Suicide as Social Logic
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Although suicide is not viewed as a mental disorder per se, it is viewed by many if not most clinicians, researchers, and lay people as a real or natural symptom of depression. It is at least most typically seen as the unfortunate, severe, yet logical end result of a chain of negative self-appraisals, negative events, and hopelessness. Extending an approach articulated by the early French sociologist Gabriel Tarde, in this paper I argue that suicide is merely an idea, albeit a very bad one, having more in common with societal beliefs and norms regarding such things as divorce, abortion, sex, politics, consumer behavior, and fashion. I make a sharp contrast between perturbation and lethality, concepts central to Edwin S. Shneidman’s theory of suicide. Evidence supportive of suicide as an idea is discussed based on what we are learning from the study of history and culture, and about contagion/cluster phenomena, media/communication, and choice of method. It is suggested that certain individuals are more vulnerable to incorporate the idea and act of suicide into their concepts of self, based on the same principles by which ideas are spread throughout society. Just as suicide impacts on society, so does society impact on suicide.

In this paper I try to convey two main points. The first is that suicide is caused by the idea of suicide and by nothing else. It is a conscious option to kill oneself made by an individual, almost always to escape from unbearable psychological pain or, as Shneidman (1993a) has recently put it, from unbearable “psychache.” It is not caused by psychache, depression, anxiety, pain, illness, or biology. It is fueled by them, however; they are among the strongest motivators (“risk factors”) and render a person more vulnerable to the idea of suicide as an option. The second point is that we will better understand how suicide becomes an acceptable option for an individual or group, cohort, or culture by examining and studying the phenomenon of the idea. We need to learn more about how ideas are adopted more generally in the first place, how they are spread throughout society, and how they change over time for both groups and individuals. The more we learn about this, the better the position we may be in regarding our options for suicide prevention and intervention.

SUICIDE AS AN IDEA

The thesis of this paper is an extension of Edwin Shneidman’s (1971, 1985) theoretical approach toward suicide. His is a psychological theory that helps us think about why a particular individual may be at extremely high risk, or why someone has killed him/herself. Shneidman has identified psychological features of suicide common across age, time, and cul...

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ture, which can be summarized into two essential (necessary and sufficient) ingredients: perturbation and lethality. Perturbation is viewed here as a motivator. It is the degree of upset, despair, agony, dread, anger, hopelessness, utter misery—psych ache—to the point of becoming unbearable; to the point of exceeding a person's threshold for psychological pain, to the point at which the person decides to do something about it. There are numerous strategies people typically choose to diminish or end their stress. Some coping methods are better than others, and some are clearly maladaptive in the long run (e.g., alcohol). Yet the vast majority of people do not choose to die once they exceed their stress threshold. Exceeding the capacity for perturbation does not cause suicide. Lethality is the killer. It is the intentionality and singularity of suicide as an option to end perturbation. It involves selecting the permanent cessation of consciousness as the escape plan. It is the adoption of suicide as an idea, as a plan of action.

The Oxford English Dictionary defines "idea" as both purposeful planning and as an archetype regarding something quite specific. The former might be referred to as being within one's awareness or at a conscious level, whereas the latter could be out of one's immediate awareness at a nonconscious or unconscious level. In other words, an idea can be something you are thinking about right now, or it could be something you've thought about and have now stored away in the background for future use. Suicide is like this. It becomes an escape plan and ultimately the escape plan. This may happen before, during, or after a state of perturbation. But perturbation can recede, so one doesn't necessarily think about committing suicide all the time. Thoughts about it may come and go; at times they may be strong, at times frightening, and at other times absent. The thought or the plan may become an archetype outside one's awareness, however, ready and waiting for perturbation to awaken it. It can become "the house one lives in" but isn't necessarily looking at all the time. We have learned that suicide is not impulsive but rather premeditated, and often for a long period of time. It is becoming common knowledge that most people who kill themselves have communicated this idea to others. Consistency and coherence over time is fundamental to being human (McAdams, 1992), and it is no surprise that this is also one of Shneidman's (1985) common features of people who commit suicide. Maris (1981, 1991) has described suicidal pathways or "careers" in which individuals manifest consistent patterns of responding to states of upset. Previous styles of coping with stress are highly related to future coping, whether one looks at cognitive styles, emotions, intentions, or behaviors. An idea once planted may become readily accessible and difficult to replace.

