Steven Stack and Barbara Bowman

Suicide Movies
Social Patterns 1900–2009

HOGREFE

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Acknowledgments

Preface

In *The Wrestler* (2008), Randy "the Ram" Robinson (Mickey Rourke) has centered his life around his work. He was once, in his younger days in the 1980s, a virtual star in the ring. Now, 20 years later, he ekes out a living working odd jobs and wrestling to tiny audiences in high school gyms on weekends. He returns to his trailer one night after a match and has been locked out by the trailer park manager for nonpayment of rent. He sleeps in his van, essentially a homeless person. Economic strain is also witnessed as he buys $985 worth of steroids, necessary for his work, but only has $400. "The Juice," a fellow wrestler and drug supplier, will collect the remainder later.

Unfortunately, after a brutal match, where he and his opponent draw each other's blood for the audience's pleasure (with a staple gun and barbed wire), the Ram has a massive heart attack. Afterwards, in the hospital, the doctor informs him that he barely survived the bypass surgery and that he must never wrestle again. On top of economic strain, Randy now experiences a major physical handicap. The handicap interferes with his main purpose in life, to wrestle.

Reluctantly, he decides to retire. However, without the ties to his audience, the fans, he fears being alone. His one offstage friend, Cassidy, a stripper in a local bar, urges him to reestablish a relationship with his daughter Stephanie. He has neglected his daughter for many years, preferring the excitement of the ring and the admiration of his fans. Randy was divorced many years ago, apparently during the period of his stardom. At first Stephanie refuses to see him. She reminds him that he has missed more than ten straight birthdays, and cannot even remember what day she was born. Later, Cassidy suggests that Stephanie might soften up if the Ram buys her a present. This seems to work and they spend an afternoon on a boardwalk by the Atlantic Ocean, a place where Randy remembers taking her when she was a very small child. However, Stephanie cannot remember those happy days. They next plan to go out for dinner Saturday night. However, Randy drinks and gets seduced by a woman at the bar who dresses him up as a fireman, the type of man she needs for her sexual fan-

The Wrestler (2008). Randy "the Ram" has a life changing physical event, barely surviving bypass heart surgery. 20th Century Fox. Director: Darren Aronofsky. Producers: Darren Aronofsky and Scott Franklin

The Wrestler (2008). After neglecting his daughter, Stephanie, for many years, the Ram is unable to reestablish a relationship. He has weak social networks outside the wrestling world. 20th Century Fox, Director: Darren Aronofsky. Producers: Darren Aronofsky and Scott Franklin

tasies. Randy wakes up the next day in the woman's apartment (the walls decorated with firemen posters). He remembers his missed date with Stephanie and begs her forgiveness. Stephanie had waited for hours for him. She screams at Randy that she never wants to see him again, and that he is incapable of change.

Randy continues to have a fear of being alone in a world without wrestling. He approaches his one female friend, Cassidy the stripper. Their relationship has been confined to lap dancing sessions (for which Randy pays) and talking only at the bar where Cassidy works. Cassidy is twenty years younger and draws a line between the world of her work and her social life (she is a single parent with a nine year old boy). As a customer, the proposition of the Ram is rejected. He had managed to get Cassidy to go out for a drink, but she did so with great reluctance. Randy is simply unable to develop a support network in the world beyond wrestling.

Without his wrestling income, Randy asks for more hours at a large supermarket where he had been working part-time in back rooms lifting boxes during his late wrestling career. The only available time is on weekends behind the deli counter. He dislikes his hat and costume. The manager refused to put "Randy" on his name tag. He puts up with abuse from customers. However, once a patron recognizes his true identity as the famous "Ram" from the 1980s, he has a meltdown. He is embarrassed to have fallen from fame. He smashes his hand into a meat cutter, and quits for good. He smiles once on the job; the moment he quits.

