

## Roots of discursive suicidology

*Robert Oravec\**  
*Psychiatric Hospital Ormož, Ormož, Slovenia*

**Abstract:** The discourse-related suicidological theories were developed in Hungarian suicidology during the 80's. The initial concepts of the theory were developed by Balázs Kézdi, who started the analysis of suicide related texts. The research results exposed the suicidological relevance of negation. During the last decade, according to the increasing number of publications, the relevance of discourse-related suicidological theory has increased. The research studies uncovered and described the linguistic aspects and the role of discourse, constituted during the presuicidal process. The author describes the discursive aspects of farewell letters and suicide notes as well as the possible role and function of such discourse in the suicide process.

**Key words:** suicide, suicide note, pragmatics, intention, speech-act theory

## Korenine diskurzivne suicidologije

*Robert Oravec*  
*Psihiatrična bolnišnica Ormož, Ormož*

**Povzetek:** Teorija diskurzivne suicidologije bila razvita v osemdesetih letih prejšnjega stoletja v okviru madžarske suicidologije. Začetne koncepte teorije je razvil Balázs Kézdi, ko je pričel z analizamo besedil, povezanih s samomori. Raziskovalni rezultati so izpostavili suicidološko pomembnost negacije. Glede na porast števila objav strokovnih besedil s področja diskurzivne suicidologije je v zadnjem desetletju pomembnost tega pristopa močno porasla. Številne študije so razkrile in opisale jezikovne vidike in vlogo diskurza, ki se vzpostavi med predsamorilnim procesom. Avtor opisuje tako diskurzivne vidike poslovilnih pism in samorilnih zapiskov, kakor tudi možno vlogo takšnih diskurzov v samorilnem procesu.

**Ključne besede:** samomor, poslovilno pismo, pragmatika, namen, teorija govora-akcije

CC=3200

---

*\*Naslov / address: Robert Oravec, dr. med., spec. psihiat., Psihiatrična bolnišnica Ormož, Ptujška c. 33, 2270 Ormož, Slovenija, e-mail: robert.oravec@guest.arnes.si*

In the course of history, many of scientific disciplines, like genetics, psychiatry, philosophy, ethics etc. tried to find a sufficient answer to the question, »what is the reason of suicide«, but only few of them tried to understand the process, leading to, and ending in suicide. The scientific discourse of suicidology started more than a century ago, with the well-known book of Émile Durkheim *La Suicide* (Durkheim, 1967). The statistical approach, invented by Durkheim and developed by his followers contributed to the development of a sociology-based suicidological paradigm, represented by Merton (1980) Gurvitch and others (cited by Cseh-Szombathy, 1967), which tends to interpret the phenomenon of suicide in the mirror of society and its dynamics. This approach successfully interpreted the influence of ethnic and cultural identity, religion, age and sex on general rate of suicide. But, according to the statistical methodology, the predictive reliability had been found relatively low, and the basic intention of the suicidology, to prevent as many individual suicide acts as possible, remained unachieved.

After the Second World War, during the late 50's and the 60's, a new, psychology based suicidological approach developed, mainly by the contribution of the US and Western European scientists (Cohen, 1994). The new paradigm targeted the psychological dimensions of the individual suicide behavior. Ringel (1969), Schneidman and Farberow (1957), Stengel (1964) and others approached the suicide as a multidimensional phenomenon, a process, which depends on certain psychological rules. The method of retrograde psychological autopsy (Farberow & Schneidman, 1961; Schneidman & Farberow, 1957) opened the »king's road« toward the recognition of psychological background and related emotional issues of suicide. Stengel (1964) built up the concept of presuicidal syndrome, a psychological-psychopathological entity of the presuicidal process, Schneidman and Farberow (1957) described the always present phenomenon of ultimate »Cry for help« articulated by (almost) every suicidal individual. They pointed at the importance of suicide notes research and their idea to compare simulated suicide notes with genuine suicide notes determined the related research activity for many years.

