

YOUNG SUICIDAL PEOPLE – THEIR EMOTIONAL CHARACTERISTICS

The aim of this article is to present the emotional characteristics of young suicidal people expressed in the farewell letters. Psychological analysis of these messages let better understanding of their emotions and feelings, their perception of the world, people and themselves. The symptoms of presuicidal syndrome could be expressed in these letters. According to the narrative conceptions, the analysis of farewell letters' form and content is possible. Narrative psychology proposes the techniques of study of the formal, lexical or syntactic aspects of the texts. The main result of presented emotional characteristics expressed in last letters is a great diversity of emotional states; sadness could take the different shades. These results could be useful in the diagnosis of emotional states and prophylaxis.

Key words: suicidal young people, farewell letters, emotions and feelings, presuicidal syndrome.

Гавда Б. Молоді самогубці – характеристика їхніх емоцій. У статті подано виявлення емоцій у прощальних листах осіб, які вчинили самогубство. Психологічний аналіз таких листів спирається на такий метод психології, як розповідь, яка дає можливість зрозуміти емоції, відчуття, сприйняття світу, людей і себе самогубцями. Результати досліджень свідчать про велику емоційну нестабільність в осіб, які вкорочують собі життя; передсуїцидальний синдром у них проявляється по-різному. Знання цієї теми має значення і в діагностиці, і в суїцидологічній профілактиці.

Ключові слова: молоді самогубці, прощальні листи, емоції і відчуття, передсуїцидальний синдром.

Гавда Б. Молодые самоубийцы – характеристика их эмоций. Представляется выражение эмоций в прощальных письмах лиц, совершивших самоубийство. Психологический анализ этих писем опирается на также метод психологии, как повествование, которое дает возможность понять эмоции, ощущения, восприятие мира, людей и себя самоубийцами. Результаты исследований свидетельствуют о большой эмоциональной нестабильности у лиц, что сокращают себе жизнь; передсуицидальный синдром у них проявляется по-разному. Знание этой темы имеет значение как в диагностике, так и суицидологической практике.

Ключевые слова: молодые самоубийцы, прощальные письма, эмоции и ощущения, предсуицидальный синдром.

Rising suicide rate. Suicide is one of the leading causes of death among young people of both sexes. Global suicide rates among adolescents in the 15–19 age group, according to the latest World Health Organization (WHO) show a rising trend (1). The American Academy of

Child & Adolescent Psychology reports that for children between the ages of 5 and 14, suicide is the sixth-leading cause of death as of 2008; for young people between 15 and 24, it is the third-leading cause of death as of 2008 [2]. According to the Youth Risk Behaviour Survey, a study conducted by the Centres for Disease Control and Prevention, 6,3 percent of high school students attempted suicide in 2009, while 13.8 percent seriously considered attempting suicide [3]. According to Central Statistical Department in Poland and Central Police Office the number of completed suicidal attempts of young people in the 10–14 age group between 2000–2005 was about 30–36. In the 15–19 age group this number was really higher; 267–285. In 1991–2005 in the group of children between 7 and 9 years-old were found 16 cases of suicide. A suicide is a second leading cause of decease in the 7–19 age group. The number of uncompleted suicidal attempts among children is 15 times higher than the number of completed attempts. Girls try twice more often than boys to suicide unsuccessfully, but boys do it effectively at 75 %. The annual rate of suicidal attempts increased in the groups of children from primary schools, secondary and high schools. To sum up, it gives approximately 4000–5000 suicides a year, it means 5 % per year of total number of suicides of all age groups. Increasing number of young suicides becomes a very dangerous tendency. This trend is observed in many countries. The investigations of children from secondary schools in i.odx (big city in central Poland) showed that 30 percent of them had suicidal thoughts and 7 percent of them had suicidal trials.