SUICIDE AND PERTURBATION

Few will disagree that suicide must be viewed from a multidisciplinary perspective. Our understanding of the complexity of suicide can only parallel our understanding of the complexity of human experience. Yet it appears that we have become entrenched in an implicit, and sometimes explicit, linear causal model of suicide whereby some weighted combination of risk factors such as depression, agitation, alcoholism, alienation, loss, and hopelessness (to name but a few) sends individuals beyond their threshold of endurance toward inevitable suicide. For example, escape from intolerable perturbation is probably the single most common psychological theme across various theoretical approaches to suicide since Menninger (1938).

That perturbation-linked risk factors are related to suicide and suicidal thoughts and/or behaviors is well substantiated. They are not reviewed here in any detail, but their clinical utility cannot be

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*People, however, may be impulsive, and some impulsive people will also be suicidal.*
underestimated. In spite of this increased knowledge of indicators of risk, suicide remains a mystery within this framework. Why do most people with all these risk factors never kill themselves? Shneidman (1983a, p. 145) has recently written that "[a]ll our past efforts to relate or correlate suicide with simplistic nonpsychological variables...were (and are) doomed to miss the mark precisely because they ignore the one variable that centrally relates to suicide, namely, intolerable psychological pain; in a word, psychache." In the first sentence of that same article he states, quite emphatically, "Suicide is caused by psychache" (p. 145, original italics). It is my understanding that by psychache Shneidman means a certain kind of perturbation, one that is deeply personal and has become unbearable. Before we rush out to set up a linear equation searching for the type(s) of psychache that might cause suicide, however, let us recall Shneidman's (1985) sagacious statement from which the present article stems: "No one has ever died of elevated perturbation alone. It is elevated lethality which is dangerous to life. The two concepts need to be separated in order to have a clear understanding of the total event and the chief protagonist in it" (p. 205). In order to understand the relationship between perturbation and suicide we need to examine what we mean by the term "cause," and whether the linear model linking perturbation and related risk factors with suicide is even appropriate.

Maris (1991) has suggested that in our models we "specify both direct and indirect causal paths to suicide" (p. 29). It is argued here that perturbation can never be more than an indirect cause of suicide. Exceeding one's threshold of endurance for psychological pain is merely a motivator for action, and suicide need not even enter the range of acceptable options. In their book Social Causality, Hage and Meeker (1988) argue that not only is the explication of causal mechanisms necessary if we are concerned with change and prevention, but that in the social sciences they are different from the natural sciences. These authors believe that causes should be viewed as probabilistic rather than deterministic, changing over time, and based on reciprocal feedback systems that maintain a social equilibrium.

Both proximal and distal risk factors for increasing the likelihood (probability) of suicide have been identified, and a significant portion of the literature is focused on the proximal: near-death risk factors related to loss, interpersonal stress, psychological states, and biology. It is interesting that in addition to their temporal relation to the suicidal act, these proximal factors might also be identified as what Geertz (1984) and others have termed "experience-near" constructs: ones that are readily understood, and close or even accessible to one's imagination and experience. We have learned much about proximal risk factors, and the subjective experience of perturbation is central to all of them. Clark and Fawcett (1992) have identified acute short-term risk factors within 1 year of death that highlight perturbation quite specifically: mood disorder/depression and all its attendant and painful experiences together with panic attacks, affective lability and possibly even mood cycling, the anxiety-driven worry experienced when obsessive-compulsive features are present, and what they have termed "severe psychic anxiety" (see also Fawcett et al., 1987; Rudd, Dahm, & Rajab, 1993). Anxiety comorbid with depression is generally more debilitating and increases the likelihood of suicidality (e.g., see Brady & Kendell, 1992). Buie and Maltsberger (1989) provide yet another description of the suicidal state in their concept of aloneness, "a subjective state of vacant, cold isolation without hope of comfort from within or without; it is accompanied by varying degrees of fear and horror that may amount to terror. It may be felt in lesser degrees as an agitating sense of disquiet, but essentially it is akin to the panic of the screaming infant overwhelmed with separation anxiety. It involves to some degree the sense of dying" (p. 60).