With no social networks, inadequate income, and no suitable employment opportunities, Randy decides to come out of retirement and wrestle. His fellow wrestlers had planned a major, 20 year anniversary match with his opponent, the Ayatollah. Randy at first beams in the glory of a real match in front of a large audience. Cassidy comes and begs him, to no avail, to go home, knowing that such a match will kill him.

Randy is able to withstand a few minutes of body slamming and the usual wrestling falls and maneuvers. He then starts to stumble, and at one point collapses onto the floor. His opponent begs him to pin him and end the match. The referee asks if he is all right. Randy grasps at his heart; he is in great pain. The crowd is cheering "RAM JAM!!" and wanting him to climb the ropes and jump onto his opponent to win the match. He looks through the crowds to the spot where Cassidy had been. She had told him "I am here for you, really!" However, she has left. He now has only his fans to please.

At that point he decides to try to perform his "Ram Jam" one more time for the audience he loves, his only family. He is barely able to climb – almost falling on the

The Wrestler (2008). Randy the Ram, having a fatal heart attack during his final match. 20th Century Fox, Director: Darren Aronofsky. Producers: Darren Aronofsky and Scott Franklin

way up. He pounds each of his elbows into the palm of each respective hand, part of his patented ritual before he "Ram Jams" his opponent. He leaps off the ropes one last time and the screen goes white, signifying his death.

The case of Randy the Ram illustrates a social analysis of suicide in the cinema. He is without adequate social support outside of his work circle. His income has plummeted over the years and at one point he is homeless, sleeping in his van. He is in debt. The wrestling league does not provide him with any pension. Economic strain, a factor external to the individual psyche, is a contributing factor to his suicide. The rejection by Cassidy illustrates problems in love. The rejection by his daughter is an element of social isolation, another risk factor in sociological analyses of suicide.

The Wrestler (2008). The final "Ram Jam." Randy gives his life to please the audience, the only real "family" he ever had. 20th Century Fox. Director: Darren Aronofsky. Producers: Darren Aronofsky and Scott Franklin

A psychological analysis of Randy's suicide is less fruitful than a sociological one. Randy is never depressed. He is not on psychotropic drugs; he is only on steroids, drugs that are essentially a work-related requirement for professional body builders and wrestlers. He does not fit the standard psychiatric model of suicide. He has never had any psychiatric treatment, and is not suffering from any long-term psychiatric disorder such as depression or schizophrenia. Randy is very work oriented. He is industrious and hard working. Randy did suffer a massive heart attack, an aspect of individual-based explanations of suicide. However, *The Wrestler* illustrates a sociological approach far better than a psychological one.

The essence of Randy's suicide lies in his tie to work. His work has been the central meaning in his life. With that gone, life is not worth living. As we shall see

in the chapter on economic strain, loss of the ability to work is a theme in many suicide movies (*Whose Life Is It Anyway?,* 1981; *Million Dollar Baby*, 2004). Many suicides of artists, for example, are tied to the loss of the ability to work (*A Star is Born*, 1934; *A Star is Born*, 1976; *The Long Goodbye*, 1973). In other movies, loss of the family farm with the ensuing loss of the ability to work as a farmer drives many film suicides (*The Astronaut Farmer*, 2006; *A Simple Plan*, 1998). This variety of explanation is developed in Chapter 8 on economic and occupational strains. It is one of four chapters devoted to social patterns behind suicide in film.

We now turn to an introduction to the general problem of how social patterns behind suicide have been badly neglected in the academic research on the causes of suicide. As we shall see, the presentation of social patterns, such as those of Randy "the Ram" in *The Wrestler* (2008), while common in film, are not points of emphasis in research studies on suicide.