Adolescence and suicidal syndrome. We can conclude that adolescence is a very difficult period in personal life. Psychology of human development underlies some difficulties in this period as emotional ambivalence, affective instability and identity disorders. The consequences of these problems could manifest as drugs or alcohol abuse, negation of social interaction as well as negation of oneself. The suicidal tendencies are closely related to emotional and personal difficulties. The farewell letters written by suicides could be the authentic and valuable information about those problems. We can identify the emotional symptoms of presuicidal syndrome in some of these letters. In the literature this syndrome was described by Ringel [4, 5]. The main characteristics of this specific, cognitive and emotional states are such as:

1. «Narrowness» of perception of the situation, dynamic limitation, limitation of relationships and values. It concerns the states of perception,

thinking, mind, and understanding; everything is guided to only one direction. The suicidal person perceives the world through the black glasses and he sees only the misfortune. This view supports his pessimistic vision of reality. There is a mechanism of interaction which determines the concentration on depression, despair, fear, anxiety, panic and indifference. The dynamic limitation is connected with an atrophy of meaning of sense of the time and perseverance of emotions. The limitation of the values could be observed and firstly seen as weakness of affirmation of self, feeling of indifference the values or lack of possibility to appreciate some important spheres of life. It is possible also that the evaluation process could be subjective and distorted. The limitation of relationships is presented as a very rare and weak contact with the other persons; the relationships become artificial and the communication - laconic. The suicide is alive but he seems do not exist really.

2. Aggression suppressive and autoaggression. The suicidal person feels very strong pulsation (potential) of aggression. It could be determined by different causes. Because of it, it is impossible to express the potential. The aggression is transformed in a stage called «impossible rage».

3. Fantasies of suicides. The suicidal person creates the dreams and images concerning the death and the following it situations: despair of family, remorse of guilty persons, comportment of people participated in ceremony of funeral, moment of the end of his life and the real technique used to commit the suicide [4; 5].

Narrative analysis of farewell letters. The described suicidal syndrome can be expressed in the farewell letters written by suicidal persons. We can profit from narrative psychology to make the analysis of these letters. The psychological conceptions of narration underlie that it is the manner of communication and also way of understanding the reality or cognitive representation [6]. There are a lot of narrative conceptions in the psycholinguistics and the developmental psychology. According to the conceptions of Carr, Taylor, Giddnes, and MacIntyre, narration is a principal human structure of understanding [7; 8]. This thesis had a great impact on the theories of identity created in psychology. Taylor pressed that the language is a social phenomena and that an identity of persons is both subjective and social [9; 10]. There are the different types of the analysis of narration proposed by the narrative psychologists. On the base of psycholinguistic studies we can present some possibilities of the

analysis of the letters written by suicidal persons. First of all it is useful to analyze the content of these letters using for example script theory or lexical, syntactic, and cohesion aspects [11; 12; 13]. Apart from this, the analysis of form is possible; length and richness of construction.

An example of letter written by (18-year-old girl): «I am not able to live in the right way. I make errors. Still the same errors. I am bad and loose. I hurt the others, I do the wrong things. It is impossible to trust me. I am nothing and I know nothing. I have nobody and nothing. I hate myself. I am fed up with my life»

The situation presented in this letter seems to be typical of suicidal people. The emotional climate is negative. The person is alone, and focused on her emotions as well as feelings. Her perception of surroundings, thinking and reasoning is guided to one direction- the depreciation of herself. This letter shows the pessimistic vision of reality. There is only one actor- a person who wants to commit a suicide, but there are no actions. This person says that she hurts the others as well as she evaluates herself as a bad person. A lot of characteristics of presuicidal syndrome were expressed in this letter such as focused perception, dynamic narrowness, limit of relationships and limit of values. There are no fantasies about suicide, but some symptoms of aggression and auto-aggression. The analysis of lexical aspect is important; we notice that the person use frequently negative words: substantives (*errors*), adjectives (*bad, loose, wrong*), verbs (*hurt*) and categorical words (*nothing, nobody*). The use of categorical words is connected with strong emotions and rigid style of thinking; this is why it is very difficult to discuss with such a person who has such opinion or persuade his (her) categorical judgments. The analysis of the syntactic elements of this short letter allow to notice that there are a lot of phrases referring to the first person singular, e.g. / *am, I can*. This type of language is related to self-reference and high identification with the situation. In the presented letter of a young girl each phrase starts with «I...»; it reflects how strongly a person identifies with feeling of loneliness. It is also important to notice that usually there are a lot of negations in the letters of the suicidal persons. It could be connected with high level of anxiety [11, 12]. Interesting lexical aspects of farewell letter concern, for example, the predicates referring to the intensity and the polarity of emotions. She feels a strong sadness and helplessness («*I am nothing and I know nothing*»). She feels alone, desperate and desolate. She thinks that she has no value and no ability. She expresses strong feeling of