Other risk indices, such as low levels of
either a serotonin metabolite, 5-hydroxyindoleacetic acid (5-HIAA), or of homovanillic acid (HVA), a dopamine metabolite, are biological (e.g., Roy, 1990). It is still unclear whether these biological variables are related more to acute than to chronic conditions of perturbation. They appear to be, in any case, linked to proximal and experience-close states of perturbation.

Many distal or “experience-far” risk factors have also been identified, most of them being related to social categories such as being male, White, Amerindian, elderly, adolescent, gay, alcoholic, or some combination of these. Looking at these groups, one can ask whether there is a relation between membership in one or more and the experience of social alienation. Some of these distal factors are concerned with a person’s past such as having a family history of serious conflict, including violence and suicide. The more distal variables, however, are contextual and change over time and across cultures but provide a background of risk potential for any given person suspected of being suicidal (Kral & Sakinofsky, in press). The important point about all of these background factors is that they are likely related primarily to risk for perturbation, and not to suicide per se. To repeat, the role of perturbation is as motivation toward action rather than toward suicide.

SUICIDE AS SOCIAL LOGIC

Shneidman (1993b) has recently called for a mentalistic approach toward suicide, for an appreciation that the perturbation behind suicide can be best understood through experience-near mental concepts such as pain, shame, and despair. He refers to the “interior dialogue” that we should focus our attention on and suggests one such introspective scenario: “The mind scans its options; the topic of suicide comes up, the mind rejects it, scans again; there is suicide, it is rejected again, again, and then finally the mind accepts suicide as a solution, then plans it, and fixes on it as the only answer” (p. 293).

Suicide, then, becomes a conscious choice. It is actively played out in the person’s head. Suicide “can occur only when an individual has some conscious mediation or, better, some conscious intention to stop his or her own life” (Shneidman, 1985, p. 204). The focus here is on thoughts, intentions, options, and choices, in the context of a very personal experience of the intolerable. Hold on to the word choice for the remainder of this paper.

Shneidman is not alone in voicing the opinion regarding the need for a new look in suicidology. Baechler (1979) also suggests that we view suicide as a chosen act, in the sense that one “chooses one solution from a range of possible solutions” (p. 19). Efforts to understand why one would choose suicide are beginning to emerge from the study of cognitive processes in suicidal people, such as the search for problem-solving deficits (Schotte, Cools, & Payvar, 1990), hopelessness ideation (Beck, Steer, Kovacs, & Garrison, 1985), coping ideation (Kralik & Danforth, 1992), and cognitive rigidity (Bartfai, Winborg, Nordstrom, & Asberg, 1990). Others have examined various cognitive models of suicide choice, from personal construct systems (Hughes & Neimeyer, 1990) to attitudinal structure (Diekstra & Kerkof, 1989; Wallace & Kral, 1994).

The specific idea of suicide is moderated by one’s more general attitudes toward it. Research on attitudes toward suicide is at present becoming focused on several key dimensions, one of them being the acceptability of suicide as a coping/escape method under certain stressful circumstances (Domino, Moore, Westlake, & Gibson, 1982; Rogers & D’Shon, 1992). Although suggestions of a relationship between suicide acceptability and suicidal behavior have been made for some time, the little research that has been done on this topic is highly varied in definition and methodology, and the findings are conflicting and in the aggregate difficult to interpret (e.g., see Diekstra, Maris, Platt, Schmidke, & Sonneck, 1989; but first see Meehl, 1986).