Part I

Introduction

Chapter 1

The Neglect of Social Patterns in Suicide

This introduction first turns to an assessment of how social causes, such as those found in the case example of the Preface of Randy "the Ram" Robinson, have been neglected in academic work on suicide. Such academic work has focused on long-term, individual-centered motives for suicide, such as being worn out by a lifelong battle against recurrent depression or substance abuse. The limitations of the individual-centered approach are discussed. These include the gender paradox: that women have a higher rate of depression but a lower rate of suicide than their male counterparts. We then review the evidence for why movies are significant, with special attention paid to suicide movies in particular. Finally, a brief overview of the book is provided, it being organized principally around the seven motives for suicide found in the suicide movies.

This book is an analysis of patterns of motives for suicide in American movies. There is no previous systematic work on the subject. In all, 1,158 movies containing 1,377 suicides are analyzed. They date from 1900–2009. We let the movies speak for themselves. Our central finding is that the cinema stresses forces outside of the lone individual, as illustrated by Randy the Ram (*The Wrestler*, 2008). The causes of cinematic suicides include death of a loved one, problems in social relationships such as rejection in love, economic/occupational strain, and altruism, suicide for the benefit of others. However, nonsocial explanations are not left out in movies. One in five movies attributes the suicide to long-term individual-centered motives. As we shall demonstrate, these traditional psychiatric causes (e.g., long-term depression, substance abuse) are, however, secondary in the cinema. Social causes are paramount.

In contrast to the cinema, the study of suicide has been marked by a literal hegemony of the highly individualistic or psychiatric perspective. Works stressing causes of suicide that are external to the individual, most notably those in sociological analyses, are relatively uncommon. Scientific knowledge, while split between psychiatric and social perspectives or explanations of suicide, has been heavily tipped towards the individualistic views of psychiatry and psychology for decades.

Since 1980, for example, over 31,000 works have been published on the subject of suicide. Table 1.1 presents data from the Institute of Science (see http://apps. isiknowledge.com) showing the number of works published in the 16 leading fields in suicide research since 1980. Psychiatry journals alone accounted for nearly one third of the works ($N = 9,951$). Related fields, including medicine, clinical neurology, neurology, molecular biology, psychology, and genetics, accounted for nearly all of the remaining works. There are, for example, many works that search for genetic

Table 1.1. Number of works on suicide published since 1980 by journals in selected fields, 1980–2008 (Institute of Science Information; http://isiknowledge.com)

Field	Number of Works	Field	Number of Works
Psychiatry	9,951	Psychology, general	1,005
Medicine, general	2,871	Oncology	987
Psychology, multidisciplinary	2,779	Genetics	904
Clinical neurology	1,887	Psychology, developmental	787
Neurology	1,841	Law	513
Clinical psychology	1,445	Substance abuse	438
Pharmacy	1,407	Sociology	405
Molecular biology	1,316	Toxicology	336

markers of suicide risk. Only 405 works on suicide were published in sociology journals. Even law journals, which study such things as the legal issues surrounding physician-assisted suicide, published more works on suicide than sociology journals. There is indeed something of a hegemony of individual-centered causes in works explaining suicide.

Art, herein specifically film, represents a neglected source of knowledge on the causes of suicide. Knowledge about suicide in film is derived chiefly from the perspective of the humanities. The epistemological assumptions behind knowledge generation in the humanities are quite different from both sociology and psychiatry. Instead of scientific observation and analysis (random samples, statistical analysis of large numbers of suicides), the humanities prefer case studies and/or small, select samples, often based on personal or autobiographical, first-hand experience. Intuition plays a key role in knowledge creation in the humanities (Sorokin, 1957).

While most contemporary sociologists, psychologists, and psychiatrists have neglected the humanities and intuition as a source of knowledge, some have not. One leading sociological theorist of the 20th century, Pitirim Sorokin, based his career on the assumption that valid knowledge could be, and should be, generated from both scientific methods and intuition (Richards, 1985; Sorokin, 1957). Many of the early pioneers of individualistic interpretations of suicide and related behaviors had profound respect for works from the humanities. For example, major psychoanalysts of the 20th century, including Freud, Horney, Laing, and Stekel, were all influenced by the writings of novelists and other artists (Deats & Lenker, 1989). Notably, Sigmund Freud in his correspondence to an artist friend stated that everything that Freud had thus far learned or discovered was to be found in the layers of meaning in his friend's artistic works (Freud, 1961, pp. 344–345). Indeed, many of the basic psychiatric motives for suicide were portrayed in art long before the emergence of psychiatry

