Four famous suicides in history and lessons learned: a narrative review

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Famous suicides

Andrew J. Hamilton

Department of Rural Health, The University of Melbourne, P.O. Box 6500, Shepparton,
Victoria 3632, Australia.

Email: andrewjh@unimelb.edu.au

Office of the Deputy Vice-Chancellor (Research and Innovation), Federation University
Australia, PO Box 663 Ballarat, Victoria 3353, Australia.

Email: andrew.hamilton@federation.edu.au

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Abstract

History can complement the scientific disciplines in teaching us about the nature of suicide. The death of Socrates, especially as described by Xenophon, suggests fear of the frailties of old age as a motive for suicide. A Platonic view implies heroism and martyrdom. Cleopatra's death and Kurt Cobain's, signify the importance of losing when the stakes are high, to the extent that the potential loss is simply too great to live with. Hemingway's death provides strong evidence for a genetic role at play, coupled with various risk factors, most notably mental illness (probably bipolar mood disorder) and setting unrealistic goals.

1.0 Introduction

Taking one's own life seems an incomprehensible proposition to most of us, but globally about 800,000 persons kill themselves each year, and undoubtedly many more attempt suicide and yet more experience suicidal thoughts and suffer attendant psychological stress. The problem has been attacked from many angles, including *inter alia*, sociological analysis, behavioral analysis, and neuroscience. All of these disciplines have yielded significant insight into this sinister condition, yet it is possible that another discipline, history, has much to offer our understanding of the nature of suicide. The tenet of the historian, one must learn from the past, should not be dismissed readily when it comes to suicide.

An exhaustive list of famous people who have taken their own lives, from ancient times through to today, would be depressingly long. Unfortunately, such deaths cover individuals engaged in all sorts of human endeavor, including the visual arts (e.g.,

Vincent van Gogh and Jeanne Hébuterne), religion (Judas Iscariot), music (e.g., Bob Welch and Dalida), acting (e.g., Robyn Williams and Marilyn Monroe), sport (e.g., Yoon Ki-won and most likely Sid Barnes), writing (e.g., Nobel Laureate Yasunari Kawabata and Jean Améry), mathematics and the sciences (e.g., Alan Turing OBE FRS, father of computer science, and cryptology, and Nobel Laureate Hans Fischer), philosophy (Otto Weininger and David Stove), and military/political leadership (Cato, Adolf Hitler, Marcus Junius Brutus the Younger, Cleopatra VII Philopator and Marcus Antonius [Marc Antony], and possibly Emily Wilding Davison and Hannibal) among many others. Roman military leaders, famous in their own time, would fall on their own sword/dagger rather than face the humiliation of defeat (e.g., Marcus Junius Brutus, Gaius Cassius Longinus [Cassius], and Cato the Younger). Suicide is an insidious beast that touches all corners of society, and its complexity, and the distinct individuality of its causes make it difficult to draw general conclusions about its nature and likelihood.

Modern research has however identified certain risk factors for suicide, including, *inter alia*, poor physical health, psychiatric disorders, psychosocial crisis, availability of means, exposure to models, genetic loading, personality characteristics (e.g., impulsivity, aggression), restricted fetal growth and perinatal circumstances, early traumatic life events, and neurobiological disturbances (e.g., serotonin dysfunction and hypothalamic-pituitary axis hyperactivity) (Hawton & van Heeringen, 2009). While such studies are of invaluable import in managing suicide in populations, it is also possible that the power of the celebrity, the famous person, can be used to connect to people and help them understand the more nuanced aspects of the condition. By considering suicide through an individual, it can be argued that a closer connection can be made than by more distant analyses at a population level (e.g., the reporting of

statistics and risk factors). In short, people, by definition, personalize the situation, and closer examination of deaths from suicide may prove instructive in averting further suicides. The advantage of examining famous suicides is that more in-depth critique is likely to take place than for a non-famous person. By this I am not just referring to critique of the suicide per se, but rather the understanding of the person's life as a whole. Famous people typically live their lives on display, for better or worse, and this provides us with at least some understanding of their personality, their trials and tribulations, their medical history, and their weaknesses and strengths. In short, the lives of famous people are much better documented than those of the rest of us, and this pragmatic limitation in large part justifies my choice to focus on the famous.

A second feature of the lives of famous people that makes them useful for the study of suicide is that most often they can be seen as normal lives with the volume switch turned up. That is, events and happenings in their lives are often more exaggerated or of greater consequence. In other words, I might be stressed about losing an argument with my boss at work and consequently watching my chances of promotion fly out the window, whereas Cleopatra VII Philopator and Marc Antony had to contend with the imminent defeat of their navy and consequent loss of Cleopatra's empire, and indeed their chances of ruling the entire Roman empire, at the hands of Octavian (later known as Augustus) in the Battle of Actium.