There is some evidence from research
with youth that certain risk factors are related to viewing suicide more positively. Bagley and Ramsay (1989) report one of their studies that found young people aged 18-25 to have both poorer mental health and more accepting attitudes toward suicide than older (>50) people. Biblarz, Bron, Noonan Biblarz, Pilgrim, & Baidree (1991) found that youth with certain risk factors for perturbation, such as having poor relations with parents, viewed suicide more positively following exposure to film media about suicide. Negative affective states may facilitate the retrieval and association of related constructs, ones that are also negative and thus fit with one's mood (Forgas, 1992). There is also some evidence that sad people are more strongly influenced by "strong messages" than are happier people (Breckler, 1993). There is a possibility, then, that perturbation increases vulnerability to the idea of suicide. None of the above cognitive/attitudinal approaches, however, address what I believe to be the most fundamental question: Why suicide? The next important question then becomes, "How does one actually choose that option, that idea?"

We are social animals. Our attitudes about the world, each other, and ourselves are deeply embedded within the public context of culture (Geertz, 1973), and make up the core of our human identity (Juhasz, 1983). But how do we come to hold a particular attitude or idea? Social psychology and sociology have long been interested in this question. An early French sociologist named Gabriel Tarde (1843-1904) made a significant impact on directions in this area in both Europe and America. He wrote several highly influential books, including *Les lois de l'imitation* [The Laws of Imitation, 1890], *La logique sociale* [Social Logic, 1895], and *Les lois sociale* [Social Laws, 1899], outlining how ideas are spread within a population. Tarde (1898/1899) believed that individuals repeat similarities they perceive in their social worlds until these repetitions become a part of literature, art, customs, fashion, fads, rumors, and even types of criminal behavior. He argued that imitation of normative beliefs is a foundation of individuals' identities, which in turn strengthens the norm—until those in high-status roles begin new waves of change that eventually become mores in the same manner. Similar approaches to the relation between culture and the self as a social equilibrium continue to be presented or pursued (e.g., Fitzgerald, 1993; Gergen, 1991; Spitz, 1993; Tomasello, Kruger, & Ratner, 1993). The structure, sensibility, and acceptability of our ideas and attitudes are thus based on social logic. They are, to use more modern parlance, socially constructed.

Are we so strongly influenced by our social worlds? Let us look at three examples. First, consider the relation between private and public attitudes regarding fashion given by social psychologist Genevieve Paicheler (1988), as she writes, "We happen to wear certain clothes not because we find them aesthetic or suitable, but because they are in fashion. We feel relieved at no longer having to wear them when the fashion passes, though while it remains a la mode we cannot imagine wearing anything else. [W]e hesitate to wear certain clothes which please us and which we find suitable because we judge them 'too much the new fashion.' Several months later, when the fashion is established, we don them without the slightest apprehension" (pp. 13-14). Consider now an old custom of the Amerindians of Canada's Northwest coast. The potlatch is and was a ceremony whereby chiefs (in order to maintain their status as chiefs) or sometimes families host a celebration and feast in which they give away all their possessions to others in the community. It was, thousands of years ago, a "mechanism for the ambitious person to rise in the social scale" as well as a means to help distribute wealth and provide food to groups who were needy; the potlatch was made illegal in Canada in 1884 (Dickason, 1992). On a smaller but no less meaningful scale, individuals who have attained the high status of a pipe carrier in a community will give that pipe away to another. In the Amerin-
dian culture all will eventually receive, only to give again. Status and respect are
in the giving, not in the taking or hoarding (recall the bumper sticker that read “He
who dies with the most toys, wins”). Fi-
nally, consider the following description
written by the French anthropologist
Marcel Mauss in 1950 while in an Ameri-
can hospital. It was there that he became
aware of the cultural influence on how we
move our bodies: “A kind of revelation
came to me in the hospital; I was ill in New
York. I asked myself where I had seen
young ladies walking like the nurses. I had
the time to reflect on it and realized finally
that it was at the cinema. On my return to
France I noted, particularly in Paris, the
frequency of this walk: the young girls
were French but they walked in the same
fashion. In effect the fashion of the Ameri-
can gait, thanks to the cinema, had ar-
rieved in our own country. It was an idea
that I could generalize” (cited in Paicheley,
1988, p. 3).

