

3 Katie's Diary⁵

Serendipitously, I was given a diary of a young woman who had killed herself. I have named her "Katie." The diary covered the last year of her life and was in five separate books. The diary was given to me by her younger sister, "Laura," who had never read the diary. Laura thought that, as a suicide expert, I might find it interesting. I was astonished. I had in my hands a source of data on suicide that was extraordinarily rare. Compared to a suicide note of a paragraph or two, I had over two hundred single-spaced pages of introspection! I had the opportunity to look into the mind of a suicide in greater depth than ever before, and perhaps it would be possible to obtain insights into the suicidal mind that conventional research has failed to provide.

I thought of colleagues who could read this diary and comment on it from their differing perspectives, and I explained to Laura that I could produce a book based on this diary, a book that would serve as a memorial to Katie and would contribute to our understanding of suicide. Laura permitted me to embark on this project, the result of which was *Katie's Diary: Unlocking the Mystery of a Suicide* (Lester, 2004a). The aim of the project was to explore what new insights into suicide an in-depth examination of the diary of a suicide could provide.

Ellis (2004) analyzed the diary from the point of view of a cognitive therapist. He was able to document dichotomous thinking, cognitive rigidity, hopelessness, deficient problem-solving, perfectionism, and dysfunctional attitudes in Katie's writings. Pennebaker and Stone (2004) used the LIWC program to analyze the diary, the same program that has been used throughout the present book. Pennebaker and Stone noted several trends over time in the diary. The five books were characterized, in order, as: (1) focusing on family history, with extreme sorrow and pain, (2) anger and self-abuse and a concern with her body, (3) feeling strong and in control, (4) anger at self, lack of control and disconnecting from people, and (5) loss and pain.

The number of entries declined over the year, but the length of the entries peaked in the first and fifth books. Many of the variables examined by Pennebaker and Stone did not show monotonic trends over the year, but rather peaked or had troughs at various points during the year. However, for the last six months, the proportion of words reflecting positive emotions increased, while the proportion dealing with negative emotions decreased. The use of question marks rose in the last six months, while concern with eating declined. Religious words increased over the whole year while death words declined for the first six months of the diary. Pennebaker and Stone, however, did not carry out statistical analyses of the trends they uncovered.

⁵ Part of this chapter is based on Lester (2004a).

3.1 Katie

Katie's parents had emigrated from Europe to the United States. Her father was German and her mother Hungarian. The father, a carpenter, was a domineering husband, preventing his wife from learning English and from driving a car, for example. He was an alcoholic and abusive to his wife and children. Katie was the first-born child, followed just over a year later by a sister, Laura.

Katie's father sexually abused her. In her diaries, Katie refers to this abuse, but does not give explicit details. It is possible that she does not remember the incidents clearly, but she may also be reluctant to describe the incidents in detail in her diaries. It seems reasonable to conclude that the sexual abuse involved genital and oral sexual acts. I do not know whether Laura, Katie's younger sister, was also sexually abused by her father.

Katie's mother threw her husband out of the house when Katie was nine years old. He sometimes returned to the house while the mother was out working (at a factory), and his daughters would have to call the police to have him removed. Two years later, when the mother was filing for a divorce, he died, possibly of a heart attack. Soon thereafter, the mother became schizophrenic. The state authorities decided that she was not competent to raise her two daughters who were then placed in foster homes. Katie's mother received inpatient care and was released but, after living in the community for eight years in squalid conditions⁶, she was institutionalized in a state psychiatric hospital with her younger daughter named as her legal guardian.

The two daughters were placed in several foster homes during the next few years, only occasionally placed together. They went to different colleges in the state, Katie two years ahead of Laura. They kept in touch and were quite close. Laura felt that Katie was somewhat immature, and she became protective of Katie as the years passed.

Katie developed an eating disorder at the time that she was taken away from her mother and placed in foster homes. Her anorexia was severe enough that she was hospitalized on several occasions, often around the time of Christmas. She was also frequently depressed. There is no indication that Katie had attempted suicide in the past. The daughters had been raised as Catholics, but Katie developed eccentric religious ideas to the extent that Laura worried that Katie suffered from hallucinations.

Katie blamed her mother for the trauma that she had experienced, and she saw her mother as having been purposely vindictive to her children. She preferred to tell others that her mother was dead. Laura, on the other hand, loves her mother and does not hold her responsible for the trauma she suffered at the hands of her father.

