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SUICIDE AND PERFECTIONISM: A PSYCHOLOGICAL AUTOPSY STUDY OF NON-CLINICAL SUICIDES*

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ABSTRACT

This study explores suicide in relation to perfectionism among individuals who died by suicide with no history of treatment in mental health care or of suicide attempts. The study is part of an ongoing psychological autopsy study (PA-study). It aimed to produce a phenomenological understanding of the dynamics/processes from perfectionism to suicide among 6 men aged 22 to 58. Interpretative Phenomenological Analysis (IPA) was used to analyze the interview data of 41 key informants. Based on the informants' narratives, it seemed that perfectionism left these men less able to cope with their (self-perceived) inability to meet their high expectations. Four themes emerged from analysis: 1) striving for success; 2) fear of failure; 3) keeping up the façade; and 4) rigidity. The results may be important in the prevention of nonclinical

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suicides, a group that is particularly difficult to identify, especially if the deceased have been regarded as very successful in many areas.

Suicide is a major public health problem and it's prevention has not been adequately addressed (WHO, 2012). This may partly be because of the restricted view on the reasons for suicide (Linehan, 2008). Much of the research so far has been based on the presumption that suicide is a symptom of mental illness, and thus a main strategy for suicide prevention has been treating the underlying disease (e.g. Cavanagh, Carson, Sharpe, & Lawrie, 2003). As a result, one may be in danger of downplaying the importance of other factors and other groups of suicide which are not classified under the disease model paradigm (Linehan, 2008). Several studies have shown that a substantial number of those who die by suicide do not have a previous history of mental illness (Judd, Jackson, Komiti, Bell, & Fraser, 2012; O'Connor & Sheehy, 2001; Owens, Booth, Briscoe, Lawrence, & Lloyd, 2003). As such, non-clinical suicides should be included in the knowledge base for suicide prevention and intervention strategies. Baumeister (1990) developed a model which emphasized that dispositional psychological vulnerabilities, when activated by stress, may contribute to suicidal behavior. One of these vulnerability traits, perfectionism, has been consistently linked to suicidal behavior in clinical and non-clinical populations (O'Connor, 2007). The present study aims to shed some light on the psychological aspects of suicide by looking into perfectionism among suicide victims with no history of suicide attempts or treatment in mental health services.

PERFECTIONISM

Although an issue for long lasting debate, there seems to be a consensus that perfectionism is a multidimensional phenomenon, consisting of both personal and social dimensions (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). This is often defined as: "the setting and maintaining of unrealistically high standards and expectations, critical evaluations of performance etc." (Hewitt, Newton, Flett, & Callander, 1997, p. 95). Many people perceive perfectionism as a negatively loaded concept. Hamachek (1978) distinguishes between two functions of perfectionism, *normal perfectionism* and *neurotic perfectionism*. Normal perfectionism enables individuals to strive for success in a flexible manner and derive a sense of pleasure from painstaking effort. Normal perfectionists may strive to excel, but are able to lower their standards when required. *Neurotic perfectionists* are also people with high standards and expectations of their performances, but in contrast, they are motivated by an intense need to avoid failure and rarely derive satisfaction from their successes. Similarly, Frost, Hemberg, Holt, Mattai, and Neubauer (1993) distinguished between *adaptive* and *maladaptive perfectionism*, arguing that adaptive perfectionism reflects a positive

pursuit toward achievement, whereas maladaptive perfectionism reflects a concern with evaluation and fear of failure when attempting to achieve an unobtainable ideal.