What do fashion, a potlatch, and move-
ments of our bodies have to do with sui-
cide? First, although they may be noticed
initially, they later all become an accepted
part of a particular culture, community, or
group to the point that they are no longer
noticed. Hall (1976) has referred to this
non-awareness as “the cultural uncon-
scious”; others might merely call these ex-
amples components of a given society at a
particular point in time. Second, ideas
about suicide are shaped by the very same
processes. The idea and social logic of sui-
cide are its lethality. Let us examine
briefly some lines of social evidence, all
highly overlapping.

Evidence From Mass Media and
Communication

It was once believed that mass media in-
fluenced us like a “magic bullet,” having
the same powerful effect on everyone. Me-
dia scholars now find that this form of
public communication can be powerful,
but that its effects are determined by a
number of key factors including who the
messages come from, the nature of the
message, direct and second-hand commu-
nication, and individual differences (e.g.,
psychological) in the population. Atten-
tion has become focused on the selective
influence of ideas from the media culture
on certain groups and individuals,
whereby some are more likely to attend to
certain messages, to remember them, and
to act on them. The media has now become
a part of our socialization, and Tarde’s no-
tion of “repetitions of similarities” has
been replaced by similar ones such as mod-
eled behaviors, and the mutually con-
structed and shared norms that later
come to meet with our expectations (De-
Fleur & Ball-Rokeach, 1989).

The possible effects of the media on sui-
cide have been hotly debated by those on
both sides of the argument. If so much of
who we are and what we do is influenced
by media and culture, it makes no sense to
think that suicide should suddenly be ex-
empt. In the film Husbands and Wives,
Woody Allen said that life doesn’t imitate
art, it imitates bad television. The evi-
dence regarding a media effect on suicide
appears to lean consistently on the side of
an effect. Phillips, Carstenkse, and Paight
(1989) observed a rise in suicide follow-
ing suicide reports in the media (e.g., net-
work television news) and reported that there is
even a fairly strong correlation (.59) be-
tween the amount of publicity given to
stories about suicide and the incidence of
single-vehicle motor vehicle fatalities.
Others have shown that these media imi-
tation effects appear to be related to the
similarity between the suicide portrayed
in the media and the “new” suicides, and
have their strongest alleged influence on
15- to 19-year-old males (Hafner & Schmidtke, 1989). That the effect is seen
most among youth concurs with the iden-
tity-forming suggestibility of this age
group. Esman (1990) has even suggested
that adolescent behavior may be the most
accurate barometer of culture. Publicized
high-profile suicides seem to have a
greater impact on the increase in subse-
quent suicides (Stack, 1992), and as men-
tioned earlier the presence of known risk
factors may contribute to certain individ-
uals being more vulnerable to a media ef-
fect (Biblarz, et al., 1991).
Evidence From Clusters

We have all heard of suicide contagion or "copycat" suicides, particularly among young people. This is when an unusually high number of suicides occurs within a short time span in a defined setting such as a school or social group. Recently there has been much publicity in Canada about relatively small northern Inuit communities where a large number of youth suicides have occurred within a very brief period of time. Members of the Arapahoe and Shoshone tribes at the Wind River Reservation lived with tragedy when, during a period of 8 months in 1985, 13 people killed themselves (Davidson, 1989). Takahashi (1993) reports from Japan that more than 30 young people committed suicide in 1986 during the 2 weeks following the suicide of a famous singer, and that the suicide rate among young people was higher than average for that year. Suicide clusters have also been reported in other small communities such as prisons, psychiatric hospitals, religious sects, and other groups (Gould, Wallenstein, & Davidson, 1989; Tammen, Rahneman, & Lehtinen, 1987).