From the diary, we learn that Katie has a boy-friend whom she loves, Mark. Their relationship is troubled. Mark seems to have had sexual intercourse with an

⁶ She failed to pay her real estate taxes and utility bills, so that she lived without heat and water, and she was unable to hold a job.

ex-girl-friend while he was seeing Katie, and this causes anguish for Katie and friction between her and Mark. Katie has trouble getting good grades in her college courses, and she sometimes withdraws from courses before the semester ends. She has financial problems paying for her college education and in getting a job to help with the finances. For the period covered by the diaries, Katie is overweight, and she is discouraged about this, continually trying to lose weight, but without success. She refers to attending group meetings for those who are overweight and for those who were victims of incest. She also mentions drinking and using recreational drugs, including marijuana.

On June 29, Katie's boyfriend Mark went to her college dormitory room (a single-story dormitory for disabled students⁷), but Katie did not respond. The light was on in the room, and Mark could see under the door that Katie was lying there. Mark went outside and broke the window so that he could enter the room, and he found that Katie had hung herself using a cloth belt hooked around the metal door-closing mechanism. Others in the dormitory called campus security who in turn called the local police department. There was no disorder in the room, except for the broken window, and there were no signs of foul play. No suicide note was found.

Mark reported that he had last seen Katie on June 16 and that she had recently been depressed. No one in the dormitory had seen Katie for the last few days. However, an employee of the bookstore had seen Katie on the day before her body was found. The autopsy report indicated that Katie was 20 years old and 65 inches tall and weighed 143 pounds.⁸ There were no signs of any illness, disease or trauma apart from the hanging. Toxicological analyses revealed no alcohol or drugs. The medical examiner did not report examining Katie's reproductive system, and so it may be assumed that she was not pregnant.

3.2 The Ophelia Complex⁹

...When down her weedy trophies and herself
 Fell in the weeping brook. Her clothes spread wide,
 And mermaid-like awhile they bore her up,
 Which time she chanted snatches of old lauds,
 As one incapable of her own distress,
 Or like a creature native and indued
 Unto that element. But long it could not be
 Till that her garments, heavy with their drink,

⁷ Katie had moved to this dormitory after having disagreements with her roommate.

⁸ Katie's weight was within the range for a woman of her height with a large frame. It was outside the range for women with small or medium frames.

⁹ This discussion of Shakespeare's Ophelia owes a great deal to the written commentary provided to me by Kenneth Tompkins, my colleague at The Richard Stockton College of New Jersey.

Pulled the poor wretch from her melodious lay
To muddy death.¹⁰

In Shakespeare's *Hamlet*, Ophelia seems to have no mother. Hamlet woos the motherless girl, but her father warns her not to trust Hamlet at all. Obediently, Ophelia repels Hamlet's advances. As Hamlet's personal troubles develop, he admits to Ophelia that he loved her once but says that he no longer does. He gets angry at her and tells her to go join a nunnery. Later in the play, Hamlet inadvertently murders her father (who is hiding behind a curtain in the bedroom of Hamlet's mother). Ophelia goes mad¹¹ after the loss of her father. As she wanders around the castle and its grounds, it is her father's death that is on her mind. At one point, she climbs on a tree, and she falls into the river when a branch breaks. She makes no effort to save herself, but floats downstream until her wet clothes drag her under. In essence, she chooses suicide.

Tompkins noted that Ophelia is a "creature" designed by men. In her first appearance in the play, she is questioned by her brother, Laertes, about Hamlet's intention and urged not to have intimate relations with Hamlet. Later, after Laertes has left for Paris, Ophelia's father asks her about Hamlet's intentions and tells her to avoid Hamlet. Ophelia tells her father that she will obey. Her next appearance is merely to confirm Hamlet's apparent madness to her father. As Jardine (1983) observed, Ophelia is under the total control of both her father and the king, Claudius. For example, they order her to return Hamlet's gifts to her so that they may observe his reaction, and she obeys. She is used as bait so that they can observe Hamlet's emotions.

Hamlet is no better. He uses Ophelia merely to further his plans to expose his uncle as a murderer. If Hamlet really loves her, then she is chaste but, if he does not love her, then she is lewd and lascivious for accepting his gifts. Either way, she should go to a "nunnery" (which could mean a convent or a brothel). Jardine also noted that, if Hamlet married and had heirs, then they would inherit the throne. On the other hand, if Hamlet remained unmarried and without heirs, then Claudius and his offspring are the heirs to the throne. Thus, it is in Claudius's interests to have Hamlet break off his engagement to Ophelia. Female sexuality, therefore, represents "...woman's intolerable interference with inheritance..." (Jardine, 1983, p. 92). No one in the play cares about Ophelia—what she wants, what she feels or what she thinks.

