

J. F. Edland,¹ M.D. and C. E. Duncan,² M.D.

Suicide Notes in Monroe County: A 23 Year Look (1950–1972)

Suicide has occurred since the beginning of recorded history [1,2]. Many recent studies in the psychiatric literature deal with descriptive variables, including both the sociological and psychological factors operating at the time of the suicide [3,4].

In Monroe County (Rochester, New York) all suicides are investigated by a trained team of professionals and completely autopsied; and the decision as to the manner of death is made by the full-time medical staff of the medical examiner's office. It is obvious that during the course of routine investigations and autopsies unsuspected suicides are discovered. It is also obvious that many suspected suicides cannot be proven with current techniques and must of necessity fall into the limbo of undetermined.

Since the suicidal manner of death is indisputable with a valid note of intent, the authors decided to examine all suicide notes over a 23 year period in an attempt to analyze the characteristics of such notes, their incidence, and the relationship of the note to the final act of self violence.

All suicide notes in Monroe County are retained as part of the permanent case record in their original form. All certified suicide cases from 1950–1972 (1418 cases) were reviewed and those with notes were evaluated for intent, content analysis, length, educational level, age, sex, race, and religion. An attempt was then made to classify them according to the constellations of suicide proposed by Hendin [5].

Study of Suicide by the Monroe County Medical Examiner's Office

Monroe County is a medium sized affluent county in upstate New York with a population of 750,000. It is a controlled population with several large stable industries (for example, Kodak, Xerox), a famous University, and numerous small industries and colleges. Most people come to the area to stay and, consequently, a large segment of the population have extensive amounts of information collected about them (medical, psychiatric, employment, law enforcement, etc.). The Monroe County Medical Examiner's office has the responsibility for investigating any deaths that are in the public interest, with the legal authority to investigate, autopsy, and certify such deaths. Since its inception in 1961, the medical examiner's office has had medical-legal as well as research interests in

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¹ Chief medical examiner for Monroe County and clinical assistant professor of Pathology and Psychiatry, The University of Rochester School of Medicine and Dentistry, 260 Crittenden Boulevard, Rochester, New York 14642.

² Assistant medical examiner for Monroe County and clinical instructor in Pathology and resident in Forensic Pathology, The University of Rochester School of Medicine and Dentistry, 260 Crittenden Boulevard, Rochester, New York 14642.

the problem of suicide, and the professional as well as the lay investigative staff are strongly motivated to determine its prevalence. All cases are investigated by a trained team and autopsied, and the findings are evaluated by at least two forensically oriented physicians before the manner is determined. Because of the intense interest in this area, the bias is on the strong side with the degree of certainty required for certification probably somewhat less than in some medical legal facilities. It is significant, however, that while rulings are frequently challenged there has only been one case reversed in an 11 year period. When there is reasonable doubt, the manner is considered undetermined. Undoubtedly an occasional case has been overcalled but the authors feel that with the numerous checks and balances employed that the accuracy of the figures is, if anything, slightly on the low side.

U.S. Epidemiology

Suicide is the 10th major cause of death in the United States each year with approximately 25,000 deaths reported. Some authorities feel the figure is closer to 30,000 [4]. The national average yearly suicide rate is 10.5 per 100,000 varying from a low of 6.7 in Providence, Rhode Island to a high of 17.3 in Tampa, Florida. The suicide rate is 16 per 100,000 for men and 5 per 100,000 for women. The suicide rate for men increases in frequency until age 85 while the peak for women is between 55 and 65. Suicide is negligible under age 15, is twice as common in the single, and has the highest incidence at the bottom of the socioeconomic scale. In the United States, Protestants have a significantly higher suicide rate than Catholics and Jews. As to method, firearms account for one-half of male suicides and one-quarter of female. Poisoning accounts for one-third of the female suicides with only one-fifth of the men utilizing this method. Hanging accounts for one-fifth of both male and female suicides [6].

Monroe County Epidemiology

Suicide in Monroe County is the 11th major cause of death and currently averages 85-90 cases per year (Fig. 1), for a rate of 12.0 per 100,000 population. Men commit suicide twice as frequently as women (Fig. 2), and both groups are age related (Fig. 3).