Suicidal behavior is a very serious matter, and my choice to focus on famous persons should in no way be interpreted as a glorification of the malady, for a wretched malady is what it is. Rather, I am attempting to use the power of fame—which has been used for many other purposes, both good and bad—to gain some insight into the nature of suicide and hopefully dissuade other people from heading down the same path. The

tragic loss of Kurt Cobain resonated strongly throughout the Western world and there was serious concern about so-called “copy-cat” suicides (Jobes, Berman, O’Carroll, Eastgard, & Knickmeyer, 1996; Martin and Koo, 1997), which unquestionably would not have been Kurt’s wish. His suicide note made it very clear that his struggles were personal and unbearable; in no way was he condoning suicide. In an ideal world, we would learn from the suicides of famous people and thus avert further tragedies.

The definition of a famous person is arguably somewhat conjectural, especially in today’s climate where Andy Warhol’s 15 minutes of fame rings true, most notably through the plethora of so-called “reality television” programs as well as short-lived popular music bands. Here I have taken a fairly conservative position and consider only those who have or are likely to go down in the annals of history, again, for better or worse. To this end, the very fact that I draw solely on the peer-reviewed academic literature, rather than the grey literature and the internet, serves as a failsafe check that the person is indeed “famous.” That is, academic journal articles are not written about 15-minute and reality television stars. There will undoubtedly be many famous suicides that the reader will be surprised were not selected in the small group of four, but sadly the list of famous people who have taken their own lives is extensive, and the purpose of the article is to draw lessons through in-depth qualitative analysis rather than produce a comprehensive list of famous suicides.

Each case is unique, of course, but I conclude by trying to draw some generalizations on the nature of suicide among famous persons. I could have played it safe and stuck to clear-cut, indisputable cases of suicide, but I have included one, Socrates, where the question of whether or not the death was a suicide is debatable. I have done this

deliberately because it brings forth some further interesting discussion points relating to the essence of suicide.

2.0 Methods

The selection of persons to include in this review is completely arbitrary, although it does to some extent reflect (i) the availability of the peer-reviewed literature on the person, (ii) my intent to represent fairly evenly different eras of history and professions of the deceased, (iii) various motivations for suicide, and (iv) suicides that are typical of certain types of suicides. I have erred on the side of including fewer individuals but providing more depth rather than a more comprehensive collection of less insightful considerations.

The method comprises more than a mere collection of historical accounts. Rather, I have adopted a hermeneutic approach to extract narrative contextualization relating to the deaths of these famous people, in a similar manner to the hermeneutic analyses of the deaths of Jim Morrison and Goethe (Holm-Hadulla & Bertolino 2013, Holm-Hadulla, Roussel, & Hofmann 2010). Such an approach enables more insightful account and consideration of the suicides than a mere historical account. I have adopted a narrative contextualization approach (Mar, Oatley, & Peterson 2009) in an attempt to draw general themes and lessons from the stories of individuals.

Title, abstract, and keyword searches in Scopus, Medline, and Google Scholar were used to locate peer-reviewed articles on each of the famous people. The search was rather broad, with the search term in each case simply being the person's name and the term "suicide or suicidal or death". "Socrates" was the only name used for Socrates, "Hemingway" was the search term for Ernest Hemingway, and "Cobain" was the term

used for Kurt Cobain. No useful papers that were not already retrieved by the databases were found in the reference lists of these manuscripts. That is, the review is based solely on papers and a book retrieved from the databases.

3.0 Socrates

Given that Socrates was sentenced to death and ordered to take poisonous hemlock, it could be argued that his death is not a suicide. Socrates never committed anything to print himself. What we know of his trial and death mostly comes from the recounts of his pupil Plato in his *Apology of Socrates* and *Phaedo* (and to a lesser extent *Euthyphro* and *Crito*) (Gill, 1973; Guardi & Wrighton 2010; McPherran 1985; Sullivan, 2001).

Socrates was being charged on two counts, namely, corrupting the youth and impiety. He had ample opportunity in the trial to avoid the death sentence, but he was aloof and could not be dissuaded from his belief that he had done the right thing. When asked to propose his own sentence he replied that he should be paid a salary by the state and given free meals for the remainder of his life in gratitude for what he had done for the people of Athens. This clearly incensed the judge and jurors, and his fate was sealed. He was jailed and, to the dismay of his supporters, he thus took the cup of poisonous hemlock and drank from it and became a martyr (Figure 1). It should be noted though that recent consideration of the symptoms of Socrates after taking the poison have suggested them to be inconsistent with those expected from hemlock, and it has been suggested that “Plato gave a modified account of the death of Socrates for political and other reasons by describing a more ‘noble’ death.” (Dyan 2008)

