w.b."

Bridgman had cancer and was in great pain. Earlier he had said that the "disease has run its normal course, and has now turned into a well-developed cancer for which nothing can be done . . . in the meantime there is considerable pain, and the doctors here do not offer much prospect that it can be made better." That he had cancer had been corroborated by two or three eminent physicians. He had asked them to give him a substance with which to end his life. They refused. The day before he shot himself he mailed to the Harvard University Press the index for the seven-volume collection of his complete scientific writings. In his earlier works he had discussed death. A few years before, in his book *The Way Things Are*, writing about death he said: "If there is one thing which my own death is not it's a form of my own experience—when I am dead I no longer have experiences. The man who says 'I shall never die' cannot be refuted."

About one-third of those who commit suicide write suicide notes (Shneidman and Farberow, 1957a). Among those who commit suicide, what can we say psychologically about the note writers as compared with the nonwriters? We know from a previous study in Los Angeles (Shneidman and Farberow, 1960) that the distribution for sex, age, marital status, and socioeconomic status of the two groups has been found to be essentially the same. Further, on this point, Tuckman, Kleiner, and Lavell independently found—in a study of 165 notes collected in the Philadelphia area—that a "comparison of those who left notes with those who did not showed no significant difference between the two groups with respect to

age, race, sex, employment, marital status, physical condition, mental condition, history of mental illness, place of suicide, reported causes or unusual circumstances preceding the suicide, medical care and supervision, and history of previous attempts or threats."

It is reasonable to assume that the contents of suicide notes vary according to who is expected to read the note—which can communicate a variety of messages, including apology, self-justification, revenge, anger, or even the wish to arouse curiosity or to create a mystery. What do some of the available data tend to show about the *addressees* of suicide notes? A survey was made of 906 suicide notes collected in the Los Angeles area in the 1940s and 1950s (Shneidman and Farberow, 1960). (This is the same set of notes from which the 33 genuine notes referred to elsewhere in this paper were selected.) The notes were examined in terms of the following categories of addressee, with the following findings. No addressee, 20%; to whom it may concern, 7%; police, 5%; spouse, 20%; parent, 6%; progeny, 8%; sibling, 3%; friend, 7%; a specific person, relationship not indicated, 15%; and other, 8%. Some additional results were as follows: More men than women had no addressee on their suicide notes or addressed their notes to their spouse; fewer men than women addressed their notes to their parents, children, or siblings. Not unexpectedly, the addressee differed among the various age groups: parents and friends as addressees sharply decreased after age 30; progeny as addressees increased after age 40; no addressee, increased after age 60; and, conversely, spouse as addressee decreased after age 60.⁴

⁴ A separate paper on these data is to be published in the journal *Life-Threatening Behavior* by Arthur Ryskind, a UCLA student, to whom I am indebted for supplying the information cited in this paragraph.

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Who, among those who commit suicide, writes suicide notes? Suicide note writers, I would currently hypothesize, are people who typically in their lives have a penchant for elaborating the obvious, explaining the apparent, belaboring the given, and repeating the unnecessary. There is probably a pervasive subtle redundancy in their life style. To a "Quarantine—Measles" sign such a person might add the words "Illness inside—please stay out." To a "House for Sale" sign, he might put the postscript "Owner moving, forced to sell." These addenda can be called "information duplication," for, after all, what can a suicide note pinned on the chest possibly add to the essence of information immediately conveyed by the hanging body itself? Seen in this light, a suicide note is one of the world's most "unnecessary" documents.

Erwin Stengel, in his book *Suicide and Attempted Suicide* says: "Whether the writers of suicide notes differ in their attitudes from those who leave no notes behind, it is impossible to say. Possibly they differ from the majority only in being good correspondents." The latter hypothesis, which Stengel seems to have mentioned in his book almost facetiously, has not so far been rigorously tested. It would seem to merit serious attention from students of suicide notes.

One can imagine at least two sets of motives for writing a suicide note: social motives, involving primarily the desire to have one's behavior understood by others, and personal motives, relating to the desire for self-expression for its own sake and to a number of secondary gains. In general, we cannot hope fully to understand suicide notes if we neglect the fact that the suicide note writer knows that he is writing a suicide note. In this light, we need to keep in mind that some persons

will, each in his own idiosyncratic fashion, seek to exploit the latent possibilities in making oneself the momentary focus of attention. It is not always clear in reading a suicide note which were the primary motives at work in the production of the note.