as a field. For example, Dostoevsky's *The Gambler* (1867/1967) portrayed suicide in the context of pathological gambling, a psychiatric disorder which was not recognized by the American Psychiatric Association until a century later in 1980. The cinema was also ahead of recognizing pathological gambling as a disorder. For example, over thirty movies linking gambling to suicide were produced before 1960 (Stack & Bowman, 2008a; 2008b).

The neglect of social causes of suicide was the centerpiece of the work of a founder of sociology, Emile Durkheim (1897/1966). Durkheim argued that suicide could be largely understood in terms of two social phenomena: integration and regulation. Mental illness and recurrent, long-standing problems, including depression, were relatively minor factors, or consequences of low social integration and regulation. Lack of ties to group life, the pursuit of unlimited economic appetites, and sudden catastrophic social change, such as loss of a fortune on the stock market, were the social forces that triggered suicide in Durkheim's sociological interpretations.

In spite of Durkheim's call for sociological analysis a century ago, sociological work stressing social causes of suicide remains marginalized in suicide studies (Lester, 1994; Lester, 2000). This book argues that it is imperative, in this context of the underrepresentation of social causes of suicide in scientific work, to turn to the humanities, specifically film, in order to gain a full view of the causes of suicide.

In the century since Durkheim, however, the intellectual understandings of suicide have been dominated by individual centered explanations. An increasing emphasis has been placed on the search for genetic markers of suicidality. There have been numerous advances in biological explanations centered on advances in neuroscience. These focus attention to such deficits as those in the brain's neurotransmitters (Lester, 2000; Maris, Berman & Silverman, 2000a; Traskman-Bendz & Mann, 2000).

Besides the scientific explanations generated at the individual level and the scientific explanations generated at the group level, there is a third source of knowledge that has not yet entered the debate in any organized fashion. This is the art world. The analysis of artistic representations of suicide are very few in number and typically analyze a single or very few artistic representations (for exceptions see Cutter, 1983, and Brown, 2001). No work is available on the patterns of presumed causes of suicide in film. Brown (2001) called for such a work. This book fills this void.

Limitations of the Psychiatric Perspective on Suicide

There is little question that selected mental disorders are risk factors for suicide. There have been literally well over 30,000 works published on a variety of individual level risk factors, including major depression, schizophrenia, manic depression, and substance abuse (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Lester, 2000; Maris, Berman, & Silverman, 2000b). However, there are many social facts regarding suicide that cannot be fully explained from the standpoint of individual level explanations. These include what have been called the gender paradox and the race paradox.

Gender Paradox

One of the most firmly established quasi laws in sociology and suicide studies is that men have a higher suicide rate than women. In the US, for example, the male suicide rate (suicides/100,000 population of men) is four times higher than that of women. In 2005, for example, the male rate was 19.8 male suicides per 100,000 males, while the female rate was 4.4 female suicides per 100,000 females (King, Hoyert, Xu, & Murphy, 2008). From a psychiatric perspective, given the emphasis on mental disturbances, especially long-term battles against depression, we would expect that men would have a much higher incidence of depression than women. Possibly, since the male rate of suicide is four times that of women, we might even suggest that the percentage of men suffering depression might be four times higher than that of women.

However, the reverse is true. Women tend to have a rate of depression that is actually at least twice that of men. This has been found to be the case in studies around the globe as well as in the US (e.g., Hopcroft & Bradley, 2007; Johansson, Bengs, Danielsson, Lehti, & Hammarstrom, 2009; Maier, Gansicke, Gater, Rezuki, Tiemens, & Urua, 1999; Ustun, 2000). Clearly an explanation for the gender gap in suicide needs to be formulated independent of depression differences between the genders. Sociological arguments have been advanced to explain this gap in terms of such protective factors that favor women. These include women's higher involvement in religion, their higher involvement in social networks, and their greater propensity to recognize mental problems and to seek treatment for them compared to men (Lester, 2000; Stack, 1982; 2000a).