The psychology-based suicidological theory used the suicide notes and also the data, collected from the survivors and relatives to confirm the elements of the theory and not as independent research subjects. The research findings, mentioned above contributed to the uprising competence of suicidology and it became a "normal" professional activity including preventive and crisis preventing activity. During the 70's, tele-appeal services, crisis-intervention centres were established all around the world. It seemed that suicidology has achieved the competence, to fight against increasing suicide tendencies in the "western world". But, a few decades later it became obvious, that the actual suicidological theories are not sufficient to significantly turn the trends of suicide rate. In spite of efforts, invested into research and therapeutic activity, suicidology was still very uncertain in recognizing particular suicide threat in suicidal individuals.

The faultiness of the theory became visible also through the lens of cultural paradigm, which appeared during the 60's and 70's. Namely, the recent psychology-based suicidology was not enough persuasive in understanding and explaining the phenomenon of cultural difference in general suicide rate and the language transferred differences in presuicidal process. The need for a more effective and competent suicidological theory increased. But, during the 80's, the research interest became even more polarized. The majority of the scientific community turned toward psychopathology and psychopharmacology. The phenomena of depression and other affective disorders came into the spotlight of suicide research. It was the time of affective syndromes, antidepressives and mood stabilizers. But also the time of protecting and risk factors, which affect suicidal individuals.

During the last two decades, far away from the main stream suicidological research, a third suicidological paradigm turned up in the darkness of the »backstage«. The new approach, the discursive suicidology seems unique, because it integrates the elements of contemporary, late modern and postmodern theories of human sciences as well, as the relevant suicidological, psychopathological and biological concepts. Therefore, discursive suicidology is:

- *pragmatic*, according to the goal of suicide prevention;
- *inter- and multidisciplinary* in using different concepts and scientific frameworks;
- *integrative* in using different theoretical and methodological approaches.

Although some researches on suicide notes were made since the 50's, like the well known Schneidman and Farberow (1957) suicide notes analysis, they did not respect the theoretical background and the research methodology of human sciences, therefore they do not fulfil the criteria for »discursive suicidology«. It seems that the main difference between the Schneidmanian and discursive suicidology is epistemological. Kézdi (2000) stated, that »main stream« suicidology tends to explain the causes leading to suicide, but discursive suicidology tries to understand the phenomenon of suicide. For the majority of researchers, who are the representatives of Schneidmanian tradition, suicide notes and other presuicidal discourses (the term discourse used in linguistic sense of meaning) are matrices, appropriate for testing or verifying the psychology-based suicidological theories or statements. For example, Leenaars and his colleagues (Leenaars, 1988; Leenaars, Balance, Wenckstern & Rudzinsky, 1985), the well-known suicide note researchers constructed a methodology, based on Schneidman-Farberow characteristics of presuicidal affection and cognition. Also the analysis of genuine and simulated suicide notes failed to confirm the existence of some »firm« descriptors of presuicidal thinking. Even Schneidman (1973) recognized the failure according the research of suicide notes content. The situation was similar in the case of »post mortem psychological autopsy«. Namely, it became clear (Oravec, 2000a) that some researchers used the above mentioned methodology to

confirm some presupposed suicidological (and also political) beliefs and they were not clearly dedicated to the unconditioned interpretation of the phenomenon of suicide, as it was expressed by the survivors and relatives of suicide victims.

Kézdi (a Hungarian suicidologist, protagonist of the discursive suicidology) described the epistemology of discursive suicidology by using the concepts of cultural anthropology. He pointed out the words of Clifford Geertz (1994), who stated that anthropology has the duty to make a “thick”, meaningful interpretation of the observed reality. This way of understanding is by definition hermeneutic (Gadamer, 1984), dynamic and circular. Namely it targets intersubjective space in searching for meanings and accepts the reality of the researcher as a not transparent, dynamic, important issue, which definitely influences the process of understanding. If accepting the above mentioned epistemological criteria, then the discursive suicidology starts with Osgood and Walker (1959), who used the principles of language behavior theory to interpret the content of suicide notes. But, in spite of the excellent methodology and theoretical background, they represented a »dead end« of suicidological research for many decades.