Did his death constitute suicide? Frey (1978) elegantly constructs an argument that he did indeed commit suicide: “It is rarely, if at all, thought that Socrates committed suicide; but such was the case, or so I want to suggest.” His argument rests on a deep

consideration of what suicide actually is, which he in essence believes "... is the killing of oneself *intentionally* [my emphasis]." The question then becomes did he intend to die? Frey argues that there are several lines of evidence, particularly in *Phaedo* that he did. It is obvious that in his last hours with his friends that he intended drink the hemlock. Also, he did not protest when the cup was handed to him, and did not have to be "force-fed". Frey (1978) also shoots down the argument that Socrates was under duress, pointing out that even if this were true it is irrelevant because the state had decided he had to die: "... what duress Socrates is under pertains to his having to die, not to his having to die by his own hand." The final argument he tackles is that Socrates could not have committed suicide because he does not choose when to die. In his retort he simply dismisses the assumption that one must have such a choice for it to constitute suicide as false, explaining that having access to the means or the frame of mind at any particular point in time can be beyond the person's choice.

Plato's *Apology of Socrates* and *Phaedo* are unquestionably the first ports of call for the details of the trial of Socrates. Walton (1980), however, instructs us to consider Xenophon's *Apology of Socrates to the Jury*, where fairly clear evidence in support of suicide can be found:

"If my years are prolonged, I know that the frailties of old age will inevitably be realized,—that my vision must be less perfect and my hearing less keen, that I shall be slower to learn and more forgetful of what I have learned. If I perceive my decay and take to complaining, how . . . could I any longer take pleasure in life? Perhaps . . . God in his kindness is taking my part and securing me the opportunity of ending my life not only in season but also in the way that is easiest. For if I am condemned now, it will clearly be my privilege to suffer a death that is adjudged by those who have

superintended this matter to be not only the easiest but also the least irksome to one's friends and one that implants in them the deepest feelings of loss for the dead."

This passage leads Walton to conclude that Xenophon does not see Socrates as the victim of an Athenian court and a martyr to his principles for which he defended but rather "Xenophon's Socrates seizes his indictment as an opportunity to bring his life to a salutary end, avoiding the pains and sufferings of old age; and achieving a stature in the eyes of posterity otherwise perhaps unattainable." Plato was the protégé of Socrates and he was in awe of his master, and it is not therefore surprising that he places more emphasis on Socrates as the martyr. However, even in Plato's *Phaedo* it is clear that Socrates had the chance to avoid the death sentence, but he is not as direct as Xenophon in pointing toward suicide. Perhaps the most powerful argument for the death of Socrates being considered as suicide is that both Plato and Xenophon make it plain that Socrates had the chance to escape from prison as guards were well known to take bribes. He rejected the offer. Again though, from a Platonic view this could be seen as a man standing by his principles and firmly believing in the justice system (D'Amato 1976).

Fig 1. *The Death of Socrates*. Jacques-Louis David (1787). Available on the Public Domain (no copyright).

4.0 Cleopatra VII Philopator

Alexander the Great left no heir to inherit his vast Empire upon his death in 323 B.C., and accordingly it was divided into parcels to be shared among his senior generals. Ptolemy I claimed Egypt and started a Greco-Macedonian rule of the country that would last for 275 years. Cleopatra VII Philopator became Queen of Egypt upon the death of her father Ptolemy XII Auletes in 51 B.C. at the age of eighteen and ruled jointly with her husband (who was also her brother, as was the custom of the day). She was an incredibly adroit ruler and she dealt with the threat of Roman invasion with adept political maneuvers. John, Bishop of Mikiu in Upper Egypt in the 7th century A.D. described her as “. . . the most illustrious and wise of women” and Arab historian Al-Masudi in the 10th century A.D. defined her as “. . . the last of the wise ones of Greece”

(Walker, 2001). Gifted in languages, Cleopatra was the first of the Ptolemies to learn Egyptian (Walker, 2001), which undoubtedly would have proved useful in effective rule. Her brother/husband was killed in 47 B.C. and in the same year Julius Caesar came to Egypt. She seduced him and became his lover, bearing a son, Caesarion (Little Caesar) in late 47 B.C.. Through seducing Caesar she effectively staved off a takeover of her empire by Rome. Caesar installed her on the throne of Egypt and had her marry another of her brothers, whom she later murdered. While still maintaining her post as Queen of Egypt, she moved to Rome with Caesar and lived there with him from 46 B.C. through to his assassination in 44 B.C., when she returned to Egypt. Following Caesar's death, Marc Antony (Caesar's General), Julius Caesar Octavianus [Octavian] (Caesar's great nephew and adopted son), and Lepidus formed a triumvirate to rule Rome's dominion. Antony had control of the Eastern part of the empire and thus soon came into contact with Cleopatra. Through astute politicking, Cleopatra used Antony not only to secure Egypt and thwart a complete Roman usurpation, but to attempt to establish an empire in the Eastern part of the Mediterranean, effectively encompassing Hellenistic Egypt and Syria. Furthermore, she could undoubtedly see the inevitable breakup of the triumvirate, and if Antony emerged the victor she would be Queen of the Roman Empire as well as Egypt.