McGee (1987) has pointed out that Ophelia is presented by Shakespeare in a way that would not endear her to Elizabethan audiences. There are clues that she is a Roman Catholic, and England then had its own "Church of England." Furthermore, the innuendo in the play is that Ophelia is also a whore. (Ophelia is described as mermaid-like as she drowns in the river, and mermaid was a slang term for prostitute.) Ophelia's madness is connected with the Devil, for she has displayed sexual feelings

¹⁰ The quotes are from Shakespeare (1969).

¹¹ R. D. Laing (1960) considered her madness to be schizophrenia

and so is evil. Had she lived in Elizabethan England, she might have been labeled a witch and subjected to an exorcism or killed. In one conversation with Ophelia, Hamlet says

I have heard of your paintings too, well enough. God hath given you one face, and you make yourselves another. You jig, you amble, and you lisp; you nickname God's creatures and make your wantonness your ignorance. Go to. I'll no more on't; it hath made me mad.

Painting is a metaphor to suggest prostitution. Whores painted their faces to cover the ravages of smallpox and other venereal diseases that caused disfigurement.

Ophelia, then, has suffered the loss of her mother and has become an obedient daughter, but the loss of both her father and Hamlet's love leaves her ungrounded and unable to continue to live. (Had she not killed herself, she would also have experienced the loss of her brother in a short time too since he dies in the fight with Hamlet.) Furthermore, no one is concerned for her well-being, but rather they manipulate her to serve their own well-being.

It was not I, but rather Mary Pipher (1994) in her book *Reviving Ophelia* who suggested the relevance of Ophelia for understanding adolescent girls. Pipher presented cases of adolescent girls she had counseled who were depressed, suicidal and self-mutilating, anorexic and bulimic, abusing drugs and alcohol, sexually promiscuous and victims of sexual harassment and rape. Pipher argued that Ophelia chose suicide because she was not able to grow. She became the object of other people's lives and lost her sense of self, if she ever had it. Her development was thwarted, and her potential truncated.

Pipher noted that girls between the ages of seven and eleven rarely come to psychotherapy, not because these years are "latent" in the psychoanalytic sense, but rather because girls this age are interested in the world. They can be and do anything they want without worrying what others are thinking about them or how others are judging them. They can be their natural selves. But once adolescence arrives, along with puberty, the girls lose their resiliency and optimism. They are no longer curious, and they begin to avoid risks. Their assertiveness leaves them, their energy declines, and they become more deferential, self-critical and depressed. Pipher notes, too, that menstruation occurs at an earlier age today than it used to, and so the stress of adolescence begins at an earlier age. In addition, daughters stay at home longer, often until they finish college at the age of twenty-two, and so adolescence ends at a later age.

Ophelia in Shakespeare's *Hamlet* followed this path. After she fell in love with Hamlet, she became dependent upon his approval. Lacking inner direction, she tried to meet the demands of Hamlet and her father, Polonius, and the struggle to win the approval of both tore her apart. When Hamlet rejects her because she obeys her father, she drowns herself. Ophelia epitomizes the plight of adolescent girls today. Adolescent girls today encounter a world which demands that they subjugate their real selves

and conform to the ways required of them in the society. But the life-style demanded of them is full of contradictions, contradictions so great that all cannot be met.

This split between the real self and the facade self, as I have called it (Lester, 1995b, 2010a), begins early in life when the parents demand that the child suppress particular desires and introject those of the parent instead. “Finish your food,” “Be polite,” “Do well in school,” and all of the other demands made by the parents as they socialize their child create this split between the real self and the façade self. Almost all Western theorists of personality have described this phenomenon, although they use different terms to describe it: introjected desires forming the superego in psychoanalytic theory, conditions of worth by Carl Rogers and the pattern of vicarious living by Andras Angyal, to name a few.

Pipher has pointed out that present-day culture now extends this. In the past, to be sure, parents continued to socialize their daughters well into adulthood, but girls typically had a large extended family nearby, sometimes living in the same house, which provided support and praise for them as they really were. They were, nonetheless, monitored closely and shaped to be “feminine” in the traditional sense of the word so that they would be found attractive by a young man and become fine wives and mothers. However, today, this continued socialization, with its accompanying suppression of the real selves of the girls, is taken over by the peer subculture and reinforced by the media. An extended family living nearby is rare, and the parents often both work and provide less support for their daughters.