Race Paradox

Psychiatric problems of African Americans are at least the same, and in many instances greater than, those of Caucasian Americans (Rockett, Lian, Stack, Ducatman, & Wang, 2009). However, the black suicide rate has been half that of White Americans as far back as we have data. For example, in 2005 White males had a rate of 19.7/100,000 while the rate for Black males was 8.7/100,000. White females had a suicide rate of 5.0 vs. 1.8 for Black females (King, Hoyert, Xu, & Murphy, 2008). As in the case of the gender paradox, the race paradox has also been partially explained by social differences between the races. For example, Blacks have a higher level of religiosity, a protective factor against suicide. Further, cultural attitudes towards the acceptability of suicide are much more negative among Blacks than Whites. Social variables such as these help to account for a lower Black suicide rate, something that we would not anticipate from a psychiatric perspective that focuses on factors such as depression (Lester, 2000; Stack, 2000a).

Geographic Variation

The psychiatric perspective is inadequate in explaining many of the variations in suicide rates across geographic space. For example, suicide rates varied from a low of 6.1/100,000 population in New Jersey and 6.2/100,000 in New York up to highs of 19.9 in Nevada and 22.0 in Montana. There is even greater variation across cities

(Lester, 2000; Stack, 2000a; 2000b). Suicide rates vary greatly among the nations of the world. For example, at the turn of the millennium, many nations with high suicides rates in the past continued to have elevated rates. The suicide rate for males was 29.3/100,000 in Austria, 50.7/100,000 in Hungary, 70.6/100,000 in the Russian federation, and 27.8/100,000 in Switzerland. Some Muslim nations have extremely low rates, such as 1.6/100,000 in Kuwait, and 2.6/100,000 in Azerbaijan, a nation which borders on the Russian federation. Less developed nations tend to have lower suicide rates. For example, the male rate in Argentina (12.3/100,000) is half that of the US. In Venezuela it is 8.8, while in Paraguay the male rate is even lower at 3.9/100,000. (World Health Organization; http://www. who.int/whosis/database/mort/table1_process.cfm). While suicide rates vary considerably across geographic space, there is no evidence of a corresponding variation in mental disorders (Hawton & VanHeeringen, 2000; Lester, 2000; Maris et al., 2000a; Stack, 2000a; 2000b). Furthermore, there is essentially no evidence of a significant correlation between indicators of rates of mental disorders and such variation in suicide rates (Lester, 2000).

Temporal Variation

Over time, suicide rates vary, often considerably. Suicide rates tend to be highest on "blue" Monday, the first week of each month, on certain holidays, and during the springtime. Suicide rates tend to increase after widely publicized stories of the suicides of celebrities, such as movie stars and well known politicians. However, the supply of mentally disturbed people does not change in the short run, from Sunday to Monday, from the last week of the month to the first week of the next month, from New Year's Eve to New Year's Day (the day with the most suicides by far), or from days with no suicide news to days with news of celebrity suicides. These short-term variations in suicide rates suggest that some social factors need to be taken into account on why mentally disturbed people (as well as others) disproportionately choose Mondays more than any other day of the week, the first week of the month, days with celebrity suicides in the news and so on (Lester, 2000; Stack, 1982; 2000a; 2000b). There are, for example, explanations that emphasize the notion that suicidal people perceive a greater gap between their own station in life and those of the general population during happy periods, such as holidays and springtime. Such comparisons to others characterize social as opposed to individualistic explanations of suicide.