In their review of the phenomenon of cluster suicides, Gould, Wallenstein, and Davidson (1989) concluded that although suicide is determined by many factors, suicide occurring in clusters does indeed exist and youth are at the highest risk for this. They suggested that "the occurrence of suicides in the community or in the media may produce a familiarity with and acceptance of the idea of suicide" (p. 26, original italics). The U.S. federal government has taken this seriously; in 1988 the Centers for Disease Control published a document entitled "CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters" (Gould, Wallenstein, & Davidson, 1989).

Evidence From Method

The very same process by which the idea of suicide becomes acceptable is responsible for the idea of how suicide will be carried out. The evidence from research on clusters and media effects is quite strong in this direction. Setting oneself on fire, drinking antifreeze or malathion, hanging, and shooting have all been described (Davidson, 1989; Gould, Wallenstein, & Davidson, 1989). Many people have travelled far to jump off the Golden Gate Bridge in San Francisco, crossing other bridges (e.g., Bay Bridge) on their way there that would be just as lethal (Davidson, 1989). Choice of method can also be viewed on a larger scale. Anthropologists have long noted differences in suicide methods across societies, sometimes being quite "stereotyped and distinctive" (La Fontaine, 1975, p. 81). In Canada, White males shoot themselves and White females die of overdose as the most common methods. In the U.S., both sexes now commit suicide most frequently with firearms, and access to firearms and other methods does appear to influence their choice—indeed, there is some evidence that restricting access to firearms may deter some people from selecting another method (Clarke & Lester, 1989; Lester & Leenaars, 1993).

A classic example of this is the detoxification of oven gas in England in the 1960s (which had been a very popular method of suicide), after which the suicide rate in England dropped significantly and stayed at this lower level for some time. Hanging has been the method of choice in the former Czechoslovakia (Atkinson, 1978), whereas jumping from heights has been more common in China. Even Humphrey's infamous bestselling book of 1991 on how to kill yourself, in which he outlined plastic bag self-asphyxiation, appears to have influenced suicides by this particular method among perturbed people who have but rarely had any form of life-threatening illness (Marzuk et al., 1993). Method is clearly based on social logic.

Evidence From History

Notions of suicide clusters, contagion, copycats, and so forth, are not new. The most famous example from recent history is now known as the Werther effect (Phillips, 1974). The tragic hero of Goethe's 18th-century bestseller was unable, in the
end, to be with Lotte, the married woman he was in love with. Sitting at his desk, dressed in his blue coat, yellow vest, and boots, he “shot himself in the head above the right eye, driving his brains out” (Goethe, 1774/1962, p. 127). The German government apparently banned the book for a time following an “outbreak” of suicides among young men, many of them copying precisely not only the method but also Werther’s manner of dress (Davidson, 1989). George Howe Colt (1991) has recently described many historical examples of suicide clusters, for example: suicide “epidemics” in Miletus in ancient Greece, Rouen in 1806, Stuttgart in 1811, Valors in 1813; men and women jumping off cliffs into the sea to avoid the plague, in England in 665; following a “lottery mania” in England in 1772; after a popular fictional hero killed himself with a penknife, the series of suicides by the same method that took place in 1822; following an outbreak of smallpox among Central Plains Amerindians in the 1930s; among 70 children in one Moscow school district between 1908 and 1910; 150 drownings in Budapest resulting in patrols along the Danube. Even Freud’s famous meeting on suicide in 1910 Vienna focused on concerns regarding suggestibility and imitation. Most of us remember the tragic mass suicide and murder at Jonestown in Guyana, where over 900 people died in 1978, and we may still see global village images in our minds of David Koresh and the flames of Camp Apocalypse in Waco, Texas.