This is made worse by the high frequency of divorce, which removes some of the parental influences and introduces even more chaos when the parents remarry and re-divorce. Drugs are much more freely available today than they were fifty years ago, adolescents engage in sexual intercourse at a much earlier age than in the past¹², and girls are encouraged by the media to focus on their bodies and their looks and to minimize their intellect. Pornography is everywhere, in videos and in song lyrics, and the media reinforces the thin, anorexic look, all the while running articles on the dangers of eating disorders.

If adolescent girls remain true to their selves, then their female peers ostracize them, and the boys ridicule them. On the other hand, if they conform to the sexy stereotype that the peer culture and media reinforces, then they run the risk of joining subcultures that use alcohol and drugs and encourage early sexual intercourse. In the course of this, they may be raped and then ostracized for being a “slut.” Adolescent girls have to play dumb, be cute and pretty, and act sexy, yet resist the overtures of the boys who are “turned on” by this image.

Adolescent girls diet when they are hungry and when they should eat; they spend time with the “in-crowd” rather than with the friends they prefer; and they act dumb when they could excel academically. Interestingly, now parents tend to fight for their

¹² Indeed, sexual intercourse was not an option for adolescents fifty years ago.

daughters real selves, but they lose out to the cultural and peer pressures. In addition, our culture remains sexist and misogynist. Pipher browsed through magazines in the 1990s available for young girls, and they all had articles on make-up, weight-loss, and fashion. Attracting boys was the sole goal in life, and the magazines had no articles on hobbies, careers, politics or academic pursuits. Pipher noted four ways of adapting to these pressures: conform, withdraw, become depressed, or get angry. Thus, the difficulties of adolescence, including extreme and changeable emotions and irrational thinking (which, of course, persists into adulthood, as cognitive therapists inform us), are made more difficult for adolescent girls.

All parents must love their daughters and give them affection. Pipher suggests that girls who make the best adjustment have parents who are not laissez-faire. Laissez-faire parents leave their daughters to make decisions that they are not capable of making wisely, and these girls often adjust worst. Parents who are very strict and controlling have daughters who traverse adolescence with the least trouble but who, as adults, have little sense of their real selves. A lot of affection and moderate control enable daughters to go through adolescence with some stress but with the chance to explore their selves and gain a sense of who they really are and what they really want. They function better when they are adults. "I love you, but I have high expectations for you" is the message parents should give. "We want you to explore and have fun, but we are setting limits too."

3.3 Katie as Ophelia

Katie had an alcoholic and abusive father. In her diary, she makes it clear that he molested her sexually, although she is not explicit about the details. (Perhaps she still has difficulty remembering the abuse?) It is likely that he raped her since, in one memory, he is described as replacing his clothes:

June 8: People did such bad things to me when I had no clothes on.

June 24: I felt so misused already, like a piece of meat, like I was when my parents did things to me.

July 22: I remembered my father making me go on the bed naked with him

July 24: ...hands he caressed with.....rubbing my rape away.

July 19: ...his hands on my body again.....I saw him put his shirt on after he was done with me.

August 28: ...pillow over my face—hands and mouth on my breasts.

September 3: I think something happened in my father's car—I really don't know.

January 1: ...I remembered something with hay, (bloody) old barn.....Daddy at the dresser, don't tell Mommy—me in bed, played with her lingerie. Maybe he dressed me up in it.

In such families, not only does the girl lose her father (since he wants her as a lover, not as a daughter), but she often also loses her mother. The mother may have (consciously or unconsciously) opted out of the sexual relationship with the father and

promoted her daughter as a substitute sexual partner, or she may deny the sexual relationship between the daughter and the father. The daughter, therefore, can turn to no-one for help. She becomes, as it were, an orphan. Katie's mother had been physically and sexually abusive toward Katie also:

June 14: I don't need my mother in my life anymore. I never needed someone who was so sick and raped me—my mind, my heart, soul.

August 28: I'd beat her with the leather strap until she bleeds. The one she beat me with, and I'd kick her till she falls down and has the wind knocked out of her and kick her in the stomach like she did to me. I'd degrade her and make her take off her underwear and hold it into her face and tell her she was a whore and a slut and a bitch like she did to me.

Then, when the father left home (and died), Katie's mother become psychotic.¹³ Katie and her sister Laura were placed with separate foster families.

