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ture and conceptual frameworks on which to arrange and examine the data.

It should be emphasized that methodology is a crucial part of science. However, the "scientific method" should not be mistaken for a set of infallible canons; methods and technology are continually evolving in a changing intellectual, cultural and social milieu. Yet it is not the methods and experimental rigor which advance science. Scientific progress results from critical and imaginative thinking. In fact, premature insistence upon methodological precision at all costs may sterilize imaginative ideas. As Adams (1954) points out, one always loses when phenomena are ignored for the sake of techniques. He further notes that the only things to which any inquiry owes respect are its phenomena; methods for studying and observing these phenomena are of secondary consideration.

This focus on science as a creative act has admittedly excluded much of what is commonly described as scientific. But granting these discrepancies, the above conception of science has attempted to underline a central scientific purpose—the creative search for understanding and intelligibility in the variety of natural phenomena.

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Suicide As A Positive Act

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In the recent past, "suicide" as a topic for psychological investigation was taboo and, indeed, there was a certain excitement in being a student of a taboo topic (Farberow, 1963). Today the taboo on the study of suicide has gone but a more important taboo remains—a taboo on the "behavior" of suicide. Suicide is considered to be bad, wrong, and unuseful. This is reflected in a recent article in the *Bulletin of Suicidology*, published by the National Institute of Mental Health in the Department of HEW. In this article, Pretzel (1963) argues (illogically, it may be noted) that no suicide can be considered to be the product of a rational mind.

This attitude is poor for it biases the research that is carried out into suicidal behavior. Psychologists look for the unhealthy and psychotic aspects of the behavior and not for the constructive aspects. They, therefore, find only unhealthy aspects associated with the behavior, which serves to support their self-fulfilling prophecy. My aim in this paper is not to argue the opposite point of view, but rather to point out that not all psychologists share the establishment view about suicide.

Completed Suicide As A Positive Act

It is rare to find a psychologist who will openly advocate or recommend suicide as a solution to a person's problems. Those with an existential viewpoint, however, have felt that suicide can be a rational and positive act, an act in which the individual chooses, acts, and in doing so exists. A famous illustration of this is the discussion of Ellen West by Binswanger (1953). Binswanger concluded that

From the standpoint of existential analysis the suicide of Ellen West was an "arbitrary act" as well as a "necessary event." Both statements are based on the fact that the existence in the case of Ellen West had become ripe for its death, in other words, that the death, this death, was the necessary fulfillment of the life-meaning of this existence (p. 295).

... I exist authentically when I decisively resolve the situation in acting ... In contrast to the "affect"-laden short circuit reactions of her earlier suicidal attempts, this suicide was "premeditated," resolved upon after mature consideration. In this resolve Ellen West did not "grow beyond herself," but rather, only in her decision for death did she find herself and choose herself (p. 299).

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Weisman (1966) has introduced the concept of an *appropriate death* which has some relevance here. An appropriate death was defined as one in which there was a reduction of conflict, compatibility of significant relationships, and consummation of prevailing wishes. An appropriate death is the death an individual might choose for himself if he had the option. Phrased in this way, it seems possible that a suicidal death could be an appropriate death. It could fit the criteria outlined by Weisman. It could be argued that there are some individuals for whom a natural, accidental, or homicidal death would not be in accordance with their life-style. Their particular life style might demand an impulsive or violent self-chosen ending to their life. For them, suicide could be an appropriate death.

Weisman balked at affirming that suicidal death can be an appropriate death and it might be of interest to analyze his reasons. He noted that suicide may replace a homicidal fantasy. This may not be true in general (Lester, 1968) but were it true for some people I cannot see how it argues against the possibility of suicide as an appropriate death for others. Secondly, Weisman argued that suicidal impulses are not constant. Again, this assertion has no research data to support it and, were it true for some people, it would not argue against some suicidal deaths being appropriate according to Weisman's definition. Weisman doubted that any individual chooses suicide, quietly and dispassionately as the culmination of a life plan. We do not know yet whether there are no individuals who choose suicide quietly and dispassionately and it does seem possible that a suicidal death might be as much a part of a life's plan as a natural death.

