persons was a lifelong dispositional tendency rather than due to a transient stress reaction.

**Rigidity and constriction of thinking.** Psychiatric folklore has long argued that suicidal patients are extremely rigid in their thinking. This rigidity makes it difficult for the suicidal person to shift perspectives and entertain new options. Abundant empirical substantiation of this position has been reported. Neuringer and Levenson have found that suicidal persons have difficulty in shifting from once-appropriate-but-now-inappropriate problem-solving strategies to a much greater degree than nonsuicidal persons. Levenson reported that the general range of conceptualization was more constricted in suicidal than in nonsuicidal persons. Levenson also presented evidence that this rigidifying effect influenced the perceptual processes (in terms of both peripheral vision and perception of what is central).

**Time perception.** Studies of how suicidal patients perceive time have reported that they are more "present" than "past and future oriented." Neuringer and his colleagues attempted to tease out the mediating processes underlying this organization of time perception. Using both behavioral and attitudinal measures of time perception taken from suicidal, geriatric, terminally ill, and normal subjects, they concluded (1) that suicidal persons have an attachment (or fixation) to the immediate present greater than that found in the other subjects and (2) that there is among suicidal patients a crippling of the ability to project, imagine, fantasize, and think about the future. It was felt that all these findings could be traced to an accelerated perception of the passage of time and that other observations in the literature about suicidal patients (increased impulsiveness and feelings of boredom, misery, and wretchedness) were also related to this phenomenon.

The literature on suicidal thinking indicates the substantial presence of several aspects of cognition that lead to self-destructive behavior.

1. Suicidal persons have difficulty in utilizing and relying on internal imaginative resources to a greater degree than nonsuicidal persons.
2. Suicidal persons polarize their perceptions to a greater degree than all other comparison groups.
3. Suicidal patients are more rigid and constricted in their thinking than nonsuicidal persons.
4. Suicidal persons are more present oriented (than past and future oriented) than nonsuicidal persons, and they show a startling lack of ability to project (or imagine) themselves in the future.

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**Suicide Notes Reconsidered**

This chapter of the book was written by Edwin S. Shneidman, Ph.D., Professor of Thanatology and director of the Laboratory for the Study of Life-Threatening Behavior at the University of California at Los Angeles.

Shneidman begins this chapter on suicide notes by reflecting that a score of studies over the past 20 years have not produced, to his satisfaction, the amount of new insights that he had hoped would accrue. For 25 years his basic thesis (in the Hegelian meaning of the word) was that a close study of suicide notes — written as they are in the very context of the deed that they are meant to reflect — would yield important theoretical and clinical knowledge about suicide phenomena themselves. The major burden of this chapter is that this has not been realized as fully as had been expected; the further purpose of the chapter is to explore reasons why this is so.

Suicide notes are placed in the larger context of what Gordon Allport called "personal documents." These include letters, diaries, autobiog-
raphies, journals, and, obviously (although Allport neglected to mention them), suicide notes. After reviewing the literature on suicide notes and presenting the findings of a variety of studies (by Osgood, Neuringer, Glaser, Tuckman, and others), Shneidman concludes that these studies tell us more about suicide than they do about suicidal phenomena and, further, what they do tell us about suicidal phenomena — the dichotomous logic, the hostility and self-blame, and the great emphasis on the word “love” and its many nuances — is not as revealing as we might expect. He then asks the question: Why is this so?

For his answer he turns to comparisons with other “death documents”: letters before being executed, letters from concentration camps, diaries kept by persons dying of a fatal disease like cancer; further, he invokes the concepts of denial and constriction. Constriction — the narrowing of perceptual focus, the tunneling of intellectual vision — is critical. In order to commit suicide, one must be in this constricted frame of mind, closing the world of loved ones off to oneself. It is a state of mind that would seem to make the writing of a psychodynamically lucid document almost impossible. When a person is about to commit suicide, he cannot write a full and explicative note; conversely, if a person could write a comprehensively explanatory note, he would not have to commit suicide.

A classification of suicide notes, based on their epistemologic status (largely after Hegel), is offered. Five kinds of notes are suggested: thetical (notes that simply assert a thesis), antithetical (those that deny or rebut a thesis), synthetical (those that combine a thesis and its opposite), atheitical (notes that lack any point of view and simply give instructions), and ambithetical (those that contain the logical contraries and also reflect the psychologic ambivalences).

The relative barrenness of suicide notes is contrasted to the full psychologic explications found in some extended death documents by persons dying of a terminal illness. These documents are written over time and, obviously, are not turned to when the writer is in a state of denial or constriction but, rather, are written in moments of insight and special lucidity. It seems to be quite different to have one’s life threatened by an outside hostile force or an inside inimical disease than to wish for cessation in a constricted frame of mind, wherein the viable options are not present to the mind.

A final important word: Shneidman feels that this paper is definitely not his last word on this topic. If his original position that suicide notes were the royal road to the understanding of suicide was his perhaps oversimplified thesis, this paper — which advances the notion that suicide notes, by their very nature, cannot be full and rich documents — must be reviewed as his somewhat overstated antithesis. The synthesis of these two views, on which he is currently working, is that when a suicide note is placed into the context of a detailed, longitudinally obtained life history, the suicide note illuminates the life and the details of the life “explain” and make meaningful the words in the suicide note.