Katie had several boy-friends, but her relationship with Mark was the most intense, and he was her first lover. The sexual molestation caused tremendous conflicts in her sexual relationship with Mark.

June 8: I also have had such a problem with sex. I really don't like it that much. I really never want to do it.

June 17: Mark and I made love this morning. It was nice.

June 24: We made love. It was really beautiful.

June 28: I like it when he gets rough with me.

July 4: We made love for 2 hours. It was really nice.

July 5: I can't have sex with him anymore. It is too much for me emotionally.

Then Mark is unfaithful to Katie by having sex with an ex-girl friend, Claudia, an act which further impairs Katie's trust in him.

July 4: ...he told me he didn't love me as much as Claudia. Well, they were both sick and fucked in their relationship.

She can no longer be sure that Mark will remain faithful to her. Indeed, it is interesting to wonder whether Katie might have been better able to cope with life if she had not become involved with Mark. He stayed with her and professed his love for her during the year of the diary, but he was unfaithful early in their relationship, was jealous of her male friends, occasionally hit her, and behaved impulsively at times (for example, slashing his wrists). He broke up with her continually, although they always got back together. With her history of sexual abuse, Katie may not have been ready to handle sexual intimacy yet. But she also says:

¹³ She remains in a psychiatric hospital today.

October 17: I don't know where my heart would be if I never met him. I honestly think I would've killed myself by now for some reason.

Katie's situation, then, is very similar to Ophelia's. She has lost both her father and mother, and she cannot be sure of Mark's faithfulness and love for her. And like Pipher's adolescent girls, Katie is depressed, has an eating disorder and mutilates herself.

July 3: Weekend, drugs, alcohol, food binge.

July 4: I abuse myself now—mutilate, destroy, manipulate, lie, control (sickens).

July 5: I missed class today.....No more alcohol, pot, binges, lying.

July 17: I want to slash up my whole fucking body right now.

July 25: I wish I studied for algebra this weekend.

July 28: I had to withdraw from college algebra again.

August 17: Stealing sometimes is a must for me.

September 11: I ran in front of a car so it would hit me.....I got up and said you're right and cut my wrist. Then he ran over to stop me and then he started screaming—saying he was sober—and started cutting himself. I fought him physically to make him stop and get the knife away. I tried every tactic I knew to make him stop. He cut himself, so the only way I made him stop was I started cutting myself. I cut my breast and my shoulder.

November 1: I cut my wrist like a complete idiot. I stopped and thought, but did it anyway.

November 22: I'm not going to eat all day.

November 28: I talked, screamed and banged my head so hard yesterday.

3.4 Women, Depression and Rumination

In discussing Alfred Adler's theory of personality, Mosak and Maniacci (1999) noted that some individuals who develop psychological disturbance "cling" to their trauma. Many of us experience trauma during our lives, but we manage to recover from the shock and continue with a relatively normal life. Others do not. "They 'nurse it, rehearse it,' go over it again in their minds again and again, and ruminate about it, as if they were enslaved by the thought. By clinging to the shock effect, they create an excuse for not moving on with life" (Mosak & Maniacci, 1999, p. 123). The question becomes, therefore, why do some people cling while others let go?

One possibility has been suggested by Nolen-Hoeksema (1987) who suggested that women are, in general, more often depressed than are men because they have a ruminative response style which amplifies and prolongs their depressive symptoms. Rumination involves focusing on the symptoms of distress ("I am so tired") and on the meaning and the consequences of this distress ("What's wrong with my life?" and "Why me?"), trying to figure out why you are depressed, crying to relieve tension, and talking to friends about the depression. Rumination interferes with taking action and effective problem-solving, and individuals who ruminate tend to recall relatively more negative events from their lives which makes them more pessimistic about the

future and helps perpetuate the depression. Individuals who get into this state also are more likely to lose social support because their behaviors alienate their friends, relatives and significant others. In contrast, Nolen-Hoeksema argued that men are more likely to get involved in distracting activities when they are depressed, activities such as going to movies or playing sports.

Nolen-Hoeksema thought that the ruminative response style in women is a result of the particular ways in which girls are socialized in the society and because women have lower status and power than men (Nolen-Hoeksema, Larson & Grayson, 1999). As a result of this lower status, women experience more negative events in their lives than do men, and they have less control over their lives, both at work and at home in their families. For example, even though some women work full-time, they are still expected to perform the majority of the child-care and domestic work in their families. This lack of control over their lives leads women to be more likely to develop a more generalized expectation that they are unable to control their lives and that they will never will able to do so. This makes the depression deeper and more chronic.