hate focused on herself. She needs to eliminate her completely useless being («*I hate myself. I am fed up with my life*»).

The analysis of syntactic aspects including such elements as questions, pauses, negations, repetitions or different types of phrases (interjections, wishes, doubts, or presumptions) help us describe an emotional state of a self-murder. It refers to personal style of writing as well as personal meanings. Sometimes, there are also letters which do not express neither emotions nor symptoms of suicidal syndrome. Usually these letters are short and contain a special instruction such as «Do not do it...» or «Do that...». We can analyze very seldom the letter in a form of report. This original, specific and very rare form is produced by an author who would like to write down every state, give an account of suicidal process, create a type of diary reflecting his (or her) last moments of life. In these cases symptoms of presuicidal syndrome are not observed.

The analysis of formal characteristics concern usually length and richness of a text. Bokus [8, 9] proposes an analysis of discourse form in which we have to identify elements such as: objects, characteristics of objects, indications of, places indications of actions, values and opinions. It helps to describe the personal style of writing and personality of the author. The form of farewell letters could be prose or poetic. A farewell poem contains more stylistic and linguistic elements, but it is also more difficult to analyze. A poem could contain more valuable information about a person.

An example of poem entitled «*Bony transparent*» written by the 18-year-old man:

*You came again
You are sitting on my arm and you are puffing
Disappointed, because today once more nothing for you
Do not be angry, you have time
Leave your scythe and
Let's dance, let's dance together
Let's go to the brink,
What's happened, stupid? Are you afraid?
It's you, you are the death!
Not me,
Let's go, who leans out more, go ahead!
Look down, people as little ants,
What is up with you? Are you afraid'?*

*You stupid!
That is you who decides who stays or who goes,
Are you not going with me?
Do not you want to take me?
Do not come for nothing!
Do not mix up my mind!
Do not promise!
Come and take me!
If not, leave me alone!*

This poem presents the different emotional mood than the last one. This mood seems to be positive. The author is talking to the death. He imagines the death as a person. We can observe the personification of the death; it has human features, it is able to speak, to discuss. It feels the emotions such as fear or anxiety. The emotional climate is positive because of a kind of joke described in this poem. The author makes fun of the death. He tries to win, to overcome a fear in a game; they are standing on the edge of a precipice and leaning out. The game is a kind of joke which aims to prove who is braver and more courageous, who feels less fear. The man seems to be quiet and amused. He describes a meeting with the death, invites her to play and dance. He treats her at ease (as his friend). The death is somebody to relax, amuse, joke with, and make fun of.

There is not too much negative vocabulary. The death is described in positive colours. The death is friendly, sociable, and has human feelings such as fear or emotional ambivalence. The death comes often to see a new candidate and discuss a situation with him. The fantasies of death are symptoms of the last phase of the presuicidal syndrome. This moment proves that the emotional state of a person is really dangerous, although it seems to be positive. The person is about taking decision. The climate of discussion is full of jokes and is related to man's personality and intelligence. He tries to overcome the death; the poem shows his interior fights and conflicts. He has good intellectual capacities. He is creative, but focused on suicide. The manner of expression depends on personality traits, intellectual abilities and a phase of suicidal syndrome. Type of adjustment can be observed in farewell letters more frequently at the end of the suicidal process. However it could be very varied thus the fantasies about death could have different forms and not all of them are positive. A poem, which expresses completely opposite emotions than the last one, is presented below. The poem was written by a 19-year-old man:

*Coldness, darkness and shaking chill
It is not comfortable in this grave
There is a lot of blood around me
And, many worms inside my body
They are eating my thin hands
They are trying to find the rest of my soul
There is nothing more for me
Any pain could affect me
Since childhood I've been alone
Alone against myself and against everybody
I paid for this a lot, I paid by myself and for my relatives
But now, the way is finished
This way has been always hard
I have nobody to say goodbye to
Only hanging rope will farewell me.*

We can observe the extremely negative emotional climate in this poem. The author of this poem is situated in the grave. Lie is a dead. Meanwhile he observes himself feeling a lot of negative emotions; discomforts (*a place is not comfortable, dark, and cold*), emptiness (the rest of his soul is eating by worms), indifference (he does not feel the pain when his body is eaten). He analyzes his states of mind, soul, as well as of the body. The pictures from the grave, describing the decomposition of his body, worms, blood and thin hands, show us the horrible views. It is noticeable that the dominant is negative language (vocabulary). The author of the poem uses a lot of categorical words (nobody, no pain, etc.) and negations. It proves the high level of identification and involvement. He feels very deep depression, sadness, and loneliness. He evaluates his life; total balance is completely negative. He estimates himself as completely useless. His relationships are destroyed. He is isolated from the others, the main his feeling is loneliness. The essential problem is lack of friends, lack of any human being who he can talk with and being understood by. Lack of relationship is a very painful experience. This feeling leads him to one direction, he cannot stand his awful life (the way is finished). We are able to identify the last phase of presuicidal syndrome called fantasies about death. However these fantasies are completely different than funny discussion with death in the previous poem.

Discussion and conclusions. The results described in this text show a great variety of emotional expressions of young suicidal people. There is

neither typical type of suicide letter, nor typical type of suicidal emotion. The expressions are various, the letters are similar but not identical. Although dominant emotion is sadness it has the different shades. This emotional differentiation depends on a phase of suicidal syndrome as well as on personality and intellectual traits. The differentiation of emotional characteristics could be related also to diverse meanings of death for a person. This meaning could be conscious and unconscious. There are plenty of notions of death such as reunion, rebirth, retaliatory abandonment, revenge, self-punishment or atonement. Therefore varied expressions of emotions and feelings cause difficulties in diagnosis and prediction of suicide. It is hard to differentiate this state from normal emotional states. That is why young patients, who evidence any signs of depression or distress, should be asked about psychological symptoms, including suicidal ideation [3]. The increased suicide rates in young people become a challenge for psychologists over the last decades. There is still paucity of analysis of the causes of the suicides of young people. The research underlines that psychiatric disorders were diagnosed in 70,4 % of young suicidal people; these were most commonly depressive disorders (55,5 %). Very few individuals were receiving treatment for their disorders. Substance abuse disorders were also diagnosed such as alcohol or drug misuse in this group of people. Personality disorders were present in 29,6 % of subjects. Comorbidity of psychiatric disorders was found in a third of subjects. The suicides were often the end-point of long-term difficulties extending back to childhood or early adolescence. In addition to mental disorders, relationship and legal difficulties were identified as relatively common contributory factors to the suicides [14]. Young people are often at risk, suicide is the second largest cause of mortality in the 10–24 age group. Teenage depression is not only bad mood or occasional melancholy. It is a serious problem that impacts every aspects of life. The basic signs and symptoms of depression in teens are: sadness, hopelessness, irritability, anger, hostility, tearfulness, frequent crying, withdrawal from friends and family, changes in eating and sleeping habits, restlessness and agitation, feelings of worthlessness and guilt, lack of enthusiasm and motivation, lack of energy, difficulty concentrating and thoughts of death or suicide. The effects of teen's depression go beyond the negative melancholy mood. The other indicators of depression manifest as rebellious and unhealthy behaviours and also as attitudes. Teens try to cope with their pain. The symptoms of depression could appear as

problems at school, running away, substance abuse, eating disorders, low self-esteem, self-injury, addictions, violence or reckless behaviours [15].