Antony became Cleopatra's lover and joined her in her plan to establish a separate empire. Cleopatra was successful in gaining parts of the Eastern Roman Empire with Antony apportioning significant parcels to his three children by Cleopatra as well as Caesarion. This split the triumvirate asunder, ultimately resulting in an assault on Egypt by Octavian, culminating in a sea battle at Actium on September 2, 31 B.C.. The stakes were high—very high. Cleopatra stood not only to lose Ptolemaic Egypt, but also the

significant portions of the Eastern Roman Empire that she had gained indirectly through Antony. Moreover, if Antony were successful, Cleopatra would become Queen of the entire Roman Empire. Cleopatra and Antony ultimately lost the battle and returned to Egypt, where their forces officially surrendered to Octavian's, who had followed them to Egypt. Cleopatra tried to seduce Octavian, but to no avail. According to the Shakespearian view, she retreated to her monument with her servants and committed suicide (Dawson 2015). The manner of her suicide is a matter of some conjecture. The traditional view, and that described by Shakespeare (Kinghorn, 1994; Rozett, 1985), is that she died from a deliberate bite from an asp (Egyptian cobra, *Naja haje*), (or possibly two asps: Griffiths, 1961, 1965). Her maids also then committed suicide, possibly by asp bite or by ingesting poison (Griffiths, 1961, 1965). It is worth noting that the great Roman biographer Plutarch is the only ancient author to imply Cleopatra's death was by an asp, and he was writing several decades after her death (Kostuch, 2009). In his *Life of Antony*, Plutarch describes how in Octavian's triumphal procession he carried an image of Cleopatra with an asp.

Whilst it could be argued that death by snake-bite would be an impractical means of suicide, there are equally symbolic and status reasons in support of death by asp, which are relevant whether or not snake-bite was the actual means (Griffiths, 1961). The asp was the *uraeus*, the dedicated emblem of the Pharaohs, and sat atop the Pharaonic diadem, where its duty was to ward off the Pharaoh's enemies and place the diadem's bearer under the protection of the Sun God. Griffiths (1961) argues that Cleopatra chose death by asp not because it was the easiest but because it was the most sacred and was “. . . becoming to the successor of so many kings.”

Fig. 2. *The Death of Cleopatra*. Reginald Arthur (1892). Available on the Public Domain (no copyright).

The motive for Cleopatra's suicide warrants consideration and speculation. Cleopatra had a lot to lose. Not only would Egypt fall into Octavian's hands, but so too would the other fragments of the Eastern Roman Empire she had gained skillfully through Antony. With the triumvirate broken, and Lepidus possessing little power, Octavian clearly had a hold on the entire empire and would indeed go on to become the first Roman Emperor as Augustus. Cleopatra also represented the end of a lineage stretching back to Ptolemy I in 305 B.C. and the foundation of Ptolemaic Egypt after the death of Alexander the Great. Quite simply, given such high stakes and history, it is not difficult to understand that Cleopatra took her own life to avoid seeing such losses eventuate.

5.0 Ernest Hemingway

Ernest Hemingway killed himself with the aid of a double-barreled shotgun on 2 July 1961. There is no stronger support among famous suicides for a genetic component as a risk factor than Ernest Hemingway and his family (Fig. 3). His father (Clarence), his brother (Leicester), his sister (Ursula), and his granddaughter (Margaux) all died of their own hands (Reynolds, 1985; Roy, 1986, 2001). Furthermore, his sister Marcelline, while reported to die of natural causes, was firmly believed by Leicester to have taken her own life (Reynolds 1985). Also, one of Ernest's sons suffered major depression, serious enough to warrant electroconvulsive therapy (Saddock 2012). Ernest's paternal Uncle Alfred suffered insomnia and "bad nerves" (Reynolds 1985). Mental health problems were not restricted to Ernest's parental lineage either. His Uncle Leicester Hall suffered severe insomnia for more than 20 years, and his mother, Grace, was also afflicted with this condition to some degree and was known to suffer "'nerves', and recurrent blinding headaches that sometimes lasted five days." (Reynolds 1985).

Fig. 3. An abridged Hemingway family tree. Strikethrough of a name indicates death by suicide, dashed strikethrough denotes suspected suicide. Dashed lines indicate other marriages.