A "good" suicide note would have to be written at least a fortnight before the act—in a more open frame of mind. But then of course it might not strictly be a suicide note but rather a journal or a diary. There are a few extensive diaries in the public domain of individuals who subsequently committed suicide. Two of them are reproduced in Ruth Cavan's book, *Suicide*. One is by a young woman of 26 who kept a diary of over 50,000 words over a seven-year period and who subsequently committed suicide by shooting herself; the other is a diary kept by a young man, age 23, for a period of just over one and a half years. His last entry was on the day of his death before he drowned himself.

In Ponsonby's book, *English Diaries*, there is a remarkable diary by the nineteenth-century painter B. R. Haydon covering a period of 26 years, from 1820 to 1846, including an entry about an hour before his suicide by cutting his throat and shooting himself in the head.

These diaries are "the real thing."⁵ They permit one to see the life in its longitudinal workings. They are serial glimpses over extended time into what William James in his *Principles of Psychology* called "the recesses of feeling, the darker, blinder strata of character

⁵ For a markedly contrary view on the usefulness of diaries, here is C. S. Lewis, from his extraordinary autobiography, *Surprised by Joy*: "If theism had done nothing else for me, I should still be thankful that it cured me of the time-wasting and foolish practice of keeping a diary. (Even for autobiographical purposes a diary is nothing as useful as I had hoped. You put down each day what you think important; but of course you cannot each day see what will prove important in the long run.)" Not much to gain from theism!

which are the only places in the world in which we catch real fact in the making, and directly perceive how events happen and how work is actually done."

Perhaps the most extensive personal document relating to suicide is the famous *Confessions* of Jean Jacques Rousseau. The encyclopedias of this century (including the 1973 edition of the *Britannica*) invariably list Rousseau's death as a natural death, although Choron says that Rousseau "was rumored to have eventually committed suicide . . . what seems certain is that Rousseau talked suicide at length with David Hume whose ungrateful guest he was in 1776-1777." However, if one goes back to the early nineteenth century one finds that Rousseau's death is reported as a suicide. In a recent article, Fuller quotes extensively from a textbook on suicide written by a French physician, Jean Pierre Falret, in 1822 (*De l'hypochondrie et du suicide*). The relevant section is as follows:

" . . . in some people the idea of suicide tortures them for months or even years. This affliction seems to have sapped the existence of the Geneva philosopher for a long time. Possessed of a happy temperament but gifted by a too high sensitivity Rousseau becomes affected by the miserable state he finds himself in and the most somber melancholia fills his heart. Apprehensive, fainthearted, timid, suspicious, he avoids the company of men because he believes they are all perverse, all his enemies. He seeks solitude and soon wishes for death. Let's look at some of his immortal writings to justify our assertion: 'Here I am all alone on earth, without relatives, friends or society. Thus the most loving of men has been banished by a unanimous agreement. I have been in this painful situation for more than twenty years; it still seems like a dream to me. I have head pains and continuous indigestion. The least thing scares me, upsets me and saddens me. Since my body is only an embarrassment, an *obstacle* to my rest, I shall *seek* a way to divest myself of it, the sooner the better.'

This great writer accomplished his fatal project. The morning of the day Rousseau died, Madame De Stael reported, 'He got up in his usual state of health, but he said he was going to see the sun for the *last time*.' He had taken some coffee he himself had prepared before going out. He came in a few hours later and began suffering horribly. He *forbade* anyone to call for help or to notify anyone. A few days before this sad day Rousseau had noticed the vile inclinations of his wife toward a man of very low social condition. This had crushed him and he had spent eight hours on the edge of the lake in deep meditation."

If indeed Rousseau did commit suicide then his extended *Confessions* may well constitute the most remarkable and the most complete "suicide note" that we know. We shall need to study these documents—the confessions and the diaries—in greater detail to understand the psychological development of the suicidal drama.⁶

I move now from Rousseau to other philosophers for a brief epistemological aside—invoking the shades of Bacon, Kant, Hume, and especially Hegel. Hegel believed that the product of the interaction of thesis and antithesis, driven by the power of the negative, was a new synthesis. A contemporary psychodynamically-oriented psychologist would rather envisage the union of thesis and antithesis in terms of their continual co-existence, reflecting the psychological dualities in man (e.g., in many, simultaneous love and hate; in some few, at a special time, simultaneously wishing to live and wishing to die). For this state or condition I would propose the word *ambithesis*. I believe it to be the most typical state of mind, and paradoxically the least often represented, in suicide notes—for the reasons which I have outlined in this

⁶ My deep and abiding debt to Henry A. Murray (1949, 1959, 1967) should be obvious, for appropriately emphasizing the special usefulness of studying detailed data on a relatively few individuals in a multidisciplinary fashion over an extended period of time.