From 1966 till today, Osgood and Walker were cited only few times by the suicide notes researchers, and an actual medline search on »suicide + communication« showed only five hits since 1966. Later, Weintraub (1981) also wrote a book on verbal behaviour under the title *Adaptation and Psychopathology*. It seems that the international suicidological community built up a rejective attitude toward researches and concepts coming from the field of human sciences, or the authors walking on the path of discursive suicidology weren't enough persuasive to change the scientific orientations of suicidologists. But, independently from the international trends, the concept of discourse-related suicidological thinking was well accepted, developed and spread by a small Hungarian scientific community located around Béla Buda and Balázs Kézdi. The reason for such a unique development was probably the special position of Hungary, during the 70's and early 80's. Namely, as part of the communist block, Hungary was for more than four decades behind the iron curtain. During the 50's and 60's, the political authorities invested a lot of energy to hide the obviously increasing Hungarian suicide rate. Therefore, realistic researches and data collecting were prohibited. Before the late 70's, suicidology was absent from the Hungarian scientific space. Than it became obvious that suicide is a tremendous problem which can't be hidden anymore. The barrier was lifted up and the development of suicidology started unburdened by a research tradition and particular interest. During the next decade, a lot of interesting research was done. Balázs Kézdi, the founder of tele-appeal service in Pécs designed a unique research on presuicidal communication (Kézdi, 2000). Kézdi and his colleagues led out the content analysis of presuicidal conversations, suicide notes, suicide-related literary texts and newspaper articles. The research contributed to the important discovery that negation is a significant element of the Hungarian suicide cognition and communication. During the 90's, Kézdi (2000) published a few texts on the role of negation in the presuicidal process. He

used the code theory to interpret the research findings. Today it is obvious that the pioneering work of Kézdi was very important, but also limited by the “spirit of the time” he worked in. Kézdi’s interpretation on the suicidological role of negation has been deeply influenced by the socioculturally constructed meanings and, supposedly, it seemed to him more important to understand and describe the connection between the Hungarian history, national identity and suicide, than to describe the role of negation in the particular suicide process. But anyhow, the initial Kézdi research opened the way for the development of discursive suicidology in Hungary. The Kézdi research is important also because it involved the issue of social traumatization into the understanding of suicide (Kézdi, 2000).

Following a longer period of relative scientific silence, the late 90’s brought some exciting development. A few independent researchers, somehow connected with Kézdi and Buda started with a new circle of researches on suicide discourse. They – Erdős (2001), Koltai (2001), Oravec (2000b, 2001), Osváth, Fekete and Tiringner (1996), among others – have tried to integrate the suicidological tradition with discursive and narrative theories. The goal of these studies are somehow different, less burdened with the socio-cultural situation and they targeted the understanding and interpretation of the presuicidal processes by analyzing the verbal and written products of presuicidal process. It seems that these research findings fit well into a growing-up suicidological paradigm, which tends to achieve the same goal, the description of processes leading to the suicide of an individual. Discursive suicidology was mentioned and partly defined by Kézdi (2000), only a few years ago. It depends on some fundamental elements:

- *Suicide as a process*: Suicide is not a »punctual« event, but the ultimate element of the suicide process.
- *The cultural paradigm*: The suicide process is always shaped by the actual culture. Culture represents the print of tradition and history.
- *The theory of discourse*: Culture is manifesting itself through discourses, and the suicide process also. (The suicide does not depend on the logic of causality, but on the logic of discourse, expressed by language use.)
- *Interpersonality*: The meanings which appear during the presuicidal process, are related to the interpersonal space.
- *The theory of narratives*: The suicide process is always influenced by the individual narrative life story.
- *The psychosocial identity*: The identity of an individual plays an important role in the development and outlet of a suicide process.

The »fundamental elements« of the discursive suicide model presented above are essential to understand the »flow of suicide process«.

To understand the »flow of suicide process« it seems necessary to present the discursive model of the individual psychosocial identity.