The role of rumination in depression is supported by research. For example, Nolen-Hoeksema and her colleagues (1987) studied a sample of residents in the San Francisco area and found that measures of chronic stressful events, depression, rumination and feelings of mastery over events were all inter-related and predicted depression a year later. Sakamoto (1998) in a sample of Japanese students found that self-preoccupation (the tendency to focus on the self), especially when measured for both its degree and duration, predicted the level of depression of the students.

The role of ruination is relevant here because sitting alone, writing a lengthy diary, probably increases the tendency to ruminate. Indeed, many times as I read Katie's diary, I wanted to tell her to stop writing and instead go out and socialize with other students at the university.

3.5 Resentment and Dependency in the Suicidal Individual

Many years ago, as part of my dissertation research, I administered the Situational Resources Repertory Test (RES Test) to suicidal and nonsuicidal individuals. The RES Test was devised by George Kelly (1955). The respondent is asked to think of 22 examples of specific crises in his or her life and then asked to which of 21 significant others he or she could have turned to for help. Kelly was interested in how people distribute their dependencies, and he thought that it was healthier if we spread our dependencies around more people. On the RES Test, this would mean that the person could call on more people for each crisis.

I wrote the names of the 21 significant others on cards and had the students sort them into seven piles of three each, from the three they liked most to the three they liked least. After completing a questionnaire, I then asked each student to sort the 21

significant others into seven piles of three each, from the three they resented most to the three they resented least.

The results were obvious to me before I carried out the statistical analysis. When I asked the nonsuicidal students to sort the significant others for resentment, most told me just to reverse the sorting they had done earlier for liking. (I made them sort by resentment anyway.) Hardly any of the suicidal students made this objection. They sorted by resentment without any quibbling, and the people they liked most were often the people they resented most!

When I did the statistical analysis, I confirmed this observation (Lester, 1969). The suicidal students resented those they liked and also those upon they depended. On the other hand, the nonsuicidal students did not resent those whom they liked, nor those upon they depended. Furthermore, the suicidal students had a smaller dispersion of dependencies, that is, there were fewer people to turn to for help in crises. The result was that the suicidal individuals more often were dependent upon a small group of people toward whom they felt much resentment. Thus, in times of crisis, it is likely that the suicidal individuals would be less able and less willing to turn to others for help because of these feelings of resentment.

Katie displays a great deal of resentment toward Mark and her friends. Her diary is full of ambivalence about the people in her life. About her boy-friend Mark, she states that she loves him and that she hates him, sometimes in entries for the same day. June 8th: I love Mark. June 15th: It's all a facade with Mark. June 24th:.....even though I've been angry at Mark and said I hated him, I never meant it.

The presence of conflicting feelings is also striking.

(1) June 14: I don't need my mother in my life anymore. June 17: I miss my Mom. June 24: You selfish cunt. I need a Mommy.....I've never loved anyone except my Mom like this.

(2) Katie plans to spend time with a friend, Carl. But on June 22: I really almost hate Carl.....[Carl] is a total jerk actually.

(3) June 24: I can't wait to be alone in the house, doing my work. I love it. June 24: [later] I'm so alone.

(4) June 24: I feel very beautiful and strong right now. July 1: My body is against me.

In fact, it hard to find a person or an issue about which Katie does not express ambivalence. There are only two examples. Katie says only nice things about her sister, mostly about how much she misses her; and she says only harsh things about her father.

This ambivalence reminds me of George Kelly's theory of personal constructs. Personal constructs include those we use to evaluate other people. Is this person trustworthy or untrustworthy, intelligent or stupid, etc? Kelly postulated that constructs were bipolar, that is, each time we evaluate a person, she is either intelligent or stupid, never somewhere in between. Constructs are dichotomous judgments—either/or. I have always wondered whether this was in fact the case, but Katie's diary convinces me that, at least for Katie, her constructs were dichotomous and bipolar. Her judgments of people and experiences switches from one extreme to the other.