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paper. I would propose five possible (epistemological) kinds of suicide notes.

(1) *Thetical*. Those notes which assert a thesis; are declarative or testimonial. An example would be Percy Bridgman's note declaring that doctors should be permitted to practice euthanasia upon request.

*Sample Note:*⁷ Dearest darling i want you to know that you are the only one in my life i love you so much i could not do without you please forgive me i drove myself sick honey please beleave me i love you again an the baby honey don't be mean with me please I have lived fifty years since i met you, I love you—I love you. Dearest darling i love you i love you. Please don't discraminat me darling i know that i will die dont be mean with me please i love you more than you will ever know darling please an honey Tom i know don't tell Tom why his dady said good by honey. Can't stand it any more. Darling i love you. Darling i love you.

(2) *Antithetical*.—Those notes which rebut or deny a stated or implied thesis.

Sample note: Good by Kid. You couldn't help it. Tell that brother of yours, When he gets where I'm going. I hope I'm a foreman down there. I might be able to do something for him.

(3) *Synthetical*.—Those notes which, in a new insight, combine (or attempt to combine) the basic tenets of a thesis and its antithesis.

Sample note: To my wife Mary: As you know, like we've talked over before our situation, I'll always love you with all my heart and soul. It could have been so simple if you had have given me the help that you alone knew I needed.

This is not an easy thing I'm about to do, but when a person makes a few mistakes and later tried to say in his own small way with a small vocabulary that he is sorry for what has happened and promises to remember what has happened and will try to make the old Bill come home again, and do his best to start all over again, and make things at home much better for all

⁷ This actual suicide note and the following three notes are from the appendix of *Clues to Suicide* (Shneidman and Farberow, 1957).

concerned, you still refuse to have me when you as well as I know that I can't do it by myself, then there's only one thing to do.

I'm sorry honey, but please believe me this is the only way out for me as long as you feel as you do—This will put you in good shape. Please always take care of Betty and tell her that her Daddy wasn't too bad a guy after all. With all the love that's in me.

Yes, Mommie, now you have your car and a lot more too, even more than you had hoped for. At least you are better off financially than you were 6 years ago. The only pitiful thing about the whole situation is the baby and the nice car that I bought with blood money. I only hope I do a good job of it. Then your troubles will be over with. I know this is what you have been hoping for a long time. I'm not crazy, I just love you too much!!!

I love you—Daddy—Goodbye forever.

(4) *Athetical*.—A suicide note which is lacking in "a point of view" and simply contains instructions or directions.

Sample note: Dear Mary. I am writing you, as our Divorce is not final, and will not be till next month, so the way things stand now you are still my wife, which makes you entitled to the things which belong to me, and I want you to have them. Don't let anyone take them from you as they are yours. Please see a lawyer and get them as soon as you can. I am listing some of the things, they are: A Blue Davenport and chair, a Magic Chef Stove, a large mattress, an Electrolux cleaner, a 9 x 12 Rug redish flower design and pad. All the things listed above are all most new. Then there is my 30-30 rifle, books, typewriter, tools and a hand contract for a house in Chicago, a Savings account in Boston, Mass. Your husband, William H. Smith

(5) *Ambithetical*.—Those notes which present the simultaneous co-existence of a point of view and its opposite (contrary, contradictory, antinomy). Ambithetical suicide notes come closer to the psychological realities of how the person really feels. This type of suicide note—from which we learn most about suicide—is relatively rare. The expression of the ubiquitous

ambivalence of the human spirit needs time for contemplation. That is why it is seen only on occasion in some extended journals, some few diaries, some rare series of letters, and among some special ambithetical authors such as Stendhal (*The Red and The Black*), Tolstoy (*War and Peace*), Hesse (*Narcissus and Goldmund* and "Klein and Wagner"), and especially Melville ("The Paradise of Bachelors and the Tartarus of Maids," Lucy and Isabel in *Pierre*, and the stark white dualities of good and evil which permeate *Moby Dick*). The key is in the conjunction.

It may well be that for Knowledge or Science the Hegelian model of attempting to unify opposites (spirit and nature, universal and particular, ideal and real, thesis and antithesis) into a transcending synthesis has its own special merits, but to describe the stream of an individual's inner psychological life, it may make more sense to think in terms of thesis—antithesis—ambithesis—not serially as Hegel believed, but flowing and concomitantly as Freud implied. Synthesis is itself an ideal; ambivalence is the human condition.