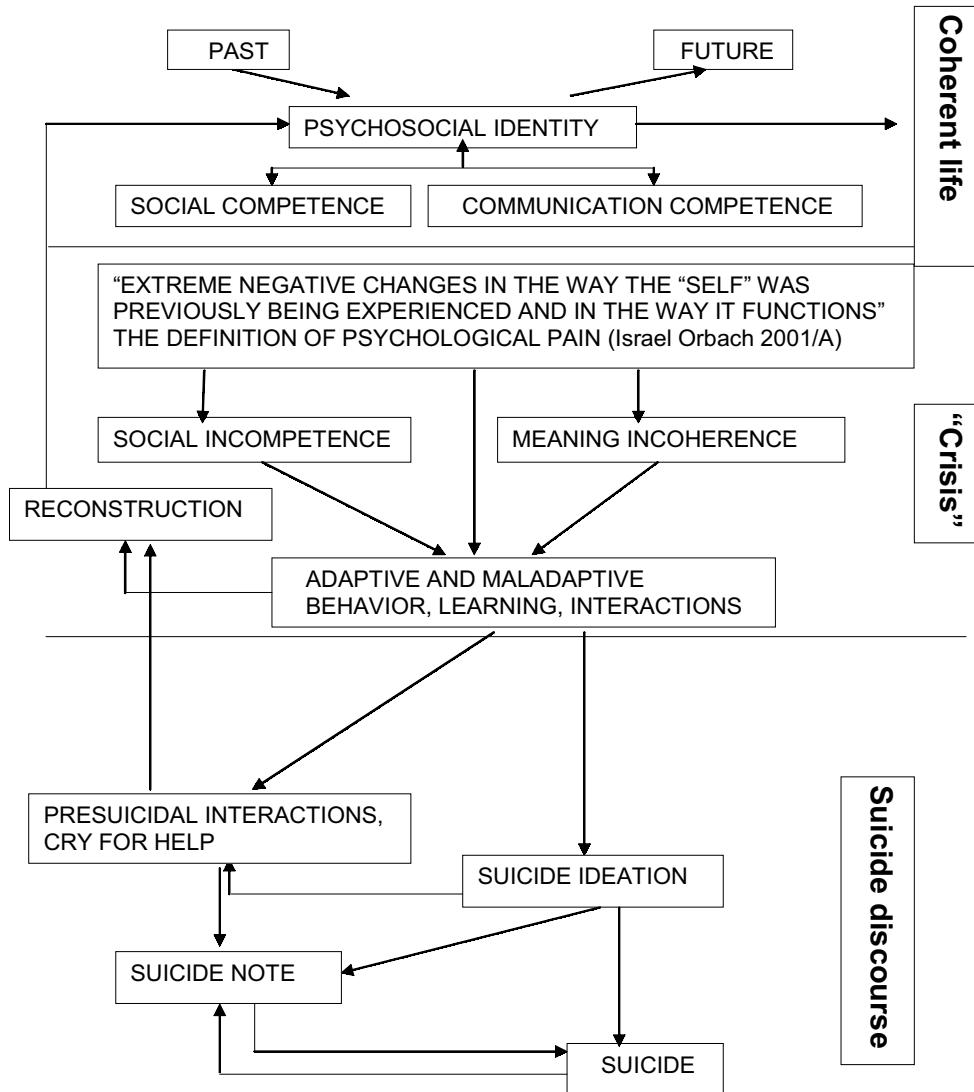


Figure 1: The flow of suicid process: A discourse related model of suicide process

Contemporary theories of personal identity (Barresi & Jukes, 1997; Bruner, 1987; Oravetz, 1999) stress the interpersonal and narrative aspects of identity-building processes. The “locus” of individual identity is in the “Persona”. Although Locke (1694/1975) described the “Persona” in the sense of Self, contemporary science recognizes some important differences between the two terms. The key for understanding the difference is social experience. Social experience might cause a certain tension between the definition of Self and the Persona, which should be defined as