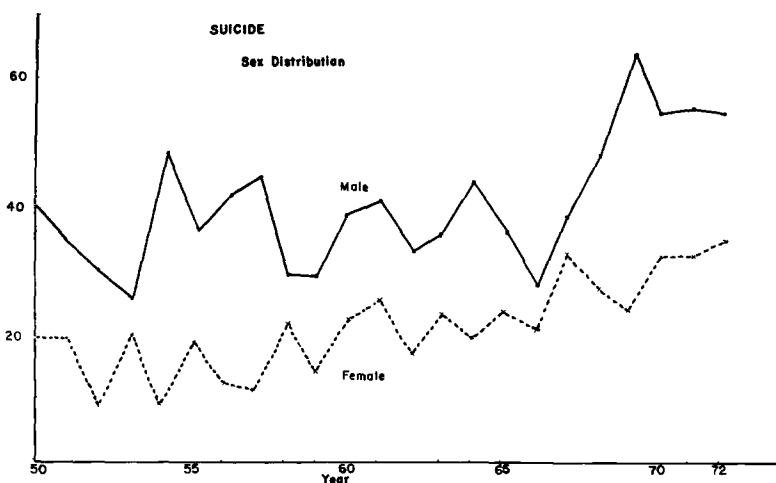


FIG. 1—Histogram depicting sex ratio of suicides for past 23 years.

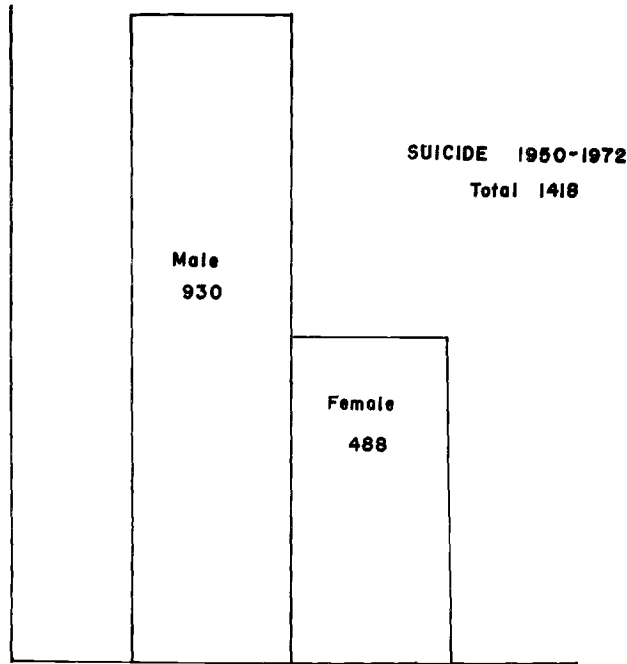


FIG. 2.—Distribution of suicides by sex for past 23 years.

Approximately 1 person per year under the age of 15 commits suicide, and suicide is three times as common in the single as the married. Due to the fact that Monroe County is one of the richest in the nation, the socioeconomic level of successful suicides is predominantly middle class. Negroes rarely commit suicide and a suspected suicide in this group raises the suspicion that the death may actually be a concealed homicide. On a population ratio basis Jews commit suicide twice as frequently as the Catholics and Protestants. As to method, firearms account for one-third of male suicides and one-tenth of female. Poisoning with drugs or chemicals accounts for one-third of the female suicides with less than 10 percent of the males utilizing this method. One-fifth of both men and women use carbon monoxide or hanging in successful suicides. Drowning or jumping accounts for 5 percent of the male and less than 2 percent of the female suicide population (Fig. 4). It is apparent that, except for the reversal between firearms and drugs, men and women essentially utilize the same methods in Monroe County [7].

Psychodynamic Constellations

Freud wrote that the "unconscious does not believe in its own death" [8]. Because the main source of knowledge about what produces suicidal behavior is provided by suicides themselves who, through verbal or written communication, indicate the reason, or reasons, that drove them to their deaths, certain attitudes related to the motivation behind this irrevocable act can be gleaned from the content analysis of suicide notes. It has been axiomatic in the biological sciences that understanding frequently begins with classification. It was decided therefore to categorize all notes studied into seven psychodynamic constellations: 1) Death as Retaliatory Abandonment, 2) Death as Retroflected Murder, 3) Death as a Reunion, 4) Death as a Rebirth, 5) Death as Self-Punishment, 6) Death as Punishment for Society, 7) Death as a Justifiable Solution [5].