Pretzel (1968) has noted that our society often endorses four types of suicide as "rational": suicides carried out for some cause (such as martyrdom), suicide as a reaction to a lingering, painful, and incurable illness, suicide where the individual is not receiving any pleasure from life, and love-pact suicides. Pretzel commented upon this view by selecting an example of each of these types of suicide and demonstrating some degree of emotional disturbance in each of his examples. He concluded that in each case there were psychopathological factors at work in the motivation of the act.

The way in which Pretzel has presented his evidence shows a clear bias. First, he could have found, had he searched, illustrations of each of the four types of rational suicide in which psychological disturbance was less apparent. Secondly, to demonstrate pathology in the suicidal people without examining a control group introduces additional bias. To some extent, all of our actions are motivated by impulses which a clinical psychologist might classify as psychopathological. Why did those who engage in suicide research and suicide

prevention take up such a career? Might this choice of career be part of a defense mechanism helping us to cope with our own suicidal impulses?

Therefore, to show psychopathological factors at work in the determination of suicidal behavior is not relevant to the issue of whether suicidal behavior can ever be an appropriate or a rational death. Some individuals will be found on the basis of psychological tests to have minimal emotional disturbance, at least no more than the average "rational" man. Among these we may find a justifiable suicide.

Suicidal Attempts and Ideation As Positive Acts

The cathartic effect of an attempt at suicide has been noted (Farberow, 1950) and the views of Dabrowski (1964) are relevant here, though he himself has not discussed suicidal behavior. Dabrowski has introduced the concept of *positive disintegration*.

In relating disintegration to the field of disorder and mental disease, the author feels that the functional mental disorders are in many cases positive phenomena. That is, they contribute to personality, to social, and, very often, to biological development. The present prevalent view that all mental disturbances are pathological is based on too exclusive a concern of many psychiatrists with psychopathological phenomena and an automatic transfer of this to all patients with whom they have contact (p. 13).

Dabrowski noted that the recovery of some patients results not only in the recovery of their health but also the attainment of a higher level of mental functioning. There is here, then, the recognition that some crises and some disintegrations of the personality can have a positive growth effect. The person may be unable to grow, perhaps, if disintegration is prevented. Whether this is so and to what extent it is will require research that must be kept free of *a priori* biases.

Even when suicidal behavior may not be viewed as a positive act, it can be seen as a useful and helpful approach to crises. For example, Farber (1962) has described a certain kind of person for whom the idea of suicide is a solution to any difficulty that may occur in his life. Such a person responds to a crisis by saying to himself that if things get worse he will kill himself. Farber himself condemned such behavior. But such an approach to crises may be a useful mechanism for dealing with depression and apathy. When depression descends upon this kind of person, rather than becoming morose and apathetic, he is able to say to himself "If things get worse I'll kill myself" and then proceed to cope with the crisis. The ideational escape provides him with the means by which he can continue to function.¹

I would like to suggest, therefore, that it is not impossible that suicidal behavior can be a useful response to a situation. A suicidal threat or a suicidal attempt may be efficacious in changing the environment of the individual in a favorable way. There are few data available presently for a test of this assertion for the attitudes of research workers toward suicidal behavior engenders a concern with the negative aspects of suicide.

What Alternatives Can We Give The Suicidal Person?

A final issue that I would like to consider concerns the alternatives that we have to offer the suicidal individual if we prevent his suicide. To intervene in his suicidal course, we need to believe that we can offer him a better alternative to death. What if the alternative is institutionalization?

. . . a therapist should always do whatever he can to prevent an act of suicide by an emotionally disturbed person. But physical restraint of action should be delayed as long as possible . . . Institutionalization may be the final clamp that bolts down one's self-image of worthlessness, and the result is sure death of one kind instead of possible death of another (Basescu, 1965, p. 103).