“social identity”. This model presupposes a view of a socio-cultural environment, which just surrounds the individual, not influencing the integrity of the stable, long-lasting auto-reflexive matrix of the Self. Persona was perceived like a less valuable concept, which defines the individual in the mirror of the socio-cultural environment (like a soldier, a mentally ill person, a victim, etc.). Individual identity is a product of an auto-reflexive, and, at the same time, a time-related process. Namely, auto-reflexion is possible only in the case of successful anticipation of the future. Barresi (Barresi & Juckes 1997) stated that one of the greater achievements of human consciousness is the ability to build a narrative connection between past, present and future, which means at the same time also the past, present and future of a certain individual. Some authors stated that active story-telling shapes the individual into a Self. Narrative story-construction contributes to the rationalization of our meanings and is the way to define ourselves in terms of our long-range goals. (Barresi & Juckes, 1997, Carr, 1986, Bruner, 1990, Oravec, 1999).

Narrative identities are possible only if they show congruence with the possible identities offered by the socio-cultural environment. In the case of incongruence, the environment is not able to recognize the identity enacted by the individual. Socio-cultural environment is the metaphor of the “life-theater”. Narrative identity theories imply the existence of a stable self, which is from time to time reconstructed through narrative construction. Self-narratives are time dependent, however, and the position of the narrator also changes all the time. Therefore, the individual should build up many identities, which are often in opposition to each other.

The process of identity-building is inevitably connected with the dimension of time. This is because time (history) structures the individual and also the community. So the analysis (interpretation) of individual and community-based events depends on the same narrative rules. Therefore, personal narrative construction is possible only under the condition of a linguistic symbolical matrix, structured by the culture. The late-modern and post-modern identity concepts pointed out the importance of intersubjectivity. Intersubjectivity as a theoretical concept offers plasticity, very convenient to understand the dynamics of individual identity, anchored in the rules of narrative reality building.

Finally, semiotic theory, constructed by Geertz (1994) accentuates the situational power of social discourse, which is able to “impregnate” the individual with meanings, which construct a socio-cultural reality, encompassing the individual. The late- and postmodern theories of individual psychosocial identity models conjure a vision of coherent everyday life, which is obviously transparent for both the individual and the environment. But, from time to time, some events, stories, transitions and traumas radically influence the flow of everyday life and caused »extreme negative changes in the way the »Self« was previously being experienced and in the way it functions« (Orbach, 2001). These changes can be reflected in Self-representations of social incompetence and meaning incoherence. The phenomenon described above repre-



sents the first step toward the discourse of suicide. Namely, the act of suicide has been civilizationally and culturally constructed. The intentional elements (beliefs, values, myths etc.) of suicide are always shaped in interactions with other history-constructing elements of a culture. Therefore, the appearance of individual and collective suicide-related representations is always connected with the reality, represented by the particular language.

The suicide-related social discourse is always present in the intersubjective space of every society. An anecdote told by Balázs Kézdi, *“In a restaurant a roll accidentally fell from the basket. A lady, waiting in the line turned toward another lady and told her: -Look, a roll made suicide.”* - clearly reflects the presence of the suicide-related discourse in a highly suicidal culture. In any case, if an individual experienced “the extreme negative changes in the way the »Self« was previously being experienced and in the way it functions», he/she will make some adaptive (or maladaptive) steps to avoid the consequences of the painful emotions, which escort the negative or transformed representations of the own Self (Orbach, 2001). And the negative vision of the future of the affected individual has also an important role in the further development of adaptive (maladaptive) processes by modifying and influencing the coping efforts of the individual. From the other side, coping and adaptive strategies are usually influenced by the narrative history of the individual, and by the collective beliefs, skills and myths transmitted by the culture. Therefore, the suicide-related discourse contains:

- the individual and the collective,
- the actual and the historical.