Shneidman and Farberow (1957a) proposed that suicidal individuals were prone to dichotomous thinking, and Charles Neuringer published a number of research studies which documented this (see Neuringer, 1988). He found that suicidal individuals more often thought dichotomously than did nonsuicidal individuals, and that they quickly switched judgments about people from one pole to the other. In particular, Neuringer and Lettieri (1982) showed that this was true for suicidal women, and Neuringer concluded that:

It augurs poorly for the futures of these women. Dichotomous thinking imposes inflexibility and polarized thinking on suicidal individuals. It may be that the inflexibility and polarization associated with dichotomous thinking are what perpetuates and maintains for long periods of time a high level of crisis. If the above is true, highly suicidal women are caught in a web that appears to be seamless and never-ending.....If the cognitive style does indeed constantly keep the “emotional pot” boiling, it may explain why suicidal individuals feel so hopeless and why they have such difficulties envisioning a future in which they will feel better. (Neuringer, 1988, p. 51).

3.6 Positive Disintegration

Many years ago, Dabrowski (1964) introduced the notion of *positive disintegration*.

In relating disintegration to the field of disorder and mental disease, the author feels that the functional mental disorders are in many cases positive phenomena. This, is, they contribute to personality, to social, and, very often, to biological development. The present prevalent view that all mental disturbance are pathological is based on too exclusive a concern of many psychiatrists with psychopathological phenomena and an automatic transfer of this to all patients with whom they have contact. (p. 13)

Dabrowski noted that the recovery of some patients results, not only in the recovery of their health, but also the attainment of a higher level of mental functioning. There is here, then, the recognition that some crises and some disintegrations of the personality can have a positive growth effect. The person may be unable to grow, perhaps, if disintegration is prevented.

Gut (1989) has touched on the same theme in her book *Productive and Unproductive Depression*. She argues that depression can serve an adaptive purpose for the individual. The withdrawal and lowered mood which accompanies depression allows the person to dwell on their conscious and unconscious processes and perhaps resolve deadlocks in their functioning.

What makes depression unproductive rather than productive? Gut suggested that a person who has been overtaxed in the past will be more likely to have unproductive depressions. This can be caused by early trauma and by family functioning that prevented understanding and resolving these trauma. There may be no one to whom the individual can communicate the depression and despair and with whom the feelings

and accompanying thoughts can be discussed. There may also be genetic predispositions and social and cultural factors that make productive resolution of depression difficult.

It is clear that the early trauma experienced by Katie, particularly the sexual abuse by her father, which was then followed by the schizophrenic breakdown of her mother, were the kinds of experiences which would have made a productive resolution of her depressions difficult, if not impossible.

Gut felt that finding a good listener was critical in resolving depressions productively. While writing a diary helps some depressed people (or writing letters, praying or meditating), a live listener is much better. It is interesting that, despite the large number of people referred to by Katie in her diary, none of them appear to be good friends, that is, the kind of person with whom one can sit down and talk exhaustively about a problem of concern. Katie's only confidante is her boy-friend Mark, and she is too dependent upon (and conflicted about) that relationship for Mark to be the ideal confidante. (We might note also that we have no evidence to evaluate whether Mark himself is capable of being a good confidante for someone who is depressed or in distress.)

3.7 Discussion

Many years ago, Binswanger (1958) treated a woman, Ellen West. At the time that he treated Ellen, psychiatrists did not understand the disorder that we now refer to as anorexia, an eating disorder. Ellen was diagnosed as schizophrenic at the time, but the misdiagnosis did not matter that much since there were so few treatments available, if any. Psychotherapy was primitive, and medications unavailable. Eventually, Ellen killed herself. Binswanger, an existentialist wrote:

.....I exist authentically when I decisively resolve the situation in acting.....In contrast to the "affect"-laden short circuit reactions of her earlier suicide attempts, this suicide was premeditated, resolved upon mature consideration. In this resolve, Ellen West did not "grow beyond herself," but rather, only in her decision for death did she find herself and choose. (Binswanger, 1958, p. 299).

.....the existence in the case of Ellen West had become ripe for its death in other words, that the death, this death, was the necessary fulfillment of life-meaning of this existence. (p. 295)

.....only in her decision for death did she find herself and choose herself. The festival of death was the festival of the birth of her existence. (p. 298)

Thus, Binswanger concluded that suicide was the correct and necessary path for Ellen West to take. I must confess that, as I read Katie's diary, I sometimes had a similar reaction.

But, like Carl Rogers (1961), I have also criticized Binswanger for his handling of the case (Lester, 1971a), accusing him of psychic homicide (Meerlo, 1962), that is, killing a difficult and incurable patient by propelling her to kill herself or putting her in a situation where the likelihood of suicide was great. Binswanger treated Ellen West as an object, and he failed to respond to her in a genuine and empathic way. Katie needed an intervention. By herself, despite her strengths, she was unable to change her life-path. She reached out to others, both friends and a lover. She went to groups for incest survivors and for those with eating disorders. She went to college and planned a career, perhaps in nursing (helping others). She wrote her diary. But all of this was not enough.