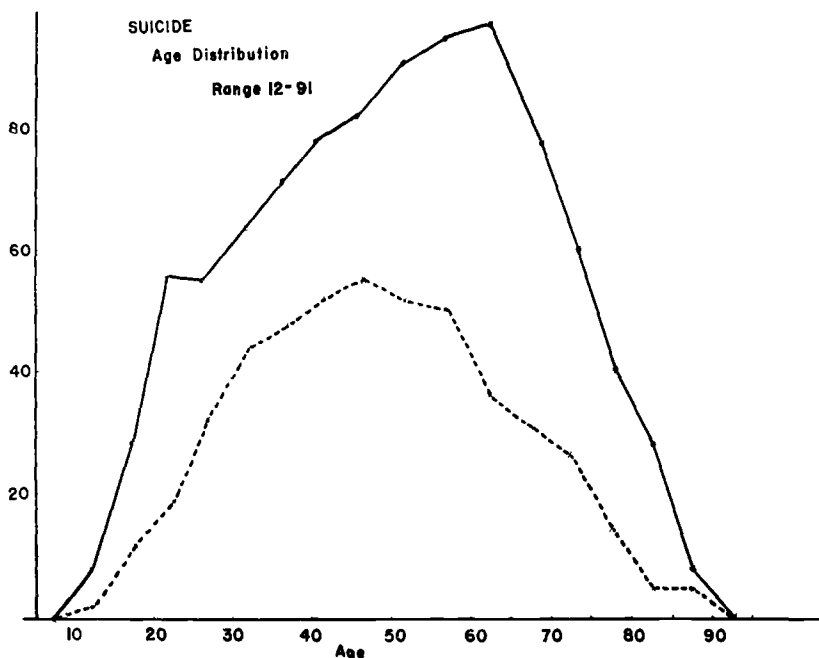


FIG. 3—Distribution of suicides by age and sex. Solid line indicates male and dashed line female.

The following individual cases serve as examples of each of the seven constellations with regard to death by suicide over a 23 year period in Monroe County. While most of the notes analyzed fell neatly into one category or another, some fell into several and a few were unclassifiable.

Death as Retaliatory Abandonment

Case History—A 27-year-old white male despondent over the infidelity of his wife committed suicide by inhaling manufactured gas (4.8 percent CO) from three gas jets turned on in his apartment.

Suicide Note—“You didn’t believe that I would do this if you didn’t come back. I love you more than anything else in the world. Goodbye sweetheart.”

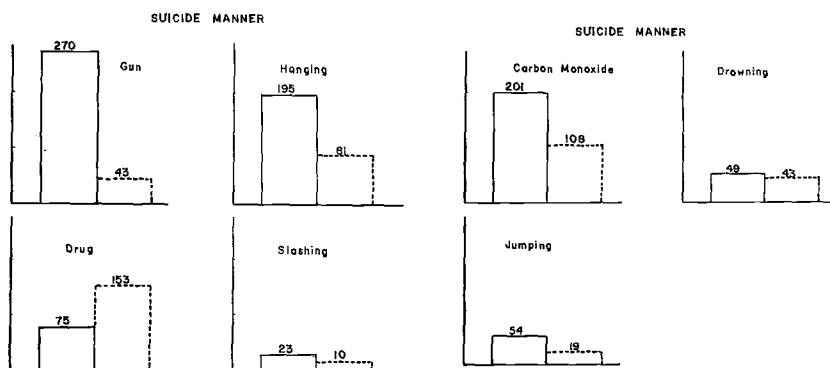


FIG. 4—Distribution of suicides by manner. Solid line indicates male and dashed line female.

Analysis—The patient gains control of the situation in which he was rejected by committing suicide. By killing himself, he is the one who leaves and rejects.

Death as Retroflexed Murder

Case History—A 39-year-old female took fifty 200 mg Tuinal tablets after discovering that her husband was in love with another woman. Her husband had frequently been unfaithful during the 20 years of their marriage; previously, she had alternately doubted these affairs or had reassured herself by saying that they were unimportant to him.