Despite the strong relevance of genetics as a risk factor for suicide, it would be a gross misrepresentation to leave the Hemingway story at that. As Sadock (2012) points out, Hemingway possessed several suicide risk factors. His eventual suicide is a complex function of many factors, and the topic of much debate, especially given the possibility of clues being hidden in his writings (Reynolds 1985, Young 2003). For better or worse, Hemingway lived life to its fullest. He resembled the swashbuckling Errol Flynn in many ways. He drank hard. He fished. He hunted. He womanized. He gambled. In yet other ways, he was akin to Sir Winston Churchill, sleeping little and displaying unparalleled productivity and elegance with the pen (both were Nobel laureates in literature). Just as Churchill had his *black dog* days (days of deep depression), Hemingway had his *black ass* days (Yalom and Yalom 1971). In his war pursuits—while not actually a soldier, much to his own disgust he served as a “chickenshit writer” (like Churchill, again!) and also an ambulance driver (Yalom and Yalom 1971)—he reveled in risk-taking behavior and actively sought out danger (Yalom and Yalom 1971). In short, his great friend General Lantham summed him up by quipping to his fourth wife, Mary, that he was “frozen in adolescence” (Yalom and Yalom 1971). The poet John Pudney described him even more adroitly and insightfully as “. . . a fellow obsessed with playing the part of Ernest Hemingway!” (Yalom and Yalom 1971). He had an idealized image of Ernest Hemingway—an image that was impossible to live up to and inevitably led to him finding himself wanting, always short of the ideal. This became particularly problematic in his later years, following inevitable somatic decline.

Retrospective clinical diagnoses are fraught with problems, but nonetheless many have been posited for Hemingway. Owing to medical diagnoses made when he was admitted to the Mayo Clinic near the end of his life, it is almost indisputable that he suffered

from diabetes mellitus, cirrhosis of the liver, jaundice, erratic high blood pressure, insomnia, hypertension, alcoholism, and paranoia (Martin, 2006; Reynolds, 1985). He had paranoid delusions that the Internal Revenue Service, the Immigration Service, and the Federal Bureau of Investigation were spying on him (there was though some truth in the last) (Hays 1995). Additionally, he suffered irrational fiscal distress, which had also plagued his father. Hemochromatosis has also been suggested to have cursed Hemingway (Beegle 1990). This condition, also known as “bronze diabetes” or “iron storage disease”, is an inherited condition that results in elevated iron absorption in the gut (Beegle 1990). Iron steadily accumulates in the body’s organs over time, causing irreversible damage to the pancreas, joints, glands, liver and heart. Toward the end of his life, the cirrhosis of the liver was extreme, and Beegle (1990) contends that while heavy drinking may have played a part, hemochromatosis was likely a major contributing factor.

Bipolar disorder (manic depression) has been implicated to have affected Hemingway (Hays 2009), and in his later years he showed symptoms of psychoses (Martin 2006). Martin (2006) goes even further to suggest that he had suffered traumatic brain injury (he suffered several severe concussions: Reynolds 1985), and probable borderline and narcissistic personality traits. In addition to his mental illness and genetic heritage, Hemingway occasionally (admittedly rarely) revealed another risk factor for suicide in his writings and speech, i.e., suicidal ideations. Hemingway detested psychiatrists (Yalom & Yalom, 1971), and when leaving the Mayo Clinic he commented to Dr Steinhilber that “You and I both know what I am going to do to myself one day.” (Saddock 2012). Similarly, he hinted at suicidal thoughts in a letter to Gertrude Stein: “I have understood for the first time how men can commit suicide simply because of too

many things in business piling up ahead of them that they can't get through." (Hays 2009). He also went to pains to point out to friends that he was no longer at the "... bumping off. . ." stage, clearly indicating that he was at least entertaining suicidal ideations (Yalom & Yalom, 1971). Also, while struggling with the cultural shock of living in Paris, he expressed thoughts of suicide in letters he wrote to F. Scott Fitzgerald and he even drafted a last will and testament (Herlihy-Mera, 2012).

The role that war, particularly World War I, played in Hemingway's condition is a matter of dispute. Stewart (1991) argued that many commentators downplayed the relevance of World War I in Hemingway's struggles, and that they made it "... seem like war slid off Hemingway like water off a duck's back." Stewart reinstates the importance of war and his position is supported by Hemmingway's writings themselves. Hemmingway was involved in three wars, namely, the Spanish Civil War, World War I, and World War II, but never as a soldier (Castro & Kintzle, 2014). In *For Whom the Bell Tolls*, his novel on the Spanish Civil War, the American hero Robert Jordan becomes mortally wounded and faces the dilemma of whether or not to kill himself with a machine gun (Annas, 1997). Hemmingway's relationship with war was ambiguous to a degree. On one hand he wrote of "... the great fallacy of war. . ." and that "We were fools to be sucked in once on a European war and we should never be sucked in again." (Solow 2009). Yet, he reveled in playing the hero, actively searching for opportunities to get involved in action, and he was much stressed by the lack of war decorations (not being an infantry man, despite his heroics) (Yalom & Yalom, 1971). It is worth noting though that in 1947 he was awarded the bronze star "for 'meritorious service' as a war correspondent." (Yalom & Yalom, 1971). War service clearly meant much to

Hemingway. He once wrote that the things he loved, were, in order: “good soldiers, animals, and women.” (Yalom & Yalom, 1971).