Perfectionism and Suicide

Some researchers have shown that people with maladaptive perfectionism have a strong tendency to strive for an unobtainable ideal and their perceived failure to meet their high expectation may play a role in suicide. For example Blatt (1995) and Burns (1980) argue that suicide is a potential outcome of maladaptive perfectionism and the elevated rates of suicide among some professional groups may be explained, in part, by perfectionist thinking. Further, Burns claimed that these people set high standards for performance, critically evaluate their behavior, and measure their self-worth in terms of accomplishments and productivity. However, according to Burns (1980), "it appears that many perfectionists are plagued by loneliness and disturbances in personal relationships" (p. 37). Blatt (1995) related the suicides of three highly talented individuals who worked incessantly hard, to their negative perfectionist traits, including high levels of self-criticism and the belief that they could not live up to them. Recently, Bell, Stanley, Mallon & Manthorpe (2010), in a case study of the suicides of three gifted students, suggested that perfectionism engendered severe self-criticism, self-doubt, and fear of failure. Experiences were evaluated in a dichotomous all-or-nothing thinking. Together, this may create a strong potential for suicide. Baumeister (1990) concluded that the suicidal process may be initiated by high personal standards or by high expectations imposed by one's self and others. O'Connor (2007) conducted a systematic review of 29 international studies relating to the relationship between perfectionism and suicidal ideation or suicide attempt/self-harm, with the aim of determining the nature of this relationship. There was considerable evidence that high levels of perfectionism, expressed as negative reactions to making mistakes, a tendency to doubt the quality of one's performances, and self-criticism increased the vulnerability to suicidal behavior. However, there are some methodological problems in this area of research. O'Connor (2007) claimed that differences in reported results could be related to inconsistencies in the definitions of dimensions of perfectionism, as well as lack of homogeneity of the samples. Some study samples included a combination of suicide ideators and attempters, while other samples included either ideation or attempts. Further, student and clinical populations were over-represented in the studies (O'Connor, 2007). The review article does not report any studies on perfectionism and completed suicide in a non-clinical sample.

On the basis of previous research on perfectionism and suicidality, there is a gap between some case reports on suicide among competent individuals on one hand, and divergent findings from studies of student populations and suicide attempters on the other. Further, most studies have been correlation studies, yielding limited

knowledge on causality, and with a main focus on mental illness when utilizing clinical samples. However, as reported, not all suicides are conducted by individuals who are mentally ill (Judd et al., 2012), and psychological autopsy studies should not be limited to clinical samples. Quantitative methods are limited in explaining why a relationship exists and so qualitative data may be required to shed some light on the more or less "out of the blue" suicides of non-clinical individuals. These suicides may be even harder to prevent than mental illness related suicides, particularly if it happens among high achieving individuals.

A main focus for the present study was to explore how perfectionism impacts the dynamics in a suicidal process. A phenomenological-based analysis is conducted, based on the understanding of maladaptive perfectionism as described from the perspective of informants close to the deceased.

METHOD

A Phenomenological Approach

The present study is based on a subsample from an ongoing psychological autopsy study (PA-study) carried out at Norwegian Institute of Public Health (Dieserud, 2006). The PA-approach (Shneidman, 1993) utilized in this study was comprised of interviews of significant people surrounding each case of suicide in order to provide detailed and explanatory information about the suicidal process of the deceased. Suicide notes were also analyzed when available.

Sample

Based on initial analyses, a subsample of six men aged 22 to 58 (Mean = 35.3) was selected out of 20 suicides from the main project. The selection process was carried out through a bottom-up approach by reading and-re-reading the interviews with people who knew the deceased well. Through this gradual process, a large variation in the dynamics leading to suicide both across and within these 20 suicides emerged. However, six suicides shared certain traits that made them different from the other 14 cases. These traits, as described by the informants, are:

a) a strong engagement in work, study and career;
b) an urge to live up to high standards;
c) a low tolerance for failure; and
d) a fear of criticism.

In terms of validity, the first author (PK) and fourth author (GD), separately selected these cases, and continually discussed the process of selection with the second author (KD). These criteria were further discussed with the third author (HH). The whole research group agreed that perfectionism was a prominent trait of these six men's lives, thus making these cases relevant for in-depth study on the

relationship between perfectionism and suicide. Of the six men, two were owners of a company, two were employees in private firms, one was an academic, and one was a student with a part-time job. All had education beyond high school. The majority of the deceased were married/cohabiting whereas two, who although living by themselves, had both experienced a recent break-up of the relationship. Methods of suicide used were shooting, hanging, or poisoning.

These men were studied by analyzing in-depth interviews of five to nine key informants who had different relationships to the deceased, yielding a total of 41 informants. All the informants were over 18 years old. The informants included (step)/parents, (ex) spouses/partners, siblings, in-laws, uncles, cousins, close friends, girlfriends, and work colleagues. Seventeen (41%) of the informants were women and 24 (59%) were men. All of the informants had lived nearby the deceased and had known them well. Two of the deceased left a short suicide note.

Procedure

Based on death certificates and forensic reports, chief municipal medical officers in all municipalities of the seven counties with the highest suicide rates in Norway in 2003 were asked to identify suitable cases of suicide (individuals with no previous history of suicide attempts or treatment in mental healthcare). They

- provided the name of the general practitioner (GP) of the deceased; and
- asked the GPs to ensure the exclusion of cases with a history of suicide attempts and/or treatment in mental health services, and to identify the name and address of the next of kin.