Suicide Note—“From you naturally there will be only hatred—I hope you are both happy now.”

Analysis—The patient here directs her murderous rage upon herself rather than against the object of her hatred.

Death as a Reunion

Case History—A 72-year-old man hung himself on the anniversary of his wife’s death. During the previous year he had frequently talked about being with her in heaven.

Suicide Note—“I want to be with Emma.”

Analysis—The patient directs his attention to the reunion fantasy with the emphasis not on the dying but the happiness to follow.

Death as a Rebirth

Case History—A 57-year-old man committed suicide by running his car in a closed garage. He had been responsible for the death of another person (motor vehicle collision) several years previously and had repeatedly talked about being given a “second chance” in life.

Suicide Note—“I have talked this over with God and I believe this is the best for all concerned.”

Analysis—The patient in his death fantasy gives himself this second chance.

Death as Self-Punishment

Case History—A 30-year-old white married male transvestite committed suicide by running his car in a closed garage.

Suicide Note—“I couldn’t handle the ‘problem’ by myself.”

Analysis—The self-punishment motive is obvious here as the patient solves his unsolvable problem.

Death as Punishment for Society

Case History—A 14-year-old white male schoolboy shot himself in the head with a .38 special handgun. The precipitating event was expulsion from his street gang.

Suicide Note—“I thought I had friends but now I see I’m just being used. I’m just a problem to everybody—so I QUIT.”

Analysis—This patient had shown serious psychopathic traits in the past (compulsive stealing, lying, etc) and was under psychiatric care. The rejection by his peer group is reflected in his note.

Death as a Justifiable Solution

Case History—A 77-year-old world famous industrialist shot himself in the chest after suffering through several years of incurable prostatic carcinoma.

Suicide Note—“My work is done, why wait?”

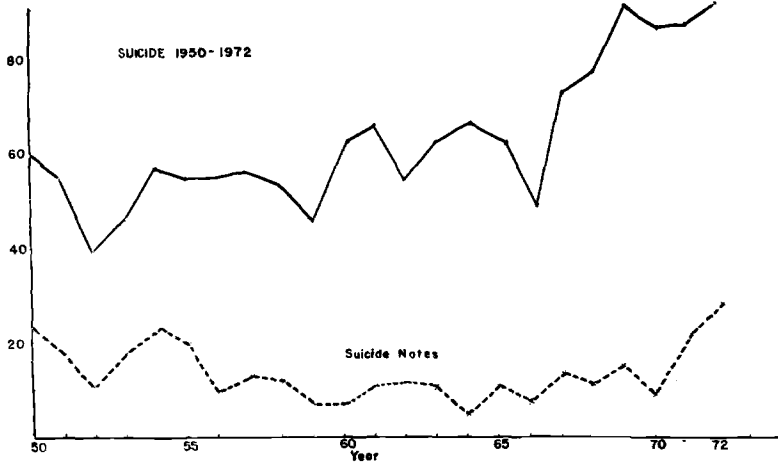


FIG. 5—Numbers of suicides over past 23 years (solid) compared with numbers of suicide notes (dashed).

Analysis—Suicide sometimes seems to be the only solution for certain individuals in certain situations.

Frequency of Notes

Over a 23 year period 330 notes were recovered from 1418 suicides for a 23 percent rate. From 1950 to 1961 Monroe County had a Coroner's office, and from 1961 to the present the county has had a Medical Examiner's office. The suicide rate has increased 12 percent since 1968, probably as a result of the appointment of the current Medical Examiner and his interest in suicide [9]. The relationship between successful suicides and notes during the period studied is seen in Fig. 5.

Summary

The authors have summarized the suicide statistics in Monroe County over a 23 year period, particularly in relationship to the role the suicide note, or final communication, plays in the death fantasy of the individual involved. A seven pattern classification has been outlined and illustrated that might prove useful for medical examiners and coroners in categorizing these cases. It is hoped that the attention paid to these last testaments of people will shed some light on their attitudes toward life as well as death.

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Office of the Medical Examiner
435 East Henrietta Road
Rochester, New York 14620