Katie needed a psychotherapist to guide her through this period in her life. But for many distressed individuals, a psychotherapist is not possible for reasons of accessibility and of cost. Had Katie found a therapist, perhaps at the college counseling center, if her college had such a center, she may not have “connected” with her psychotherapist or perhaps been restricted to brief short-term counseling which might have been insufficient. It is, however, regrettable that Katie was unable, for whatever reason, to find a psychotherapist to help her discover an alternative life-path, one which did not lead to suicide.

3.8 The LIWC Analysis

For the present study, the diary entries were first divided by the thirteen months over which they spanned, and correlations were calculated over the months (numbered 1 to 13). For the second analysis, the eight entries in the final book which covered the period from May 30th to June 20th (the final entry in the diary) were analyzed by day (numbered 1 to 8). Katie died on June 29th. The scores from the LIWC program were then correlated over the 13 months for the first analysis and over the eight days for the second analysis. The results are shown in Table 3-1.

Over the 13 months prior to her suicide, five significant trends were noted as well as nine non-significant tendencies. The entries were longer at the beginning of the year, but the wording was more stereotyped (there were fewer unique words). Katie was less interested in the causes of her distress as the year advanced and referred less often to the past. Finally, death words became less common toward the end of her life. Looking at the non-significant trends, Katie referred to others less often over the course of the diary, expressed less anger, focused more on eating (Katie had an eating disorder and she felt overweight for most of this year), and less on sexual matters. (Katie had been sexually abused by her alcoholic father and had difficulties in her sexual relationship with her boyfriend.) The content of the diary sounds more positive toward the end, and this is reflected by a tendency for positive emotions to be more common and negative emotions less common, so that the ratio of positive to positive-plus-negative emotions increased slightly (the correlation coefficient was 0.30).

Tab. 3.1: Changes in Katie's diary over time

	By month over the year (n = 13)	By day over the last month (n=8)
	Pearson r	Pearson r
Word count	-0.89**	-0.29
Unique words	0.63*	0.25
Pronouns	-0.51#	-0.58
Second person	-0.55#	-0.38
Negations	-0.48#	-0.02
Prepositions	0.53#	-0.09
Numbers	0.48#	0.31
Anger	-0.55#	-0.37
Causation	-0.56*	-0.19
Past tense verbs	-0.57*	-0.51
Music	-0.48#	-0.36
Death	-0.57*	-0.35
Sexual	-0.50#	-0.73*
Eating	0.50#	0.50

** two-tailed $p < .001$, * two-tailed $p < .05$, # trend (two-tailed $p < .10$)

These trends were, on the whole, present also in the last month of Katie's life. However, the small number of entries (only eight) resulted in few of the trends being significant. Death words became even less frequent in the last month, as did concern with sexual matters. References to the past became less common, and the emotions expressed continued to become more positive.

3.9 Final Thoughts

Katie's diary ended nine days before she killed herself, and she left no suicide note. In the light of these trends, which seem to indicate a more positive outlook on life, one wonders whether some traumatic event occurred in those final ten days that increased her suicidal intent, but we will never know. However, it is striking that her mood improved over the weeks and months, and this suggests that we should be careful in thinking that our depressed and suicidal friends and loved ones are doing better if their mood improves.

The trend toward the presence of fewer death-related words in the later entries of the diary fits with the hypothesis of Spiegel and Neuringer (1963) that people would tend to suppress thoughts of death and suicide as they came closer to the time of the

action. They found this in a study of suicide notes, and there was a long-term trend in Katie's diary in this aspect.

In the later entries, Katie was less concerned with causation (perhaps less concerned with explaining her choices) and less concerned with the past. There was also less anger and less concern with sexual matters. Considering this, along with the increase in positive emotions and the decrease in negative emotions, we can hope that Katie found some measure of peace toward the end of her troubled life.

While Stefan was taking care of Katherine, he persuaded her to keep a diary to rant her thoughts too. Dear diary, so here I am alive. Stefan saved me from killing myself. Now he's got me on suicide watch. He says it would be therapeutic for me to write down my feelings about the fact that I'm dying and there's nothing I can do about it. Deep thoughts, mortal coil, blah blah blah. My hand's tired.