Based on this information, the chief municipal medical officer sent a letter to the next of kin. The letter provided information pertaining to the project and requested the return of a consent form to the project leader. After the written consent was received, the interviewer contacted the next of kin by telephone and arranged a time and place for the interview. The informants were asked to provide suicide notes if available. After the interviews were completed, the informants were asked to provide names and addresses of other knowledgeable informants. The project leader sent a letter of participation to them, and the interviewer called them after a written consent was received. The procedure of recruitment was repeated until five to nine informants had been included in each case.

Ethical Issues

The project was conducted in accordance with the Helsinki Declaration, as well as previous experience of conducting interviews on vulnerable populations (Dyregrov, 2004). It was approved by the Data Inspectorate and the Norwegian Regional Committee for Medical Research Ethics. Informants had the right to withdraw at any time from the study. Identifying information about the deceased and the informants have been altered in the publication process in order to protect

confidentiality. The purpose and the procedure of the study was repeated to informants when they were contacted by telephone and prior to commencing the interview. After the interview, a debriefing session was held, and referral for further assistance was made as required.

Interviews

The interview was a combination of a narrative and follow-up questions. The narrative started with the opening question: "What are your thoughts on the circumstances that led to the suicide of . . . ?" The informants were asked to talk freely about their own perceptions. The opening question was posed to get rich, in-depth descriptions of the circumstances of the suicidal process. Thus, this initial part of the interview was primarily governed by the informants, where the informants tell their own experiences of the deceased in their own words (Smith, Flowers & Larkin, 2009). After the narrative part of the interview, the interviewer asked pertinent follow-up questions, based on a theme guide developed by Shneidman (1993). In this part the interviewer engaged in a dialogue to help the informants explore, reflect upon, and articulate their experiences of the deceased (Kvale, 1996). Topics covered by Shneidman included details of the death, personal and family history of the deceased, personality and lifestyle, emotional patterns, interpersonal issues, any significant changes in the deceased's life in the years preceding death, any substance use and their strengths and successes. Questions about perfectionism were not directly included in the follow-up questions. However, through the informants' responses, we were indirectly able to acquire an increased understanding of perfectionism.

The interviews took place between 6 to 16 months (Mean = 10.5) after the suicide, except for one case where the interviews took place within 24 months after the suicide. The interviews were conducted by three researchers/clinicians with extensive knowledge in the field of suicidology and in qualitative interviewing of suicide-bereaved individuals. The second (KD) and fourth author (GD) were among them. Interviews were mostly conducted in the informants' homes, though some took place at the interviewer's office or at a hotel when preferable for the informant. All interviews, lasting an average of 2.5 hours (range 1.5-3 hours), were audio recorded and transcribed verbatim. To strengthen the reliability of the transcriptions, a coding system for paralinguistic expressions (e.g., pauses, laughter, crying) was used by two trained transcribers. All transcripts were controlled by the interviewers.

Data Analyses

The data was analyzed by following the flexible guidelines of Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), a systematic method for condensing interview data into essential themes. IPA is used in exploratory qualitative research studies that seek to explore and describe in detail how

informants make sense of their personal and social experiences, and what specific experiences and events mean for them. In this study, we applied IPA to explore the overall dynamics/processes from perfectionism to suicide among six men as described above. The analysis involved the informants' subjective understanding of the deceased's life experiences, based on the informants' longstanding relationship with the deceased. In this way the informants were able to describe who the deceased was as a son, brother, partner, friend, close relative, and colleague, prior to the suicide. Thus, the informants were able to reveal issues about perfectionism throughout their close relationship with the deceased. Understanding the deceased from the perspective of informants involved interpreting the informants' own subjective interpretation of the deceased's life experiences. Thus, this involved a triple hermeneutics (Smith et al., 2009).

The data were analyzed case by case. All interviews around each suicide were analyzed as a cluster to describe that specific case. The contents of the themes within and across cases were the result of a reflection over the informants' words (condensate), the researchers' interpretations (categories), and the continually critical questions posed by the researchers during the whole process of analysis. According to the IPA idiographic commitment, it is important that previous themes are not suggestive for future themes that may arise from other cases, but rather that new themes arise independently.