Suicide rates also tend to vary over long periods of time. For example, the suicide rate among White male teenagers and young adults (ages 15–24 years) rose steadily from 6.1 in 1955 to 22.9/100,000 in 1977. For young Black males the increase was from 5.4 to 12.8/100,000. For White females the increase was from 2.0 to 5.5/100,000, and for Black females the increase was from 1.5 to 3.7/100,000 (Lester, 1998, pp. 64–71). There was more than a doubling in the suicide rates for youth within one generation. There is no evidence that the rate of mental disturbances among youth doubled in that time frame. However, as we shall see in subsequent chapters, the rise in youth suicide is what we would predict given trends in social and economic strain during that period; such trends include a steady fall in religiosity and a rise in family disruption as measured by divorce rates (Lester 2000; Stack, 2000a; 2000b). Internationally, the evidence suggests that suicide rates in most of the nations

of the world at least doubled during the 100 year period 1875–1975. For example, the rates went from 5.2 to 38.4/100,000 in Hungary, 1.8 to 4.7/100,000 in Ireland, 3.5 to 8.9/100,000 in The Netherlands, and 8.1 to 19.4/100,000 in Sweden (Lester, 1996, p. 21). There is no evidence that mental disorders increased proportionately during these 100 years.

Major social upheavals in society, such as world wars and economic depressions, affect suicidality. For example, American suicide rates were at an all time high of 17/100,000 during the Great Depression. However, after unemployment rates diminished from record highs in 1932–1933 (25% of the labor force) to normal levels, so did the suicide rate (Stack, 2000a). These and other social facts cast some doubt as to whether we can use psychiatric explanations, based on life-long or very long-term battles with various mental disorders, and genetic markers of suicide risk, to explain variability in the social suicide rate. In contrast, social forces are well known predictors of suicide rates (e.g., Lester, 2000; Stack, 1982; 2000a; 2000b). Variation in social loss indicators, such as divorce rates and unemployment rates, tend to be very good predictors of changes in suicide rates across time and space.

This is not to say that the psychiatric or individualistic perspective is wrong. The psychiatric view is most helpful in explaining part of the reason why some individuals kill themselves and others do not. However, there are other factors, including social and economic strains, that need to be added to the equation to obtain a full explanation of suicide. Suicide movies provide many clues as to what varieties of strains can contribute to suicide risk. We turn now to a brief overview of the importance of movies in American social life, before a discussion of the nuts and bolts of how exactly the study of suicide movies was performed.

Significance of Films in American Life and in the Study of Suicide

Number One Leisure Time Pursuit

Watching films (including at the cinema theater, DVD/VHS rentals, downloads, and on television) is the number one leisure time pursuit of Americans. Americans spend more time watching movies than they spend in other activities, including reading books and magazines. Importantly, movies can be recorded or purchased in DVD or VHS format and replayed, thus providing booster shots or re-exposure to their messages and meanings. Some movies that are not top box office hits in the theaters may become among the most watched in cinema history if DVD sales take off. An example of such a suicide movie would be *The Shawshank Redemption* (1994) starring Morgan Freeman and Tim Robbins. While not in the top 50 movies the year it was shown in theaters, it circulated widely in DVD form. It was voted as one of the top ten movies of all time on the Internet Movie Database. Movies often feature well known stars who can serve as special points of identification for the audience. In popular culture, the personal lives of movie stars are the subject of countless stories in tabloids such as the *National Enquirer* that are widely circulated. Movies are among the most popular art forms, far surpassing the more highbrow art venues, such as opera, paintings, and sculpture, in terms of popularity and consumption. Movies provide a continual source of information and images concerning social phenomena

including suicide (Bulman, 2005; Denzin, 1991; Norden, 1994; Rafter, 2006; Stack & Bowman, 2008a, 2008b; Vera & Gordon, 2003; Wedding, Boyd, & Niemiec, 2005). Movies provide a form of public education on a variety of topics in modern society, which include causes of crime, patterns of encounters between clients and sex workers, the nature of religion in society, portrayals of alcoholism, the status of the disabled population, problems in the schools and suggested solutions to these problems, prison life, and portrayals of the working class (Bulman, 2005; Campbell, 2006; Gontheier, 2006; Norden, 1994; Rafter, 2006; Ross, 1998; Vera & Gordon, 2003). The cinematic portrayal of most social phenomena has yet to be systematically analyzed. Curiously, the analysis of movies is, nevertheless, one of the most neglected areas in sociological analysis of society, as well as the specific analysis of the problem of suicide.