By using a metaphor, the individual is supposedly sinking into the suicidal discourse, offered by the culture and transferred by the people, interacting with by using a common language, and supported by inner biological, cognitive and affective (maladaptive) mechanisms. During the time spent in a suicide-related discourse (for example, also by reading suicide notes or listening to a suicidal person), the individual has become impregnated by new meanings, cognitions, representations, and if the adaptation process does not succeed to eliminate the negative feelings, representations, hopelessness and helplessness, then the suicide-related intentions increase. The suicidal intentions are at the beginning more or less incoherent with the narrative (and cognitive) constituents of individual psychosocial identity. The ambiguity, so often observed in presuicidal process is a good marker of the incoherence described above. The “cry for help” interaction is supposedly the last, progressive act of the suicidal individual to turn the suicide process toward a life-saving outlet. So if the individual at the beginning of suicide process tends to restore coherence with the precious life history and life flow, at the end of the process the individual tries to harmonize its representations with the “suicidal mind”.

Following a failed “cry for help” communication (or not), the final sequence of



the process leading to the suicidal act increases. It serves the cognitive goal to minimize the incoherence and to integrate the suicide intent into the individual identity or to restore the life narrative in the sense to integrate such experiences, coherent with the idea of suicide. It seems that the harmonization of the suicide with the individual identity minimizes the unbearable psychological pain, characteristic for the suicide process. Suicide notes have an important role in the realization of cognitive coherence between the individual and the products of suicidal mind, appearing in discourses, representations, intentional categories. In some, highly suicidal Central-European cultures, the linguistic use of negation seems to be the most appropriate tool to realize the deconstruction of positive representations toward the Self and others – so often observed in notes of suicidal individuals (Oravec, 2000b, 2001). According to the discourse-related suicide model presented above, it seems that discourses, constructed under the influence of suicide, are like footsteps in the snow. They are left behind as the prints of cognitive processes, intentional categories, affects, and coping mechanisms. But discourses are also the prints of communication acts, which modify the cognition, beliefs and inner representations.

The better or more coherent understanding of suicide could be possible only by proper interpretation of discourses, which arise in connection with the suicide process. Such discourses, as:

- Acts of verbal (dialogical) presuicidal communication (for example: “cry for help”)
- Suicide notes, farewell letters (written texts)
- Internet accessible texts (Farewell letters, statements, representations on suicide etc.)
- Verbally communicated discourses of survivors
- Media constructed texts on suicide
- Literary discourse on suicide
- Collective and individual representations on suicide, suicide notes

The suicidological relevance of suicide-related discourses is not direct and simple. The suicide-related discourse is significantly, but not directly reflecting the suicidal cognition and suicidal belief system. Namely, all this texts and discourses (in linguistic sense) are culturally and situationally determined.

- Some important differences come out from facts of the written or spoken language.
- Some conversational discourses are dialogical and some others are not.
- And some of written texts follow the structure of a letter and others not.
- The suicide-related thoughts have been transformed by the rules of language, interpersonal situation, etc...

Therefore, the discourse-related suicide research might contribute to the understanding of the universe of suicide by knitting a net of knowledge, using the methodology and concepts of contemporary human science. It seems also important to point out that suicide-related discourses have many important roles in the suicide process. Discourses may have constative and narrative, story-telling roles, but also the performative use is also often observed in presuicidal conversations and suicide notes. The illocutionary force of some written or spoken statements of suicidal individuals is sufficient to transform the relationships of a suicidal individual toward others or to influence the intentional states of an other person. And the analysis of presuicidal conversations suggests that also the statements, addressing a suicidal individual could contribute to the transformation (changing outlet) of a suicidal process. As one of my clients cited in her trauma confession:

*“The thought leads every thing, the thought leads and transforms them. And if somebody, full of bad thoughts speaks or does things, the suffering will follow him, as the wagon follows the paths of harnessed ox.” (An old chinese saying).*