To organize and analyze the data, all transcribed interviews were transferred to the software program NVivo version 9 (QSR international). The data were analyzed through five steps. First, all of the interview transcripts for each case were read thoroughly to get an overview and insight of the content (Smith et al., 2009). In the second step, a wider understanding of the data was sought by using a bottom-up approach. This involved going back to the transcripts and re-reading them in order to condense the informants' phrases into shorter essential meanings, without having any prior hypotheses, emphasizing the information provided by the informants. In the third step, the essential meanings of the informants' words from the selection of six cases were named and categorized according to both their similarities and differences. The fourth step attempted to capture the aspects of perfectionism by merging the categories from step three into different themes. This merging process was repeated for each case. In the fifth step, all of the cases were compared, and from this process the main themes emerged, themes that were shared by cases, and which arose in different ways within each case. The themes within and across cases were again analyzed by referring back to the transcripts of each case, in order to gather the initial condensates and categories which supported the themes.

The first author (PK) carried out the analyses. The process of reducing the data/interviews to categories made the analyses transparent for the other research groups. Regarding the validity and credibility of the study, the second and third step of the analyses were monitored by the fourth author (GD). All authors are females with different specialized backgrounds. More specifically, the first author

is a PhD candidate with a master degree in cognitive psychology. The second author (KD) is a sociologist and the fourth author is a psychologist, both with extensive experience with suicide bereaved research, suicide prevention, and qualitative methodology. The third author (HH) is a professor in clinical psychology with experience in qualitative interpretative methods. This variability ensured that the research group considered the data from different perspectives and critical issues from all authors were taken into account in order to establish a consensus regarding the themes.

The analyses of data from this study suggested that interviews with friends and female partners in particular make a unique source for a multi-faceted picture of the deceased's suicide, in addition to the data from other informants. These informants were able to see their own relationship to the deceased and the deceased's relationship with others.

RESULTS

Based on the qualitative analysis (IPA), four main themes emerged:

1. striving for success;
2. fear of failure;
3. keeping up the façade; and
4. rigidity.

Quotes have been processed to disguise the informants' and deceased's identities.

Striving for Success

All the deceased were described by the informants as hard-working, competent, talented, and successful in their work and studies up until their deaths. Four of them began working when they were very young, and became financially independent at an early age. All informants emphasized that the deceased were in a good financial position at the time of their death. Consequently, the suicides were experienced by families and friends as a "suicide without warning," or as "incomprehensible" and "inconceivable." All the deceased were said to have been high achievers, always placing high demands on their own performances. They all worked longer than normal working hours, while at the same time they were very concerned with their families. It is also reported that they always "took on new challenges" and had a strong sense of responsibility. Working hard was like a "life pattern" and "mission in life" as one informant in one of the cases put it. All informants in this case expressed the same as one of the colleagues:

> . . . that's what he is living for, well, it was his job . . . he gave everything, it was one hundred, was one hundred per cent day and night . . . it is quite incredible, I don't understand how he can manage . . . unbelievable that he manages this every day, all year round, weekends, Christmas, Easter. . . . So

> his life style was his job. . . . Always being on top . . . he worked, he worked and he worked.

It was a general pattern that the deceased inspired confidence in their managers and colleagues, and they were therefore given a lot of responsibility, which they also seemed to be able to handle. However, with high demands and achievements followed even higher levels of performance, which in turn led to even higher ambitions. In one case, a close member of the family said that the deceased performed his daily tasks in an "exemplary manner," and that he was a "perfectionist in his work." His wife remarked:

> I have a husband who was a perfectionist . . . and he became more and more of a perfectionist. He . . . was participating in developing many new work methods, and it bothered him to see that things were not done properly. . . . He could go to work at night, at the weekend or call work and ask "how's it going with that case?" And the customers loved it, you know, so when he called . . . but . . . it became too much of his own life.

All the deceased were said to have been very focused on their finances, expressing ambitious goals of high income. This desire for money was yet another way of expressing a need for status and prestige, a means to acquire a high social position. In one case, the deceased was described as wanting to be a "bigshot," not one of the ordinary guys. He had been very concerned about achieving "a really comfortable financial situation" and his girlfriend put it like this:

> . . . it was very important for him to become a millionaire . . . it was like, his biggest dream, well, maybe not the dream, but he just knew that somehow it would happen. . . . If it didn't happen, then his life would be ruined in a way, that's what he said, . . . that like at least he was going to be really well off. So he made quite high . . . demands on himself that he wasn't able to meet. And this, he didn't like manage it, and there is nothing strange about that, because, well . . . they were unrealistic goals.