Some psychiatrists, Szasz (1965) for example, believe that the therapist can hospitalize a patient, whatever the crisis, only at the cost of his moral commitment to his patient and the violation of his contract with the patient.

The life that may be available to an individual may not be of worth to that individual: a few years of severe pain as he dies from some presently incurable disease or a social situation that is tormenting to the person. Shneidman (1966) has stated that the goal of the NIMH Center for Studies of Suicide Prevention is to reduce the suicide rate of the United States and he has said that we must demonstrate that the lives we save were indeed saved. He went on to say that this means that we need accurate statistics to count deaths. Perhaps we should also ask whether the lives were saved in a different sense to that considered by Shneidman. We should ask whether we were able to give each individual that we saved a life worth living. Obviously, if we affirm the worth of life in any circumstances, there is no problem. However, if we affirm this, we must be prepared to be looked upon as fools by those who do not.

As an example here, the environment into which we release a formerly suicidal patient may not be a favorable one. In the past (and I'm sure at present also) a large number of patients released from psychiatric hospitals commit suicide when back in their home environments. From the hospital's

point of view, the patient was "improved" and released. It is time to consider the situation from the patient's point of view.

My aim here has not been to argue against suicide prevention, but rather to restore a balance, hitherto weighted down by those who categorize suicidal behavior as bad, without qualification.² Such a view is an opinion and as such is open to question. Perhaps, as for all opinions, no resolution will be possible. But at least let us be aware of our prejudices and try to avoid letting these prejudices flavor the research that is carried out and the interpretation given to the results of the research.

SUMMARY

The prevalent view today is that suicide is an evil which must be eradicated. Such an attitude can only be a hindrance in carrying out meaningful research into suicidal behavior. Examples were given of psychologists who do not consider suicidal behavior to be always inappropriate behavior.

NOTES

1. I should thank Dr. H. Rand for mentioning this point to me.
2. This view is especially notable in those who hold positions as editors of psychological and psychiatric journals such as the *Bulletin of Suicidology* and *The American Journal of Psychotherapy* (Lesse, 1965).

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Factor Analysis of a Non-Intellectual Scale For Predicting Achievement in Introductory Psychology

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After reviewing the literature concerning non-intellectual variables and scholastic achievement, Taylor and Farquhar (1965) concluded that the achiever: (1) enjoys academic activities; (2) has definite goals; (3) relates well to authority figures; (4) is skilled in interpersonal relationships; (5) experiences little independence-dependence conflict; (6) has positive self values; and (7) copes effectively with anxiety. Garms and Ray (1969) attempted to develop a standardized instrument for assessing personality correlates of achievement in introductory psychology using the hypothesized variables of Taylor and Farquhar as guidelines. They drew items from various sources which discriminate between achievers and under-achievers and created a *new* scale which was administered to two validation samples. In the first validation sample predicted and obtained grades correlated .43; in the second sample the new scale correlated .55 with final psychology grade.

PROBLEM

The 66 items isolated by Garms and Ray appear to predict introductory psychology grades with an acceptable degree of accuracy but what personality variables the scale measures is unknown. The purpose of this investigation is to utilize factor analytic procedures in an attempt to discover the dimensions of personality which are tapped by the new scale.

Data was obtained from 147 freshman and sophomore students (60 females and 87 males) ranging in age from 18 to 29. Utilizing final introductory psychology grade as criterion, the following factors emerged¹.

RESULTS AND DISCUSSION

Factor one, *Ethnocentrism*, characterizes the extremely prejudiced and intolerant individual who projects unacceptable feelings onto racial minority groups and rigidly rejects any values which differ from his own. This factor characterizes the student who is suspicious, anticipates personal mistreatment, and thus maintains emotional distance from others. Further, the ethnocentric student avoids emotional arousal and rejects emotionally-laden material presented by authority figures. Disturbed interpersonal relationships, rigidity in