Copycat Effects

There is evidence that cinematic suicides can contribute to imitation or copycat effects on the social suicide rate. The suicidal behavior of the model in a movie is sometimes copied in the audience. Reviews of this literature are available (Pirkis & Blood, 2001; Stack, 2003) and include the first meta-analysis, which is based on a review of 183 findings contained in 26 existing studies (Stack, 2009a). Importantly, the rise in the youth suicide rate between 1950 and 2000 was found to be related to the number of suicides in American feature films per year (Jamieson, 2001). Further, suicides by youth were found to increase after the showing of a student suicide by a young male in the German film, *Death of a Student* (Schmidtke & Schaller, 2000). The effect of the film was especially strong among persons of the same age and gender status as the model in the film. For example, the suicide rate of young males on the rails increased by 86% over the 70 days after the showing of the film. In New York City, for the year following the publication of *Final Exit* (1992) by Derek Humphry, a book recommending suicide by asphyxiation by plastic bag, the number of suicides by that method increased by 313% from 8 to 33. A copy of *Final Exit* was found near the bodies of 27% of the suicides (Stack, 2003). Hawton and his colleagues studied the incidence of persons reporting suicide attempts ($N = 4,403$) at 49 emergency rooms across the UK for three weeks before and three weeks after the showing of a drug overdose on a popular television drama, *Casualty* (Hawton et al., 1999). There was a 17% increase in attempts after the showing on television. Importantly, interviews were performed with the attempters, and one in five reported that the suicide on television had influenced their decision to overdose.

The full effect of exposure to suicides in movies needs to be measured over long periods of time. Many feature films shown on Home Box Office (HBO) and other television outlets are downloadable from the web, and most are available for rental or purchase on DVD. For example, the suicides by Russian roulette in *The Deer Hunter* (1978), continued to influence copycat suicides for at least 25 years after the film. Between 1979–1986 there were 46 confirmed cases of such copycat suicides. Typically the person had watched the movie airing on television or rented a copy of the movie before suiciding (Coleman, 1987). Additional reports of persons watching *The Deer Hunter* and suiciding shortly thereafter continue to be documented, although there is no longer a coordinated effort at locating all cases (Coleman, 2004,

pp. 233–235). Indeed, there is recent evidence of a movie imitating a classic movie. In the film *187* (1997), the lead characters watch *The Deer Hunter*, and proceed to play Russian roulette to demonstrate macho fearlessness. Two die in the process. Suggestions for research on the long-term copycat effects of suicides in film will be discussed more fully in the conclusion of this book. We turn now to a discussion of the research strategies for the present investigation.

Overview of the Book

The first part of the present treatise is devoted to a series of three chapters on the individual centered motives for suicide. Chapter 3 deals with the traditional modes of explaining suicide from a psychiatric perspective. The two psychiatric explanations that are recurrently dealt with in film are depression and substance abuse. Chapter 4 delineates a nontraditional psychiatric explanation of suicide: the suicide of the psychopath, known currently as the antisocial personality disorder. While this particular psychiatric disorder receives little attention in psychiatry, it is a major cause of suicide in nearly one of five cinematic suicides. Chapter 5 deals with what we call the biological dimension of suicide or physicality. In film there are three subpatterns: pain, physical illness, and physical disability.