For reasons which the reader should now be able to understand, I have advertently chosen not to illustrate ambithesis with a suicide note, but shall instead quote a pivotal passage from Melville (*White-Jacket*):

As I gushed into the sea, a thunder-boom sounded in my ear; my soul seemed flying from my mouth. The feeling of death flooded over me with the billows. The blow from the sea must have turned me, so that I sank almost feet foremost through a soft, seething foamy lull. Some current seemed hurrying me away; in a trance I yielded, and sank deeper down with a glide. Purple and pathless was the deep calm now around me, flecked by summer lightnings in an azure afar. The horrible nausea was gone; the bloody, blind film turned a pale green; I wondered whether I was yet dead, or still dying. But of a sudden some fashionless form brushed my side—some inert, soiled

fish of the sea; the thrill of being alive again tingled in my nerves, and the strong shunning of death shocked me through.

For one instant an agonising revulsion came over me as I found myself utterly sinking. Next moment the force of my fall was expended; and there I hung, vibrating in the mid-deep. What wild sounds then rang in my ear! One was a soft moaning, as of low waves on the beach; the other wild and heartlessly jubilant, as of the sea in the height of a tempest. Oh soul! thou then heardest life and death: as he who stands upon the Corinthian shore hears both the Ionian and the Aegean waves. The life-and-death poise soon passed; and then I found myself slowly ascending, and caught a dim glimmering of light.

Quicker and quicker I mounted; till at last I bounded up like a buoy, and my whole head was bathed in the blessed air.

Up to this point, I have spoken about persons who have committed suicide. But if one is being pushed toward death, under the threat of a terminal disease or of execution, then apparently the psychological situation is quite different. Then one is forced from the outside to marshal one's psychic energies and, being so affected, can speak with passion and relevance. Witness the letters from the German concentration camps, and the letters written on the eve of their announced execution date by John Brown, Fiodor Dostoevsky (who was not executed), and Bartolomeo Vanzetti (all in Schuster's book of letters), and the poem, written in 1583 in the Tower of London by Chidioc Tichborne, a young nobleman who plotted against Queen Elizabeth I and who was caught, imprisoned, and beheaded. Of all these interesting pieces I reproduce only the second of the three verses from Tichborne's elegy:

My tale was heard, and yet it was not told;
My fruit is fall'n, and yet my leaves are
green;
My youth is spent, and yet I am not old;
I saw the world, and yet I was not seen;
My thread is cut, and yet it is not spun;
And now I live, and now my life is done.

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Here is another relevant quotation from the Danish psychiatrist Frederik F. Wagner:

It is interesting to note a striking difference between such letters and farewell letters of an entirely different category; letters from people who were convinced of facing an immediate, inevitable, unwanted death. In [Brocher's] *Letzte Briefe aus Stalingrad* (Last Letters from Stalingrad) (1954) the German soldiers openly express their feelings of despair and bitterness against their leadership, but even more often they dwell upon their "happy childhood," the "happy years" before the war or prior to the Hitler period, and first of all: their love for their relatives. In short: They stick to life. As an example of documents of particular high human quality can be mentioned the letters from members of the Danish resistance movement (1946) during the German occupation, written the night before their execution. These letters reveal a positive, dignified, often religious attitude towards life and a warm attachment to the family.

This special insight-giving quality is especially noteworthy in documents written by people who knew that they were dying of a fatal disease and who openly addressed themselves to their feelings about dying and death. What is to be noted about these documents is the amount of psychological information which they yield (in contrast to suicide notes). This may be because they were written over a period of time in which the individual has had an opportunity to experience (and to communicate) a variety of emotional states—including periods of denial. Whereas a level of denial characterizes the entire brief period of writing a suicide note, it would seem safe to assume that when a dying person is in a period of denial he simply does not turn to his manuscript. Thus the dying person's manuscript is composed during his more "lucid" periods. Recent articles of this genre include an article by a dying housewife (Helton), the personal report by a psychiatric social

worker dying of cancer (Harker), reflections of a dying professor (Anon., 1972), and an account by a 30-year-old psychiatrist who discovered one day that he had acute myelogenous leukemia (Trombley). It is this last-named essay which is alluded to in the opening paragraph of this article as a contrast to a suicide note written by another person of the same age and occupation. The reader is encouraged to compare for himself that suicide note with Trombley's extended personal reflections and sharings. A few brief quotations must, in this context, suffice:

... My reasons for writing this paper are to objectify and clarify my own feelings regarding my illness, to help crystallize my perspective on matters of living and dying, and to inform others in a subjective way about the psychological processes which take place in a person who has a life-threatening disease. . . . I have not yet found any enlightenment as to why people in our profession do not write about this. . . . In November 1966, I discovered that I had acute myelogenous leukemia. [p. 26] My initial reactions are difficult to describe and still more difficult to recall accurately. However, I do remember feeling that somehow the doctor's remarks could not be directed to me but must be about some other person. Of course, I shook off that feeling very soon during this conversation and the full realization of the import of this diagnosis struck me, I was steeped in a pervasive sense of deep and bitter disappointment. I thought that I had been maliciously cheated out of the realization of all the hopes and aims that I had accrued during my professional career. . . . The next subjective feeling I can clearly identify is that I was increasingly apprehensive following the diagnosis about my inevitable decreasing body efficiency and thus very likely my decreasing efficiency and interest in my work. . . . This engendered some little guilt over my anticipating not being able to do the job I had been doing. . . . Nonetheless, I did have pangs of remorse when I finally had to stop seeing long-term patients because my physical symptoms interfered too much with appointments. Surprisingly, I did not feel consciously angry or frightened by the knowledge that I had a life-threatening illness. [p. 27]

I was gravely disappointed and terribly annoyed that this thing inside my body would interfere with my life, but at no time did I really feel, as one might put it, "angered at the gods" for having such sport with me. Nor did I find that I used denial as a defense to any extent early in the course of the illness, as I did later on when it appeared that some of the chemotherapeutic measures were having considerably good effect and I began to feel that I could go on interminably from drug to drug and not die of my disease. [p. 28]

One almost amusing idea came to light through one of my supervisors, namely that some of my colleagues might very well be wishing that I would drop dead and get it over with rather than continue to torment them as I was. For others there was a heightened awareness of a close relationship that had never been verbalized in the past. This occurred with two or three of my fellow residents and certainly we were all the better for it. Not only was there some clarification of feelings and a chance openly to discuss them between us, but also this produced a closer relationship. [p. 29]

People wrongly assume that a sick person should be "protected" from strong, and particularly negative feelings. The truth is that there is probably no more crucial time in a person's life when he needs to know what's going on with those who are important to him. [p. 30]

In the several months since the inception of my illness I became increasingly aware of a new sensitivity that had gradually but progressively developed in my interpersonal relationships, both with patients and with all my acquaintances. . . . One thing I noticed most pointedly was that I was very much more tolerant of the vagaries and inconsistencies of other people's attitudes and behavior than I had ever been before. . . . This heightened awareness of affect in others also extended to myself and I found that my own feelings were much more accessible to my conscious recognition than they had been in the past. I also found that all of my senses seemed more acute, though I believe that really I simply paid more attention to what was going on around me and, in a way, I found myself hungering for every sensory experience that I could absorb. In many ways the world seemed to offer more beauty and there was a heightened awareness of sounds and sights, which in the past I may have only casually observed or simply not have paid much attention to at all. [p. 32]

It would appear that the peace I made with myself during my illness and the maturing ability that I was developing to cope with life crises like this one, arose from several dynamic factors. One was the increasing capacity to sublimate the rage and aggression engendered by the impotency I felt regarding this invasion from within. . . . It was very seldom that I was conscious of any feelings of despair or depression. . . . Certainly there are rewarding aspects of facing life-threatening illness. I have learned much about the alterations in my own internal psychological processes, and the subtle metamorphosis in interpersonal relationships which have occurred and are still occurring. I wish that other people in my position would write also subjectively about this. Perhaps this paper may encourage it. [p. 33]

To return to suicide notes:

It seems as though we tend to confuse the drama of the suicidal situation with our own expectations that there be some dramatic psychodynamic insights in the communications written during the moments of that drama. But the fact remains that memorable (authenticated) words uttered *during* battle or *on* one's deathbed are relatively rare. It seems to be true also of suicide notes. Understandably, however, we continue to hope that any individual, even an ordinary individual, standing on the brink of what man has always conceptualized as life's greatest adventure and mystery, ought to have some special message for the rest of us. Western civilization has for centuries romanticized death (Shneidman, 1971b); we tend to read with special reverence and awe *any* words, however banal, that are part of a death-oriented document and thus we tend to think of suicide notes as almost sacred and expansive pieces of writing. And we are then understandably disappointed when we discover that, after all, suicide notes are always secular and usually constricted.

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