TOWARD A MODEL OF MOTIVATION AND CHOICE

Suicide as idea is hardly a novel concept, and few today would argue that suicide is caused entirely by internal states without external influence in its timing and expression. The major point being made here, however, is that suicide is a learned choice of action, and that as a specific choice it cannot originate in the head any more than can the choice of which pair of shoes one will wear, if any. Yet suicide must be understood in the way Shneidman implores us to, as a phenomenon of the mind. This approach must be extended to both perturbation and lethality. Perturbation is viewed as a motivation toward action, whereas lethality is the idea of suicide (death) and the choice to act on it.

Rather than solely conducting experiments to create general laws of the social logic of suicide, we must continue to construct interpretations that help us understand the meanings of this complex phenomenon (Geertz, 1973). Rather than solely trying to develop models toward predicting suicidal ideas or acts, we will need to take seriously Robinson’s (1985) uncertainty principle for the social sciences, for which the linear logic of general “covering laws” has no room. Whether, when, or how a suicidal act will take place can never be certain. Elsewhere, Isaac Sarkinofsky and I have referred to suicide risk as a moving target (Kral & Sarkinofsky, in press). If risk means high estimated probability of the act to occur, the targets of whether-when-how may themselves change for an individual over time—even over a very short period of time. So whether we wish to understand suicide more generally, which in itself is a moving target within and across cultures and time, or in relation to a specific person, we will need to follow Shneidman’s dictum and get into the mind.

In suicidology we continue in our multidisciplinary direction. The study of subjectivity, as states of the mind that include ideas, is already being approached from a multitude of perspectives within the social sciences. Our methods will need to vary. Fiske and Shwed (1986) note that “those who give primacy to such internal experience are willing to use subjective methods and ordinary language where necessary in observing and interpreting these materials” (p. 369). In understanding suicide as an idea, the study of how cultural schemas become personal schemas is one promising direction (Agar & Hobbs, 1985; D’Andrade, 1992). The investigation of how previously considered
ideas and choices become accessible and are selected under various conditions, including stress, is another important research area (Gollub & Cane, 1987; Sinclair, Hoffman, Mark, Martin, & Pickering, 1994). The study of people with and without risk factors who do not view suicide as an option is also critical in furthering our knowledge about lethality. Research on resilience, particularly among children and youth, should be applied to suicide and specifically in the area of resilience to the option of suicide during perturbation (e.g., see Cowen & Work, 1988; Luthar & Zigler, 1991; Rutter, 1988). It is an exciting time to be in this field. Being open-minded to the integration of various quantitative and qualitative methodologies within the social, health, and biological sciences, together with the approaches provided from clinical practice, history, literature, arts, and other humanities, is suicidology’s strength.

SUMMARY

I have suggested that the only direct “cause” of suicide is the idea of suicide and ways to do it, and that in order to better understand suicide we need to know more about how ideas are spread throughout society and become part of an individual’s repertoire. Lethality is central to the idea of suicide. All the other risk factors, which are almost always related in some way to perturbation, motivate people toward action when the experience becomes intolerable and some more vulnerable to incorporate the idea of suicide into their similar designs of self and choice. These risk factors, which include the dysphoria and perceptual constriction of depression, and possibly stylistic escape-related defense mechanisms (Kral & Johnson, in preparation), may allow the idea of suicide to “fit” with other, similar self-categories. Perturbation, although necessary in the typical case in suicidology (other motivators might apply to other “types” of suicides), can only ever be an indirect cause of suicide.

I have also presented how we might borrow concepts and findings from research in fields such as anthropology, communication, psychiatry, psychology, and sociology, and have reviewed briefly some lines of evidence linking varieties of social logic with suicide. While we have learned much about perturbation, we still know little about lethality. Our models and methods need to be expanded. Yes, suicide is complex. But it is not outside our grasp or understanding.

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