Thus, all the above factors—financial, career, and social climbing and fast progression in their careers—were important expressions of their ambitions and striving for success. The informants' understanding of the feelings behind the suicides is that the deceased at one point seemed to be imagining their life as ruined, stemming from a feeling of "inferiority" and earlier "defeating" experiences. It appeared they strived to overcome this and compensate for this by hard work. An uncle said "he protested on his home conditions by elevating himself over it, becoming better in all ways." And another informant in the same case put it this way:

> And very, very focused on doing well, and that he somehow wanted to show, he was always very concerned about proving to the world that in a way he did well, he was always, or he has always felt very . . . inferior throughout. So he was very, it really meant a lot to him to succeed in a way, and to be able to

> show people and be good enough for his family. And to be kind of good enough in relation to them.

The informants in one case pointed out that work was a place where the deceased was "loved and respected" and "valued." There, they experienced the recognition they had been lacking earlier in life. It seemed that to be able to suppress a feeling of being a failure, they needed constant positive feedback. The informants in one case told that the deceased left a highly prestigious job because he was not accredited for the effort he put into his work. He was concerned with both the results he could obtain and the recognition it should give him, and according to some informants it seemed that his belief in himself was related to his high achievements. The continuous credit and appreciation for his efforts seemed important for his sense of worth. This is confirmed in the suicide note in this particular case: "my belief in myself is gone. . . . I can't take this anymore."

According to the informants, although the deceased appeared to be very successful, it seemed that their experience of success was not only based on objective measures, but rather on how much recognition and admiration they got from significant others, for example close family, spouses, the boss, colleagues, and friends.

Fear of Failure

Although the deceased were all seen as successful people with high ideals and standards, the informants all related the suicides to the fear of not being able to live up to those ideals:

> . . . then he applied . . . and got the position immediately, and was just welcomed . . . and he went there this summer and it went well, very well. He, again is a perfectionist, so he was afraid that he didn't do a good enough job.

The informants pointed out that being good was not good enough for the deceased. Accordingly, they could not lower their high standards and ambitions to more realistic levels when under pressure. Quite the contrary, they had *increasingly* unrealistic expectations of themselves, something which could have led to fear of future failure. Thus, they always needed to be in full control of all aspects of life. As a close friend expressed it:

> All his life he had had something to reach for, to do, and succeed in . . . he had to be successful. . . . If he has set himself a goal, he'll do it. . . . And he was involved in so much, quite enormous . . . he has somehow at least doubled, tripled the amount you know. . . . To be in control, it has been . . . he has not like dared to let really go of it.

According to friends and partners, three of the deceased experienced a discrepancy between their ambitious and actual performance specific towards the end of their life. For example, in one case an informant said that he had warned the deceased that he "set too high standards for himself," as he always aspired to be

among the top students. Although he was regarded by all as a top-performing, elite student, he was still stressed and "worried" about being unable to meet the demands he set himself. According to a close friend, his ambition to be as successful as his most successful friends seemed very strong but simultaneously he feared not being as good as them, thus expressing a "fear of failure." A few weeks before his suicide, he told some friends that he "lagged behind," although objectively he did not. According to his mother, he wanted to be excellent in everything, and his girlfriend said that he worried if he did not immediately grasp all new issues in his studies.

According to the informants, it seemed that the deceased found themselves in a situation where their fear of failing to reach became too heavy a burden. At first they tried to keep this experience hidden away from significant others. Sometimes, when they felt they were "revealed," some of the deceased began "acting out" in different ways, for example, by "drinking," "using drugs," "fighting," and/or "lying" more than usual. A cohabitant said that a couple of months before the suicide, her partner reacted very negatively when he was demoted from a high position to a lower position at work. He did not tell all the details to his closest relatives because according to a close friend he feared their negative reactions. Episodes of acting out seem to be related to a fear of failure. Moreover, such reactions may intensify the sense of failure, leading to strong feelings of "regret," "self-disappointment," and, eventually, of *total* defeat:

> And at the same time he, like has had unbelievably high ideals, like unbelievably impressive. . . . That he . . . and when he has in a way, gone or done something like that [occasionally using drugs], then I think he was so disappointed, I think he was I guess so incredibly disappointed in himself for doing it. That it . . . somehow has gotten so bad that, and I know that the last thing he had wanted was to end up as a drug addict, and like, see that everybody would look down upon him and things like that.

Keeping up the Façade

According to the informants, some of the deceased were always "smiling and cheerful," active in leisure activities, and some appeared to be "super helpers" for others. Two of them were concerned about their appearance. They "dressed exclusively," "exercised a lot," and were focused on looking good.