6.0 Kurt Cobain

Kurt Cobain fatally shot himself in the head on April 5, 1994. His life is summarized by Jobes et al. (1996), from which the below description is drawn. Cobain came from a broken family, with his parents divorcing when he was eight years of age. He was a hyperactive child and was medicated with methylphenidate (Ritalin). Various relatives housed him in his teens, and he had problems with aggression, lack of control, vandalism, and substance abuse. On a more positive note, he took up guitar in his teens and became fascinated with heavy metal and punk rock. He dropped out of high school just weeks before graduation and pursued substance abuse and petty crime. The band Nirvana was formed two years later and rapidly tasted enormous international success and effectively heralded a new musical and cultural phenomenon: grunge.

As an adult, Cobain suffered chronic stomach pain and severe depression. He also publicly expressed suicidal ideations. For example, four months before his death he spoke to *Rolling Stone* magazine about both his frequent suicidal thoughts and obsession with guns. In the same interview he revealed that the song *I Hate Myself and Want to Die* was cut from the *In Utero* album just before its release. Cobain overdosed on tranquilizers and champagne on March 14, 1994, and this was more than likely a failed suicide attempt. Shortly after he locked himself in a room with his guns and “The police called Courtney Love [his wife] to intervene.” Events kept heading in a negative direction, and on March 28 Courtney Love and friends of Cobain managed to convince him to seek help through admission to a drug addiction rehabilitation center near Los Angeles, but he stayed less than two days. He was never seen alive again. His body was

discovered by an electrician on April 8, probably three days after his suicide. While he clearly died from the gunshot wound to the head, high levels of heroin and diazepam (Valium) were found in his blood. A suicide note was found next to Cobain's body.

Cobain's suicide had all the ingredients for the so-called Werther effect whereby a spate of suicides follows the suicide of a famous person. It should be noted that the Werther effect relates not only to copy-cat behavior but also the transformation of suicidal impulses. von Goethe (1774), for example, after writing *The Sorrows of Young Werther*, stated that he had escaped the "jaws of death" (Holm-Hadulla, Roussel, & Hofmann 2010). Cobain's fame was almost unparalleled in the music industry at the time; he represented a strong counter-culture that many youth attached firmly to, arguably being the leading force in the grunge movement, and he connected to millions of fans through his music. To test whether the Werther effect held true for Cobain's suicide, Jobes et al. (1996) examined suicide and crisis call data in Seattle for a seven-week surveillance period following Cobain's death. While they found no significant increase in the rate of youth suicides following Cobain's death, they did report a significant and marked increase in suicide crisis calls. Also, while the mean suicide rate did not increase relative to the previous year, after appropriate adjustments for day of the week (see Jobes et al. 1996), this tells only part of the story. There was one indisputable copy-cat suicide case in Seattle, and this is one too many. A man only one year older than Kurt and who owned every Nirvana album attended the candlelight vigil and went home and shot himself in the same manner as Cobain (Jobes et al.). The man was isolated, depressed, and had a heavy reliance on substance abuse. He also had previously experienced suicidal thoughts, and his father had committed suicide with a gun. There is

no question that it was a copy-cat suicide, for he left a suicide note in which he made “. . . direct and explicit. . .” reference to Cobain.

The way Cobain’s suicide was managed warrants consideration. Given his popularity and the risk of copy-cat suicides, the City of Seattle council and several local radio stations collaborated in the organization and sponsorship of a candle-light vigil on the Sunday after Cobain’s death (Jobes et al., 1996). Cobain’s widow, Courtney Love, spoke somewhat angrily about his suicide to an audience of around 7,000 persons. Because of the concern about copy-cat suicides, the organizers requested the Director of the Crisis Clinic to speak at the vigil.