## References

- Barresi, J. & Juckes, T. (1997). Personology and the narrative interpretation of lives. *Journal of Personality*, 65, 693-719.
- Bruner, J. (1987). Life is narrative. *Social Research*, 54, 11-32.
- Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Carr, D. (1986). *Time, narrative and history*. Bloomington: Indiana University Press.
- Cohen, A.P. (1994). *Self-consciousness*. London: Routledge.
- Cseh-Szombathy, L. (1967). Preface. In: Durkheim E. (1967) *Az öngyilkosság [I]* (pp. 3-5). Budapest: Közgazdasági és Jogi Könyvkiadó.
- Durkheim, E. (1967). *Az öngyilkosság [The suicide]*. Budapest: Közgazdasági és Jogi Könyvkiadó.
- Erdős, B.M. (2001). Az impressziókeltés jelentősége a dialógus kialakításában és fenntartásában [The role of impressioning in establishing and maintaining dialogue]. *Addiktologica Hungarica*, 9, 3-15.
- Farberow, N.L. & Schneidman, F.S. (1961). *The cry for help*. New York: McGraw-Hill.
- Gadamer, H.G. (1984). *Igazság és módszer [Truth and method]*. Budapest: Gondolat.
- Geertz, C. (1994). *Az értelmezés hatalma [The power of interpretation]*. Kiadó: Századvég.
- Kézdi, B. (2000). Jel, kontextus: Az öngyilkosság diszkurzív elmélete [Sign and Context: Discursive theory of suicide]. *Addiktologica Hungarica*, 8, 291-305.
- Koltai, M. (2001). *Szuicidium a családban [Suicide in family]* (Unpublished PhD dissertation). Pécs: University of Pécs.
- Leenaars, A.A., Balance, W.D.G., Wenckstern, S. & Rudzinsky, D.J. (1985). An empirical investigation of Schneidman's formulations regarding suicide. *Suicide and Life Threatening Behavior*, 15, 321-341.
- Leenaars, A. (1988). *Suicide notes*. New York: Human Sciences Press.

- Locke, J. (1694/1975). *An essay concerning human understanding*. Oxford: Clarendon Press.
- Merton, R.K. (1980). *Társadalomelmélet és társadalmi struktúra [Social theory and social structure]*. Budapest: Gondolat.
- Oravecz, R. (1999). Egy multidimenzionális trauma – modell felé [Toward a multi-dimensional model of psychological trauma]. *Pszihoterápia*, 8(3), 48-67.
- Oravecz, R. (2000a). *Szlovén öngyilkos szövegek és a II. világháború során kivégzett hazafiak búcsúleveleinek összehasonlító elemzése [On the contents of suicide notes and farewell letters of patriots, executed during the Second World War]*. Pécs: Tele-dialógus Pannonia.
- Oravecz, R. (2000b). Znanstvene kontroverze v slovenski suicidologiji 80-ih let [Scientific controversies in Slovene suicidology in the eighties]. *Anthropos*, 3-4, 175-183.
- Oravecz, R. (2001). The content of suicide notes and the role negation in the presuicidal process. In O.T. Grad (Ed.), *Suicide risk and protective factors in the new millenium* (pp. 132-148). Ljubljana: Cankarjev dom.
- Orbach, I. (2001). Mental pain: Conceptualization and clinical aspects. In O.T. Grad (Ed.), *Suicide risk and protective factors in the new millenium* (pp. 132-148). Ljubljana: Cankarjev dom.
- Osgood, C. & Walker, E. (1959). Motivation and language behavior: A content analysis of suicide notes. *Journal of Abnormal and Social Psychology*, 59, 58-67.
- Osváth, P., Fekete, S. & Tiringi, I. (1996). Szuicidium és szöveg [Discourse and suicide]. *Addiktologica Hungarica*, 4, 5-13.
- Ringel, E. (1969). *Selbstmordverhütung*. Bern: Huber.
- Sheidman, E. & Farberow, N. (1957). *Clues to suicide*. New York: McGraw-Hill.
- Schneidman, E.S. (1973). Suicide notes. *Reconsidered Psychiatry*, 36, 379-394.
- Stengel, E. (1964). *Suicide and attempted suicide*. Middlesex: Penguin.
- Weintraub, E. (1981). *Verbal behavior: Adaptation and psychopathology*. New York: Springer.

Prispelo/Received: 15.08.2003

Sprejeto/Accepted: 22.12.2003