A common feature that many of the informants highlighted was that they never talked about their innermost thoughts and feelings, and seldom shared anything personal with others. They were regarded as relatively "closed off." In three cases, cohabitant, girlfriend, and friends of the deceased expressed the view that behind the apparently perfect façade, they were "lonely," "empty," and "insecure" individuals. As a girlfriend in one case said, "he was really super, really well on the outside . . . his façade was really perfect. But inside he was . . . a little child . . . that

wasn't doing so well at all . . . felt very alone." And in another case a cohabitant expressed:

> I have always regarded him as the strong, secure one, who would sort things out. . . . But at the same time I have seen the very vulnerable boy, the little boy, . . . I think that it was what he was thinking a little about, that he in a way, had a void in his life. And that he had you know . . . tried to fill it with all kinds of interesting things . . . to kind of show people that it was, or like it should be nice and fancy and very like that. . . . So he has been very, both you know, of service, he has been crazy in doing favours for people, always helping people, but never accepting anything from anyone. . . . You have a pretty hard shell to get through. . . .

A way to deal with inner insecurity has been to be available as a helper, maybe as a way of collecting love and protection against rejection and not being alone. In four cases, the deceased's friends and partner pointed out that the façade also could act as a barrier to prevent the recurrence of loneliness from earlier in life. They could not deal with this, probably because it could elicit feelings of inadequacy and shortcomings. An ex-cohabitant says:

> . . . many bad things happened in his childhood that he has never dealt with . . . and that he has, all the time, pushed it aside and pushed it aside . . . he felt so lonely . . . very lonely with all these bad feelings . . . because it was just like his dark secret you know, that they in a way had made him lonely in one way or another. . . . And then he filled the days with work and exercise to avoid feeling it.

According to friends, partner, and siblings in some cases, the deceased expressed feelings of shame and of losing of face when something happened that revealed cracks in the façade. This led to a strong feeling of inadequacy and failure.

Rigidity

According to the informants, the deceased were not able to change focus toward strategies that would enable them to deal with the failure. They were inflexible and focused on the problem itself rather than attempting to solve it. Some informants in three of the cases believed that the suicide happened because the deceased were not prepared for insurmountable negative things to happen and because they were used to being able to fix and handle everything. In the end, major negative experience was probably in total conflict with their expectations and superior facade. Thus, in some sense, they had created a very "high fall" for themselves.

> . . . very much of a negative focus. And yet the situation was not that bad, it was manageable. So there was no financial crisis for him . . . he certainly wasn't bankrupt or anything, so it . . . he was used to handling everything in a way, he has maybe not experienced much adversity in life. . . . So maybe he

> was unaccustomed to any adversity . . . was kind of . . . he had the means to handle it and stuff, financially.

This deceased's attitude when faced with a crisis situation, was negatively oriented. He behaved passively, instead of actively seeking a good solution. At this point, it seemed that the deceased was unable to change his attitude and adapt to the crisis, or to make use of problem-solving strategies that may have helped him overcome it. In another case, the informants related the suicide to the break-up of a love relationship. He was unable to tackle this difficult situation because he was "a man of principles." He was too rigid. As a close friend commented, the deceased wanted to end his love relationship because he could not forgive her behavior in a particular situation:

> . . . he was a man of principles, he really was. He really stuck to the principle that what she did, one should not do. I think that even if he had wanted to forgive then, then I don't think that from his moral basis would be able to do it. He was quite principled, he was punctual and always eh . . . he was always concerned that things should be right, he was very kind of A4. . . .

Furthermore, the deceased's father said:

> . . . he (was) very sorry for the break up . . . he didn't, like bother to use time and energy on her, as he said. . . . He argued that it was like about principles, that if they were together then they were together, there shouldn't be like any doubt you know.

In yet another case, a cohabitant said: "he was just like: It's over! Wouldn't have any contact, nothing . . . just totally cut all ties . . . just, just like that, no, it doesn't work, there's no point in it."

These quotes revealed that the deceased were strongly affected by their own principles, even if their actions were contrary to their emotions. It seemed that their rigidity and their absolute demand to how a love relationship should be prevented them from resolving interpersonal conflict situations.

In one case, the informants suggested that the deceased felt trapped by his obligations to the firm, even though the job was increasingly demanding, expecting far more than one person could possibly achieve. The more the firm expanded its activities, the more he was trapped. According to his wife, he wanted to reduce his work load but was unable to express this effectively. The firm was successful, and it was impossible for him to take a step back without feeling that he was betraying the firm. Similarly, colleagues said he could not accept that he did not have total control over his job.