The way the media dealt with Cobain’s suicide is perhaps not surprising. There was little restraint. Quite simply, directly following his death “. . . the Seattle Crisis Clinic were [*sic*] immediately overwhelmed with calls from the media.” (Jobes et al., 1996). The media competition was intense, with journalists looking intensely for a different angle on the drama. In an analysis of media coverage of Cobain’s suicide, Mazzarella (1995) concluded that the “. . . media delivered an always-hyped, often-reverential, sometimes-critical eulogy, and a new hero was born.” Mazzarella (1995) also observed that the fact that Cobain’s death was the first “big” rock star death in nearly 15 years coupled with the fact that he was the first to commit suicide at the top of his game made for a dramatic and saleable story. The fact that he joined the unfortunate “27 club”—a collective of famous rock and blues musicians who died at 27, including, *inter alia*, Robert Johnson (the father the blues), Jimi Hendrix, Brian Jones, Jim Morrison, and Janis Joplin—only added to the dramatic element of the story. Parenthetically, Amy Winehouse sadly increased this club’s membership in 2011, despite a scientific analysis demonstrating that famous musicians are no more likely to die at 27 than other ages

(Wolkewitz, Allignol, Graves, & Barnett 2011). The death of a famous rock star can take on almost mythical significance and public fascination, as is well illustrated through Jim Morrison's passing (Holm-Hadulla & Bertolino 2013). Mazzeralla (1995) is not necessarily critical of the virtually unprecedented media obsession with a suicide, but rather noted that "... it was the dramatic media narrative, complete with its continuous references to Generation X, that facilitated the myth-making." Cobain represented a generation and the media coverage cemented this. That being said, the media does not necessarily only play a negative role. As mentioned, radio stations were involved in the vigil, and, more broadly, the media can play a transformative and positive role through education (Holm-Hadulla, Roussel, & Hofmann 2010).

Given his popularity in Australia was equal to that in the USA, as was the subscription to the grunge movement and what it represented more broadly, there was concern that the Werther effect would spring into action with Cobain's suicide sparking a spate of copy-cat suicides in Australia. An analysis by Martin and Koo (1997), however, found that (i) there was no increase in the rate of youth suicides in Australia over the 30 days following the reporting of Cobain's death and (ii) there was no evidence of an increase in the use of firearms as a choice of method for suicide in the same 30-day period.

Again, looking for a change in the mean rate of suicides over time tells only part of the story though, for there were two well-publicized deaths in Australia linked to Cobain's shortly following his suicide, and that again is two too many (Martin and Koo 1997).

There can be no doubt that these tragic losses were connected to Cobain's death because his name was mentioned in both suicide notes.

Some final insight into Cobain's suicide can be gleaned from his suicide note. Like Hemingway, he appeared to have a perfect image of what he should be—an

unobtainable image. He set unrealistic goals, as illustrated by this comparison to the unreachable Freddie Mercury: “. . . when we’re back stage and the lights go out and the manic roar of the crowds begins, it doesn’t affect me the way in which it did for Freddie Mercury, who seemed to love, relish in the love and adoration from the crowd, which is something I totally admire and envy. The fact is I can’t fool you. Any one of you. [*sic*]”

7.0 Conclusion

Great lives and their tragic deaths have much to teach us about the nature of suicide, and the discipline of history has much light to shed on the topic of suicide that complements the more scientific approaches. Through consideration of individual people, history personalizes suicide, which is an important contribution given the nature of this insidious condition. Statistics and suicide rates can tell us only so much: the stories of individuals—and it is the stories of the famous that are likely to be documented—give us further insight. Whether or not Cleopatra actually died of an asp bite is immaterial, the symbolism is strong and is what counts. She committed suicide because she was faced with great loss, unbearable loss.

Similarly, the death of Socrates is open to conjecture, but Xenophon's version tells us of a man afraid of impending and debilitating senectitude. Conversely, his pupil Plato ascribes virtue and honor as reasons for death, implying martyrdom. The multifaceted nature of many suicides can be seen in the lives of Hemingway and Cobain. In both cases several risk factors were at play, and ultimately led to their tragic deaths.

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References

- Annas, G. J. (1997). The bell tolls for a constitutional right to physician-assisted suicide. *The New England Journal of Medicine*, 337, 1098–1103.
- Beegle, S. (1990). Hemingway and hemochromatosis. *Hemingway Review*, 10, 57–66.

- Castro, C. A., & Kintzel, S. (2014). Sucides in the military: the post-modern combat veteran and the Hemingway Effect. *Military Mental Health*, 16, 460 (electronic print only).
- D'Amato, D. (1976). Obligation to obey the law: a study of the death of Socrates. *Californian Law Review*, 49, 1079–1108.
- Dawson, B. (2015). “The world transformed”: multiple worlds in Antony and Cleopatra. *Renaissance Drama*, 43, 173–191.
- Dayan, A. D. (2009). What killed Socrates? Toxicological considerations and questions. *Postgraduate Medical Journal*, 85, 34–37
- Frey, R. G. (1978). Did Socrates commit suicide? *Philosophy*, 53, 106–108.
- Gill, C. (2009). The death of Socrates. *The Classical Quarterly*, 23, 25–28.
- Griffiths, J. G. (1961). The death of Cleopatra VII. *The Journal of Egyptian Archaeology*, 47, 113–118.
- Griffiths, J. G. (1965). The death of Cleopatra VII: a rejoinder and a postscript. *The Journal of Egyptian Archaeology*, 51, 209–211.
- Guardini, R., & Wrighton, B. (2013). The death of Socrates: an interpretation of the Platonic Dialogues: Euthyphro, Apology, Crito and Phaedo. Literary Licensing: Whitefish, MT, USA.
- Hays, P. L. (1995). Hemingway's clinical depression: a speculation. *Hemingway Review*, 14, 50–63.
- Hawton, K., & van Heeringen, K. (2009). Suicide. *The Lancet*, 373, 1372–1381.
- Herlihy-Mera, J. (2012) When Hemingway hated Paris: divorce proceedings, contemplations of suicide, and the deleted chapters of *The Sun Also Rises*. *Studies in the Novel*, 44, 49–61.

