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ABSTRACT

This study attempted to provide some initial normative data to help professionals and researchers to distinguish between playful and stimulating suicidal fantasies as opposed to serious and compulsive thoughts and behaviours characterized by negative affects. It is argued that the former is a natural consequence of cognitive development, the entry into formal operational thought, which results in the extension from reality into the world of possibility which begins during the period of adolescense. However, when the precipitating mood and consequent affects become negatively coloured, perhaps in part, due to misunderstanding the "normalness" of such thoughts as well as the absence of feedback from significant others, then pathology is likely indicated. When we can make this distinction and monitor such shifts, that is, from spontaneous curiosity and excitement to obsessive thoughts and depression, we shall have taken a large step forward in predicting suicidal attempts and remediating them. (Author)

# SUICIDAL FANTASIES AND POSITIVE/NEGATIVE AFFECTS

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The suicide rate for older adolescents has nearly tripled in the last two decades, and suicide ranks as the fourth or fifth leading cause of death for this age group. Among college students, we find that suicide is the second leading cause of death, topped only by accidental death. These figures are, at best, conservative, since many completed suicides either go undetected, as in single-car accidents, or unreported for a variety of emotional and financial reasons.

Most researchers in suicide have used retrospective techniques in attempting to understand and perhaps predict subsequent attempts and completions; they have focused largely on the immediate precipitating factors such as family crises, and longer-term predispositions. However, there is relatively little research dealing with the intellectual processes and the associated feelings about suicide in nonsuicidal populations. We need to know how the average person thinks and feels about his or her own suicidal fantasies in order to provide a more accurate basis of comparison with suicidal populations. And when this basis is known, we may then begin to develop predictive and remedial strategies before the person develops intellectual and emotional disturbances which lead to suicide. To illustrate, it has been estimated that over 80% of adults have played with suicidal thoughts or fantasies. But we do not know which thoughts are common, how frequently they occur, nor the moods preceding and following them. However, because of the cultural stereotypes about mental illness, people may respond to these "normal" thoughts and become guilty, ashamed and embarrassed - which may then lead them into depression and perhaps eventually suicide. Thus, suicidal attempts may, in part, be a function of how society makes a person feel about their own

curious and "normal" suicidal thoughts. However, when we know the dimensions of such normative fantasies, we shall be better prepared to eliminate this factor from the etiology of suicide.

The purpose of this study was to assess the kinds and frequency of suicidal thoughts in a random sample of 100 "normal" college students not currently being treated for depression or attempting suicide; six of these, it was later discovered, had attempted suicide at an earlier time. The positive and negative affects prior and subsequent to having suicidal thoughts were also assessed.

An inventory was distributed to students in undergraduate classes by a psychologist and students were told participation was optional. The inventory contained a list of 13 suicidal thoughts collected from case histories and pilot work; for example, "Thinking about how taking a handful of aspirins would feel," "Thinking about who would miss me if I were to die." Space was also provided for participants to describe suicidal fantasies not listed. After reading the list, participants marked the frequency of such thoughts by checking "Never, Once or Twice, A Few Times, or Often" for each different thought. Participants also checked the dominant feeling prior and subsequent to having each kind of thought that they had previously checked. They were asked to indicate whether they had positive affects of either being "intellectually stimulated" or "relieved/relaxed," or the negative affects of "anxious" or "ashamed/guilty." After participation, a thorough debriefing followed.

Ninety-nine percent of the participants admitted to having had at least one suicidal thought, with the average number being six of a possible 14. We found, for example, the three most popular suicidal thoughts, those with over 80% admitting to them, being "Thinking about who would miss me if I were to die," "Standing on a bridge and feeling 'pulled down,'" and "Wondering what it would feel like to 'play chicken' while driving." On the other hand, some of the least common fantasies

were "Thinking about how to make a suicide look like a murder," "Thinking about how it would feel to play Russian Roulette," and "Wondering how it would feel to be hung."

When we examined the affects associated with these thoughts, we found that 40% of the popular fantasies had predominantly positive affects. For example, "Thinking about what you'd put in a suicide note" was mentioned as intellectually stimulating, while "Thinking about who would miss you" was claimed to result in feelings of "relief." Alternatively, 60% of the popular fantasies were characterized by negative affects; for example, "Standing on a bridge and feeling 'pulled down'" resulted in high levels of anxiety, while "Wondering what it would feel like to 'play chicken' while driving a car" resulted in feelings of shame.

We also attempted to assess the relationship between just toying with the idea and carrying out a first behavioural step while fantasizing. For example, would those students who wonder "How it would feel to take a handful of aspirins," also likely be those who might hold a bottle of aspirins while toying with the idea?; or those who "Wonder how it would feel to be hung," be those who actually construct a noose? We also assessed how they felt after taking that first behavioural step while fantasizing. A significant positive correlation (.63, $p < .001$) was found; that is, the more students fantasized about suicide, the more likely they were to take a first step. And separately examining the six students who had previously attempted suicide, we found the correlation much higher, .82!

The magnitude of these relationships must be understood within the context of the emotions accompanying these first steps. About half of the instances in which such behavioural steps were taken were characterized by positive affects; that is, many students performed a first step for excitement and intellectual curiosity; others felt relieved that they hadn't progressed to more serious behaviours. On the other hand, the remaining instances of first steps resulted in feelings of

anxiety, guilt or shame, presumably since they had been so bold as to take a first step. It was also found that the more situations in which first behavioural steps were taken, the more affects, both positive and negative, were generated--these correlations all being highly significant ($p < .001$) and around .50. This finding suggests that part of the motivation for a first step is emotional arousal and excitement--and these are students who are not attempters. When we looked at the few attempters separately, their affects were consistently negative; that is, feelings of curiousity and relief were rare. Therefore, it appears that the affect associated with taking a first step may be more discriminating in terms of attempters and nonattempters than the kinds or frequency of suicidal fantasies. One implication is that when feelings of excitement and relief are no longer associated with such fantasies and first steps, and the affects are predominantly negative (and perhaps obsessive), pathology may be indicated.

Information was also obtained concerning the mood which precipitated the first steps while fantasizing suicidal themes; namely, whether they were sad or depressed. We compared the correlations between depressed moods and first steps for attempters and nonattempters separately, and found the mood of attempters was consistently depressed (.97); for nonattempters, depression was less consistently associated with first playful steps (the correlation being .64).

This study attempted to provide some initial normative data to help professionals and researchers to distinguish between playful and stimulating suicidal fantasies as opposed to serious and compulsive thoughts and behaviours characterized by negative affects. It is argued that the former is a natural consequence of cognitive development, the entry into formal operational thought, which results in the extension from reality into the world of possibility which begins during the period of adolescence. However, when the precipitating mood and consequent affects become negatively coloured, perhaps in part, due to misunderstanding the "normalness" of such thoughts as well as the absence of feedback from significant others, then

pathology is likely indicated. When we can make this distinction and monitor such shifts, that is, from spontaneous curiosity and excitement to obsessive thoughts and depression, we shall have taken a large step forward in predicting suicidal attempts and remediating them. Of course, given the present paucity of such normative data and our relative inability to obtain such data before there is an attempt, we should continue our conservative practices and take each verbal report and behaviour seriously so that a decision can be made as to the degree of pathology involved in that particular case.

And finally, we would like to emphasize the need for research in "normative" suicidal fantasies; but more importantly, the processes by which these "normative" fantasies become pathological and self-destructive. Only then can we begin to fully understand the etiology of suicide.