There was a central theme in four of the cases that the deceased were caught in a situation from which it was impossible to free themselves, even if close friends and relatives offered to help them. They pointed out that the deceased in all cases were only able to give weak signals, if any, about their painful problems and were very reluctant to ask for help. Some of the close friends and relatives had observed some

signals suggesting that the deceased had serious problems before the suicide. While the deceased may have understood on a rational basis that the advice given by family and friends was helpful and constructive, they were nonetheless unable to adapt or to follow the advice.

Together, these four themes formed a dynamic model of the process from perfectionism to suicide, as illustrated in Figure 1. In this model, striving for success may yield a fear of failure and an urge to keep the façade. In a perceived crisis situation, the rigidity related to perfectionism seemed to have blocked the way to life enhancing problem-solving—leading to suicide.

DISCUSSION

The results of the present analysis, illustrated by the above model, suggest how suicide may be the end result of a dynamic process starting out from perfectionism. Our findings suggested that a need for approval, recognition, and admiration led the deceased to an endless effort of being successful (Blatt, 1995; Burns, 1980; Hamachek, 1978; Pacht, 1984). As Hamachek (1978) noted, their fear of failure seemed all-in-all stronger than their desire for success. Moreover, as perfectionists, they were constantly comparing their own successes with high ideals and standards. Experiencing what they perceived as failure was a blow to their self-esteem (Pacht, 1984), magnifying the impact of the experienced failure. This may have played a significant part in precipitating (Blatt, 1995) or initiating (Baumeister, 1990) the suicide. Perfectionists are likely to measure their personal worth and self-esteem by success and productivity (Burns, 1980) so they tend to equate perfect performance with high self-worth and perceive failure as a sign of worthlessness (Tangney, 2002).

Our findings also suggest that the deceased followed very rigid criteria for success, with total success being the only alternative. Everything that deviated from their high standards was perceived as a total failure. Perfectionists are

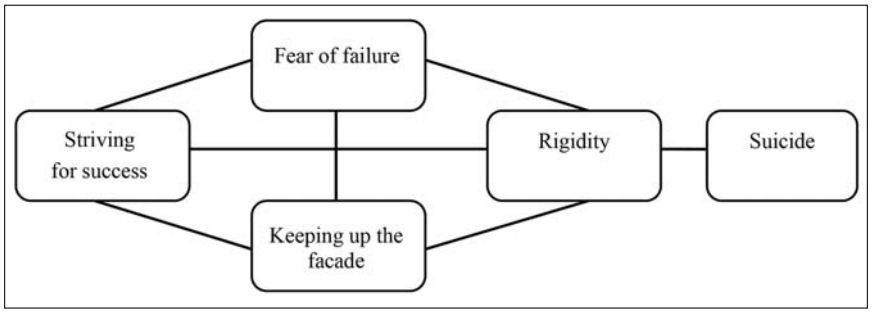

Figure 1. A model of the process from perfectionism to suicide.

perhaps driven by a feeling that they always should do better, no matter how well they actually do (Burns, 1980). Failing to meet these high standards may yield deep frustration. The high expectations perfectionists set themselves may contribute to greater distress, as it widens the gap between what they aspire to achieve and what they believe they actually have achieved (Bell et al., 2010; Blatt, 1995; Burns, 1980). In some of the cases in this study, the informants depicted the deceased as being psychologically distressed, in other cases the behavior of the deceased was described as "totally normal" up until death. Clearly all the deceased experienced some kind of break down before their suicide, but there was no indication in the interviews of severe mental illness. Moreover, the increasing gap between the deceased's ambitions and their perceived lack of success means that for perfectionists, the more the effort they put in, the less successful they feel (Burns, 1980).

Further, as stated by Burns (1980), our analyses revealed that some of the deceased seemed lonely. They kept up a seemingly perfect façade by not communicating fully about their loneliness, and showed that they "coped" by not opening up about painful experiences. Blatt (1995) argued that often perfectionists are unable to turn to others, even to the closest of confidants, for help or to share their anguish, because they are vulnerable to any possible implication of failure or criticism. As pointed out by Burns (1980): "They believe that their human foibles will not be acceptable to others, and their excessive sensitivity to real or imagined disapproval inhibits intimate communication, further depriving them of the warmth and unconditional acceptance they crave but cannot earn through accomplishment. . ." (p. 37).