Rage, hopelessness, despair and guilt are frequent affective states in which young people commit suicide. A lot of teens display an inability to deal with intense negative emotions related to their suicidal state [14]. Knowledge about emotional expression helps to distinguish which patients with any given diagnosis are at risk for suicide. Such knowledge is essential to the psychotherapeutic treatment of the young suicidal patient. Future research should concern affective competences of young people and possibilities to develop those capacities to deal with distress and negative emotions.

List of references

1. Wassennan D. Global suicide rates among young people aged 15–19 / D. Wassennan, Qi Chong, Giuo-Xin Jiang // *World Psychiatry*. – 2005. – Vol. 4. – P. 114–120.
2. Houston K. Suicide in young people aged 15–24: a psychological autopsy study / K. Houston, K. Hawionu, R. Shepperd // *Journal of Affective Disorders*. – 2001. Vol. 63 (1). – P. 159–170.
3. Joiner. Th. H. Characteristics of suicidal adolescents and young adults presenting to primary care with non-suicidal (indeed non-psychological) complaints / Th. H. Joiner, J. J. Praff, J. G. Acres // *European Journal of Public Health Behavior*. – 2002. – Vol. 12 (3). – P. 177–179.
4. Ringel E. Anxiety and suicide. *Schweizer Arch / E. Ringel // Fur Neurologic, Neurochirurgic und Psychiatric*. – 1972. – Vol. 110 (1). – P. 143–150.
5. Ringel E. When life is without sense: thinking about suicide / E. Ringel // *Szczecin: Glob (Polish edition)*. – 1987.
6. Stras-Romanowska M. Ruikmiu nurrucyjnv w psychologii / M. Stras-Romanowska, B. Bartosz ; M. Zurko (red.). – Warszawa : Lineteia, 2010.
7. Bruner I. S. Actual minds, possible worlds / I. S. Bruner. – Cambridge : Harvard University Press, 1986.
8. Kurcz I. Psychologia języka i komunikacji / I. Kurcz. – Warszawa : Wydawnictwo Naukowe Scholar, 2000.
9. Kurcx I. Knowledge and Language / I. Kurcx, G. W. Shugar & J. H. Danks (Eds.). – Amsterdam : North Holland, 1986.
10. Ochs E. Narrative. Discourse studies : A multidisciplinary introduction / Ochs E. Narrative, In T. Van Dijk (Ed.) // *London : Sage Publications*. – 1997. – Vol. 1. – P. 185–207.
11. Gawda B. Eksprcsja pojem afeklywnych w narracjach osob z osobowoscia antyspoleczna / B. Gawda. – Lublin : UMCS, 2007.

12. Gawda B. The analysis of farewell letters of suicidal persons / B. Gawda // Bulletin de la Societe des Sciences Medicales du Grand-Duche de Luxembourg. – 2008. – Vol. 1. – P. 67–74.
13. Gawda B. Syntax of emotional narratives of persons diagnosed with antisocial personality / B. Gawda // Journal of Psycholinguistic Research. – 2010. – Vol. 39 (4). – P. 273–283.
14. Everall R. D. Being in the Safety Zone. Emotional Experiences of Suicidal Adolescents and Emerging Adults / R. D. Everall, K. E. Bostik, B. L. Paulson // Journal of Adolescent Research. – 2006. – Vol. 21(4). – P. 370–392.
15. Hendin H. Psychodynamic of suicide, with particular reference to the young / H. Hendin // American Journal of Psychiatry. – 2002. – Vol. 148. – P. 1150–1158.