- Holm-Hadulla, R. M. & Bertolino, A. (2013) Creativity, alcohol and drug abuse: the pop icon Jim Morrison. *Psychopathology*, 47, 167–173.
- Holm-Hadulla, R. M., Roussel, M., & Hofmann, F.H. (2010) Depression and creativity—the case of the German poet, scientist and statesman J. W. v. Goethe. *Journal of Affective Disorders*, 127, 43–49.
- Jobes, D. A., Berman, A. L., O’Carroll, P. W., Eastguard, S., & Knickmeyer, S. (1996). The Kurt Cobain suicide crisis: perspectives from research, public health, and the news media. *Suicide and Life-Threatening Behavior*, 26, 260–271.
- Kinghorn, A. M. (1994). “All joy o’ worm” or, death by asp or asps unknown in Act V of *Antony and Cleopatra*. *English Studies*, 2, 104–109.
- Kostuch, L. (2009). Cleopatra’s snake or Octavian’s? The role of the cobra in the triumph over the Egyptian Queen. *Klio*, 91, 115–124.
- Mar, R. A., Oatley, K., & Peterson, J. B. (2009). Exploring the link between reading fiction and empathy: ruling out individual differences and examining outcomes. *Communications*, 34, 407–428.
- Martin, C. D. (2006). Ernest Hemingway: a psychological autopsy of a suicide. *Psychiatry*, 69, 351–361.
- Martin, G., & Koo, L. (1997). Celebrity suicide: did the death of Kurt Cobain influence young suicides in Australia? *Archives of Suicide Research*, 3, 187–198.
- Mazzarella, S. R. (1995). “The voice of a generation”? Media coverage of the suicide of Kurt Cobain. *Popular Music and Society*, 19, 49–68.
- McPherran, M. L. (1985). Socratic piety in the *Euthyphro*. *Journal of the History of Philosophy*, 23, 283–309.
- Reynolds, M. S. (1985). Hemingway’s home: depression and suicide. *American Literature*, 57, 600–610.

- Roy, A. (2001). Genetic influences on suicide risk. *Clinical Neuroscience Research*, 1, 324–330.
- Roy, A. (1986). Genetics of suicide. *Annals of the New York Academy of Sciences*, 487, 97–105.
- Rozett, M. T. (1985). The comic structures of tragic endings: the suicide scenes in *Romeo and Juliet* and *Antony and Cleopatra*. *Shakespeare Quarterly*, 36, 152–164.
- Saddock, B. J. (2012). Inevitable suicide: a new paradigm in psychiatry. *Journal of Psychiatric Practice*, 18, 221–224.
- Solow, M. K. (2009). A clash of certainties, old and new: For Whom the Bell Tolls and the inner war of Ernest Hemingway. *The Hemingway Review*, 29, 103–122.
- Stewart, M. C. (2000). Ernest Hemingway and World War I: combatting recent psychobiographical reassessments, restoring the war. *Papers on Language and Literature*, 36, 198–217.
- Sullivan, J. (2001). A note on *The Death of Socrates*. *The Classical Quarterly*, 51, 608–610.
- von Goethe, J. W. (1774). *Die Leiden des jungen Werthers*. Leipzig, Germany: Weygand'sche, Buchhandlung.
- Walker, S. (2001). Cleopatra: from history to myth. *History Today*, April, 6–7.
- Walton, R. E. (1980). Socrates' alleged suicide. *The Journal of Value Inquiry*, 14, 287–299.
- Wolkewitz, M., Allignol, A., Graves, N., & Barnett, A. G. (2011). Is 27 really a dangerous age for famous musicians? Retrospective cohort study. *British Medical Journal*, 343, d7799 (electronic article only).

Yalom, I. D., & Yalom, M. (1971). Ernest Hemingway—a psychiatric view. *Archives of General Psychiatry*, 24, 485–494.

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Author/s:

Hamilton, AJ

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