Our findings revealed that the deceased failed to use positive coping strategies and adapt to the reality of life when they met major adversities. Several researchers have acknowledged the role of problem-solving strategies in suicidal behavior (Dieserud, Røysamb, Ekeberg, & Kraft, 2001; Kjølseth, Ekeberg, & Steihaug, 2009; O'Connor & Sheehy, 2001; Rudd, Joiner, & Rajab, 2001. Poor and rigid problem solving strategies may increase the risk of becoming entrapped (Williams, 2001), and in the end being unable to escape except to death (Baumeister, 1990; O'Connor & Sheehy, 2001). "Intuitively, we can envisage that the more perfectionist we are, the less likely we are to look forward to positive events— because each event represents an occasion for failure" (O'Connor & Sheehy, 2001, p. 22). This is in accordance with our findings, where the deceased were found to be more and more reluctant to see any positive future events, both related to their job situation and interpersonal relationships. Further, the tendency for an all-or-nothing thinking, described by Burns (1980), made the deceased unable to see the "intermediate shades of grey" in the final stage of the suicidal process. At the point of suicide, their life must have been seen as ruined beyond repair. Their perfect façade seemed to have cracked, and the suicide may have been an escape from feelings of shame and guilt of being a failure. From a more objective point of view, the deceased had other options before the suicide. They

could have chosen to not kill themselves, accepting the feeling of failure. An interesting question is why they were unable to make such a choice. Possibly, their rigidity made it impossible for them to find new strategies to cope with the feeling of failure, or to choose another solution.

Taken together our results show only the interplay between many factors can give a more comprehensive answer to why individuals die by suicide. Striving for success and trying to perform perfectly cannot alone lead to suicide; on the contrary, it may lead to improved self-esteem (Pacht, 1984). However, when striving for success is combined with a fear of failure (Hamachek, 1978) and/or when one afraid of being criticized by significant others upon experiencing failure (that their perfect façade seem to crack), then all-or-nothing way of thinking (their rigidity) may lead to suicide (Bell et al., 2010; Blatt, 1995). To better understand the development of such profound vulnerability where perfectionism develops in a maladaptive way, we need more knowledge about early life experiences. Because of successful performances, combined with a weak signaling of problems, the seriousness of their problems was never discovered by family or by health services, and there was very little opportunity for them to be recognized as potentially suicidal. Quite the opposite, the deceased were perceived as very successful by those around them, and thus were interpreted as being protected against suicide. However, a short time before the suicide, some of the deceased started to "act out" in various ways; occasionally using drugs or significantly increasing their efforts in many areas. Only, this change of behavior was not seen as related to a suicidal process. Like Leenaars (2004), we believe that suicide is not an instantaneous event, but the end point of a long and complex process whereby the individual's life history should be considered if we want to prevent suicide. Although the informants reported that the suicides happened without warning, in retrospect they understood the suicides as a process that had developed over time.

A major challenge in PA-research is that we are trying to understand the meaningful life experiences of the deceased via the opinions of proxies. According to Hjelmeland, Dieserud, Dyregrov, Knizek & Leenaars (2012), we can gain a reliable and valid understanding of the deceased's life through a systematic analysis of narratives from a sufficient number of informants, who have different relationships with the deceased. This was also made clear by Smith et al. (2009), who maintained that, in qualitative studies, one is looking to draw on so-called "key informants" who provide great insight and can contribute with knowledge of high value. In the present study, through a systematic analysis of in-depth interviews with five to nine informants, each close to the deceased, but with different relationships, we gained broad information about the deceased, reducing the possibility of bias. Thus, through interpretation of the informants' narratives in the context of these close relationships we were able to gain valid information about the relationship between perfectionism and suicide. Further, the majority of suicide research has been focusing on epidemiological studies of risk factors, with

mental illness being the most prominent (Hjelmeland et al., 2012). Being mentally ill is not a sufficient explanation for suicidal behavior, as research shows that life time prevalence for suicide among patients with the diagnosis of major depression is found to be between 3.5% (Blair- West, Mellsop, & Eyeson-Annan, 1997) and 6% (Inskip, Harris, & Barraclough, 1998). Thus, it is clear that other kinds of studies are needed to be better able to understand the suicidal elements among both mentally ill and non-clinical individuals.

The present study suggests that the maladaptive perfectionism can be a driving force in the complex phenomena related to suicide among non-clinical individuals. It is important to be aware of the potential destructive development of what might initially be considered a positive characteristic, whether for oneself, for family, for employers, or for healthcare employees.

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