The second part of the present volume deals with the four social causes of suicide, one each per chapter. These four chapters reflect the cinema's emphasis on the causes of suicide which lie outside of the lone individual. Chapter 6 starts with the immediate circle of significant others and an age old recurrent life crisis event: death of a significant other. Chapter 7 deals with the largest set of film suicides. These suicides emanate from strains in social relationships. Subcategories are explored. The subcategories include intimate partner problems, including divorce and lovers' triangles, strain involving parent-child relationships, bullying, societal prejudice (including homophobia, classism, racism, and anti-Semitism), and shame. The latter is a rather neglected phenomenon in suicide studies. It involves suicide due to exposure, or anticipated exposure, of some form of deviant behavior in the person committing suicide (Lester, 1997). Chapter 8 is an exploration of economic strain as a causal factor in film suicides. Major subcategories include financial problems and job problems including unemployment and occupational stress. Chapter 9 explores altruistic suicide, perhaps the most neglected cause of suicide in suicide studies. In film, however, such suicides account for nearly one in five cases. These encompass a series of categories including military suicides with a desire to kill (e.g., movies regarding suicide bombers and Kamikaze pilots), military suicides to save lives, political suicides to call attention to a cause, and suicides for the financial benefit of others. The latter include the suicide in *Death of A Salesman* (1951), where money from a life insurance policy will go to a family in need. Generally, when people suicide in response to feeling like a burden to others, their behavior is an altruistic suicide.

Chapter 10 of this volume deals with cross-national comparisons, and the globalization hypothesis. Are the patterns in American film found in other nations as well? British films are compared to American films in terms of the seven causes of suicide in American films. The major difference between nations concerns altruistic

suicides. British film has fewer military oriented heroic suicides and more socially oriented altruistic suicides than American films. This is related to the standing of these two countries in terms of their rating on the cultural axes of nations derived from Inglehart & Baker (2000).

The conclusion contains a summary of the principal findings of the seven chapters on causes of suicide. The results on five hypotheses are summarized. For example, is the degree of representation of each cause of suicide in film representative of suicides in the real world (artistic construction hypothesis)? Are the seven causes of suicide in film gendered? On the whole, what can we conclude about changes and continuities in the seven motives for suicide over a century of film? In what respect are the films today quite similar in the presentation of suicide motive than the films from the earlier periods in suicide film history? Are the causes of suicide in film rooted in the explanations of suicide in popular world literature? Given that there is more evidence of continuity than change in the presentation of the seven basic motives over time, what do the films reveal about deeper, more general aspects of American culture? The comparison of British and American film is discussed and largely supports the globalization thesis.

Implications of the findings are discussed. A key implication involves the reaction of the "survivors" (significant others of the victim) to the suicide. Since film teaches us that suicide is caused by external forces, then it would be expected that some survivors might opt to be avengers, as opposed to just mourners. They would be expected to be portrayed, sometimes, as taking action against the people or institutions that drove their loved ones to kill themselves.

There are some suggestions for future research based on ideas in the films themselves. A summary is provided of many of the insights gained from film. These can be used for points of departure for future work. The findings of the present volume are briefly compared to the limited literature on other art forms as they relate to suicide. These comparisons stress how strain in social relationships are portrayed not only in film, but also in paintings and music as drivers of suicide. Our investigation is then also briefly compared to 32 book length studies on patterns in the portrayals of behavior and institutions (including crime, education, physical handicaps, prostitution, racism, and religion) in the American cinema. Elements of our hypothesis testing and sampling approaches are seen as distinguishing our investigation from most of its predecessors.

Some additional recommendations for future research are provided. These include a study of suicide attempts. Does the cinema present suicide attempts as stemming from a similar set of motives to those driving completions? Since social and economic strains are the principal causes of completed suicide, does the cinema stress these constructs more than psychiatric treatment in the rehabilitation of suicide attempters?

We now turn to issues regarding the research strategies or methodology of the study. These involve definitions, procedures for finding appropriate films, coding strategies, and the classification scheme of the seven motives for suicide found in the films.